EVALUATION OF THE EUROPEAN UNION EXTERNAL ACTION

FINAL EVALUATION REPORT

EVALUATION OF THE EUROPEAN UNION'S HUMANITARIAN INTERVENTIONS IN YEMEN AND IN HUMANITARIAN ACCESS, 2015-2020

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LIST OF ACRONYMS AND ABBREVIATIONS

ACAPS	Assessment Capacities Project
ACF	Action Contre la Faim
ADE	Aide à la Décision Economique
ALNAP	Active Learning Network for Accountability and Performance
AWD	Acute Watery Diarrhoea
CA	Conclusions on Humanitarian Access (Part B of the evaluation)
CAR	Central African Republic
CCCM	Camp Coordination & Camp Management
CCHN	Center for Conflict and Humanitarian Negotiation
CCY	Cash Consortium for Yemen
CERF	Central Emergency Response Fund
CFW	Cash for Work
CMCoord	Humanitarian Civil-Military Coordination
CMWG	Cash and Marketing Working Group
COHAFA	Council working party on Humanitarian Aid and Food Aid
CSDP	Common Security and Defence Policy
CSO	Civil Society Organisation
CwC	Communications with Communities
CY	Conclusions on Yemen (i.e. Part A of the evaluation)
DAC	Development Assistance Committee
DFA	Department of Foreign Affairs
DFID	Department for International Development
DG DEVCO	Directorate-General for Development Cooperation
DG ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations
DG INTPA	Directorate-General for International Partnerships
DRC	Danish Refugee Council
DRR	Disaster Risk Reduction
EAR	Emergency Aid Reserve

eDEWS	Electronic Disease Early Warning System
EEAS	European External Action Service
EiE	Education in Emergencies
EQ	Evaluation Question
EU	European Union
FAO	Food and Agriculture Organization
FCDO	Foreign, Commonwealth & Development Office
FGD	Focus Group Discussions
FLFA	Flight Operations for Humanitarian Assistance in Afghanistan
FPI	Service for Foreign Policy Instruments
FSAC	Food Security and Agriculture
FSL	Food Security and Livelihoods
FSLA	Food Security and Livelihoods Assessment
FTS	Financial Tracking Service
GBV	Gender based Violence
GCA	Governement Controlled Areas
GFD	General Food Distribution
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
HAR	Humanitarian Aid Regulation
HAWG	Humanitarian Access Working Group
HCT	Humanitarian Country Team
HeRAMS	Health Resource and Availability and Mapping Survey
HIP	Humanitarian Implementation Plan
HNO	Humanitarian Needs Overview
HOPE	DG ECHO database
HQ	Headquarters
HRP	Humanitarian Response Plan
IASC	Inter-Agency Steering Committee
ICCM	Inter Cluster Coordination Mechanism
ICRC	International Committee of the Red Cross (ICRC)

IFRC	International federation of red cross and red crescent societies
IFRR	Integrated Famine Risk Reduction
IHL	International Humanitarian Law
IMF	International Monetary Fund
INFORM	Index For Risk Management
INGO	International Non-Governmental Organisation
IOM	International Organisation for Migration
IPC	Integrated Phase Classification
IRR	Immediate Response Rations
ISIS	Islamic State in Iraq and Syria
IYCF	Infant and Young Child Feeding
KAP	Knowledge Attitude and Practices
KIIs	Key Informant Interviews
KSA	Kingdom of Saudi Arabia
MAF	Mission Aviation Fellowship
MAM	Moderate Acute Malnutrition
MHPSS	Mental Health and Psychological Support
MoPHP	Ministry of Public Health and Population
MPCA	Multi-Purpose Cash Assistance
MSRNA	Multi-Sector Rapid Needs Assessment
NFI	Non-Food Items
NGO	Non-Governmental Organisation
NRC	Norwegian Refugee Council
NSAGs	Non-State Armed Groups
NWRA	National Water Resources Authority
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Co-operation and Development
OHCHR	Office of the United Nations High Commissioner for Human Rights
OOSC	Out of Schools Children
PDM	Post Distribution Monitoring

PLW	Pregnant and Lactating Women
RRM	Rapid Response Mechanism
SADD	Sex and Age Disaggregated Data
SAM	Severe Acute Malnutrition
SCMCHA	Supreme Council for the Administration and Coordination of Humanitarian Assistance
SMART	Standardised Monitoring and Assessment of Relief and Transitions
SMC	Site Management and Coordination
SOM	Senior Official Meetings
STC	Southern Transitional Council
TFPM	Task Force for Population Movement
TMG	Technical Monitoring Group
UAE	United Arab Emirates
UN	United Nations
UNDP	United Nations Development Programme
UNDSS	United Nations Department for Safety and Security
UNFPA	United Nations Population Fund
UNGA	United Nations General Assembly
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USA	United States of America
USAID	United States Agency for International Development
WASH	Water Sanitation and Hygiene
WB	World Bank
WFP	World Food Programme
WHO	World Health Organisation
YEC	Yemen Education Cluster
YHRP	Yemen Humanitarian Response Plan

ABSTRACT

This dual evaluation covered (i) DG ECHO's interventions in Yemen and (ii) challenges to humanitarian access worldwide, 2015-2020.

The Yemen part is based on documentary review, distance interviews, surveys, and field visits by national experts given COVID-19. The Access part is based on seven country cases with documentary studies and surveys.

In Yemen, DG ECHO was confronted with major challenges in emergency needs, access, humanitarian principles, and Nexus. It remained effective and was considered an informal leader among donors through relevant strategy, field presence, expertise, operations, advocacy, and humanitarian diplomacy, despite limited resources. It contributed to avoiding famine, controlling cholera, and providing rapid area-based multi-sectoral responses for displaced people. However, slow connectedness with development weakened resilience and livelihoods.

To improve access, DG ECHO consistently supported diplomacy – with positive results in Yemen – and international coordination mechanisms. Overall, efforts were effective in maintaining activities as planned, but couldn't improve respect of humanitarian principles by parties. Programming, advocacy plans, and toolbox lacked upgrading.

Recommendations on Yemen include revitalising Nexus, better highlighting needs of longer-term displaced, strengthening field presence and advocacy, and clarifying some guidelines and sectoral approaches. On Access, DG ECHO should also strengthen diplomacy, support to international coordination, staff guidance, and capacities.

EXECUTIVE SUMMARY

Evaluation subject, purpose and timing

This report presents the results of the evaluation of the European Union's humanitarian interventions in Yemen and in Humanitarian Access (2015-2020). The purpose of this combined evaluation is to provide an independent assessment covering two distinct components over the period 2015 to 2020:

- Part A: a geographical component, focusing on the interventions of the European Commission's Directorate-General for European Civil Protection and Humanitarian Aid Operations department (DG ECHO) in Yemen.

- Part B: a thematic component, focusing on humanitarian access approaches and activities at the global level – including Yemen as one of the country case studies.

The evaluation was carried out between January and September 2021.

Background

DG ECHO interventions in Yemen

A multilateral civil war has been raging since 2015 in Yemen between the Internationally Recognized Government of Yemen, led by President Abdrabbuh Mansur Hadi, in control of the southern and eastern regions of the country, and the Houthi armed movement (also known as Ansar Allah), in control of the northern regions, along with their respective regional allies. The conflict has caused repeated violations of international humanitarian law (IHL), restricted access for principled humanitarian aid, massive displacements of populations, risk of famine, poverty and economic collapse, and the destruction of health and water infrastructures. As a result, in October 2020 Yemen ranked fourth out of 191 countries on DG ECHO's Index for Risk Management (INFORM). Yemen has been the "world's largest humanitarian crisis"[1] as 20.1 million Yemenis were food-insecure (two-thirds of the population), while 10 million were in acute need of food assistance.[2] A cholera outbreak affected over 1 million people in 2018. A whole generation of children, particularly girls, has been deprived of regular schooling, leaving them exposed to early marriage, child labour and recruitment into armed groups.

In response, DG ECHO committed EUR 558 million to the Yemen crisis between 2015 and 2020. As such, DG ECHO was the sixth biggest contributor of humanitarian assistance in Yemen over the period, providing approximately 4.7% of the total funding to the Yemen Humanitarian Response Plan. DG ECHO's annual commitments increased from EUR 50 million in 2015 to EUR 119 million in 2020, with a peak of EUR 127,5 million in 2018, to respond to the intensification of the conflict and the sharp increase in the number of people in need.

DG ECHO aligned its funding on a two-pronged strategy (or 'two entry points'), aimed at addressing both the direct effects of armed conflict and displacements (corresponding to 75% of the budget), and the pre-existing and still expanding needs of Yemen in terms of nutrition, food insecurity, health, and epidemics. Over the period, 112 projects were implemented through 32 partners, the most important of which was the World Food Programme. Interventions focused on food assistance

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[1] DG ECHO website https://ec.europa.eu/echo/where/middle-east/yemen_en

[2] OCHA Humanitarian Response Plan, Jun – Dec 2020

(40% of total budget), health (13%), WASH (11%), nutrition (8%), protection (8%) and coordination (6%).

Challenges to humanitarian access and DG ECHO's response to date

Various constraints can limit humanitarian access for both personnel and affected communities. These are often human factors, rooted in broader political issues that are beyond the control of humanitarian organisations: active fighting, including attacks on humanitarian personnel and facilities, unexploded devices, administrative restrictions, political interference, violations or ignorance of humanitarian principles and IHL. Environmental challenges can also restrict access, including natural disasters or rainy seasons, combined with a lack of adequate transport infrastructure, damaged roads and bridges. These constraints often entail significant additional costs and delays, and sometimes reprogramming.

Mitigation measures include better communication and advocacy for humanitarian principles (strongly supported by DG ECHO), finding better ways to foster acceptance of IHL among all relevant groups and parties to a conflict, and sometimes, applying remote management with guidance for local implementing partners. In this context, close coordination, continuous capacity building in areas such as access negotiation skills, stringent security measures and humanitarian diplomacy are increasingly necessary. DG ECHO produced a set of related internal documents in 2017, notably an Advocacy Toolbox for its staff and various Advocacy Plans to be used as a strategy for facilitating access in the Central African Republic (CAR), DR Congo, Iraq, Mali, South Sudan and Ukraine.

Methodological approach

This evaluation followed a sequential process in four phases: (i) inception, for fine-tuning the evaluation design; (ii) desk phase, with collection and analysis of documentary data and information; (iii) field phase, to collect field-level information; and (iv) a synthesis phase, which included final analysis and the submission of end deliverables. Data collection (interview guidelines and surveys) and analysis were structured around a set of 15 evaluation questions (EQs) covering both components and were organised around a matrix table with evaluation or judgment criteria and indicators. The matrix inspired interview guidelines and surveys.

Seven country case studies assessed humanitarian access challenges: Afghanistan, Central African Republic, Nigeria, South Sudan, Syria, Venezuela and Yemen. Owing to COVID-19, field visits were conducted in Yemen only, carried out by national experts remotely supervised by international team members. The visits were completed by distance interviews and surveys addressed to the concerned DG ECHO staff, partners and external stakeholders. Despite important operational challenges, field visits were conducted in six governorates, in both north and south Yemen.

There was a relatively low response rate to the survey on humanitarian access from DG ECHO's field staff; however, the team remains confident that the most important challenges were identified and documented, ensuring the credibility and validity of the evaluation results.

Summary of findings about DG ECHO interventions in Yemen

Relevance

The DG ECHO strategy with two entry points was relevant and adapted to the operational context of Yemen. The strategy provided a clear and consistent message to its operational partners and other interested stakeholders regarding DG ECHO's operational priorities and approach.

DG ECHO's approach was flexible when facing changes in the operational context. The modification process of the annual financing decisions (Humanitarian Implementation Plans – HIP) generally

worked well, providing additional funding for evolving situations or new challenges, such as the Hodeida blockade in 2018, the cholera outbreak in 2017 and COVID-19 in 2020. These features also enabled partners to respond well to evolving needs.

The overall DG ECHO response strategy was closely aligned to and coherent with that of OCHA (the UN Office for the Coordination of Humanitarian Aid) and the humanitarian community. This could be seen in the consistency between DG ECHO and the priority sectors in the UN Humanitarian Response Plans and Needs Overview reports, and their yearly evolution over the evaluation period. DG ECHO consistently supported OCHA's efforts through annual funding over the period.

DG ECHO's strategy encouraged cooperation (connectedness) with development actors and the strengthening of the Nexus process (which had slowed down in 2019 due to intensification of conflict and emergency needs), as well as limited resources and capacities. Every HIP outlined the priorities of DG INTPA (formerly DEVCO) and sometimes also the World Bank strategy for Yemen. Resilience and livelihoods were not part of DG ECHO strategy but had to be undertaken by development donors - with little practical results so far. Prospects of connectedness improved again in 2021 (see below).

DG ECHO consistently pushed for an evidence-based approach, supporting sectoral actors to utilise a variety of assessments undertaken either locally or nationally on which to base their interventions, despite the very difficult context, constraints of access and attempts at interference by some local actors. These assessments, although not perfect, were sufficiently accurate to identify the most vulnerable on a sectoral basis. DG ECHO strongly supported the inclusion of migrants in humanitarian interventions. There was however often limited gender-sensitive analysis; the Muhamasheen (a population group long discriminated against socially and economically and made more vulnerable by the destruction of cities), are still at an increased risk level.

Coherence

The interventions funded by DG ECHO in Yemen were fully coherent with the provisions of the Humanitarian Aid Regulation and the Consensus, as well as with the humanitarian principles and the advocacy for International Humanitarian Law.

The provisions of the various thematic policies were also generally applicable and applied in the context of Yemen, although a discrepancy was found in the policy approach on the use of cash for protection between DG ECHO and the lead agency of the Protection Cluster, UNHCR. According to DG ECHO's guidelines on protection, cash should be used in a targeted manner to support the reintegration of victims of violence and GBV, as a component of a comprehensive case management approach. UNHCR in Yemen does not apply case management for protection but provides multi-sectoral cash assistance to resolve what they perceive as a global protection threat.

Coordination, connectedness

DG ECHO consistently supported and advocated for the coordination of international actors in Yemen, as outlined in the HIPs. These efforts were mostly successful with the key EU and some non-EU humanitarian donors, as DG ECHO assumed an informal leadership position amongst them due to its dynamism, expertise and unique presence on the ground (see added value).

DG ECHO also strongly supported humanitarian coordination mechanisms through the annual funding of OCHA and some selected cluster co-lead agencies. This was only partly successful due to the inability of OCHA to ensure strong inter-cluster coordination, and the different "operating models" maintained by leading UN agencies.

DG ECHO was instrumental in launching the Nexus process for Yemen in 2019, together with INTPA. After a series of initial surveys, the process slowed down due to factors external to DG ECHO such as intensifying conflict, fragile governance, or limited in-country capacities. As a result, connectedness between humanitarian assistance and development actors implementing actions related to resilience is mostly absent in Yemen.

Livelihoods were not part of DG ECHO's strategy in Yemen over the period, for valid reasons of overwhelming emergency needs and limited funds and capacities. DG ECHO relied on development donors for livelihoods but the lack of thematic guidelines on this issue was also not conducive to connectedness.

Perspectives of connectedness progressed in 2021: concrete approaches were envisaged with INTPA in the HIP 2021, and the 3rd Senior Officials meeting (SOM) in June 2021 included a focus on coordination with the World Bank.

Among the clusters, tensions exist which are detrimental to coordination, such as on interoperability of databases in the food security/cash sector. Concerned UN agencies would have to adapt their own operating procedures and allow compatibility of databases while preserving data privacy/protection. To overcome this situation and support operational effectiveness, DG ECHO funded consortia distinct from the leading agencies of the clusters, such as the Cash Consortium for Yemen and the Camp Coordination - Camp Management (CCCM) consortium.

Added value

DG ECHO provided significant added value to the international humanitarian donors engaged in Yemen. For the other donors, mostly based in Amman, the main value came from (1) the field presence in both parts of Yemen, as the EU was perceived as neutral and DG ECHO was the only international donor to travel regularly in both parts of the country; (2) the information collected through this presence and readily shared with all other donors; (3) the expertise, knowledge and analysis of DG ECHO's team; (4) its ability to discuss both constructively and critically with the UN; and (5) its emphasis on a principled approach for delivering humanitarian aid. As a result, DG ECHO was considered as the *de facto* informal leader of the humanitarian donor group.

For the partners, DG ECHO's added value compared to other donors was found in its technical expertise and guidelines, as well as in its support and flexibility.

Effectiveness

To meet its strategic objectives, DG ECHO supported activities that were well aligned to the two-point entry strategy, as described in the HIPs. Under the first entry point, DG ECHO developed strategies to respond effectively and rapidly to frequent and massive displacements. The DG ECHO-supported humanitarian responses contributed to averting famine, which was consistently outlined as the largest risk by the international community and therefore perhaps represents its biggest concrete result; and bringing under control the largest ever recorded cholera outbreak. Pending the end of the conflict and economic recovery, famine remains a real risk. Funding towards ongoing general food distributions and support to the IPC (Integrated food security Phase Classification) monitoring process were crucial in this respect. DG ECHO also strongly supported the drive towards a more cash-based intervention (i.e. "multi-purpose cash assistance"). The integrated multi sectoral support also contributed well to the ongoing management of the humanitarian crisis.

The rapid response mechanism (RRM) was the main tool supported by DG ECHO to implement the first entry point in the two-pronged strategy, together with the Camp Coordination and Camp Management (CCCM) modality. The RRM was progressively put in place with a phased sequencing,

and beneficiaries appreciated this assistance which provided a much faster integrated response than the usual cluster programmes. The RRM proved effective: ongoing support for those registered was provided consistently and was generally of good quality.

In a difficult context, the timeliness of the RRM responses delivered to the newly displaced beneficiaries varied from adequate (although more than the hoped-for 72 hours) to significantly later (a few weeks), in the main part due to registration challenges following governmental interference in the registration process. There was a gap, however, in terms of the provision of the follow up support to those identified, as linkages between the RRM and the relevant clusters were not yet fully established.

Populations displaced by the conflict can be sub-divided among the recently displaced for whom RRM is appropriate, and those who had to live in the same displacement location for much longer, sometimes up to seven years. For the latter, livelihood support is much needed to start a new, more sustainable life and/or to enhance resilience, although livelihood activities were not funded by DG ECHO during the period and resilience was undermined by the slow operationalisation of the Nexus approach.

For the second entry point of the strategy, the Integrated Famine Risk Reduction (IFRR) strategy was a good example of an integrated response for food, health, acute malnutrition (moderate and severe), and WASH activities. The integration of protection activities was difficult due to challenges by authorities, particularly in the north.

Within the integrated multi-sector approach, effectiveness was also found at the individual sector level, in particular in food security (between 6 million and 13.5 million beneficiaries reached over the evaluation period through in-kind food, cash or voucher support, improved food consumption scores, and the establishment of the IFRR framework); multi-purpose cash assistance (a total of 5.5 million beneficiaries reached in 2019 through the various delivery modalities, compared with 2.1 million in 2018); nutrition (Severe Acute Malnutrition cure rates were well above Sphere indicators); and health (integrated approach through health facilities, helping to address prevention and control of a cholera outbreak in 2017-2018). The sector of Education in Emergency was implemented at a limited scale compared to needs, due to a lack of partner capacities.

Effectiveness was enhanced by DG ECHO support to cross-sectoral activities including procurement of items such as health and hygiene emergency. The DG ECHO support to interoperability is gradually gaining in effectiveness (see coordination above).

The needs, however, remain huge, and not every beneficiary received the full amount of multi-sector support they required. Programmatic implementation faced numerous challenges in an extremely volatile and complicated operational context. DG ECHO partners remained organised yet flexible and adapted to local authorities' and operational vagaries wherever possible. Coverage levels of beneficiaries was difficult to fully assess due to difficulties of monitoring programmatic progress and the lack of complete data.

Advocacy

High level advocacy and communication efforts by DG ECHO were consistent, highly proactive and partly successful. They were conducted throughout the evaluation period, and since 2017 through participation in the Donor Coordination Group, which resulted in senior management visits to all parties and in humanitarian demarches delivered by EU Delegations. These activities contributed to the perceived neutral position of the EU in Yemen and to DG ECHO's continued presence in both parts of the country. As of 2020, DG ECHO was instrumental in helping to launch, co-host and support the Senior Officials Meeting (SOM) process, which is currently leading the coordinated

humanitarian diplomacy efforts of the international community to improve access and humanitarian space in Yemen. The SOM has outlined seven key priorities or "asks" towards authorities, the progress of which are monitored by the Technical Monitoring group (TMG). Positive results of this approach were registered for instance in the dropping of a 2% tax on humanitarian aid or the increased acceptance of sub-agreements with partners and biometric registration of beneficiaries.

At the operational level, DG ECHO's efforts in advocacy among the international humanitarian community consistently supported the good practice of a principled approach. This was partly successful due to the lack of respect for humanitarian principles and IHL by the parties in conflict. DG ECHO's advocacy succeeded however on specific issues such as providing the migrants with humanitarian assistance, contributing to setting up the IFRR for integrated response to food security, influencing the CCCM Cluster into following an area-based model, and outlining the need for greater transparency against fraud. Advocacy efforts are still ongoing to try fill in other key operational gaps, including better integration between RRM and standard humanitarian programming, interoperability, harmonised cash approach, or linkages with development donors for resilience.

DG ECHO consistently supported mandated agencies such as OCHA for overall coordination and advocacy, and ICRC regarding the respect for IHL. Specialised advocacy partners such as OHCRC and Geneva Call were also funded. These efforts were also partly successful, due to the weakness of OCHA, the disregard of parties for IHL, and the lack of sustainability of some activities (such as one-shot trainings or media events).

Efficiency and Cost effectiveness

DG ECHO was open with partners and timely discussions took place; in this respect, its regular field visits were clearly valuable. DG ECHO was flexible in terms of granting no cost extensions when programmatic delays occurred, or reallocating project funding to respond to immediate needs related to rapid onset disasters such as floods and new displacements. The single form modification request process was rather lengthy when it involved top-ups; however, partners considered this to be quicker than submitting a new proposal.

DG ECHO was a demanding donor, with high expectations in terms of standards that contributed to ensuring the cost-effectiveness of the partners. DG ECHO's monitoring and assessments of the activities, and its firmness regarding the respect of sectoral policy guidelines, pushed the partners to improve their approach. Overall, DG ECHO's rigour was balanced with enough flexibility to ensure that the activities could be modified in a timely manner depending on circumstances. DG ECHO's field and technical knowledge allowed them to understand operational constraints and therefore to accept or suggest modification of activities when necessary.

Considerations of cost-effectiveness were integrated at all relevant levels, from funding decisions to project approval process. Overall, the HIPs contributed to the cost-effective use of resources by ensuring that DG ECHO funded interventions aimed at addressing the most acute needs first, not being redundant, and integrating in their designs adequate mechanisms and measures to adapt to the changing security and access constraints. DG ECHO also introduced a simplified interim report after a period of 4 months which allowed the partners to use this deadline to leverage against constraints to access and negotiate their alleviation with the authorities, subject to modifications of the interventions.

The efficiency and cost-effectiveness of the interventions were systematically analysed by DG ECHO when selecting the interventions, based on some key criteria such as distribution of costs, delivery

modalities, coherence and experience. This led to the rejection or revision of several proposals which were not deemed sufficiently cost effective.

Providing clear-cut evidence of the impact on cost-effectiveness proved difficult as it was often not directly observable. Illustrations were found in the fact that preferred delivery modalities contributed to cost-effectiveness. Using the RRM as an entry point for multi-purpose cash assistance was cost effective as it avoided duplication of identification and targeting activities. A measure of cost effectiveness could be found in the fact that all sectors, except protection and shelter, achieved lower cost per beneficiary on average than initially planned. As stated above, DG ECHO's interventions contributed also to reducing administrative delays in obtaining work agreements from the authorities. The extent to which this was achieved could be partly measured by the surveys: most respondents confirmed that DG ECHO's efforts resulted in limiting administrative delays (55%) and extra costs for the partners (63%), and in maintaining the programming as it was initially planned (75%).

Budget

DG ECHO provided a significant budget to respond to the Yemen crisis, especially from 2018 onward when the humanitarian situation worsened following the Hodeida blockade. Overall, the budget was sufficient for DG ECHO to achieve its main objectives of contributing to respond to the most acute and urgent needs. Allocating over 75% of the funding to entry point 1 (i.e. assistance to population directly affected by conflicts and displacements) allowed for significant contributions to key sectors such as food assistance, health, WASH and protection, with tangible results. Sufficient budget was also available at the sector level to make significant contributions in terms of horizontal objectives of humanitarian aid coordination and advocacy for a principled approach.

The mechanisms guiding budget allocation ensured a certain degree of objectivity regarding DG ECHO's funding of humanitarian crises. The budget allocation relied on several criteria including thorough needs assessments, overall funding of the response and operational capacities. However, DG ECHO's budget remained modest in comparison to the needs of the "world's worst humanitarian crisis". Using the amount of funding per person in need (which admittedly omits other important factors guiding DG ECHO's budget allocation), the Yemen crisis appeared to receive relatively low funding per person in need in comparison to other crises, such as Syria. Moreover, the amount of funding per person in need did not increase as much as for other crises over time.

Summary of findings on global humanitarian access

Relevance

In all case studies, the annual HIPs appropriately described the situations, including the access constraints faced by DG ECHO and its partners, and the consequences for the most vulnerable beneficiaries. The mapping of access constraints outlined that human factors such as insecurity, lack of acceptance of humanitarian principles and interferences obstructed access more often than the physical environment. This confirmed the relevance of DG ECHO's overall focus on supporting advocacy and promoting understanding of humanitarian principles and IHL among all parties.

However, access was not usually a HIP priority, except for air transport services (such as ECHO Flight or UNHAS) which were often crucial for humanitarian staff and emergency supplies. Logistics were not generally discussed in the HIPs. To face access constraints, the HIPs recommended standard activities such as joint advocacy, coordination, references to thematic policy guidelines (in particular protection) and support to specialised actors such as OCHA and WFP. Widespread training on negotiation skills for access, systematic support to Humanitarian Access Working Groups to design access strategies and action plans, or the possibility of exceptional measures such as air

bridges, were usually not mentioned in the HIPs. In case of exceptional needs, DG ECHO allocated some HIP modifications specifically designed to fund (among other priorities) additional logistical resources to overcome access constraints, for instance in CAR (2020), Nigeria (2018), South Sudan (2020) and Yemen (2018, 2020).

Humanitarian access was also not mentioned among the Key Outcome Indicators and Key Results Indicators used by the DG ECHO partners in their reporting.

Coherence

In all country case studies, DG ECHO consistently supported the relevant international coordination mechanisms, even in cases where these were still incipient such as in Venezuela. DG ECHO was fully aligned with international policies on humanitarian access. The approach also consistently supported the partners in facing access challenges. At the EU level, proactive initiatives by EU institutions on respect of IHL in international fora and at country level were listed in the EU IHL report, which was officially authored by the COJUR (Working Party on Public International Law). EU humanitarian diplomacy efforts were coordinated between the decision centres of Brussels, Geneva and New York, although this structure could be further strengthened. Diplomacy was also impacted by COVID-19.

OCHA, the main international actor in humanitarian coordination and as such consistently supported by DG ECHO, was not strengthened by UN reforms and sometimes appeared to lack capacities. In Yemen, for instance, the Humanitarian Access Working Group (HAWG), co-chaired by OCHA, was impacted by poor coordination, unclear reporting structures and conflicts of personalities. The HAWG was not able to operate effectively for most of the reporting period. OCHA launched new efforts in 2021 to strengthen decentralised presence and expertise on the ground.

Civil-military coordination (CMCoord), which was part of the access strategies of the international humanitarian community under the supervision of OCHA, was decentralised to Istanbul by the UN reforms and also lacked support and field presence. CMCoord was not mentioned as such among DG ECHO assessed HIPs and Advocacy Plans; it was found in an annex to the Advocacy Toolbox.

In all country case studies, the approaches to access by DG ECHO and its partners were always carried out in accordance with humanitarian principles, despite heavy challenges. Humanitarian principles were ignored or poorly understood by parties in conflict in every case study.

Principled humanitarian aid delivery was a cornerstone of DG ECHO's overall approach. Respect of, and advocacy for, humanitarian principles were duly outlined in every country strategy of DG ECHO. In all country case studies, DG ECHO and its partners were dedicated to the principled approach and deployed continuous efforts to sensitise actors at all levels. There was no evidence of any divergence or doubt about the relevance of this policy to be found from any partner in all the reviewed case studies.

Effectiveness

Approaches followed by DG ECHO to address access constraints included an Advocacy Toolbox, various Advocacy Plans, and humanitarian diplomacy (see above). The Toolbox was developed in 2017 by DG ECHO to provide guidance and support to the staff on how to implement operational access decisions, but it was still not well known or used. The Toolbox was also rather synthetic and proposed a "top-down" approach by involving concerned EU or international institutions and initiatives. It did not address the capacities and skills of field actors in helping to alleviate obstacles to access; a potentially complementary "bottom-up" strategy for frontline negotiations was recently published by a specialised actor.

A limited number of Advocacy Plans to facilitate access were drafted by DG ECHO as from 2017; their relevance varied, as some appeared rather confused (CAR), while most others were (logically) designed to be applied only to a specific context (Iraq, South Sudan, Ukraine). The advocacy plan designed for Mali could be considered a replicable template for good practice.

In all case studies DG ECHO contributed to humanitarian diplomacy under various forms such as joint EU messages, donors' groups or high-level field visits, as a key tool to broaden humanitarian space and access. A caveat was found in Syria, where DG ECHO's approach had to be integrated as a component of the overall EU policy, which did not facilitate humanitarian access. Senior Official Meetings were co-led by DG ECHO (with Sweden) in Yemen after the deterioration of the access situation on the ground in 2019 and the increasingly centralised and rigid control exercised in the north by the Supreme Council for the Management and Coordination of Humanitarian Affairs (SCMCHA). The SOM process in Yemen and the monitoring of progress by the TMG delivered some positive results and could be considered as examples of good practice. In most other case studies however, advocacy efforts often delivered meagre results.

Overall, the effectiveness of DG ECHO's approaches and activities to improve humanitarian access was significant in maintaining activities as originally planned. Effectiveness was much more limited against political interference or in trying to make local actors accept a principled approach. On average only 10% of the DG ECHO respondents and 8% of the partners found the approaches and activities implemented against access constraints "very effective".

Efforts to overcome access constraints were, however, strong. Among the country case studies DG ECHO consistently supported the partners in implementing mitigation strategies adapted to the context, while facing numerous access challenges often due to combined factors of insecurity, administrative hassle, poor acceptance of principles, natural barriers and, recently, COVID-19.

Some results were achieved by focusing on specific approaches, such as in Yemen (high level advocacy), Afghanistan (training in access negotiation) or Venezuela (standard operating procedures); but much remains to be done.

Major negative effects of access constraints were still felt in terms of reduction of quantities of aid, delays and protection risks for the population served; the numbers of planned beneficiaries had sometimes to be reduced despite strategies aiming to maintain numbers while reducing quantities per head. However, highly valuable lessons were also learnt, such as the need to develop positive working relations with local actors, risk analysis and prevention before access problems occur, and the fact that access cannot be separated from security and logistics. Potential examples of good practices were captured in terms of mapping, coordination, assigned staff to access tasks, or training tools and modules for access negotiations. These lessons and practices are generally comparable among country case studies but often remain fragmented in practice; streamlining, capitalising and systematic dissemination were lacking, which was not conducive to overall effectiveness.

Within this context, localisation, which may contribute to effectiveness through increased sustainability, was still a matter of strategic debate and a challenge in Yemen – and elsewhere - considering risks of interference and low capacities. Localisation was an element of the Grand Bargain supported globally by DG ECHO but would need to be addressed gradually in the country, as most local organisations were reported by operating partners as being in need of a great deal of training and capacity building on humanitarian principles.

Efficiency / Cost-effectiveness

DG ECHO's engagement in high-level advocacy activities for humanitarian access sometimes contributed to the cost-effectiveness of the response of all humanitarian actors, such as the end of the 2% levy imposed in northern Yemen which was one of the SOM priority requests.

At the project level, the partners' needs in terms of costs related to access were not part of the strategic design; these costs were mostly supposed to be already integrated in the activities proposed by the partner and validated by DG ECHO through agreements if they corresponded to the HIP requirements. Costs related to access advisers or training were sometimes challenged by DG ECHO.

DG ECHO's support to overcome access constraints contributed however to a significant extent to the cost-effectiveness of the interventions. 60% of the survey respondents from both DG ECHO and the partners considered that DG ECHO contributed to limiting the extra costs due to access constraints. Views were more mixed regarding the effect on cutting administrative delays: 55% of DG ECHO staff, but only 38% of the partners, agreed this was the case.

Overall, DG ECHO's flexibility in implementation was conducive to efficiency. DG ECHO was flexible enough to adapt its management to the constraints faced by the partners, notably by simplifying administrative requirements, which helped the partners to mitigate the effects of humanitarian access constraints. However, survey respondents from both DG ECHO and the partners also stressed that additional flexibility and agility – notably in terms of timing to grant no-cost extensions and funding support costs - would further reduce delays and facilitate the implementation of funded actions.

As access constraints often take a similar shape across different situations, there was a lack of dissemination and sharing of lessons learnt, and a lack of systematic reinforcement of capacities regarding access negotiation for DG staff, the partners and affected community leaders. Some partners highlighted the need to develop their capacity to deal with access challenges at the local level, notably because negotiations at a higher level did not automatically translate in the field.

Added value

The added value of DG ECHO in terms of humanitarian access in the field was quite high in all case studies. Added value was in particular to be found in the field presence and expertise of DG ECHO staff, the upholding of the principled approach, the wide network of partners and the support provided to coordination mechanisms.

The added value of the EU versus the member states depended on the context. Overall, the EU was often weak politically, although that situation also made the EU more credible as a neutral humanitarian stakeholder, with access to all parties. In that context, the diversity of the member states could also be an asset to facilitate access negotiations in some countries, depending on historical relations.

Summary of conclusions and recommendations on DG ECHO interventions in Yemen

A concise summary of the conclusions and recommendations is presented below. The complete versions are listed at the end of this report.

Overall assessment on Yemen

Faced with overwhelming emergency needs, a highly complex political context, strong access challenges, a lack of resilience linkages with development donors and limited resources, DG ECHO performed as effectively and efficiently as practically feasible in Yemen over the evaluation period.

The strategy was relevant and adapted, and DG ECHO's field presence, high technical expertise and proactivity in advocacy and humanitarian diplomacy efforts ensured DG ECHO a de facto informal leadership role among concerned humanitarian donors. Results were clear in contributing to avoid famine, bringing cholera under control and responding to the multi-sectoral priority needs of displaced people. However, limited early recovery and development programmes to support transition as well as weak links between emergency and longer-term aid (i.e. "humanitarian-development Nexus") limited resilience at community level.

Specific conclusions on Yemen

On strategy

Conclusion CY1: in a context of overwhelming emergencies, DG ECHO's two entry point strategy, focusing on immediate needs and key pre-existing concerns further aggravated by the conflict, was relevant and adaptable to the operational context of Yemen, and was well aligned with the overall strategy of the humanitarian community.

On connectedness and Nexus

Conclusion CY2: despite DG ECHO's efforts, the humanitarian-development Nexus lost momentum between 2019 and 2021. This delayed connectedness with community level resilience and livelihood activities by development actors, which would benefit those displaced in the medium to long term.

On added value

Conclusion CY3: DG ECHO provided significant added value to the international humanitarian donor community engaged in Yemen. This was due to its unanimously recognised expertise based on a unique field presence in both parts of Yemen; its highly knowledgeable and proactive staff; the perception of neutrality of the EU; and its ability to discuss both constructively and critically with the UN. As a result, DG ECHO was the *de facto* (although informal) leader of the humanitarian donors' group for Yemen.

On coordination

Conclusion CY4: DG ECHO consistently supported international coordination mechanisms and integrated approaches including through consortia. It advocated for the strengthened presence on the ground of OCHA, which lacked both human and financial resources.

On effectiveness

Conclusion CY5: overall, DG ECHO and its partners were effective at the operational level in Yemen. They contributed to significant results such as avoiding famine (to date), bringing under control a cholera outbreak and avoiding similar large-scale outbreaks, in addition to providing emergency assistance to the displaced, and supporting health and education services. These results were achieved through the promotion of integrated, area-based multi-sectoral interventions that followed a principled and evidence-based approach. This approach was applied under each of the two strategic entry points, such as through the Rapid Response Mechanism, and effectively targeted support to the most vulnerable whenever possible, although there was a gap in gender needs assessments.

On advocacy

Conclusions CY6: the advocacy efforts of DG ECHO at all levels to promote a principled approach and overcome challenges to humanitarian space were consistent and very proactive, but only partly

successful given the lack of respect for humanitarian principles and IHL by the parties to the conflict. At the higher level in particular, the co-chairing by DG ECHO of the Senior Official Meetings process combined with TMG monitoring positively contributed to improving humanitarian space in Yemen and provided an example of good practice in humanitarian diplomacy.

As a service of the neutrally perceived EU, DG ECHO was present in the field although, since 2019, no longer always at the proper senior level that would be required to enter into overall/strategic discussions with increasingly assertive local political decision-makers.

On cost-effectiveness

Conclusions CY7: DG ECHO's consistent attention to cost-effectiveness throughout project implementation - from the selection of experienced partners to the combination of high standards and adequate support when monitoring interventions - contributed to maintain a cost-effective response, given access constraints and the difficult context.

On budget

Conclusions CY8: while DG ECHO provided a significant budget to respond to the Yemen crisis, ensuring it could contribute to meeting the most acute and urgent priority needs, the level of funding was low in comparison to the needs of the "world's worst humanitarian crisis".

Recommendations on Yemen

There are five summary strategic recommendations below, as foreseen in the ToR. The complete recommendations appear at the end of this report.

On Nexus and resilience

Recommendation RY1: **pursue efforts in revitalising the Nexus process** and expand it beyond EU institutions, with the main objective of operationalising resilience building.

On adapting the strategy

Recommendation RY2: advocate with development donors to include in their resilience and livelihood programmes (1) the needs of longer-term internally displaced persons – which need to be better distinguished under the first entry point of DG ECHO strategy, and (2) considerations on the specific needs of the Muhamasheen, which should be highlighted under the second entry point of the strategy.

On humanitarian diplomacy and field presence

Recommendation RY3: **strengthen DG ECHO's field presence** with (1) a scheduled agenda of senior management visits to discuss at high level with local decision-makers the strategic broadening of humanitarian space, and (2) supporting as needed the establishment of other interested humanitarian donors in Sana'a.

On advocacy

Recommendation RY4: **further advocate among donors**, OCHA and the clusters **on key issues concerning operations** (interoperability, handover of RRM, resilience), **programming** (Muhamasheen, Mahram regulation in TMG monitoring) and **resourcing** on behalf of OCHA.

On sectoral improvements

Recommendation RY5: **elaborate or update thematic guidelines** as appropriate (livelihoods to optimise connectedness and resilience, cash for protection); **increase focus on capacity**

development to prepare for localisation, and improve gender needs assessment, RRM timeliness, nutrition for adolescent girls and mental health/psychological support interventions.

Summary of conclusions and recommendations on global humanitarian access

Overall assessment on humanitarian access

The efforts made by DG ECHO to address the constraints to humanitarian access were consistent at the higher level. In all case studies, DG ECHO supported the relevant international coordination mechanisms and aligned its strategy with international policies on humanitarian access. DG ECHO also strongly supported humanitarian diplomacy as a key tool to broaden access, with some positive results. At the programming and operational levels, however, the tools to be used by DG ECHO staff and partners were not sufficiently adapted: annual HIPs described access constraints but did not appropriately translate them into programming priorities; a few advocacy plans and an advocacy toolbox were prepared but were little used and need to be upgraded with valuable lessons learnt. Furthermore, UN OCHA – the main international humanitarian coordination body with the mandate on advocacy and which supports civil-military coordination - was weakened by UN reforms. In that framework, DG ECHO was often effective in maintaining activities as originally planned despite access constraints. The fact that humanitarian principles and IHL were generally overlooked by parties in conflict remained a key challenge.

Specific conclusions on humanitarian access

On financing decisions

Conclusion CA1: DG ECHO duly described access constraints in its annual Humanitarian Implementation Plans (HIPs), although it did not prioritise them enough.

On advocacy plans

Conclusion CA2: DG ECHO's advocacy plans for facilitating access were of varying quality and relevance as a global template, since most of them focused on country specific dimensions. One of them (Mali) can be considered as best practice.

On humanitarian diplomacy

Conclusion CA3: DG ECHO strongly supported humanitarian diplomacy as a key tool to broaden humanitarian space and access. The Senior Officials Meetings (SOM) process combined with TMG monitoring in Yemen can be considered as an example of good practice, despite resistance by local actors.

On international coordination for access

Conclusion CA4: DG ECHO provided consistent support to international humanitarian coordination mechanisms, in particular OCHA. Nevertheless, in some cases field coordination remained an issue mostly due to structural factors of the global humanitarian architecture and resource constraints, including in terms of Civil-Military Coordination.

On effectiveness

Conclusion CA5: Results of efforts by DG ECHO and their partners to overcome access challenges were limited despite efforts. DG ECHO's approaches and activities were often able to maintain activities as originally planned. Effectiveness was much more limited against political interference or in trying to make local actors accept a principled approach. The advocacy toolbox was little used; valuable lessons were learnt across case studies but remained fragmented in practice.

On added value

Conclusion CA6: The added value of DG ECHO in terms of humanitarian access was high, based on field presence, expertise, principled approach, network of partners and support to coordination mechanisms. However, the EU as such had sometimes less political influence than specific member states.

Recommendations on humanitarian access

Three strategic recommendations are summarised below, as required by the ToR. The full recommendations can be found at the end of the report.

Recommendation RA1: **strengthen humanitarian diplomacy on access**, in particular through more high-level field visits, synergies with member states, and using the SOM-TMG process in Yemen as a template.

Recommendation RA2: **better support OCHA in its access facilitation functions**, for instance by advocating among donors, supporting the posting of CMCoord Officers, and streamlining the Access Working Groups.

Recommendation RA3: **strengthen guidance and capacity building of DG ECHO staff and partners on advocacy and negotiations for access**, such as through a template for advocacy plans and financial support for global trainings on access negotiations for frontline field actors to complement the toolbox.

RÉSUMÉ EXÉCUTIF

Objet, but et calendrier de l'évaluation

Ce rapport présente les résultats de l'évaluation des interventions humanitaires de l'Union européenne au Yémen et dans l'accès humanitaire (2015-2020). L'objectif de cette évaluation combinée est de fournir une évaluation indépendante couvrant deux volets distincts sur la période 2015 à 2020 :

- Partie A : un volet géographique, axé sur les interventions du service de la Direction générale de la protection civile européenne et des opérations d'aide humanitaire (DG ECHO) de la Commission européenne au Yémen.

- Partie B : une composante thématique, se concentrant sur les approches et les activités de l'accès humanitaire au niveau mondial - y compris le Yémen comme l'une des études de cas pays.

L'évaluation a été réalisée entre janvier et septembre 2021.

Contexte

Interventions de la DG ECHO au Yémen

Une guerre civile multilatérale fait rage depuis 2015 au Yémen entre le gouvernement internationalement reconnu du Yémen, dirigé par le président Abdrabbuh Mansur Hadi, qui contrôle les régions sud et est du pays, et le mouvement armé Houthi (également connu sous le nom d'Ansar Allah), qui contrôle les régions nord, ainsi que leurs alliés régionaux respectifs. Le conflit a entraîné des violations répétées du droit humanitaire international (DHI), un accès restreint à l'aide guidée par les principes humanitaires, des déplacements massifs de populations, des risques de famine, de pauvreté et d'effondrement économique, ainsi que la destruction des infrastructures de santé et d'eau. En conséquence, en octobre 2020, le Yémen s'est classé au quatrième rang sur 191 pays dans l'indice de gestion des risques de la DG ECHO (INFORM). Le Yémen a été la "plus grande crise humanitaire du monde"[3], car 20 millions de Yéménites étaient en situation d'insécurité alimentaire (deux tiers de la population), tandis que 10 millions avaient un besoin aigu d'aide alimentaire.[4] Une épidémie de choléra a touché plus d'un million de personnes en 2018. Toute une génération d'enfants, en particulier les filles, a été privée d'une scolarité régulière, ce qui les expose aux mariages précoces, au travail des enfants et au recrutement dans des groupes armés.

En réponse, la DG ECHO a engagé 558 millions d'euros dans la crise du Yémen entre 2015 et 2020. À ce titre, la DG ECHO a été le sixième plus grand contributeur d'aide humanitaire au Yémen sur cette période, fournissant environ 4,7 % du financement total du plan de réponse humanitaire au Yémen. Les engagements annuels de la DG ECHO sont passés de 50 millions d'euros en 2015 à 119 millions d'euros en 2020, avec un pic de 127,5 millions d'euros en 2018, pour répondre à l'intensification du conflit et à la forte augmentation du nombre de personnes dans le besoin.

La DG ECHO a aligné son financement sur une stratégie à deux volets (ou "deux points d'entrée"), visant à répondre à la fois aux effets directs du conflit armé dont les déplacements de populations (correspondant à 75 % du budget), et aux besoins préexistants et toujours croissants du Yémen en

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3   Site web de la DG ECHO https://ec.europa.eu/echo/where/middle-east/yemen_en

4   Plan de réponse humanitaire d'OCHA, Jun - Dec 2020

termes de nutrition, d'insécurité alimentaire, de santé et d'épidémies. Au cours de la période, 112 projets ont été mis en œuvre par 32 partenaires, dont le plus important est le Programme alimentaire mondial. Les interventions se sont concentrées sur l'assistance alimentaire (40% du budget total), la santé (13%), l'eau et l'hygiène - WASH[5] (11%), la nutrition (8%), la protection (8%) et la coordination (6%).

Les défis de l'accès humanitaire et la réponse de la DG ECHO à ce jour

Diverses contraintes peuvent limiter l'accès humanitaire, tant pour le personnel que pour les communautés touchées. Il s'agit souvent de facteurs humains, enracinés dans des questions politiques plus larges qui échappent au contrôle des organisations humanitaires : combats actifs, y compris les attaques contre le personnel et les installations humanitaires, engins non explosés, restrictions administratives, interférences politiques, violations ou ignorance des principes humanitaires et du DHI. Les défis environnementaux peuvent également restreindre l'accès, y compris les catastrophes naturelles ou les saisons des pluies, combinées à un manque d'infrastructures de transport adéquates, des routes et des ponts endommagés. Ces contraintes entraînent souvent des coûts et des délais supplémentaires importants, et parfois une reprogrammation.

Les mesures d'atténuation comprennent une meilleure communication et un plaidoyer en faveur des principes humanitaires (fortement soutenus par la DG ECHO), la recherche de meilleurs moyens pour favoriser l'acceptation du DIH parmi tous les groupes concernés et les parties à un conflit, et parfois, l'application d'une gestion à distance avec des conseils pour les partenaires locaux de mise en œuvre. Dans ce contexte, une coordination étroite et un renforcement continu des capacités dans des domaines tels que les compétences en matière de négociation d'accès, les mesures de sécurité strictes et la diplomatie humanitaire sont de plus en plus nécessaires. La DG ECHO a produit un ensemble de documents internes connexes en 2017, notamment une boîte à outils de plaidoyer pour son personnel et divers plans de plaidoyer à utiliser comme stratégie pour faciliter l'accès en République centrafricaine (RCA), en RD Congo, en Irak, au Mali, au Soudan du Sud et en Ukraine.

Approche méthodologique

Cette évaluation a suivi un processus séquentiel en quatre phases : (i) la phase initiale, pour affiner la méthodologie de l'évaluation ; (ii) la phase documentaire, avec la collecte et l'analyse de données et d'informations documentaires ; (iii) la phase de terrain, pour collecter des informations sur le terrain ; et (iv) une phase de synthèse, qui comprenait l'analyse finale et la soumission des produits finis. La collecte des données (directives d'entretien et enquêtes) et l'analyse ont été structurées autour d'un ensemble de 15 questions d'évaluation (QE) couvrant les deux composantes et ont été organisées autour d'un tableau matriciel avec des critères d'évaluation ou de jugement et des indicateurs. La matrice a inspiré les directives d'entretien et les enquêtes.

Sept études de cas pays ont évalué les défis de l'accès humanitaire : Afghanistan, République centrafricaine, Nigeria, Sud-Soudan, Syrie, Venezuela et Yémen. En raison de la COVID-19, des visites de terrain ont été effectuées au Yémen uniquement, réalisées par des experts nationaux supervisés à distance par des membres de l'équipe internationale. Les visites ont été complétées par des entretiens à distance et des enquêtes adressées au personnel concerné de la DG ECHO, aux partenaires et aux parties prenantes externes. Malgré d'importants défis opérationnels, des visites de terrain ont été effectuées dans six gouvernorats, au nord et au sud du Yémen.

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[5]   Water, Sanitation and Hygiene

Le taux de réponse à l'enquête sur l'accès humanitaire du personnel de terrain de la DG ECHO a été relativement faible ; toutefois, l'équipe reste convaincue que les défis les plus importants ont été identifiés et documentés, ce qui garantit la crédibilité et la validité des résultats de l'évaluation.

Résumé des résultats des interventions de la DG ECHO au Yémen

Pertinence

La stratégie de la DG ECHO, avec ses deux points d'entrée, était pertinente et adaptée au contexte opérationnel du Yémen. La stratégie a fourni un message clair et cohérent à ses partenaires opérationnels et aux autres parties prenantes intéressées concernant les priorités opérationnelles et l'approche de la DG ECHO.

L'approche de la DG ECHO a été flexible face aux changements du contexte opérationnel. Le processus de modification des décisions de financement annuelles (Humanitarian Implementation Plans - HIP) a généralement bien fonctionné, prévoyant un financement supplémentaire pour les situations en évolution ou les nouveaux défis, tels que le blocus d'Hodeida en 2018, l'épidémie de choléra en 2017 et la COVID-19 en 2020. Ces caractéristiques ont également permis aux partenaires de bien répondre à l'évolution des besoins.

La stratégie globale de réponse de la DG ECHO était étroitement alignée et cohérente avec celle de l'OCHA (le bureau de coordination de l'aide humanitaire des Nations unies) et de la communauté humanitaire. Cela s'est traduit par la cohérence entre la DG ECHO et les secteurs prioritaires dans les plans de réponse humanitaire des Nations unies et les rapports de synthèse des besoins, ainsi que par leur évolution annuelle au cours de la période d'évaluation. La DG ECHO a constamment soutenu les efforts de l'OCHA par un financement annuel au cours de la période.

La stratégie de la DG ECHO encourageait la coopération (connectivité) avec les acteurs du développement et le renforcement du processus Nexus, lequel s'était ralenti en 2019 en raison de l'intensification du conflit et des besoins d'urgence, ainsi que des ressources et capacités limitées. Chaque HIP a exposé les priorités de la DG INTPA (anciennement DEVCO) et parfois aussi la stratégie de la Banque mondiale pour le Yémen. La résilience et les moyens de subsistance ne faisaient pas partie de la stratégie de la DG ECHO mais devaient être pris en charge par les donateurs de développement - avec peu de résultats concrets jusqu'à présent. Les perspectives de connexion se sont à nouveau améliorées en 2021 (voir ci-dessous).

La DG ECHO a toujours préconisé une approche fondée sur des données probantes, en aidant les acteurs sectoriels à utiliser une série d'évaluations entreprises au niveau local ou national sur lesquelles fonder leurs interventions, malgré le contexte très difficile, les contraintes d'accès et les tentatives d'ingérence de certains acteurs locaux. Ces évaluations, bien qu'imparfaites, étaient suffisamment précises pour identifier les plus vulnérables sur une base sectorielle. La DG ECHO a fortement soutenu l'inclusion des migrants dans les interventions humanitaires. Toutefois, les analyses sexospécifiques étaient souvent limitées ; les Muhamasheen (un groupe de population longtemps discriminé socialement et économiquement et rendu plus vulnérable par la destruction des villes), sont toujours à un niveau de risque accru.

Cohérence

Les interventions financées par la DG ECHO au Yémen étaient pleinement cohérentes avec les dispositions du Règlement humanitaire et du Consensus européen sur l'aide humanitaire, ainsi qu'avec les principes humanitaires et la défense du droit international humanitaire.

Les dispositions des différentes politiques thématiques étaient aussi généralement applicables et appliquées dans le contexte du Yémen, bien qu'une divergence ait été constatée dans l'approche de la politique sur l'utilisation d'argent liquide pour la protection entre la DG ECHO et l'agence chef de file du Cluster Protection, le HCR. Selon les lignes directrices de la DG ECHO sur la protection, l'aide monétaire doit être utilisée de manière ciblée pour soutenir la réintégration des victimes de

violence – notamment celle basée sur le genre (VBG), en tant que composante d'une approche globale de gestion des cas. Le HCR au Yémen n'applique pas la gestion de cas pour la protection, mais fournit une assistance en espèces multisectorielle pour résoudre ce qu'il perçoit comme une menace globale de protection.

Coordination, connectivité

La DG ECHO a constamment soutenu et plaidé en faveur de la coordination des acteurs internationaux au Yémen, comme indiqué dans les plans d'action humanitaire. Ces efforts ont été couronnés de succès auprès des principaux bailleurs humanitaires de l'UE et de certains bailleurs non européens, la DG ECHO ayant assumé une position de leadership informel parmi eux en raison de son dynamisme, de son expertise et de sa présence unique sur le terrain (voir la valeur ajoutée).

La DG ECHO a également fortement soutenu les mécanismes de coordination humanitaire par le biais du financement annuel d'OCHA et de certaines agences co-chefs de file des clusters. Cela n'a été qu'un succès partiel en raison de l'incapacité d'OCHA à assurer une forte coordination inter-clusters, et des différents "modèles opérationnels" maintenus par les principales agences des Nations Unies.

La DG ECHO a contribué au lancement du processus Nexus pour le Yémen en 2019, en collaboration avec l'INTPA. Après une série d'enquêtes initiales, le processus s'est ralenti en raison de facteurs externes à la DG ECHO, tels que l'intensification du conflit, une gouvernance fragile ou des capacités limitées dans le pays. Par conséquent, la connectivité entre l'aide humanitaire et les acteurs du développement mettant en œuvre des actions liées à la résilience est la plupart du temps absente au Yémen.

Les moyens de subsistance ne faisaient pas partie de la stratégie de la DG ECHO au Yémen au cours de la période, pour des raisons pertinentes telles que l'énormité des besoins d'urgence ainsi que la limitation des fonds et des capacités. La DG ECHO s'est appuyée sur les donateurs de développement pour les moyens de subsistance, mais l'absence de lignes directrices thématiques sur cette question n'a pas non plus favorisé l'établissement de liens.

Les perspectives d'interconnexion ont progressé en 2021 : des approches concrètes ont été envisagées avec l'INTPA dans le cadre du programme d'action humanitaire 2021, et la 3ème réunion des hauts responsables (Senior Officials' Meeting - SOM) de juin 2021 a mis l'accent sur la coordination avec la Banque mondiale.

Parmi les clusters, il existe des tensions qui nuisent à la coordination, comme par exemple sur l'interopérabilité des bases de données dans le secteur de la sécurité alimentaire/aide monétaire. Les agences des Nations unies concernées devraient adapter leurs propres procédures opérationnelles et permettre la compatibilité des bases de données tout en préservant la confidentialité/protection des données. Pour surmonter cette situation et soutenir l'efficacité opérationnelle, la DG ECHO a financé des consortiums distincts des agences chefs de file des clusters, tels que le Cash Consortium for Yemen et le consortium Camp Coordination - Camp Management (CCCM).

Valeur ajoutée

La DG ECHO a apporté une importante valeur ajoutée aux donateurs humanitaires internationaux engagés au Yémen. Pour les autres donateurs, principalement basés à Amman, la principale valeur provenait (1) de la présence d'ECHO sur le terrain dans les deux parties du Yémen, l'UE étant perçue comme neutre et la DG ECHO étant le seul donateur international à se rendre régulièrement dans les deux parties du pays ; (2) les informations recueillies grâce à cette présence et largement

partagées avec tous les autres donateurs ; (3) l'expertise, les connaissances et l'analyse de l'équipe de la DG ECHO ; (4) sa capacité à discuter de manière à la fois constructive et critique avec les Nations unies ; et (5) l'accent mis sur une approche fondée sur des principes humanitaires pour la fourniture de l'aide. En conséquence, la DG ECHO était considérée comme le leader informel *de facto* du groupe des bailleurs humanitaires.

Pour les partenaires, la valeur ajoutée de la DG ECHO par rapport aux autres bailleurs réside dans son expertise technique et ses lignes directrices, ainsi que dans son soutien et sa flexibilité.

Efficacité

Pour atteindre ses objectifs stratégiques, la DG ECHO a soutenu des activités qui étaient bien alignées sur la stratégie d'entrée en deux points, telle que décrite dans les HIPs. Dans le cadre du premier point d'entrée, la DG ECHO a élaboré des stratégies pour répondre efficacement et rapidement aux déplacements fréquents et massifs. Les réponses humanitaires soutenues par la DG ECHO ont contribué à éviter la famine, qui a été constamment décrite comme le plus grand risque par la communauté internationale et qui représente donc peut-être son plus grand résultat concret, et à maîtriser la plus grande épidémie de choléra jamais enregistrée. En attendant la fin du conflit et la reprise économique, la famine reste un risque réel. Le financement des distributions alimentaires générales en cours et le soutien au processus de suivi de la classification intégrée des phases de sécurité alimentaire (IPC) ont été cruciaux à cet égard. La DG ECHO a également soutenu fermement l'évolution vers une intervention davantage basée sur l'argent liquide (c'est-à-dire une "assistance financière polyvalente"). Le soutien multisectoriel intégré a également bien contribué à la gestion continue de la crise humanitaire.

Le mécanisme de réponse rapide (RRM[6]) était le principal outil soutenu par la DG ECHO pour mettre en œuvre le premier point d'entrée de la stratégie à deux volets, avec la modalité de coordination et de gestion des camps (CCCM). Le RRM a été progressivement mis en place avec un séquençage par étapes, et les bénéficiaires ont apprécié cette assistance qui a fourni une réponse intégrée beaucoup plus rapide que les programmes groupés habituels. Le RRM s'est avéré efficace : le soutien continu aux personnes enregistrées a été fourni de manière cohérente et était généralement de bonne qualité.

Dans un contexte difficile, la rapidité des réponses apportées par le RRM aux bénéficiaires nouvellement déplacés a varié d'une réponse adéquate (bien que supérieure aux 72 heures espérées) à une réponse beaucoup plus tardive (quelques semaines), en grande partie à cause des difficultés d'enregistrement suite à l'interférence du gouvernement dans ce processus. Il y a eu une lacune, cependant, en termes de poursuite du soutien aux personnes identifiées, car les liens entre le RRM et les clusters concernés n'étaient pas encore complètement établis.

Les populations déplacées par le conflit peuvent être subdivisées entre les personnes récemment déplacées pour lesquelles le RRM est approprié, et celles qui ont dû vivre dans le même lieu de déplacement pendant beaucoup plus longtemps, parfois jusqu'à sept ans. Pour ces dernières, le soutien aux moyens de subsistance est nécessaire pour commencer une nouvelle vie plus durable et/ou pour améliorer la résilience ; comme nous l'avons déjà souligné, les activités de subsistance n'ont pas été financées par la DG ECHO au cours de la période d'évaluation et la résilience a été sapée par la lenteur de l'opérationnalisation de l'approche Nexus.

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[6] Rapid Response Mechanism

Pour le deuxième point d'entrée de la stratégie, la stratégie de réduction intégrée des risques de famine (IFRR[7]) était un bon exemple d'une réponse intégrée pour l'alimentation, la santé, la malnutrition aiguë (modérée et sévère) et les activités WASH. L'intégration des activités de protection a été difficile en raison des difficultés rencontrées avec les autorités, en particulier dans le nord.

Dans le cadre de l'approche multisectorielle intégrée, l'efficacité a également été constatée au niveau de chaque secteur, notamment en matière de sécurité alimentaire (entre 6 millions et 13,5 millions de bénéficiaires atteints au cours de la période d'évaluation grâce à un soutien alimentaire en nature, en espèces ou sous forme de bons, à l'amélioration des scores de consommation alimentaire et à la mise en place du cadre IFRR) ; d'assistance monétaire polyvalente (un total de 5.5 millions de bénéficiaires atteints en 2019 grâce aux différentes modalités de prestation, contre 2,1 millions en 2018) ; nutrition (les taux de guérison de la malnutrition aiguë sévère étaient bien supérieurs aux indicateurs Sphère) ; et santé (approche intégrée par le biais des établissements de santé, contribuant à la prévention et au contrôle d'une épidémie de choléra en 2017-2018). Le secteur de l'éducation dans l'urgence a été mis en œuvre à une échelle limitée par rapport aux besoins, en raison d'un manque de capacités des partenaires.

L'efficacité a été renforcée par le soutien de la DG ECHO aux activités trans-sectorielles, y compris l'achat d'articles tels que les produits de santé et d'hygiène d'urgence. Le soutien de la DG ECHO à l'interopérabilité gagne progressivement en efficacité (voir la coordination ci-dessus).

Les besoins restent cependant énormes, et tous les bénéficiaires n'ont pas reçu l'intégralité du soutien multisectoriel dont ils avaient besoin. La mise en œuvre du programme a été confrontée à de nombreux défis dans un contexte opérationnel extrêmement volatile et compliqué. Les partenaires de la DG ECHO sont restés organisés mais flexibles et se sont adaptés aux aléas des autorités locales et des opérations dans la mesure du possible. Les niveaux de couverture des bénéficiaires ont été difficiles à évaluer pleinement en raison des difficultés de suivi des progrès du programme et du manque de données complètes.

Plaidoyer

Les efforts de plaidoyer au plus haut niveau et de communication de la DG ECHO ont été constants, très proactifs et partiellement fructueux. Ils ont été menés tout au long de la période d'évaluation et, depuis 2017, par la participation au groupe de coordination des donateurs, ce qui a donné lieu à des visites de hauts responsables auprès de toutes les parties et à des démarches humanitaires effectuées par les délégations de l'UE. Ces activités ont contribué à la perception de la position neutre de l'UE au Yémen et à la présence continue de la DG ECHO dans les deux parties du pays. À partir de 2020, la DG ECHO a contribué à lancer, co-organiser et soutenir le processus de réunion des hauts responsables (SOM), qui dirige actuellement les efforts coordonnés de diplomatie humanitaire de la communauté internationale pour améliorer l'accès et l'espace humanitaire au Yémen. Le processus SOM a défini sept priorités clés ou "demandes" aux autorités, dont les progrès sont suivis par le groupe de suivi technique (TMG[8]). Les résultats positifs de cette approche ont été enregistrés par exemple dans l'abandon d'une taxe de 2% sur l'aide humanitaire ou l'acceptation accrue des sous-accords avec les partenaires et l'enregistrement biométrique des bénéficiaires.

Au niveau opérationnel, les efforts de la DG ECHO en matière de plaidoyer auprès de la communauté humanitaire internationale ont constamment soutenu la bonne pratique d'une approche fondée sur les principes. Cette démarche a été partiellement couronnée de succès en

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[7]   Integrated famine Risk Reduction

[8]   Technical Monitoring Group

raison du manque de respect des principes humanitaires et du droit international humanitaire par les parties au conflit. Le plaidoyer de la DG ECHO a cependant réussi sur des questions spécifiques telles que la fourniture d'une assistance humanitaire aux migrants, la contribution à la mise en place de l'IFRR pour une réponse intégrée à la sécurité alimentaire, l'influence sur le Cluster CCCM pour qu'il suive un modèle basé sur les zones d'intervention, et la mise en évidence de la nécessité d'une plus grande transparence contre la fraude. Des efforts de plaidoyer sont toujours en cours pour tenter de combler d'autres lacunes opérationnelles clés, notamment une meilleure intégration entre le RRM et la programmation humanitaire standard, l'interopérabilité, l'approche harmonisée de l'aide monétaire, ou les liens avec les bailleurs de développement pour la résilience.

La DG ECHO a toujours soutenu les agences mandatées telles que l'OCHA pour la coordination générale et le plaidoyer, et le CICR pour le respect du DHI. Des partenaires spécialisés dans le plaidoyer, tels que l'OHCHR[9] et l'ONG Geneva Call[10], ont également été financés. Ces efforts ont également été partiellement couronnés de succès, en raison de la faiblesse de l'OCHA, du mépris des parties pour le DIH et du manque de durabilité de certaines activités (telles que des formations ponctuelles ou des événements médiatiques).

Efficience et coût-efficacité

La DG ECHO s'est montrée ouverte avec les partenaires et des discussions ont eu lieu en temps opportun ; à cet égard, ses visites régulières sur le terrain ont été clairement utiles. La DG ECHO a fait preuve de souplesse en accordant des prolongations sans frais en cas de retard dans les programmes, ou en réaffectant le financement des projets pour répondre aux besoins immédiats liés à des catastrophes soudaines telles que des inondations et de nouveaux déplacements. Le processus de demande de modification du formulaire unique était plutôt long lorsqu'il s'agissait de compléments, mais les partenaires ont estimé que cela était plus rapide que de soumettre une nouvelle proposition.

La DG ECHO était un bailleur exigeant, avec des attentes élevées en termes de normes qui ont contribué à assurer la rentabilité des partenaires. Le suivi et les évaluations des activités par la DG ECHO, ainsi que sa fermeté quant au respect des lignes directrices de la politique sectorielle, ont poussé les partenaires à améliorer leur approche. Dans l'ensemble, la rigueur de la DG ECHO a été équilibrée avec suffisamment de flexibilité pour garantir que les activités puissent être modifiées en temps utile en fonction des circonstances. Les connaissances techniques et de terrain de la DG ECHO lui ont permis de comprendre les contraintes opérationnelles et donc d'accepter ou de suggérer la modification des activités lorsque cela était nécessaire.

Les considérations de coût-efficacité ont été intégrées à tous les niveaux pertinents, des décisions de financement au processus d'approbation des projets. Dans l'ensemble, les HIPs ont contribué à l'utilisation rentable des ressources en veillant à ce que les interventions financées par la DG ECHO visent à répondre en premier lieu aux besoins les plus aigus, à ne pas être redondantes et à intégrer dans leur conception des mécanismes et des mesures adéquats pour s'adapter à l'évolution des contraintes de sécurité et d'accès. La DG ECHO a également introduit un rapport intermédiaire simplifié après une période de 4 mois, ce qui a permis aux partenaires d'utiliser ce délai pour protester contre les contraintes d'accès et négocier leur allègement avec les autorités, sous peine de modifications des interventions.

L'efficience et le rapport coût-efficacité des interventions ont été systématiquement analysés par la DG ECHO lors de la sélection des interventions, sur la base de certains critères clés tels que la

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9   Office of the High Commissioner for Human Rights - Haut-Commissariat des Nations unies aux droits de l'homme

10 Organisation non-gouvernementale 'Appel de Genève'

répartition des coûts, les modalités de mise en œuvre, la cohérence et l'expérience. Cela a conduit au rejet ou à la révision de plusieurs propositions qui n'ont pas été jugées suffisamment efficientes à ce niveau.

Il s'est avéré difficile de fournir des preuves claires de l'impact sur le rapport coût-efficacité, car celui-ci n'était souvent pas directement observable. Une illustration a pu cependant être trouvée dans le fait que les modalités d'implémentation qui ont été privilégiées ont contribué au rapport coût efficacité. L'utilisation du RRM comme point d'entrée de l'assistance monétaire polyvalente s'est par exemple avérée efficiente, car elle a permis d'éviter la duplication des activités d'identification et de ciblage. Le fait que tous les secteurs, à l'exception de la protection et des abris, aient atteint un coût par bénéficiaire inférieur en moyenne à celui initialement prévu constitue une mesure du rapport coût-efficacité. Comme indiqué ci-dessus, les interventions de la DG ECHO ont également contribué à réduire les délais administratifs d'obtention des accords de travail auprès des autorités. La mesure selon laquelle cela a été réalisé a pu être partiellement établie par les enquêtes : la plupart des répondants ont confirmé que les efforts de la DG ECHO ont permis de limiter les retards administratifs (55%) et les coûts supplémentaires pour les partenaires (63%), et de maintenir la programmation telle qu'elle était initialement prévue (75%).

Budget

La DG ECHO a fourni un budget important pour répondre à la crise au Yémen, en particulier à partir de 2018, lorsque la situation humanitaire s'est aggravée à la suite du blocus de Hodeida. Dans l'ensemble, le budget a été suffisant pour que la DG ECHO atteigne ses principaux objectifs, à savoir contribuer à répondre aux besoins les plus aigus et les plus urgents. L'affectation de plus de 75 % du financement au point d'entrée 1 (c'est-à-dire l'aide aux populations directement touchées par les conflits et les déplacements) a permis d'apporter des contributions importantes à des secteurs clés tels que l'aide alimentaire, la santé, l'eau, l'assainissement et la protection, avec des résultats tangibles. Un budget suffisant était également disponible au niveau sectoriel pour apporter des contributions significatives en termes d'objectifs horizontaux de coordination de l'aide humanitaire et de plaidoyer pour une approche fondée sur les principes.

Les mécanismes régissant l'allocation du budget ont permis de garantir un certain degré d'objectivité concernant le financement des crises humanitaires par la DG ECHO. L'allocation budgétaire reposait sur plusieurs critères, notamment une évaluation approfondie des besoins, le financement global de la réponse et les capacités opérationnelles. Toutefois, le budget de la DG ECHO est resté modeste par rapport aux besoins de la "pire crise humanitaire du monde". En utilisant le montant du financement par personne dans le besoin (lequel, il est vrai, omet d'autres facteurs importants guidant l'allocation du budget de la DG ECHO), la crise du Yémen semble recevoir un financement relativement faible par personne dans le besoin par rapport à d'autres crises, telles que la Syrie. En outre, le montant du financement par personne dans le besoin n'a pas augmenté autant que pour les autres crises au fil du temps.

Résumé des conclusions sur l'accès humanitaire mondial

Pertinence

Dans toutes les études de cas, les plans d'action annuels décrivaient correctement les situations, y compris les contraintes d'accès auxquelles la DG ECHO et ses partenaires étaient confrontés, et les conséquences pour les bénéficiaires les plus vulnérables. La cartographie des contraintes d'accès a montré que les facteurs humains tels que l'insécurité, le manque d'acceptation des principes humanitaires et les interférences entravaient l'accès plus souvent que l'environnement physique.

Cela a confirmé la pertinence de l'accent général mis par la DG ECHO sur le soutien à la sensibilisation et la promotion de la compréhension des principes humanitaires et du droit humanitaire international parmi toutes les parties.

Cependant, l'accès n'était généralement pas une priorité des HIPs, sauf pour les services de transport aérien (tels que ECHO Flight ou UNHAS) qui étaient souvent cruciaux pour le personnel humanitaire et les fournitures d'urgence. La logistique n'a généralement pas été abordée dans les plans d'action humanitaire. Pour faire face aux contraintes d'accès, les HIPs ont recommandé des activités standard telles que le plaidoyer conjoint, la coordination, les références aux directives politiques thématiques (en particulier la protection) et le soutien aux acteurs spécialisés tels que l'OCHA et le PAM. La formation généralisée aux techniques de négociation pour l'accès, le soutien systématique aux groupes de travail sur l'accès humanitaire pour concevoir des stratégies d'accès et des plans d'action, ou la possibilité de mesures exceptionnelles telles que les ponts aériens, n'ont généralement pas été mentionnés dans les HIPs. En cas de besoins exceptionnels, la DG ECHO a alloué certaines modifications de HIP spécifiquement conçues pour financer (entre autres priorités) des ressources logistiques supplémentaires pour surmonter les contraintes d'accès, par exemple en RCA (2020), au Nigeria (2018), au Soudan du Sud (2020) et au Yémen (2018, 2020).

L'accès humanitaire n'était pas non plus mentionné parmi les indicateurs de résultats clés utilisés par les partenaires de la DG ECHO dans leurs rapports.

Cohérence

Dans toutes les études de cas pays, la DG ECHO a constamment soutenu les mécanismes de coordination internationale pertinents, même dans les cas où ceux-ci étaient encore incomplets, comme au Venezuela. La DG ECHO s'est pleinement alignée sur les politiques internationales en matière d'accès humanitaire. Elle a également soutenu de manière cohérente les partenaires face aux difficultés d'accès. Au niveau de l'UE, les initiatives proactives des institutions de l'UE en matière de respect du DHI dans les forums internationaux et au niveau national ont été répertoriées dans le rapport de l'UE sur le DHI, qui a été officiellement publié par le COJUR (groupe de travail sur le droit international public). Les efforts de diplomatie humanitaire de l'UE ont été coordonnés entre les centres de décision de Bruxelles, Genève et New York, même si cette structure pourrait être encore renforcée. La diplomatie a également subi l'impact de la COVID-19.

L'OCHA, principal acteur international de la coordination humanitaire et, à ce titre, constamment soutenu par la DG ECHO, n'a pas été renforcé par les réformes des Nations unies et a parfois semblé manquer de capacités. Au Yémen, par exemple, le groupe de travail sur l'accès humanitaire (HAWG[11]), coprésidé par l'OCHA, a souffert d'une mauvaise coordination, de structures hiérarchiques peu claires et de conflits de personnalités. Le HAWG n'a pas été en mesure de fonctionner efficacement pendant la majeure partie de la période considérée. OCHA a lancé de nouveaux efforts en 2021 pour renforcer sa présence et l'expertise décentralisées sur le terrain.

La coordination civile et militaire (CMCoord[12]), qui faisait partie des stratégies d'accès de la communauté humanitaire internationale sous la supervision de l'OCHA, a été décentralisée à Istanbul par les réformes de l'ONU et a également manqué de soutien et de présence sur le terrain. La CMCoord n'était pas mentionnée en tant que telle parmi les HIPs et les plans de plaidoyer élaborés par la DG ECHO ; elle figurait uniquement dans une annexe de la boîte à outils de plaidoyer.

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[11] Humanitarian Access Working Group

[12] Civil-Military Coordination

Dans toutes les études de cas pays, les approches de l'accès par la DG ECHO et ses partenaires ont toujours été réalisées conformément aux principes humanitaires, malgré de lourdes difficultés. Les principes humanitaires ont été ignorés ou mal compris par les parties au conflit dans chaque étude de cas.

La fourniture d'une aide humanitaire fondée sur les principes était la pierre angulaire de l'approche globale de la DG ECHO. Le respect et la défense des principes humanitaires ont été dûment soulignés dans chaque stratégie nationale de la DG ECHO. Dans toutes les études de cas pays, la DG ECHO et ses partenaires se sont consacrés à l'approche fondée sur les principes et ont déployé des efforts continus pour sensibiliser les acteurs à tous les niveaux. Il n'y avait aucune preuve de divergence ou de doute sur la pertinence de cette politique de la part d'un quelconque partenaire dans toutes les études de cas examinées.

Efficacité

Les approches suivies par la DG ECHO pour faire face aux contraintes d'accès comprenaient une boîte à outils de plaidoyer, divers plans de plaidoyer et la diplomatie humanitaire (voir ci-dessus). La boîte à outils a été élaborée en 2017 par la DG ECHO afin de fournir des orientations et un soutien au personnel sur la manière de mettre en œuvre les décisions opérationnelles en matière d'accès, mais elle n'était pas encore bien connue ni utilisée. La boîte à outils était également assez synthétique et proposait une approche "descendante" en impliquant les institutions et initiatives européennes ou internationales concernées. Elle n'abordait pas les capacités et les compétences des acteurs de terrain à contribuer à l'allègement des obstacles à l'accès ; une stratégie "ascendante" potentiellement complémentaire pour les négociations de première ligne a récemment été publiée par un acteur spécialisé.

Un nombre limité de plans de plaidoyer visant à faciliter l'accès ont été rédigés par la DG ECHO à partir de 2017 ; leur pertinence a varié, car certains semblaient plutôt confus (RCA), tandis que la plupart des autres étaient (logiquement) conçus pour être appliqués uniquement à un contexte spécifique (Irak, Soudan du Sud, Ukraine). Le plan de plaidoyer conçu pour le Mali pourrait être considéré comme un modèle reproductible de bonne pratique.

Dans toutes les études de cas, la DG ECHO a contribué à la diplomatie humanitaire sous diverses formes telles que des messages conjoints de l'UE, des groupes de bailleurs ou des visites de terrain de haut niveau, en tant qu'outil clé pour élargir l'espace et l'accès humanitaires. Une dérogation à cette approche a été trouvée en Syrie, où l'approche de la DG ECHO a dû être intégrée comme une composante de la politique globale de l'UE, ce qui n'a pas facilité l'accès humanitaire. Des réunions de hauts responsables ont été codirigées par la DG ECHO (avec la Suède) au Yémen après la détérioration de la situation de l'accès sur le terrain en 2019 et le contrôle de plus en plus centralisé et rigide exercé dans le nord par le Conseil suprême pour la gestion et la coordination des affaires humanitaires (SCMCHA[13]). Le processus SOM au Yémen et le suivi des progrès par le TMG ont donné quelques résultats positifs et pourraient être considérés comme des exemples de bonnes pratiques. Cependant, dans la plupart des autres études de cas, les efforts de plaidoyer ont souvent donné de maigres résultats.

Dans l'ensemble, l'efficacité des approches et des activités de la DG ECHO visant à améliorer l'accès humanitaire a été significative pour maintenir les activités telles qu'elles étaient prévues à l'origine. L'efficacité était beaucoup plus limitée face à l'ingérence politique ou lorsqu'il s'agissait de faire accepter aux acteurs locaux une approche fondée sur les principes humanitaires. En moyenne, seuls

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[13]   Supreme Council for the Management and Coordination of Humanitarian Affairs

10% des répondants de la DG ECHO et 8% des partenaires ont jugé "très efficaces" les approches et les activités mises en œuvre contre les contraintes d'accès.

Les efforts déployés pour surmonter les contraintes d'accès ont toutefois été importants. Parmi les études de cas pays, la DG ECHO a constamment aidé les partenaires à mettre en œuvre des stratégies d'atténuation adaptées au contexte, tout en faisant face à de nombreux défis d'accès souvent dus à des facteurs combinés d'insécurité, de tracasseries administratives, de mauvaise acceptation des principes, de barrières naturelles et, récemment, de la COVID-19.

Certains résultats ont été obtenus en se concentrant sur des approches spécifiques, comme au Yémen (plaidoyer de haut niveau), en Afghanistan (formation à la négociation de l'accès) ou au Venezuela (procédures opérationnelles standard) ; mais beaucoup reste à faire.

Les principaux effets négatifs des contraintes d'accès ont encore été ressentis en termes de réduction des quantités d'aide, de retards et de risques de protection pour la population desservie ; le nombre de bénéficiaires prévus a parfois dû être réduit malgré des stratégies visant à maintenir les effectifs tout en réduisant les quantités par tête. Cependant, des leçons très précieuses ont également été tirées, telles que la nécessité de développer des relations de travail positives avec les acteurs locaux, l'analyse et la prévention des risques avant que les problèmes d'accès ne surviennent, et le fait que l'accès ne peut être séparé de la sécurité et de la logistique. Des exemples potentiels de bonnes pratiques ont été récoltés en termes de cartographie, de coordination, d'affectation de personnel aux tâches liées à l'accès, ou d'outils et de modules de formation aux négociations d'accès. Ces enseignements et pratiques sont généralement comparables entre les études de cas pays, mais restent souvent fragmentés dans la pratique ; la rationalisation, la capitalisation et la diffusion systématique font défaut, ce qui ne favorise pas l'efficacité globale.

Dans ce contexte, la localisation, qui peut contribuer à l'efficacité grâce à une durabilité accrue, reste un sujet de débat stratégique et un défi au Yémen - et ailleurs - compte tenu des risques d'interférence et des faibles capacités. La localisation est un élément du 'Grand Bargain' soutenu au niveau mondial par la DG ECHO, mais elle doit être abordée progressivement dans le pays, car la plupart des organisations locales ont été signalées par les partenaires opérationnels comme ayant besoin de beaucoup de formation et de renforcement des capacités sur les principes humanitaires.

Efficience / Coût-efficacité

L'engagement de la DG ECHO dans des activités de plaidoyer de haut niveau en faveur de l'accès humanitaire a parfois contribué favorablement au rapport coût-efficacité de la réponse de tous les acteurs humanitaires, comme la fin du prélèvement de 2 % imposé dans le nord du Yémen qui était l'une des demandes prioritaires du processus SOM.

Au niveau des projets, les besoins des partenaires en termes de coûts liés à l'accès ne faisaient pas partie de la stratégie de conception ; ces coûts étaient généralement censés être déjà intégrés dans les activités proposées par le partenaire et validés par la DG ECHO par le biais de conventions si elles correspondaient aux exigences du HIP. Les coûts liés aux conseillers en accès ou à la formation ont parfois été contestés par la DG ECHO.

Le soutien de la DG ECHO pour surmonter les contraintes d'accès a toutefois contribué dans une large mesure au rapport coût-efficacité des interventions. 60% des répondants à l'enquête en ligne, tant de la part de la DG ECHO que des partenaires, ont estimé que la DG ECHO avait contribué à limiter les coûts supplémentaires dus aux contraintes d'accès. Les avis sont plus partagés en ce qui concerne l'effet sur la réduction des délais administratifs : 55% du personnel de la DG ECHO, mais seulement 38% des partenaires, étaient d'accord avec cette affirmation.

Dans l'ensemble, la souplesse de mise en œuvre de la DG ECHO a été propice à l'efficience. La DG ECHO a été suffisamment souple pour adapter sa gestion aux contraintes rencontrées par les partenaires, notamment en simplifiant les exigences administratives, ce qui a aidé les partenaires à atténuer les effets des contraintes d'accès humanitaire. Toutefois, les répondants à l'enquête, tant de la DG ECHO que des partenaires, ont également souligné qu'une flexibilité et une agilité supplémentaires - notamment en termes de délais pour accorder des extensions sans frais et financer les coûts d'appui - permettraient de réduire davantage les retards et de faciliter la mise en œuvre des actions financées.

Alors que les contraintes d'accès prennent souvent une forme similaire dans différentes situations, il y a eu un manque de diffusion et de partage des leçons apprises, et un manque de renforcement systématique des capacités concernant la négociation de l'accès pour le personnel de la DG ECHO, les partenaires et les leaders des communautés affectées. Certains partenaires ont souligné la nécessité de développer leur capacité à gérer les problèmes d'accès au niveau local, notamment parce que les négociations à un niveau supérieur ne se traduisent pas automatiquement sur le terrain.

Valeur ajoutée

La valeur ajoutée de la DG ECHO en termes d'accès humanitaire sur le terrain était assez élevée dans toutes les études de cas. La présence sur le terrain et l'expertise du personnel de la DG ECHO, le maintien de l'approche fondée sur les principes, le vaste réseau de partenaires et le soutien apporté aux mécanismes de coordination sont autant d'éléments qui apportent une valeur ajoutée.

La valeur ajoutée de l'UE par rapport aux États membres dépendait du contexte. Dans l'ensemble, l'UE est souvent faible politiquement, bien que cette situation rende également l'UE plus crédible en tant que partie prenante humanitaire neutre, ayant accès à toutes les parties. Dans ce contexte, la diversité des États membres pourrait également être un atout pour faciliter les négociations d'accès dans certains pays, en fonction des relations historiques.

Résumé des conclusions et recommandations sur les interventions de la DG ECHO au Yémen

Un résumé concis des conclusions et des recommandations est présenté ci-dessous. Les versions complètes figurent à la fin du présent rapport.

Évaluation globale du Yémen

Confrontée à des besoins d'urgence énormes, à un contexte politique extrêmement complexe, à de fortes difficultés d'accès, à un manque de liens de résilience avec les donateurs de développement et à des ressources limitées, la DG ECHO s'est montrée aussi efficace et efficiente que possible au Yémen au cours de la période d'évaluation. La stratégie était pertinente et adaptée, et la présence de la DG ECHO sur le terrain, son expertise technique élevée et sa proactivité dans les efforts de plaidoyer et de diplomatie humanitaire ont assuré à la DG ECHO un rôle de leadership informel de facto parmi les bailleurs humanitaires concernés. Les résultats ont été clairs en contribuant à éviter la famine, en maîtrisant le choléra et en répondant aux besoins prioritaires multisectoriels des personnes déplacées. Cependant, des programmes limités de redressement précoce et de développement pour soutenir la transition ainsi que des liens faibles entre l'aide d'urgence et l'aide à plus long terme (c'est-à-dire le "Nexus humanitaire-développement") ont limité la résilience au niveau communautaire.

Conclusions spécifiques sur le Yémen

Sur la stratégie

Conclusion CY1 *:* dans un contexte d'urgences écrasantes, la stratégie à deux points d'entrée de la DG ECHO, axée sur les besoins immédiats et les principales préoccupations préexistantes encore aggravées par le conflit, était pertinente et adaptable au contexte opérationnel du Yémen, et était bien alignée sur la stratégie globale de la communauté humanitaire.

Sur la connectivité et le Nexus

Conclusion CY2 : malgré les efforts de la DG ECHO, le Nexus humanitaire-développement a perdu de son élan entre 2019 et 2021. Cela a retardé la connectivité avec la résilience au niveau communautaire, ainsi que les activités de subsistance des acteurs du développement, qui auraient pu bénéficier aux personnes déplacées à moyen et long terme.

Sur la valeur ajoutée

Conclusion CY3 : la DG ECHO a apporté une valeur ajoutée significative à la communauté internationale des bailleurs humanitaires engagés au Yémen. Cela est dû à son expertise unanimement reconnue, basée sur une présence unique sur le terrain dans les deux parties du Yémen, à son personnel compétent et proactif, à la perception de la neutralité de l'UE et à sa capacité à discuter de manière constructive et critique avec les Nations unies. En conséquence, la DG ECHO était le leader *de facto* (bien qu'informel) du groupe des bailleurs humanitaires pour le Yémen.

Sur la coordination

Conclusion CY4 : la DG ECHO a constamment soutenu les mécanismes de coordination internationale et les approches intégrées, notamment par le biais de consortiums. Elle a plaidé pour le renforcement de la présence sur le terrain de l'OCHA, qui manque de ressources humaines et financières.

Sur l'efficacité

Conclusion CY5 : dans l'ensemble, la DG ECHO et ses partenaires ont été efficaces au niveau opérationnel au Yémen. Ils ont contribué à des résultats significatifs tels que le fait d'éviter la famine (jusqu'à ce jour), la maîtrise d'une épidémie de choléra et l'absence d'épidémies similaires à grande échelle, en plus de fournir une aide d'urgence aux personnes déplacées et de soutenir les services de santé et d'éducation. Ces résultats ont été obtenus grâce à la promotion d'interventions multisectorielles intégrées, basées sur les zones ciblées, qui ont suivi une approche fondée sur les principes et les données récoltées. Cette approche a été appliquée dans le cadre de chacun des deux points d'entrée stratégiques, comme par le biais du mécanisme de réponse rapide, et a permis de cibler efficacement le soutien aux plus vulnérables chaque fois que cela était possible, bien qu'il y ait eu une lacune dans l'évaluation des besoins en matière de genre.

Sur le plaidoyer

Conclusions CY6 : les efforts de plaidoyer de la DG ECHO à tous les niveaux pour promouvoir une approche fondée sur les principes et surmonter les défis de l'espace humanitaire ont été cohérents et très proactifs, mais n'ont connu qu'un succès partiel étant donné le manque de respect des principes humanitaires et du DHI par les parties au conflit. Au niveau supérieur en particulier, la coprésidence par la DG ECHO du processus des réunions de hauts responsables, combinée au suivi du TMG, a contribué positivement à l'amélioration de l'espace humanitaire au Yémen et a fourni un exemple de bonne pratique en matière de diplomatie humanitaire.

En tant que service de l'UE perçue comme neutre, la DG ECHO était présente sur le terrain, bien que, depuis 2019, elle ne soit plus toujours au niveau supérieur approprié pour entamer des discussions globales/stratégiques avec des décideurs politiques locaux de plus en plus affirmés.

Sur le rapport coût-efficacité

Conclusions CY7 : l'attention constante portée par la DG ECHO au rapport coût-efficacité tout au long de la mise en œuvre du projet - de la sélection de partenaires expérimentés à la combinaison de normes élevées et d'un soutien adéquat lors du suivi des interventions - a contribué à maintenir une réponse avec un rapport coût/efficacité satisfaisant, compte tenu des contraintes d'accès et du contexte difficile.

Sur le budget

Conclusions CY8 : alors que la DG ECHO a fourni un budget important pour répondre à la crise du Yémen, garantissant qu'elle pourrait contribuer à répondre aux besoins prioritaires les plus aigus et les plus urgents, le niveau de financement était néanmoins faible par rapport aux besoins de la "pire crise humanitaire du monde".

Recommandations sur le Yémen

Cinq recommandations stratégiques sommaires sont présentées ci-dessous, comme prévu dans le cahier des charges. Les recommandations complètes figurent à la fin de ce rapport.

Sur le Nexus et la résilience

Recommandation RY1 : **poursuivre les efforts de revitalisation du processus Nexus** et l'étendre au-delà des institutions de l'UE, avec pour objectif principal de rendre opérationnel le renforcement de la résilience.

Sur l'adaptation de la stratégie

Recommandation RY2 : **plaider auprès des bailleurs de développement pour qu'ils incluent dans leurs programmes de résilience et de moyens de subsistance** (1) **les besoins des** personnes victimes de **déplacement de longue durée à l'intérieur du pays** - qui doivent être mieux distingués dans le premier point d'entrée de la stratégie de la DG ECHO, et (2) des considérations sur les besoins spécifiques des Muhamasheen, qui devraient être soulignées dans le deuxième point d'entrée de la stratégie.

Sur la diplomatie humanitaire et la présence sur le terrain

Recommandation RY3 : **renforcer la présence de la DG ECHO sur le terrain** avec (1) un agenda programmé de visites de hauts responsables pour discuter à haut niveau avec les décideurs locaux de l'élargissement stratégique de l'espace humanitaire, et (2) en soutenant si nécessaire l'établissement d'autres donateurs humanitaires intéressés à Sana'a.

Sur le plaidoyer

Recommandation RY4 : **poursuivre le plaidoyer auprès des bailleurs**, d'OCHA et des clusters **sur les questions clés concernant les opérations** (interopérabilité, activités de suite au RRM, résilience), la **programmation** (Muhamasheen, réglementation du Mahram dans le suivi du TMG) et les **ressources au** nom d'OCHA.

Sur les améliorations sectorielles

Recommandation RY5 : **élaborer ou mettre à jour des lignes directrices thématiques** selon les besoins (moyens de subsistance pour optimiser la connectivité et la résilience, aide monétaire pour la protection) ; **mettre davantage l'accent sur le développement des capacités** pour préparer la localisation, et améliorer l'évaluation des besoins en matière d'égalité des sexes, l'opportunité du RRM, la nutrition des adolescentes et les interventions en matière de santé mentale et de soutien psychologique.

Résumé des conclusions et recommandations sur l'accès humanitaire mondial

Évaluation globale de l'accès humanitaire

Les efforts déployés par la DG ECHO pour faire face aux contraintes de l'accès humanitaire ont été cohérents à haut niveau. Dans toutes les études de cas, la DG ECHO a soutenu les mécanismes de coordination internationale pertinents et a aligné sa stratégie sur les politiques internationales en matière d'accès humanitaire. La DG ECHO a également soutenu fermement la diplomatie

humanitaire en tant qu'outil clé pour élargir l'accès, avec quelques résultats positifs. Au niveau de la programmation et des opérations, cependant, les outils à utiliser par le personnel et les partenaires de la DG ECHO n'étaient pas suffisamment adaptés : les HIPs annuels décrivaient les contraintes d'accès mais ne les traduisaient pas de manière appropriée en priorités de programmation ; quelques plans de plaidoyer et une boîte à outils de plaidoyer ont été préparés mais ont été peu utilisés et doivent être mis à jour grâce aux précieux enseignements tirés. En outre, le Bureau de la coordination des affaires humanitaires des Nations unies (OCHA) - le principal organisme international de coordination humanitaire ayant un mandat de plaidoyer et qui soutient la coordination civile et militaire – n'a pas suffisamment bénéficié des réformes des Nations unies. Dans ce cadre, la DG ECHO a souvent réussi à maintenir les activités telles qu'elles étaient initialement prévues, malgré les contraintes d'accès. Le fait que les principes humanitaires et le droit international humanitaire soient généralement négligés par les parties en conflit est resté un défi majeur.

Conclusions spécifiques sur l'accès humanitaire

Sur les décisions de financement

Conclusion CA1 : la DG ECHO a dûment décrit les contraintes d'accès dans ses plans annuels de mise en œuvre de l'aide humanitaire (HIP), mais elle ne les a pas suffisamment hiérarchisées.

Sur les plans d'advocacy

Conclusion CA2 : les plans de plaidoyer de la DG ECHO pour faciliter l'accès étaient de qualité et de pertinence variables en tant que modèle global, puisque la plupart d'entre eux se concentraient sur des dimensions spécifiques au pays. L'un d'entre eux (Mali) peut être considéré comme une meilleure pratique.

Sur la diplomatie humanitaire

Conclusion CA3 : la DG ECHO a fortement soutenu la diplomatie humanitaire en tant qu'outil clé pour élargir l'espace et l'accès humanitaires. Le processus des Senior Officials' Meetings (SOM) combiné au suivi des TMG au Yémen peut être considéré comme un exemple de bonne pratique, malgré la résistance des acteurs locaux.

Sur la coordination internationale pour l'accès

Conclusion CA4 : la DG ECHO a apporté un soutien constant aux mécanismes de coordination humanitaire internationale, en particulier à l'OCHA. Néanmoins, dans certains cas, la coordination sur le terrain est restée un problème, principalement en raison de facteurs structurels de l'architecture humanitaire mondiale et des contraintes de ressources, notamment en termes de coordination civile et militaire.

Sur l'efficacité

Conclusion CA5 : les résultats des efforts déployés par la DG ECHO et ses partenaires pour surmonter les difficultés d'accès ont été limités malgré les efforts déployés. Les approches et les activités de la DG ECHO ont souvent permis de maintenir les activités telles qu'elles étaient initialement prévues. L'efficacité a été beaucoup plus restreinte face aux interférences politiques ou lorsqu'il s'est agi de faire accepter aux acteurs locaux une approche fondée sur les principes humanitaires. La boîte à outils de plaidoyer a été peu utilisée ; des leçons précieuses ont été tirées des études de cas mais sont restées fragmentées dans la pratique.

Sur la valeur ajoutée

Conclusion CA6 : la valeur ajoutée de la DG ECHO en termes d'accès humanitaire était élevée, grâce à sa présence sur le terrain, son expertise, son approche fondée sur les principes humanitaires, son réseau de partenaires et son soutien aux mécanismes de coordination. Cependant, l'UE en tant que telle avait parfois moins d'influence politique que certains États membres.

Recommandations sur l'accès humanitaire

Trois recommandations stratégiques sont résumées ci-dessous, comme l'exige le cahier des charges. Les recommandations complètes se trouvent à la fin du rapport.

Recommandation RA1 : **renforcer la diplomatie humanitaire en matière d'accès**, notamment en multipliant les visites de haut niveau sur le terrain, en créant des synergies avec les États membres et en utilisant le processus SOM-TMG au Yémen comme modèle.

Recommandation RA2 : **mieux soutenir l'OCHA dans ses fonctions de facilitation de l'accès**, par exemple en plaidant auprès des bailleurs, en soutenant le détachement d'officiers CMCoord sur le terrain et en rationalisant les groupes de travail sur l'accès.

Recommandation RA3 : **renforcer les directives et les capacités du personnel et des partenaires de la DG ECHO en matière de plaidoyer et de négociations pour l'accès**, notamment par le biais d'un modèle pour les plans de plaidoyer et d'un soutien financier pour des formations globales sur les négociations d'accès pour les acteurs de terrain de première ligne afin de compléter la boîte à outils.

PARTS A AND B: INTRODUCTION AND METHODOLOGY

CHAPTER 1: INTRODUCTION

1.1   Background, objectives and structure

This evaluation of the European Union's humanitarian interventions in Yemen and in Humanitarian Access (2015-2020) commissioned from ADE by the Evaluation Sector of the Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO).

The purpose of this combined evaluation is to provide an independent assessment covering two distinct components over the period 2015 to 2020:
- Part A: a geographical component, focusing on DG ECHO's interventions in **Yemen.**
- Part B: a thematic component, focusing on **humanitarian access** approaches and activities at the global level – including Yemen as one of the country case studies.

The figure below summarises the purpose, scope and framework of this evaluation.

Figure 1- Evaluation purpose, scope and framework
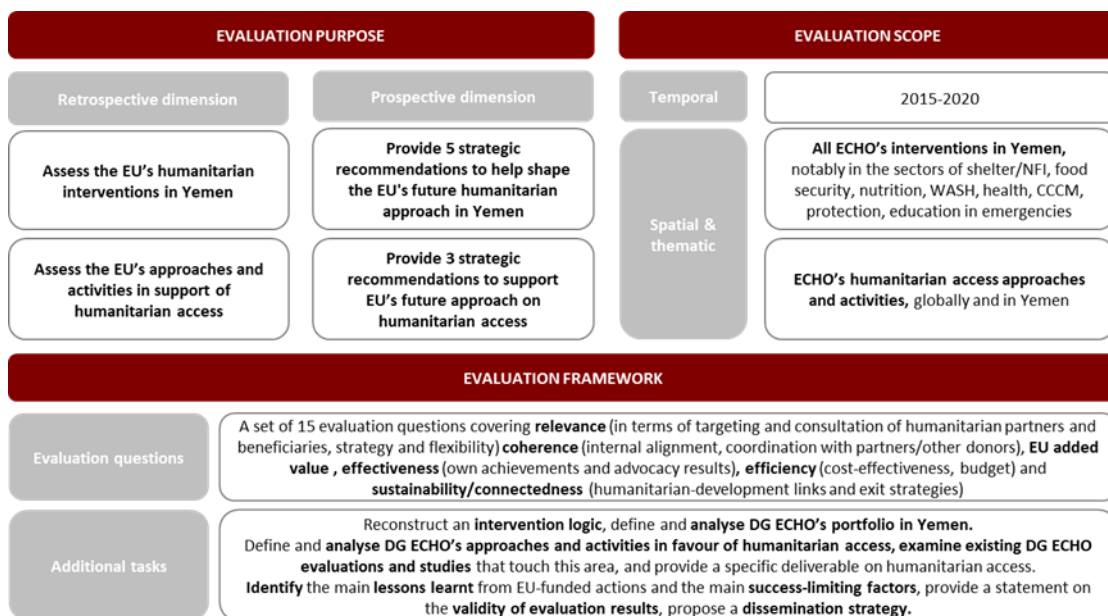
Source: ADE

1.2   Evaluation process

This evaluation has followed a sequential process consisting of four phases: (i) inception phase, for fine-tuning the evaluation design; (ii) desk phase, for collecting and analysing documentary data and information; (iii) field phase, for collecting field-level information; and (iv) synthesis phase, for conducting final analysis and producing end deliverables. The evaluation has been followed by a Steering Group consisting of different DG ECHO units and DG ECHO field experts.

1.3   Structure of the report

This report is the final version of the evaluation report, whose first draft has been discussed with the Steering Committee and amended accordingly.

The report starts with a general introduction to the evaluation (Chapter 1) and methodological notes (Chapter 2) that are common to both parts of the evaluation. Then the report is divided into Part A on Yemen and Part B on humanitarian access. Part A starts with a section describing the humanitarian context in Yemen (Chapter A1), followed by the responses to the evaluation questions (Chapter A2) and a set of conclusions and recommendations (Chapter A3). Similarly, Part B begins with a contextual section (Chapter B1) followed by the responses to the evaluation questions (Chapter B2) and conclusions and recommendations regarding humanitarian access (Chapter B3).

This report is completed by supporting **annexes** in a separate volume, including the Terms of Reference for the combined evaluation (Annex 1), a set of annexes for the **Yemen** component, with a map of DG ECHO's 2020 interventions in Yemen (Annex A1) the evaluation matrix (Annex A2), the list of documents (Annex A3) and persons (Annex A4) consulted, complementary evidence on Yemen for EQ6 to EQ9 (Annex A5), and a detailed account of supporting evidence collected through the survey of DG ECHO's partners (Annex A6). Then follows the annexes related to the second part of the evaluation on **humanitarian access**; their structure is somewhat similar with the evaluation matrix (Annex B1), the list of documents consulted (Annex B2), the country case studies (Annex B3) and detailed account of the supporting evidence collected through the survey of DG ECHO staff and partners and the list of key informant interviews (Annex B4).

CHAPTER 2: METHODOLOGICAL APPROACH

This section presents (i) the overall approach; (ii) the list of evaluation questions; (iii) the evaluation tools; (iv) and challenges in terms of evaluability.

2.1   Overall approach

This evaluation has a theory-based design and uses tools and methods for contribution analysis. It is based for part A on an intervention logic of DG ECHO's interventions in Yemen (see Section A1.2) and for part B on a problem tree summarizing the main causes and effects of humanitarian access challenges (see Section B1.2). Each component of the evaluation is structured in a set of evaluation questions (9 EQs for Part A and 6 EQs for Part B) associated with a set of judgment criteria and indicators. The detailed evaluation matrix for each of both parts are available in Annexes A2 and B2 respectively.

The first part of the evaluation on **DG ECHO's response in Yemen** involved conducting 60 key informant interviews and multiple focus group discussions with a total of more than 150 beneficiaries, half of which were women. Moreover, a survey enabled to collect views of 24 representatives of DG ECHO's partners in Yemen. In complement, the evaluation team reviewed documentation on 34 projects implemented between 2015 and 2020 (out of a total of 112) by 19 different partner organisations. The team consulted in total more than 150 documents. It also conducted a thorough quantitative analysis of DG ECHO's funding allocation and beneficiaries reached.

The second part of the evaluation on **DG ECHO's approach toward humanitarian access** involved conducting surveys of DG ECHO staff as well as DG ECHO partners in 7 countries (Afghanistan, Central African Republic, Nigeria, South Sudan, Syria, Venezuela, and Yemen). This allowed collecting information from 45 DG ECHO staff and 34 partner representatives. In addition, the evaluation team conducted six country case studies (i.e. for those countries listed above next to

Yemen covered in Part A), which involved consulting more than 180 documents at policy and project level.

2.2   Evaluation questions

Data collection and analysis was structured around a set of 15 evaluation questions (EQs). These follow the standard evaluation criteria as proposed by the Organisation for Economic Co-operation and Development (OECD), ALNAP and the EU. These EQs have been validated by DG ECHO together with a complete evaluation matrix during the inception phase. The first 9 EQs concern the Yemen component of the evaluation; the last 6 EQs cover the humanitarian access component. Table 1 lists all EQs by evaluation criteria.

Table 1- Evaluation Questions

Part A – EU's interventions in Yemen	
Relevance	**EQ1.** To what extent was a clear and context-adapted strategy provided and applied by DG ECHO in Yemen? To what extent were DG ECHO and its partners successful in adapting and adjusting their approach as the needs evolved over time?
	EQ2. To what extent did the design and implementation of EU-funded actions in Yemen take into account the needs of the most vulnerable populations affected, particularly women, children, elderly and persons with disabilities? To what extent were affected populations consulted during the design and implementation of EU-funded projects?
Coherence	**EQ3.** To what extent was DG ECHO's response aligned with a) DG ECHO's mandate as provided by the Humanitarian Aid Regulation; b) the European Consensus on Humanitarian Aid; c) humanitarian principles and international humanitarian law; and d) DG ECHO's relevant thematic/sector policies?
	EQ4. To what extent was DG ECHO successful in a) coordinating its response with that of other (EU and non-EU) donors, the cluster system and working groups in the country; b) ensuring connectedness within the Nexus process and for other actions (analysis, advocacy, preventing politicisation of aid) with DG DEVCO, EEAS and EU Member States; and c) covering gaps and avoiding overlaps?
Added Value	**EQ5.** What was the EU added value of DG ECHO's actions in Yemen?
Effectiveness	**EQ6.** To what extent were DG ECHO's strategic objectives (as defined in the specific humanitarian implementation plans) achieved? What concrete results did DG ECHO achieve?
Advocacy	**EQ7.** How successful was DG ECHO through its advocacy and communication measures in influencing other actors by direct and indirect advocacy on issues such as humanitarian access and space, respect for international humanitarian law, addressing gaps in response, applying good practice, and carrying out follow-up actions to DG ECHO's interventions? Was there an "advocacy gap"?
Efficiency	**EQ8.** To what extent did DG ECHO achieve cost-effectiveness in its response? What factors affected the cost-effectiveness of the response and to what extent?
	EQ9. Was the size of the EU budget allocated by DG ECHO to Yemen appropriate and proportionate to achieve its objectives in comparison to other crises?
Part B – EU's response to Humanitarian Access challenges	
Relevance	**EQ10.** How well designed were DG ECHO's humanitarian access approaches and activities in different crises, and to what extent did they consider the needs of its humanitarian partners and final beneficiaries?

Coherence	**EQ11.** To what extent were DG ECHO's humanitarian access approaches and activities in different crises supportive of, aligned to and coordinated with those of its partners, relevant international mechanisms, and other donors?
	EQ12. To what extent were DG ECHO's humanitarian access approaches and activities in different crises conducted in accordance with humanitarian principles, and supported compliance with IHL in order to facilitate access?
Effectiveness	**EQ13.** To what extent were DG ECHO's humanitarian access approaches and activities effective? What were the concrete results?
Efficiency	**EQ14.** How efficient and cost-effective were DG ECHO's humanitarian access approaches and activities?
Added Value	**EQ15.** What was the added value of DG ECHO's humanitarian access approaches and activities?

2.3   Evaluation tools

Five main tools were used to collect and triangulate findings in order to provide robust patterns of both quantitative data (document analysis, surveys) and qualitative data (interviews, site observation) to respond to the EQs, judgment criteria and related indicators (see matrix Annexes A2 and B1). These tools are briefly outlined below.

Documentary review

Policy documents: documentary review included in particular DG ECHO's Humanitarian Implementation Plans (HIPs), thematic policy guidelines, and advocacy publications; others from key external stakeholders such as OCHA's Humanitarian Response Plans (HRPs), access strategies and Logistics Cluster reports. The list can be found in the bibliographies attached to each part of the evaluation (Annexes A3 and B2).

In-depth documentary review of selected projects: the desk review on Yemen included a review of the portfolio of projects contained in the HOPE database (112 funded projects for Yemen over the evaluation period). A selection process was carried out through a range of criteria to retain a manageable number of projects for in-depth evaluation.[14] The resulting selection covered 34 projects implemented by 19 different partners and spread among all the sectors and complementary activities. Similar activities by the same partner over several years was considered as one single project.

Selection of partners and projects to review regarding humanitarian access: among the six country case studies, with the exception of Yemen which was reviewed through a comprehensive sampling as outlined hereabove, partners and projects were selected at the operational level through a portfolio review of DG ECHO's reporting and monitoring documents, namely the electronic Single Forms (eSF) and FichOps. The review aimed at finding the partners most concerned by access challenges; the resulting sampling was cross-checked with the evaluation team's own experience and suggestions from the relevant DG ECHO country teams.

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[14] This sampling methodology used a two-tier approach. The first stage utilised cumulative criteria such as continuous presence, spread of sectors, budget, number of beneficiaries, type of partners (UN, INGO) and geographic location of activities in Yemen. The second stage considered suggestions by DG ECHO's experts in terms of potentiality of good practices/specific lessons to be learnt.

Key Informant Interviews

Distance key informant interviews (KIIs) were conducted through various audio-visual tools (Skype/TEAMS/Zoom/WhatsApp/Webex) as feasible given the COVID-19 crisis and the availability of means of communication. The list of informants can be found in Annexes A4 and B4. This included:

- Key DG ECHO staff at headquarters, Amman, Yemen, and in the countries covered by the case studies on humanitarian access;

- Representatives from implementing partners at their Brussels (or Geneva) offices and in the field for the case studies;

- Concerned staff from DG INTPA, FPI, and EEAS, both in Brussels and in the field (EU Delegations);

- Other stakeholders: coordination mechanisms such as clusters or NGO fora, donors, EU Member States, staff of supported health facilities and schools, concerned national/local authorities.

The interviews followed semi-structured interview guidelines, based on the EQs, criteria and indicators developed in the matrix. These guidelines ensured coherence when interviews had to be conducted separately by different evaluation team members. Semi-structured guidelines were also used while conducting focus group discussions (FGD) in the field (see below).

A total of 230 persons were consulted during the field and synthesis phases, either through KIIs (63 persons) or FGDs (177) (see Annexes A4 and B4). The interviewees represented a broad range of perspectives from both EU entities in addition to various EU partners and actors working both in the field and in HQs. In Yemen, 79 beneficiaries participated to FGDs in the South and 96 participants in the North (including 84 beneficiaries, 6 health workers and 6 patients). Among beneficiaries, there were 83 IDPs, 78 indistinct beneficiaries, 11 health workers and 2 local partner workers. The gender ratio of the interviewees was well balanced overall, although males were slightly more represented (55% of respondents).

Surveys

Three surveys were disseminated to the following recipients.
- **DG ECHO's staff members** who were working operationally in a humanitarian context(s) with challenges in terms of humanitarian access over the evaluation period, either at HQ, regional or country levels.

- **DG ECHO's partners on Global Humanitarian Access**: this group included people who had worked for one of the DG ECHO partners selected in all the country case studies except Yemen (see third survey below). The target population comprised different categories of partners (International NGOs, UN agencies, Red Cross – Red Crescent organisations and EU member state cooperation agencies) and staff based in regional and field offices as well as in HQs.

- **DG ECHO's partners on Yemen**: HQ or field actors who worked/are working on the crisis in Yemen for a selected partner of DG ECHO. The final survey also combined questions on the humanitarian access challenges faced by DG ECHO and their partners in Yemen.

The survey questions were formulated based on the EQs and judgment criteria.

The surveys provided significant evidence of the access constraints faced by DG ECHO and their partners in different humanitarian situations; how these constraints affected their humanitarian response; the relevance, coherence, and effectiveness of DG ECHO's approaches and activities to mitigate these effects; and the strategic relevance of DG ECHO's approach in Yemen. Detailed information about the surveys can be found in Annexes A6 and B4.

Case studies (on Humanitarian Access)

Seven country case studies focused on humanitarian access were selected: Afghanistan, Central African Republic (CAR), Nigeria, South Sudan, Syria, Venezuela and Yemen. The Yemen case study formed a bridge between the two parts of the evaluation. The selection was based on the following criteria: (i) humanitarian operations in the countries displaying a range of approaches to humanitarian access in all key regions of DG ECHO's interventions, these being Asia, Central Africa, Horn of Africa, Middle East and Latin America; (ii) coverage of key access impediments incurred due to conflicts, logistical/supply chain and/or political obstacles; (iii) level of severity of the access challenges according to ACAPS (Assessment Capacities Project, see below); (iv) possibility of comparing lessons learnt (and perhaps costs) in different crisis contexts including countries with direct access to the sea, landlocked countries, and protracted crises of human-made origin, some mixed with recurrent natural disasters; and (v) suggestions by members of the DG ECHO steering committee. Despite the Taliban takeover of Afghanistan in August 2021, the findings collected on access challenges during the period 2015 to 2020 are still deemed relevant to this evaluation.

The case studies provided a means of analysing in greater detail DG ECHO's humanitarian access approaches and activities in specific countries. Inputs from the case studies are integrated among the various EQs, as relevant; all case studies, structured according to a standard format, are also included in Annex B3 of this report.

Field visits to final beneficiaries and site observations

Field visits were performed by the national members of the evaluation team, who were based respectively in Sana'a in the north and in Mukalla in the south.[15] They were conducted in southern Yemen in Taiz, near Aden and Al Mukalla; and in the north in the Hajjah governorate, Sana'a and Marib, where the people most recently displaced by the conflict could be found. The field visits were carried out subject to security constraints and authorisations by authorities in northern Yemen (see section on challenges below). Details can be found in Annex A4.

Given the evaluation's resources, field visits were only performed in Yemen and not in the six other country case studies retained for the humanitarian access component.

2.4   Challenges/evaluability

As a result of the COVID-19 pandemic, the team's approach during the field phase was restricted to distance interviews and some field visits by the two national experts in North and South Yemen. Conducting distance interviews with DG ECHO staff and partners in Yemen has not been challenging from an operational perspective as the interviewees were used to this type of interactions and connectivity was not an issue. Nevertheless, remote interviews do not allow to capture as much information as in-person field visits with direct observations at beneficiary level, which remains the first-best approach for this type of evaluation.

There were also important operational challenges for conducting field visits in Yemen. The team nevertheless succeeded to organise visits in 6 governorates including the consultation of female beneficiaries (see 2.3 above).

Another challenge from an evaluability perspective was the relatively low response rate to the survey on humanitarian access from DG ECHO staff, notably for those based in the field. While the evaluation team is confident that the documentation reviewed and data and views collected from DG ECHO staff at headquarter level have provided a robust base for collection of evidence and their triangulation, it has to acknowledge that specific aspects related to access constraints in the field may not have been captured exhaustively. Yet, the team remains confident that the most important

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15   In the area controlled by the de facto authorities (DFA - Ansar Allah/Houthis) in the north, and by the internationally recognised government and/or Southern Transitional Council (STC) in the south.

challenges have been identified and documented, ensuring the credibility and validity of the evaluation results.

PART A – EU's HUMANITARIAN INTERVENTIONS IN YEMEN

CHAPTER A1.   HUMANITARIAN CONTEXT IN YEMEN

A1.1   Key contextual elements

The strategic location of Yemen has resulted in regular upheavals and several civil wars throughout its history. As outlined in Figure 2, the end of British colonialism resulted in a split of the country into two states (North and South Yemen); the southern part was supported by the former Eastern (communist) bloc. In May 1990, the two parts merged again with Ali Abdallah Saleh, who had been president of North Yemen since 1978, as president. However, this did not prevent a new civil war breaking out between north and south in 1994. In 2004 the Shia Houthis started an insurgency to "*defend their community against discriminations by the government.*" In 2011 a revolution took place against President Saleh, who left office in 2012 and was replaced by the former vice-president Hadi. This did not solve the situation, which was fuelled by the mass protests of the Arab Spring, and in 2015 the Houthis succeeded in taking power in Sana'a, the capital. President Hadi escaped to Aden. The Houthis continued their advance on Aden, prompting the intervention of Saudi Arabia, which did not want to see a Shia-led and Iranian-backed state on their southern border, as well as the start of the still ongoing humanitarian crisis, which is currently the worst in the world.[16]

As of December 2020, the conflict had provoked an estimated 233 000 deaths, including 131 000 from indirect causes such as lack of food, health services and infrastructure.[17] It has left 67% of the 30.8 million Yemeni population in need of some form of assistance (including 12.1 million in acute need).[18] Details per key sectors are outlined in the Humanitarian Response Plan (HRP) and are summarised below.

In this context, numerous serious violations of international human rights law and international humanitarian law (IHL) have also been recorded, such as indiscriminate airstrikes and shelling of civilians, use of child soldiers, unlawful killings at checkpoints, torture and sexual and gender-based violence (GBV). The Group of Eminent Experts has denounced the endemic impunity for these violations, which fuels more abuses.[19]

Moreover, in addition to the conflict, Yemen is also prone to natural disaster. It is already the poorest and most water-insecure country in the Middle East and North African region; increased temperatures, including possible "wet-bulb" effects, extreme weather events and sea level rise are likely to exacerbate food insecurity and water scarcity and adversely affect coastal zones.[20] In early 2020, floods plagued several parts of the country, and concerns grew over the impact of the COVID-19 outbreak on nutrition, with a decrease in global food production, diminishing financing for humanitarian action and communication difficulties.

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[16]   This overview is based on the following contextual elements: ECHO HIPs (Humanitarian Implementation Plan), OCHA country profile; Human Rights Watch 2020 Country Report; Yemen Data Project; Armed Conflict location & Event Data Project - ACLED (consulted on 14 October 2020).

[17]   UN News, December 2020; https://news.un.org/en/story/2020/12/1078972

[18]   Humanitarian Needs Overview, OCHA 2021

[19]   Group of Eminent Experts (GEE) report, OHCHR, Sep 2020

[20]   USAID, climate change risk profile, fact sheet for Yemen, Oct 2016; Science Advances, May 2020; Colin Raymond, Tom Mathews, Radley M. Horton.

As a result of these accumulated problems, in October 2020 Yemen ranked fourth out of 191 countries on DG ECHO Index for Risk Management (INFORM), displaying the highest mark in the human- related Hazard & Exposure criterion (Table 2).

Table 2- Index of Risk Management (INFORM)21, Yemen 2020

Yemen	Value	Rank
INFORM Risk	8.1	4
Hazard & Exposure	8.3	6
Vulnerability	8.2	4
Lack of Coping Capacities	7.8	8

Yemen was an increasingly difficult operating environment for humanitarian actors during the evaluation period, with escalation of the conflict, significant evolution in the control of Yemen's territory by the different parties to the conflict, sporadic penetration of the territory by terrorist groups (e.g. Al Qaeda, ISIS), and the emergence of new actors.[22] Travel limitations and interference further contributed to limiting delivery of assistance. The 2019 HRP provided the following overview.

The needs were extremely high across sectors:

Food: In 2019, 20 million Yemenis were food-insecure (two-thirds of Yemen's population), while 14 million were in acute need. According to the Integrated Phase Classification (IPC) system monitoring food security, 230 of Yemen's 333 districts are food insecure, including 148 districts which are classified in IPC phase 4 (emergency) and 45 districts in IPC phase 5 (famine). This is compounded by poverty and economic collapse. 81% of the population lives below the poverty line, a 33% increase from pre-war levels. Inability to work, depreciation of currency and soaring prices have rendered people unable to purchase food, which is largely imported despite restrictions and combat.

Access: some 6.5 million people, including 4.1 million who are in acute need, are currently living in 83 hard-to-reach districts where humanitarians face moderate or severe access constraints.[23] Access to the 60 districts with moderate constraints and 23 districts with severe constraints is impacted by three main factors--conflict, bureaucratic impediments and logistics, which often overlap. A map of intervention areas by DG ECHO is provided in Annex A1 of Volume 2 of this report.

Protection: figures acknowledge Yemen as the worst humanitarian crisis in the world, in terms of distribution and severity. Hunger, disease, targeting of civilians and civilian displacements are extremely high (4 million IDPs[24]). Protection of civilians and civilian infrastructures remain major

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[21] INFORM index consulted on 14 October 2020

[22] Among these parties are the Houthi movement (also called Ansar Allah) and anti-Houthi factions divided between the Government of Yemen (GoY) and non-affiliated groups such as the Southern Transitional Council, disputing control of eastern territories. Third party states such as the Kingdom of Saudi Arabia (KSA) and the United Arab Emirates (UAE) have also been involved in a coalition supporting the exiled GoY.

[23] There is no agreed definition of 'hard to reach' areas in the Yemen context; in the Action Plan on IHL and humanitarian access for South Sudan, DG ECHO has used 3 levels of access constraints: high, medium and low, with corresponding definitions (see EQ10).

[24] Humanitarian Needs Overview, OCHA 2021

concerns. Threats and direct violence on vulnerable groups (including children, women and refugees and migrants from Horn of Africa countries) are increasing.

Health: the collapse of the Yemeni health system and the outbreak of a cholera epidemic put immense pressure on an already suffering population. The health system came under further strain due to the COVID-19 outbreak. Restrictions and resurgence of violence in the south hinder the circulation of commodities, including medicine, severely impacting the population of a country dependent on imports. The Yemen Data Project recorded 86 air raids on medical facilities between March 2015 and June 2020, constituting potential war crimes.

WASH: WASH related needs concern 11.5 million people on a monthly basis, due to struggling water and sanitation infrastructures (less than 55% of the population is connected to outdated partially functioning water networks). The cholera outbreak affected over 1 million people in 2018, combined with acute watery diarrhoea (AWD) and chikungunya epidemics affecting a large part of the population. Numerous deliberate attacks on water infrastructures have also been perpetrated by the parties at war.

Education: Dire deterioration of the economic situation and increased displacement have impacted school attendance for 5.55 million children, 2.93 million of whom no longer attend school at all, leaving them exposed to child marriage, child labour and recruitment into armed groups. Girls experience the highest dropout rate.[25]

Figure 2- Major events, strategies and EU policy response in Yemen
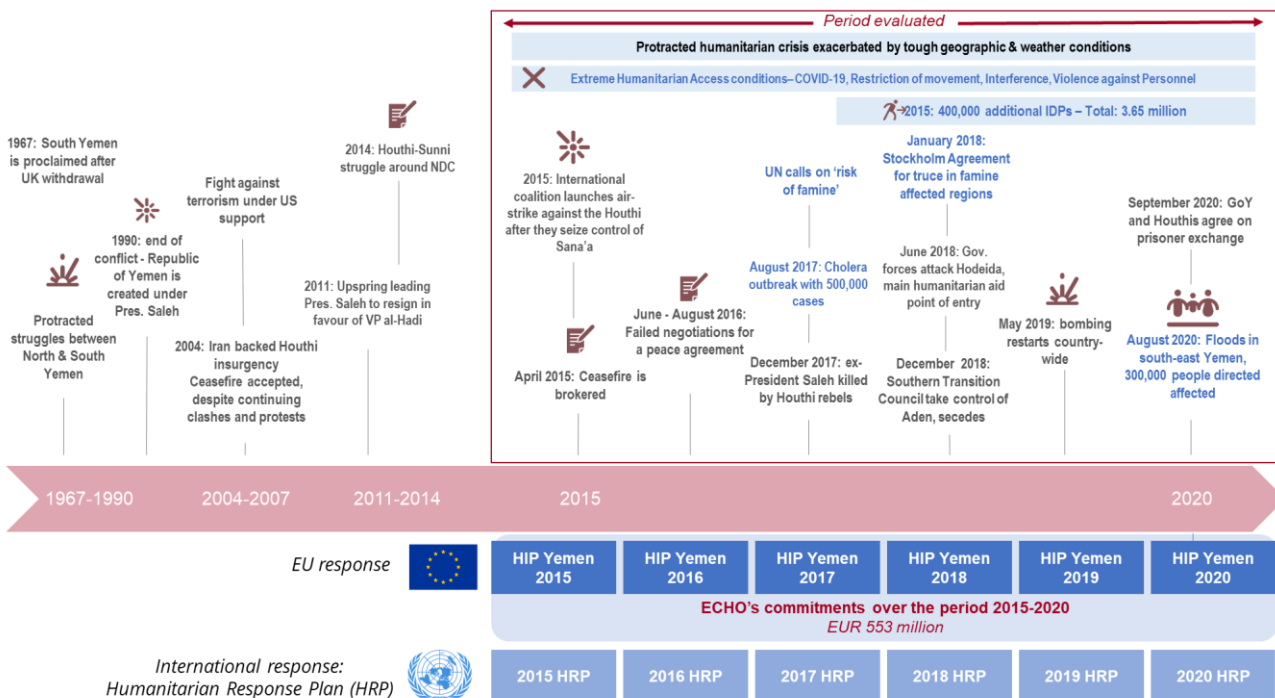
Source: ADE

A1.2 DG ECHO's strategy in Yemen

DG ECHO focused its humanitarian aid activities in Yemen on those affected by conflict, including internally displaced persons, refugees and migrants, as well as those affected by the pre-existing - but aggravated by the conflict - nutrition and food crises, the cholera crisis and other epidemics.

Consequently, DG ECHO's response was designed along a two-pronged or '**two entry point**' strategy:

- **Entry point 1:** Integrated multi-sectoral assistance to populations directly exposed to conflict and displacement, prioritising emerging needs resulting from ongoing violence while continuing to address acute needs of the most vulnerable hosting communities and protracted IDPs (such as shelter/NFI, food security, nutrition, WASH, health).

- **Entry point 2:** Integrated response in areas with high levels of malnutrition, food insecurity or epidemics to address basic needs (health, nutrition, food security and WASH)

Moreover, Humanitarian Implementation Plans (HIPs) put the emphasis on coordination mechanisms and advocacy, activities that are of utmost importance given the numerous breaches in international humanitarian law (IHL) by all parties with major impact on aid delivery modalities.

The operating environment in Yemen deteriorated significantly over the years making it increasingly challenging to deliver aid in accordance with humanitarian principles, particularly in the north (although access problems increased also in the South over 2020/2021). Major constraints to aid delivery include:

- Extreme access constraints in terms of humanitarian aid interference due to (i) administrative constraints; (ii) repeated IHL violations (interference of with humanitarian aid operations, targeting of medical facilities and staff); and (iii) security threats (multiplication of semi-autonomous armed actors and rise of radical Islamist groups).

- Complicated logistical barriers with (i) destruction of key aid delivery entry points, ; (ii) sustained displacements due to ongoing combats in eastern regions of the areas under control of North authorities; and, (iii) import restrictions.

- Limited presence and capacity of partners in comparison with the level of needs, due partly to financial constraints, access constraints and the recent COVID-19 outbreak hindering project management and delivery.

In response to these constraints as well as the logistical challenges and restrictions arising from the COVID-19 pandemic, DG ECHO supported between 2016 and 2020 the United Nation Humanitarian Air Services, and carried out more recently punctual EU Humanitarian Air Bridge operations in support to the humanitarian community to transport COVID related and other humanitarian inputs both to Aden and Sanaa during July/Aug 2020.

The intervention logic for DG ECHO's interventions in Yemen is reconstructed below (Figure 3). It aims at clarifying the hierarchy and logical flow of objectives for the response to the Yemen crisis. The logic is based on the elements found in the HIPs for Yemen, completed by desk and field findings on activities and challenges. In accordance with the strategy laid out in the HIPs, the activities (i.e. DG ECHO's response) are subdivided among entry point 1 aiming at addressing the needs of conflict-affected people and entry point 2 which focused on pre-existing – but also ongoing and increasing - needs regarding food security, nutrition and epidemics. It is complemented by horizontal/supporting actions such as protection, advocacy, rapid response, disaster risk reduction (DRR). The logic of intervention below details how the activities respond to the identified

humanitarian priorities and how they are expected to lead to expected outputs (at the project level), outcomes and ultimately impact aligned with provisions of the Humanitarian Aid Regulation and Consensus regarding DG ECHO's mandate.

Figure 3- Intervention logic for Yemen

Intervention logic for DG ECHO's humanitarian interventions in Yemen (sources: **Yemen HIP 2015-2020, HAR, EU Consensus**)

Identified humanitarian priorities	ECHO response / activities	Expected outputs	Expected outcomes, specific impact	Ultimate impact

Strategic entry point 1: integrated response to populations directly exposed to conflict and displacement, in areas of highest concentration of live-saving needs for populations trapped by conflict or newly displaced

Identified humanitarian priorities	ECHO response / activities
Lack of shelter/NFIs	Setting up integrated approaches, funding consortia, rapid response mechanism (RRM)
Lack of food	Cash, emergency food assistance, shelter / NFIs
Access to water, hygiene	
Access to Healthcare	WASH at health structures and community level (2 entry points)
SAM, MAM	Primary health care
Displacements	CCCM
Lack of education facilities	Education in emergencies (EiE)

Strategic entry point 2: integrated response to health, nutrition and food security crisis, in areas of high levels of such crises

Malnutrition	Secondary health care, referrals
	Nutrition at health facility and community level via CMAM
Food insecurity	Food security
Lack of health & sanitation facilities, epidemics	Emergency response to cholera, COVID, other epidemics; support to health structures

Horizontal / supporting actions

Lack of protection	Protection, GBV
Advocacy gap	(Joint) advocacy efforts to uphold humanitarian principles, IHL
Lack of access, natural disasters, emergencies	Rapid response, logistics, coordination, Disaster prep.

Expected outputs:
- Emergency life-saving measures, integrated services through RRM (cash/CCY, shelter-NFIs/CCCM consortium, food, nutrition for victims of forced displacements
- Emergency water supply & sanitation facilities provided or strengthened
- PHC and secondary health care, SRH, GBV response, emergency support to health structures
- Focus on areas with high levels of vulnerability
- Humanitarian diplomacy, SOMs to facilitate common positions of international community and send joint clear messages to parties in conflict
- Coordination of humanitarian actions, targeting of the life-saving humanitarian response and provision of safety and security assistance to international NGOs

Expected outcomes, specific impact:
- Enhanced protection, access to emergency services, improved nutrition, distributed cash can procure shelter, food, health, NFIs for people recently affected by conflict and forced displacement
- Security, continued access to basic services, improved healthcare (epidemics) and WASH (drinking water, garbage disposal), food security, EiE; through INTPA only: livelihoods and resilience for longer-term IDPs and host communities
- Strengthened Nexus links with development actors: enhanced resilience, food security, livelihoods, health systems, social security
- International pressure on parties in conflict to better respect humanitarian principles and IHL
- More coherent principled approach, timely and coordinated humanitarian response to emergencies

Ultimate impact:
Needs-based emergency response is provided, aimed at saving and preserving life, preventing and alleviating human suffering and maintaining human dignity wherever the need arises during emergencies and their immediate aftermath (...) and in longer-lasting crises (...), if governments and local actors are overwhelmed, unable or unwilling to act. *(Humanitarian Aid Regulation art 2a, 2b, and EU Consensus art 8)*

Limiting factors: access constraints: lack of security, ongoing conflict, lack of respect of humanitarian principles and IHL, interferences by local actors, administrative hassle, lack of transport infrastructures, unexploded devices, COVID and other health hazards; poor coordination; turnover of staff

Source: ADE, based on Yemen HIP 2015-2020, Humanitarian Aid Regulation, EU Consensus

A1.3   DG ECHO's funding to Yemen

Overall, DG ECHO committed EUR 559 million to the Yemen crisis between 2015 and 2020. Following the intensification of the conflict in 2015, DG ECHO stepped up its humanitarian response in Yemen. DG ECHO's commitment increased from EUR 50 million in 2015 to EUR 119 million in 2020, with a peak in 2018 to EUR 127 million (Figure 4). The scale of DG ECHO's budget allocation to Yemen increased substantially in 2018, following Hodeida's blockade and the sharp increase in the number of people in need (Figure 4).

DG ECHO aligned its funding with its two-pronged strategy, allocating around 75% of the total budget to entry point 1response component of its strategy – focusing on addressing the "*direct effects of armed conflict and displacements*" over the period. This component was allocated more than 65% of the budget each year (see Figure 4 in Annex A5 for a detailed allocation of funding to the two components). The second entry point focused on an integrated response to pre-existing needs – which have further degraded during the conflict – in the sectors of health, nutrition (SAM and MAM) and food security crises including WASH activities to prevent transmission of epidemics and malnutrition.

Amounts initially allocated through HIP were modified according to the evolving situation in Yemen. Different top-ups were added each year to the initial budget allocated. As the initial budget was decided at the beginning of the year, it represented a small share of the final budget. Over the period in question, the initial budget share ranged between 22% and 50% of the total amount allocated. The funding changed to the greatest extent in 2018 and 2019 when the situation was at its worst. In 2018, three different top-ups were added to the initial funding over the year: in May, in October and in December. The reasons given in the HIP were, respectively, to finance actions supporting lifesaving assistance, to address new emerging humanitarian needs caused by Hodeida's military operation and to support multi-sector interventions addressing the food security and nutrition/health crises. Funds were channelled through the Emergency Aid Reserve (EAR), the Heading 4 Redeployments or the operational reserve. (Figure 5)

**Figure 4- DG ECHO's Commitments over time through Yemen HIPs (mEUR)**
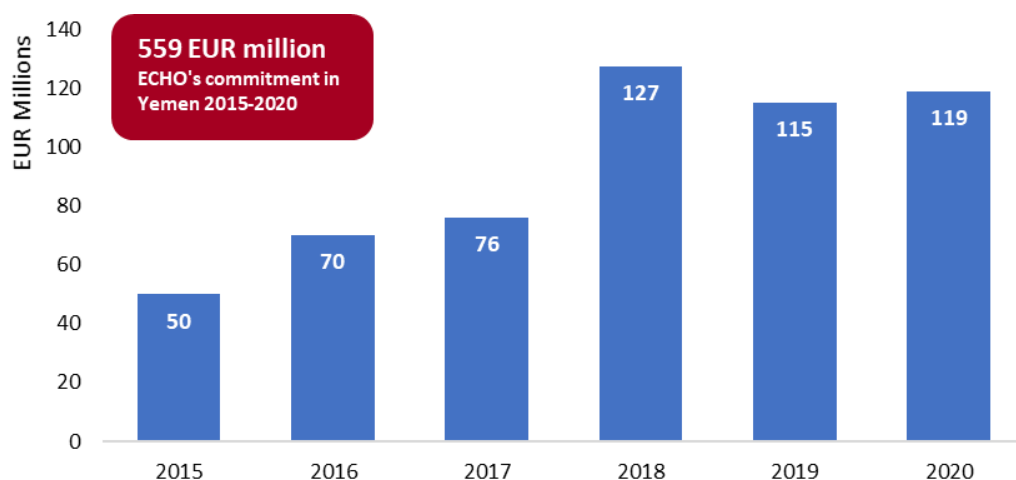
Source: ADE's calculations based on DG ECHO HOPE database

Yemen also benefited from additional funding to respond to the COVID-19 pandemic. In 2020, EUR 32 million have been allocated to fight the impact of the COVID-19 pandemic. From this amount,

EUR 23 million had been reallocated from the initial budget to the specific target of COVID-19. Additionally, two exceptional top-ups to address the COVID-19 pandemic were added to the initial budget and channelled through the Emergency Aid Reserve (EAR). A first additional amount of EUR 4 million was decided in May 2020 to help the country in the mitigation and prevention of COVID-19 transmission. The second top-up of EUR 5 million has been allocated in July 2020 as part of a much larger top-up of EUR 70 million (Figure 5).

Figure 5- Sequence of DG ECHO's budget allocation for Yemen

Source: ADE calculations based on HIPs and HOPE database
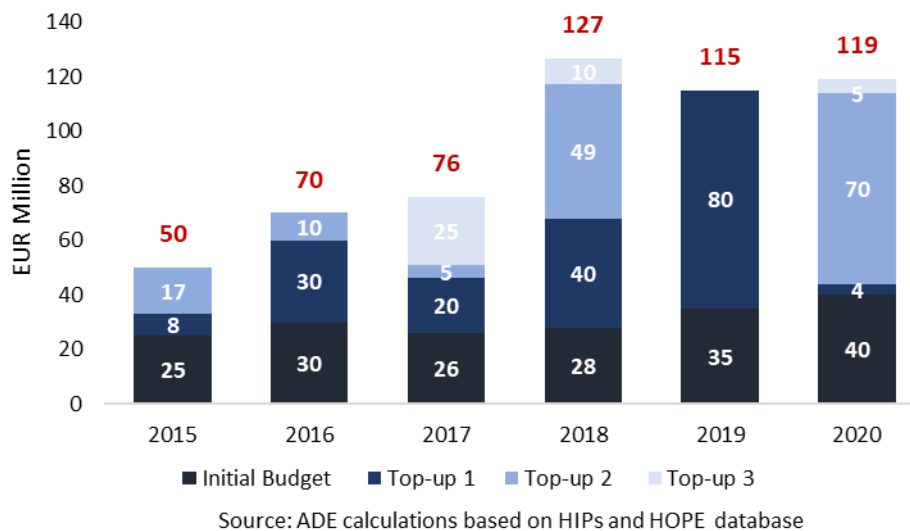
DG ECHO was the sixth biggest contributor of humanitarian assistance in Yemen between 2015 and 2020. Its commitment represented approximately 4.7% of the total funding through Yemen Humanitarian Response Plan (YHRP) appeals between 2015 and 2020 (Figure 6).

The main contributors were the United States of America (27%), followed by Saudi Arabia (19%), United Kingdom (10%), United Arab Emirates (8%) and Germany (7%) (Figure 6, in Annex A5). The increase in the funding allocated to Yemen by DG ECHO did not translate into a larger weight of DG ECHO in the total YHRP, as funding provided by other contributors to the YHRP also increased substantially. DG ECHO's ranking as a donor evolved from fourth to sixth over the period (Figure 7). According to FTS data, DG ECHO met around 3.5% of Yemen HRP total requirements, with 61% of total requirements met throughout the same period.

Figure 6- Share of DG ECHO's response in the Yemen HRP appeals
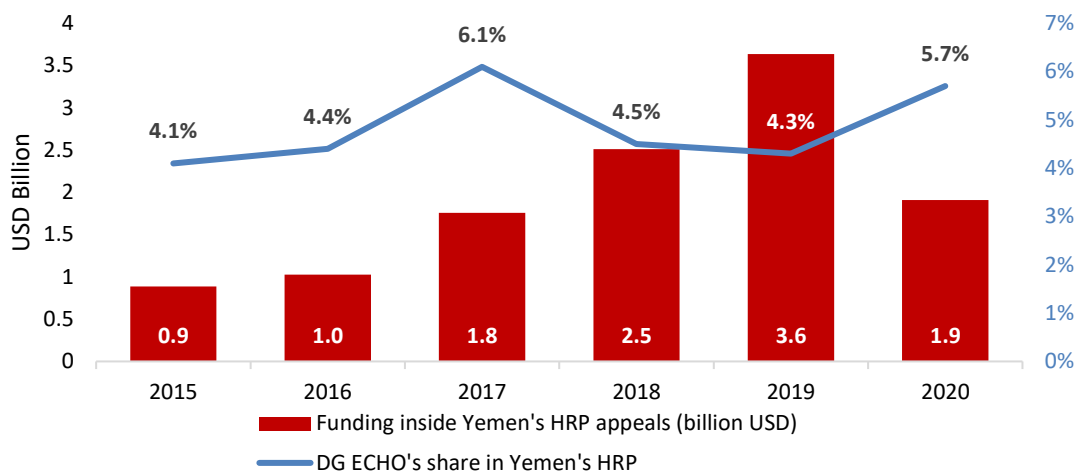
Source: ADE calculations based on ECHO HIP and Yemen HRP

According to the HOPE database, over the period 2015 to 2020, DG ECHO implemented 112 projects in Yemen with 32 partners. EU funded interventions mostly focused on food security (40%), health (13%), WASH (11%), nutrition (8%), protection (8%) and coordination (6%) (Figure 7). Food assistance consistently received by far the largest amount, representing between 34% and 45% of the HIP each year. The amount allocated to food assistance also increased substantially over time, notably in 2018 where it received EUR 54 million following the development of new pockets of famine in the country. The budget allocated to health increased from 2018 onward, responding to the increased needs following the intensification of the conflict. This was also the case for protection activities, which received a larger share of the budget from 2018 onward (Figure 5, in Annex A5).

Figure 7- Average distribution of ECHO funding across sectors (2015-2019)
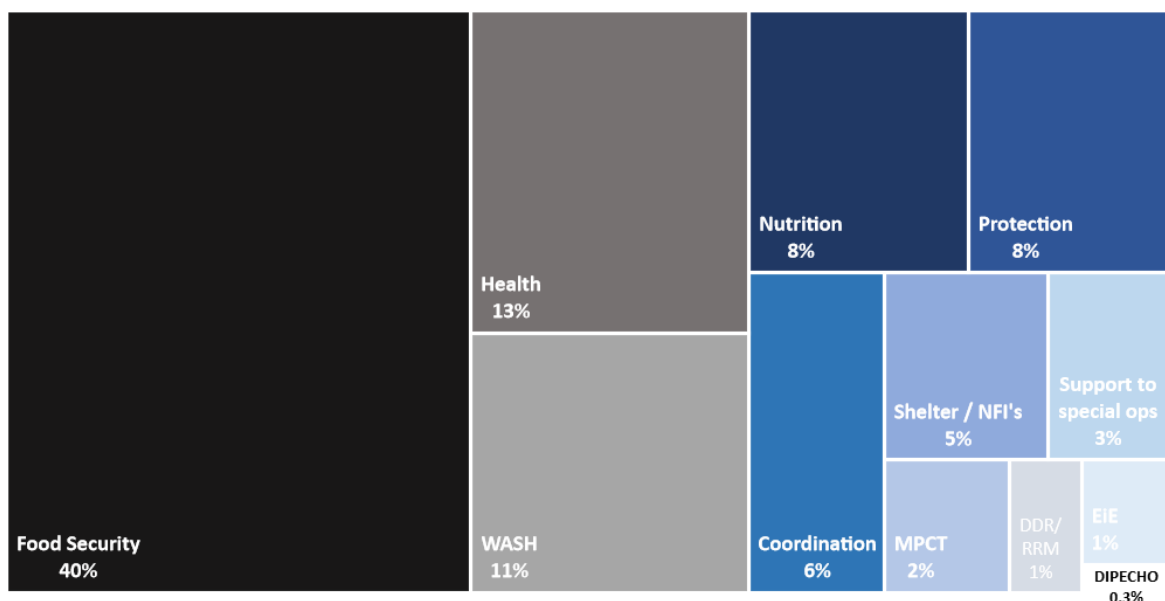
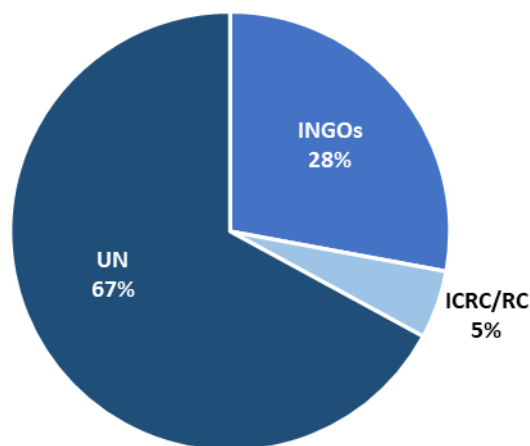Source: ADE calculations based on ECHO HOPE Database

DG ECHO's most important partner in terms of funding over the period 2015 to 2020 was the World Food Programme with ten projects and 41% of total funding. It was followed by UNICEF (7%), the International Committee of the Red Cross (ICRC), the UNHCR and the UNFPA, each representing 4.5% of the funding. Overall, 38 projects directly involved UN agencies (67%), with the remainder implemented by INGOs (28%) and ICRC/RC (5%) (Figure 8 and 9).

Figure 8- Computed allocations to partners by ECHO (top 15)
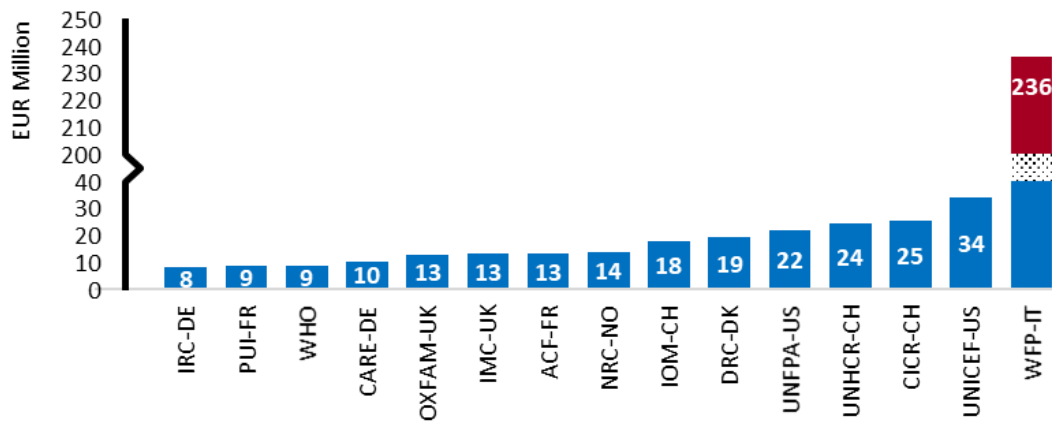
Source: ADE calculations based on HOPE database

Figure 9 - Computed allocations by categories of partners (2015-2020)

Source: ADE calculations based on HOPE database

CHAPTER A2: RESPONSES TO EVALUATION QUESTIONS ON YEMEN

This chapter presents the responses to the nine evaluation questions (EQ1-EQ9) adapted from the ToR. Responses for each evaluation question are based on findings presented below drawn from the evidence collected from document reviews, key information interviews, responses to surveys and field visits in Yemen. While not explicitly mentioned, the responses are structured around the judgement criteria and use the indicators agreed on with DG ECHO in the evaluation matrix.

A2.1   Relevance (EQ1-EQ2)

EQ1: To what extent was a clear and context-adapted strategy provided and applied by DG ECHO in Yemen? To what extent were DG ECHO and its partners successful in adapting and adjusting their approach as the needs evolved over time?

Response to EQ 1

- The DG ECHO strategy with two entry points was relevant and adapted to the operational context of Yemen. The strategy provided a clear and consistent message to its operational partners and other interested stakeholders regarding ECHO's operation priorities and approach.

- DG ECHO's approach was flexible when facing changes in the operational context. The HIP modification process generally worked well, providing additional funding for evolving situations or new challenges, such as the Hodeida blockade in 2018, the cholera outbreak in 2017 and COVID-19 in 2020. These features also enabled partners to respond well to evolving needs.

- The overall DG ECHO response strategy was closely aligned to and coherent with that of OCHA and the humanitarian community. This could be seen in the consistency between DG ECHO priority sectors and those sectors highlighted as in need of support within the UN Humanitarian Response Plans and Needs Overview reports over time, as both DG ECHO and the humanitarian community adapted their approach as needs evolved. DG ECHO consistently supported OCHA's efforts through annual funding over most of the period.

- The DG ECHO strategy encouraged collaboration with development actors to support the resilience of communities, as well as integration of the Nexus process. Every HIP outlined the priorities of DG INTPA (formerly DEVCO) and sometimes also the World Bank strategy for Yemen, although there has not been much progress on the Nexus to date (see EQ4). In line with the above, livelihood activities were not part of DG ECHO strategy and were left to the initiatives of development donors.

- DG ECHO was open with the partners and timely discussions took place; in this respect, the regular field visits were clearly valuable. DG ECHO was flexible in terms of granting no cost extensions when programmatic delays occurred, or reallocating project funding to respond to immediate needs related to rapid onset disasters such as floods and new displacements. The modification request process was rather lengthy when it required a top up; however, partners considered this to be quicker than submitting a new proposal.

DG ECHO's strategy for Yemen adapted rapidly to the evolving context. Before 2015, DG ECHO's main focus in the annual Humanitarian Implementation Plans (HIP) for Yemen was to address malnutrition.[26] The conflict involving the takeover of Sana'a by Ansar Allah, the government's dissolution and its consequences on the population remained on a relatively small scale until mid-2014, and was still considered as the second strategic priority in the initial HIP 2015. Following the military intervention of Saudi Arabia in March 2015, DG ECHO adapted its strategy accordingly. The HIP 2015 was revised in July and in December. Emergency remained priority 2 on paper but budgets were doubled from EUR 25 million to 50 million and priority 2 was allocated 72% of the total budget. Direct effects of armed conflict and displacements became the first HIP priority in 2016 and remained as such until 2020 (the end of the present evaluation period).

Other examples could be found with the Hodeida fighting and COVID-19. The Hodeida offensive started in June 2018 and intensified in October. DG ECHO adopted a HIP modification of EUR 50 million in October to address the new related emergency needs. The first case of COVID-19 was confirmed in Yemen on 10 April 2020; as early as May, a HIP modification allocated EUR 4 million to fighting the pandemic.

The strategy based on two entry points proved to be appropriate, as it could be adapted with flexibility and integrate new challenges.[27] Overall, DG ECHO and their partners were able to adapt their approach as needs evolved over time, fending off the threat of famine, responding to sudden onset emergencies and programmatic necessities. This two-pronged approach was, and remains, coherent and rational considering the need to react to both sudden onset emergencies and support life-saving emergency sectoral needs, whilst also continuing to address the effects of pre-existing needs that were further impacted by the emergency, as well as supporting access to national health and education services. In 2020, additional funding was provided via modifications 1 and 2 in the HIP to help the health system cope with COVID-19 and its economic repercussions.

The need to advocate for humanitarian access and humanitarian space, strong co-ordination, adherence to IHL and an aligned Nexus approach between humanitarian and development actors was incorporated into the DG ECHO strategy as of 2016.

In terms of informing partners, the annual HIPs adequately outlined DG ECHO's strategic priorities. The HIP mechanism and its modifications provided clarity on the priorities DG ECHO sought to fund each year, with flexibility to respond to unanticipated emergencies such as floods, cholera epidemics and COVID-19. The technical and thematic policy annexes to the HIPs provided further information for partners, including dates when funding would be available, allocations to pre-selected partners when applicable, and more detailed information on the operational requirements partner proposals needed to meet, as well as the beneficiaries DG ECHO wished to support. The HIPs consistently outlined the importance of a principled approach and programming priorities such as the use of cash and gender considerations.

DG ECHO's regular field visits also enabled partners to discuss any questions or issues with visiting DG ECHO staff, while also giving DG ECHO staff an opportunity to remind partners of their organisation's priorities. Open and timely discussions took place with partners on the reallocation

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26 According to DG ECHO HIP 2013 for instance, the main concerns were: (i) population affected by malnutrition and food insecurity, (ii) population affected by conflict [the displaced], and (iii) refugees [mainly from Ethiopia and Somalia].

27 First entry point is to provide assistance to populations directly affected by conflict and displacement, and the second entry point focuses on pre-existing and worsening problems such as nutrition, food security, water or health. It is complemented with horizontal supporting activities (e.g. coordination, logistics)

of project funding to respond to needs related to rapid onset disasters such as floods and new displacements, or on no-cost extensions.[28]

The DG ECHO strategy encouraged collaboration with development actors so that these actors could support the resilience of communities and livelihoods – which were not among strategic priorities. DG ECHO also duly supported the integration of the Nexus process. Every HIP outlined the priorities of DG INTPA (formerly DEVCO) and at times also the World Bank strategy for Yemen, **although there has not been much progress on the Nexus to date** (see EQ4). **DG ECHO did not support livelihood activities during the period under review.** Nevertheless, field findings indicate that if funding levels allowed, this support would be appropriate especially for persons displaced for several years. The DG ECHO approach towards water, health and sanitation (WASH), however, would appear to have a longer-term perspective in mind.

DG ECHO's approach was aligned with the overall strategy adopted by the international humanitarian community for Yemen. The sectoral priorities of DG ECHO closely matched those of the UN Office for the Coordination of Humanitarian Affairs' (OCHA) Yemen Humanitarian Response Plans (YHRP), and thus the wider humanitarian community since 2015.

Over the evaluation period OCHA's YHRP also followed a two-pronged strategy, where the core strand of activities provided for life-saving interventions for the most vulnerable, with a second strand aimed at helping the transition towards recovery and subsequent development. Through direct contracts, DG ECHO also consistently supported OCHA's own efforts through annual funding over the period (see EQ 4): amounts ranged from EUR 0.5 million in 2015 to EUR 2 million in 2018, with a yearly average of EUR 1 million. The allocation of DG ECHO funding was broadly consistent with the HRPs, which were themselves based on the Humanitarian Needs Overviews (HNO) published by OCHA at the end of every year over the evaluation period.

It should be noted that, under the Grand Bargain of 2016, **DG ECHO is the co-covenant (with OCHA) of Workstream 5 which aims at "improving joint and impartial needs assessments"**. In this regard, DG ECHO strategy is required to support assessment tools such as the Integrated Food Security Phase Classification (IPC) process, which utilises famine risk monitoring data collected by FAO, WFP and the Food Security Cluster members (see EQ2). In Yemen, IPC has been funded by INTPA through FAO; such needs assessments are also among the 7 "asks" of the Senior Officials Meetings process (see EQs 7, 10) and are high on the advocacy agenda.

Furthermore, **DG ECHO activities were aligned with other major UN actors such as UNICEF** with respect to the health and nutrition sectors **and WFP –** the largest DG ECHO partner in Yemen with some EUR 200 million allocated over the evaluation period. **In January 2019, WFP Yemen also adopted a two-pronged strategy aimed respectively at emergency response and recovery.** The first and largest pillar of WFP's ICSP (Interim Country Strategic Plan) focused on the provision of life-saving assistance to severely food-insecure and malnourished populations, while the second pillar aimed to address recovery and provide an initial response to the root causes of fragility.

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[28] However, it should be noted that the release of additional funds or "top-up" is an HQ decision, which may not be taken by a field Technical Assistant as the result of a monitoring visit. The ensuing contractual modification process of the single form when it implied a top up was criticised by partners as "slower than ideal".

EQ 2: To what extent did the design and implementation of EU funded actions in Yemen take into account the needs of the most vulnerable populations affected, particularly women, children, elderly and persons with disabilities? To what extent were affected populations consulted during the design and implementation of EU-funded projects?

Response to EQ2

- DG ECHO consistently pushed for an evidence-based approach, supporting sectoral actors to utilise a variety of assessments undertaken either locally or nationally on which to base their interventions, despite the very difficult context, constraints of access and attempts at interference by some local actors.

- These assessments, although not perfect, were sufficiently accurate to identify the most vulnerable on a sectoral basis, with specific support provided to women and children, as well as other vulnerable beneficiaries as appropriate.

- Migrants, often from Ethiopia or Somalia, are a particularly vulnerable group in Yemen and DG ECHO strongly supported their inclusion in the humanitarian interventions. Another vulnerable group, the Muhamasheen, who have long suffered from social and economic discrimination and been greatly affected by the destruction of the cities, are still at an increased risk of being marginalised.

- For each sector, there was a clear overall understanding of who were the most vulnerable, readily available in terms of cluster specific targeting criteria.

- Wherever possible partners utilised a participative approach in terms of consulting with beneficiaries as a part of the assessment process, as well as during programme intervention when feedback mechanisms and post distribution monitoring processes ensured ongoing beneficiary input into programmatic activities.

- However, there was a gap in gender needs assessment, as there was often limited gender-sensitive analysis; due to the conservative environment and strict social norms, a number of negative coping mechanisms such as child recruitment, early marriage and domestic violence are consistently under-reported or are not reported at all, and matters are dealt with between families and local leaders.

This chapter examines the targeting challenges both in terms of specificities found in the main sectors (assessed below by order of importance in funding) and through cross-cutting themes such as protection, gender, or participation.

The ongoing crisis in Yemen is widespread throughout the country and permeates all aspects of life. Over 4 million people are internally displaced, including more than 170 000 newly displaced during the first semester of 2020. **To respond to their needs, a multi-sectoral approach is the only viable option but needs assessments are largely sectoral; in each sector, needs assessments were generally able to identify the most vulnerable beneficiaries and to target them in the approach**. The beneficiaries visited in Marib, Al Mukalla, Lahj and Taiz generally confirmed that *"none are excluded"* and that support was open to everyone "*without discrimination*".

DG ECHO consistently pushed for an evidence-based approach and better targeting, **and supported the interoperability initiative**. The aim was to enable operating partners to share beneficiary lists, remove duplications, and improve support to those most in need. This contributed

to some partners making concerted efforts, such as the WFP biometric registration process to improve the accuracy of their beneficiary lists.

Over the evaluation period, Yemen represented the 'world's largest humanitarian crisis'[29]; OCHA's Humanitarian Response Plan (HRP) for June – December 2020 estimated that 20.1 million people were food insecure, of whom 10 million are in acute need. **Well-tested assessment tools considered to be accurate and reliable were used by partners in the food security sector whenever feasible.** These included the Integrated Phase Classification (IPC), the Standardised Monitoring and Assessment of Relief and Transitions (SMART) surveys or the Food Security and Livelihoods assessment (FSLA) in 2020 – although these were delayed in the North.[30] The availability of the IPC reports in particular made geographical targeting of the most vulnerable food security beneficiaries relatively straightforward for both DG ECHO and their partners, within a cluster system that divided the workload (the highest classification districts) amongst the operational agencies available. Given that the IPC reports required the agreement of the Ministries of Agriculture from the IRG (Internationally recognised Government) in the South and the DFA (De Facto Authorities) in the North[31] and were also approved by members of the technical working group, **they were generally accepted as being impartial and a fair representation of the ongoing crisis situation.**

However, full access was not always possible or undertaken in all 333 districts of the country by all assessments – FSLA was for instance not authorised and therefore not implemented every year in the North, and alternative sources of information sometimes had to be utilised. Independent assessments could also be disrupted by interference of local authorities in the beneficiary selection process.

To mitigate these constraints, **partners adopted a second level household targeting system based on vulnerability categories and profiles**. This is in particular the case for the WFP - the main partner of DG ECHO in food security with 12 million beneficiaries in all 22 governorates of Yemen. Other DG ECHO partners engaged in food security at a much lower level integrated this into their multi-sector approaches, based on more localised assessments at a community level, often undertaken by themselves. All partners follow "the cluster approved criteria for selection of beneficiaries" targeting the most vulnerable and food insecure households. The Rapid Response Mechanism (RRM) was also also based on targeted groups of recently displaced and areas of relocation.

The modality of WFP and other food security partner support depended on the type of assistance most adapted to the context – but also on the prevailing business model of the partners, whether in-kind food, commodity vouchers, cash transfers for supplementary rations, and, especially in the case of WFP, nutritional products for the prevention of malnutrition. **The cash approach was strongly advocated by DG ECHO and some other donors (DFID/FCDO) and was also the preferred modality of the beneficiaries.**[32] Partners, including WFP, are therefore gradually shifting an increasing number of beneficiaries from general food distribution (in-kind) to commodity voucher and cash-based transfers despite the fluctuations in the different currencies used in the north and south. The DG ECHO-supported Cash Consortium for Yemen (CCY) was instrumental in this shift in 2020.

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[29] DG ECHO website https://ec.europa.eu/echo/where/middle-east/yemen_en
[30] Approval to conduct the FSLA, the SMART surveys, and the Multi-Cluster Location Assessment (MCLA) in northern areas was granted only in March 2020, delaying the 2020 HNO.
[31] As well as by the SCMCHA (Supreme Council for the Management and Coordination of Humanitarian Affairs) in the north
[32] Inter Agency Joint Case Study: Market Functionality and Community Perception of Cash Based Assistance (December 2017)

Nutrition activities were addressed by both the entry points of the DG ECHO strategy as the **causes of malnutrition were both immediate due to the conflict and underlying in the Yemen context**. Levels of malnutrition are among the highest in the world and 25% of the population (approximately 7.5 million) suffers from either moderate or severe acute malnutrition. Underlying causes of undernutrition are to be found in i) inadequate access to food or poor use of available food; ii) inadequate childcare practices; and iii) poor water and sanitation.[33] A number of different nutrition assessments were used by partners to determine the needs and target assistance. Programmatic targeting was aimed at supporting nutrition services such as the treatment and prevention of Moderate Acute Malnutrition (MAM), the treatment of Severe Acute Malnutrition (SAM), and raising awareness on Infant and Young Child Feeding (IYCF) practices to children under five, pregnant and lactating women (PLW) and care givers.[34] These groups were highlighted as vulnerable in DG ECHO's nutrition policy; **the 2018 HNO – which refers to SAM - reported that 1.8 million children and 1.1 million PLW were acutely malnourished** with over 400 000 children under five severely acutely malnourished. **Two years later the IPC Acute Malnutrition analysis still projected that over 2.25 million children under five years of age, and more than 1 million pregnant and lactating women would suffer from acute malnutrition in 2021**.

Food security assessments included the IPC reports and the SMART surveys undertaken by UNICEF and the Ministry of Public Health and Population (MoPHP). In addition, partners reported using the Emergency Food Security and Nutrition Assessment (EFSNA) of 2016, which was the first household level assessment to be conducted in Yemen since the escalation of the conflict in 2015. The assessment provided analysis of the food security and nutrition situation in 19 out of the 22 governorates of Yemen. This was a joint exercise between WFP, UNICEF and FAO in cooperation with the Yemeni authorities.

Partners, however, often faced significant difficulties in undertaking needs assessment in the north, as these were prevented by authorities. **Local authorities also sometimes tried to provide beneficiary lists themselves, such as with respect to the RRM, which needed to be verified**. However, permission was not always granted for a full verification.

As an example, throughout 2018 ACF reported that no nutrition or health assessment were possible due to the lack of approval by authorities for community level surveys. In order to overcome this, project activity reports, secondary data and information sharing through coordination mechanisms with partners were used to keep track of changes in the nutrition situation. The SMART survey was not undertaken in 2019, and was only allowed in the first half of 2020. The signatures necessary for sub-agreements with the Supreme Council for the Administration and Coordination of Humanitarian Assistance (SCMCHA) could take months to materialise, meaning that activities were often put back significantly, if not permanently. The same situation applied to travel authorisations to conduct assessments. This lack of assessments affected the quality of data available on which to base interventions.

As stipulated by the HIPs, **DG ECHO duly supported a number of protection partners to undertake assessments in order to evaluate the gaps in protection support and to identify the most vulnerable elements of the affected communities**. **This led to well-designed interventions targeting those most in need of protection support**. Types of assessments included multi-sector rapid needs assessment (MSRNA) or household assessment through focus group discussions (FGD) and KIIs with beneficiaries. Partners also relied on the analyses by the concerned clusters entities

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[33]   HNO 2018

[34]   Related DG ECHO funded activities also include micronutrient supplementation, refurbishment of Health Centres, provision of adequate water and sanitation facilities at the main sites for nutrition service provision, and mobile teams in isolated and hard-to-reach areas.

(Protection, including Child Protection and GBV sub-clusters) and inputs from hubs and local authorities. For protection, the role of and inputs from community protection networks, community leaders and community outreach volunteers were essential to understand dynamics, risks, threats and overall bottlenecks.

Nevertheless, the scope and complexity of the crisis in Yemen impacted on population groups differently, with some at greater risk than others. **In particular, women, children, and the elderly were increasingly vulnerable as the conflict continued, requiring specialised and tailored care to ensure their specific needs were met**. For example, women and girls are traditionally responsible for fetching water so the lack of WASH facilities segregation, especially in internally displaced people (IDP) sites, represented another protection risk for women and girls. Lessons learnt included the benefit of dignity kits in alleviating suffering of the beneficiaries, including protection and safety, health and hygiene.

There was a gap in gender needs assessment as gender sensitive analysis aimed at better understanding of local knowledge and social perceptions of risk and safety was often limited and not systematically carried out. Employing and retaining female staff members with valuable contributions to gender-balanced needs assessment and implementation proved difficult. In the north the de facto authorities recently introduced the mahram system requiring female staff to travel with close male relatives. This generated obvious practical difficulties in terms of engaging with women in the communities and further exacerbated the women's difficulties in fulfilling their work roles. Gender-related assessment and implementation challenges were quite varied, dependent on the area (with some governorates more conservative than others), the sector (protection activities may be seen as unnecessary by authorities) or the activity (inclusion of women in cash for work).

Accordingly, the GBV sub-cluster reached out to humanitarian actors to conduct safety audits in affected communities and IDP site levels to bridge this information gap, which was detrimental to GBV risk mitigation strategies in the humanitarian response. A specialised partner supported community centres in Ibb, Taiz and Sana'a which provided psychological support through individual and group sessions, a hotline, psychiatric support (including psychotropic medicines), and tailored psychological care to GBV survivors, indiscriminately to women, men and children.

Furthermore, due to the conservative environment and strict social norms, a number of negative coping mechanisms such as child recruitment, early marriage and domestic violence **are consistently under-reported or not reported at all**, and matters are dealt with between families and local leaders.

Migrants - often from Ethiopia or Somalia - are a particularly vulnerable group in Yemen and DG ECHO strongly supported their inclusion in the humanitarian interventions. The 422 000 migrants, asylum-seekers and refugees in Yemen are at extreme risk and often subjected to inhumane conditions. Specialised protection partners used their own Displacement Tracking Matrix and protection monitoring in the north and south to help design their programming. The Task Force for Population Movement (TFPM) also utilised a displacement tracking methodology across most districts in Yemen. As of January 2020, regular primary data collection made use of a common standard registration and monitoring form. The most common protection risks for migrants in Yemen are particularly high for women who face GBV and are often treated differently by smugglers along the migratory route, paying higher prices and becoming more indebted. Unaccompanied minors are also very vulnerable as they do not hold valid ID.

The Muhamasheen (i.e. literally "the marginalised ones") are another visible minority who suffer from caste-based discrimination and are outside Yemen's tribal social structures. **They have long**

been characterised by deep-seated poverty and exclusion. They mostly live in poor conditions in slum areas and on the outskirts of cities, where they perform low-paid solid waste management and cleaning jobs. They lack access to basic services such as water, sanitation and education, as well as economic opportunities; have low literacy levels and school enrolment rates; and are subject to violence and GBV. **Their situation since 2015 has become even more precarious**, as they often live in the cities most affected by conflict – such as Aden, Taiz and Hodeida. While there are no official statistics, the UN reported that there may be up to 3.5 million Muhamasheen in Yemen (OHCHR, 2016). The Muhamasheen were not excluded from the international humanitarian response as they were to be found among the identified vulnerable beneficiaries, but they lacked visibility as a group until 2021, when the latest HRP finally dedicated a specific chapter to them.

With respect to **WASH** interventions, sampling methodologies such as cluster sampling and systematic random sampling were applied by projects, given the lack of exhaustive updated lists of household details and accurate demographic characteristics by village.

WASH sectoral assessments confirmed that many communities had limited access to clean water and basic sanitation facilities. WASH needs were further evidenced by high incidences of cholera, diarrhoeal diseases, and other water-borne diseases such as malaria and dengue fever. WASH activities focused therefore on an integrated response addressing the risk of malnutrition by targeting the most vulnerable individuals, host communities and IDP families affected by displacement. The most vulnerable were identified as children, the elderly, pregnant and lactating mothers, and disabled persons.

As stated above, partners regularly faced difficulty organising consultations to assess the needs of the most vulnerable groups due to the general state of insecurity and lack of access in some districts, caused by difficulties in obtaining permissions from local leaders, which effectively determined which communities could be supported. **Selection of the assessment areas was therefore routinely based on security access and the historical coverage of the partner**.

Overall, the limitations encountered for WASH interventions meant that needs assessments were based on partners' experiences with earlier operations, interactions among and with the conflict-affected communities, and secondary data. Needs assessments from earlier operations were thereby triangulated with primary information from interviews with religious leaders, ward heads, women leaders in households, health workers, youth leaders, community elders and councillors. Information from focus group discussions with selected groups of IDP households in targeted districts was corroborated with secondary data, alongside information shared with other agencies working in WASH. Partners applied several tools for data collection, including individual household questionnaires, focus group discussions, key informant interviews, and enumerator observation.

WASH activities identified in the DG ECHO funded projects entailed the distribution of hygiene kits and hygiene promotion, the chlorination of water supply systems, water quality monitoring, water trucking, and small repairs of sanitation systems in urban and peri-urban areas to respond to the threat of cholera. In rural areas the emphasis was on the need to refurbish wells and water distribution networks, upgrade water-harvesting systems, and train local technicians in operating water and sanitation facilities.

All projects ensured that there was gender balance in staff preparing for WASH activities, as well as among beneficiaries in the most vulnerable groups, although men were overall slightly more represented than women among beneficiaries. Women were often actively involved in the different stages of the project including planning, design, implementation and verification. **Overall, the WASH activities undertaken were well adapted to the needs of the relevant diverse and inclusive gender and age groups for which they were targeted**.

Despite the limitations, **the identification of the most vulnerable members overall was sufficiently accurate**. **The quality of risk analysis and proposed mitigation measures utilised by the partners was up to standard**, although adjusting to the vastly changing circumstances concerning security, displacements, supply lines, cholera, and COVID-19 proved challenging for the partners.

Shelter/ non-food items (NFI) needs assessments were performed regularly and assessment methodologies became both more sophisticated and more comprehensive from year to year. After July 2015, the needs assessments included a multi-sectoral approach for migrants and refugees, as well as Area Assessments utilising displacement tracking methodology performed by the Task Force on Population Movement (TFPM). Other assessment methods included the Rapid Multi-sector Needs Assessments (RMSNA), the Shelter/NFI/Camp Coordination & Camp Management (CCCM) Cluster IDP Hosting Sites Baseline Assessment, as well as Standard Cluster Rapid Needs Assessment Tools. Both rapid and area assessments, in terms of Shelter and CCCM located IDP sites with at least five households, also targeted vulnerable host families/villages.

DG ECHO support positively contributed to providing the most vulnerable IDPs with assistance in shelter and NFIs, as well CCCM from 2016 onwards. However, considering the weaknesses of the CCCM Cluster, DG ECHO opted to support an area-based approach implemented by some partners, such as Site Management and Coordination (SMC) (see EQ 4 and 6). WASH interventions fed into CCCM (piping, latrines, solid waste management), while health activities fed into Shelter/NFI (insecticide-treated nets to prevent beneficiaries from dengue fever transmission).

DG ECHO funded **disaster risk reduction** (DRR) activities in Yemen concerning the prevention of cholera and acute watery diarrhoea, and COVID-19 prevention measures. In case of the former intervention, primarily WASH-related needs assessment tools were utilised, such as water quality assessments provided by National Water Resources Authority (NWRA), Inter-Cluster Assessments (led by OCHA), as well as a particular Electronic Disease Early Warning System (eDEWS), which was introduced in March 2013 in Yemen for outbreak detection.

Unlike quite well-developed WASH-related assessment methods for cholera and AWD, the first recorded COVID-19 cases in April 2020 found the humanitarian community in Yemen almost unprepared in terms of adequate, relevant assessment modalities. Nonetheless, according to the Global Humanitarian Response Plans for COVID-19 (2020), Yemen sitreps and HRPs, as well as UNICEF Rapid "Knowledge, Attitude and Practices" (KAP) Assessment on COVID-19 (2020), the interventions implemented by DG ECHO partners IRC (2019) and UNHCR (2020-ongoing) addressed the needs of vulnerable populations in (respectively) eight and two governorates in Yemen. The logic of COVID-19 vulnerability followed the risk analysis from Global Humanitarian Response Plans (2020) showing that vulnerabilities caused by water, sanitation and hygiene scarcity were often associated with communicable/infectious diseases such as cholera, AWD, and COVID-19. Although the epidemic flow proved to be almost unpredictable, the implementation of the two COVID-19 DRR projects complied with the Yemen National COVID-19 Preparedness and Response Plan. DG ECHO's focus on cholera and epidemics also allowed to adapt and respond more timely to COVID.

According to the 2019 HRP only 51% of **health** facilities were functional. The conflict has involved the extensive use of landmines, shelling and missiles, resulting in injuries and death. Coupled with a general lack of access to services, including adequate water and sanitation, this raised the risk of epidemics. **DG ECHO health partners also had difficulties in undertaking field assessments due to the movement restrictions in place**. **This resulted in a reliance on desk research, secondary data analysis, and consultations with stakeholders. General assessments were therefore used,** including the OCHA HNO for Yemen, the report from the Yemen Task Force for Population Movement, the Health Resource Availability and Mapping Survey (HeRAMS), and the Joint Rapid

Health Facility Based Needs Assessment for Reproductive Health carried out by YFCA[35] and UNFPA in 2017, as well as different rapid assessments undertaken by health facilities and impact assessments of dignity kits. In addition, specific technical assessments were carried out in specialist areas such as those undertaken by Humanity and Inclusion (also known as Federation Handicap International) on Physical and Functional Rehabilitation, Mental Health and Psychosocial Support; some other partners such as DRC also included assistance for disabled IDP. Targeting was also facilitated by a cluster-led initiative which involved WHO (World health Organisation), the MoPHP and different partners to prioritise districts and use over 40 indicators such as exposure to hazards, health system capacity, morbidity, food security, WASH and social determinants.

Despite limitations in needs assessment, health services in general were available for everyone and were not targeted to specific individuals. Post distribution monitoring reports suggested a high beneficiary satisfaction with 95.3% reporting they were satisfied and 96.4% indicating their urgent basic needs had been met.[36[

However, there was a gap in gender needs assessment, as there was often limited gender-sensitive analysis in Yemen since 2016. Among the evaluation sampling, exceptions were found such as with WHO, which instigated a surveillance system in response to the cholera outbreak of 2017/2018 with sex and age disaggregated data (SADD). This enabled WHO to adjust its response including preventive actions such as risk communication at community level.

For **EiE (Education in Emergencies)** at the national level, the most pressing needs were to "mitigate the impact of the conflict on children's rights to education" (Yemen HRP, 2018) and thereby ensure "equitable access to safe, inclusive and equipped learning spaces" (Objective 1 of the Yemen Education Cluster – YEC - Strategy 2016-2017). When formal learning spaces are not available, alternative learning opportunities should be provided (Objective 2 of the YEC strategy 2016-2017). Moreover, the protection of crisis affected school age children (3-18 years old) was another priority need which necessitated improving their ability to cope with negative psychosocial effects and limiting the physical danger presented by the conflict (Objective 3).

The number and accuracy of the EiE assessments used often allowed partners to target the most vulnerable children, although to a lower extent in the North. The targeting process was twofold: overall assessments identified the locations with the highest number of vulnerable people, and more local assessments at the district or community levels, including household assessments and consultations with local authorities, identified particular areas with a high concentrations of Out of Schools Children (OOSC), Internally Displaced People (IDPs) and vulnerable host communities.

Partner assessments revealed complex and interrelated barriers to school enrolment and attendance such as physical school environment and infrastructure (including inadequate WASH facilities), but also financial difficulties, cultural barriers and lack of awareness of the importance of education. Very high student-teacher ratios (close to 100:1) in schools challenged the quality of learning opportunities but also prevented a number of children from accessing already overcrowded schools. Furthermore, boys were more likely to drop out of schools to provide income for the family or join the army for the incentives provided, while girls typically did so due to early marriage or to help with domestic chores.

Governorates and districts were selected based on OCHA's HNOs, YEC's severity Scale of Needs (at the district level), recent population movements, and assessments conducted by the partners themselves. One partner focused its interventions on governorates with high numbers of IDP

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[35] Yemen Family Care Association, a national NGO.

[36] UNFPA 2018-91012 FR

children and gaps in humanitarian response; another aimed instead at high severity scores on the Education Cluster classification in terms of access to quality and protective education. In some locations in the north, assessments could not take place due to the authorities' restrictions on conducting surveys, but the Education Office was able to confirm the needs and existing gaps in the provision of humanitarian assistance.

Overall, **these assessments allowed schools to be selected based on the number of OOSC and IDPs in the area**. Some school rehabilitations as well as light "Temporary Learning Spaces" structures in IDP camps were at the heart of the EiE response. This was complemented by the provision of school furniture and learning material (to children and teachers), as well as hygiene materials (and activities), reactivations of Parent Teacher Associations, and various mobilisation campaigns in school catchment areas. Finally, the partners identified important needs in terms of strengthening the humanitarian response capacity for EiE, improving the coordination of the Education Cluster and contributing to alleviating access constraints through improved advocacy and negotiation processes between humanitarian actors and authorities. The set of activities proposed to respond to these needs appeared adequate.

However, the EiE response in Yemen remained largely underfunded in general (not only by DG ECHO which was one of the few donor contributing to the sector): the Education Cluster required USD 105 million in 2019 and received only USD 5.5 million or 5%. Specialised DG ECHO partners operated at a relatively modest scale **and many acute education needs for children remained uncovered** even in the governorates least affected by the conflict. The limited funding from DG ECHO can be explained both by the priority given to respond to the most acute needs (under Priority 1 of DG ECHO strategy) as well as the limited number of proposals (and to some extent capacity of the partners) in the sector (see Annex A5for a more detailed analysis of EiE). From a gender perspective, **cultural challenges also affected the smooth implementation of activities,** notably regarding the training of female teachers.

Throughout the sectors, the beneficiaries appeared to have been involved in programme design and implementation across all interventions, notwithstanding the limitations in needs assessments outlined above. Field visits suggested that participation was more frequent in the implementation than in the design phase, although engaging women in programme implementation activities was also difficult - despite gender balanced project committees, the influence of men in such committees could be overwhelming. With the support of DG ECHO, advocacy was carried out against attempts by some local authorities to interfere with targeted beneficiaries and impose affiliated local implementing actors. As mentioned above, improved approaches to registering beneficiaries such as biometrics are still at an early stage in Yemen.

Meanwhile, partners conducted awareness campaigns in areas where this was permitted to inform beneficiaries of the details of the assistance package and selection criteria, and of complaints mechanisms. Post Distribution Monitoring was a standard practice. Partners also established village level community committees to help identify vulnerable households meeting their set criteria. Specific sectoral approaches were used (often in the south), such as Extended Food Assistance Committees at district, sub district, and village level by WFP, female community mobilisers for nutrition, Community Health Volunteers or Community Outreach Volunteers for protection and other purposes. Generally, the Communications with Communities (CwC) approach included a feedback mechanism to build trust within the community and establish a multi-sectoral model that supported feedback to all programmatic areas. In hard-to-reach areas, some partners used Third Party Monitors to collect beneficiary feedback.

In EiE, beneficiaries were involved in the proposal design and development through participation in assessments and FGDs in the target areas. Consultative meetings (gender-segregated where feasible to encourage the participation of women) were organised with respective local authorities, community leaders, school administrations and partner organisations to agree on implementation modalities including beneficiary selection. Children were sometimes (resources and budget permitting) directly consulted with child-friendly needs assessments and evaluation tools (including piloting a Child Satisfaction Survey) to collect their opinions.

A2.2   Coherence (EQ3-EQ4)

EQ 3: To what extent was DG ECHO's response aligned with a) DG ECHO's mandate as provided by the Humanitarian Aid Regulation; b) the European Consensus on Humanitarian Aid; c) humanitarian principles and international humanitarian law; and d) DG ECHO's relevant thematic/sector policies?

Response to EQ 3

- The interventions funded by DG ECHO in Yemen were fully coherent with the provisions of the Humanitarian Aid Regulation and the Consensus, as well as with the humanitarian principles and the advocacy for International Humanitarian Law.

- The provisions of the various thematic policies were also generally applicable and applied in the context of Yemen, with a partial exception: a discrepancy was found in the policy approach on the use of cash for protection between DG ECHO and the lead agency of the Protection Cluster, UNHCR. According to DG ECHO's guidelines on protection, cash should be used in a targeted manner to support the reintegration of victims of violence and GBV, as a component of a comprehensive case management approach. UNHCR in Yemen does not apply case management for protection but provides multi-sectoral cash assistance to resolve what they perceive as a global protection threat in order to fulfil the agency's mandate.

- Livelihoods were not part of DG ECHO's strategy in Yemen over the period, for valid reasons of overwhelming emergency needs and limited funds and capacities. DG ECHO relied on development donors for livelihoods but the lack of thematic guidelines on this issue was also not conducive to connectedness.

The activities funded by DG ECHO in Yemen were fully coherent with the provisions of the Council Regulation (EC) No 1257/96 of 20 June 1996 concerning humanitarian aid (Humanitarian Aid Regulation or HAR). They were in particular aligned with Articles 1 (relevance of context), 2 (objectives of the interventions), 3 to 9 (funding of specific activities and types of partners) and 10 (support to international coordination).

The interventions in Yemen were also coherent with the relevant provisions of the European Consensus on Humanitarian Aid (the "Consensus") of 30/01/2008[37], which strengthens, broadens and clarifies the HAR. The following Consensus chapters are particularly relevant to the context in Yemen and DG ECHO's interventions: Chapter 2.5 "Gender dimension in Humanitarian Aid" (articles 23-24); Chapter 3.1 "Coordination, Coherence and Complementarity" with OCHA and EU humanitarian donors (articles 25-30); Chapter 3.2 "Providing adequate and effective aid" by a thorough assessment of priority needs and degrees of vulnerability (articles 31-37 and 39); Chapter 3.3 "Quality, effectiveness and accountability" (articles 42-45); Chapter 3.5 "Capacity and Rapid

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[37] Joint Statement by the Council and the Representatives of the Governments of the Member States meeting within the Council, the European Parliament and the European Commission (2008/C 25/01)

Response" which concerns among others the Rapid Response Mechanism (RRM) in article. 54-55; Chapter 4 "International Humanitarian Action" in particular articles 70-71 on coordination, clusters and advocacy; Chapter 5.1 "Reducing Risk and Vulnerability through Enhanced Preparedness" with article 76 on disaster preparedness; and Chapter 5.2 on "Transition and Early Recovery and ensuring the link to Development Aid" where LRRD (the Nexus did not yet exist in 2007 to 2008) is defined in article 77-78.

Due to frequent attempts at interference from local authorities, the **localisation of activities** promoted under chapter 3.4 of the Consensus "Diversity and quality in partnership" **must be considered very carefully**. In this respect, a thorough analysis of localisation opportunities is still pending. Localisation does not need to be focused on one or several sectors but could also **target a geographical area**; prospects for capacity building should be a key factor of decision. It should be noted that, among sectors, CCCM had for some time been considered (although not by DG ECHO) as a potential candidate for pilot handover to local implementing partners: this is not the case anymore, owing to the high political sensitivity of the sector which provides some control over large populations. Indeed, CCCM is a strategic sector (or rather a convergence of sectors) in the sense that displacement sites have a sustained presence with communities and with teams on the ground on a regular basis, developing a sustained relationship with people. For the same reasons, CCCM is also a sector that is politically highly sensitive: in the North, SCMCHA has recently been pushing for CCCM to be managed only by local trusted actors, while interventions by international partners would be restricted to delivering "hard" services (shelter, WASH, nutrition etc) with the required professional skills. If confirmed (and not being negotiable) this policy would entail protection risks for the IDPs and would disqualify CCCM as a possible first entry point for localisation. At some point however, and noting the decreased level of funding, the concerned authorities will need to take greater responsibility for their own vulnerable communities, while also integrating as much as feasible humanitarian principles and approaches. In this perspective, the continuous searching for localisation entry points needs to be accompanied by additional efforts towards capacity development of transversal/management (principles, monitoring, programming, etc) and sector skills.

The four humanitarian principles (Humanity, Neutrality, Impartiality and Independence) and their definition were reaffirmed in Articles 11 to 14 of the Consensus**.** All the evidence collected confirmed the **full coherence of DG ECHO-funded interventions in Yemen with the humanitarian principles** to which all the partners assessed under the sampling abided. **DG ECHO was consistently a strong advocate of the principled approach in Yemen, which was seen as one of its key added values by all stakeholders**.

Advocacy for International Humanitarian Law (IHL) is specifically outlined in Article 16 of the Consensus. In this respect, **DG ECHO's activities in Yemen were fully consistent with the Consensus and IHL rules** which regulate relations between states, international organisations and other subjects of international law in times of armed conflict. IHL consists of the four 1949 Geneva Conventions and their Additional Protocols of 1977 and 2005 (Yemen is a state party to these Conventions and Protocols) and aims to protect people who are not or are no longer participating in the hostilities, and to restrict the means and methods of warfare. IHL also contains many provisions concerning the prevention of displacement and the protection of IDPs, mainly in the Fourth Geneva Convention and Additional Protocols I and II, as well as in customary law. ICRC (the International Committee of the Red Cross and Red Crescent), a key partner of DG ECHO in Yemen, is the guardian and promoter of IHL. ICRC is the originator of the Geneva Conventions, which confer to the agency a specific mandate to act in the event of international armed conflict. However, as

assessed by partners such as OHCHR, **respect for IHL rules in Yemen has been subject to repeated and severe violations** (see EQ7).

Activities in Yemen were also aligned with the provisions of the various thematic sector policies published by DG ECHO regarding Food Security, Nutrition, Protection - GBV, WASH, Shelters & NFIs, DRR, Health and EiE. Compliance with the needs basis for food distributions was clearly respected, although the policy requirement that all food assistance should be monitored without hindrance proved difficult to follow due to difficulties of access. DG ECHO pushed for the implementation methodology of direct food assistance or cash/vouchers to be decided on the basis of cost effectiveness, a preference to support local markets, and reduced transportation costs and delivery timeframes. All the nutrition programmes reviewed were duly integrated with health and WASH interventions. DG ECHO's support in Yemen played a substantial role in enhancing efficiency and effectiveness in the delivery of humanitarian assistance for nutrition by supporting WFP and UNICEF as well as NGOs working in some of the hardest to reach areas. By supporting UNICEF and WFP - the two internationally mandated organisations for addressing undernutrition in humanitarian crises - DG ECHO ensured a coordinated response and reductions in duplicative efforts as both organisations ensured coverage through partnerships with NGOs as well as the Ministry of Public Health and Population (MOPHP).

Livelihoods were not among DG ECHO's strategic priorities in Yemen, for relevant reasons; yet, the lack of DG ECHO thematic guidelines on livelihoods, which would have been conducive to connectedness with development donors, may also have played a role. Although livelihoods would be highly relevant for the many longer-term IDPs and host populations (and were requested by them), such activities were not placed among strategic priorities by DG ECHO, which relied on development donors on this issue. Reasons not to invest in livelihoods were multiple and relevant: they included the huge scale of emergency needs, the willingness to avoid scattering of limited funds, as well as the fact that access is restricted while livelihoods require sustained support, as it is not a mere distribution of assets. Nonetheless, the lack of DG ECHO guidelines in this sector may also have played a role, as this sector was poorly connected with development donors (target populations, locations, activities) whilst many DG ECHO partners in Yemen had developed their own policies about livelihoods – even though they may not have the right expertise on the ground.[38]

With respect to **protection** interventions, the projects reviewed were aligned with both the Thematic Policy Documents on Gender "Different Needs, Adapted Assistance", from July 2013 and on Humanitarian Protection "Improving protection outcomes to reduce risks for people in humanitarian crises" from May 2016. However, while the DG ECHO partner projects reviewed identified some key vulnerabilities and needs of women, men, girls and boys as part of their context analysis, none of them referred to having developed an in-depth gender analysis nor reviewed secondary literature on gender analysis by humanitarian actors involved in the response. A gap was found therefore in that there is limited gender sensitive analysis aimed at better understanding local knowledge and social perceptions about risk and safety.

In the **WASH** sector, DG ECHO placed special emphasis on enabling quick access to clean water, sanitation, and hygiene services; helping to build resilience against crises; taking preventive action against water-borne diseases; and being community-led whenever possible. WASH projects assessed performed reasonably well against these requirements, although awareness raising activities based around hygiene, cholera and COVID-19 tended to have difficulty getting sufficient buy-in from local leaders, if no commodities were provided with it.

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[38] For instance the partners ACF, ACTED, CARE, ICRC, IRC, NRC or OXFAM have developed their own approaches to livelihoods.

The reviewed projects, in terms of **shelter and CCCM** sector, were in full compliance with DG ECHO's relevant policies which stated that interventions should seek to achieve safe, secure, dignified and appropriate shelter and settlements solutions. These solutions could not always be provided in full, but the interventions helped to facilitate their achievement in a reasonable timeframe. Similarly, all DRR projects reviewed were in compliance with DG ECHO's Guiding Principles and risks or hazards were taken into account in their implementation. DG ECHO-funded support in Yemen was aligned with the overall objective of its health policy, namely to limit excess preventable mortality, permanent disability, and disease associated with humanitarian crises. DG ECHO partners made continuous efforts to undertake assessments in difficult circumstances, although the ongoing updating of needs assessments given the volatile nature of the conflict in Yemen was a challenge. Overall, EiE funded actions were also well aligned with the relevant thematic policy guidelines even though the partners did not implement activities specifically focused on improving the curricula and teaching methods (except regarding protection issues), as they were prevented from providing textbooks due to sensitivities regarding the curriculum.

Field interviews with partners, however, outlined some **possible room for improvement regarding the field application of DG ECHO thematic policies on gender and protection.** Partners, including one whose main mandate is related to gender issues, stated that they had no conversations with DG ECHO regarding the gender marker, although such discussions were strongly recommended in the gender policy and the Marker Toolbox in order to improve marker ratings. This was contested by DG ECHO staff, who stressed that gender issues were discussed during the DG ECHO-partners dialogue and during focused missions by Technical Assistants and experts; the marker ratings were also reviewed at proposal, interim and final reporting stages.

Humanitarian cash distribution is in itself a multi-sectoral approach as it leaves the decision on how to use it to the recipient beneficiary, whether that be for, for example, food, accommodation or school. **In terms specifically of protection, the use of cash is evoked in the relevant DG ECHO thematic guidelines** (on protection) **as a targeted manner to support the reintegration of victims of violence, including GBV**. In this respect, cash for protection should be included **as one of the components of a comprehensive case management approach**.

However, as outlined by an NGO co-leading the Protection Cluster, this approach is "very far away" from the UN understanding of what protection is. In particular, **UNHCR does not apply case management for protection but provides a multi-sectoral cash assistance to resolve what they perceive as a global protection threat, which corresponds to the agency's mandate. Such a divergence in policy should be clarified**.[39]

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[39] Policy guidelines from both DG ECHO and UNHCR are not fully consistent on these aspects, and probably still need to evolve. Protection is absent from DG ECHO's 'Cash compendium 2019' which focuses on cost-efficiency (particularly vs in-kind food), support to local economies and the choice of beneficiaries, while MPDA does also offer an element of protection. DG ECHO's protection guidelines only mention cash as an element of case management, e.g. for GBV. UNHCR protection policy aims at legal aspects of protection and vulnerable categories and does integrate cash distribution – which the agency performs in Yemen.

EQ 4: To what extent was DG ECHO successful in a) coordinating its response with that of other (EU and non-EU) donors, the cluster system and working groups in the country; b) ensuring connectedness in the Nexus process and for other actions (analysis, advocacy, preventing politicisation of aid) with DG DEVCO, EEAS and EU Member States; and c) covering gaps and avoiding overlaps?

Response to EQ 4

- DG ECHO consistently supported and advocated for the coordination of international actors in Yemen (see EQ7). The coherence of this approach could be traced at the policy level in the HIPs throughout the evaluation period.

- These efforts were mostly successful with the key EU and some non-EU humanitarian donors, as DG ECHO assumed an informal leadership position among them due to its dynamism, expertise, presence on the ground and close cooperation between field and HQ, advocacy at these two different levels and support by senior management.

- More concrete results in donor coordination would require further steps which are not dependent purely on DG ECHO, such as a successful Nexus (below) or a joint presence with other donors in the field.

- DG ECHO also strongly supported humanitarian coordination mechanisms through the annual funding of OCHA and some selected cluster co-lead agencies. This was only partly successful due to the inability of OCHA to ensure strong inter-cluster coordination, and the different "business models" maintained by leading UN agencies.

- DG ECHO was instrumental in launching the Nexus process for Yemen in 2019, together with INTPA. After a series of initial surveys, the process temporarily lost momentum – but continued at lower intensity - due to factors external to DG ECHO. As a result, connectedness between humanitarian assistance and resilience or development was mostly absent in Yemen over the evaluation period, until 2021: perspectives of bilateral cooperation with INTPA have progressed in the HIP 2021, as well as with the World Bank after the 3rd SOM.

- Among the clusters, there are tensions which are detrimental to coordination, for instance about interoperability of databases in the food security / cash sector. Concerned UN agencies would have to adapt their own "operating models" and procedures, and open their database to allow compatibility. "One big list" of beneficiaries is also a political concern and requires more buy-in from the authorities. To overcome this situation and support operational effectiveness, DG ECHO has been funding consortia distinct from the leading agencies of the clusters, such as the Cash Consortium for Yemen and the CCCM consortium.

DG ECHO consistently supported and advocated for the coordination of international actors in Yemen (see EQ7). The coherence of this approach could be traced at the policy level in the HIPs throughout the evaluation period.

In the HIPs, information on proactive coordination and connectedness was gradually developed over the evaluation period, although in a rather succinct manner (this was corrected in the HIP 2021, which provided more details on joint priorities) and without mentioning actual achievements in the field. From a conditional perspective in 2016 ("*If the conflict subsides and a stable government is re-established, close coordination will be ensured with DEVCO, FPI and other development donors to complement DG ECHO's emergency actions with early recovery and resilience programmes*"), the policy approach evolved to promoting synergies and encouraging partners to seek complementary funding for follow-up and sustainable actions addressing the

underlying causes of poor health, malnutrition and food insecurity. Nexus was mentioned for the first time in the HIP 2019; in the HIP 2021 a detailed plan was provided (see below).

For its part, DG INTPA (formerly DEVCO) outlined in its policy documents that the EU response was based on a humanitarian and development aid "continuum", but it did not mention the Nexus or current synergies with the second entry point of the DG ECHO strategy. The current INTPA focus is on health, resilience and food security, education, and working with local authorities and communities to respond to the crisis. A visiting expert from DG ECHO Regional Office highlighted in December 2018 that there was still a need to foster the linkages between the humanitarian response and more durable solutions, strengthening the humanitarian response to the existing social protection interventions (such as from UNICEF), in order to build the foundations of future longer-term assistance within the Humanitarian-Development Nexus. As discussed below, the Nexus was initiated in 2019 but rapidly lost momentum after some preliminary studies, due to a range of non-conducive factors among which the intensification of the conflict and the need to focus available resources on life-saving emergencies.

Co-ordination efforts were mostly successful with the key EU and some non-EU humanitarian donors, as DG ECHO assumed an informal leadership position due to its dynamism, expertise, presence on the ground and HQ involvement.

The key donors present in Yemen for the EU are Sweden, Germany, the Netherlands, Denmark, France, Belgium, Ireland and Austria. Important non-EU donors also active in the country are Switzerland, Norway, UK, the US, KSA (the Kingdom of Saudi Arabia), Kuwait, UAE and Japan. Development donors left Yemen in 2015 due to the conflict and gradually started reengaging as of 2017.

Among EU donors, Germany is the largest, although this is mainly with the development cooperation of GIZ ("Deutsche Gesellschaft für Internationale Zusammenarbeit") which operates in the sectors of WASH and basic education (teacher training, school development, psychosocial support for students). Sweden is also very active, contributing to setting up the SOM process (Senior Officials meetings, see EQs 7 and 11) together with DG ECHO. In September 2020, Sweden also co-hosted a meeting together with Germany, Switzerland, Kuwait and the UK in September 2020 (in connection with the 75th UN General Assembly) with representatives of the US, China, France, Russia and the EU to discuss the urgent need for political progress in Yemen and support the peace efforts of the UN Special Envoy. In 2019, the Netherlands provided some EUR 13 million for life-saving humanitarian aid in the sectors of food aid, medical care, clean water, sanitation, protection and shelter. The Netherlands also allocated EUR 2 million to UN activities supporting the peace process in Yemen and supported the group of Eminent Experts established by the Human Right Councils to track IHL violations in 2018. Other EU Member States are mostly involved at the political level (France) or in advocacy activities (Belgium, Ireland and Austria).

Key European (but non-EU) donors are the UK, Norway and Switzerland. The priorities of the UK's DFID/FCDO, which is the second largest donor for Yemen in the OCHA Financial Tracking Service (FTS) after the US, are focused on promoting cash distribution, supporting WFP to provide emergency food assistance, malnutrition, and a Multisector Humanitarian Response Programme. Switzerland's humanitarian assistance (SDC) in Yemen amounted to CHF 10.26 million in 2020 and was in line with the YHRP priorities, focusing primarily on WASH, protection of civilians and food security through the ICRC, UNHCR, WFP and UNFPA. Switzerland is also politically very active; together with Sweden, it co-hosted high-level pledging events from 2017 to 2019, and again in March 2021 (this was done in virtual mode). USA is the largest humanitarian donor to Yemen

according to FTS, with more than USD 3.4 billion since the crisis began in 2015. Priorities are on food security, health, WASH, nutrition, protection and MPCA.

All interviewed donors (USAID, Germany, Switzerland, Sweden) had very close and positive relations with DG ECHO. They were well informed about DG ECHO's strategy of two entry points and valued its relevance. They frequently discussed programming and avoiding gaps and overlaps on an informal basis in Amman; they also held regular meetings at HQ levels, and coordinated through the Technical Monitoring Group (TMG), the COVID-19 steering committee, or the working groups on incentives and food security. DG ECHO also led/organised bi-annual workshops with all humanitarian actors. Since the beginning of the SOM process in Yemen, the EU has been the "Sherpa" of the international humanitarian community, together with Sweden. The process contributed to a common approach but also had to take into consideration the evolution of the context on the ground.

In addition, as of 2017 the World Bank (WB) restarted its programmes aiming to reinforce delivery of public services in areas such as the health sector. Coordination with humanitarian actors was weak, despite joint meetings with OCHA since 2018 to identify ways for a mutual collaboration and a strategic dialogue initiated with DG ECHO in 2020, until the third SOM in June 2021 which discussed cooperation with the WB.

The International Monetary Fund (IMF) does not take part in humanitarian coordination but is exploring ways to fulfil its mandate in terms of macroeconomic and financial support by strengthening the Central Bank, although Yemen is not eligible for borrowing and aid is delivered through grants and the postponement of debt services.

More concrete results in donor coordination would require further steps which do not depend only on DG ECHO, such as a successful Nexus (below) or higher-level visits and a joint presence with other donors in the field. DG ECHO suggested the idea of a joint presence of like-minded humanitarian donors in Sana'a to talk together to SCMCHA. This could involve a support by DG ECHO, should other such donors decide to establish themselves in Sana'a. The idea was supported in principle by Switzerland and Sweden.

DG ECHO also strongly supported humanitarian coordination mechanisms through the annual funding of OCHA and some selected cluster co-lead agencies. This was only partly successful due to the difficulties in ensuring strong linkages between the end of the Rapid Response Mechanism and the launching of follow-up programmes by the clusters, coordination, and overcoming the different "operating models" maintained by leading UN agencies. It should be outlined that the CCY (Cash Consortium of Yemen) has helped bridging this gap – with limited resources - by allowing for effective follow-up aid after the initial RRM response.

HIPs and Single Forms showed that DG ECHO consistently supported OCHA's structure and overall coordination activities throughout the evaluation period. OCHA's tasks are complex. As of 2015, OCHA Yemen gradually strengthened its hub structure, operating tools and information products (such as the HNO) to face the new conflict, with the support of hubs established in Amman and Riyadh (the latter for deconfliction). At the national level, OCHA co-chairs the Inter Cluster Coordination Mechanism (ICCM) which coordinates the activities of the clusters, including joint assessments, prioritisation, operational guidance and monitoring. The ICCM also advises the HCT (Humanitarian Country Team) on policy, for which OCHA provides secretariat and strategic support. OCHA also operates sub-national inter-cluster coordination bodies in Aden and Sana'a and supports or co-chairs different Task Forces (such as the IDP Task Force on Population Movement chaired by UNHCR and IOM) and Working Groups on Humanitarian Access, Assessment & Monitoring, Information Management, and Community Engagement. During most of 2019 and into 2020 (the

latest available reporting period), the number of humanitarian organisations and UN agencies working in Yemen included 209 members: 160 national NGOs, 37 international NGOs and 12 UN agencies.

Globally, OCHA has not been strengthened by the UN reforms. With the objective of decentralisation, the OCHA structure was split between Geneva (political relations), New York (operational sections) and Istanbul for CMCoord (humanitarian Civil-Military Coordination). Stakeholders estimate that OCHA is either under-resourced or has not been in a position to deploy the most appropriate capacities in the field.

This has impacted on Yemen. DG ECHO experts on mission in Yemen outlined the need to further expand the UN capacity at decentralised level (some hubs such as Mokha and Turba could not be coordinated from Aden) and to advocate for increased field coordination/field presence of UN/Clusters on the basis of revised UNDSS advice. A key issue in this regard is the "last mile delivery" which is regularly hindered by internal (organisational) constraints and external ones (pressure of central or local authorities and context) without the decentralisation of decision-making capacities and managerial/technical roles to field/hub level, and with the required presence of dedicated, permanent expatriate staff with on-site decision-making capacity.

OCHA did not provide sufficiently accurate mapping of donors, and DG ECHO, the US and UK cooperated on this mapping ("who is funding what?") to provide more granularity on the details. OCHA could also improve its coordination on RRM and integrated approaches: despite discussions and paperwork, inter-cluster cooperation is not yet adequate and leaves too much room for individual agendas (see interoperability below). Stakeholders agreed that OCHA was in need of more financial support to sustain the renewed efforts undertaken since early 2021 to improve its decentralised presence on the ground in Yemen both in terms of locations (currently in Sana'a, Aden and 8 hubs) and capacities (new expert P4 positions). Such efforts are particularly valuable as they are being made in a context of OCHA's limited staff growth policy that anchored the levels of field presence with the amount of donors' commitments – whereas such commitments were rather low in Yemen.Given its capacity to talk with the UN, the other donors seemed to expect some leadership from DG ECHO on these issues.

Inter-cluster cooperation was undermined by some leading UN agencies which tend to protect their respective mandates and operating models. This may be observed in the issue of interoperability, which in Yemen essentially concerned the databases that relevant UN agencies such as WFP and UNICEF used for the beneficiaries of cash or general food distribution. There were technical issues restricting interoperability, but these could be overcome. The main obstacles were political: the reluctance of the authorities in the north, and the "operating models" of the UN agencies. Overall, there was growing but still sometimes lukewarm support for interoperability among the relevant actors in Yemen. The push came from the UN common cash agenda as well as from pressure from donors such as DG ECHO and DFID/FCDO. Interoperability is recommended, as it would enable agencies to have a common register of beneficiaries, but "data is power", and some UN agencies seemed reluctant to let others have access to the list. The main problem to interoperability is therefore political. The constraints are both external (the need for more buy-in from the authorities in the North, who fear international interference) and internal to the humanitarian community (relevant UN agencies would have to adapt their own "operating models" and standard procedures and open their databases to allow compatibility).

DG ECHO successfully supported UNFPA (the United Nations Population Fund) which, in the cluster system, led the GBV Area of Responsibility and also represented the RRM and the Reproductive Health Inter-Agency Working Group at the HCT. With DG ECHO support UNFPA was present in all

of the six UN Humanitarian Hubs in Yemen (Aden, Hodeida, Ibb, Mukalla, Saada and Sana'a) where it deployed international Heads of Hubs, national GBV coordinators, national Reproductive Health coordinators and RRM coordinators. In 2018 UNFPA more than doubled the number of its international and national staff to deal with the expanding size of its operation. In both north and south Yemen, UNFPA co-ordinated on RRM (Rapid Response Mechanism), in particular with NAMCHA (later SCMCHA) in the North, and with the Protection Cluster to mainstream protection within the RRM activities. Within the RRM, UNFPA also liaised with the DG ECHO-supported DRC/IOM Cash Consortium of Yemen to ensure a coherent approach to the enrolment of newly displaced people – and a rapid follow up of RRM.

To overcome a certain lack of cluster coordination and cooperation by mandated agencies, DG ECHO supported corresponding consortia for cash distribution and CCCM (Camp Coordination and Camp Management). These were operationally successful albeit with limited resources and the risk of duplication of approaches with the clusters.

In terms of coordination, DG ECHO also supported the CCCM consortium operated by the NGOs DRC, NRC and Acted, as well as by IOM. This decision was made to strengthen the sector and support the cluster which was relatively weak. The initiative succeeded and developed common principles. The DG ECHO-supported CCCM consortium took an active part in all technical working groups of the CCCM Cluster and historically provided sub-national cluster lead positions (Aden). This consortium was at the forefront of field-based implementation, capitalisation and reflection on CCCM services in Yemen, making as such a valuable contribution to the CCCM Cluster development in Yemen.

A strong common policy on CCCM is necessary, as the sector is highly sensitive politically, as already outlined in EQ3: a large part of the population is under CCCM supervision (1.19 million people according to the Humanitarian Needs Overview 2021) and SCMCHA's current policy seems to favour CCCM management by affiliated local organisations only. INGOs are allowed to provide "hard services" with the required technical skills. In this context, localisation of the CCCM sector can only be envisaged with the utmost care.

The fact that the original partners were the same in both the CCCM consortium and the CCY ensured consistency within the area-based approach and improved sequencing of emergency support (from RRM/CCCM to CCY and follow-up support). It also contributed to maximising fixed/support cost investments.

DRC was able to position itself as a lead agency in Emergency Response and SMC (site management and coordination), with an operational presence in Hodeida, Taiz, Hajjah, Amran, Sada'a, Aden, Lahj and Shabwa. DRC had a country wide coverage over 17 governorates, including through 13 local partners (north and south). In 2018, it was felt that the Shelter/NFI/CCCM Cluster had limited capacity to coordinate interventions, advocate for service provision for identified needs, follow up on humanitarian actors' commitments, and engage in negotiations with local authorities on behalf of humanitarian actors. Site actors, including INGOs and UN agencies, also had limited understanding of SMC programming. An IDP Hosting Sites Baseline Assessment was organised in 20 governorates in both north and south areas (16 covered by IOM and four by UNHCR), supported by REACH satellite data. Sites were identified based on the Task Force on Population Movement (TFPM) Area Assessment and interviews of all categories of key informants. On this basis, at sub-national level the cluster helped designate SMC lead agencies, gender equitable site representation structures, beneficiary feedback mechanisms and referral systems, and sign agreements with local authorities.

Despite the initial proactive support by DG ECHO, the Nexus process lost momentum – but continued at a lower intensity - due to factors both internal to the international community (lack of resources and capacities, low priority for the Nexus in Yemen) and external (strong deterioration of the situation on the ground in 2019, restriction of access which required full attention). The Nexus process was boosted through a workshop during the summer of 2019 at the initiative of DG ECHO and INTPA. A concept note was drafted with three areas of focus: (1) food security/nutrition; (2) health; and (3) education. UNDP and UK joined the initiative early on. The participating organisations produced three studies in the early Nexus framework: EU on food security (ASIST), UK on cash assistance, and UNDP on Nexus architecture. Other organisations were also interested, including some EU members states, UN agencies and INGOs. A technical working group was set up to examine how to apply the approach. However, the Nexus suffered from a number of factors external to DG ECHO, which slowed down the process. There was limited management support, as the Nexus was not on the strategic priority list and Yemen was not among the six pilot countries for Nexus. In August 2019 the process was also overtaken by events. The UN RC/HC (Resident Coordinator / Humanitarian Coordinator) came to Amman to state that access and humanitarian space were very much deteriorating (a situation that also gave rise to the SOM process). The UK pushed for a platform on stabilisation, away from humanitarian aid, and COVID-19 further slowed down the initiative.

As a result, connectedness between humanitarian assistance and resilience or development happened at a very low intensity in Yemen during the evaluation period (for instance through INTPA support to IPC, through FAO). The Nexus may still be revived but would require more leadership.

A new trend to re-energise the Nexus emerged in early 2021 as DG ECHO brought more focus on Nexus and aimed to integrate more effectively the World Bank (this was also a focus of the SOM III meeting). In parallel, bilateral cooperation and potential connectedness between DG ECHO and INTPA progressed:

- The graduation model envisaged in the ASIST study is under consideration;

- There is a new working group (DG ECHO, UK, INTPA) on cash assistance;

- The new "PRO-ACT" food security initiative is being developed with INTPA funds; it aims to bring together WFP, FAO and UNICEF (see however problems of inter-operability and compatibility of databases above);

- There has been a preparatory meeting (inception phase) regarding further institutional support by INTPA to local authorities in the sector of education, to support DG ECHO's EiE in terms of rehabilitation of schools, textbooks and curricula on peace building;

- For SOM III, INTPA was involved in the preparation.

In the HIP 2021, DG ECHO identified three priority areas based on specific needs and potential added value, **in which Nexus linkages can be further built on**:

- **MPCA/social protection**: linking the humanitarian cash part of DG ECHO emergency response to existing humanitarian safety nets with a view to transitioning towards social protection mechanisms funded by the World Bank (as per SOM III).

- **Food and nutrition security/livelihoods**: further strengthening could be aimed at linking and following up nutritionally vulnerable households to move towards self-reliance.

- **WASH/DRR and public health**: linking up emergency WASH support in one of the most water-scarce countries in the world with decimated systems and climate change impacts, with long-term run initiatives and efforts at local level for more sustainable/evidence-based solutions to water and sanitation.

From a development perspective, the continued focus of interventions would be on sustaining the resilience of local communities, both rural and urban, as well as supporting local authorities in providing basic services. Current efforts include supporting livelihoods of youngsters involved in public works through cash for work (CFW) benefiting the conservation of cultural heritage, and community-based interventions such as in the WASH sector.

DG INTPA already supports analytical instruments to guide both humanitarian and longer-term food security and livelihood interventions. In addition, DG INTPA is in the process of designing, in cooperation with DG ECHO, a new project along with the Nexus that seeks to build evidence and develop guidance on targeting, programming options and innovative approaches designed to respond to the needs of various community groups. The project would enable such productive groups to transition from humanitarian assistance to self-reliance while ensuring that the most vulnerable continue to benefit from integrated and comprehensive social safety nets. This approach, when finalised, should ensure the sustainability of livelihood activities. It would, however, have benefited from thematic guidelines on livelihoods to help DG ECHO design an optimum transition package based on lessons learnt.

As discussed below under EQ7, a focus of the 3rd SOM (Senior Officials' Meeting) in June 2021 concerned increased cooperation with the World Bank, which should also strengthen connectedness in Yemen.

Other donors have their own institutional constraints, which are not conducive to connectedness and the Nexus. Sweden, for instance, is looking to use the Nexus platform to operationalise the humanitarian aid – development cooperation. This would help to solve Sweden's own institutional division. SIDA in Amman is entirely dedicated to development, while the humanitarian portfolio is managed from Stockholm by the Ministry of Foreign Affairs. The Nexus would provide opportunities for synergies with DG ECHO in various sectors (currently there are none). This is illustrated for instance in education: despite the fact that NRC is the implementing partner in this sector for both DG ECHO and SIDA, there is no cooperation/synergy as yet between EiE and school rehabilitation.

A2.3   EU added value (EQ5)

EQ 5: What was the EU added value of DG ECHO's actions in Yemen?

Response to EQ 5

- DG ECHO provided a significant added value to the international humanitarian donors engaged in Yemen. For the other donors, mostly based in Amman, the main value came from (1) the field presence in both parts of Yemen as it was perceived as neutral and DG ECHO was the only international donor to travel regularly in the country; (2) the information collected through this presence and readily shared with all other donors; (3) the expertise, knowledge and analysis of DG ECHO's team; (4) its ability to discuss both constructively and critically with the UN; and (5) its emphasis on a principled approach.

- Furthermore, DG ECHO both supported and spoke critically to the UN, asking the right questions. As a result, DG ECHO was considered as the de facto informal leader of the donor group.

- For the partners (based on KIIs and the surveys), DG ECHO's added value compared to other donors was found in its technical expertise and guidelines, as well as in its support and flexibility.

Although DG ECHO was a significant humanitarian donor, it was not among the top 5 main contributors. However, its level of funding, combined with sector spread and technical solidity, was appropriate to ensure the financial gravitas needed to push sector changes and make other actors listen. According to the Financial Tracking System (FTS) data, DG ECHO was the 6th main contributor to Yemen humanitarian crisis between 2015 and 2020. DG ECHO contributed around 5% of the total funding through global appeals, which is less than a fifth of that of the USA, and two-third of contributions from Germany or the UK (see JC9.2 in Annex A5 for more details).

The major added value of DG ECHO in Yemen came from presence and expertise. On these aspects DG ECHO provided a very significant added value to the international humanitarian donors and actors engaged in the extremely complex context of Yemen. The other donors were mostly based in Amman and could at best only travel to the southern part of Yemen. The EU was perceived as neutral by the De facto authorities in the north which enabled DG ECHO to maintain its office in Sana'a and to be the only donor able to carry out regular monitoring missions in both parts of the country.

DG ECHO was also much appreciated by all the other donors for its capacity to keep an office in Sana'a. The other big donors (including USA, UK, and Germany) undertook third party monitoring which did not provide a complete accountability. The Germans could not travel to Yemen. The Swiss and the Swedes could sometimes go to Aden, but not regularly as DG ECHO to Sana'a. In this context, the main factors of comparative advantage/added value of DG ECHO for the other humanitarian donors were the following:

- There was a high level of commitment by the DG ECHO team to the cooperation and / coordination with HC/RC and the donors. Visits by DG ECHO in Yemen were duly followed by feedback and information sharing; considering the technical (and overall and general expertise of the DG ECHO field experts, this feedback was a key source of information for all donors.

- DG ECHO pursued a valuable focus on advocacy and humanitarian diplomacy for access, which is translated for instance into its co-organisation of the SOM process.

- A most appreciated added value of DG ECHO was its ability to both support and speak critically with the UN, and to "ask the right questions".

- Last but not least, DG ECHO took the lead in consistent advocacy for a principled approach by all humanitarian actors in Yemen.

As a result, DG ECHO was the de facto, if informal, leader of the humanitarian donors' group for Yemen.

The added value of DG ECHO among the partners was also high, for the following reasons:

- DG ECHO provided useful technical guidance and guidelines for the partners' operations.

- The DG ECHO field experts were very supportive and realistic about the operational environment, as they were the only donor to travel regularly to the field.

- Partners felt confident of their ability to reach out to DG ECHO if there were any genuine needs, trusting that DG ECHO would do their best to find additional support based on clear justification.

- Support was provided both formally though contractual relations and by more informal relationships through bilateral conversations; partners appreciated the level of transparency and openness when working with DG ECHO.

- As a donor, DG ECHO had the "perfect balance" between flexibility and accountability.

- In terms of protection mainstreaming, for instance, DG ECHO's guidance with indicators and ways of measuring performance were better than those provided by the Protection Cluster.

- DG ECHO consistently led efforts to have a more principled response.

A2.4 *Effectiveness (EQ6-EQ7)*

EQ 6 : To what extent were DG ECHO's strategic objectives (as defined in the specific humanitarian implementation plans) achieved? What concrete results did DG ECHO achieve?

Response to EQ 6

- Overall, after more than five years of conflict, the DG ECHO-supported humanitarian responses in Yemen contributed to avert famine and bring under control the largest ever recorded cholera outbreak. No large-scale cholera outbreaks have occurred since, but both this and the threat of famine remain a real risk.

- "Avoiding famine" was probably the biggest concrete result that DG ECHO support contributed to. Funding towards ongoing general food distributions and support to the IPC process were crucial in this respect. DG ECHO also very much supported the drive towards a more cash-based intervention.

- Strategies to respond effectively to frequent and massive displacements were developed. Overall, to meet their strategic objectives DG ECHO supported activities very much aligned to the two-point entry strategy, as described in the HIPs.

- The DG ECHO-integrated multi sectoral support contributed well to the ongoing management of the humanitarian crisis in the country. The integrated multi-sectoral approach utilised for both entry points of DG ECHO strategy generated a range of positive outputs and outcomes addressing a number of beneficiary priority needs.

- The rapid response mechanism (RRM) was the main tool supported by DG ECHO to implement the first entry point in the two-pronged strategy, which focused on emergency assistance to the victims of the conflict and displaced populations. The RRM was progressively put in place with a phased sequencing, and beneficiaries appreciated this assistance which provides a much faster integrated response than the usual cluster programmes. The RRM proved effective: ongoing support for those registered was provided consistently and was of good quality, with the exception of some anecdotal complaints about the quality of some in-kind food and tarpaulins for shelter.

- In a difficult context, the timeliness of the RRM responses delivered to the newly displaced beneficiaries varied from adequate (more than the hoped-for 72 hours) to significantly later (a few weeks), in the main part due to registration challenges following governmental interference in the registration process. Numbers currently supported were also lower than planned.

- There was a gap however, in terms of the provision of the follow up support to those identified, as linkages between the RRM and the relevant clusters were not yet fully established; the CCY contributed to fill in this gap.

- For the second entry point of the strategy, the Integrated Famine Risk Reduction Strategy was a good example of an integrated response for Food, Health, SAM and MAM nutrition, and WASH activities. The integration of protection activities was difficult due to governmental challenges.

- Within the integrated multi-sector approach, effectiveness was also found at the individual sector level, in particular in: food security (between 6 million and 13.5 million beneficiaries reached over the evaluation period through in-kind food, cash or voucher support, improved food consumption scores, and the establishment of the Integrated Famine Risk Reduction framework); multi-purpose cash assistance (a total of 5.5 million beneficiaries were reached in 2019 through the various delivery modalities, compared with 2.1 million in 2018); nutrition (Severe Acute Malnutrition cure rates were well above Sphere indicators); protection (variety of activities during the initial days of displacement, inclusion of migrants in humanitarian assistance, although the Muhamasheen remain particularly vulnerable as a group; WASH (helping to address risks of malnutrition, responding to the threat of cholera, upgrading water systems in rural areas with "impressive" results where activities were not constrained); health (integrated approach through health facilities, helping to address prevention and control of a cholera outbreak in 2017-2018); or Education in Emergency (EiE) (improved access in targeted areas although at a limited scale compared to needs, due to a lack of funding).

- Overall, effectiveness was enhanced by DG ECHO support to cross-sectoral activities such as procurement of items such as health and hygiene emergency. The DG ECHO support to interoperability is still a work in progress, mainly due to institutional resistance by some large mandated agencies.

- The needs, however, remain huge, and not every beneficiary received the full amount of multi-sector support they required. Programmatic implementation faced numerous challenges in an extremely volatile and complicated operational context. DG ECHO partners remained organised yet flexible and adapted to local authorities' and operational vagaries wherever possible. Coverage levels of beneficiaries was difficult to fully assess due to difficulties of monitoring programmatic progress and the lack of complete data.

- Although considered substantial, as listed above, the full extent of DG ECHO's achievements was therefore difficult to quantify in exact terms due to the number of operational challenges faced. Agencies at times found it easier to report in terms of outputs, although some outcome indicators were utilised.

- Populations displaced by the conflict can be sub-divided among the recently displaced for whom RRM is appropriate, and those who have had to live in the same displacement location for much longer, sometimes for several years. For the latter, livelihood support is much needed to start a new, more sustainable life and/or to enhance resilience although livelihood was not funded by DG ECHO and resilience was undermined by the lack of Nexus approach.

Having helped to avoid famine in Yemen was arguably[40] **the most significant concrete result that DG ECHO support contributed to across all sectors.** Famine was avoided owing in part to DG ECHO's strategy of supporting phased and area-based support of rapid response packages, multi-purpose cash assistance and general food distribution, which was used as a buffer pending the mobilisation of cluster assistance. DG ECHO was also instrumental in launching the Integrated Famine Risk Reduction framework. **However, the risk of famine has not yet been fully excluded**. The October-December 2020 IPC classification stated that from an estimated total population of 29.8 million people in Yemen (a number which is rising fast),[41] "from October to December 2020, 13.5 million people were facing high levels of acute food insecurity (IPC Phase 3 or above) despite ongoing humanitarian food assistance. 3.6 million of these were in IPC phase 4 (emergency), with some also

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[40] According to triangulated KII statements from DG ECHO partners
[41] Macrotrends, "Yemen : Yemen Population" (accessed October 2021) https://www.macrotrends.net/countries/YEM/yemen/population. The current population of Yemen in 2021 is **30.5 million**, a **2.23% increase** from 2020.

in phase 5 (famine)".[42] Such numbers are colossal. Meanwhile, the HRP for Jun – Dec 2020 reported that, out of USD 1 billion required as 'optimal funding' for food security and agriculture, only 30% were funded[43] and resilience activities to address root causes of food insecurity remained limited.

This was achieved through a wide range of multi-sector support provided by DG ECHO, such as funding towards ongoing general food and/or cash distributions. Support to the IPC process was also integral in this respect. **DG ECHO support was flexible in that funding was available for integrated responses, stand-alone sectoral support, or for consortium approaches**.

DG ECHO supported in particular the drive towards a more cash-based intervention, when appropriate. Cash is the type of support preferred by the beneficiaries[44], although once either food or cash is consumed beneficiaries are reported to be "back at the bottom". It should however, be noted that anecdotal statements collected during field visits at a WFP project sites near Al Mukalla (in the south) where in-kind food was distributed, expressed a preference for food rather than cash, even though there were also some complaints about the poor quality of the food. This preference is thought to be related to concerns regarding the inflation rate, meaning that less food could be bought for the amount of money received. In more remote areas, where access to markets is more difficult, in-kind support is also preferred.

To support cash programming, DG ECHO supported partners in establishing the Cash Consortium of Yemen (CCY), which attracted other donors. The CCY worked alongside the Cash and Marketing Working Group (CMWG) who stipulated the Minimum Expenditure Basket for the RRM operations. Multi-purpose cash assistance (MPCA) provided through RRM is essentially an integrated approach as beneficiaries can choose how to spend their money, either for food (the vast majority of this support is reported to be spent on food[45]) renting accommodation, health, NFIs/household items or education. Although the move to cash was well supported, in-kind general food distribution (GFD) was still predominant as this corresponded to the business model of WFP, the main partner in the sector, although this may change as WFP's biometric registration process progresses.

The overall DG ECHO strategy, as set out in the annual HIPs, was based on a two-point entry strategy, with an integrated approach applied to both those exposed to conflict and those displaced with emergency needs, as well as the provision of multi sectoral support to address key pre-existing and still worsening issues such as epidemics and malnutrition.

This approach was adapted to the context and allowed flexibility. The rapid response mechanism (RRM) was the main tool supported by DG ECHO since 2018 to implement the first entry point in the two-pronged strategy, which focused on emergency assistance to the victims of the conflict and displaced people. Families arriving in new areas of displacement (often by foot and with limited or no belongings) required initial emergency assistance such as food, non-food items (NFIs), shelter, access to water and emergency cash to cover for essentials.

Newly displaced populations were therefore assisted with a sequenced emergency response, aiming to provide:

- RRM kits (hygiene kits from UNICEF, IRR - Immediate Response Rations - from WFP and dignity kits from UNFPA), in theory within 72 hours of arrival into displacement. This assistance, which covered basic needs for five to seven days, was provided on a blanket basis;

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[42]   Integrated Food Security Phase Classification (2020), *Yemen: Acute Food Insecurity Sitution October-December 2020 and Projection for January-June 2021* http://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1152947/

[43]   OCHA, Humanitarian Response Plan for Yemen, June 2020

[44]   For example, 88% of beneficiaries in Hodeida stated their preference for cash (IOM PDM Report November 2019)

[45]   98% according to the IOM PDM Report November 2019

- This was followed by a second phase of RRM (multi-purpose cash assistance/MPCA one off, or in three rounds maximum depending on assessed vulnerability, and shelter/NFI),

- followed again by one round of GFD (general food distribution) and sector specific support in terms of additional cash or protection support as identified.

The RRM was effective. The RRM was fully operational nationwide (330 districts out of 333) to meet the basic needs of displaced populations. The Displacement Tracking Matrix (DTM) for Yemen estimated that there were 4 million internally displaced persons (IDPs) spread across all 22 governorates in 2020, the majority of whom were displaced due to ongoing conflict since March 2015. During 2019, the mechanism reached 171,470 households (1,200,290 individuals) with RRM first line assistance. Of those, 750,000 beneficiaries (62%) were assisted by DG ECHO-funded RRM interventions.

Ongoing support for those registered was provided consistently and was of good quality, with the exception of anecdotal complaints about the quality of some in-kind food and tarpaulins for shelter. On the basis of the key findings of three rounds of post distribution monitoring (PDM), the **percentage of the respondents who reported an overall satisfaction with the RRM process increased from 83% (April 2019) to 96% (December 2019**).

In a difficult context, the timeliness of the RRM responses delivered to the newly displaced beneficiaries varied from adequate (although more than the hoped-for 72 hours) **to significantly later** (up to three weeks), in the main part due to registration challenges. The RRM reported critical improvements especially within the district where new enrolment modalities were introduced and mainstreamed. Within the 20 pilot districts (Hajjah and Al Dhale) the timeline between alert to first line assistance was reduced from an average of 17 days to 5 days. Although RRM assistance is designed to be launched within 72 hours, the critical reduction of the timeline was reported as one of the most important achievements for UNFPA RRM in the second half of 2019.

An enrolment pilot approach was endorsed in July 2019 and scaled up to 130 districts. The DRC/ cash consortium agreed to utilise the data provided by the enrolment (with sample validation measures in place) to immediately supply MPCA, in order to significantly reduce the time lapse between the provision of the RRM kits and cash assistance. In this regard, progress was reported positively affecting the other RRM components, as follows.

- New IDPs lists, generated by RRM partners through verification/enrolment and then consolidated, were shared on a weekly basis with OCHA, UNICEF and WFP to trigger the second line response MPCA and the one off GFD along with the other clusters' first line response (effective since September 2019).

- A scale up of district level coordination with IOM focal points to strengthen the response to new displacements in terms of alerting the monitoring system in locations subject to large displacements (effective since October 2019).

- A scale up of district level coordination with District Food Assistance Committee (WFP) for real time crosschecking of new displacement beneficiaries lists.

- Supporting the mapping and rationalisation of Emergency Responders' distribution schedule and points to hasten assistance delivery and inter-cluster coordination at district level among RRM, Food Security and Agriculture (FSAC), CCCM, WASH and NFI/Shelter (ongoing in coordination with OCHA).

Nevertheless, the numbers currently supported by RRM were sometimes lower than planned: this is a contextual issue. Lists of the newly displaced were provided by the local authorities, although

these could be delayed and the lists needed to be verified. The verification of these lists could be obstructed by withholding travel permits. One agency stated that they did not want such lists to be a "back door" way of adding people.

There was also a gap in terms of the provision of the follow up support to those identified, as linkages between the RRM and the relevant clusters were not yet fully established. The provision of the follow up support to the RRM appeared to either take too long or not happen at all. Currently, for example, the issue with government lists is preventing new intakes into the general food distribution programme. Again, the registration of beneficiaries is seemingly key to this issue. Although there is a DG ECHO push towards the interoperability of activities and beneficiary data, there seems to be little practical results for the efforts made so far. Furthermore, it is difficult to get permission to implement activities such as protection and GBV, although DG ECHO supported UNFPA psychological centres as well as social workers in health centres integrating GBV and reproductive health services. EiE activities were reported as receiving only small-scale DG ECHO support. Ongoing support for those already registered, according to the small sample of beneficiaries interviewed, appeared to be provided consistently, and to be of good quality.

The integration of activities was most effective when applied within an area-based approach, and when all sectoral activities were undertaken by one organisation, such as ACF implementing Health, Nutrition, WASH and FSL activities. **Such in-house integration was reported by the partners as being more cost-effective** (without supporting evidence, however).

For the second entry point of the strategy, food security, WASH, SAM and MAM nutrition, and health activities could be integrated, for example within the Integrated Famine Risk Reduction Strategy. WASH could also be integrated relatively easily into food security and health activities, especially at the health centres. **The integration of protection activities, however, was difficult due to governmental challenges in the north**. These interventions often required detailed explanations and authorisations took a long time to obtain (when granted at all).

The needs furthermore remain huge, and it would be impossible to match the needs of every beneficiary especially when there are so many operational challenges. Although interviewed beneficiaries were generally grateful for the support provided and appreciated its quality, they often requested additional quantities, stating that the support given matched about 50%-60% of their needs (the proportion was lower for large families). Among challenges, partners listed government bureaucracy, access and difficulties undertaking assessments and doing monitoring. It was difficult therefore to fully understand the coverage levels of beneficiary support. Additional challenges included time wasting for travel authorisations and permissions, a dislike for GBV, protection and MHPSS (mental health and psychosocial support) activities among the De Facto Authorities, the changing front lines, the number of armed parties involved, increasing petrol prices, inflation, COVID-19, visa constraints, reduced funding levels and, since 2020, the new "mahram" law in the north which restricts movements of female national staff. **The full extent of DG ECHO's achievements was therefore difficult to quantify in exact terms. Agencies at times found it easier to report in terms of outputs, although some outcome indicators were utilised**.

Beyond the focus on an integrated multi-sector approach, **effectiveness was also found at the individual sector level,** for instance in the following.

- In **food security**, DG ECHO contributed to meeting the acute needs of beneficiaries by funding partners which operated both at the national and local levels. These partners reached between 6 million and 13.5 million beneficiaries over the evaluation period, by distributing in-kind food, cash or voucher support, and supplementary food for the most vulnerable children and women. As a result, food consumption scores achieved a rating of up to 66, where a score

greater than 35 is generally acceptable. DG ECHO played an active role in establishing the IFRR (Integrated Famine Risk Reduction) framework which built upon joint geographical convergence, an agreed package of multi-sectoral services, joint beneficiary selection criteria and a joint monitoring and reporting framework.

- **Multi-purpose cash assistance** (MPCA) was particularly effective with two consortia including the DG ECHO-funded CCY (Cash Consortium Yemen): a total of 5.5 million beneficiaries were reached in 2019 through the various cash delivery modalities (FSAC, RRM, refugees and migrants multisector, Shelter/NFI/CCCM, Protection and WASH Clusters), compared with 2.1 million in 2018.

- In the **nutrition** sector, despite problems of displacement and pipeline breaks, significant results were achieved: severe acute malnutrition (SAM) cure rates were well above the Sphere indicators in the reviewed projects while moderate acute malnutrition (MAM) cure rates in general met these indicators. In 2019 two key DG ECHO nutrition partners, WFP and UNICEF aligned their strategies to offer the full CMAM package (SAM and MAM treatment with community health volunteers' outreach) at health facility level (see below), to ensure better coverage of services

- DG ECHO partners provided a variety of **protection** support (protection cash assistance, comprehensive individual case management package and collective psycho-social support, legal services, and protection prevention and awareness with respect to child protection, GBV and persons with special needs) as the provision of protection activities during the initial days of displacement was clearly key. While DG ECHO strongly promoted the inclusion of migrants in humanitarian assistance, other protection gaps were still noted, such as the marginalised Muhamasheen over the evaluation period (they were finally outlined in the HRP of 2021) or some newly displaced IDPs who were excluded from UN assistance due to the lack of registration.

- **WASH** activities under both entry points of the DG ECHO strategy focused on addressing the risk of malnutrition by targeting the most vulnerable individuals and families among the IDPs and host communities affected by displacement, preventing the transmission of epidemics such as cholera, and upgrading water systems in rural areas. In areas where projects were not constrained by insecurity, lack of access, poor infrastructure or administrative difficulties, results in terms of number of beneficiaries reached, facilities provided, Sphere standards complied with, awareness raised and behaviour change induced, were sometimes impressive in areas such as quantity and quality of tap water available, hygiene awareness, and prevention of epidemics.

- DG ECHO contributed to the refurbishment of **Health** Centres (only half of health centres were fully functional) with furniture, supply of medicine, rehabilitation, payment of incentives and training of health workers who had not received payments from the ministry. The fact that DG ECHO predominantly used health facilities to provide access to health services ensured an integrated approach to health; DG ECHO support to health partners through the second entry point in the strategy helped to address the prevention and control of a cholera outbreak in 2017-2018. However, the outbreak of COVID-19 in 2020 further stretched already extremely limited capacities, leading to a high death toll among COVID-19 patients and other people in need of health care.

- In **Education in Emergency (EiE),** overall the DG ECHO-funded activities in the targeted areas reached their objective of improving the access of conflict-affected vulnerable girls and boys

to improved education services, although there were some accusations that NGOs were influencing changes of cultural norms and values, delays in approvals and shortages of teaching staff. Due to a number of limiting factors such as lack of interested partners and their capacities[46], the scale of the EiE activities and the corresponding outcomes remained small over the evaluation period in comparison to the needs: according to the Humanitarian Needs Overview 2021, 5.55 million children in Yemen were in need of education.

Overall effectiveness was enhanced by DG ECHO supporting activities such as procurement of health and hygiene emergency items: locally procured dignity kits for the RRM could be prepositioned in five operational hubs; internationally procured reproductive health kits were distributed to some 100 health facilities; life-saving medical supplies were imported and distributed; in-country transportation of therapeutic food was also funded. The DG ECHO support to interoperability is still ongoing, mainly due to some institutional diffidence by some large mandated agencies.

As mentioned in EQ4 above, **the Nexus approach has been delayed since 2019 and connectedness could not be properly established between DG ECHO and the development donors over the evaluation period.** The underlying causes of the crisis – developmental and political - were to be found in a deeply rooted context and were beyond DG ECHO's control and mandate. This being said, **there are areas of the country where the violence has stopped and where there is potential for development**. The possibility of expanding development activities in such regions was put forward by some of the partners, even if only in terms of small-scale livelihood or cash for work activities. Some agencies are currently (as of August 2021) implementing livelihood support, predominantly through cash for work (access roads especially) although this has not been part of DG ECHO strategy since 2015.[47]

DG ECHO support was targeted at the newly displaced, long-term displaced and host communities, addressing both individual and institutional needs at a household, community, and public services levels. As also outlined in the HIPs, the field visits confirmed that **the beneficiaries among the displaced could be subdivided in two broad categories, whose specific needs must be identified for an optimum effectiveness of the responses**.

- **The recently displaced relied on RRM support and were generally satisfied with the aid package and multi-purpose cash assistance (MPCA)**. The RRM beneficiaries in Marib, for example, expressed their appreciation of the content and speed of their support ("*all the support came at a time when we desperately need it and every element helped the other*"…"*the money was received in addition to an emergency bag and household items. It made a big difference because we got everything we needed when we arrived and we got it so quickly*"). Some beneficiaries in Marib outlined also that they could buy construction material for housing ("*much better than tarpaulins*"); for others, the housing problem was not solved as their shelter was in the way of floods, and more housing support was needed.

- The longer term IDPs were more concerned with ongoing essential assistance after RRM, as they were in the same location for as long as seven years in some instances. For instance, there were some issues of access to free medical care in Lahj (where some medicines not found in the hospital pharmacy had to be bought from outside pharmacies), and issues with lack of drinking water and waste management in Taiz.

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[46] In total EUR 9 million were mentioned in the HIPs between 2016 and 2020 as a minimum indicative amount for EiE, while only 7.402.443 EUR were finally allocated given low level of demand from partners. DG ECHO and UNICEF have then developed a strategic EUR 9 million project for EIE, which started in 2021.

[47] ECHO was funding cash-for-work, small-scale livelihoods, etc before 2015, for instance through ACTED in 2013.

It should be highlighted that **longer term IDPs consistently requested more livelihood support, beyond cash for work initiatives (for example on WASH construction activities), so that families could envisage some more sustainable form of work and start supporting themselves in the future**. Furthermore, as stated under EQ4, there is currently a lack of linkage with resilience activities which may be funded by development donors such as INTPA[48] and which should include more livelihoods and connectedness with DG ECHO as outlined in the HIP 2021. It should also be noted that some of the partners present in Yemen have already developed their own approaches to livelihoods.[49]

A2.5   Advocacy (EQ7)

EQ 7: How successful was DG ECHO through its advocacy and communication measures in influencing other actors by direct and indirect advocacy on issues such as humanitarian access and space, respect for IHL, addressing gaps in the response, applying good practice, and carrying out follow up actions to DG ECHO interventions? Was there an "advocacy gap"?

Response to EQ 7

- High level advocacy and communication efforts by DG ECHO were partly successful. They were conducted throughout the evaluation period by initiating and leading the Donor Coordination Group, which resulted in senior management visits to all parties and in humanitarian demarches delivered by EU Delegations in Saudi Arabia, UAE and Yemen. These activities contributed to the perception of neutrality of the EU in Yemen and to DG ECHO's continued presence in both parts of the country. As of 2020, DG ECHO was furthermore instrumental in organising and co-hosting with Sweden the Senior Officials Meeting (SOM) process, which is currently leading the humanitarian diplomacy efforts of the international community to improve access and humanitarian space in Yemen. Such efforts are still ongoing.

- DG ECHO was present in the field although not at the proper senior level that would be required to enter into overall/strategic discussions with the local political decision-makers. A higher-level approach may result in a broader agreement rather than piecemeal achievements.

- At the operational level, DG ECHO's efforts in advocacy among the international humanitarian community consistently supported the good practice of a principled approach. This was partly successful due to the lack of respect for humanitarian principles and IHL by the parties in conflict. DG ECHO's advocacy succeeded however on specific issues such as providing the migrants with humanitarian assistance, contributing to setting up the IFRR for integrated response to food security, influencing the CCCM Cluster into following an area-based model, or outlining that more transparency was necessary against fraud. Advocacy efforts are still ongoing to try fill in other key operational gaps, including better integration between RRM and standard humanitarian programming, interoperability, harmonised cash approach, or linkages with development donors for resilience.

- DG ECHO consistently supported mandated agencies such as OCHA for overall coordination and advocacy and ICRC regarding the respect for IHL. Specialised advocacy partners such as OHCHR and Geneva Call were also funded. These efforts were also partly successful, due to

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[48]   INTPA has supported UNESCO and NGO consortium for livelihoods and FAO for info management on food security
[49]   WFP (Food For Assets) ; OXFAM (SLA – Sustainable Livelihood Approach); CARE (Sustainable Livelihood Framework); ACTED; IRC; ACF; NRC.

the insufficient capacities of OCHA, the disregard of parties for IHL, and the lack of sustainability of some activities by these partners, such as deeds of commitment with the Southern Transitional council.

- From a vertical perspective, advocacy activities were conducted in all major sectors and aspects of the crisis in Yemen; although these activities were not always successful, no advocacy gap could be found there.

After the very first years of the crisis, when there was only very limited donor coordination, DG ECHO took the initiative at the start of the cholera outbreak in 2017 to set up a Donor Coordination Group, and organised meetings every 3-4 months. In that framework, DG ECHO advocated to different parties in conflict: the Kingdom of Saudi Arabia (KSA), the Internationally Recognised Government in the south of Yemen, and Ansar Allah/De Facto Authority in the northern part. Annual meetings of the group aimed to coordinate the joint efforts of major donors supporting Yemen on the humanitarian side, to discuss the humanitarian situation in Yemen, obstacles to the delivery of aid and mobilisation of the efforts of all donors and the international community to provide more humanitarian support for the country. **As of 2017 also senior management level visits were conducted by DG ECHO within this framework, which contributed to the perceived neutral position of the EU in Yemen and to DG ECHO's continued presence in both parts of the country** (see EQ10 in the Access part of this report). During the evaluation period, DG ECHO **also contributed to humanitarian demarches** delivered to parties by the EU Heads of Delegations in Riyadh, UAE and Yemen.

As an EU service, DG ECHO was present at several levels for advocacy purposes; the "bottom up" field level was complemented by "top down" high level visits and advocacy. These missions and visits should however be further strengthened as the proper senior level would increasingly be required to enter into overall/strategic discussions with the local political decision-makers. In the north, the Supreme Council for Management and Coordination of Humanitarian Affairs and International Cooperation (SCMCHA) significantly reinforced its overall control in recent years. A strengthened high-level approach by the EU/DG ECHO in the field may therefore result in broader strategic discussions which would arguably be useful to consolidate humanitarian space.

Due to the deterioration of the situation, at the beginning of 2020 DG ECHO was instrumental in organising and co-hosting the Senior Officials Meeting (SOM) process, which is currently leading the humanitarian diplomacy efforts of the international community for Yemen.

The SOM process allowed to articulate common lines of advocacy among the members of the international community and follow up its progress over time, allowing a sustained and coordinated engagement with the parties (both in the North and in the South) on access.

Three SOM meetings took place between early 2020 and mid-2021, with partial success.

The first SOM was co-hosted by DG ECHO and Sweden (as were the two other SOMs) on 13 February 2020 in Brussels. Participating donors, UN agencies and INGOs agreed that the operating environment in Yemen, particularly in the north, was rapidly deteriorating and was shrinking humanitarian space. Obstacles were constantly imposed impeding access and hampering the delivery of aid. International and national humanitarian staff was under threat or direct attacks in many parts of the country. Participants unanimously stated that this situation was untenable and agreed on moving forward with a common plan to re-calibrate humanitarian aid activities, including a phased downscale or even interruption of certain operations, if and where principled delivery was impossible. The plan would include indicators to measure progress. The scale of future funding would also depend on the ability to carry out operations in line with humanitarian principles and donors' regulations.

The second SOM took place in virtual format on 12 November 2020 with the participation of the main humanitarian actors active in the country. They further outlined seven areas or "asks" which parties to the conflict must respect in Yemen to enable access and allow principled delivery of assistance (the "asks" actually pre-dated the SOM process). These priorities included the cancellation of a 2% levy on humanitarian aid, the acceptance of biometrics for the registration of beneficiaries, and the timely approval of agreements and sub-agreements with humanitarian actors to deliver supplies and services. For both part of Yemen, a benchmark tracker table was used to follow the implementation of the SOM priorities which hindered humanitarian access. The benchmarks were tracked by the Technical Monitoring group (TMG, see EQ10) through a set of measurable indicators.

Protracted negotiations ensued between the UN Humanitarian Coordinator and the Supreme Council for Management and Coordination of Humanitarian Affairs and International Cooperation (SCMCHA) in the north to measure the benchmarks. The status of the tracker table in January 2021 showed that the 2% levy had been settled and pilot biometrics were being implemented; the backlog in agreements and sub-agreements was also being reduced. For the other issues discussions with SCMCHA were still pending.

The third SOM took place - also virtually - on 1 June 2021 and focused on operational matters such as the Nexus and the improved coordination with the World Bank to address root causes through resilience and recovery activities, the import of fuel to sustain the economy, support to the currency to prevent inflation, the use of import revenues to pay the salaries of civil servants, and the follow up of access challenges.

At the operational level, DG ECHO's efforts in advocacy among the international humanitarian community consistently supported the good practice of a principled approach. This was only partly successful due to the lack of respect for humanitarian principles and IHL by the parties in conflict. DG ECHO also advocated for articulating coordinated approaches and a follow up/sustained dialogue. In this framework, DG ECHO's advocacy succeeded on specific issues such as the following:

- In 2019 DG ECHO was very supportive of the Migrants' Protection Programme (it was previously a donor for assistance to migrants through UNHCR) and helped to disseminate information about the migrants' terrible situation in Yemen, as they were being abandoned, abused, detained or forcibly transferred. **DG ECHO successfully advocated for a migrants' response within the HRP**, which needed to be protection focused with case management, basic services to migrants who could not access traditional humanitarian settings because of their transient nature and tailored to support women and unaccompanied minors. DG ECHO advocated for a Section on migrants to be included in the HRP in 2020 and led donors to keep migrants on the agenda and to fund the Migrant Consortium (led by IOM, with DRC and Intersos). More globally, DG ECHO consistently advocated for the inclusion of all vulnerable groups.

- In terms of the CCCM Cluster, **DG ECHO advocated for an area-based model**, empowering a non-UN actor to coordinate an area (governorate, district or similar) beyond a camp site. **This approach was endorsed by the CCCM Cluster.**

- **The advocacy for the operational development and support to an integrated response to food insecurity/nutrition**, including the improvement of quality delivery (nutrition), support for biometrics and retargeting (food security) and the improvement of early warning/early action on food security (IPC) and focus on economic drivers, **resulted in the establishment of the IFRR (Integrated Famine Risk Reduction) framework** (see EQ 6)

In addition, DG ECHO advocated for some time, with only partial success to date due to coordination and operation procedures of some large agencies that are not well adapted, for filling in gaps such as a harmonised humanitarian cash approach (the CCY was set up as a separate initiative from the cluster); operational development of early warning/early action for epidemics such as COVID-19; sustainable solutions, water quality and aquifer capacity assessments in WASH; development of interoperability for beneficiary lists; development of an early recovery framework, complementary to emergency humanitarian assistance, to better ensure transition in the Nexus context; or further engagement of the UN (especially OCHA) and the international community outside existing hubs, and increased field coordination/field presence of UN/Clusters on the basis of revised UNDSS advices, to improve capacity of timely decision-making and humanitarian delivery.

At field level DG ECHO consistently supported OCHA and ICRC in fulfilling their international mandates of coordination, advocacy and respect for IHL, as well as UNFPA and UNICEF in their coordination functions of the protection sector or RRM. Since the beginning of the evaluation period OCHA in Yemen was strongly involved in advocacy strategy towards the authorities, the donors and the Yemeni population. A full-fledged Advocacy and Communication Strategy was developed by OCHA as from early 2015. For the period 2018 to 2020, DG ECHO provided EUR 18 million to fund (among other activities) regular calls to all parties to the conflict to respect IHL, protect civilians and civilian infrastructure from attack, and ensure access to essential services and humanitarian aid. ICRC organised risk-awareness sessions and self-protection workshops for vulnerable communities, workshops on IHL for all parties and weapon bearers, and assisted victims of IHL violations. Whenever possible, ICRC brought documented protection concerns and allegations of IHL violations to their attention.

The effectiveness of these efforts was limited by insufficient capacities in OCHA and the frequent disregard of parties for IHL. KIIs indicated that, since early 2021, OCHA has been strengthening its decentralised presence and expertise in the field.

DG ECHO also contracted specialised partners in advocacy such as OHCHR, who achieved some effectiveness in its actions and the NGO Geneva Call, which was rather less successful.

Both components of OHCHR's project were effective: OHCHR assessment informed on human rights and IHL violations and was disseminated to the RC/HC, Geneva, and used in negotiations with the parties in conflict. It was also used for the SOMs. **Capacity building and awareness raising workshops were implemented among some DFA ministries.**

The impact from activities of the NGO Geneva Call in Yemen was lower and more scattered. The impact could be noted among law students in the south in terms of IHL and in some trained local organisations, but it was arguably not very high. In particular, the three 'deeds of commitment' signed in south appeared to be rushed activities, pushed by the Southern Transitional Council (STC) which was much in need of international recognition at the time. These were not based on informed decisions by the authorities and did not benefit from well thought-out implementation plans which would have supported their sustainability.

From a vertical perspective, advocacy activities were conducted in all major sectors and aspects of the crisis in Yemen; although these activities were not always successful, **no advocacy gap could be found** there.

A2.6   Efficiency / Cost-effectiveness (EQ8-EQ9)

EQ 8: To what extent did DG ECHO achieve cost-effectiveness in its response? What factors affected the cost-effectiveness of the response and to what extent?

Note: rather than achieving cost-effectiveness, which would require a benchmark to compare the level of achievement, the EQ should rather be understood in terms of considering and integrating cost-effectiveness in DG ECHO's response.

Response to EQ 8

- Considerations of cost-effectiveness were integrated at all relevant levels, from funding decision to project approval process. Overall, the funding decision process followed by DG ECHO (HIPs) contributed to the cost-effective use of resources by ensuring that DG ECHO funded interventions aimed at addressing the most acute needs first, not redundant and integrating in their designs adequate mechanisms and measures to adapt to the changing security and access constraints.

- The efficiency and cost-effectiveness of the interventions were systematically analysed by DG ECHO when selecting the interventions, based on some key criteria such as distribution of costs, delivery modalities, coherence and experience. This led to the rejection or revision of several proposals which were not deemed sufficiently cost effective.

- Providing clear-cut evidence of the impact on cost-effectiveness proved difficult as it was often not directly observable. Illustrations were found in the fact that preferred delivery modalities contributed to cost-effectiveness: using the RRM as an entry point for multi-purpose cash assistance was cost effective as it avoided duplication of identification and targeting activities. A measure of cost effectiveness could also be found in the fact that all sectors, except protection and shelter, achieved lower cost per beneficiary on average than initially planned.

- Key factors in ensuring cost-effectiveness in implementation were the well-structured analysis and reporting process (the Single Forms) but also the flexibility applied by DG ECHO to adapt this process to the context. This was completed by advocacy efforts to support the partners and reduce external constraints that may affect cost-effectiveness.

- DG ECHO was a demanding donor, with high expectations in terms of standards that contributed to ensuring the cost-effectiveness of the partners. DG ECHO's monitoring and assessments of the activities, and its firmness regarding the respect of sectoral policy guidelines, pushed the partners to improve their approach.

- Overall, DG ECHO's rigour was balanced with enough flexibility to ensure that the activities could be modified in a timely manner depending on circumstances. DG ECHO's field and technical knowledge allowed them to understand operational constraints and therefore to accept or suggest modification of activities when necessary. This contributed to cost-effectiveness by supporting the process – although there were some caveats regarding delays in the approval of modifications which required top-ups.

- DG ECHO's advocacy efforts to mitigate access constraints, notably at the project level, also contributed to cost-effectiveness. DG ECHO's interventions contributed to reduce administrative delays in obtaining work agreements or supplies from the authorities. The extent to which this was achieved could be partly measured by the surveys: most respondents confirmed that DG ECHO's efforts resulted in limiting administrative delays (55%) and extra

costs for the partners (63%), and in maintaining the programming as it was initially planned (75%).

DG ECHO's careful programming contributed to the overall cost-effectiveness of its humanitarian response, notably by avoiding gaps and overlaps and adapting to the evolution of needs. The annual DG ECHO HIPs provide a detailed description of the most acute needs sector by sector, as well as gaps. This process was informed by the latest assessments (such as HNO, Humanitarian dashboards, displacement overview, Task Force on Population Movement – TMFP, cluster information, food security outlook). The HIPs were updated based on the evolution of the needs on the ground and additional funding was provided to serve urgent/emerging needs. The principles and directions presented in the HIPs guided DG ECHO's selection of funded actions (see below). The relevance and alignment of the interventions with DG ECHO's priorities were the most important determinants of the portfolio selection process together with partners' capacity to implement its proposal. Cost was only (and rightly so in a context of humanitarian assistance) discussed in relation to the expected outputs and outcomes of the intervention.

KIIs with the partners confirmed that DG ECHO contributed to cost-effectiveness thanks to its key role in programming, notably by avoiding gaps and overlaps and fostering synergies across interventions. DG ECHO ensured that the partners' activities would take place in certain governorates based on the activities of other partners, and encouraged collaboration.

The efficiency and cost-effectiveness of the interventions were systematically analysed by DG ECHO when selecting the interventions, based on some key criteria. The main cost-effectiveness considerations raised included whether the distribution of costs across staff costs, programme activities, operational costs (such as accommodation and transport) and indirect costs was acceptable; the modalities of service delivery, for instance in-kind food, cash or vouchers for food security interventions, as a source of efficiency; the need for funded multi-sector interventions to demonstrate the integration and coherence of proposed activities; the need for interventions to respond to clearly identified needs and avoid duplication; and, very importantly, the selection of experienced partners with large capacity and demonstrated ability to adapt to the situation. Proposals where the partners' presence on the ground field was not sufficient could be rejected. **This process led to the rejection or revision of several proposals which were not deemed sufficiently cost effective.**

These findings were confirmed by the partners' responses to the survey in Yemen. Almost all respondents to the survey (84% or 21 out of 25) agreed with the statement that DG ECHO appropriately reviewed the cost-effectiveness factor of operating costs, delivery modalities and possible synergies before accepting the partners' proposals. None of the respondents disagreed with these statements (four did not know) and more than 70% strongly agreed with the statements (see question 1.F in Annex A6).

Although providing clear-cut evidence on the impact on cost-effectiveness proved difficult as it was often not directly observable, DG ECHO-funded activities appeared to be cost-effective overall.

A measure of cost effectiveness could for instance be found in the fact that all sectors, except protection and shelter, achieved lower cost per beneficiary on average than initially planned. Figure 9 below reveals that most sectors achieved a lower cost per beneficiary than planned in the proposal over the 2015 to 2020 period. The achieved cost per beneficiary of food security activities (which represented around 40% of the total DG ECHO budget between 2015 and 2020) was 69% of the planned cost overall (EUR 37 per beneficiary against the EUR 53 planned). This greatly contributed to the overall cost-effectiveness of DG ECHO-funded interventions. However, this might be partly driven by WFP's strategy to scale down its in-kind food packages to 75% of a basic

food basket. Nutrition, WASH, and Health were other sectors that managed to reduce the cost per beneficiary to around or below 75% of what was budgeted.

Figure 10- Planned vs. achieved cost per beneficiary per sector (2015-2020)
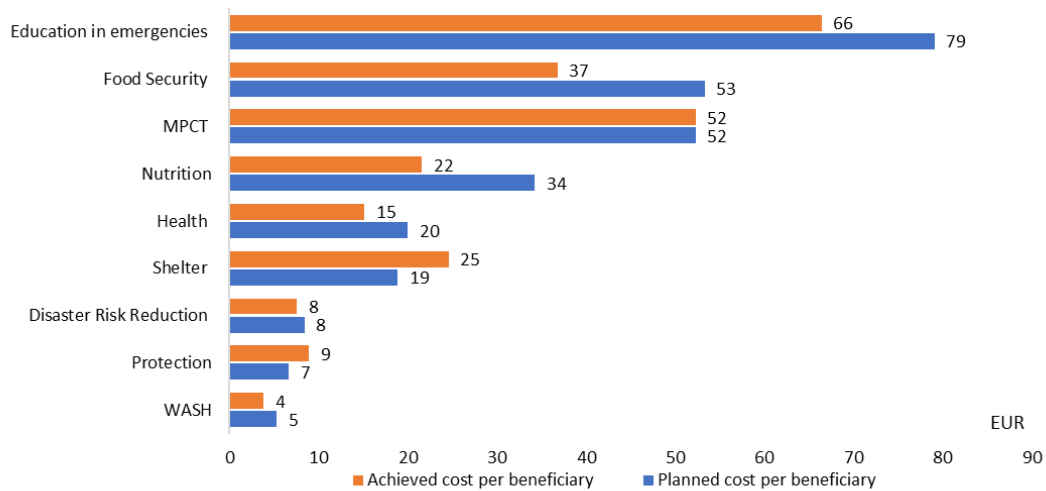
Source: ADE's calculation based on HOPE database

It should be stressed here that this measure of cost-effectiveness should be interpreted with caution as it is likely that the measure of the number of beneficiaries was not consistent across interventions and subject to inaccuracies and mistakes. The purpose of this measure was to compare the "planned" versus "achieved" cost per beneficiary within a specific sector and no conclusions should be drawn by comparing the unit costs across sectors. Moreover, the cost per beneficiary was computed based on the data provided by HOPE, which were not always accurate as they were manually inserted by the partners and therefore prone to mistakes.

Illustrations were also found in the fact that **some preferred delivery modalities contributed to cost-effectiveness. As an example, using the RRM as an entry point for multi-purpose cash assistance was cost-effective to a certain extent as it avoided duplication of identification and targeting activities.** This allowed for costs related to the identification and targeting of the beneficiaries to be cut and supported only the costs related to verification, net delivery and post distribution monitoring. DG ECHO encouraged the partners to check different practices and modalities and provided information about the functioning of other cash providers.

In practice this approach also triggered some important costs to ensure interoperability between CCY and RRM (such as data sharing agreements which took months) and resolve some operational challenges (such as maintaining access for NRC and DRC in the north): for the sake of effectiveness, such costs should however be accepted. It is also becoming increasingly costly to serve a vulnerable person as the number of newly displaced people decreases, and they are widely distributed across the territory. In response, the CCY is moving to an overall "food security" approach which does not focus solely on IDPs.

The interventions funded by DG ECHO encountered frequent and various obstacles with potential consequences in terms of cost-effectiveness. Access-related constraints were the more frequent, with potentially the greatest effect on cost-effectiveness.

The project documents showed that virtually all interventions had, at one point, to suspend (at least part of) their activities due to access constraints. The survey of DG ECHO's partners led to the same conclusion as all 24 respondents mentioned that access constraints led to delays in implementation (see section 3 in Annex B4). All types of access constraints affected the delivery of DG ECHO-funded action but administrative obstacles and interference in the implementation of the activities were the most prevalent among partners. All partners encountered administrative constraints,

interferences with their activities and lack of acceptance of the principled approach according to the survey (see section 3 in Annex B4). Security issues and supply chain obstacles (such as difficulties in accessing required inputs) – whether due to the economic situation or to restrictions in goods movements – were also observed frequently. The survey also confirmed that access constraints increased the total costs for the partners (22 out of 24 respondents) and reduced the amount of monitoring and assessments of the activities (23 respondents).

The depreciation (and volatility) of the Yemen Rial also had direct consequences on the cost-efficiency of the interventions. It increased the cost-efficiency of some interventions in case where inflation did not progress as fast as the currency depreciated, and if the partners purchased their inputs in Yemeni Rial. However, hyperinflation and the volatility of the currency also incurred additional costs to the partners.

Key factors in ensuring cost-effectiveness in implementation were the well-structured analysis and reporting process (the Single Forms) and the flexibility applied by DG ECHO to adapt this process to the context.

In this respect, DG ECHO was a demanding donor, with high expectations in terms of standards contributing to ensure the cost-effectiveness of the partners. For example, in terms of Multiple Purpose Cash Assistance, DG ECHO was strict on the acceptable cost ratio (that is, the % of total budget transferred to beneficiaries should be around 80%-85%). DG ECHO's monitoring and assessments of the activities, and its firmness regarding the respect of sectoral policy guidelines, pushed the partners to improve their approach. This firmness was generally perceived positively by the partners, as a way to challenge them to provide the most relevant responses, ensure high quality monitoring and foster strategic thinking. One partner mentioned that "*changing the narrative from how many people were served to who is served*" contributed to increasing the value of the interventions.

However, overall DG ECHO's rigour was balanced with enough flexibility to ensure that the activities could be modified in a timely manner depending on circumstances. DG ECHO was one of the few donors to conduct monitoring visits (including in the north); they talked openly with partners about operational concerns and were pro-active in finding solutions even before the official modification requests were sent. DG ECHO's field and technical knowledge allowed them to avoid lengthy debates, accept no-cost extensions and agree on modifications when necessary. This contributed to cost-effectiveness by supporting – if not accelerating - the process. DG ECHO was also somewhat flexible in the interpretation of the guidelines and gave time for the partners to meet the targeted efficiency objectives.

There were some caveats, however. A few partners perceived DG ECHO as too rigid and demanding, and not flexible enough given the difficult circumstances in Yemen. They felt that DG ECHO could do better in "*contextualising the costing rules*", as DG ECHO was demanding but at the same time did not want to finance support costs which were relatively high in the context of Yemen. In some cases, the processes for modifying the activities were not rapid enough to respond to emergencies (flooding, COVID-19, sudden conflict spill-off). With respect to EiE activities, the gap between the timing of the funding (following the financial year) and the timing of education (following the school year) was covered by longer project durations.

DG ECHO's engagement in advocating in favour of the humanitarian space, notably at the project level (see also EQ 7), contributed to cost-effectiveness by mitigating access constraints. A partner mentioned that DG ECHO contributed to accelerating access to the population through advocacy for the cholera and COVID-19 crises; several others praised DG ECHO's help in obtaining agreements from local authorities, including through face-to-face meetings. DG ECHO was a key supporter in ensuring that supplies were available at field level. Such contributions to cost-effectiveness were, however, difficult to quantify as they consisted of responding to emergency needs as rapidly as possible and saving recurrent costs.

As a result, DG ECHO's interventions contributed to reducing administrative delays in obtaining work agreements or supplies from the authorities. The extent to which this was achieved could be partly measured by the surveys: a majority of respondents confirmed that DG ECHO's efforts resulted in limiting administrative delays (55%) and extra costs for the partners (63%), and in maintaining the programming as it was initially planned (75%).

EQ 9: Was the size of the EU budget allocated by DG ECHO to Yemen appropriate and proportionate to achieve objectives, compared to other crises?

Response to EQ 9

- DG ECHO provided a significant budget to respond to the Yemen crisis, especially from 2018 onward when the humanitarian situation worsened following the Hodeida blockade. With a budget of EUR 558 million between 2015 and 2020, DG ECHO was the sixth largest contributor to the Yemen Humanitarian Response Plans over the period.

- Overall, the budget was sufficient for DG ECHO to achieve its main objectives of contributing to respond to the most acute and urgent needs. Allocating over 75% of the funding to entry point 1 (i.e. Integrated multi-sectoral assistance to populations directly exposed to conflict and displacement) allowed for significant contributions to key sectors such as food assistance, health, WASH and protection, with tangible results. Sufficient budget was also available at the sector level to make significant contributions in terms of horizontal objectives of humanitarian aid coordination and advocacy for a principled approach.

- Despite budget allocation mechanisms ensuring a certain degree of objectivity in the allocation of funding across humanitarian crises, DG ECHO's budget remained modest, not only in comparison to the needs of the "world's largest humanitarian crisis" but also in comparison to DG ECHO's contribution to other humanitarian crises. According to the budget available, DG ECHO reached its objectives overall, but it should be noted that the scale of DG ECHO's interventions was limited and only enabled a small fraction of the people in need to be reached.

- There was no clear-cut evidence to suggest that additional budget would have improved DG ECHO's achievements regarding activities under entry point 2 of the strategy (i.e. integrated response to pre-existing –and worsening- needs regarding food security, nutrition and epidemics) . Unserved urgent needs suggested that additional budget would have still been allocated for the most part to the emergency component of DG ECHO's response. However, anecdotal evidence suggested that additional human resources could improve the achievements in terms of coordination and advocacy.

- The mechanisms guiding budget allocation ensured a certain degree of objectivity regarding DG ECHO's funding of humanitarian crises. The budget allocation relied on several criteria including thorough needs assessments, overall funding of the response and the response capacity. Using the amount of funding per person in need (which omitted other important factors guiding DG ECHO's budget allocation), the Yemen crisis appeared to receive relatively low funding per person in need in comparison to other crises – such as Syria. Moreover, the amount of funding per person in need did not increase as much as for other crises over time.

DG ECHO provided a significant budget to respond to the Yemen crisis. DG ECHO committed EUR 558 million to respond to the Yemen humanitarian crisis for the period 2015 to 2020. The funding increased over time as the situation grew worse. As outlined in the response to EQ1 above, the HIPs were revised over time and additional funding provided to respond to emerging needs. This allowed DG ECHO to increase the scale of its response from EUR 50 million in 2015 to a maximum of EUR 127 million in 2018 and around EUR 119 million thereafter (Figure 5 above). The bulk of the top-up funding targeted food security interventions, responding to the most pressing needs (see Figure 4 in Annex A5).

According to the FTS data, DG ECHO was the sixth largest contributor to the Yemen Humanitarian Response Plan (HRP) between 2015 and 2020. DG ECHO's funding allocated to Yemen in this period amounted to USD 568 million, corresponding to around 5% of the total funding through global appeals (Figure 5 in Annex A5). The share of DG ECHO's funding in the global appeals remained around 4% to 6% over 2015-2020 despite the increase in overall funding as the funding of the other contributors also increased substantially (see Figure 6 in Annex A5). Over the same period, the USA were the main contributors with a total amount of USD 3.1 billion (27% of the total funding) followed by Saudi Arabia with USD 2.3 billion (19%) and the UK (USD 1.1 billion or 9.5%). Germany was the largest EU member state donor and contributed more than DG ECHO to the YHRP over the period with USD 856 million. It should be noted that this does not take into account the additional funding provided outside of the Yemen HRP.

DG ECHO's budget allocation was appropriate to achieve its main objectives. DG ECHO's budget was sufficient to provide significant amounts of funding to respond to emergency needs in key sectors and reach significant results. DG ECHO aligned its funding with its strategy, allocating over 75% of the total budget to entry point 1of its strategy over 2015 to 2020. DG ECHO's sectoral allocation of the budget over time was aligned with the evolution of needs identified in the HIPs. Over the period between 2015 and 2020, DG ECHO-funded interventions were mostly focused on food assistance (40%), health (13%), WASH (11%), nutrition (9%) and protection (8%).

In line with the increase in the number of people in need of food assistance, and in particular the number of people on the brink of famine, food assistance was prioritised in the budget allocation. Food assistance always received by far the largest amounts each year, representing between 34% and 45% of the HIP annually. The amounts allocated to food assistance also increased substantially over time, notably in 2018 where it received EUR 54 million following the development of new pockets of famine in the country (Figure 5 in Annex A5). WASH, health and nutrition also received a substantial share of the budget. The share of the budget remained relatively stable over time, partly reflecting the attention given to integrated multisector approach in relation to entry point 2 in the HIPs. Yet, the budget allocated to health increased from 2018 onward, responding to the increased needs following the intensification of the conflict. This was also the case for protection activities which received a larger share of the budget from 2018 onward. As stressed in the response to EQ6 above, this led to significant results, notably by contributing to improve access to food (and avoid famine), improve the nutritional status of vulnerable population, enhance access to health, WASH and education services, and strengthen the provision of protection services.

Overall, the amount of funding allocated to the different sectors was not an impediment to achieving the objectives in terms of coordination and advocacy. In most sectors, DG ECHO's funding was sufficient to fund interventions of significant scale and covering the various aspects of the sectors. Overall, this allowed DG ECHO to engage in the key coordination mechanisms of the humanitarian response, play its role of knowledge broker for which it had a comparative advantage and advocate for a principled approach throughout (see EQ5). Yet, DG ECHO's engagement focused (and rightly so) on the sectors related to live-saving emergencies in its strategy, at the expense of

sectors such as EiE for which there were anyway few interested partners. Some partners also mentioned that DG ECHO's engagement in coordination and advocacy activities in the southern part of Yemen could have been stronger. In the case of EiE, the limited scale of the interventions reduced the possibility of engaging significantly in coordination and advocacy activities. However, limited human resources appeared to be a more binding constraint for DG ECHO's ability to reach its coordination and advocacy objectives in all sectors.

DG ECHO's budget remained modest in comparison to the needs of the *"world's worst humanitarian crisis".*[50] While the available budget allowed DG ECHO to contribute to the response to the needs of the most vulnerable population in Yemen (see below), it remained relatively small in comparison to the needs. For the period 2015-2020, 27% of the funding requirements (USD 4.4 billion) for the humanitarian response plan were not met and as of September 2021 less than half of the funding requirements for 2021 have been met. Moreover, an average of 30% of people in need (8.4 million) were not targeted by the humanitarian response between 2016 and 2020.[51] The coverage of needs at the sectoral level also revealed the limited (although not negligible) scale of DG ECHO's funded interventions. Based on DG ECHO's estimates of the number of beneficiaries reached across sectors, Figure 10 shows that in 2020 DG ECHO reached less than 7% (and 10% respectively) of the people in need (and acute need) of Food assistance, Education, Nutrition, WASH and Health services. DG ECHO's coverage of people in needs of protection was relatively large however, as the number of reached beneficiaries represented around 23% of the people in need of protection and 40% of the people in acute need of protection.

Figure 11- Share of people in need served by DG ECHO funded interventions by sector, 2020
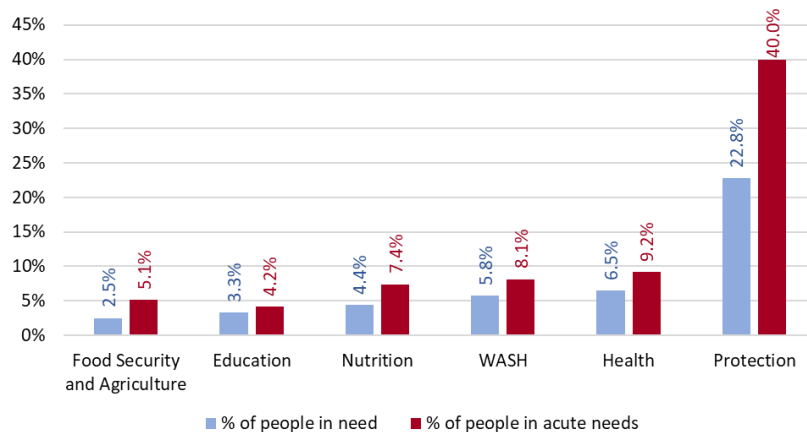
Source: ADE's calculations based on DG ECHO's data on served beneficiaries
and OCHA's HNO 2020 for Yemen.

DG ECHO's process for allocating funding across humanitarian crises guaranteed a certain degree of objectivity and equity across context. To define the size of the budget allocated to a humanitarian crisis, DG ECHO followed a clear procedure and well-defined criteria, with the aim of providing as objective an assessment as possible and avoiding politicisation of humanitarian aid. The budget allocated at the beginning of each year was based on thorough needs assessments, complemented with information from Desk and Field officers, and accounted for the availability of funding and access difficulties among others. The initial budget proposal submitted for discussion was based on an algorithm based on a pre-defined set of (undisclosed) variables. Additional sources of funding such as the operational and emergency reserves, budget from Disaster Protection and

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[50] As expressed on DG ECHO's website: https://ec.europa.eu/echo/where/middle-east/yemen_en (consulted in September 2021)

[51] OCHA, Humanitarian Insight and FTS data consulted on 18/08/2021.

Preparedness, or unused budget from other instruments (e.g. DG INTPA, DG NEAR) may also be mobilised based on needs.

The level of funding allocated by DG ECHO per person in need appeared to be relatively low for Yemen in comparison to other crises. A simple comparison of the budget per person in need is not a perfect measure as it does not account for important factors that can affect the level of funding required to provide an adequate response, such as operation costs and the country's response capacity. However, in the absence of additional information, it provides an interesting benchmark to compare the budget allocated to Yemen in comparison to other DG ECHO interventions. Figure 11 (top panel) shows that between 2016 and 2020, the budget per person in need in Yemen remained quite low in comparison to other crises. The lower panel of Figure 12 accounts for the relative size of the different crises, and reveals that even when focusing on crises with large numbers of people in need such as Syria, Sudan and South-Sudan, the funding provided to Yemen remained low, especially for 2016 and 2017. Moreover, the funding per person in need did not increase substantially in Yemen as was the case for Syria and Sudan/South-Sudan. The lower panel of Figure 12 reveals that within each crisis, changes in the budget allocation are not strongly correlated with changes in the number of persons in needs, indicating that other aspects matter more for the budget allocation. The funding per person in need even decreased in 2019 and 2020 while Yemen remained the world's largest food security crisis. The latest needs assessments suggested that the situation will further deteriorate (notably in the South) in the coming year (see EQ1).
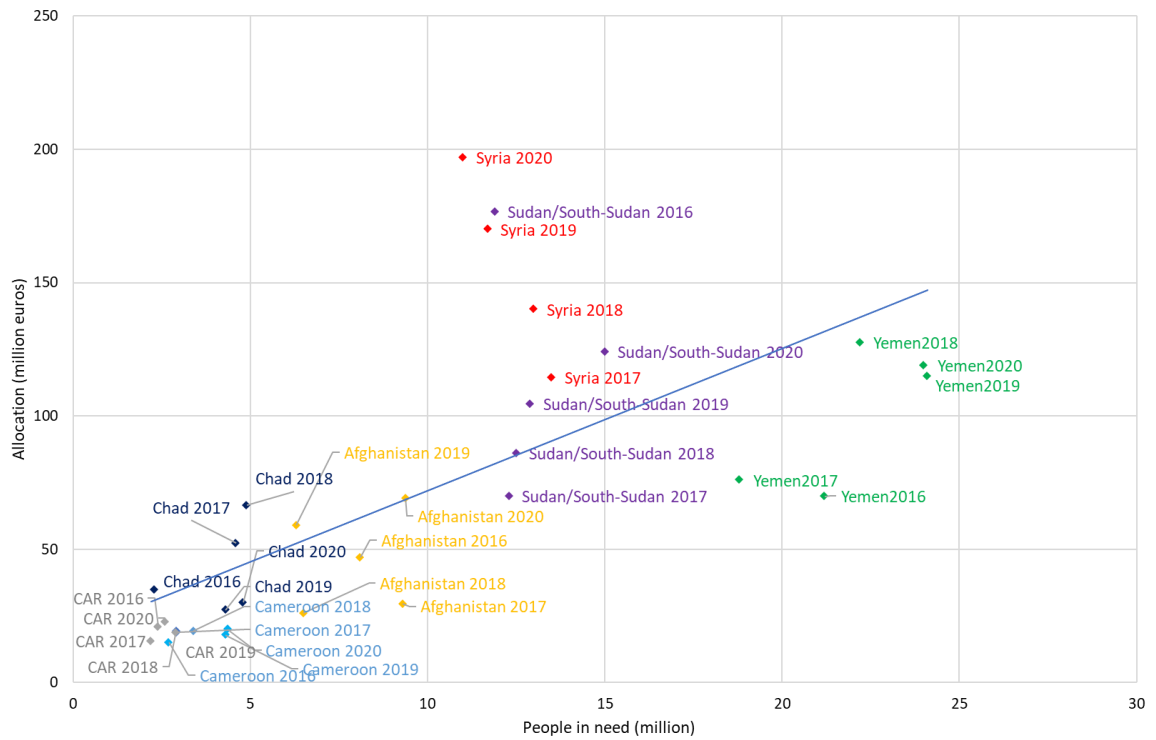
**Figure 12- DG ECHO's budget allocation per person in need across humanitarian crises
Top panel[52]**

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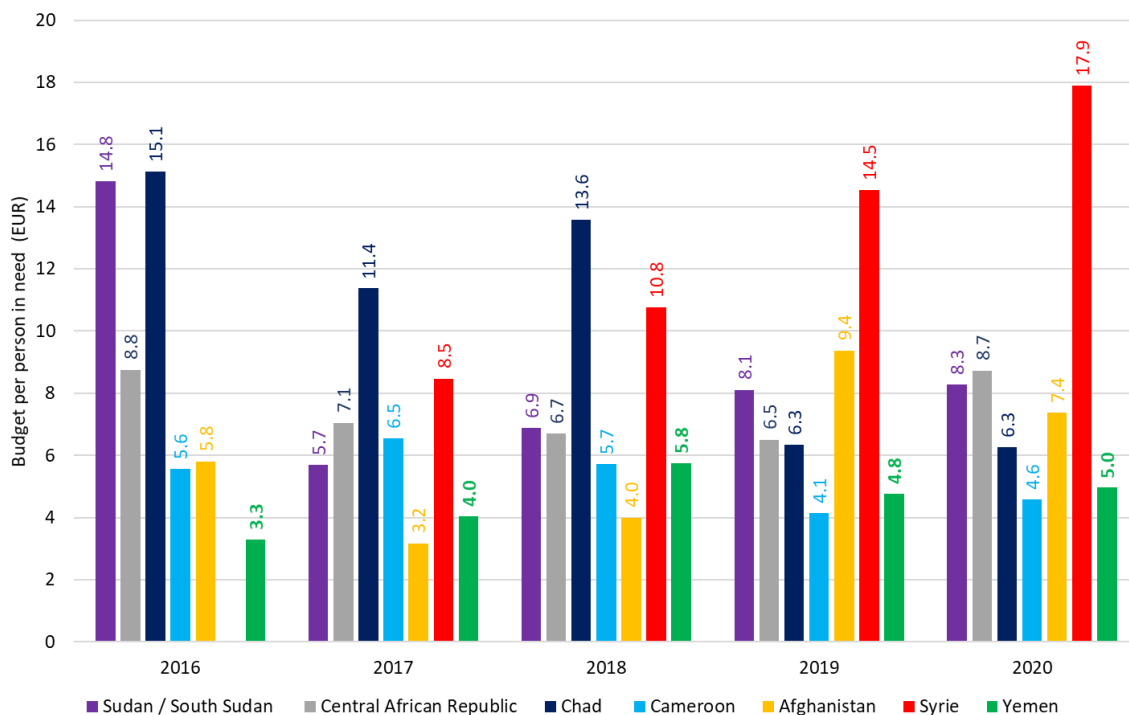
[52]   The information is missing for Syria in 2016 as the data retrieved from the Syrian regional crisis HIP/HIPTA in 2016 did not allow to identify the specific part allocated to Syria.

Lower Panel

Sources: ADE's calculations based on DG ECHO's financing decisions (WorldWide Decisions and HIPs) and the number of Persons in Need from OCHA's Humanitarian Needs Overview data.

## CHAPTER A3: CONCLUSIONS AND RECOMMENDATIONS ON YEMEN

A3.1   Conclusions

This section presents an overall assessment and a set of main conclusions that emerge from the evaluation findings and analysis on the EU's interventions in Yemen. The conclusions are transversal to the evaluation questions. Conclusions on the Yemen part are numbered from CY1 to CY8 (to distinguish them from those on the Access part which are numbered from CA1 to CA6). They are represented schematically in Figure 12 below, along with corresponding recommendations.

Overall assessment on Yemen

Faced with overwhelming emergency needs, a highly complex political context, strong access challenges, a lack of resilience linkages with development donors and limited resources, DG ECHO performed as effectively and efficiently as practically feasible in Yemen over the evaluation period. The strategy was relevant and adapted, and DG ECHO's field presence, high technical expertise and proactivity in advocacy and humanitarian diplomacy efforts ensured DG ECHO a de facto informal leadership role among concerned humanitarian donors. Results were clear in contributing to avoid famine, bringing cholera under control and responding to the multi-sectoral priority needs of displaced people; however, limited early recovery and development programs to support transition as well as weak links between emergency and longer-term aid (the "Nexus") have so far limited resilience at community level.

Figure 13- Conclusions and Recommendations for Yemen
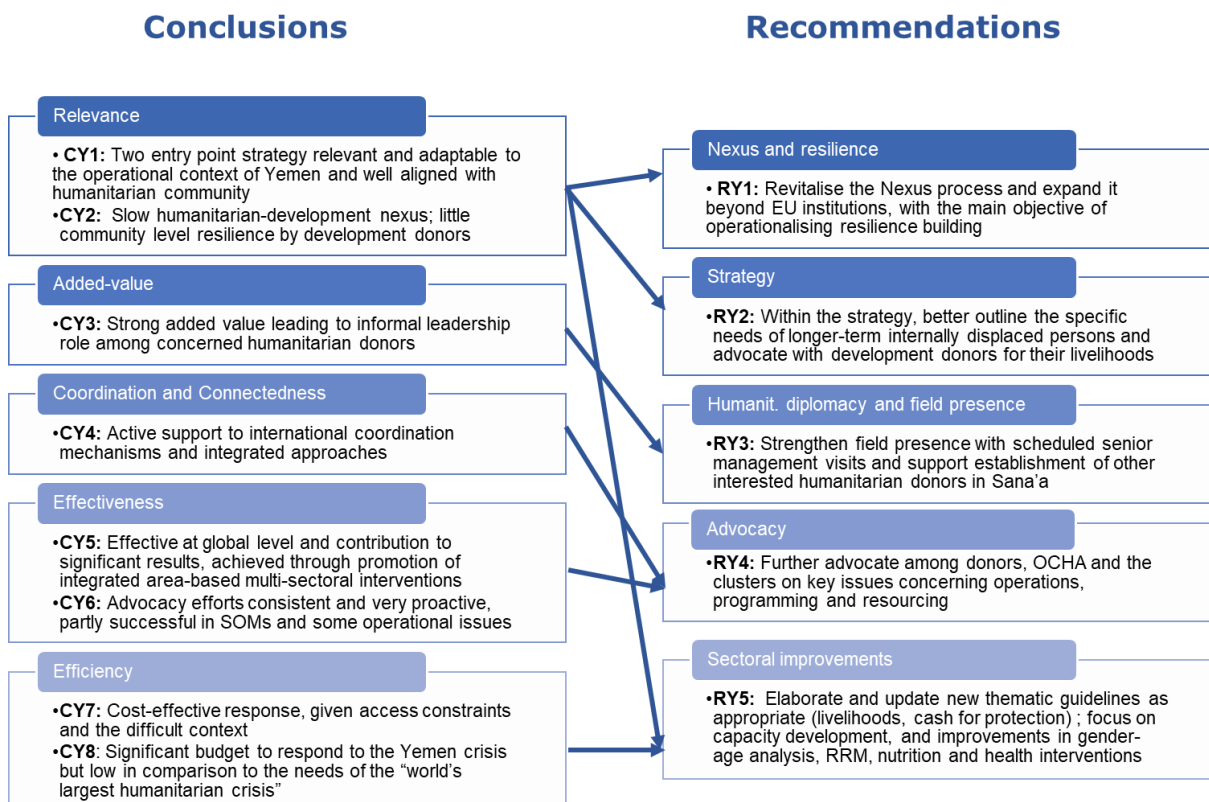
Source: ADE

On strategy

CY1. In a context of overwhelming emergencies, DG ECHO's two entry point strategy, focusing on immediate needs and key pre-existing concerns continuously exacerbated by the conflict, was relevant and adaptable to the operational context of Yemen, and was well aligned with the overall strategy of the humanitarian community.

This conclusion is based on the following findings.

- Overall, the DG ECHO strategy with two entry points was relevant and adapted to the operational context of Yemen. In the annual financing decisions (Humanitarian Implementation Plans - HIP), the priority humanitarian needs were adequately centred around two major axes: (i) emergency aid for beneficiaries directly exposed to conflict and displacement, and (ii) assistance for more pre-existing and still worsening concerns of health, nutrition, and food security crises (EQ1)

- Faced with overwhelming emergency needs, DG ECHO's strategy aptly prioritised rapid response mechanisms, area-based management and integrated multi-sectoral responses. The strategy was well supported by evidence-based approaches (see also C.5).

- DG ECHO's strategy for Yemen adapted rapidly to the evolving context, as testified throughout the period from 2015 (when emergency became the first priority) to 2020 (COVID-19). (EQ1)

- The sectoral priorities of DG ECHO closely matched those of Yemen's Humanitarian Response Plans (YHRP), and thus the wider humanitarian community strategy over the period from 2015. (EQ1)

- The interventions funded by DG ECHO in Yemen were fully coherent with the provisions of the Humanitarian Aid Regulation and the Consensus, as well as with humanitarian principles and advocacy for International Humanitarian Law. The provisions of the various thematic policies were applicable and applied in the context of Yemen, within resource and capacity limitations – in particular for Education in Emergency (EiE). (EQ3)

- There was however a discrepancy over the use of cash for protection by the Protection Cluster. According to DG ECHO's guidelines on protection, cash should be used in a targeted manner to support the reintegration of those who have been victims of violence including gender-based violence, as a component of a comprehensive case management approach. UNHCR in Yemen does not apply case management for protection but provides a multisectoral cash assistance to resolve what they perceive as a global protection threat – in order to fulfil the agency's mandate. (EQ3)

On connectedness and Nexus

CY2. Despite DG ECHO's efforts, the humanitarian-development Nexus has lost momentum between 2019 and 2021; this delayed connectedness with community level resilience and livelihood activities by development actors, which would benefit those displaced in the medium to long term.

This conclusion is based on the following findings.

- Despite initial proactive support from DG ECHO, the Nexus process, which should provide a framework for integrated efforts between emergency humanitarian aid, resilience or development programmes and peace negotiations, has lost momentum in 2019 – although it continued at lower intensity. This was due to factors that were both internal to the

international community (limited funding and capacities) and external (strong deterioration of the situation on the ground, restriction of access which required overriding attention). (EQ4)

- The DG ECHO strategy over the evaluation period did not include livelihood and resilience activities. The main reasons were the huge scale of emergency needs, limited funding, the decision to avoid spreading resources too thinly, and the planned delegation of such activities to development actors such as DG INTPA and the World Bank, since these actors are considered to be better equipped to support effectively on livelihoods. Connectedness with these actors would benefit a large part of the medium- to longer-term displaced, who receive emergency assistance but are also looking forward to building up their resilience. The lack of DG ECHO thematic guidelines on livelihoods, which would have been conducive to connectedness with development donors, may also have played a role. (EQ3, EQ6)

- In this context, the DG ECHO strategy for Yemen continued to lack some further provisions under each of its entry points: to distinguish recent IDPs from the longer-term displaced with different needs on top (or instead) of the emergency assistance already provided by DG ECHO (either through entry points 1 or 2), and to better consider among the pre-existing concerns of Yemen the most vulnerable among the "Muhamasheen" populations, as a specifically discriminated group. (EQ2)

  o Under entry point 1 of the strategy, people displaced by the conflict can be further sub-divided among the recently displaced – for whom Rapid Response Mechanism (RRM) is appropriate - and those who have had to live in the same displacement location for much longer, sometimes up to seven years, and still receive multi-purpose cash and other emergency assistance. For the latter, livelihood support (by development donors) is much needed to start a new sustainable life and/or enhance resilience.

  o Under entry point 2, the Muhamasheen (literally "the marginalised ones") were not flagged among the pre-existing and still expanding problems of Yemen. The Muhamasheen are a visible minority who have long been characterised by deep-seated poverty and exclusion, living in slum areas and performing low-paid solid waste management and cleaning jobs. Their situation has become even more precarious since 2015, as they often live on the outskirts of cities most affected by the conflict. Although the needs of the most vulnerable displaced among them were covered as for other IDPs, they were not considered as a specific group with particular needs and flagged as such for connectedness with development donors. Until the HRP 2021, the Muhamasheen were not part either of the donors' agenda; this gap was outlined by a visiting DG ECHO expert in October 2019. (EQ2).

- After constant efforts, the humanitarian-development Nexus has again progressed, as testified by the HIP 2021 which outlined bilateral cooperation and potential connectedness between DG ECHO and INTPA, as well as by the 3rd Senior Officials' Meeting (SOM) in June 2021 which aimed to coordinate more effectively with the World Bank. (EQ4)

On added value

> **CY3. DG ECHO provided significant added value to the international humanitarian donor community engaged in Yemen. This owed to its unanimously recognised expertise based on a unique field presence in both parts of Yemen, its highly knowledgeable and proactive staff, the perception of neutrality of the EU, and its ability to discuss both constructively and critically with the UN. As a result, DG ECHO was the de facto – although informal - leader of the humanitarian donors' group for Yemen**

This conclusion is based on the following findings.

- DG ECHO provided significant added value to the international humanitarian donor community engaged in Yemen due to its unanimously recognised (by both donors and partners) expertise based on a unique field presence in both parts of Yemen, its highly knowledgeable and proactive staff, and its ability to discuss both constructively and critically with the UN. As a result, DG ECHO was the de facto – although informal - leader of the humanitarian donors' group for Yemen. (EQ5)

- DG ECHO, as a service of the neutrally perceived EU, was still the only humanitarian donor with a regular presence in the north through local staff and visiting Technical Assistants and Regional Experts. As such, DG ECHO was able to maintain its office in Sana'a, carry out regular monitoring missions in both parts of the country, advocate about access or operational problems and provide feedback to other donors based in Amman. (EQ5)

- The impact of DG ECHO's presence in the north was however challenged by the increasingly assertive and centralised authority of the Supreme Council for the Management and Coordination of Humanitarian Affairs (SCMCHA), which aimed to control what they felt as possible influence by foreign actors. The SOM process (see conclusion CY6 on advocacy) was set up to face this trend at the international level. DG ECHO's local staff and visiting experts who should be the local interface of the SOM process, were complemented by HQ support in advocacy. The permanent local representation is however not at the proper senior level required to enter into overall / strategic discussions with the new political decision-makers of SCMCHA. The suggestion of a joint presence, through the establishment of like-minded humanitarian donors in Sana'a to talk together to SCMCHA, was supported in principle by all interviewed stakeholders. (EQ4, EQ5, EQ7)

- DG ECHO was also much valued by the partners for its technical guidance and guidelines for the partners' operations. Moreover, DG ECHO field experts were very supportive and also quite realistic about the operational environment, as they were the only donor to travel regularly to the field; partners felt confident in reaching out to DG ECHO with any genuine needs, as they trusted that DG ECHO would do its best to apply flexibility and find additional support based on clear justifications. (EQ5)

On coordination

> **CY4. DG ECHO consistently supported international coordination mechanisms and integrated approaches including through consortia; it advocated for the strengthened presence on the ground of OCHA, which lacked both human and financial resources.**

This conclusion is based on the following findings.

- DG ECHO consistently supported humanitarian coordination mechanisms through the annual funding of OCHA - the main coordination body of the international humanitarian community in Yemen, some selected cluster or working groups co-lead agencies, and consortia to reinforce the activities of some clusters. Since 2015, DG ECHO support helped OCHA Yemen to gradually strengthen its hub structure, operating tools and information products (such as the Humanitarian Needs Overview) to face the expanding conflict, support or co-chairs different Task Forces and Working Groups including on Humanitarian Access, and coordinate more than 200 actors in the country. (EQ4)

- This was only partly successful. As also outlined in conclusion CA4 in the Access part of this report, despite DG ECHO support, OCHA was not strengthened by the UN reforms at the global level. All stakeholders interviewed agreed that OCHA was lacking capacities to fulfil its mandate in an optimal manner. Its field presence at decentralised level was not sufficient, and OCHA could not apply strong coordination between the RRM supported by DG ECHO and the standard programming by relevant clusters, enforce interoperability between the beneficiary databases of the leading UN agencies, or support properly the Humanitarian Access Working Group in Yemen. (EQ4)

- KIIs indicated that new efforts were undertaken by OCHA since early 2021 to improve its decentralised presence on the ground in Yemen both in terms of locations (currently in Sana'a, Aden and 8 hubs) and capacities (new expert P4 positions). Such efforts in a "0 growth policy" context would however lack sustainability if they were not supported by donors such as DG ECHO (EQ4)

- To overcome the lack of cluster coordination and cooperation by mandated agencies, DG ECHO supported consortia of partners for multi-purpose cash assistance (the Cash Consortium of Yemen – CCY) and camp coordination – camp management (CCCM), to strengthen the weak CCCM Cluster. These were operationally successful albeit with limited resources: for instance the CCY operated on a limited financial scale. (EQ4)

On effectiveness

CY5. Overall, DG ECHO and its partners have been effective at the operational level in Yemen. They contributed to significant results such as avoiding – so far - famine, bringing under control a cholera outbreak and avoiding similar large-scale outbreaks, providing emergency assistance to the displaced, and supporting health and education services. These results were achieved through the promotion of integrated, area-based multi-sectoral interventions that followed a principled and evidence-based approach. This approach was applied under each of the two strategic entry points, such as through the Rapid Response Mechanism, and effectively targeted support to the most vulnerable whenever possible, although there was a gap in gender needs assessment.

This conclusion is based on the following findings.
- Having helped to avoid famine in Yemen was arguably the biggest concrete result that DG ECHO support contributed to, across all sectors. Famine was avoided to date owing in part to DG ECHO's strategy of supporting phased and area-based support of rapid response package, multi-purpose cash assistance and general food distributions, which were used as a buffer pending the mobilisation of cluster assistance. DG ECHO supported in particular the drive towards a more cash-based intervention and set up the CCY, which then attracted other donors. Under entry point 2 of the strategy, DG ECHO was also instrumental in launching the Integrated Famine Risk Reduction (IFRR) framework. However, the risk of famine is not yet excluded. (EQ6)

- The Rapid Response Mechanism (RRM) introduced a "sequenced" emergency process to respond with multi-sector aid packages to sudden and massive displacements. The mechanism assisted in 2019 some 171 470 households (1 200 290 individuals) with first line assistance. Of those, 750 000 beneficiaries (62%) were assisted by DG ECHO-funded RRM interventions. While the quality of this assistance was much appreciated by the beneficiaries, its timelines varied from "adequate" to up to three weeks. There was furthermore a gap in terms of the provision of the follow-up support to those identified, as linkages between the RRM and the relevant clusters were not yet fully established. The provision of the follow-up support to the RRM either did not happen or took too long. (EQ6)

- Within the integrated approach, effectiveness was found at the individual sector level in figures and qualitative achievements, in particular in (EQ6):

  o **Food security** (between 6 million and 13.5 million beneficiaries reached over the evaluation period through in-kind food, cash or voucher support generating improved food consumption scores, plus the IFRR);

  o **Multi-purpose cash assistance** (a total of 5.5 million beneficiaries were reached in 2019 through the various delivery modalities, compared with 2.1 million in 2018);

  o **Nutrition** (Severe Acute Malnutrition cure rates were well above Sphere indicators);

  o **Protection** (variety of activities during the initial days of displacement, inclusion of migrants in humanitarian assistance – although the Muhamasheen remain particularly vulnerable as a group);

  o **WASH** (helping to address risks of malnutrition, responding to the threat of cholera, upgrading water systems in rural areas with "impressive" results where activities were not constrained by access problems);

  o **Health** (integrated approach through health facilities, helping to address prevention and control of a cholera outbreak in 2017-2018); and

  o **Education in Emergency (EiE):** improved access in targeted areas although at a limited scale compared to needs, due to a lack of funding and capacities in country.

- Under entry point 2 of the DG ECHO strategy, the Integrated Famine Risk Reduction which included food, health, nutrition and WASH activities, was effective despite challenges. The needs however were huge; many of those derived from deeply rooted contexts which are beyond DG ECHO's control, and some sectors such as Education in Emergency remained acutely under-funded compared to needs. In 2019 DG ECHO-funded EIE reached 40 628 beneficiaries when the Humanitarian Needs Overview estimated acute needs in education at 3.7m pupils. (EQ6)

- In the health sector, DG ECHO support enabled the setting up of 14 Emergency Operation Centres across the most affected governorates. This reportedly supported collaboration between partners in WASH, health and risk communication who could physically work in the same space and coordinate efforts. For example, WFP undertook the logistics for the cholera response while WHO worked with the Ministry to analyse and report epidemiological data, and UNICEF coordinated efforts to expand access to safe water and sanitation. (EQ6)

- DG ECHO appropriately and continually pushed for an evidence-based approach and supported the variety of needs assessments utilised by the partners, which, despite the very difficult context, constraints of access, under-reporting of gender issues and attempts at interference by

some local actors, were sufficiently accurate to identify the most vulnerable on a sectoral basis. (EQ2)

- There was in particular a gap in gender needs assessment, as there was often limited gender-sensitive analysis; due to the conservative environment and strict social norms, a number of negative coping mechanisms such as child recruitment, early marriage and domestic violence are consistently under-reported or are not reported at all, and matters are dealt with between families and local leaders. (EQ2)

- As a key issue of effectiveness, how to make activities more sustainable is still a challenge. Incentives for health centres, for example, were paid for six years and health sector actors were not convinced that these workers would continue to work if this external support ceased. The training and knowledge gathered by staff during that time period may be lost should incentives be discontinued. (EQ6)

- Within this context, localisation, which may contribute to effectiveness through increased sustainability, was still a matter of strategic debate and a challenge in Yemen considering risks of interference and low capacities. Localisation was an element of the Grand Bargain supported globally by DG ECHO but would need to be addressed gradually in the country, as most local organisations were reported by operating partners as being in need of a great deal of training and capacity building on humanitarian principles. (EQ3)

- In this respect, CCCM was evoked (not by DG ECHO) as a possible entry point for localisation. However, CCCM is a strategic sector (or rather a convergence of sectors) in the sense that displacement sites have a sustained presence with communities and teams on the ground on a regular basis, developing a sustained relationship with people. For the same reason, CCCM is also a sector that is politically highly sensitive: in the north, SCMCHA recently pushed for CCCM to be managed only by trusted local actors, while interventions by international partners would be restricted to delivering "hard" services (such as shelter, WASH, nutrition) with the required professional skills. If confirmed (and if not negotiable), this policy would entail protection risks for displaced people and would disqualify CCCM as a possible first entry point for localisation. Instead of a sector, localisation could also focus on a geographical area, after due assessment and capacity building, or be implemented through cooperation between INGOs and their local implementing partners. (EQ3, EQ4)

On advocacy

> **CY6. The advocacy efforts of DG ECHO at all levels to promote a principled approach and overcome challenges to humanitarian space, were consistent and very proactive, but only partly successful given the lack of respect of humanitarian principles and IHL by the parties to the conflict. At the higher level in particular, the co-chairing by DG ECHO of the Senior Official Meetings process positively contributed to improving humanitarian space in Yemen and provided an example of good practice in humanitarian diplomacy.**

This conclusion is based on the following findings.
- From the start of the crisis, DG ECHO was active in cooperation with other donors and more specifically since 2017 when the Donors' Coordination Group was set up, advocating to different parties to the conflict. Since 2017 also, senior management level visits were conducted by DG ECHO in that framework, which contributed to the perceived neutral position of the EU in Yemen and to DG ECHO's continued presence in both parts of the country. (EQ7)

- Due to the deterioration of the situation, at the beginning of 2020 DG ECHO was instrumental in launching and in supporting the Senior Officials Meeting (SOM) process, which is currently leading the humanitarian diplomacy efforts of the international community for Yemen. Three SOM meetings took place between early 2020 and mid-2021, with some success. The SOMs outlined a previous request of 2019 about seven areas which parties to the conflict must respect in Yemen to enable access and allow principled delivery of assistance. A Technical Monitoring Group (TMG) was set up to follow the implementation of these asks and reported in 2020 and early 2021 the cancellation of a 2% levy on humanitarian aid, the acceptance of pilot biometrics projects for the registration of beneficiaries, and improvements in the timely approval of agreements and sub-agreements with humanitarian actors to deliver supplies and services. The third SOM in June 2021 focused on resilience and recovery, such as improved coordination with the World Bank to address root causes and drivers, the import of fuel to sustain the economy, support to the currency to prevent inflation, and the use of import revenues to pay the salaries of civil servants. (EQ7)

- DG ECHO's efforts in advocacy among the international humanitarian community consistently supported the good practice of a principled approach, as well as mandated agencies such as OCHA for overall coordination and advocacy and ICRC regarding the respect of IHL. Specialised advocacy partners such as OHCRC and Geneva Call were also funded. This was only partly successful due to the lack of respect of humanitarian principles and International Humanitarian Law (IHL) by the parties to the conflict. (EQ7)

- At the operational level, DG ECHO's operational advocacy was successful on specific issues such as providing migrants with humanitarian assistance (more globally, DG ECHO consistently advocated for the inclusion of all vulnerable groups), contributing to setting up the IFRR for an integrated response to food security, influencing the CCCM Cluster into following an area-based model, or outlining that more transparency was necessary against fraud. EQ2, EQ7)

- DG ECHO also advocated for some time – with only partial success so far - for filling in other operational gaps such as a harmonised humanitarian cash approach; the development of early warning/early action for epidemics such as COVID-19; sustainable solutions, water quality and aquifer capacity assessments in WASH; the development of interoperability on beneficiary lists; or further engagement of the UN (especially OCHA) and the international community outside existing hubs, and increased field coordination/field presence of UN/Clusters to improve timely decision-making and humanitarian delivery. (EQ7)

- New operational challenges emerged which called for additional advocacy, such as against the recently introduced Mahram regulation in the north, which does not allow female local humanitarian staff to travel unaccompanied without a male relative of the first degree. This regulation impacts on access of women to aid; it was also detrimental to the field visits by the national consultant of the evaluation team. (EQ2, Field visits)

On cost-effectiveness

CY7. DG ECHO's consistent attention to cost-effectiveness throughout project implementation – from the selection of experienced partners to the combination of high standards and adequate support when monitoring interventions - contributed to maintain a cost-effective response, given access constraints and the difficult context.

This conclusion is based on the following findings.

- Considerations of cost-effectiveness were integrated at all relevant levels, from funding decisions to project approval process. When selecting interventions, DG ECHO ensured they would address the most acute needs first, were not redundant and integrated in their designs adequate mechanisms and measures to adapt to the changing security and access constraints. DG ECHO also systematically assessed the efficiency and cost-effectiveness of interventions based on some key criteria such as distribution of costs, delivery modalities, coherence and experience. (EQ8)

- During the implementation of activities, DG ECHO's rigour was balanced with flexibility when dictated by field realities. Well-structured reporting and monitoring of activities and firmness regarding the respect of sectoral policy guidelines contributed to pushing the partners to improve their approach. (EQ8)

- Access constraints were a major limitation to cost-effectiveness as they caused frequent delays and modifications of the interventions, and extra costs for the partners. However, DG ECHO's field and technical knowledge, and good understanding of operational constraints, allowed them to be sufficiently flexible to respond in a timely fashion to access constraints and support the partners in a constructive manner. Moreover, DG ECHO's advocacy efforts also contributed to cost-effectiveness of the response by partly mitigating administrative delays and extra costs for the partners, as confirmed by the survey of DG ECHO's partners. In particular, DG ECHO introduced a simplified interim report for partners, which tracks constraints to access and can underpin modifications of the interventions. (EQ8)

On budget

> **CY8. While DG ECHO provided a significant budget to respond to the Yemen crisis, ensuring it could contribute to meeting the most acute and urgent priority needs, the level of funding was low in comparison to the needs of the "world's largest humanitarian crisis".**

This conclusion is based on the following findings:
- With a budget of EUR 558 million for the period 2015 to 2020, DG ECHO provided a significant budget to respond to the Yemen crisis (being the sixth largest contributor to the YHRP). This budget allowed DG ECHO to contribute significantly to the response to the most acute and urgent needs, notably by allocating over 75% of the funding to entry point 1of the strategy (i.e. integrated multi-sectoral assistance to populations directly affected by the conflict and displacements. (EQ9)

- DG ECHO's internal budget allocation mechanisms ensured a certain degree of objectivity in the allocation of funding across humanitarian crisis. It accounted for the needs, operational costs, and the overall funding of the response among other criteria. Although an imperfect approach, comparing the level of funding allocated per person in need showed that it was relatively low for Yemen. More remarkably, the budget per person in need did not increase much over time in comparison to other crises (such as in Syria, Sudan and South Sudan). (EQ9)

- At the sectoral level, funding was sufficient overall to make meaningful contributions to the horizontal objectives of humanitarian aid coordination and advocacy for a principled approach. However, DG ECHO's budget remained modest in comparison to the needs of the *"world worst humanitarian crisis".* In comparison to the scale of the crisis in Yemen, DG ECHO's funding allowed it to reach only a small fraction of the people in need. (EQ9)

- Indeed, DG ECHO budget remained relatively small in comparison to the needs. Yemen is the biggest food security crisis in the world with 20 million people classified as food insecure of whom 10 million are severely food insecure (HIP 2021). With no prospects for short-term economic recovery, the food security situation is expected to further deteriorate, still including a risk of famine. (EQ1)

- In 2020, DG ECHO reached less than 7% of the overall population in need, and less than 10% of those acutely in need of food assistance, EiE, nutrition, WASH and health services. DG ECHO's coverage of people in need of protection was much larger though, as the number of reached beneficiaries represented around 23% of the overall people in need of protection and 40% of those acutely in need of such protection. (EQ9)

A3.2 Recommendations

This section presents the five prospective/strategic recommendations for DG ECHO in Yemen which emerged from the conclusions, by order of perceived strategic importance. In some cases, the strategic recommendations are broken down into further detailed, operational recommendations. Recommendations on the Yemen part are numbered from RY1 to RY5 (to distinguish them from those on the Access part which are numbered from RA1 to RA3).

On Nexus and resilience

RY1. Pursue efforts in revitalising the Nexus process and expand it beyond EU institutions, with the main objective of operationalising resilience building.

Beyond the envisaged cooperation with DG INTPA in DG ECHO's humanitarian implementation plan 2021 (three priorities for linkages, new project for self-reliance), DG ECHO should continue to contribute proactively (and perhaps take a leading role considering the support of other humanitarian donors) to broaden a revitalised Nexus process beyond the EU framework. Establishing linkages on the operationalisation of resilience by development actors should be the main objective of this effort (based on conclusion CY2).

On adapting the Nexus strategy

RY2. To advocate with development donors to include in their resilience and livelihood programmes (1) the needs of longer-term internally displaced persons – which need to be better distinguished under the first entry point of DG ECHO strategy, and (2) considerations on the specific needs of the Muhamasheen, which should be highlighted under the second entry point of the strategy.

As soon as feasible, to improve programmatic targeting by making a better distinction under the first entry point of the strategy between the newly displaced with dire emergency needs, and those who have been displaced for a much longer time (the large majority) and who would need more visibility and advocacy about livelihood and resilience types of assistance to be provided by development donors on top of (or instead of) the DG ECHO multi-purpose cash assistance, CCCM and other sectoral support activities; to improve also advocacy towards development donors to include longer-term IDPs in their programmes.

Under entry point 2, to further advocate among donors and towards OCHA/the UN agencies and the clusters to better include the plights of the most vulnerable among the Muhamasheen as a selection criteria for assistance on the medium-longer term (based on conclusion CY2).

On humanitarian diplomacy and field presence

> **RY3. Strengthen DG ECHO's field presence with (1) a scheduled agenda of senior management visits to discuss at high level with local decision-makers the strategic broadening of humanitarian space, and (2) supporting as needed the establishment of other interested humanitarian donors in Sana'a.**

DG ECHO should strengthen the value of its regular field visits by Technical Assistants and Regional Office experts by scheduling high level visits from the senior management, to discuss strategically at the appropriate decision-making level with SCMCHA in the north - as well as with the Ministry of Planning & International Cooperation in the south – with the overall objective of broadening the humanitarian space, upholding humanitarian principles and improving humanitarian access (based on conclusion CY3).

DG ECHO should also propose its support to selected like-minded humanitarian donors (who focus their approach on humanitarian needs and principles rather than politics, such as Switzerland and Sweden), should these donors decide to establish themselves in Sana'a. This would strengthen donors' presence in Yemen and allow joint advocacy by delivering clear joint messages to SCMCHA about humanitarian principles, access, and the follow up of the SOM/ Technical Monitoring Group tracking matrix benchmarks (based on conclusion CY3).

On advocacy

> **RY4. Further advocate among donors, OCHA and the clusters on key issues concerning operations, programming and resourcing.**

DG ECHO should:
- Pursue its advocacy efforts and further lead on joint donor advocacy towards OCHA and other key mandated agencies for further improving or increasing:
  - interoperability between databases for the registration of beneficiaries,
  - a more efficient transferal system of beneficiaries from the RRM immediate support to the cluster systems - where the possibility of extending RRM support until the hand over is complete and an integrated approach between RRM and standard programming is applied, and
  - resilience activities with development donors in sectoral/cluster programming.
- Advocate with OCHA and other donors to better consider in needs assessment and programming (Humanitarian Needs Overview and Response Plan) the Muhamasheen as a marginalised group with specific needs.
- Advocate in the Technical Monitoring Group process (or other relevant fora) to include the end – or alleviation - of the Mahram regulation for female humanitarian aid workers among the TMG (or other) benchmarks.
- Advocate among humanitarian donors to support OCHA's renewed efforts to increase presence and expertise, as well as the Country-Based Pooled Fund so that the agency can fulfil its mandate according to field needs (based on conclusion CY4).

On sectoral improvements

RY5. Elaborate or update thematic guidelines as appropriate (livelihoods to optimise connectedness and resilience, cash for protection); increase focus on capacity development to prepare for localisation, and improve gender needs assessment, RRM timeliness, nutrition and health interventions.

DG ECHO should:

- For overall DG ECHO purposes (not specifically for Yemen), develop thematic guidelines on livelihoods to optimise its approach to resilience and better coordinate with development donors (based on conclusion CY2).

- Strengthen systematic gender needs assessment (based on conclusion CY5)

- Clarify the use of cash for protection in both of its Protection and Cash and Vouchers thematic guidelines, after roundtable discussions with key partners involved in cash assistance (based on conclusion CY1).

- Support more systematically capacity development of local actors, in a perspective of localisation and ultimate sustainability: the continuous searching for localisation entry points needs to be accompanied by additional efforts towards capacity development of transversal/management (principles, monitoring, programming) and sector skills (based on conclusion CY5).

- Work with partners to ensure that the RRM support is consistently provided on a timely basis, identifying what is stopping RRM from being delivered with optimum timeliness (ideally within 72 hours) and trying to rectify the ongoing issues.

- Work alongside WFP to find a way for those newly displaced/RRM beneficiaries to be adopted into the WFP food distributions - a fast track into the WFP biometric registration process.

- Place greater emphasis and funding behind the prevention of malnutrition agenda in Yemen including support to Infant and Young Child Feeding practices (IYCF), behavioural change and micronutrient supplementation to address chronic malnutrition. Within this support, establish a more concerted agenda on integrated programming, particularly bringing WASH and food security and livelihoods (FSL) programming to the fore.

- Support specific programming addressing adolescent girls' health and nutrition needs, recognising the specific vulnerability of this age group given the prevalence of early marriage in Yemen. This can be done through the first 1000 days approach, tying in with the prevention agenda mentioned in the previous recommendation.

- Increase focus and support to partners to implement community-based health interventions as part of a broader prevention strategy, and specifically Mental Health and Psychosocial Support (MHPSS). This will require advocacy with authorities who more often than not prohibit such activities.

PART B – HUMANITARIAN ACCESS

CHAPTER B1: CONTEXT ON HUMANITARIAN ACCESS

B1.1   Key contextual elements

Humanitarian access is defined as "*the humanitarian actors' ability to reach populations affected by crisis, as well as an affected population's ability to access humanitarian assistance and services*"; it is a fundamental pre-requisite to effective humanitarian action.[53]

Humanitarian access can be limited by various constraints which *"are often rooted in broader political issues that are beyond the control of humanitarian organisations."[54]* The surveys carried out during this evaluation established a mapping of the types of constraints and intervening actors (see Annex B4). In addition to security-related concerns such as active fighting, attacks on humanitarian personnel and facilities (or unexploded devices), access is often denied or constrained for both humanitarian personnel and affected communities by other human factors: administrative restrictions, political interference, violations or ignorance of humanitarian principles and International Humanitarian Law (IHL). Furthermore, access can be made extremely challenging by the environment, including natural disasters or rainy seasons in some regions, and a lack of adequate transport infrastructure, damaged roads and bridges. These issues are summarised below in the form of a problem tree below (Figure 14).

Figure 14- Problem Tree – Global Humanitarian Access
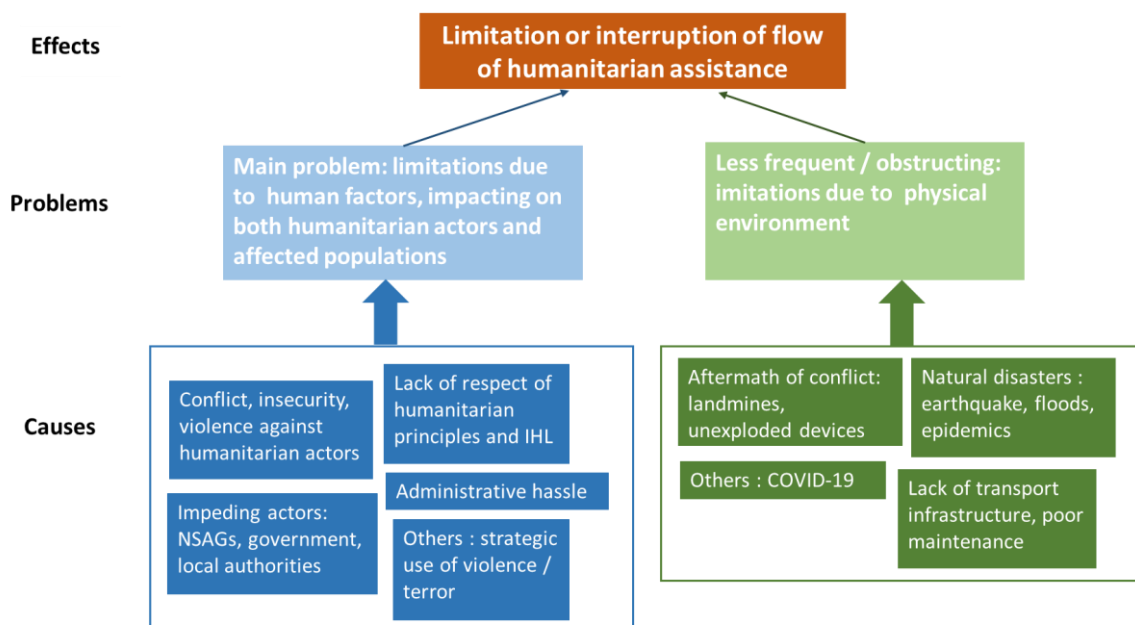
Source : ADE

Narratives of access problems in the seven country case studies can be found in Section B1.3 below. These constraints often entailed significant additional costs including delays, longer routes, maintenance of vehicles, rehabilitation of infrastructure, insurance, air bridges or military escorts

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[53]   UN General Assembly resolution 46/182 (1991).
[54]   GPPI for DG ECHO, "Evaluation and review of humanitarian access strategies in DG ECHO funded interventions" (2012).

(as a measure of last resort). Coordination with international peace-keeping or other peace support missions and operations was ruled by civil-military coordination (CMCoord) guidelines.

In terms of the mitigation of field security risks for humanitarian personnel in highly unsecure environments, it should be noted that, in 2011, OCHA reversed the previous "bunkerisation" of UN agencies (i.e. cloistering offices in walled compounds, using armoured cars and armed guards) and aimed to "stay and deliver". This shift included better communication and advocacy for humanitarian principles (strongly supported by DG ECHO), finding better ways to foster acceptance among all relevant groups and parties to a conflict, and sometimes applying remote management with guidance for the local implementing partners. This policy, combined with increased violence against humanitarian aid, came at a cost, however: the reported number of "severe" incidents against humanitarian workers, worldwide, jumped from 130 in 2010 to 276 in 2020, involving 475 staff in 2020 (250 in 2010), of whom 108 were killed (73 in 2010).[55]

In this context, close coordination, continuous capacity building in areas such as access negotiation skills, stringent security measures and humanitarian diplomacy are more than ever necessary, as also outlined in this report.

B1.2   DG ECHO's approach

The European Consensus on Humanitarian Aid of 2007 already mentioned the increasing tendency for IHL to be ignored or blatantly violated. It advocated for the preservation of the "humanitarian space", needed to ensure access to vulnerable populations and the safety and security of humanitarian workers as essential preconditions for the delivery of humanitarian aid.

This was reinforced by the European Council Conclusions of 25 November 2019 on Humanitarian Assistance and International Humanitarian Law. The Council recalled the obligation to respect and ensure respect for IHL in all circumstances and reaffirmed its commitment to the humanitarian principles and objectives of humanitarian action as enshrined in the Consensus. In its article 6, the document reaffirmed that "'*it is vital that all states and parties to armed conflicts respect their obligation to allow and facilitate the rapid and unimpeded passage of humanitarian relief*'".

It should be noted that the UN Security Council Resolution 2475 of 20 June 2019 in its point 3 also called upon all parties to armed conflict to allow and facilitate safe, timely and unimpeded humanitarian access to all people in need of assistance. Figure 15 below summarises some of the key elements of the current international and EU legal and policy framework for the preservation of humanitarian space.

Figure 15- International and EU legal and policy framework for humanitarian protection

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Source: ADE

DG ECHO has, as of September 2021, produced a limited number documents specific to humanitarian access. Humanitarian access is treated rather as a cross-cutting issue. There are no thematic guidelines on this issue nor a factsheet, but issues of humanitarian access are considered in several thematic policy documents of DG ECHO regarding Cash & Vouchers (delivering cash in difficult-to-reach areas), Gender (violence against affected whole communities and specific gender categories as an instrument of war), Shelter & Settlements (constraints created by inadequate or corrupt authorities regarding Housing, land and Property -HLP – issues) and, most relevantly, Protection (risk analysis about violence conflicts, displacements, GBV, HLP, mine action).[56] In 2012, DG ECHO published an evaluation on humanitarian access strategies. [57] In this document, complementary approaches were presented to expand or preserve access for DG ECHO-funded interventions as follows:

- **Tackling constraints at their source** by trying to persuade those in control to allow more access (private advocacy, access negotiation, and networking).

- **Mitigating and managing security risks** to continue assistance (hard security measures cannot substitute acceptance building).

- **Operating through remote management**, with its inherent risk transfer to national staff and risk of reduced quality and accountability and higher probability of diversion.

- **Knowing when to disengage**. In contexts of very limited humanitarian access, donors and implementing organisations face political pressures, financial incentives and other dynamics which force them to accept more compromises than would be the case if they acted based on purely humanitarian considerations. Deciding what compromises are acceptable to continue serving populations in need and when to disengage is a recurrent challenge, the proverbial drawing of "red lines".

DG ECHO produced in 2017 a set of related internal documents, in particular an Advocacy Toolbox for DG ECHO staff. It also piloted some Advocacy Plans to be used as a strategy for facilitating access in the Central African Republic, DR Congo, Iraq, Mali, South Sudan and Ukraine. The toolbox is assessed in EQ12, and the plans in EQ10.

There is a chapter on the "Partnership" section of DG ECHO's website about civil-military coordination (CMCoord)[58], which is not, however, of better use for humanitarian access. The focus of this link is on what CMCoord is, why it is important and how it is applied, including in the EU. A dedicated CMCoord factsheet is also available online.[59] CMCoord is discussed in EQ11.

The DG ECHO website also includes sections on EU Humanitarian Air Bridges, which are discussed in EQ10; factsheets have also been published about air bridges and humanitarian air services (e.g. UNHAS, ECHO Flight).

As humanitarian access was not found among Key Outcomes or Key Results Indicators for the partners (access was only mentioned as a result of the choice of a delivery modality), no specific statistical data could be collected from HOPE on this issue. It should however be noted that some

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[56] Issues of humanitarian access should however not be confused with accessibility of humanitarian services (health, nutrition, WASH, EiE, assistance to disabilities) nor with logistics (DRR).

[57] Evaluation and review of humanitarian access strategies in DG ECHO-funded interventions, June 2012.

[58] DG ECHO (2020c), Civil-Military Cooperation in Emergencies: Factsheet, https://ec.europa.eu/echo/partnerships/relations/civil-military-cooperation-emergencies_en, last update on 24/11/2020.

[59] DG ECHO (2020c), Civil-Military Cooperation in Emergencies: Factsheet, https://ec.europa.eu/echo/partnerships/relations/civil-military-cooperation-emergencies_en, last update on 24/11/2020.

figures could be compiled regarding humanitarian flights - ECHO Flight (Table 3) and UNHAS – which were crucial to ensure the transport of humanitarian personnel and some emergency supplies in hard-to-reach areas. These figures provided an indirect and partial perspective on access problems.

Table 3- Funding of ECHO Flight 2015-2020 (in million EUR)

2015	2016	2017	2018	2019	2020	Total
14.3	13.9	13.0	14.8	12.3	21.1	89.4

The funding allocated by DG ECHO through the HIP ECHO Flight represented around EUR 89 million over the period. The funding was the most important in 2020 with EUR 21 million allocated. ECHO Flight was a specific HIP aiming to provide air transport services to hard-to-reach areas. This service helped DG ECHO's operations in sub-Saharan Africa, but it was also used by other humanitarian organisations with which ECHO worked (Table 3).

Figure 16- Funding of DG ECHO to UNHAS by country
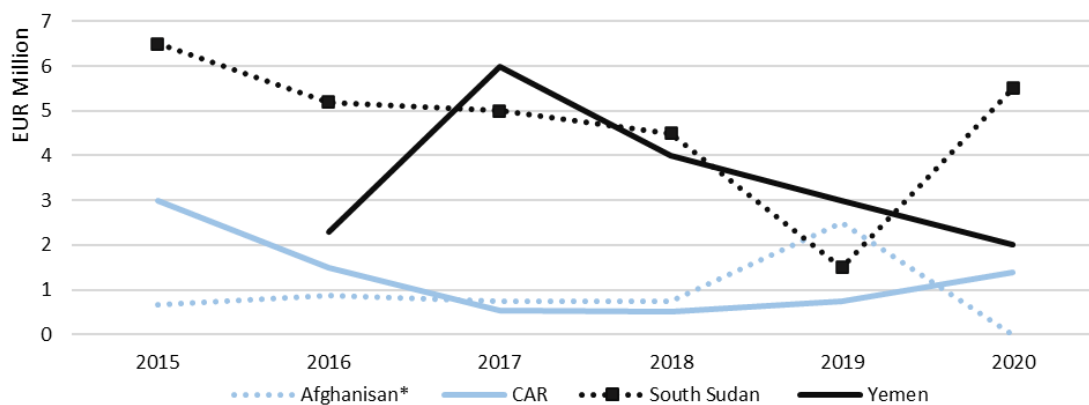
Source: ADE calculations based on HOPE database
* For Afghanistan, funding allocated to MAF (Mission Aviation Fellowship)

DG ECHO funding to other non-profit humanitarian air services was most important in South Sudan (EUR 28 million) between 2015 and 2020. It was followed by Yemen (EUR 17.3 million) and Central African Republic (EUR 7.7 million). DG ECHO allocated its funding to the United Nations Humanitarian Air Services (UNHAS) for CAR, South Sudan and Yemen, and to the Mission Aviation Fellowship (MAF) for Afghanistan. (Figure 16)

Internationally, DG ECHO has a strong track-record in advocacy on humanitarian access. This is taken forward through DG ECHO's engagements in various donor platforms (e.g. OCHA Donor Support Group) and in the UN framework with the EU Member States, most notably during the annual negotiations on the normative frameworks for the international Humanitarian Affairs Segment of the UN Economic and Social Council in June, as well as all general humanitarian resolutions proposed for adoption by the UN General Assembly Plenary each December under the agenda point "Effective coordination of humanitarian assistance efforts". In the context of the Covid-19 response, DG ECHO engaged in intensive humanitarian diplomacy in the UN and multilateral settings (e.g. G7) to ensure priority focus on addressing limitations in the movement of humanitarian workers across and within countries and ensuring unimpeded access to people in need.

B1.3   Access constraints per country case studies

Based on discussions during the inception phase, seven country case studies (i.e. Afghanistan, Central African Republic, Nigeria, South Sudan, Syria, Venezuela and Yemen) focused on humanitarian access were selected and validated by the steering committee and were carried out. The country case studies were selected on several criteria, notably with the objective of covering a range of situations regarding humanitarian access (e.g. types and severity of the constraints) and diverse geographical locations (see Annex B3 for a detail list of selection criteria). The list of country case studies was approved by the steering group. The lessons learnt from the evaluation period on humanitarian access in Afghanistan remain valid, despite the takeover of the country by the Taliban in August 2021. Table 4 provides an overview of the case studies.

Table 4- typology of case studies

| Country	Types of challenge to humanitarian access	Access strategy put in place by the international humanitarian community	Access strategy put in place by DG ECHO	Level of severity of access constraints (ACAPS)
Afghanistan	Security, logistics	Humanitarian Access Group (HAG), CMCoord	Humanitarian diplomacy: chair of Humanitarian Donor Group; HAG funding, humanitarian flights, air bridges, INSO, REACH	4/5
CAR	Security, logistics	Groupe de Travail sur l'Accès Humanitaire, CMCoord	Advocacy plan (2017), humanitarian flights, air bridges, INSO, REACH	3/5
Nigeria	Security, administrative, logistics, counter-terror legislation Misperception towards the work of humanitarian actors	HCT access strategy, Access Working Group, CMCoord	Humanitarian diplomacy: Commissioner's visit, joint donor letter, EU ministerial dialogue ; humanitarian flights, INSO, REACH	4/5
South Sudan	Administrative, logistics, security	Access Working Group, CMCoord	Humanitarian diplomacy: EUD demarches; advocacy plan (2017), humanitarian flights, air bridges, INSO, REACH	4/5
Syria	Security, administrative, logistics	Whole-of-Syria cross-border hubs for Jordan and Turkey	Limited humanitarian diplomacy (restricted by global EU strategy for Syria), INSO, REACH	5/5

Country	Types of challenge to humanitarian access	Access strategy put in place by the international humanitarian community	Access strategy put in place by DG ECHO	Level of severity of access constraints (ACAPS)
Venezuela	Administrative, logistics, security	UNGA resolution 46/182 on humanitarian space and access	Limited humanitarian diplomacy: Venezuela Solidarity Conference, humanitarian air bridges	4/5
Yemen	Security, administrative, logistics	Humanitarian Access Working Group	Humanitarian diplomacy: SOMs, TMG and benchmarks; advocacy partners OHCHR, Geneva Call; humanitarian flights, air bridges	5/5

Source: ADE based on DG ECHO's HIPs and internal documentation

The contexts of the seven country case studies are summarised in the narrative below. Levels of access constraints follow the calculations of the ACAPS (Assessment Capacities Project) methodology for humanitarian access, which provides regular updates in 60 countries based on nine indicators under three dimensions or "pillars": access of people in need to humanitarian aid; access of humanitarian actors to affected populations; and security and physical constraints.

Afghanistan
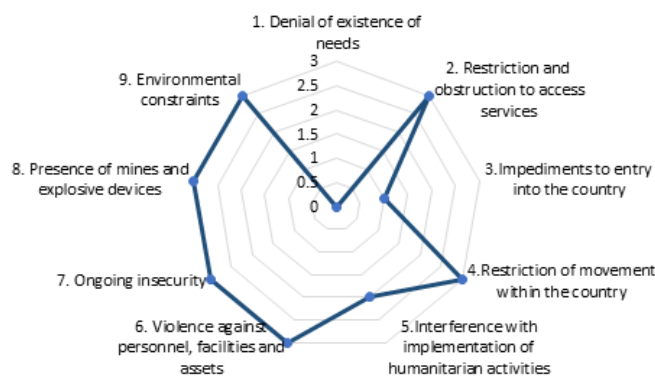
Source: ACAPS

Over the last five years, access impediments for humanitarian actors increased sharply – and are likely to become even more challenging with the government's debacle of 2021. Persistent insecurity and the impact of four decades of conflict cause large-scale suffering and displacement of people throughout Afghanistan and the wider region. Lack of protection persists and attacks on healthcare and educational facilities by armed groups recently reached a record high. There have also been regular interferences in humanitarian activities: during the month of February 2020 alone, 147 access impediments were recorded by armed opposition or criminal groups, but also by the Afghan Government forces. The Taliban banned the World Health Organisation and International Committee of the Red Cross from working in crucial areas. DG ECHO's main focus was to provide live-saving aid through emergency medical care, various protection services and cash assistance. The risks of natural hazards such as severe weather conditions, including drought, heavy snowfall, flash floods and avalanches, further aggravate humanitarian needs.

Specific constraints for access can be found in long supply chains, high costs, poor roads, security, and, more recently, the general takeover of the Taliban. As of October 2001, WFP (the leading Logistics Cluster agency) uses six major supply routes through five neighbouring countries to deliver some 330 000 metric tons of food aid into Afghanistan via road, rail, river, sea and air. After reaching the hubs via Baltic, Pakistani and Iranian ports, Russian railways, Pakistani roads and Ukrainian aircraft, fleets of commercial or WFP trucks carry the food across the border into Afghanistan. Secondary transport delivers food aid despite snow, poor communication and almost non-existent infrastructure.

Access challenges affect both relief agencies, who are directly targeted, and the population caught in mounting violence. The increased fighting heavily affected the civilian population and prevented vulnerable people from accessing humanitarian assistance and services.

Among the HIP's priorities, DG ECHO outlined humanitarian support services, including dedicated humanitarian air transportation and the provision of safety and security support to NGOs, with the aim of supporting and improving the delivery of principled humanitarian aid, focusing on hard-to-reach, contested and non government-controlled areas.

According to the ACAPS "Humanitarian Access Overview" (Dec 2020), Afghanistan was classified among countries with "very high constraints" in terms of humanitarian access. Six indicators out of nine were at the highest level of limitations (level 3): restriction of access, restriction of movement, violence against humanitarian personnel, ongoing insecurity, presence of landmines and physical constraints in the environment.

Central African Republic (CAR)

After seven years of conflict, more than half of the population are in need of humanitarian aid of all types as of 2020, including massive food aid. Due to insecurity and violence, more than a quarter of the citizens are either displaced or have taken refuge abroad. The basic needs as well as the protection needs of civilians are enormous, involving many cases of GBV.

Complex crisis in CAR

1. Denial of existence of needs
2. Restriction and obstruction to access services
3. Impediments to entry into the country
4. Restriction of movement within the country
5. Interference with implementation of humanitarian activities
6. Violence against personnel, facilities and assets
7. Ongoing insecurity
8. Presence of mines and explosive devices
9. Environmental constraints

Source: ACAPS

Access challenges are also huge. All supplies must reach the port of Douala in Cameroon, cross the country and then face insecurity and poor transport infrastructure. Humanitarian trucks must travel in protected convoys, and costs, such as those for truck maintenance, are very high. As a result, long lead-time of two to six months is required to transport food commodities into the country. DG ECHO began funding UNHAS flights some time ago. Despite a peace agreement signed in February 2019, the security situation in CAR remains volatile, affecting humanitarian access. Many areas of the country are controlled by militias and armed groups. The heavy presence of armed groups constrains the population's ability to travel between villages or to reach aid. Armed groups harass and sometimes forcibly displace IDPs. Humanitarian operations in certain areas are temporarily suspended because of insecurity. Flooding resulting from seasonal rains (typically from April to October) completely cuts off some

areas, particularly in the eastern and northern prefectures. Humanitarian access to some areas is only possible by air. Humanitarian workers in CAR face increased risks because of insecurity: 29 were injured and three were killed in 2020.

The COVID-19 pandemic made matters even worse, as it resulted in further logistical constraints for the delivery of humanitarian aid. Three EU Humanitarian Air Bridge flights were organised for the transport of staff and humanitarian cargo (material and medical equipment) to CAR in May 2020. In June 2020, DG ECHO also cooperated with the WFP for the operation of another flight delivering essential supplies to support the country's coronavirus response.

In 2020, ACAPS classified CAR at level 3 of humanitarian access constraints. Four indicators out of nine were at the highest level of limitations: restriction of movements, violence against humanitarian personnel, ongoing insecurity and physical constraints in the environment.

Nigeria

Humanitarian access in Nigeria is heavily constrained in the north-eastern states of Borno, Adamawa and Yobe, which are affected by more than a decade of conflict between the Nigerian army and various armed opposition groups. Whilst the HIP 2019 tended to indicate a gradual improvement (returning of 1.6 million people since August 2015 to Yobe and Adamawa states, and to some parts of Borno State), the drastic security degradation in 2020 and 2021 again prevented returns to Borno and led to increased levels of humanitarian needs, in particular regarding protection and food insecurity.

Complex crisis in Nigeria (2021)

Source: ACAPS
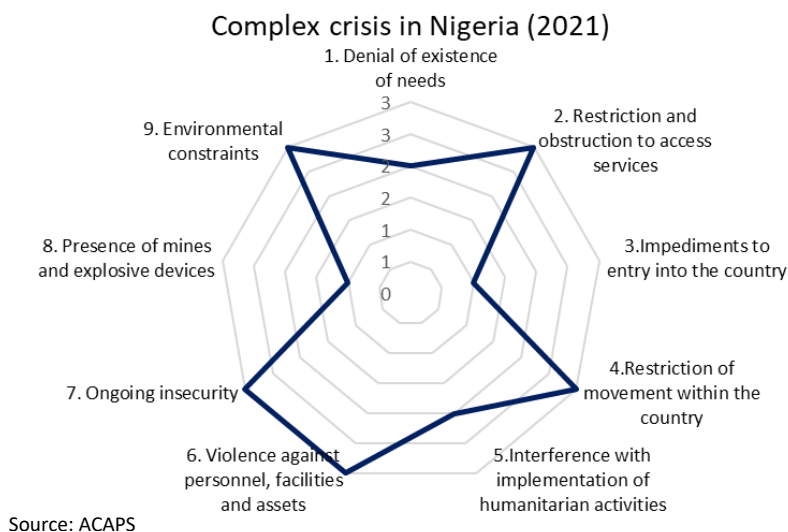
Insecurity and threats of attacks against civilians, humanitarian actors and aid facilities affect both access of people to services and aid delivery. Aid organisations are restricted from operating in areas not under the control of the federal government, based on a law preventing terrorism, effectively criminalizing principled humanitarian response. The strategy of 'super camps' and "garrison towns" in 2019 improved the ability of the Nigerian military to protect their forces, but it eroded the protection of civilians and their access to livelihoods. Attacks by NSAGs in 2021 on the "garrison towns" of Dikwa and Damasak showed that even humanitarian partners and infrastructures based in these urban centres were not safe, despite the presence of Nigeria's armed forces. The Armed Opposition perceive humanitarian actors to be collaborators with the government and have publicly declared them a legitimate target. Furthermore, there are regular bureaucratic difficulties for humanitarian organisations such as barriers to importing humanitarian material or registration processes at federal and state levels. There is a fundamental lack of trust on the part of the government authorities regarding the activities of the humanitarian community with a particular concern that assistance can benefit the insurgents.

ACAPS (overview dated September 2021) attributed level 5 (or "extreme") classification to the access constraints in the crisis in Nigeria.[60] All other key indicators to assess the crisis severity (i.e. impact, humanitarian conditions, complexity) are at "very high" levels of severity. .
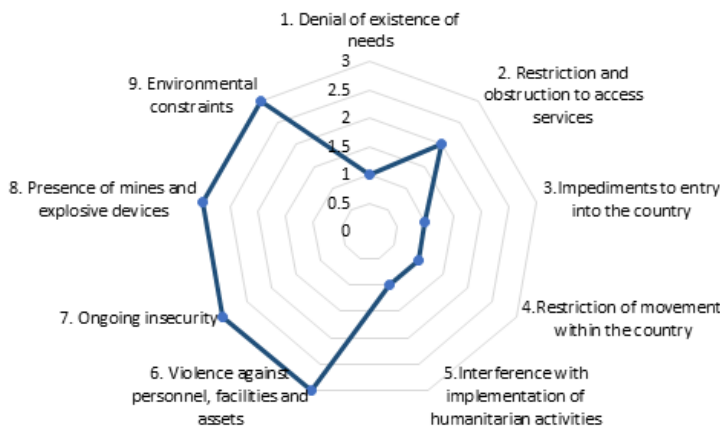
South Sudan

Since 2013, the conflict in South Sudan has caused mass displacement among civilians. Logistics challenges are very high across the Upper Nile Basin, and South Sudan is one of the most challenging contexts in the world. Access constraints are enormous due to the long supply line from Mombasa, very poor (or non-existent) roads, insecurity, bureaucratic impediments and COVID-19 restrictions. ,.

Existing road networks are among the most underdeveloped in the world. During the rainy season only very few roads are passable (200km of roads are paved out of a total of 20,000km)[61], increasing dependency on air transport, humanitarian hubs and the need to pre-position. As a consequence, the cost of operating in South Sudan is extremely high. The cost of food aid is, for example, only one tenth of the costs of getting it to its destination and distributing it.

Despite formation of a transitional government of national unity in February 2020, progress in implementation of a peace agreement remains slow, and there are new spikes in subnational violence.

DG ECHO funded two Humanitarian Air Bridge flights to allow the transport of much-needed material to support the COVID-19 response.

Complex crisis in South Sudan

Source: ACAPS

Due to very high levels of humanitarian access constraints, ACAPS rated South Sudan at level 4 in 2020. Four indicators out of nine were at the highest level of limitations (level 3): violence against humanitarian personnel, ongoing insecurity, presence of landmines and physical constraints in the environment. In the latest ACAPS assessment (June 2021), restriction of movement within the country and interference with implementation of humanitarian activities have been increased to highest level (i.e. level 3) as humanitarian organisations increasingly faced fines at checkpoints and obstructions from youth groups.[62]The movement of people was severely restricted due to the impact of heavy flooding over two consecutive years, violence, and COVID-19 measures, affecting both the access of people in need to humanitarian aid and the effective delivery of relief

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[60] ACAPS (2021b), "Nigeria: Overview" (accessed November, 2021), https://www.acaps.org/country/nigeria/crisis/complex-crisis

[61] WFP, "The road that changed lives" (accessed October, 2021) https://www.wfp.org/stories/road-changes-lives

[62] ACAPS (2021), Complex crisis in South Sudan: Overview, https://www.acaps.org/country/south-sudan/crisis/complex-crisis, last updated on June 2021.

by humanitarian workers. Security concerns significantly inhibit humanitarian activities. South Sudan has one of the world's highest rates of violent incidents against humanitarian workers: From January–May 2021, ten humanitarian workers were killed, 31 injured, and one abducted; in the first quarter of 2021, there were at least 24 incidents of roadside ambushes targeting aid convoys.[63]

Syria

The current civil war in Syria started in 2011 and has led to a humanitarian crisis of immense proportions. The country has the largest internally displaced population in the world, with 6 million IDPs including close to 1 million who fled the recent Idlib offensive in north-west Syria. Access challenges are commensurate. Throughout the evaluation period, humanitarian access to

Source: ACAPS

people in need in Syria was severely constrained by conflict, insecurity, administrative and bureaucratic impediments as well as systematic access denials. Humanitarian actors were also affected by insecurity and increasing pressures to work in and across areas of control under different armed groups. During political negotiations, humanitarian access was instrumentalised by opposing sides for their own purposes, seeking trade-offs which proved to be short-term at best. Humanitarian access did not significantly improve in spite of UN Security Council Resolutions 2139, 2165 and 2191 (all dated 2014).

Logistics supply lines must come either from Jordan in the centre and south, or from Turkey in the north. In 2020 there was a considerable decrease in access as there was only 1 cross border from Turkey remaining (2 crossing points until July and 1 for the rest of the year up until now) as the rest were not renewed by UNSCR in January 2020. In 2020 also, with the intervention of Turkey and the resistance of the Kurdish forces, conditions of access and humanitarian space became specific to three different areas respectively controlled by the government (GCA), the Northwest (NWS) and the Northeast of Syria (NES).

According to the ACAPS report of 2020, Syria was classified among the countries with 'very high constraints' in terms of humanitarian access. Six indicators out of nine were at the highest level of limitations (level 3): denial of needs, restriction of movements, interference with humanitarian activities, violence against humanitarian personnel, ongoing insecurity, and physical constraints in the environment.

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[63]   Source: ACAPS

Venezuela

Complex crisis in Venezuela
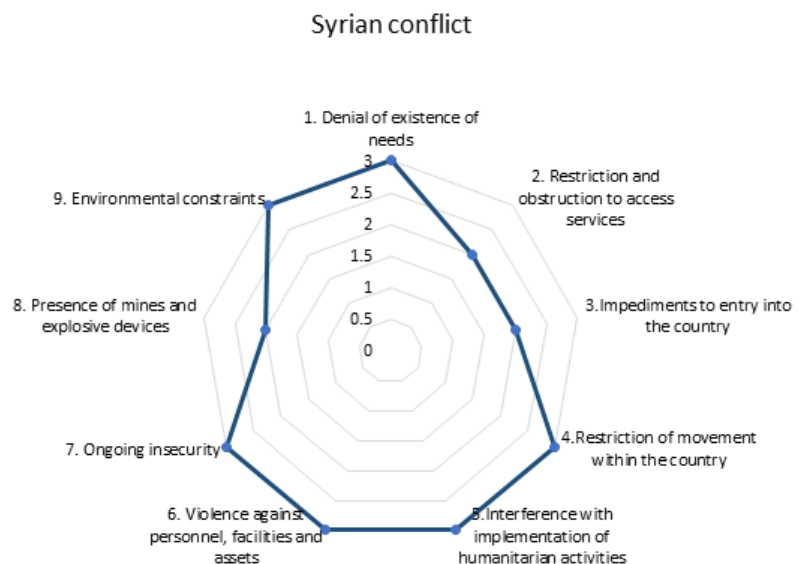
Source: ACAPS

Venezuela is in its sixth consecutive year of economic contraction and hyperinflation, facing an increasing deterioration of the humanitarian situation. The political, social and economic crisis has severely affected the healthcare system, caused large shortages in public services and increased difficulties in accessing food. Since 2014, around 5.9 million Venezuelans have left the country (as per July 2021).[64]

In terms of humanitarian needs, the HIPs noted that in a highly politicised context, where humanitarian assistance remains an element of political confrontation, the capacities of the Venezuelan authorities to provide for the needs of the population are gradually decreasing. Food supplies, for instance, are much needed, but in a context of international tensions and internal political rivalries, the government denies the severity of the crisis for its own population (including in relation to COVID-19) and has not facilitated the unhindered arrival of humanitarian shipments, despite efforts by the Red Cross and humanitarian partners. In Venezuela UN agencies and the RC movement have supply capacities; the major challenge is faced by INGOs, confronted to restrictions to ensure and scale up their supply chain.

With regards to access, a coalition of Colombia, Brazil, the USA and the Netherlands uses three main regional logistics bases (the Colombian city of Cucuta, the Brazilian state of Roraima and the island of Curacao) although it is not clear how this structure actually supports the delivery of humanitarian assistance inside the country. As part of the EU global response to COVID-19, in August 2020, a Humanitarian Air Bridge Operation consisting of two flights reached Caracas, bringing 82.5 tons of life-saving material to supply humanitarian partners in the field and support 500 000 Venezuelans in need. The cargo consisted mostly of medical equipment such as personal protection gear and medicines, but also contained water purification equipment and family hygiene kits.

The ACAPS report for 2020 marked Venezuela with "very high access constraints" (score 4), while ACAPS 2018 indicated that Venezuela was inaccessible (score 5), a score shared only with Yemen, Eritrea, Syria and Libya. Three indicators were ranked 3 (blocking access): physical constraints, interference with humanitarian activities and restriction of movement within the country.

The access of people in need to aid is hampered by widespread fuel shortages, blackouts, and insecurity. Land borders remain closed because of COVID-19, which largely prevents people from seeking assistance in neighbouring countries or forces them to cross borders irregularly. While humanitarian operations are generally permitted, bureaucratic obstacles limit an effective humanitarian response. While international humanitarian staff is allowed to enter the country, registration processes for humanitarian organisations remain complex. Visa restrictions depending

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[64] Source: UNHCR, July 2021

on nationality of origin remain unpredictable and the Humanitarian system lacks a conducive environment for INGOs and CSOs

Yemen

Access continues to be extremely challenging in Yemen. Challenges to access (and humanitarian space) are found in conflict and insecurity including targeted attacks against humanitarian activities and the expansion of non-state armed group, brutal IHL violations, regular administrative and bureaucratic impediments, shortage of funding, and COVID-19 restrictions since 2020.

Conflict in Yemen (2021)

Source: ACAPS
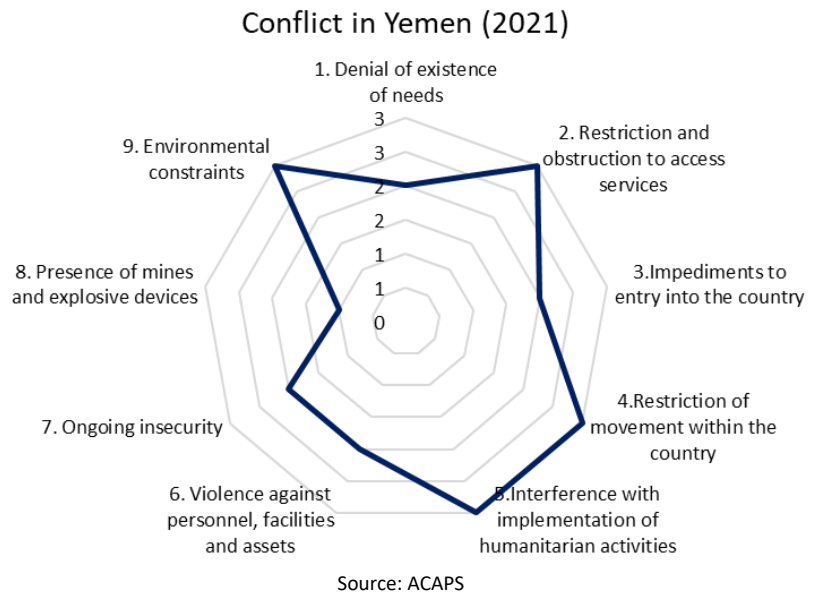
Access and security constraints are compounded by the lack of monitoring and data collection.

More than 20.1 million people out of a total population of some 29 million require some form of humanitarian and protection assistance; of these, 12.1 million people are in acute need. By the end of July 2021, the Yemen Humanitarian Response Plan was less than 48% funded.

Chapter 2 of the HIP 2019 on humanitarian needs mentioned in particular the issue of the battle for Hodeida port which is, in normal circumstances, the entry point for 70% of all imports required in Yemen. While the port remains operational, levels of imports channelled through Hodeida, added to transport delays imposed by the KSA-led coalition, are largely insufficient and shipping companies are reluctant to expose their assets in an open conflict area.

Since the beginning of 2020, new frontlines have been established around Marib and Al Jawf governorates, affecting access to these areas. COVID-19 has also affected humanitarian movements and increased the duration of humanitarian operations. Fuel and gas shortages – largely a result of limited berth capacity in Hodeida, import restrictions imposed by the KSA-led coalition, and competition between parties to the conflict to control markets – disrupt electricity, water, sanitation, and health services and raise the cost of basic goods.

In the ACAPS report of December 2020, Yemen was classified among the countries with "extreme constraints" in terms of humanitarian access. Five indicators out of nine were at the highest level of limitations (level 3): restriction of access, restriction of movements, interference with humanitarian activities, ongoing insecurity, and physical constraints in the environment.

CHAPTER B2: RESPONSES TO EVALUATION QUESTIONS ON ACCESS

This chapter presents the responses to the six evaluation questions (EQ10-EQ15) relating to the Humanitarian Access part of this evaluation. They relate to relevance (EQ10), coherence (EQ11 and EQ12), effectiveness (EQ13), efficiency (EQ14), and added value (EQ15) in terms of humanitarian access. Responses for each evaluation question are based on findings presented below, drawn from the evidence collected from document reviews, responses to surveys and some key information interviews. While not explicitly mentioned, the responses are structured around the judgement criteria and use the indicators agreed on with DG ECHO in the evaluation matrix.

B2.1 Relevance (EQ10)

EQ 10: How well were DG ECHO's humanitarian access approaches and activities in different crises designed, and to what extent did they consider the needs of its humanitarian partners and final beneficiaries?

Response to EQ 10

- In all case studies, the annual HIPs appropriately described the situations, including the access constraints faced by DG ECHO and its partners, and the consequences for the most vulnerable beneficiaries.

- The mapping of access constraints outlined that human factors, such as insecurity, lack of acceptance of humanitarian principles and interferences, obstructed access more often than the physical environment. This confirmed the relevance of DG ECHO's overall focus on supporting advocacy and dissemination of and ensuring compliance with humanitarian principles and IHL among all parties, as well as promoting accountability on breaches of IHL.

- However, access was usually not a specific HIP priority, except for air transport services (such as ECHO Flight or UNHAS) which were often crucial for humanitarian staff and emergency supplies. Logistics was not generally discussed in the HIPs. To face access constraints, the HIPs usually recommended activities such as advocacy (including on International Humanitarian Law), coordination, and support to specialised actors such as OCHA and WFP. It also referred to thematic policy guidelines with cross-cutting impact on access (notably on protection). Widespread training on negotiation skills for access, systematic support to Humanitarian Access Working Groups to design access strategies and action plans, or the possibility of exceptional measures such as air bridges, were usually not mentioned in the HIPs.

- Partners' needs in terms of costs related to access were not part of the strategic design; these costs were mostly supposed to be already integrated in the activities proposed by the partners (see EQ13) and validated by DG ECHO through agreements if they corresponded to the HIP requirements. Costs related to access advisers or training were sometimes be challenged by DG ECHO.

- In case of exceptional needs, DG ECHO allocated some HIP modifications specifically designed to fund additional logistical resources to overcome access constraints, for instance in CAR (2020), Nigeria (2018), South Sudan (2020) and Yemen (2018, 2020).

- Humanitarian access was also not mentioned among the Key Outcome Indicators or the Key Results Indicators used by the DG ECHO partners in their reporting.

- Other approaches followed by DG ECHO to address access constraints included advocacy plans and humanitarian diplomacy. A limited number of country-specific advocacy plans to facilitate access were drafted by DG ECHO as from 2017; their relevance varied, as some appeared rather confused (CAR) and others were logically adapted to a specific context (Iraq, South Sudan, Ukraine). The advocacy plan designed for Mali could be considered a replicable template for good practice.

- In all case studies, DG ECHO contributed to humanitarian diplomacy, under various forms such as joint EU messages, donors' groups or high- level field visits, as well as in the UN framework. Senior Official Meetings (SOM) were initiated in Syria and pursued in Yemen after the deterioration of the access situation on the ground in 2019 and the increasingly centralised and rigid control exercised in the north by the Supreme Council for the Management and Coordination of Humanitarian Affairs (SCMCHA). The SOM process in Yemen and the tracking of progress by a Technical Monitoring Group delivered some positive results and could be considered as examples of good practice. In other case studies however, advocacy efforts often delivered rather limited results.

In all case studies except Venezuela (where no comprehensive analysis on access constraints was found), the annual HIPs appropriately described the situations, including the access constraints faced by DG ECHO and its partners, and the consequences for the most vulnerable beneficiaries. These are summarised below in alphabetical order.

- In **Afghanistan**, the successive HIPs duly outlined access as one of the key challenges for the humanitarian community, in addition to the worsening of the situation since 2017. As the intensity and the complexity of the conflict increased, humanitarian access became more problematic to negotiate and the humanitarian space shrank. DG ECHO supported dedicated humanitarian air transportation and the provision of safety and security support to NGOs. In 2020 humanitarian access was still described as "difficult" both for relief agencies directly targeted, and for the population caught in mounting violence related to the electoral process. Nevertheless, delivering humanitarian aid was still possible.

- In **CAR**, in 2019 and 2020 the HIPs outlined numerous violations of IHL, some of which impacted on humanitarian access: violence, forced displacement, forced recruitment including of children, violation of housing, land and property rights, and GBV. Road conditions in CAR were generally very poor and various areas were landlocked for several months every year due to heavy rains. The HIPs outlined that humanitarian air services remained crucial in order to deliver humanitarian aid in time for the most in need. The huge costs entailed by the rehabilitation of infrastructure for access was supposed to be covered by evasive pledges from development donors.

- In **Nigeria**, annual HIPs duly outlined those ongoing hostilities – threats of attack, impassable roads and bridges during the rainy season – in addition to military restrictions, continued to hamper the ability of affected populations to access basic services, livelihoods and safety. Regular appeals were made in the HIPs from 2015 onward for further advocacy, needed to improve access to the most vulnerable and ensure the delivery of a coordinated and principled humanitarian assistance. As in CAR, insecurity and logistical issues resulted in additional costs and delays during implementation. High staff turnover and/or lack of staff on the ground and limited humanitarian access were other significant challenges.

- The HIPs outlined that **South Sudan** was one of the most challenging contexts in the world, driving up the costs of delivery of humanitarian assistance. Restrictions of movement due to

security threats undermined any coping strategies normally available through pre-emptive displacement or normal migratory patterns. The cost of operating in South Sudan was extremely high as during the rainy season much depended on air transport. Legal and bureaucratic impediments increased both at local and central level over the period, mainly to collect revenues. International aid was instrumentalised by the authorities in a deliberate strategy to maintain or expand their influence over the territory; food was used as a weapon of war in opposition-held areas. Support for common services therefore continued to be crucial. In 2020, DG ECHO supported access in the original HIP as well as through three successive modifications which were partly intended to support humanitarian logistics services to enable the scale-up of the response (the total amounts of the modifications, including logistics, were respectively of EUR 9 million, EUR 20 million and EUR 15 million).

- In **Syria**, the successive HIPs were relevant to the evolving context despite constraints regarding needs assessments and monitoring, and consistently outlined the need for advocacy on access. Humanitarian access to people in need in Syria was severely constrained by conflict, insecurity, administrative and bureaucratic impediments as well as systematic access denials. Requests to the government for the facilitation of interagency convoys to access besieged, hard-to-reach and other areas located across conflict lines often remained unanswered or were put on hold. Pressures on humanitarian actors to work in and across areas of control under different armed groups contributed to gaps and delays in humanitarian assistance compared to the rising scale of needs. In 2020, with the intervention of Turkey and the resistance of the Kurdish forces, conditions of access and humanitarian space became specific to three different areas. DG ECHO pleaded that advocacy or humanitarian diplomacy should be conducted by partners at all levels, calling upon all parties to fully respect IHL and promote access and protection of civilians. These efforts were however constrained by the overall EU strategy on political transition for Syria (see EQ12).

- In **Yemen**, which is the subject of the first part of this report, the HIPs were modified several times to take into account new access constraints, including addressing the impact of the Hodeida blockade (EUR 50 million) in 2018 or helping to sustain the humanitarian logistics capacity in the country (EUR 70 million, also for multi-sectoral support) in 2020. These modifications strengthened the relevance of the HIP as a strategic tool.

The solutions proposed in the HIPs to mitigate access constraints were, however, standard and were generally not considered as priorities in the HIPs, with the exception of air transport services which are often crucial for humanitarian staff and emergency supplies. To face access constraints, the HIPs recommended usual approaches such as joint advocacy, coordination, and support for specialised actors such as OCHA or WFP. It also referred to thematic policy guidelines (protection, gender).

The lack of priority given to access in the HIPs and their budget allocation was confirmed by many respondents to the DG ECHO staff survey, including in the following open comments: "*There is no proper budget for access in the HIP. But it is integrated in most of our project, sometimes with dedicated results (OCHA, INGO Forum, for instance), but no additional money for the HIP'….'Access constraints are not sufficiently taken into account in the HIPs and logistic is never a priority sector'…'In some contexts funding of air transport services should clearly be a priority'…'Access issues are not sufficiently taken into account in partners' proposals along with financial consequences'…'No funding of infrastructure development activities since the budget for the crisis is already not enough for life saving activities'... 'The problem is that funding is not proportional to the access challenges, access should be secured before starting allocating funds to other sector. Too*

often at the end of the allocation process we see if there is something left for key logistics projects such as air transport."

<u>Note</u>: the above comments reflect the individual opinion of the respondents only; some of them may be next to impossible to implement, such as in the second to last sentence "access should be secured before starting allocating funds to other sector".

Widespread training on negotiation skills for access[65], systematic support to Humanitarian Access Working Groups to design access strategies and action plans, or the possibility of exceptional measures such as air bridges were usually not mentioned in the HIPs.

EU Humanitarian Air Bridges have been implemented in 20 countries, especially in Yemen, CAR and DRC (with 5-14 flights each). This integrated set of services is meant to enable the urgent delivery of humanitarian aid in exceptional circumstances where land access is constrained. It is a temporary initiative that complements the logistics services of the UN HRPs. Since 2020, air bridges have been increased to help countries affected by the COVID-19 pandemic, in addition to supporting humanitarian actors with staff and supplies.

In Afghanistan, the HAWG Chair liaised with the Taliban Political Commission focal point via WhatsApp on areas such as deconfliction (especially threats and abduction), security incidents, ROMs, gathering input and preparation for meetings, logistics, and follow up to action points. A lesson learnt was that the HAWG could be useful as a focal point in providing operational liaison with the non-state armed groups (NSAGs). CMCoord could potentially also be involved in relations with NSAGs in some humanitarian situations, depending on the local context and personalities. Such initiatives (there may be other attempted contacts by independent-minded humanitarian actors) need however to be coordinated and coherent.

The costs related to access were supposed to be already integrated in the specific activities designed by the partners in their proposals (see EQ13) and validated by DG ECHO through agreements if they corresponded to the HIP requirements: "*Additional costs related to the access challenges have been integrated a long time ago in both ECHO allocation and partners budget" (*DG ECHO survey*)*. Costs related to access advisers or training were sometimes overlooked by DG ECHO. As expressed in the DG ECHO survey: "*More attention should be paid to strengthening the capacity of partners to deal with access challenges at field level. For the time being the discussions are too much focused at capital level and insufficient attention is paid to strengthening field capacity*".

In case of exceptional needs, DG ECHO allocated some HIP modifications specifically designed to fund additional logistical resources to overcome access constraints, for instance in CAR (2020), Nigeria (2018), South Sudan (2020) and Yemen (2018, 2020). These are summarised in the country narratives above.

In their survey, only 28% of DG ECHO staff agreed to the proposed statement that HIP modifications were made to allow additional budget for access issues, and 60% of the respondents disagreed. This was only partly supported by the partners, 53% of whom affirmed that DG ECHO was prepared to consider a budget increase to overcome access constraints (although perhaps only at project level and not through a HIP modification).

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[65] The proposed training on negotiation skills, although (hopefully) useful to improve access, is arguably the 'easy way' to plug a gap on the short to medium term but may not be sufficient to promote the necessary competencies in a sustained way. Rather, an approach that ensures that these competencies are available and maintained requires strategic investment as a standard to being able to operate in complex environments. Such a structural approach – which is far beyond the scope of this evaluation – would be necessary to strengthen a number of critical competencies among the humanitarian community and particularly the NGOs.

Issues of humanitarian access were not to be found among the Key Outcome Indicators (KOI) or the Key Results Indicators (KRI) used by the DG ECHO partners in their reporting. Among the 15 KOI, only the 1st indicator on protection mainstreaming ("% of beneficiaries reporting that humanitarian assistance is delivered in a safe, accessible, accountable, and participatory manner") is indirectly related, although "accessible" assistance must be understood in the sense of protection and not constraints to access due to external factors. There were also 56 KRI subdivided among 9 sectors; "access" is mentioned in 4 sectors but concerns the availability and quality of supplies or services (food, schools, soap, toilets, water, shelters). These KRIs do not cover environmental or man-made obstacles for either humanitarian staff or beneficiaries.

A KOI about humanitarian access would be a valuable tool to measure the effectiveness of advocacy efforts, for instance – and very tentatively – "the number of days of delay in delivery of assistance due to access constraints (compared to original planning)."

Other approaches followed by DG ECHO to address access constraints included advocacy plans and humanitarian diplomacy.

In additional to the toolbox (see EQ12), **a limited number of advocacy plans to facilitate access were drafted by DG ECHO as from 2017; their relevance varied as some appeared rather confused (CAR), while most others were logically adapted to a specific context (Iraq, South Sudan, Ukraine).**

The **Advocacy Plan for CAR** was closely related to humanitarian access. It included risks for humanitarian actors and beneficiaries, interference by local politics, and the good practice of establishing relations with beneficiary communities and engaging proactively but neutrally with armed groups. It did not consider the poor condition of transport infrastructure. The narrative of the plan provided a **mixed, and somewhat confused, set of conclusions and recommendations, corresponding to some of the identified issues, but not all.** As an example, learning lessons from the most experienced partners or relations with the UN was missing. The stated objectives of the advocacy plan did not seem to correspond to each of the issues identified or to all of the narrative conclusions and recommendations. The formulation of the objectives and the list of corresponding activities (mostly administrative and not field-based) also appeared confusing and incomplete.

In **South Sudan**, an advocacy plan was also designed, although with clearly formulated objectives corresponding to the challenges identified in the HIPs. **The plan was however quite specific to South Sudan**, as the main axis of the strategy was focused on engaging all international stakeholders in a collective advocacy towards the government. **A key lesson learnt was that a high-level visit for advocacy/humanitarian diplomacy purposes** (in this case, a visit by the US Ambassador) **appeared to be particularly effective with local authorities** (more so than the usual demarches), as it also provided much desired international recognition which could be used as a bargaining chip. A high-level visit furthermore provided the opportunity to discuss overall strategic issues with key decision-makers. As a result of the visit, the President of South Sudan issued a decree ordering free, unimpeded and unhindered movement of humanitarian organisations in the country. The practical implementation of this decision should, however, be followed up and monitored, as was the case for the SOM process in Yemen (below).

It should be noted that, in South Sudan also, DG ECHO has designed in 2021 an "**Action Plan" on IHL and humanitarian access**, which is subdivided into 2 outcomes focused on awareness raising and actions for prevention and response. As it is still ongoing (and out of the evaluation's timeframe), this Action Plan could not be further assessed. It has however **introduced definitions of access constraints at three levels, which could be used globally for hard-to-reach areas**.

- **High-level access constraints**: access is extremely difficult or impossible. Armed groups, checkpoints, bureaucratic or other access impediments are present and actively restrict humanitarian activities. Operations in these areas are often severely restricted or impossible. Even with adequate resources, partners would be unable to reach more than a minority of targeted people in need.
- **Medium-level access constraints**: armed groups, checkpoints, bureaucratic or other access impediments are present and regularly result in restrictions on humanitarian activities. Operations continue in these areas with regular restrictions. With adequate resources, partners would be able to reach roughly half of targeted people in need.
- **Low-level access constraints**: No or very few access constraints present. Armed groups, checkpoints, bureaucratic or other access impediments may be present, but these rarely or only occasionally result in restrictions on humanitarian activities. Partners are largely able to operate. With adequate resources, partners would be able to reach all or nearly all targeted people in need.

DG ECHO published four further advocacy plans for access in DR Congo, Iraq, Mali and Ukraine, which were not among the country case studies but were nevertheless assessed. Among those, **the advocacy plan for Mali was focused, practical and applicable in other contexts; it could be considered as a template for global good practice.**[66] The strategies for Iraq and Ukraine were also quite valid and included many of the practical elements developed for Mali, but their focus was more specific to the respective country situations, which was positive as such but made them less easily replicable in other contexts. For instance, objective 1 for Iraq focused on "protection and assistance of civilians prevented from returning to areas of origin or deprived from their liberty". In Ukraine, there were rather repetitive activities under each objective aiming at advocacy towards the warring parties (Government of Ukraine and de facto pro-Russian authorities in Donetsk), which appeared slightly confusing.

The survey of the DG ECHO staff showed that **the development of advocacy strategies (although probably not in the form of the above-mentioned fully fledged plans) was quite common:** two thirds of the respondents agreed with this statement. This was confirmed by the partners' survey: 68% of the respondents agreed that DG ECHO had developed a clear and relevant strategy to mitigate access constraints. Such high figures outline the potential value of disseminating replicable good practices.

In all case studies, DG ECHO contributed to humanitarian diplomacy, under various forms such as joint EU messages or participation to donors' groups. High-level field visits occurred in some rare instances (visit of the Commissioner in Nigeria). **Another form of humanitarian diplomacy – the Senior Official Meetings (SOM) - was initiated in Syria and pursued in Yemen as from 2020.**

Indeed, in 2019, the deterioration in the operational environment in Yemen in terms of both humanitarian space and access raised grave concerns among donors and actors. The deterioration

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[66] The Mali strategy made a clear distinction between raising awareness under objective 1, and practical measures to improve access under objective 2. More specifically, under objective 1, Specific Objective (SO)1.1 aimed at achieving high-level commitment (EU member states through ECOSOC, COHAFA, European Parliament or high-level missions such as by Commissioners), and SO 1.2 included communication, media, regular reports, reaching out to all EU policy/programming channels and Nexus, strategic dialogue with key partners and other donors. Under objective 2, SO 2.1 supported humanitarian flight services, INSO, OCHA, the use of armed escorts with UNDSS as necessary, and promoting acceptance of humanitarian principles – in particular neutrality. SO 2.2 aimed at supporting needs assessment and analysis, RRM and accountability to affected populations (AAP). SO 2.3 concerned IHL dissemination, targeted protection and advocacy, support to Protection Cluster, Call to Action on GBV, and synergies with FPI and IcSP.

of the access situation on the ground was accompanied by an increasingly centralised and rigid control exercised in the north by the Supreme Council for the Management and Coordination of Humanitarian Affairs (SCMCHA, see also below). **This situation led to the SOM process. Three SOM meetings were organised in 2020 and 2021, which were co-led by DG ECHO.**

The first two meetings took place in February and November 2020 respectively; a third SOM meeting was organised in June 2021, with a strong focus on resilience. All three SOM meetings were co-hosted by DG ECHO and Sweden. The objectives and achievements of the SOMs are detailed above under EQ7 (advocacy).

The SOM process in Yemen should be seen as a key strategic initiative in which DG ECHO was instrumental. The SOMs were **relevant to address access challenges**. The SOM process in Yemen and the tracking of progress on seven benchmarks by the Technical Monitoring Group (TMG) delivered some positive results **but their effectiveness was limited by the protracted discussions with DFA authorities in the North.**

Besides rather positive outcomes in Yemen, throughout most of the other case studies the results of the various types of advocacy efforts were often limited, as outlined under EQ13, to maintaining initial programming. Numerous DG ECHO staff confirmed the limitations in the survey about the results of advocacy, among them: *"Whatever channels ECHO use, the result of advocacy are rather meagre for many different reasons"... "In some context advocacy will not improve access challenges"…"I do not think that DG ECHO was very successful in its advocacy efforts, not even internally within the EU (…)"… "…"Unfortunately, the different advocacy efforts taken by DG ECHO outside the UN channels had hardly any effect on the ground and sometimes, even backfired reducing the access to some "hard-to-reach" areas in the government controlled area of Syria".'*

Note: the comments above reflect only the opinions of the respondents; the last comment outlines the need for coordinated approaches.

The SOMs and the TMG monitoring of their objectives could nevertheless be considered as examples of good practice, as they were co-led by DG ECHO and no other similar mechanism could be observed among the case studies. This was confirmed among the open comments to the DG ECHO staff survey: *"The different SOMs are also one of the key achievements to push for more accountability and at least a common stand among donors on main issues and benchmarks for access in Yemen".*

The design of DG ECHO's approaches on access corresponded to the mapping that resulted from the surveys. This mapping of access constraints outlined that human factor such as insecurity, lack of acceptance of humanitarian principles and interferences more often obstructed access than the physical environment did. ECHO staff and the partners globally agreed on the comparative importance of types of access constraints and interfering stakeholders, with only minor differences in rating. Both the people in need and humanitarian actors were regularly denied access in all case studies. Major constraints included prevailing insecurity, lack of acceptance of humanitarian principles and interference by parties to a conflict. **These factors confirmed the relevance of DG ECHO's overall focus on supporting advocacy and promoting understanding of humanitarian principles and IHL among all parties to improve access.**

Denial of access for both people in need and humanitarian actors were quite common in all case studies (rated by 80%-87% as "important" or "very important" obstacles for DG ECHO staff, 68%-70% for the partners), although denial for humanitarian actors was more frequent (+12% for DG ECHO staff) or more important (rated by 48% as "very important" for the partners).

Among the types of access constraints, ongoing insecurity or hostilities were the most important by far for the partners (95%); DG ECHO staff concurred (84%). Other major constraints were the lack of acceptance of humanitarian principles (rated by 91% as "important" or "very important" for DG ECHO, 85% for the partners), and interference by parties to a conflict (86% for both DG ECHO and the partners). These factors were almost on a par with administrative obstacles and non-compliance of IHL for DG ECHO, while the partners placed non-compliance with IHL higher than administrative obstacles (77% versus 62%). Violence against staff (70-73%) was also a very frequent constraint. Physical environment was a regular constraint to access (64% for DG ECHO, 68% for the partners) but arguably less obstructive than human factors.

Among stakeholders, national authorities, local authorities and non-state armed groups were considered almost equally as major interferences: they were rated at 82%-89% for DG ECHO, and at 70%-82% for the partners.

In Yemen, until 2018-19 most of the international criticism was addressed at the KSA-led coalition which repeatedly inflicted misguided airstrikes against civilian populations. However, the *de facto* authorities (DFA) authorities gradually became more rigid towards humanitarian aid and strengthened their control. In November 2019, the Supreme Council for Management and Coordination of Humanitarian Affairs and International Cooperation (SCMCHA) was established. The new council replaced both the National Authority for the Management and Coordination of Humanitarian Affairs and Disaster Recovery (NAMCHA) and the international cooperation sector at the Ministry of Planning and International Cooperation (MoPIC).[67] The stated aim of SCMCHA was to centralise decision-making and improve aid programmes; powers were transferred from line ministries and provincial authorities to security-oriented institutions.

This shift reflected the authorities' increasing concern about the presence of uncontrolled and potentially hostile external actors on their territory, and their intention to play a more interfering role in controlling and directing humanitarian programmes in line with their internally developed strategies, and place humanitarian actors under tight security constraints. Previous dysfunctionalities in the system, with a variety of mid-rank and/or locally-based authorities leveraging their administrative power either to provide authorisations or to block or delay processes, have reduced in 2020.

There was widespread consensus among interviewed actors within Yemen's humanitarian community that the establishment of SCMCHA dramatically complicated access, compounded by the often-fragmented approach of the international aid actors. The situation on the ground deteriorated markedly in terms of access, which prompted the launching of the SOM process. Delays and denials of travel permits, often imposed as punitive measures against organisations who refused to comply with governmental directives, increased fivefold in 2019 compared to the previous year. Manipulation and obstruction of aid operations, as well as arbitrary requests and interference in NGO activities, saw a tenfold increase in 2019 compared to 2018.

In this framework, a report by the NGO Mercy Corps[68] highlighted that a series of decisions by aid organisations seemingly motivated by the willingness to ensure access resulted in significantly reduced negotiating leverage due to a poor understanding of the political environment and local power relations.

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[67] SCMCHA is the main counterpart for the UN, INGOs, LNGOs, and other aid organisations working in northern Yemen. The agency coordinates the management and access of aid operations and is ultimately responsible for negotiating principal agreements with humanitarian organisations, which grant relief groups the legal basis to work in Yemen. SCMCHA is nominally a civilian body, although many of its officials have a security background.

[68] The politics of humanitarian access in northern Yemen, Mercy Corps Yemen Analysis Team, Jan 2021

The above has been confirmed in another recent report by NRC.[69] This report outlines for instance the detrimental result of short-term decisions: "*Authorities" heavy control compromises humanitarian organisations' independence and challenges their ability to deliver a high quality, needs-based response. In such a restricted position, it is extremely difficult for organisations to build trust and acceptance among their target communities. The mitigation measures they have put in place, many of them* ad hoc*, make it possible to continue to provide assistance, but a lack of coordination and shared approaches makes them less than strategic. They yield "quick wins" but tend not to address the overarching constraints* ». The results can be quite negative: "*Even temporary suspensions make it difficult to regain community acceptance when the response is resumed, and they can be a considerable setback for access.* »

The report furthermore insists on the value of humanitarian access diplomacy at the right level and at multiple levels, as well as the need to bear the necessary costs: "*Regular and consistent high-level access diplomacy, that is coordinated with organisations on the ground, is needed from donors and senior humanitarian representatives.* »…." *Principled access costs money: Donors must fund access and liaison staff at all levels, as well as capacity building initiatives focused on access. Organisations need to advocate for, and invest, in this*".

Finally, the NRC report outlines the utility to link advocacy to high-level or global policy initiatives: "*Link to policy level initiatives: Include bureaucratic impediments in Yemen in the G7 Famine Compact (*note: done by DG ECHO*), the High-Level Task Force on Famine, and implementation of UN Security Council Resolution 2417 on conflict and hunger, which seeks to promote and address obstructions to humanitarian access* ».

B2.2 Coherence (EQ11-EQ12)

EQ 11: To what extent were DG ECHO's humanitarian access approaches and activities in different crises supportive of, aligned to and coordinated with those of its partners, relevant international mechanisms, and other donors?

Response to EQ 11

- In all country case studies, DG ECHO consistently supported the relevant international coordination mechanisms, even in cases where these were still incipient such as in Venezuela. DG ECHO was fully aligned with international policies on humanitarian access. The approach also consistently supported the partners in facing access challenges.

- DG ECHO strongly supported humanitarian diplomacy as a key tool to broaden humanitarian space and access; DG ECHO promoted joint actions to facilitate access in all seven country case studies, in coordination with the relevant donors and international stakeholders. A caveat was found in Syria, where DG ECHO's approach had to be integrated as a component of the overall EU policy, which did not facilitate humanitarian access; this issue is also evoked in EQs 10 and 12.

- EU humanitarian diplomacy efforts were coordinated between the decision centres of Brussels, Geneva and New York, although this structure could be further strengthened. In the Covid-19 response, at global level at the UN and other multilateral frameworks the EU was at

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[69] 'Engineering Chaos: Assertive governments and authorities impede principled humanitarian access: Yemen case study', NRC, June 2021.

the forefront of humanitarian diplomacy to address access constraints and limitations in the movement of humanitarian actors across and within countries.

- As also mentioned in EQ4, OCHA[70], the leading actor in humanitarian coordination and, and as such consistently supported by DG ECHO, often appeared to lack both expert capacities and field presence. In Yemen, for instance, the Humanitarian Access Working Group (HAWG), co-chaired by OCHA, was impacted by poor coordination, unclear reporting structures and conflicts of personalities. The HAWG was not able to operate effectively for most of the reporting period.

- OCHA's Civil-Military Coordination Section (CMCS) is the designated focal point in the UN system for humanitarian Civil-Military Coordination (CMCoord), supporting relevant field and headquarter level activities and operations. Following two decades of driving and supporting the development of CMCoord, OCHA –through its latest reform- disbanded CMCS as a section in 2018, and then reversed this decision, reconstituting CMCS in 2019. CMCS was decentralised to Istanbul . The need to better link CMCoord and access remains critically needed. The 2020 independent report on "Re-assessing CMCS" takes stock of the perspectives of CMCS' partners – including of DG ECHO - regarding key elements of current response contexts, needs and expectations from CMCS[71].

The approach of DG ECHO consistently supported the relevant international coordination mechanisms and it sometimes proactively took part in them. The approach was fully aligned with international policies on humanitarian access.

This support for the international coordination mechanisms was well triangulated in the reports and was also outlined in the two surveys addressed to DG ECHO staff and the partners: 91% of the staff and 88% of the partners agreed with the proposed statement that DG ECHO contributed to the strategy developed by the humanitarian coordination mechanisms.

Among multiple illustrations in the country case studies, the support of DG ECHO for the international coordination mechanisms on access **and its alignment with the relevant international policies was highlighted in Afghanistan, for instance**.

DG ECHO was particularly present in Afghanistan and active at every level of coordination of humanitarian action. DG ECHO chaired the monthly meetings of the Humanitarian Donor Group which consolidated core conclusions of the Humanitarian Country Team, the Inter-Cluster Coordination Team and Afghan Humanitarian Forum meetings, and aimed at an effective and principled humanitarian response. As in all other country case studies except Venezuela and Yemen where this partner is not present, DG ECHO funded INSO (the International NGO Safety Organisation), the co-chair of OCHA in the Humanitarian Access Working Group (INSO is also co-chair of the HAWG in North-West Syria, with DG ECHO support). Such a prominent position enabled DG ECHO to conduct advocacy to ensure effective access to the most vulnerable conflict-affected populations and to promote the delivery of coordinated and principled humanitarian assistance. DG ECHO advocated in all relevant fora for unhindered access for humanitarian actors, as well as

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[70] More precisely, OCHA is the UN secretariat office tasked to assist the UN Secretary General and the Emergency Relief Coordinator to deliver on their leadership and in humanitarian coordination mandate, as provided for under UNGAR 46/182.

[71] Center for Human Rights and Humanitarian Studies, *Re-assessing the Civil-Military Coordination Service of the United Nations Office for the Coordination of Humanitarian Affairs*, Watson Institute for International and Public Affairs, Brown University https://watson.brown.edu/chrhs/files/chrhs/imce/research/Re-assessing%20the%20Civil-Military%20Coordination%20Service_CHRHS%20Report.pdf

supporting its implementing partners in various impediments of access to beneficiaries, both in terms of negotiations at local level(s) and of necessary modifications in implementation.

In Venezuela, where international efforts to implement an access strategy were still incipient, DG ECHO was nevertheless in a leading position on access. The access strategy was not effectively implemented and needed more support by donors such as DG ECHO. The previous Humanitarian Coordinator was not keen on making access a priority, leading to frustration for many actors. Similarly, a strategy on humanitarian diplomacy was needed, because there was no clear line despite general agreement that this was problematic In this troubled context, a respondent to the partners' survey outlined that "*ECHO access strategy is leading humanitarian access, by facilitating operational procedures, responding to emergency situations, promoting active participation/discussions with other donors and key stakeholders, and ensuring frequent communication with partners*".

In all country case studies, DG ECHO also consistently supported partners in facing access challenges. For instance, in CAR and Nigeria, DG ECHO supported key access actors such as OCHA for coordination, WFP for UNHAS air services, and INSO since 2017. In CAR, INSO supported partners against degrading acceptance of NGO status and targeted violence. INSO also strengthened coordination of NGOs with OCHA, UNHAS, security forces and armed groups, and provided assistance with relocation and hibernation as well as reports on security incidents with the potential to affect access. As humanitarian access appeared as one of the major issues faced by NGOs in CAR, INSO developed a one-day training course in March 2018 that addressed access negotiation and coordination mechanism. In Nigeria, comments from the partners' survey confirmed that: "*DG ECHO has also been a lead advocate and supporter of key enablers for the INGO community such as the UNHAS helicopters, INSO, and the Nigeria International NGO Forum (NIF), as well as promoting dialogue and interaction with local government and the military, particularly the Borno State Government in North-eastern Nigeria.*"

Respondents to both surveys agreed with the consistency and the quality of the support provided by DG ECHO to the partners. 78% of respondents in the DG ECHO staff survey supported the statement that "with DG ECHO support, partners have developed their own mitigation strategies." In the partners' survey, 97% of respondents agreed that "DG ECHO consistently supported the initiatives and activities that your organisation developed to mitigate access constraints".

DG ECHO strongly supported humanitarian diplomacy in all seven country case studies, as a key tool to broaden humanitarian space and facilitate access, despite limitations. DG ECHO consistently promoted joint actions to facilitate access, in coordination with the concerned donors and international stakeholders.

Overall, throughout all the seven country case studies, humanitarian diplomacy was greatly supported by DG ECHO, as illustrated below. Despite efforts, c**oncrete results were often meagre**, however, and limited to cooperation with other international actors.

- In **CAR**, DG ECHO frequently travelled to Bangui for discussions with embassies of the EU and France, the national authorities at the highest level, and OCHA. Respondents to the partners' survey stated that "*there is much potential for DG ECHO and the European Delegation to play constructive roles in terms of humanitarian diplomacy for enhanced access. The EU/ECHO team here is very keen to engage accordingly*"; "*DG ECHO actively contributed in the negotiation between national authorities and NGOs on the issue of administrative constraints…DG ECHO actively participated (and supported) to make available additional UNHAS resources…in general, DG ECHO is an active member at the HCT (Humanitarian Country Team)*".

- In **Nigeria**, the HCT - which was also supported by DG ECHO - endorsed an Access Strategy in April 2018 that outlined short, medium, medium-long and long-term goals to enable the humanitarian community to enhance negotiations with key access influencers and to increase humanitarian access to people in inaccessible areas. However, the period 2018 to 2020 witnessed a progressive deterioration of humanitarian access in Nigeria, and most efforts in that context were limited to updating humanitarian access maps and numbers of inaccessible people.

In parallel, DG ECHO organised or took part proactively in a number of humanitarian diplomacy initiatives, including a joint donor letter (initiated by DG ECHO and co-signed by France, Germany and UK) sent to the IASC Emergency Directors in August 2018 to express concerns about unmet humanitarian and protection needs in North-East Nigeria; the humanitarian access side event (initiated by UK) to the Oslo II/Berlin Lake Chad Conference in September 2018; and the visit of the DG ECHO Commissioner to Nigeria in January 2020.

Comments from the partners' survey on Nigeria confirmed DG ECHO's involvement: *"The ECHO country office has been very vocal about the need for the humanitarian community to adhere to the humanitarian principles in the face of pressure from the host government. ECHO has made effective use of the EU Ambassador to advocate on behalf of the humanitarian community"; "DG ECHO has been a lead coordinator in the country donor group to push UN OCHA to improve the overall response coordination and addressing access challenges".*

Some partners thought that still more could be done, though: *"It would have been helpful to have a more robust engagement with the national (federal) government on some of the responses of the Nigerian Armed Forces to access issues facing humanitarian workers"…"I believe there were missed opportunities for utilising the media, the Nigerian diaspora in the EU, and other civil society actors to raise awareness of the deteriorating situation in the Northeast of Nigeria and the wider Lake Chad region that could have led to increased efforts to promote humanitarian access"…"One other area that DG ECHO and the mechanisms of the EU could support further is to start building coalitions of support for a comprehensive regional peace plan that would address some of the root causes of the conflict and give all parties a framework to work towards in establishing more secure and peaceful conditions in the region".*

- In **South Sudan**, DG ECHO also consistently supported OCHA in its role of central humanitarian actor for advocacy on access, as well as UNHAS for its crucial contribution to access with humanitarian flights, further enhanced by COVID-19. Comments from partners in South Sudan outlined that: *"The donor community has a significant impact on addressing access constrains that humanitarian community faces, and DG ECHO is seen as one of the key participant in these advocacy efforts"; "ECHO consistently supported the humanitarian community in South Sudan to address access issues though joint advocacy with other donors and support to those taking a principled stand".*

- In the highly complex situation of **Syria**, DG ECHO supported OCHA to implement the Whole of Syria approach, which encompassed humanitarian operations from Damascus and the cross-border hubs of Turkey and Jordan, as well as lesser activities from Iraq and Lebanon. Due to the evolving conflict, in 2020 there was a considerable decrease in access as there was only cross border from Turkey remaining (there were 2 crossing points until July) as the rest were not renewed by UNSCR in January 2020. Furthermore, access was sub-divided into three areas with distinct challenges: north-west (where the conflict is still most active and supplies have to be delivered across the border with Turkey), north-east (mostly under Kurdish rule), and the government-controlled areas (GCA). As in all other country case studies except Venezuela and

Yemen, DG ECHO funded INSO as a specialised partner to improve the partners' safety management practices, but which was also strongly involved in access-related issues such as mapping and training. As in Afghanistan, INSO also co-chaired the HAWG for north-west Syria.

A caveat regarding humanitarian diplomacy was found in Syria, where DG ECHO had to be integrated as a component of the overall EU policy, which did not facilitate humanitarian access. This issue is also discussed in EQs 10 and 12. In the context of the Syrian crisis, efforts at humanitarian diplomacy by DG ECHO for the sake of access initially achieved a very large outreach and managed to establish contacts with a wide range of actors such as the Iranian Red Cross, the Russian Ministry of Defence, and members of the Syrian government. This approach by DG ECHO had however to be curtailed in order to integrate humanitarian aid as a component of the global political plan designed by EEAS for the transition process in Syria. Although inter-service coordination was essential in the highly complex and politicized situation of Syria, a "lower profile" approach would possibly have been more effective for humanitarian access.

Respondents to KIIs and surveys outlined that "*a lower profile separate approach by humanitarian actors would possibly have been more effective for access*"… "*We did not have access to Damascus/GCA for a long time due to internal strifes within the EU services*"… "*Using TAs lower profile would have probably allowed an easier unblocking of the situation*." A lesson learnt by one stakeholder was that "*humanitarian aid often works at the borders of hell; there you need to talk to the devil if necessary*".

- **In Venezuela,** DG ECHO was on the frontline in the organisation of the Solidarity Conference in Brussels in October 2019**.** Such efforts in humanitarian advocacy contributed to opening the humanitarian space in the country, despite the lack of implementation of the access strategy.

- In **Yemen**, the coordination and coherence of DG ECHO with the humanitarian access approaches and activities of the relevant international mechanisms, other donors and main partners in Yemen were detailed in first part of this report. The level to which advocacy efforts managed to enhance coherence to facilitate access was also assessed in EQ7. To summarise, DG ECHO-supported efforts at coordination and advocacy on access were found at all levels, from the SOM process to the consistent support provided to coordination mechanisms and the advocacy for principled approach and operational improvements. Contrary to most other case studies (Afghanistan, CAR, Nigeria, Syria), positive results were found in Yemen at all levels despite strong challenges, some of which were also measurable through the TMG.

EU efforts at humanitarian diplomacy were coordinated between managers posted in Brussels, Geneva and New York, to cover key decision centres and reach international stakeholders. This structure also reflected the fact that some initiatives and contacts worked better in one place than in another, and all avenues should be explored. Interviews outlined that **this disseminated organisation could be further strengthened.**

There were other challenges. **Diplomacy (not only humanitarian) was impacted by COVID-19**, as some contacts were lost (for instance, with the Russian embassy in Geneva, which was a useful counterpart regarding Syria), and considering that diplomacy could work best in personal face-to-face relations and negotiations.

It should be noted that **humanitarian diplomacy should possibly be sub-divided between horizontal and vertical initiatives**, **with different approaches and levels of expectations**.

- Horizontal humanitarian diplomacy, aimed at strengthening coordination, triple Nexus, and joint messages from members of the international community; **most concrete results to date were found at this level**; and

- Vertical humanitarian diplomacy, delivering the messages to the concerned parties in a conflict; very few results were found at this level, with the partial exception of the SOMs in Yemen.

Few respondents to the surveys commented on humanitarian diplomacy; those that did comment agreed that **more humanitarian diplomacy was needed**, such as in DR Congo: "*So many challenges are ongoing in DRC that 25 years of humanitarian work did not change the situation for humanitarian worker. The past years are assisting to a deterioration of the security context for both communities and humanitarian worker, which means diplomacy was either not done or inefficient. Need to tackle the political level and move forward with the humanitarian diplomacy. Times have changed to engage in politics.*"

Humanitarian diplomacy must also be accompanied by high-level visits on the ground, which were sometimes difficult to organise; a survey respondent noted that "*higher level missions to Yemen following the first two SOM meetings never materialised which limited the impact*". **Furthermore, humanitarian diplomacy must be closely coordinated to the situation in the field**, whereas most activities took place in HQs. Field visits would arguably contribute to reconcile HQ and field visions.

As also mentioned in EQ4, OCHA, as the humanitarian department of the UN Secretariat, often appeared to lack both expert capacities and field presence**. In Yemen for instance OCHA launched renewed efforts since early 2021 to improve its decentralised presence on the ground both in terms of locations (currently in Sana'a, Aden and 8 hubs) and expert capacities (new P4 positions). Such efforts were particularly valuable as they were made in spite of a '0 growth policy' that tied the level of field presence with existing donors' commitments. In a context of limited funding (including DG ECHO's lack of funding in 2020), the sustainability of these efforts was therefore not guaranteed. In Yemen, OCHA is also concerned by the need to strengthen the commitment of donors to the Country-Based Pooled Fund (CBPF), which is an outcome of the UN reforms and would allow more flexibility, away from earmarking.

To note that on 16 July 2021 the UN Secretary General announced his intention to appoint a Special Adviser on the preservation of the humanitarian space and access, to be embedded in OCHA. This decision would be a step in the right direction.

OCHA maintains HQ in New York (operational/geographic services) and Geneva (coordination, resource mobilisation). This organisation is difficult to implement because there are many operational HQs based in Geneva (IFRC, ICRC, UNHCR, IOM, WHO, large INGOs), and COVID-19 has been quite detrimental to coordination.

Desk findings outlined a number of weaknesses of OCHA in the field, such as in Yemen the need to further expand the UN capacity and presence at decentralised level for on-site decision making, or the weak inter-cluster coordination which undermined interoperability.

There were several comments which emanated from the DG ECHO staff survey regarding the weaknesses of OCHA: "*OCHA and UN system too close to government/INGO forum too weak*"…. "*very difficult to achieve/have impact in Ethiopia against government access constraints. Also UN too close to government were part of the problem*". **The concerns of survey respondents were also addressed with regard to the country-level humanitarian leadership architecture, centered on the UN Humanitarian Coordinator (which is supported by the OCHA Country Office), especially in triple-hatted settings of Humanitarian Coordinator (HC) system with its detrimental triple-hat responsibility**: "*While often used, the HC channel remains very weak, due both to the profile of the*

HCs (more political than humanitarian, and as such always trying to advocate with and like the ambassadors) and its triple hat, that is a real constraint by itself".

The surveys provided some recommendations for further advocacy by DG ECHO in this respect: *"Strong position either to have a dedicated HC (instead of the triple hat) or a couple HC/DHC with a clear humanitarian profile and an access background. To be advocated at higher level"… "Be more active with the other donors to push for a new Humanitarian Coordinator figure in the country…The UN took a very political decision when changing the Resident Coordinator, without insisting in the need for a standalone HC"… "*High level advocacy to the UN" was seen both as missed opportunity and a recommendation by the DG ECHO staff survey.

A point in case was found in Yemen, where the Humanitarian Access Working Group (HAWG), co-chaired by OCHA, was impacted by poor coordination, unclear reporting structures and conflicts of personalities. The HAWG was not able to operate effectively for most of the reporting period.

An analysis was conducted on the performance of the HAWG in Yemen, from two former HAWG co-leads for the periods 2016 to 2017 and 2019 to 2020. Its findings in essence are outlined below:

- In the period 2016 to 2017, there was a discrepancy between the policy level ("red lines" on access were defined by HAWG and endorsed by HCT) and the implementation level. A major UN agency in particular, which had endorsed the red lines, crossed those lines in the field (perhaps due to pressure to implement) and undermined the whole collective effort. OCHA was not supportive of HAWG in this and institutional memory was lacking; new agency or INGO staff did not know about "red lines" on access.

- HAWG's performance was also much restricted due to some questions of conflict of personality. As reporting lines were not sufficiently clear, no access strategy or action plan were endorsed.

Humanitarian Civil-Military Coordination (CMCoord) was part of the access strategies of the international humanitarian community, also under the supervision of OCHA. The objective of CMCoord is to support the essential dialogue and interaction between civilian and military actors in humanitarian emergencies necessary to protect and promote humanitarian principles, avoid competition, minimise inconsistency, and when appropriate, pursue common goals.[72]

OCHA published in 2018 a version 2.0 of its UN-CMCoord Field Handbook. Most OCHA country offices have Humanitarian Affairs Officers serving as dedicated focal points for humanitarian access, protection, or civil-military coordination; some offices are supposed to have fully-fledged dedicated CMCoord Officers who can also function as an auxiliary to humanitarian access, protection and security, and facilitate these workstreams as needed.

However, the new OCHA organisation was not conducive to strengthening CMCoord, which was transferred to Istanbul. In this rather isolated framework, the size of the CMCoord Section was small and the structure did not seem well supported by OCHA. An interviewed stakeholder (anecdotal finding) suggested that "*there are few CMCoord officers in the field where they are much needed; in cases where they are not present their role is increasingly taken over by UN Agencies, e.g. WFP, with the latter however not mandated to work on issues that relate to (overall) coordination, which remains OCHA's key mandate"*.

In support of this isolated statement is the independent report on "Re-assessing the Civil-Military Coordination Section (CMCS) of UNOCHA" which has been published in 2020 by the Watson Institute of Brown University and the Center for Human Rights & Humanitarian Studies. CMCS is

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[72] Source: OCHA guidelines on CMCoord

the designated focal point in the UN system for humanitarian CMCoord, supporting relevant field and headquarter level activities and operations. The report takes stock of the perspectives of CMCS' partners – including of DG ECHO - regarding key elements of current response contexts, needs and expectations. The recent context has indeed been turbulent: OCHA – through its latest reform - disbanded CMCS as a section in 2018, and then reversed this decision, reconstituting CMCS in 2019. CMCS was then decentralised to Istanbul. The report identified 12 gaps (e.g. delinking from the field, lack of sufficient human resources, lack of guidance and leadership) and proposed corresponding recommendations for CMCS (including to better link with partners) and the OCHA senior leadership ('embrace, invest in, and support CMCoord as a core competency across OCHA'). The need to better link CMCoord and access remains also critical.

CMCoord was duly mentioned in the EU Consensus on humanitarian aid and other EU documents and was acknowledged by DG ECHO. CMCoord was a key issue in chapter 3.6 of the Consensus on the "Use of civil protection and military assets and capabilities". The "EU Concept on Effective CIVMIL Coordination in Support of Humanitarian Assistance and Disaster Relief" was prepared by the EU Military Staff, in close coordination with DG ECHO, and was approvedapproved by the EU Military Committee in January 2019.[73] On DG ECHO's website, there is also a chapter in the "partnership" section about civil-military coordination. EU's strategy on this aspect, being in line with OCHA, and as part of EU's Integrated Approach[74], outlines that CMCoord is necessary to protect and promote humanitarian principles, avoid competition between civilian and military capacities, minimise inconsistency, and when appropriate, pursue common goals. CMCoord is also essential to maintain a clear distinction between civil and humanitarian responders on one side, and the military on the other. Three examples of CMCoord are provided on DG ECHO's website, taking place respectively in response to Ebola in 2014 (delivery of vital supplies to Liberia, Sierra Leone and Guinea); in response to hurricanes in the Caribbean islands between 2016 and 2019 (navy vessels delivered assistance); and in the context of the COVID-19 epidemic (military planes were used for repatriating EU citizens and carrying protection equipment under the EU Civil Protection Mechanism).

The need for coherence with CMCoord was found in the case studies where international peacekeeping or peace support missions were present such as Afghanistan, CAR and South Sudan. It was also the case in Nigeria where OCHA has deployed CMCoord officers; a joint ECHO-OCHA CMCoord mission (with CMCS' head) took place in Nigeria to assess the situation two years ago. However, in that country humanitarian actors were obliged to cooperate with the Nigerian military authority, which may take unilateral decisions owing to the declared state of emergency and anti-terrorist laws.

CMCoord was however not often present in DG ECHO advocacy plans and HIP strategies. CMCoord or CMCS are not mentioned as such in any of the advocacy plans of DG ECHO (although references are made to peacekeeping missions) nor in the HIPs which have been assessed by this evaluation. CMCoord is however mentioned in the Annex 3 (section 8) of the advocacy toolbox. Among the respondents of the DG ECHO staff survey, 42% (19 respondents out of 45) agreed with the statement that "CMCoord procedures were implemented, either with the national military or with an international peacekeeping force", while 49% disagreed. Furthermore, out of the 19 positive responses, only three agreed "strongly" with the statement, and the 16 others "somewhat agreed". The judgment was also very mixed in the partners' survey: 42% of the respondents "did

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[73] In its working document EEAS(2018) 1293 REV 5 addressed to the EU Military Committee (EUMC)

[74] Council of the European Union (2018), Council Conclusions on the integrated approach to external conflicts and crises, 5413/18 https://data.consilium.europa.eu/doc/document/ST-5413-2018-INIT/en/pdf

not know" about any effective advocacy managed through CMCoord, although 18% of them found it "very effective" and 20% "somewhat effective".

Open comments confirmed a rather poor opinion of OCHA's current capacities on CMCoord, but also outlined the potential value of CMCoord, in particular in helping to establish contacts with armed groups (which was not explicitly part of CMCoord's stated objectives): "*CMCoord remains weak with National Forces (while developing), and inexistent with non-state armed groups (NSAG)"…"CivMil cooperation remains weak and accepted guidelines are not sufficiently applied.*" Among recommendations: "*ECHO should strengthen its advocacy work on access toward the HCT and CMCoord and increase the communication with public authorities"… "Funding to OCHA (CMCoord), UNHAS, INSO to support the partners mitigation measures and strategies'".* Other comments mentioned among the examples of good practices and key achievements by DG ECHO the support to CMCoord and OCHA: "*Funding for OCHA and CMCoord to engage dialogues with weapons bearers"… "CivMil support to OCHA".*

In this regard, the need to establish contacts with NSAGs was outlined several times among key missed opportunities: "*ECHO Office in Afghanistan has not established any contact with non-state armed groups (Taliban) since 2002 till 2020. It was a missed opportunity. Now we are building a regular dialogue"… "ECHO engagement with non-state armed groups resulted in reduced barriers and requests to NGOs in terms"… "ECHO established direct contacts with non-state armed groups and this was very effective.*"

Such an approach was however not feasible in every context, such as in Nigeria: in that country there is a reluctance across the humanitarian community to engage due to two major constraints: on the one hand the fact that the government will not tolerate it (anti-terror legislations effectively criminalizes principled humanitarian response), while on the other hand the profound lack of trust on the part of NSAG makes it difficult to gain even a minimum of acceptance.

> **EQ 12: To what extent were DG ECHO's humanitarian access approaches and activities in different crises conducted in accordance with humanitarian principles, and supported compliance with IHL in order to facilitate access?**

Response to EQ 12

- In all country case studies, the approaches to access by DG ECHO and its partners were always carried out in accordance with humanitarian principles, despite heavy challenges; humanitarian principles and IHL were ignored or poorly understood by parties in conflict in every case study.

- Principled humanitarian aid delivery was a cornerstone of DG ECHO's overall approach. Respect of, and advocacy for, humanitarian principles and IHL were duly outlined in every country strategy of DG ECHO. In all country case studies, DG ECHO and its partners were dedicated to the principled approach and deployed continuous efforts to sensitise actors at all levels. There was no evidence of any divergence or doubt about the relevance of this policy to be found from any partner in all the reviewed case studies.

- In Syria, a discrepancy was found in the fact that the lines between principled humanitarian aid followed by DG ECHO and overall EU strategy focused on the political transition for Syria appeared blurred and may require further clarification in order to strengthen humanitarian space and access. This was also the case in Nigeria.

- An advocacy toolbox was developed in 2017 by DG ECHO to provide guidance and support to the staff on how to implement operational access decisions, but the

> toolbox was still not well known or used. The toolbox was also rather synthetic and proposed only a "top-down" approach through EU or international institutions; a potentially complementary "bottom-up" strategy for frontline negotiations has recently been published by a specialised actor.
>
> - At the EU level, proactive initiatives by EU institutions on respect of IHL in international fora and at country level were undertaken. These have been published in the yearly EU IHL reports, authored by the Council Working Party on Public International Law (COJUR).

In all country case studies, the approaches to access by DG ECHO and its partners were always carried out in accordance with humanitarian principles, despite heavy challenges; humanitarian principles and IHL were ignored or poorly understood by parties in conflict in every case study. For instance, in Yemen OHCHR published three successive reports to date (the latest in September 2020) by the UN Group of Eminent International and Regional Experts on Yemen. This group, established by the Human Rights Council in 2017, repeatedly denounced the human rights violations in Yemen.

Overall support was provided to humanitarian principles and IHL as foreseen in the Humanitarian Consensus and reiterated in the HIPs guidelines. This support was consistently outlined, including by OCHA as the leading humanitarian coordinating body in every funded operation, or by ICRC in its training sessions on IHL delivered to all parties in conflict - although often with little practical effects. In the surveys, 65% of the DG ECHO respondents confirmed that clear messages were consistently delivered by the international humanitarian community to outline the importance of the principled approach and IHL.

Consistent findings were also collected from all case studies, which confirm DG ECHO's dedication to the principled approach. These findings have been discussed in other EQs and will not be repeated here. From the surveys, positive comments were delivered by country directors of UN agencies and INGOs found in case studies, such as the following which mostly concern advocacy.

- **Afghanistan**: the EU convened in December 2019 in Kabul a working meeting of the diplomatic community, humanitarian partners, and other donors, on the theme of strengthening principled humanitarian actions and IHL. DG ECHO in Kabul successfully managed to rally other donors for joint advocacy messaging. This was much appreciated by all humanitarian actors, not only DG ECHO partners.

- **CAR**: DG ECHO actively contributed in the negotiations between national authorities and NGOs on the issue of administrative constraints. DG ECHO actively participated (and supported) efforts to make available additional UNHAS resources.

- **Nigeria**: the EU actively supported humanitarian organisations working in the northeast, to ensure they were able to continue to perform their activities without unnecessary restrictions and with respect for the principles of neutrality and independence, despite the Nigerian counter-terrorism legislation. The DG ECHO country office was very vocal on the need for the humanitarian community to adhere to humanitarian principles in the face of pressure from the host government. DG ECHO made effective use of the EU Ambassador to advocate on behalf of the humanitarian community. DG ECHO was a lead coordinator in the country donor group to push UN OCHA to improve the overall response coordination and address access challenges. DG ECHO was also a lead advocate and supporter of key enablers for the INGO community such as the UNHAS helicopters, INSO, and promoting dialogue and interaction with local government and the military, particularly the Borno State Government in North-eastern Nigeria.

- **South Sudan**: DG ECHO consistently supported the humanitarian community in South Sudan to address access issues though joint advocacy with other donors and support to those taking a principled stand. DG ECHO supported NGOs operating in hard-to-reach areas or prioritising this needy population, providing necessary resources to these agencies to gain local acceptance and push to further strengthen their ability to access the population most in need. In June 2019, DG ECHO initiated and signed up to the "South Sudan humanitarian donor principles and actions" paper.

- **Yemen:** in a comprehensive framework of overall diplomatic and operational engagement, DG ECHO co-led the SOM meetings and consistently advocated also at field level for a principled approach. Among other actions, the Head of the EU Delegation met with both sides to the conflict and conveyed common humanitarian messages agreed by Member States at the relevant Council working party. DG ECHO's contract with OHCHR also focused on access which was one of the four main threats identified: the use of siege tactics, through restrictions on humanitarian access in violation of IHL and laying siege to residential areas in cities such as Taiz, as well as severe naval and air restrictions or de facto blockades by the coalition, which had widespread and devastating effects on the civilian population.

- In **Syria**, DG ECHO confirmed its **strong support for humanitarian advocacy in favour of IHL and principled delivery of aid** in accordance with the EU Strategy for Syria and the operational recommendations agreed upon at the Brussels conferences on supporting the future of Syria and the region. This should be implemented through advocacy activities of partners based on "demonstrated capacities, expertise and sound strategies, as part of an evidence-based, context-specific advocacy strategy comprising clear and realistic/achievable expected outcomes, advocacy plan, potential risks and related mitigation measures". This approach was confirmed in the Annual Activity Report for 2019: **DG ECHO was directly involved in international diplomatic initiatives** such as the Conference "Supporting the Future of Syria and the Region" in Brussels in March 2019, the Humanitarian Task Force of the International Syria Support Group in Geneva, and other advocacy efforts to promote the respect of humanitarian principles and respect of International Humanitarian Law.

However, as also evoked in EQs 10 and 11, in a highly complex context and weak EU political influence, **the lines between principled humanitarian aid followed by DG ECHO and overall EU strategy focused on the political transition for Syria** (which included the end of the Assad regime) **appeared blurred** and may require further clarification in order to strengthen humanitarian space and access. The EU strategy on Syria adopted by the Council in April 2017 has six objectives, which cover both humanitarian aid (objective 3: "saving lives by addressing the humanitarian needs of the most vulnerable Syrians") and political aims (objectives 1 and 2: "ending the war through a genuine political transition" and "promoting a meaningful and inclusive transition in Syria"). Such a combination may enhance EU coherence but does not refer to the independence of humanitarian aid from CFSP as foreseen in the EU Treaty.

To provide guidance and support to the staff on how to implement operational access decisions, DG ECHO published in September 2017 an "Advocacy Toolbox". The toolbox consisted of a cover document outlining the principled approach of DG ECHO and the basics of advocacy. The objectives of the toolbox were 'to provide a number of possible instruments to be used in advocacy efforts and encourage a more systematic reflection on advocacy within DG ECHO; to facilitate assessing the risks and decide between action or inaction, bearing in mind that advocacy may not always be the best method, or that there may be other actors that are better placed than DG ECHO to carry out advocacy in certain contexts; and to support a more structured engagement with

relevant stakeholders, in particular the EEAS and EU delegations, in view of the complementary roles of political and humanitarian actors within the EU, and in order to identify the most appropriate channels for advocacy on a given issue'.

The toolbox was completed by three annexes: an advocacy planning checklist; the template of an advocacy plan encompassing both actions by DG ECHO and by other relevant EU and other actors who may be better placed; and an overview of the means to deliver advocacy, grouped in ten categories (such as advocacy through external communication, high level representatives, all EU policy channels, DG ECHO field network, international/multilateral mechanisms, and civil-military dialogue).

The toolbox was however not well known or used by DG ECHO. In the survey, only 33% of staff agreed on its effectiveness. The toolbox was rather synthetic, provided a mapping of examples of advocacy actions (Ethiopia, Kenya, Iraq, CAR) and did not have a mechanism to promote the sharing of lessons learnt.

In line with the need to involve all relevant international actors who may have an important role to play in the advocacy efforts, the toolbox' recommended approach was also "top-down", relying for instance on EU institutions (the Parliament, EEAS, the member States, CSDP) or international mechanisms and initiatives (CMCoord, OCHA, donor groups, the Call to Action on protection from GBV, UNGA).The approach did not involve humanitarian field actors who would be in immediate contact with the interfering causes of access constraints, and who could also play a role in facilitating access.

To complement the existing toolbox, it could be useful to develop a separate and complementary tool address to all categories of field staff (notably DG ECHO staff but also the partners). This two-pronged approach would reflect the need (1) to adopt also a distinct "bottom-up" strategy, and (2) to help operationalizing it with online training modules. In this perspective, the partner INSO recommended the relevance of the "**Field Manual on Humanitarian Negotiation**" published in December 2018 (and updated in November 2019) by the Swiss-based Center for Conflict and Humanitarian Negotiation (CCHN).[75]

The CCHN Field Manual addresses humanitarian access among other main topics to be negotiated. The CCHN Field Manual on Frontline Humanitarian Negotiation proposes a comprehensive method to conduct humanitarian negotiation in a structured and customized manner. It offers a step-by-step pathway to plan and implement negotiation processes based on a set of practical tools designed to analyze complex negotiation environments; assess the position, interests, and motives of all the parties involved; build networks and leverage influence; define the terms of a negotiation mandate and clarify negotiation objectives; set limits (red lines) to these negotiations; identify specific objectives and design scenarios; and enter transactions in an effective manner to ensure proper implementation.

The CCHN Field Manual (or another comparable guideline for frontline/field actors) could therefore be complementary to the DG ECHO Advocacy Toolbox as, besides defining in a comparable way the objectives, actors and tools, the manual:

- focuses on negotiations, which is a crucial aspect for improving access in the field (a lesson learnt is that "negotiation skills are key"); negotiation is not part of the advocacy toolbox;

- is designed to be applied immediately to respond to field needs;

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[75] Centre of Competence on Humanitarian Negotiation (2019), *Field Manual on Frontline Humanitarian Negotiation* https://frontline-negotiations.org/wp-content/uploads/2019/11/CCHN-Field-Manual-EN.pdf

- addresses all humanitarian actors including DG ECHO field staff but also partners and affected community leaders (who are only mentioned indirectly among the "field networking" in the toolbox);

- is as detailed and user-friendly as the toolbox is synthetic.

The field manual is already supported by capacity building workshops, peer-to-peer learning activities, facilitators from the community of Practice, and advisory support. In addition, it could also be referenced, together with the advocacy toolbox, on the "Learning and Training" section on DG ECHO's website, among the e-learning training modules.

Alternatively, the training could be contracted to a specialised partner (who could use the CCCHN or a comparable guideline as support), through the funding available via the Enhanced Response Capacity (ERC) HIP.

At the overall EU level, the EU was the only regional organisation which adopted guidelines on promoting compliance with IHL. Proactive initiatives by EU institutions on respect of IHL in international fora and at country level, such as in Afghanistan, Nigeria, South Sudan, Syria and Yemen, were listed in the EU IHL Reports from 2018 to 2020 authored by the Council Working Party on Public International Law (COJUR). Contributions to the report were made by the relevant EU institutions including DG ECHO, although the report. The EU IHL report confirmed that promoting respect for IHL engages the responsibilities of different EU institutions and bodies – the Council, the High Representative, supported by the European External Action Service (EEAS), the European Commission and the European Parliament - as well as Member States.

B2.3   Effectiveness (EQ13)

EQ 13: To what extent were DG ECHO's humanitarian access approaches and activities effective? What were the concrete results?

Response to EQ 13

- Overall, the effectiveness of DG ECHO's approaches and activities to improve humanitarian access was significant in maintaining activities as originally planned and in overcoming denials of access. Effectiveness was much more limited against political interference or in trying to make local actors accept a principled approach. Only 10% of DG ECHO's staffand 8% of the partners surveyed, found the approaches and activities implemented against access constraints "very effective".

- Efforts to overcome access constraints were, however, strong. Among the country case studies DG ECHO consistently supported the partners in implementing mitigation strategies adapted to the context, while facing numerous access challenges often due to combined factors of insecurity, administrative hassle, poor acceptance of principles, natural barriers and, recently, COVID-19.

- Some results were achieved by focusing on specific approaches, such as in Yemen (high level advocacy), Afghanistan (training in access negotiation) or Venezuela (standard operating procedures); but much remains to be done.

- Major negative effects of access constraints were still felt in terms of reduction of quantities of aid, delays and protection risks for the population served; the numbers of planned beneficiaries often had to be reduced despite strategies aiming to maintain

> numbers while reducing quantities per head. IHL was promoted and humanitarian principles were respected in all case studies.
>
> - However, highly valuable lessons were learnt, such as the need to develop positive working relations with local actors, risk analysis and prevention before access problems occur, and the fact that access cannot be separated from security and logistics. Potential examples of good practices were also captured, in terms of mapping, coordination, assigned staff to access tasks, or training tools and modules for access negotiations.
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> These lessons and practices are generally comparable among country case studies but often remain fragmented in practice; streamlining, capitalising and systematic dissemination were lacking, which was not conducive to overall effectiveness.

Across the seven country case studies, the types of access constraints were globally similar. The main types of access constraints and their effects on implementation are discussed in EQ10 above; they included access denial, administrative hassle, interference and poor acceptance of humanitarian principles.

DG ECHO consistently supported the partners in implementing mitigation strategies adapted to the context. On top of the proactive participation in international coordination mechanisms (see EQ11), DG ECHO's efforts were seen through the funding of partners, specialised or not. Support to OCHA (coordination, advocacy), WFP (logistics, UNHAS), ICRC (dialogue with weapon bearers, training on IHL) and INSO (security) are assessed in EQ 11 above. Dedicated humanitarian air transportation was funded in Afghanistan with FLFA (Flight Operations for Humanitarian Assistance in Afghanistan) and in all other country case studies except Syria and Venezuela through UNHAS.[76] ERC (Enhanced Response Capacity) was sometimes used to support capacity building linked to IHL and access. Some non-specialised partners were also regularly funded for their expertise in advocacy and access management such as ACF, IRC or NRC (the latter also designed training modules).

The effectiveness of these measures was significant against some types of constraints but limited against others, and much remains to be done. On average only 10% of the DG ECHO respondents and 8% of the partners found the approaches and activities implemented against access constraints "very effective" (see section 2 in Annex B4 for a detailed list of survey results). However, a much larger proportion of respondents agreed on a relative effectiveness. **The most positive results** (56%-62% "strongly" or "somewhat" agreed among the partners) **were found in the overcoming of access denial,** concerning both people in need and humanitarian actors. **The effectiveness against administrative obstacles was medium** (51% effective for DG ECHO, 48% for the partners).

The effectiveness of measures against other key types of access constraints **was less positive** but still appreciable: efforts **at decreasing political interference and increasing acceptance of principled approach** were all judged effective in a range of 40%-49% by both DG ECHO and partners' respondents.

For DG ECHO respondents, the effectiveness of advocacy efforts was highest when these were implemented through (1) the specialised partners and/or the field network of DG ECHO (30% strong or medium effectiveness), and (2), to a lower extent, UN channels (26%) or humanitarian diplomacy (22%). Interestingly and rather conversely, according to the partners the effectiveness of DG ECHO's advocacy was most effective when applied jointly through UN channels (91%) and humanitarian

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[76] DG ECHO also supports NGO forums but limited information collected from the evaluation team, notably due to the impossibility to conduct field visits, prevents the team to conclude on this channel.

diplomacy (80%), but a little less so through specialised partners (63%) - who were targeted by the surveys - or the DG ECHO field network (59%).

Both the DG ECHO and the partners' respondents to the surveys concurred that the main result of efforts in favour of access was to maintain the activities as originally planned (78% and 74% respectively agreed)**.** Both categories of respondents also agreed that **DG ECHO's support contributed to limit extra costs** (56%-59%). Opinions were more divergent regarding delays linked to access challenges (58% of DG ECHO staff agreed that delays were reduced, but only 38% of the partners did so).

Major negative effects of access constraints were still felt in terms of reduction of quantities of aid (98% "important" and "very important" for DG ECHO, 85% for the partners), **delays** (95% for DG ECHO, 92% for the partners) **and protection risks for the population served** (93% for DG ECHO, 91% for the partner) including GBV (91% for DG ECHO, 71% for the partners).

A large share of respondents (90% for DG ECHO Staff and around 75% of the partners) also agreed that access constraints reduced the number of needs assessment and monitoring and lower the quality of interventions overall. It should be noted that 78% of DG ECHO respondents considered that access constraints led to a transfer of implementation (and security risks) to local partners but by only 48% of the partners. Partners and DG ECHO staff also considered that threats to their security increased (for 89%) due to access challenges.

As a result of access constraints, the numbers of planned beneficiaries often had to be reduced (in 61% of the cases for DG ECHO and 59% for the partners), **which was significant but also pointed to strategies aiming to maintain numbers while reducing quantities per head**. Relocation (perhaps partial) of interventions was considered in 66% of the cases by DG ECHO and in 59% by the partners.

As a rule, DG ECHO and all the reviewed partners agreed that upholding humanitarian principles and IHL in the face of challenges was crucial despite regular temptations to compromise parts of the principles for short-term access opportunities. **IHL was promoted and humanitarian principles were respected in all case studies; their application was nevertheless recorded as "less rigorous" in many instances** (in 56%-66% of the cases by DG ECHO), **although the questionnaire did not specify if this was done by DG ECHO partners or by other external humanitarian actors**. The partners were more stringent on this issue: only 44% considered that access constraints led to a less rigorous application of humanitarian principles and IHL.

Overall, respondents from DG ECHO and the partners agreed regarding effects and approaches to be followed. At the higher level, humanitarian diplomacy is assessed in EQ11.

At the field level, among the country case studies, the approaches and activities implemented by DG ECHO and its partners were often comparable. A list of collected good practices can be found below.

Examples of good practice and recommendations could be found in the DG ECHO staff survey; **these concerned primarily coordination and advocacy**: **"***Funding NGOs fora and coordination mechanisms has increased CSO voices with UN to better support all humanitarians activities"… "Advocating with all humanitarian partners to work in close coordination has helped unite the humanitarians".*

In view of the multiple factors which could potentially affect implementation, a **regular and open dialogue between DG ECHO and the partners on the access constraints and their effects duly took place, and such flexibility in programming contributed to effectiveness**. The partners widely agreed on the consistency of DG ECHO's efforts at maintaining a transparent dialogue and applying flexibility in their contractual relations (80%-91%). DG ECHO's support to the partners to develop

their own access strategies were the most appreciated efforts among DG ECHO staff (respectively 91% and 78% "strongly agreed" and "somewhat agreed") – and even more so by the partners themselves, at 97%.

The delivery of joint/clear messages by the humanitarian community (with DG ECHO's contribution) and **the development of advocacy plans by DG ECHO were also useful tools**, which were appreciated by 64%-66% of the DG ECHO respondents. The partners were more nuanced regarding DG ECHO's efforts at developing a relevant access strategy (only 20% strongly agreed on this, and 48% somewhat agreed). The use of budget increase to overcome access constraints appeared fragmented: while 35% of the partners strongly agreed that DG ECHO was prepared to apply such a measure, 27% were not informed.

The DG ECHO focus on protection and GBV in programming and the continued support to coordinated approaches and advocacy appeared also as crucial factors.

A few concrete e**xamples of positive results were found in Yemen, Afghanistan and Venezuela,** as outlined below.

In **Yemen**, the SOM process allowed to articulate common lines of advocacy among the members of the humanitarian community and follow up its progress over time, allowing a sustained and coordinated engagement with the parties (both in the North and the South) on access. Evidence of the effectiveness of the Technical Monitoring Group (TMG), which was strongly supported by DG ECHO, was found in the progress registered regarding four of the seven key benchmarks (or "asks") defined by the international community.

- As of December 2020, northern authorities confirmed in written form that the application of the 2% levy established by Decree 201 was suspended, without seeking alternative payment from NGOs.

- WFP Biometrics and Re-targeting: In November 2020, biometric registration activities and cash transfers were launched in three districts of Sanaa. An expansion of these activities was scheduled to occur one month after the conclusion of the pilot project (since 2019, Houthi authorities have opposed the introduction of biometric systems to prevent aid diversion).

- NGO Principal Agreement: INGOs succeeded in convincing authorities to return to the pre-war principal agreement template without further amendments. The establishment of a common framework for principal agreements, including time limits for their approval, was as of the end of 2020 awaiting confirmation from SCMCHA.

- NGO Sub-Agreements: in 2020, there was some progress over the approval of sub-agreements. As of December, over 120 sub-agreements worth 243 million USD were approved. Further progress was needed on the approval of a common framework for sub-agreements.

An example of the value of joint communication could be found in the consistent approach (advocated by DG ECHO) regarding the desire of the authorities in North Yemen to use only local NGOs. DG ECHO and other international actors jointly mentioned that their services could be suspended in this case, and the authorities agreed to drop this measure.

In **Afghanistan**, DG ECHO support to INSO was effective in providing training in access negotiation to the partners (NRC and ACTED also conducted train-the-trainers on access), supporting OCHA's HAWG and its mapping of access constraints, and exchanging good practices between partners. This was much needed as the humanitarian space shrunk severely over the past two years - and the situation continues to deteriorate rapidly. Small NGOs do not coordinate much anymore as they compete for decreasing funding, and most UN agencies (except IOM and WFP) are "bunkerised",

including UNDSS which should advise them on access. Neither the government (despite numerous training by ICRC for example) nor the Taliban respect humanitarian principles. Much like SCMCHA in Northern Yemen, the Taliban have developed centralised bureaucratic control (down to school curricula) and imposed taxation on humanitarian actors for access – a situation which is very difficult to mitigate.

In **Venezuela**, the regional director of major INGO outlined in the survey that the effectiveness of DG ECHO could be measured by:

- The development of "Special Operation Conditions" taking into account the context, facilitating implementation of projects and informing other donors about ways to enable humanitarian action in Venezuela.

- The active participation in strategic discussions about humanitarian action/access in the country.

- The funding of the only national network of local organisations implementing joint advocacy.

- The funding of the only information management network led by local organisations, providing nationwide data on the humanitarian situation.

Lessons learnt and good practices to facilitate access

Strategies / approaches for DG ECHO and its partners:

- **Focus on risk analysis and prevention measures**, on top of advocacy which may come only after incidents happen – and thus too late.

- **Communicate and engage frequently with local authorities** (and sign MoUs with them if possible), NSAGs and communities specifically on humanitarian principles on the distinction of humanitarian actors from politics, beneficiary engagement and selection. Communication protocols must be in place. Local and central authorities must be informed about logistics movements, resource transfers and personnel movements. Appropriate management of local actors/stakeholders must occur in all steps. Deviation from such steps may hamper the whole process and hinder acceptance by stakeholders.

- However, **maintain a low profile** particularly in areas where negotiation with NSAGs, communities and authorities is required.

- **Ensure regular update of mapping of access challenges and opportunities**, as well as local stakeholders.

- **Create specialised staff positions related to access challenges** such as Access Manager (which can be combined with security duties) or community access focal points. Their functions would be to ensure mapping and coordination, supervise training, maintain access as negotiated and facilitate acceptance and service delivery. There is a need to consider possible pressure on local staff as well as risks in using delocalised national staff due to ethnic differences.

- **Provide regular/systematic training in access negotiations** for staff and the affected community leaders: "experience in negotiation is key". Recommendations from the surveys concern indeed the fact that more capacity building is needed: *"Funding of certain partners like INSO allowed other NGOs to gain a better handling/understanding of security and increase their presence/activities in North East Syria"… "Including capacity building activities (including security issues as well as humanitarian principles) in the projects has*

> *allowed funding specific activities that have helped opened the humanitarian space and create advocacy".*

- **Inform DG ECHO regularly and openly**; refer to DG ECHO for advocacy at the higher level if needed.

- **Maintain optimum security and communication procedures**; "access cannot be separated from security (and logistics)"; carry out periodic security audits in the field by HQ/ regional office to maintain the flow of security management structure and take necessary development initiatives to ensure Duty of Care. Prepare relocation and evacuation procedures.

- **Maintain close coordination with relevant international actors** (OCHA, WFP, INSO, ICRC) and synergies with concerned partners.

- **Ensure proactive participation in HAWGs**, access strategies and action plans, HCT if possible.

Specific operational / implementation issues:

- o Support affected community elders who retain some authority.

- o Ensure that distribution/service points are within reasonable walking distance (where possible) and that hazards – in particular risks of GBV - are mitigated or avoided.

- o Maintain mobile/rapid response teams to operate in areas where DG ECHO or the partner has not been able to create a long-term access strategy.

- o Pre-position buffer stocks to mitigate effects of pipeline breaks or rainy/winter season; access is to be considered as a "seasonal" issue.

- Lessons learnt for DG ECHO (from Yemen):

- o The SOM/TMG process demonstrated the value of coordinated approaches to ensure joint identification of access challenges, red lines and consistent action by the humanitarian community as well as the definition of access related indicators/benchmarks enabling follow up and sustained negotiation processes.

- o DG ECHO introduced a simplified format of interim report in which the partners need to outline the challenges to access and the operational environment, to be submitted four months after the start date. Partners could then use this time limit established by DG ECHO as an argument to negotiate with authorities an earlier approval of the operation. After the period of 4 months and in case there is no sub-agreement, DG ECHO could, according to the clause, end the grant agreement or reallocate resources to other areas in need where access was granted.

Perhaps unsurprisingly, the effectiveness of mitigation measures was generally lower for factors on which DG ECHO or humanitarian actors alone had little or no influence (conflict, insecurity, physical environment, COVID-19, terrorism). For instance in Nigeria, despite significant efforts, there has been no meaningful shift on accessing areas outside of the control of the government, effectively undermining the ability to implement principled humanitarian response. The humanitarian community is only able to work on one side of the conflict, which is hardly an indicator of impartial engagement.

Through the efforts of DG ECHO and its partners, these valuable lessons learnt and good practices need to be streamlined and translated into systematic capacity building activities, possibly in the form of an updated toolbox or training modules.

B2.4   *Efficiency / Cost-effectiveness (EQ14)*

EQ 14: How efficient and cost-effective were DG ECHO's humanitarian access approaches and activities?

Response to EQ 14

- DG ECHO's engagement in high-level advocacy activities for humanitarian access contributed to the cost-effectiveness of the response of all humanitarian actors. DG ECHO's successes, together with those of other humanitarian actors, in solving or reducing the scope of access constraints improved cost-effectiveness by reducing the operational burden of the humanitarian response. Some collective achievements also benefited the entire humanitarian community, such as ending the 2% levy imposed in Northern Yemen.

- At the project level, DG ECHO's support to overcome access constraints contributed to a significant extent to the cost-effectiveness of the interventions. An example of good practice in Yemen was the interim report that DG ECHO introduced (a similar practice based on DG ECHO's experience was adopted by USAID) about the situation of the operating environment, assisting partners in negotiating with authorities: partners reported that this helped to obtain approval of Sub Agreements, necessary to operate. Three quarters of the survey respondents from both DG ECHO and the partners confirmed that this support contributed to maintain the activities as originally planned, despite access constraints. 60% of respondents to both surveys also considered that DG ECHO contributed to limiting the extra costs due to access constraints. Views were more mixed regarding the effect on cutting administrative delays: 55% of DG ECHO staff, but only 38% of the partners, agreed this was the case.

- Overall, DG ECHO's flexibility in implementation was conducive to efficiency. DG ECHO was flexible enough to adapt its management to the constraints faced by the partners, notably by simplifying administrative requirements, which helped the partners to mitigate the effects of humanitarian access constraints. However, survey respondents from both DG ECHO and the partners also stressed that additional flexibility and agility – notably in terms of timing to grant no-cost extensions and funding support costs - would further reduce delays and facilitate the implementation of funded actions.

- DG ECHO did not sufficiently integrate its approach to tackling access challenges in the HIPs. Not linking enough access challenges to the activities in the HIP was a potential source of inefficiency. Moreover, the logistics sector was not sufficiently prioritised, even though it could contribute substantially to the cost-effectiveness of the response.

- Another missed opportunity was the lack of dissemination of lessons learnt and systematic reinforcement of capacities regarding access negotiation for DG staff, the partners and affected community leaders. As access constraints often take a similar shape across different situations, improving the sharing of best practices could help the actors react sooner and better. Moreover, some partners highlighted the need to develop their capacity to deal with access challenges at the local level, notably because negotiations at a higher level (such as national) did not automatically translate in the field.

DG ECHO's engagement in advocating in favour of the humanitarian space, notably at the project level (see also EQ 7), contributed to cost-effectiveness by mitigating access constraints. As already outlined, across crises DG ECHO played an important role in high-level advocacy efforts of the international community for humanitarian space. In one instance, **DG ECHO's role in high level advocacy activities regarding humanitarian access led in some cases to a measurable impact on the cost-effectiveness of the humanitarian response of all actors.** An important success was DG ECHO's contribution to suspending the 2% levy on humanitarian operations in Yemen. In other cases, the impact was not measurable. Several partners praised DG ECHO's help in obtaining agreements from local authorities, including through face-to-face meetings. One partner mentioned that DG ECHO contributed to accelerating access to the population through advocacy for the cholera and COVID-19 crises; this was confirmed by a Country Office, stating: *"DG ECHO managed to obtain visas from government for all partners which were blocked during COVID-19"*.

While it was often not possible to precisely measure the scope, DG ECHO success in effectively reducing access constraints at the aggregated national or regional level could in some instances directly contribute to cost-effectiveness. Avoiding further delays, allowing unserved populations to be reached and/or reducing operational constraints automatically translated into improved efficiency and cost-effectiveness for both DG ECHO's funded interventions and the humanitarian response in general.

Overall, the partners considered that DG ECHO's support in favour of access constraints did contribute to the cost-effectiveness of the interventions. The results from the survey of DG ECHO's partners in six countries (Figure 18) indicated that most 59% out of the 34 respondents agreed with the fact that DG ECHO's interventions limited the extra costs incurred by the partners due to access constraints (with only four disagreeing with the statement). A large majority (74%) agreed that DG ECHO helped them maintain the activity as originally planned (against only three respondents who disagreed). However, the partners had mixed views on DG ECHO's contribution to reducing administrative delays: only 38% of respondents agreed this was the case, the same proportion of respondents did not know, and 25% disagreed (Figure 17).

Figure 17- DG ECHO's contribution to cost-effectiveness according to the partners
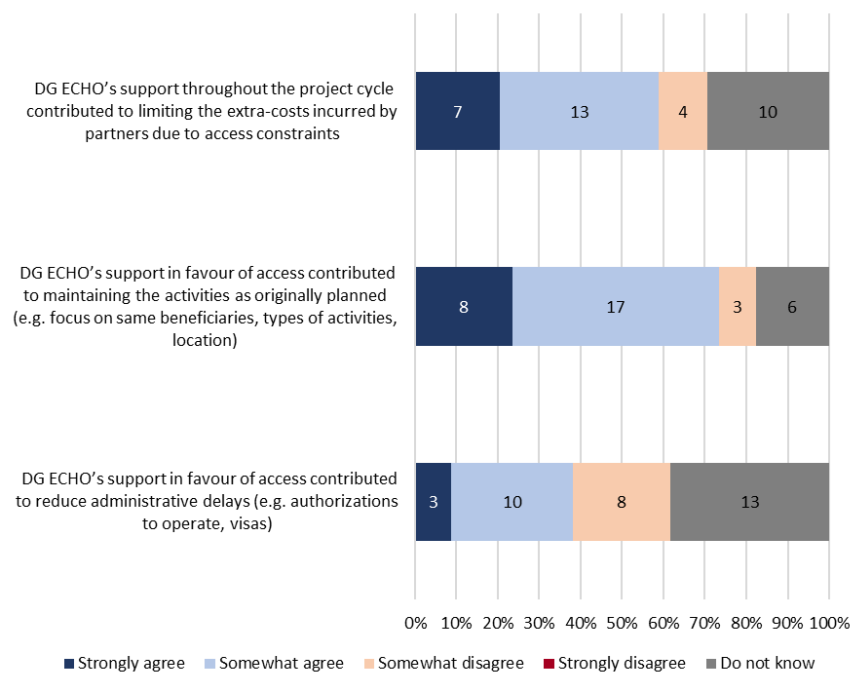
Source: ADE, DG ECHO's partners survey on humanitarian access
Note: The total number of respondents is 34, the number indicated on the figure corresponds to the number of respondents (not the percentage).

DG ECHO's staff judgement on their own contribution to cost-effectiveness was in line with the view of the partners, including mixed views on the contribution to reducing administrative delays. As for the partners, a large majority (78% or 35 out of a total number of 45) of DG ECHO's staff who responded to the survey agreed that DG ECHO's support contributed to maintain the activities as originally planned. Around 60% considered that they contributed to limiting the extra costs for the partners (with 20% of respondents declaring that they did not know). DG ECHO's self-assessment on its contribution to reducing administrative delays was more positive than that of the partners, but not overwhelmingly so: 55% of the DG ECHO respondents agreed there was a positive effect, but 36% disagreed.

The partners' views on DG ECHO's contribution to cost-effectiveness varied across humanitarian contexts. The analysis of the survey results at the humanitarian crisis level showed some variations, although the limited number of respondents (34 in total) meant the results should be interpreted with caution. A large majority (70%) of respondents had a positive perception of **DG ECHO's contribution to minimising the extra-costs** due to access constraints in Afghanistan, Venezuela, Nigeria and Yemen, but less so in South Sudan and CAR, where only half of the respondents agreed with this statement (the others indicating that they did not know). Regarding **DG ECHO's support to maintaining the activities as planned**, partners in Afghanistan, Nigeria and CAR were particularly positive, while the results were mixed in Venezuela and South Sudan. Finally, Venezuela was the only country where most respondents considered that **DG ECHO contributed to reducing administrative delays** (three out of four). In Nigeria, most respondents disagreed with this statement (also three out of four), while in CAR and South Sudan, most respondents stated that did not know. In Afghanistan, the views were equally shared between the respondents, with a third agreeing with DG ECHO's positive impact, a third stating that they did not know and the final third disagreeing (see section 4 in Annex B4 for detailed results).

Both the personnel and the partners saw DG ECHO's flexibility as conducive to efficiency overall. Comments from both DG ECHO's staff and partners indicated that flexibility in managing the interventions helped the partners adapting to and mitigating the effects of humanitarian access constraints. A DG ECHO Country Office stated that "*Flexibility has helped the partners to look for creative alternatives and be able to negotiate at local level and deliver efficiently*".

In several cases DG ECHO simplified administrative procedures or found innovative approaches to facilitate the work of partners. This included, for example flexible funding mechanisms to overcome administrative barriers. In Venezuela, DG ECHO developed "Special Operation Conditions" for the partners, allowing them to use alternative mechanisms for implementation, and therefore contributed to providing humanitarian assistance in a secured and timely manner. DG ECHO also authorised the partners to purchase medicines from local suppliers, which further contributed to a timely delivery.

However, both DG ECHO staff and the partners also recognised that additional flexibility and agility would further reduce delays and facilitate the implementation of funded actions. A major concern in this regard was the perceived duration of some administrative approvals. Free text answers to the DG ECHO staff survey indicated for example: "*Approval of added resources would have taken too long to allow partners to intervene*"… "*Funding level in Afghanistan is not reflecting needs and challenges. DG ECHO could become more agile in disbursing funds when really needed*". These issues were reflected in comments in the partners' survey: "*The new DG ECHO guidelines/rules have resulted in a long delay of confirmation of some HIP 2021 proposals' (in Venezuela and CAR)… DG ECHO's administrative processes delayed the delivery of funds/programmes with a direct impact on partners and beneficiaries*".

Some DG ECHO staff also indicated that more flexibility could be shown in granting modification requests and providing no-cost extensions to partners facing delays in implementation due to access constraints. One DG ECHO member of staff mentioned that the organisation could be more permissive regarding support costs related to access and security. This concern was also raised by a partner in Yemen. DG ECHO's partners also stressed that in some cases DG ECHO was not flexible or supportive enough. For example, in Venezuela one partner mentioned that DG ECHO could have been more supportive in importing medicine or less strict with the procedure.

Furthermore – as also stated in EQ10 - **DG ECHO staff stressed that humanitarian access was not given sufficient attention in the HIPs where the logistics sector was not prioritised.** Although budget-wise access challenges were factored in the partners' proposals, there was room for better integrating the strategic approach to tackling humanitarian access in the HIPs according to some respondents. One respondent, for example, suggested that the funding of certain sectors or activities without first solving or mitigating access constraints was not cost-effective. The logistics sector was not prioritised and received limited budget despite the factor that interventions of this nature could make important contributions to the overall cost-effectiveness of the humanitarian response. For example, ECHO Flights were cited as improving access for DG ECHO's partners whilst decreasing spending on air transportation. Moreover, access constraints were not sufficiently accounted for in partners' proposals, including the financial consequences of those restraints.

The dissemination of lessons learnt and reinforcement of capacities regarding access challenges to both DG ECHO's staff and the partners was not optimal. Comments from DG ECHO's staff indicated that the approach to access and security challenges was inconsistent across countries (such as INSO funding). They also suggested that DG ECHO had room for improving the dissemination of lessons learnt across countries as several access challenges were broadly similar, with small particularities. DG ECHO's partners also stressed that **capitalising on the best practices learned across partners in the field facing similar humanitarian access issues could be improved**.

The need to reinforce the capacities of the partners to deal with access challenges in the field was also raised.

This echoed earlier findings (see EQs 10 and 11) that access negotiations at higher levels (such as national) did not necessarily translate immediately into real improvements on the ground, suggesting that investing at the local level would be a useful complement – and/or that high-level field visits were indeed advisable. This was the case for example in Afghanistan, where resuming regular dialogue with non-state armed groups resulted in reduced access barriers. In Yemen, too, diversifying the points of contact by establishing dialogue with the different types of local authorities (such as at the governorate or district level) contributed a timely response to access constraints. Various forms of training for access negotiation were also funded for instance in CAR or South Sudan by several partners, and were also part of INSO's training for security, although it was not clear whether the various training modules were compared or standardised.

B2.5   Added value (EQ15)

EQ 15: What was the added value of DG ECHO's humanitarian access approaches and activities?

Response to EQ 15

- The added value of DG ECHO in terms of humanitarian access in the field was quite high in all case studies; added value was in particular to be found in the field presence and expertise of DG ECHO staff, the upholding of the principled approach, the wide network of partners and the support provided to coordination mechanisms.

- The added value of the EU versus the member states depended on the context. Overall, the EU was often weak politically, although that situation also made the EU more credible as a perceived neutral humanitarian stakeholder, with access to all parties.

- The diversity of the member states could also be an asset to facilitate access negotiations in some countries, depending on historical relations

- A missed opportunity was the lack of dissemination of lessons learnt and systematic reinforcement of capacities regarding access negotiation for DG staff, the partners and affected community leaders. As access constraints often take a similar shape across different situations, improving the sharing of best practices could help the actors react sooner and better.

- Moreover, some partners stressed the need to develop their capacity to deal with access challenges at the local level, notably because negotiations at a higher level (such as national) did not automatically translate in the field: such remarks highlighted the importance of the strong linkages between field and HQ developed in the Yemen context to sustain advocacy efforts bottom up and top down.

The added value of DG ECHO in terms of humanitarian access in the field was quite high across the board, as testified by the surveys sent to DG ECHO staff (see section 2 in Annex B4) and to the partners in the country case studies (see sections 3 and 4 in Annex B4). According to DG ECHO staff themselves, the main added value of their action **lay in the field presence and expertise, the upholding of the principled approach, the wide network of professional partners whose combined expertise could often cover all sectors of activities, and the support provided by DG ECHO to the coordination mechanisms** (89%-95% of the respondents strongly or somewhat agreed). Efforts at supporting advocacy was also a core added value of DG ECHO (82% agreed).

The partners essentially agreed that the best added value of DG ECHO was found in its consistent support for international coordination mechanisms (90%), although this was closely followed by field presence and expertise, principled approach, networking, budget resources, advocacy and timeliness (in all cases 73%-82% of respondents "strongly" or "somewhat" agreed).

The added value of DG ECHO's approaches in favour of humanitarian access in Yemen were evaluated in part A of the Desk report (EQ 7). It was found that DG ECHO was proactively involved in high level humanitarian diplomacy towards the local authorities (the SOMs), in advocacy among the humanitarian community and donors to uphold the principled delivery of aid, and in promoting integrated operational approaches which were best adapted for responding to the urgent needs of the affected populations and ensuring access (Rapid Response Mechanism, Cash Consortium for Yemen). A key added value was the strong linkage between field and HQ to sustain advocacy efforts bottom up and top down.

In other country case studies, documentary evidence showed that DG ECHO provided added value by systematically supporting humanitarian access working groups and other relevant international coordination mechanisms, supporting individual activities by the partners, and, in Nigeria, by taking high level diplomacy initiatives (the Commissioner's visit). However, whilst DG ECHO's contribution in improving humanitarian access was undeniable, it was extremely difficult to disentangle these efforts from the those of the international community in general, or to compare it with other donors, as all donors often worked very closely on this issue (such as in in South Sudan).

As discussed in EQ11, some open comments from the field outlined the structural weaknesses of the international coordination: "*OCHA and the UN system are often too close to the government, and the INGO fora are too weak*".

 At the global level, the added value of the EU depended essentially on the context. **The EU in itself was often rather weak politically despite its efforts**, for instance in country case studies such as Afghanistan, South Sudan, Nigeria, Syria or Venezuela. **In contexts where European history was never prominent (such as Afghanistan), the EU's influence was simply too limited to make a difference, whatever its activities were**. In Afghanistan, DG ECHO's presence was very proactive. In Nigeria, where the EU's influence was also limited, DG ECHO was one of the most outspoken donors to state in 2017 that humanitarians should not be located within the military bases, to mitigate the blurring of lines. This was done through meetings, letters and funding to some partners to set their hubs elsewhere.

Conversely, this lack of political or military influence potentially also presented the EU as a perceived neutral humanitarian stakeholder, with access to all parties. A lesson learnt, somewhat ironically, in this respect is that *"la force de persuasion est le reflet de la faiblesse diplomatique"* ("*persuasiveness reflects diplomatic weakness").*

Going against the objective of demonstrating that the EU as a whole had a clear added value compared to individual members states, the diversity of the member states was not helpful in some crises where history (notably in former colonial countries) retained more weight and influence. This could be both very positive (such as in accessing authorities) and negative (defiance, lack of trust). A case in point could be Spain in the context of Venezuela, as the EU ambassador was declared *"persona non grata"*; visa restrictions for Spanish citizens in Venezuela were limited; and Spain was also an EU broker for Cuba.

CHAPTER B3: CONCLUSIONS AND RECOMMENDATIONS ON ACCESS

B3.1 Conclusions

This section presents an overall assessment and conclusions emerging from the evaluation's analysis on global humanitarian access (Part B). They are based on the findings presented under related evaluation question (EQs). The conclusions[77] are structured along six clusters: (i) financing decisions; (ii) advocacy plans; (iii) humanitarian diplomacy; (iv) international coordination; (v) effectiveness; and (vi) added value. Conclusions and recommendations that touch upon humanitarian diplomacy and support to international coordination mechanisms on Access are complementary to those provided on the same topics for Yemen in part A of the report. Cross-references are provided with EQs. They are summarised in Figure 18 below.

> **Overall assessment on EU's interventions regarding Humanitarian Access**
>
> The efforts made by DG ECHO to address the constraints to humanitarian access were consistent at the higher level: in all case studies, DG ECHO supported the relevant international coordination mechanisms and aligned its strategy with international policies on humanitarian access. DG ECHO has also strongly supported humanitarian diplomacy as a key tool to broaden humanitarian space, with some positive results.
>
> At the programming and operational levels however, the tools used by DG ECHO's staff and partners were not sufficiently adapted: annual HIPs described access constraints but did not appropriately translate them into programming priorities; a few advocacy plans and an advocacy toolbox were prepared but were little used and need to be upgraded with valuable lessons learnt. Furthermore, UN OCHA – the main international humanitarian coordination body whose Head has also the mandate on advocacy and which supports civil-military coordination - has been weakened by UN reforms. In that framework, DG ECHO was often effective in maintaining activities as originally planned despite access constraints. The fact that humanitarian principles and IHL were generally overlooked by parties in conflict remained a key challenge.

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[77] Conclusions on the Access part are numbered from CA1 to CA6 (vs. CY1 to CY8 for Yemen).

Figure 18- Conclusions and Recommendations on Humanitarian Access
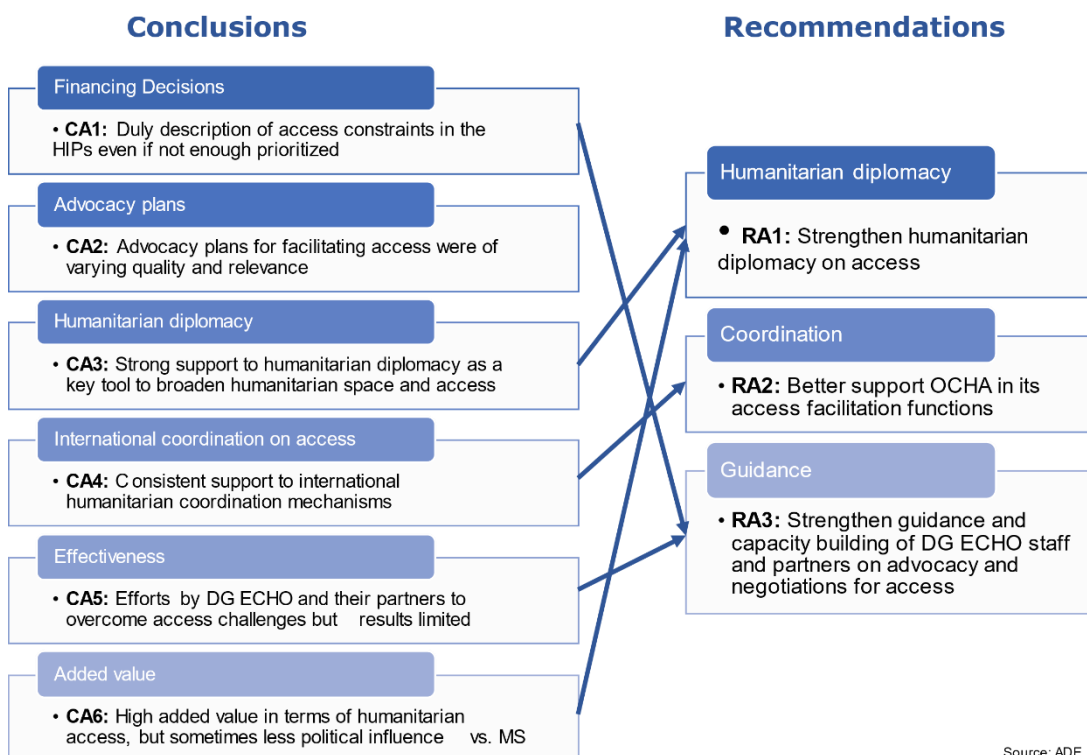
Source: ADE

On financing decisions

CA1. DG ECHO duly described access constraints in its annual Humanitarian Implementation Plans (HIPs), although it did not prioritize them enough

This conclusion is based on the following findings:

- In all case studies except Venezuela (where no comprehensive analysis about access constraints was found), the annual HIPs appropriately described the situations, including the access constraints faced by DG ECHO and its partners, and the consequences for the most vulnerable beneficiaries. (EQ10)

- However, access was usually not found among HIP priorities, with the exception of humanitarian air transport services which are often crucial for staff and emergency supplies. To counter access constraints, the HIPs generally recommended approaches such as advocacy (including on IHL), coordination, and support to specialised actors such as OCHA or WFP (although not yet for instance INSO or NRC for security and access). It also referred to thematic policy guidelines with cross-cutting impact on access (notably on protection). Widespread training or capacity building on negotiation skills for access, systematic support to Humanitarian Access Working Groups to design access strategies and action plans, Civil-Military Coordination or the possibility of exceptional measures such as air bridges were usually not mentioned in the HIPs. (EQ10)

- Humanitarian access was also not mentioned among the Key Outcome Indicators or the Key Results Indicators used by the DG ECHO partners in their reporting. (EQ10)

- The costs related to access were usually supposed to be already integrated in the specific activities designed by the partners in their proposals and validated by DG ECHO through

agreements if they corresponded to the HIP requirements. In cases of exceptional needs, DG ECHO allocated some HIP modifications specifically designed to fund additional logistical resources to overcome access constraints, for instance in CAR (2020), Nigeria (2018), South Sudan (2020) and Yemen (2018, 2020). This process may however be complex and long (EQ10).

On advocacy plans

CA2. DG ECHO's advocacy plans for facilitating access were of varying quality and relevance. One of them (Mali) can be considered as best practice

This conclusion is based on the following findings:

- A few advocacy plans to facilitate access were drafted by DG ECHO as from 2017. In the plan designed for the Central African Republic, the objectives and list of activities (mostly administrative and not field-based) appeared confusing and incomplete. The conclusions and recommendations corresponded to some of the identified issues, but not all. In South Sudan, the plan of 2017 was quite specific to the country, as the main axis of the strategy was focused on engaging all international stakeholders in a collective advocacy towards the government. (EQ10)

- Up to 2020, DG ECHO published four other advocacy plans for access in DRC, Iraq, Mali and Ukraine (these countries were not among the case studies). Among those, the advocacy plan for Mali was focused, practical and applicable in other contexts; it could be considered as a template for global good practice.

- The strategies for Iraq and Ukraine were also quite valid and included many of the practical elements developed for Mali, but as they were focusing more (and without prejudice to their quality) on the specific country contexts, they are less easily replicable in other contexts. (EQ10)

On humanitarian diplomacy

CA3. DG ECHO strongly supported humanitarian diplomacy, notably in terms of coordination, as a key tool to broaden humanitarian space and access. The Senior Officials Meetings (SOM) process in Yemen can be considered as an example of good practice, despite resistance by local actors

This conclusion is based on the following findings:

- In all country case studies, the approaches to access by DG ECHO and its partners consistently supported humanitarian policies; they were always carried out in accordance with humanitarian principles, despite heavy challenges; however, humanitarian principles were still ignored or poorly understood by parties in conflict in every case study. (EQ12)

- To help overcome these constraints, DG ECHO consistently promoted joint actions to facilitate access, in coordination with the concerned donors and international stakeholders. It strongly supported humanitarian diplomacy in all seven country case studies, as a key tool to broaden humanitarian space and facilitate access. Humanitarian diplomacy was performed under various forms such as joint EU messages, participation to donors' groups or high-level field visits. Results were mixed, as illustrated below. (EQ10, EQ11)

- In Yemen, the deterioration in 2019 of the operational environment, humanitarian space and access, accompanied by an increasingly centralised and rigid control exercised in the north by the Supreme Council for the Management and Coordination of Humanitarian Affairs (SCMCHA) raised grave concerns among donors and actors. This prompted the launching of humanitarian diplomacy through the Senior Officials Meetings (SOM) process, co-led by DG ECHO. Despite protracted discussions with SCMCHA, the SOMs and the monitoring of their objectives by a working group yielded positive results and lessons learnt such as the importance of coordination in advocacy. The SOM and Technical Monitoring Group processes in Yemen could be considered as examples of good practice, as no other similar mechanism could be observed among the case studies. (EQ10)

- A less positive example was found in the Syrian crisis. Efforts at humanitarian diplomacy by DG ECHO on access initially achieved a large outreach and managed for instance to establish contacts with the Iranian Red Cross, the Russian Ministry of Defence and members of the Syrian government. This approach by DG ECHO was curtailed in order to integrate humanitarian aid as a component of the global political plan designed by EEAS for the transition process in Syria. Although inter-service coordination was essential in the highly complex and politicised situation of Syria, a lower profile approach would possibly have been more effective for humanitarian access. (EQ11, EQ12)

- High-level visits to the field for advocacy/humanitarian diplomacy purposes appeared to be particularly effective with local authorities (more so than the usual "demarches"), as they could reach the upper decision-taking level. Although such negotiations could be tough, they also provided some sort of international recognition – often much desired - that could be used as a bargaining chip. In South Sudan, as a result to the visit by the US Ambassador, the President issued a decree ordering free, unimpeded and unhindered movement of humanitarian organisations in the country. The practical implementation of this decision needs however to be followed up and monitored, as was done for the SOM process in Yemen. (EQ10)

- EU efforts at humanitarian diplomacy – which cover issues of humanitarian access - were coordinated between managers posted in Brussels, Geneva and New York, to cover key decision centres and reach international stakeholders. This structure also reflected the facts that some initiatives and contacts could work better in one place than in another, and that all avenues should be explored. Interviews outlined that this disseminated organisation could be further strengthened. (EQ11)

On international coordination on access

CA4. DG ECHO provided consistent support to international humanitarian coordination mechanisms, in particular to OCHA. Nevertheless, field coordination remained an issue mostly due to structural factors of the global humanitarian architecture and resource constraints including in terms of Civil-Military Coordination

This conclusion is based on the following findings:

- The approach of DG ECHO consistently supported the relevant international coordination mechanisms and humanitarian access policies in all country case studies and sometimes proactively took part in them, such as in Afghanistan. Where the international access strategy was still incipient such as in Venezuela, DG ECHO was in a leading position on access. (EQ11)

- Despite support from DG ECHO, the expert capacities and field presence of OCHA were not adequate in every studied country to ensure optimum humanitarian coordination. As per its

policy, DG ECHO remains a strong advocate for coordinated multilateral action and was among OCHA's top five donors. As such DG ECHO was a member of the OCHA Donor Support Group, which it chaired from mid-2013 until mid-2014. (DG ECHO website)

- DG ECHO also funded OCHA in all seven country case studies; OCHA's co-led Access Working Groups were supported by DG ECHO in all countries (except Venezuela where there was no such group), and humanitarian CMCoord (Civil-Military Coordination) in four cases. (Typology)

- However, OCHA appeared to lack the necessary capacities in some cases, such as Yemen. OCHA has HQs in New York (operational/geographic services) and Geneva (coordination, resource mobilisation). This organisation is difficult to implement because there are many operational HQs of agencies based in Geneva (IFRC, ICRC, UNHCR, IOM, WHO, large INGOs), and COVID-19 has generally been detrimental to coordination. (EQ11)

- In Yemen, OCHA's presence in the field at decentralised level needed to be strengthened for on-site decision making; a weak coordination undermined interoperability among databases of leading UN agencies and follow up of the Rapid Response Mechanism by cluster programming; the Humanitarian Access Working Group, co-chaired by OCHA, was also impacted by poor coordination, unclear reporting structures or conflicts of personalities during most of the reporting period. Concerns addressed in several countries the OCHA-supported system of Humanitarian Coordinators. (EQ11)

- The new OCHA organisation is not conducive either for properly supporting CMCoord, which was part of the access strategies of the international humanitarian community. OCHA's Civil Military Coordination Section (CMCS) was transferred to Istanbul where it was reportedly rather small and isolated. Despite its high potential value, DG ECHO staff and partners agreed that CMCoord was often poorly effective (this was confirmed by an independent report by Brown University in 2020). CMCoord or CMCS were usually not mentioned as such either in DG ECHO advocacy plans or HIP strategies (although references were made to peacekeeping missions), and only once in Annex 3 of DG ECHO's advocacy toolbox. (EQ11)

On effectiveness

CA5. Despite DG ECHO's and its partners' efforts to overcome access challenges, limited results have been reached so far. DG ECHO's approaches and activities often succeeded in maintaining activities as originally planned. However, results were much more limited against political interference or in trying to make local actors accept a principled approach. The advocacy toolbox was little used; valuable lessons were learnt across case studies but remained fragmented in practice.

This conclusion is based on the following findings:

- Efforts to overcome access constraints were strong. DG ECHO consistently supported the specialised and non-specialised partners in implementing mitigation strategies adapted to the context. The effectiveness of these measures was significant in maintaining activities as originally planned and limiting extra costs. DG ECHO was also effective against some types of constraints, in particular access denial and administrative hassle, but limited against others such as political interference and respect of humanitarian principles and IHL. (EQ13)

- DG ECHO's role in high level advocacy activities regarding humanitarian access led in some cases to a measurable impact on the cost-effectiveness of the humanitarian response for all actors, such as in Yemen by cancelling a 2% tax. Cost-effectiveness was also improved in some cases by advocacy and more generally by the flexibility – based on expertise (see added value below) – of DG ECHO. (EQ14)

- Much remains to be done however, as major negative effects of access constraints are still felt in terms of quantities of aid delivered, delays and protection risks for the population served, including GBV. (EQ13)

- Among the country case studies, the approaches and activities implemented by DG ECHO and its partners were often comparable; examples of good practice and recommendations were found in terms of coordination, advocacy, dialogue and flexibility, the SOM process in Yemen, and a range of relevant operational measures (risk analysis, staff positions, communication, training) which were not yet adequately compiled for capacity building purposes. Lessons learnt and good practices found in the field remained fragmented in practice. (EQ13)

- In 2017 DG ECHO prepared an "Advocacy Toolbox" for its own staff. The toolbox was rather synthetic, mentioned few examples of good practice (Ethiopia, Kenya, Iraq, CAR) and did not promote the sharing of lessons learnt. It recommended a "top-down" approach, relying on all relevant international actors who may have an important role to play in the advocacy efforts: EU institutions (the Parliament, EEAS, COHAFA, the member states) or international mechanisms and initiatives (CMCoord, OCHA, donor groups, the Call to Action on protection from GBV, UN General Assembly). The surveys and KIIs showed that the toolbox was not well known by the DG ECHO respondents. Its potential value was nevertheless important, as it provided a framework for action, a list of possible supports and a logical template. (EQ12)

- In this perspective, the partner INSO, specialised in security, recommended the relevance of the "Field Manual on Humanitarian Negotiation" recently published in 2018 - 2019 by the Center for Conflict and Humanitarian Negotiation (CCHN). This Field Manual for all frontline humanitarian actors proposed a comprehensive "bottom up" method to help them conduct humanitarian negotiation in a structured and customised manner, including on access related issues. This field manual (or a comparable guideline) could be complementary to the DG ECHO advocacy toolbox. (EQ12)

On added value

CA6. DG ECHO had a high added value in terms of humanitarian access thanks to its field presence, expertise, principled approach, network of partners and support to coordination mechanisms. However, the EU in general had sometimes less political influence than specific EU member states.

This conclusion is based on the following findings:

- Overall, DG ECHO's added value for humanitarian access was high and was recognized by both staff and partners. According to DG ECHO staff themselves, the main added value of their action was found in the field presence and expertise, the upholding of the principled approach, the wide network of professional partners whose combined expertise and mandates can often cover all sectors of activities, and the support provided by DG ECHO to

the coordination mechanisms. The partners agreed and evoked also DG ECHO's budget resources, advocacy and timeliness as sources of added value. (EQ15)

- However, the EU in general had sometimes a weak political influence in humanitarian crises despite efforts, for instance in country case studies such as Afghanistan, South Sudan, Nigeria, Syria or Venezuela. In contexts where European history was never prominent (such as in Afghanistan), the EU's influence was "*simply too limited to make a difference, whatever its activities may be*". (EQ15)

- Somewhat in contradiction to the objective of demonstrating that the EU as a whole had a clear added value compared to individual members states, the diversity of the member states could also be an asset to facilitate access negotiations in some countries, depending on historical relations. Former colonial ties could however be both a strong point (easing access to authorities) and a weak one (defiance, lack of trust). (EQ15)

B3.2   Recommendations

This section presents three prospective/strategic recommendations (as foreseen in the ToR) related to humanitarian access challenges which emerged from the conclusions, in order of perceived strategic importance. As relevant, the strategic recommendations are broken down into further detailed, operational recommendations.

RA1. Strengthen humanitarian diplomacy on access

Strengthen DG ECHO's contribution to EU humanitarian diplomacy through the following approaches:

- Carry out more frequent high-level visits on the ground by Management or Commissioner where relevant and feasible.

- Provide clear guidelines to further reinforce coordinated efforts between EU humanitarian diplomacy managers posted in Brussels, Geneva and New York.

- Continue to advocate with relevant EU actors to keep humanitarian diplomacy as a clearly distinct – although complementary – component from the overall EU external policy, in full respect of the humanitarian principles.

- Use the SOM process in Yemen, with clear objectives and the follow up of progress on those by the Technical Monitoring Group, as an example of good practice for humanitarian diplomacy on access when a constant and coordinated engagement between HQ and field is required.

- Continue to develop synergies with concerned member states who may provide some added value to the EU in facilitating access in specific situations.

(Based on conclusions C3, C6)

RA2. Better support OCHA in its access facilitation functions

DG ECHO should better support OCHA, notably by maintaining its advocacy toward other members of OCHA's Donor Support Group to do so as well, to help it implement more effectively its functions related to humanitarian access, in particular:

- Full support to the implementation of the mandate of the UNSG's Special Advisor on the preservation of humanitarian space and access.

- Support posting of CMCoord Officers in the field where necessary.

- Advocate among partners and donors to do so as well.

- Include systematically CMCoord considerations in HIP priorities where relevant.

- Advocate with OCHA to better support the work of Humanitarian Access Working Groups (HAWG), in particular by

  o Enforcing respect of HAWG recommendations and plans among clusters.

  o Putting in place a clear reporting structure; the HAWG must be tasked by, and closely linked to, the Humanitarian Country Team and not considered as an "add-on".

  o Decentralising the HAWG structure where needed among areas with different types of access challenges and solutions. HAWG sub-groups could be coordinated by an NGO, not necessarily by a co-chair system.

  o Supporting HAWG (or CMCoord, according to the context) in establishing and maintaining communications with non-state armed groups regarding humanitarian access.

  o Advocating among DG ECHO partners to contribute proactively to HAWGs.

(Based on conclusion C4)

RA3. Strengthen guidance and capacity building of DG ECHO staff and partners on advocacy and negotiations for access

DG ECHO should further strengthen guidance and capacity building on humanitarian access for its staff and partners by:

- Considering more thoroughly access considerations among HIP priorities and budget.

- Complementing the top-down advocacy toolbox of DG ECHO in a two-pronged strategy with a bottom-up approach – such as the one provided by the "Field Manual on Humanitarian Negotiation" published by CCHN – or a comparable guideline.

- Supporting financially global trainings on access negotiation by specialised actors.

- Alternatively, funding a specialised partner through ERC (Enhanced Response Capacity) for implementing the training. The partner could possibly use the CCHN or a comparable guideline as a support for training.

- Develop Key Results Indicators (KRI) and Key Outcomes indicators (KOI) to track progress in terms of humanitarian access Review the template for advocacy plans, possibly based on the plan prepared for Mali in 2017, which can be adapted to specific countries and regions Systematically allow in partners' proposals specialised positions of access advisers and operating costs for access-related activities.

- Improving cross-fertilisation of new experiences about lessons learnt and good practices on access among partners, on a secure web platform.

(Based on conclusions C1, C2, C5)

(Based on conclusions C1, C2, C5)

The European Civil Protection and Humanitarian Aid Operations - ECHO

ECHO Mission

The primary role of the Directorate-General for Civil Protection and Humanitarian Aid Operations (DG ECHO) of the European Commission is to manage and coordinate the European Union's emergency response to conflicts, natural and man-made disasters. It does so both through the delivery of humanitarian aid and through the coordination and facilitation of in-kind assistance, specialist capacities, expertise and intervention teams using the Union Civil Protection Mechanism (UCPM)

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