European Commission

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

VOLUME II – ANNEXES

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PARTS A AND B: COMMON ANNEX

ANNEX 1 – TERMS OF REFERENCE

EUROPEAN COMMISSION

DIRECTORATE-GENERAL FOR CIVIL PROTECTION AND HUMANITARIAN AID OPERATIONS – DG ECHO

ANNEX I

Terms of Reference (Sept. 2020)

for the evaluation of the European Union's humanitarian interventions

in Yemen and in Humanitarian Access, 2015-2020

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EU HUMANITARIAN INTERVENTION

1.1. Framework

1. The **legal base** for Humanitarian Aid is provided by Article 214 of the Treaty on the Functioning of the European Union, and the Humanitarian Aid Regulation (HAR). The objectives of European Union (EU) humanitarian assistance are outlined there and could – for evaluation purposes – be summarized as follows: *From a donor perspective and in coordination with other main humanitarian actors, to provide the right amount and type of aid, at the right time, and in an appropriate way, to the populations most affected by natural and/or manmade disasters, in order to save lives, alleviate suffering and maintain human dignity*.

2. The humanitarian aid budget is implemented through annual funding decisions adopted by the Commission, which are directly based on Article 15 of the HAR. In general, there are two types of financial decisions: decisions adopted in the context of non-emergency situations (currently entitled **World Wide Decisions** (WWD)), and decisions which are adopted in emergency situations. The WWD defines inter alia the total budget and the budget available for specific objectives, as well as the mechanisms of flexibility. It is taken for humanitarian operations in each country/region at the time of establishing the budget. The funding decision also specifies potential partners, and possible areas of intervention. The operational information about crises and countries for which humanitarian aid should be granted is provided through 'Humanitarian Implementation Plans' (HIPs). They are a reference for humanitarian actions covered by the WWD and contain an overview of humanitarian needs in a specific country at a specific moment of time.

3. The **European Consensus on Humanitarian Aid** (the Consensus) – which has been jointly adopted by the Council, the EU Member States, the European Parliament and the Commission – provides a reference for EU humanitarian aid, and outlines the common objectives, fundamental humanitarian principles and good practices that the European Union as a whole pursues in this domain. The aim is to ensure an effective, high quality, needs-driven and principled EU response to humanitarian crises. It concerns the whole spectrum of humanitarian action: from preparedness and disaster risk reduction, to immediate emergency response and life-saving aid for vulnerable people in protracted crises, through to situations of transition to recovery and longer-term development. The Consensus has thus played an important role in creating a vision of best practice for principled humanitarian aid by providing an internationally unique, forward-looking and common framework for EU actors. It has set out high-standard commitments and has shaped policy development and humanitarian aid approaches both at the European and Member State level. Furthermore, with reference to its overall aim, the Consensus has triggered the development of a number of humanitarian **sectoral policies**.

4. DG ECHO[1] has more than 200 partner organisations for providing humanitarian assistance throughout the world. **Humanitarian partners** include non-governmental organisations (NGOs), international organisations and United Nations agencies. Having a diverse range of partners is important for DG ECHO because it allows for comprehensive coverage of the ever-expanding needs across the world – and in increasingly complex situations. DG ECHO

[1] DG ECHO is the European Commission's Directorate-General responsible for designing and implementing the European Union's policy in the fields of Civil Protection and Humanitarian Aid

has developed increasingly close working relationships with its partners at the level of both policy issues and management of humanitarian operations.

5. DG ECHO has a worldwide network of **field offices** that ensure adequate monitoring of projects funded, provide up-to-date analyses of existing and forecasted needs in a given country or region, contribute to the development of intervention strategies and policy development, provide technical support to EU-funded humanitarian operations, and facilitate donor coordination at field level.

6. DG ECHO has developed a two-phase framework for assessing and **analysing needs** in specific countries and crises. The first phase of the framework provides the evidence base for prioritisation of needs, funding allocation, and development of the HIPs.

   The first phase is a global evaluation with two dimensions:

   - Index for Risk Management (INFORM) is a tool based on national indicators and data which allows for a comparative analysis of countries to identify their level of risk to humanitarian crisis and disaster. It includes three dimensions of risk: natural and man-made hazards exposure, population vulnerability and national coping capacity. The INFORM data are also used for calculating a Crisis Index that identifies countries suffering from a natural disaster and/or conflict and/or hosting a large number of uprooted people.
   - The Forgotten Crisis Assessment (FCA) identifies serious humanitarian crisis situations where the affected populations do not receive enough international aid or even none at all. These crises are characterised by low media coverage, a lack of donor interest and a weak political commitment or ability to solve the crisis, resulting in an insufficient presence of humanitarian actors.

   The second phase of the framework focuses on context and response analysis:

   - Integrated Analysis Framework (IAF) is an in-depth assessment carried out by DG ECHO's humanitarian experts at field level. It consists of a qualitative assessment of humanitarian needs per single crisis, also taking into account the population affected and foreseeable trends.

7. In 2016, the Commission endorsed the **Grand Bargain,** an agreement between more than 30 of the biggest donors and aid providers. It aims to close the humanitarian financing gap and get more means into the hands of people in need. To that end, it sets out 51 commitments distilled into 10 thematic work streams, including e.g. gearing up cash programming, improving joint and impartial needs assessments, and greater funding for national and local responders. For humanitarian donors, the commitments refer to: 1) more multi-year humanitarian funding; 2) less earmarks to humanitarian aid organisations; 3) more harmonized and simplified reporting requirements.

1.2. Scope & Rationale

8. The European Union aims at being a **reference humanitarian donor**[2], by ensuring that its interventions are coherent with the **humanitarian principles**[3], are relevant in targeting the most vulnerable beneficiaries, are duly informed by needs assessments, and promote resilience building to the extent possible. DG ECHO also takes the role of – when necessary – leading, shaping, and coordinating the response to crises, while respecting the overall coordination role of the UN OCHA.

9. Interventions have a focus on **funding critical sectors and addressing gaps** in the global response, mobilising partners and supporting the overall capacity of the humanitarian system. As a consequence of the principled approach and addressing gaps in overall response, the EU intervenes in **forgotten crises**[4], i.e. severe, protracted humanitarian crisis situations where affected populations are receiving no or insufficient international aid and where there is little possibility or no political commitment to solve the crisis, accompanied by a lack of media interest. Although a significant share of EU funding goes to major crises like the conflict in Syria, approximately 15% of the EU's initial annual humanitarian budget is allocated to forgotten crises. The FCA 2019 identified the existence of 15 forgotten crisis situations, including the Sahel food and nutrition crisis, the Colombia armed conflict, the Sahrawi refugees in Algeria, conflict and displacement in Kachin and Northern Shan states in Myanmar, Haiti and Ukraine.

10. Actions funded comprise **assistance, relief and protection** operations on a non-discriminatory basis to help people in third countries, with priority to the most vulnerable among them, victims of natural disasters, man-made crises, such as wars and outbreaks of fighting, or exceptional situations or circumstances comparable to natural or man-made disasters. The actions should last as long as it is necessary to meet the humanitarian requirements resulting from these different situations.

11. **Food and Nutrition**: The poorest people carry the greatest exposure to the consequences of disasters such as **food insecurity and under-nutrition**. Insufficient food production or an inability of vulnerable people to purchase sufficient nutritious food leads to malnutrition and under-nutrition. Moreover, dramatic interruptions in food consumption heighten risks of morbidity and mortality. Addressing under-nutrition requires a multi-sector approach. Humanitarian food assistance aims at ensuring the consumption of sufficient, safe and nutritious food in anticipation of, during, and in the aftermath of a humanitarian crisis. Each year, DG ECHO allocates well over EUR 100 million to humanitarian assistance actions that are explicitly associated with specific nutrition objectives.

12. **Health** is both a core sector of humanitarian aid interventions and the main reference for measuring overall humanitarian response. With the global trends of climate change and a growing population, together with the increasing frequency and scale of natural disasters and the persistency of conflicts, humanitarian health needs are continuing to increase. Given the significance of the EU's humanitarian health assistance, DG ECHO developed a set of Guidelines (operational in 2014) to support an improved delivery of affordable health services, based on humanitarian health needs.

[2] I.e. a principled donor, providing leadership and shaping humanitarian response.

[3] Humanity, Impartiality, Neutrality and Independence

[4] See also http://ec.europa.eu/echo/what/humanitarian-aid/needs-assessments_en

13. **Protection** is both a core sector and a mainstreaming issue. The purpose of EU-funded protection interventions is to prevent, reduce and respond to the risks and consequences of violence, deprivation and abuse. The 2009 funding guidelines for humanitarian protection activities defined until 2016 the framework in which DG ECHO supported protection activities. This has been replaced by Staff Working Document "Humanitarian Protection: Improving protection outcomes to reduce risks for people in humanitarian crises", released in May 2016. The 2016 Protection Policy outlines the definition and objectives of the European Commission's humanitarian protection work. It provides guidance for the programming of protection work in humanitarian crises, for measuring the effect of interventions and for planning related capacity building activities. Besides targeted protection actions protection mainstreaming in all projects, regardless of the sector, is also key. This implies incorporating protection principles and promoting meaningful access, safety and dignity in humanitarian aid. Among others, when providing general assistance, humanitarian actors must ensure that their actions neither undermine protection, nor increase existing inequalities (do-no-harm principle).

14. **Shelter** and settlements assistance is one of the main humanitarian sectors supported by DG ECHO, as an immediate response to, or in anticipation of, a disaster. Because of the importance of adequate housing, shelter may also be supported in the recovery phase, if the reconstruction or maintenance of shelter and settlements addresses the health, protection or livelihoods needs of the affected population. In 2018, DG ECHO's humanitarian funding for shelter and settlements amounted to more than €195 million. The Humanitarian Shelter and Settlements Guidelines, published in 2017, aim to ensure that vulnerable people's shelter needs are met in an optimal and efficient way. The European Union plays an active role in the Global Shelter Cluster, a multi-agency initiative across the humanitarian shelter sector, which aims to strengthen cooperation of aid efforts and deliver faster, more suitable responses while improving the aid delivery in the immediate aftermath of a disaster.

15. **Water, sanitation and hygiene** (also known as WASH) are closely connected and essential for good public health. DG ECHO is one of the largest humanitarian donors of WASH assistance worldwide. In 2019, it provided €123 million for projects improving access to water, sanitation and hygiene. DG ECHO draws its expertise in this humanitarian area from a network of regional and global WASH and shelter experts, its country experts as well as its NGO, UN and Red Cross partners. It also provides support to the Global WASH Cluster, led by UNICEF.

16. Each year millions of people are forced to leave their homes and seek refuge from conflicts, violence, human rights violations, persecution or natural disasters. The number of **forcibly displaced persons** (refugees, asylum-seekers and internally displaced persons) continued to rise in 2018, calling for increased humanitarian assistance worldwide. The majority of today's refugees live in the developing world, which means that they flee to countries already struggling with poverty and hardship. In April 2016, the European Commission adopted a new development-led approach to forced displacement, aimed at harnessing and strengthening the resilience and self-reliance of both the forcibly displaced and their host communities. The new approach stipulates that political, economic, development and humanitarian actors should engage from the outset of a displacement crisis, and work with third countries towards the gradual socio-economic inclusion of the forcibly displaced. The

objective is to make people's lives more dignified during displacement; and ultimately, to end forced displacement.

17. Natural disasters and man-made crises are not **gender and age** neutral, but have a different impact on women and men of all ages, including the elderly. Gender-based violence and sexual exploitation and abuse are reported to increase during and in the aftermath of emergencies. Emergency aid must be adapted to cater for the specific needs of the different gender and age groups. Gender and age related vulnerabilities must be taken into account in protection and other response strategies. While emergency situations can intensify disparities, they are also an opportunity to challenge gender and age-based inequality, and to build the capacities of those who are underprivileged in this regard.

18. The EU attaches great importance to the link between humanitarian aid, as a rapid response measure in crisis situations, and more medium and long-term development action. The **Humanitarian-Development Nexus** is complex and requires increased coordination – leading to joint humanitarian-development approaches and collaborative implementation, monitoring and progress tracking. The Council Conclusions on Operationalising the Humanitarian-Development Nexus of 19 May 2017 welcomed cooperation between EU humanitarian and development actors, including in the framework of the EU approach to forced displacement and development.

CONTEXT OF THE EVALUATION

This is a combined evaluation, consisting of the following two main aspects:

A geographical aspect, focusing on DG ECHO's interventions in Yemen;

A thematic aspect, focusing on humanitarian access.

1.3. Humanitarian Needs in Yemen

Yemen has long been the poorest country in the Middle East and one of the poorest countries in the world. The civil war has aggravated the already severe situation, to the extent that for years the crisis in the country has been considered the worlds' largest. It is one of the worst ranking countries in all existing indexes gauging poverty, vulnerability, food insecurity, undernourishment and similar conditions. Eighty percent of its population is in need of humanitarian assistance or protection.

The conflict has caused a high number of civilian casualties, widespread destruction of civilian infrastructure, and large-scale internal displacement. An estimated 4 million people are internally displaced and, in spite of the on-going conflict, significant migrants' flows from the Horn of Africa towards Saudi Arabia are still reported across Yemen.

The conflict and its disproportionate economic consequences on civilians are driving the largest food security emergency in the world with 10 million people facing severe food shortages. The number of women and children suffering from acute malnutrition has doubled since 2015 (from 1.6 million to 3.1 million), and 360 000 children under five years of age are suffering from severe malnutrition. Cholera is endemic, and growing, as a direct consequence of the public health crisis and collapse of institutions.

Protection of civilians and violations of IHL are major concerns, with the conflict impacting civilians and civilian infrastructures. Violence, displacement and limited access to humanitarian assistance are leading to specific threats, the depletion of communities' protective capacities and the collapse of the overall protection environment. Coercion and deprivation are daily occurrences across population groups affected by conflict. Negative coping mechanisms keep rising.

1.4. Humanitarian Access in YemenAlready before the conflict, Yemen was considered a very insecure country with limited access for humanitarian actors. Kidnapping and attacks on humanitarian workers, and targeting of medical staff and health facilities, have been a regular threat, in addition to i.a. cumbersome de-confliction mechanisms, expansion of non-state armed groups, UXOs and anti-personal mine contamination.

Since the conflict escalated in March 2015, humanitarian access inside the country has been heavily restricted. Right after the Saudi-led intervention, most humanitarian agencies evacuated international staff to Amman, and suspended programmes in several locations, including Sa'ada, northern Hajjah, Aden and southern governorates. Since then, humanitarian agencies have progressively reestablished their presence, both in northern and southern Yemen. UN agencies, ICRC and INGOs are currently present in country with international staff. According to UN OCHA (June 2020), 177 organisations are working in Yemen (10 UN Agencies, 40 INGOs and 116 national NGOs).

The conflict has resulted in severe limitations to transport of humanitarian goods and staff into and across the country. Sana'a airport has been repetitively bombed and Hodeida seaport severely damaged by airstrike, having a major impact in terms of access for humanitarian and commercial goods, as alternative routes are unreliable and costly.

Increasing fragmentation of the military power, including tensions between the Government of Yemen (GoY) and the Southern Transitional Council, with a proliferation of armed groups and a tribal, political and regional divide is an additional obstacle to aid delivery. Political pressure and interferences at international and local level raise concerns over the politicization of aid and the ability of humanitarian actors to ensure aid delivery in line with humanitarian principles. This reflects in difficulties in obtaining visas and travel permits, lengthy negotiations on project implementation, and interference in targeting.

1.5. DG ECHO's response in Yemen

The priorities and scope of the humanitarian intervention are defined annually in the HIPs. Since the conflict intensified in 2015, DG ECHO has stepped up its humanitarian response in the country. The following are the resources allocated under each Plan within the evaluation period:

- ECHO/YEM/BUD/2015/91000, EUR **50,000,000**
- ECHO/YEM/BUD/2016/91000, EUR **70,000,000**
- ECHO/YEM/BUD/2017/91000, EUR **76,000,000**
- ECHO/YEM/BUD/2018/91000, EUR **127,595,000**
- ECHO/YEM/BUD/2019/91000, EUR **115,000,000**

- ECHO/YEM/BUD/2020/91000, EUR **114,160,000**

The EU has focused its humanitarian aid activities on those affected by conflict, including internally displaced persons, refugees and migrants trapped in Yemen, as well as those affected by the pre-existing nutrition and food crises, the cholera crisis and other epidemics. The response has been designed along a two-point entry strategy: 1) Integrated response to populations directly exposed to conflict and displacement. DG ECHO prioritized emerging needs resulting from ongoing violence while continuing to address acute needs of most vulnerable hosting communities and protracted IDPs (e.g. shelter/NFI, food security, nutrition, WASH, health). 2) Integrated response to the health, nutrition (SAM and MAM) and food security crises including WASH activities to prevent transmission of epidemics and malnutrition. The main sectors covered within DG ECHO's integrated response have been:

a) Food security and livelihoods: provision of emergency food aid and food assistance according to the most appropriate transfer modality (i.e. in kind, voucher or cash), including rapid response mechanism.
b) Health: primary health care; primary and secondary health care focusing on the war-wounded and the conflict-affected; sexual and reproductive health, gender-based violence response, mental health and psychosocial response; training and provision of equipment for emergency first aid; emergency rehabilitation of health structure destroyed/damaged by conflict; provision of medical supplies and equipment; emergency response to cholera and other epidemics.
c) WASH: emergency water supply activities including water trucking, rehabilitation and/or reconstruction of water wells and water supply networks; rehabilitation and/or reconstruction of sanitation facilities, including in health facilities; distribution of hygiene kits, hygiene promotion.
d) Nutrition: primary care focusing on the acutely malnourished; support where possible to outreach activities such as CMAM programmes; promotion of Infant and Young Children Feeding (IYCF).
e) Shelter/NFI: provision of basic shelter items and technical support; distribution of tents and semi-permanent shelter units;; basic shelter rehabilitation; distribution of non-food items and assistance packages to victims of forced displacements, including rapid response mechanism , according to the most appropriate transfer modality (i.e. in kind, voucher or cash).
f) Camp Coordination and Camp Management (CCCM) to ensure equitable access to assistance, protection, and services for internally displaced persons (IDPs) living in displacement sites, to improve their quality of life and dignity during displacement.
g) Protection: the focus was on timely registration, profiling and verification of victims of forced displacement; SGBV, case management of protection cases and referral, support to ID card renewal; protection monitoring with a focus on children and women; assistance and protection of victims of forced displacement and IHL/HRL violations; mine risk education and support to migrants.
h) Education in Emergencies.
i) Support to coordination and logistics.

Since 2015, ECHO Technical Assistants working on Yemen were relocated in Amman and have followed EU funded actions through regular missions to the country. DG ECHO office in Sana'a has nonetheless remained open with national staff and regular presence of international staff

travelling to Sana'a/Aden and conducting monitoring missions across the country. The UN has established operational hubs in Sana'a, Hodeida, Sa'ada, Ibb, Marib and Aden governorates. Most of the humanitarian agencies have a main office in Sana'a and sub-offices across the country, depending on their area of action. Humanitarian actions are taking place in northern and southern Yemen, with a stronger presence in the North due to higher levels of needs.

The operating environment has deteriorated significantly over the years making it increasingly challenging to deliver aid in accordance with humanitarian principles, particularly in the north. Humanitarian organisations have adopted a variety of implementation and monitoring modalities. Remote management has hardly been used for management of EU funded actions in Yemen since 2015. Maintaining direct management over beneficiary selection, project implementation and monitoring of activities is considered crucial and often requires engaging in lengthy negotiations. The humanitarian community has developed a two-pronged approach based on advocacy through sustained dialogue and risk mitigation measures.

1.4. *Global Humanitarian Access*

Humanitarian access relates to the capacity of humanitarian aid to reach populations in need and vice versa[5]. It is regulated by international law[6]. However, it is often difficult to secure in many contexts, for a number of reasons, such as limitations imposed by national governments or de facto authorities, environmental or infrastructure-related obstacles and security constraints. The latter could include active fighting, the presence of mines and violence against humanitarian staff and assets. Self-imposed constraints linked to a growing risk aversion in the humanitarian sector may also have an impact on access in some situations.

Lack of access means that humanitarian actors cannot conduct proper needs assessments, nor can they implement and monitor their humanitarian assistance safely and effectively.

Recent examples are:

- Yemen, where humanitarian organizations face numerous security constraints deriving from the ongoing conflict as well as administrative constraints and restrictions on humanitarian imports.
- Afghanistan, where armed groups block access to certain humanitarian organizations.
- Venezuela and Eritrea, where governments deny the humanitarian needs and block access.
- Syria, where authorities and non-state actors systematically block access and where security and other constraints are numerous.

Humanitarian organizations and humanitarian donors like DG ECHO have responded to this challenge by implementing different approaches and activities, such as through diplomacy/advocacy, risk mitigation and management, and remote management. Each of the above has its own advantages and disadvantages. A humanitarian access approach that works well in a context may be useless, or even counterproductive in another. Balancing the activities that need to be taken to achieve humanitarian access with the humanitarian principles of

[5] "Humanitarian Access," United Nations Office for the Coordination of Humanitarian Affairs (OCHA), April 2010

[6] UN General Assembly resolution 46/182

humanity, impartiality, neutrality and independence is often a challenge too, as well as respect of basic accountability standards.

DG ECHO last evaluated its humanitarian access strategies in 2012[7].

PURPOSE AND SCOPE OF THE EVALUATION

1.5. Purpose and general scope

Based on Art. 30(4) of the Financial Regulation and Regulation (EC) 1257/96, the purpose of this Request for Services is to have an independent evaluation, covering the period of 2015-2020 of

- the EU's humanitarian interventions in **Yemen**; and
- the EU's humanitarian **access** approaches and activities.

The evaluation should provide a retrospective assessment of DG ECHO's:

- Interventions in Yemen, which should help shaping the EU's future humanitarian approach in the country.
- Approaches and activities in support of humanitarian access. The research should take place at the two following levels, to feed into a common analysis:
    - Globally: An analysis of DG ECHO's humanitarian access approaches and activities at the global level should be carried out, and relevant, existing DG ECHO evaluations and studies should be examined.
    - Yemen: An assessment should be carried out of the humanitarian access approaches and activities that DG ECHO has implemented in the country. The assessment should be supported by a dedicated case study and contribute to the global analysis.

2020 has been an atypical year, during which the COVID-19 crisis has affected DG ECHO's interventions –and humanitarian access specifically– in different ways. This needs to be included in the analysis, but should not be the only focus of the evaluation, whose scope is much broader.

Some of the evaluation questions listed below – and their conclusions/responses – may need to be broken down in a way that appropriately captures the different components of the evaluation.
The evaluation should cover the evaluation criteria of relevance, coherence, EU added value, effectiveness, efficiency and sustainability, as further detailed below in the Evaluation Questions.

A maximum of 5 prospective, strategic recommendations related to the EU-funded actions in Yemen, and a maximum of 3 prospective, strategic recommendations on humanitarian access should be provided. The strategic recommendations could possibly be broken down into further detailed, operational recommendations.

[7] Evaluation and review of humanitarian Access strategies in DG ECHO funded interventions, June 2012

The main users of the evaluation report include i.a. DG ECHO staff at HQ, regional and country level, other EU actors, national and regional stakeholders, implementing partners and other humanitarian and development donors including EU Member States and agencies.

Evaluation questions

The conclusions of the evaluation will be presented in the report in the form of evidence-based, reasoned answers to the evaluation questions presented below. These questions should be further tailored by the Evaluator, and finally agreed with the Steering Group in the inception phase.

3.2.1. Humanitarian Interventions in Yemen

Relevance

1. To what extent did the design and implementation of EU funded actions take into account the needs of the most vulnerable population affected, particularly women, children, elderly and persons with disabilities? To what extent were beneficiaries consulted in the design and implementation of EU funded projects?
2. 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?
3. To what extent has DG ECHO contributed to establishing joint and impartial needs assessments?

Coherence

4. 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. the humanitarian principles, and
    d. DG ECHO's relevant thematic/sector policies?
5. To what extent was DG ECHO successful in coordinating its response with that of other donors in the country, including DG DevCo, EEAS and EU Member States, and by that avoiding overlaps and ensuring complementarities?
6. In the context of the Nexus and humanitarian-development coordination instruments, what measures were taken by DG ECHO to coordinate the EU's humanitarian and development actions, and how successful were these measures?

EU Added Value

7. What was the EU added value of DG ECHO's actions in Yemen?

Effectiveness

8. To what extent were DG ECHO's objectives (as defined in the HAR, the Consensus and the specific HIPs) achieved? What concrete results were achieved?
9. How successful was DG ECHO through its advocacy and communication measures in influencing other actors by direct and indirect advocacy on issues like humanitarian access and space, respect for IHL, addressing gaps in response, applying good practice, and carrying out follow-up actions of DG ECHO's interventions? Was there an 'advocacy gap'?

Efficiency

10. 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? (*The methodology applied for responding to this question must be based on the Cost-effectiveness guidance for DG ECHO evaluations*[8]*, which is to be adapted to and applied proportionally to the current exercise.)*
11. Was the size of the budget allocated by DG ECHO to Yemen appropriate and proportionate to what the actions were meant to achieve?

Sustainability/Connectedness

12. To what extent did DG ECHO manage to achieve sustainable results of its interventions? What could be further done (enabling factors, tools, mechanisms, change of strategy, etc.) to promote sustainability and strengthen links to interventions of development actors? To what extent were appropriate exit strategies put in place and implemented?

3.2.2. Global Humanitarian Access

Relevance

13. How well have DG ECHO's humanitarian access approaches and activities[9] in different crises been designed, and to what extent have they considered the needs of its humanitarian partners and final beneficiaries?

Coherence

14. To what extent have DG ECHO's humanitarian access approaches and activities in different crises been supportive of, aligned to and coordinated with those of its partners, as well as other donors?
15. To what extent have DG ECHO's humanitarian access approaches and activities in different crises been conducted in accordance with humanitarian and other relevant principles?

Effectiveness

[8] https://publications.europa.eu/en/publication-detail/-/publication/c0bcc4e2-e782-11e6-ad7c-01aa75ed71a1/language-en/format-PDF/source-45568954

[9] As broadly defined in Section 2.4

16. To what extent have DG ECHO's humanitarian access approaches and activities been effective? What have been the concrete results?

Efficiency

17. How efficient and cost-effective have DG ECHO's humanitarian access approaches and activities been?

Added Value

18. What has the added value of DG ECHO's humanitarian access approaches and activities been?

1.3. Other tasks under the assignment

The Contractor should:

1. Draw up an **intervention logic** for DG ECHO's intervention in Yemen during the evaluation period;
2. Define and analyze **DG ECHO's portfolio** of actions in **Yemen** during the evaluation period;
3. Define and analyze **DG ECHO's approaches and activities** in favour or **humanitarian access** during the evaluation period;
4. As a part of a literature review, examine **existing DG ECHO evaluations[10] and studies** that touch the area of humanitarian access;
5. Provide a **specific deliverable** – in addition to those identified in the Framework Contract – on humanitarian access;
6. Identify the **main lessons learnt from EU funded actions**; what worked and what did not work;
7. Based on the research carried out for responding to the evaluation questions, and at a general level, identify the main factors **limiting the success of the projects** funded in the country over the period covered by the evaluation. *COMMENT: This relates to an audit recommendation; success-limiting factors should be identified in order to develop indicators for focused monitoring, with the overall purpose of strengthening the monitoring system;*
8. Provide a statement about the **validity of the evaluation results**, i.e. to what extent it has been possible to provide reliable statements on all essential aspects of the intervention examined. Issues to be referred to may include scoping of the evaluation exercise, availability of data, unexpected problems encountered in the evaluation process, proportionality between budget and objectives of the assignment, etc.;
9. Make a proposal for the **dissemination** of the evaluation results;
10. Provide a French **translation** (in addition to the English version) of the executive summary of the Final Report;

[10] Available at https://ec.europa.eu/echo/funding-evaluations/evaluations_en

11. Provide an **abstract** of the evaluation of no more than 200 words.

MANAGEMENT AND SUPERVISION OF THE EVALUATION

The Evaluation Sector of DG ECHO is responsible for the management and the monitoring of the evaluation, in consultation with the Units responsible for the evaluation subject, ECHO C4 and C1. The DG ECHO Evaluation manager is the contact person for the evaluator and shall assist the team during their mission in tasks such as providing documents and facilitating contacts. The Evaluation manager assigned to the evaluation should always be kept informed and consulted by the evaluator and copied on all correspondence with other DG ECHO staff.
A Steering Committee, made up of Commission staff involved in the activity evaluated, will provide general assistance to and feedback on the evaluation exercise, and discuss the conclusions and recommendations of the evaluation.

SPECIFIC REQUIREMENTS

1.4. *Methodology*

In their offer, the bidders will describe in detail the methodological approach they propose in order to address the evaluation questions listed above, as well as the tasks requested.
This will include a proposal for indicative **judgment criteria**[11] that they may consider useful for addressing each evaluation question. The judgment criteria, as well as the information sources to be used in addressing these criteria, will be discussed and validated by the Commission during the Inception phase at a workshop facilitated by the evaluator. This workshop will also give the evaluation team the opportunity to refine the evaluation questions, discuss the intervention logic, and analyse external factors at play.
The methodology should promote the participation in the evaluation exercise of all actors concerned, including beneficiaries and local communities when relevant and feasible.

The conclusions of the evaluation must be presented in a transparent way, with clear references to the sources on which they are based.

The evaluator must undertake **field visits**, to be proposed in the tenderer's offer and discussed in the inception phase. Due to the high volatility of the situation on the ground, a tentative plan of field visits will be agreed during the inception phase and confirmed within the first quarter of this contract (by T+10 weeks). The set of field visits will have to take into account both the security situation in the country and the current movement restrictions and personal health and safety considerations related to the COVID-19 pandemic[12].

1.5. Evaluation team

[11] A judgement criterion specifies an aspect of the evaluated intervention that will allow its merits or success to be assessed. E.g., if the question is "To what extent has DG ECHO assistance, both overall and by sector been appropriate and impacted positively the targeted population?", a general judgement criterion might be "Assistance goes to the people most in need of assistance". In developing judgment criteria, the tenderers may make use of existing methodological, technical or political guidance provided by actors in the field of Humanitarian Assistance such as HAP, the Sphere Project, GHD, etc.

[12] During the inception phase it will be decided jointly if the field trips can be carried out or which modalities may be adopted to obtain information from the field.

In addition to the general requirements of the Framework Contract, the team should include experience of working in unsafe and difficult-to-access environments.

CONTENT OF THE OFFER

A. The administrative part of the bidder's offer must include:

1. The tender submission form (annex C to the model specific contract);
2. A signed Experts' declaration of availability, absence of conflict of interest and not being in a situation of exclusion (annex D to the model specific contract – please use corrected version sent by e-mail on 12 April 2018).

B. The technical part of the bidder's offer should be presented in a maximum of **30 pages** (excluding CVs and annexes), and must include:

1. A description of the understanding of the Terms of Reference, their scope and the tasks covered by the contract. This should include the bidder's understanding of the evaluation questions, and a first outline for an evaluation framework that provides judgement criteria and the information sources to be used for answering the questions. The final definition of judgement criteria and information sources will be agreed with the Commission during the inception phase;
2. The methodology the bidder intends to apply for this evaluation for each of the phases involved, including a draft proposal for the number of case studies to be carried out during the field visit, the regions to be visited, and the reasons for such a choice. The methodology will be refined and validated by the Commission during the desk phase;
3. A description of the distribution of tasks in the team, including an indicative quantification of the work for each expert in terms of person/days;
4. A detailed proposed timetable for its implementation with the total number of days needed for each of the phases (Desk, Field and Synthesis).

C. The CVs of each of the experts proposed.

D. The financial part of the offer (annex E to the model specific contract) must include the proposed total budget in Euros, taking due account of the maximum amount for this evaluation. The price must be expressed as a lump sum for the whole of the services provided. The expert fees as provided in the Financial Offer for the Framework Contract must be respected.

AMOUNT OF THE CONTRACT

The maximum budget allocated to this study is EUR 350 000.

TIMETABLE

The indicative duration of the evaluation is **8 months**. The duration of the contract shall be no more than **9 months)**.
The evaluation starts after the contract has been signed by both parties, and no expenses may be incurred before that. The main part of the existing relevant documents will be provided after the signature of the contract.

In their offer, the bidders shall provide a schedule based on the indicative table below (T = contract signature date):

Indicative Timing	**Event**
T+1 week	Kick-off
T+3 weeks	Inception workshop
T+4 weeks	Draft Inception Report
T+5 weeks	Inception meeting
T+9 weeks	Draft Desk Report
T+10 weeks	Desk Report meeting
T+10 weeks	Final agreement on Field visits plan
T+12 – 15 weeks	Field visits
T+17	Draft Field Report
T+18	Field Report Meeting
T+26 weeks	Draft Final Report
T+28 weeks	Draft Final Report meeting
T+32 weeks	Final Report
T+33 weeks	A presentation to DG ECHO of the evaluation results

PROVISIONS OF THE FRAMEWORK TENDER SPECIFICATIONS

1) **Team composition**: The Team proposed by the Tenderer for assignments to be contracted under the Framework Contract must comply with Criterion B4 (see Section 5.2.4 of the Tender Specifications for the Framework Contract).

2) **Procedures and instructions**: The procedures and instructions to the Tenderer for Specific Contracts under the Framework Contract are provided under Section 6 of the Tender Specifications for the Framework Contract.

    - Sections 6 – 6.4 are fixed and must be fully taken into account for offers submitted in response to Requests for Services. E.g. the **Award Criteria** are presented under Section 6.2.2;

- Section 6.5 is indicative and could be modified in a Request for Services or discussed and agreed during the Inception Phase under a Specific Contract.

3) **EU Bookshop Format**: The template provided in Annex M of the Tender Specifications for the Framework Contract must be followed for the Final Report. Any changes to this format, as introduced by the Publications Office of the European Union, will be communicated to the Framework Contractors by the Commission.

RAW DATA AND DATASETS

Any final datasets should be provided as structured data in a machine-readable format (e.g. in the form of a spreadsheet and/or an RDF file) for Commission internal usage and for publishing on the Open Data Portal, in compliance with Commission Decision (2011/833/EU)[13].

The data delivered should include the appropriate metadata (e.g. description of the dataset, definition of the indicators, label and sources for the variables, notes) to facilitate reuse and publication.

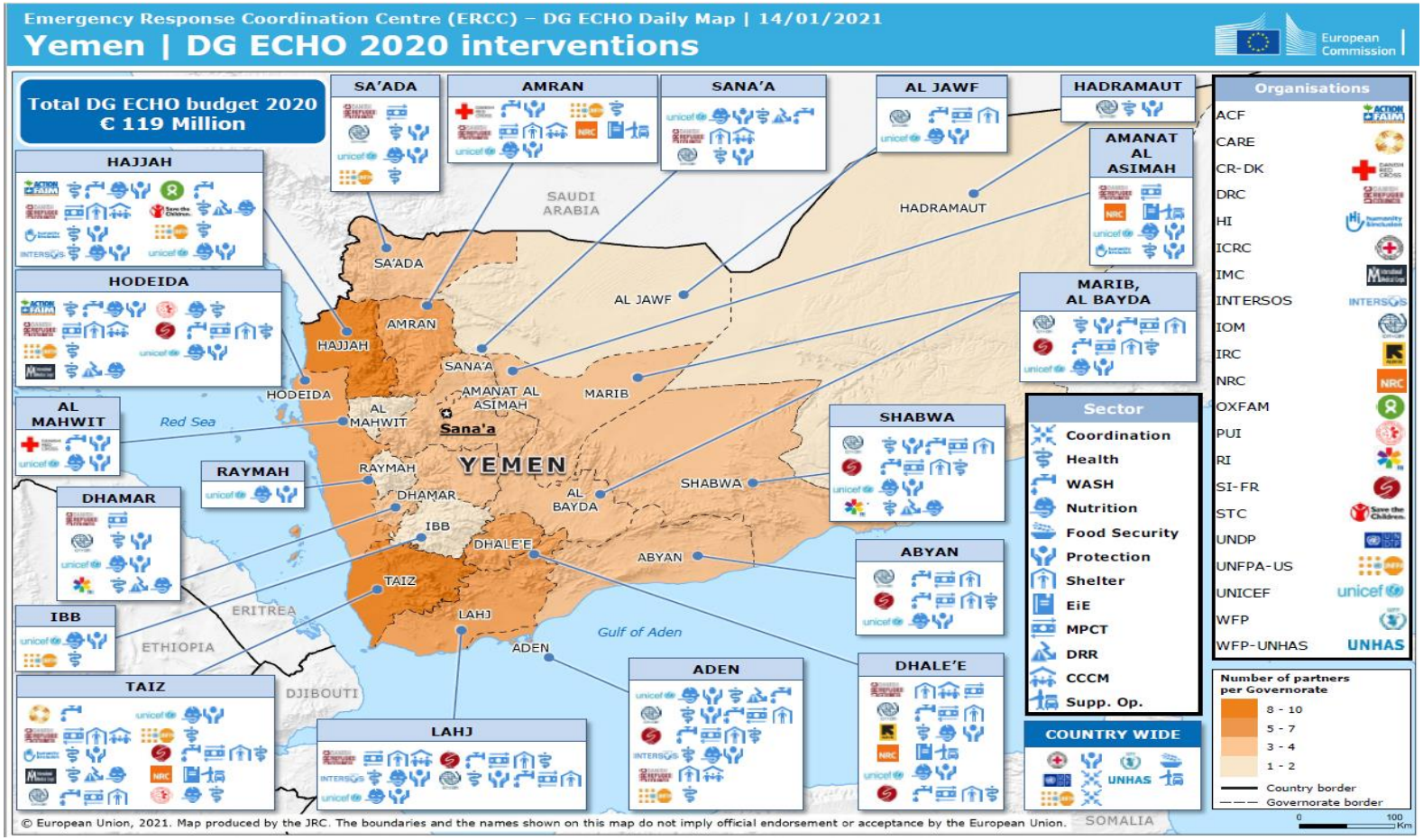
The data delivered should be linked to data resources external to the scope of the evaluation, preferably data and semantic resources from the Commission's own data portal or from the Open Data Portal[14]. The contractor should describe in the offer the approach they will adopt to facilitate data linking.

[13] If third parties' rights do not allow their publication as open data, the tenderers should describe in the offer the subpart that will be provided to the Commission free of rights for publication and the part that will remain for internal use.

[14] For a list of shared data interoperability assets see the ISA program joinup catalogue (https://joinup.ec.europa.eu/catalogue/repository/eu-semantic-interoperability-catalogue) and the Open Data Portal resources.

PART A ANNEXES - EU's HUMANITARIAN INTERVENTIONS IN YEMEN

ANNEX A1 – MAP OF DG ECHO 2020 INTERVENTIONS IN YEMEN



ANNEX A2 – EVALUATION MATRIX

The matrix below has been revised in accordance with the inception report meeting held with the steering committee on 12 February 2021. As outlined in chapter 3.2, the matrix must be considered as an *internal tool* for the team to ensure cohesion and guide interviews. The matrix does not pretend to be a scientific tool, nor is it mandatory to use all the judgment criteria and indicators in every case: some judgment criteria are dedicated to specific stakeholders, and some indicators may partly duplicate each other in order to fully cover every aspect of a topic.

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?**
Rationale and coverage of the Question	
Background/ Understanding / coverage of the question	This question aims at assessing the clarity of DG ECHO's short term and medium-longer term approach, in terms of the support provided to meet life-saving humanitarian needs amongst conflict affected communities (protection, cash, food, nutrition, shelter, NFIs, PHC, WASH…) as well as its support to the coordination structures and logistics, rehabilitation of basic infrastructure where relevant and feasible, and starting recovery /resilience / livelihoods feasible. The strategy has 2 'entry points' (in HIPs) which require suitable flexibility and possibilities of adaptation to the frequently changing situation. It must also consider contingencies and responses to ongoing health emergencies (e.g. cholera and COVID). Beyond emergency needs, the question also evaluates DG ECHO's strategy in terms of how they are collaborating with development actors so as to support appropriate communities' further resilience/ livelihoods building needs, and what approach has been adopted in terms of humanitarian Nexus activities (See revised question 5 below). The question also enables the evaluation to review how the HIP mechanism has been utilised, both in terms of how DG ECHO has been able to adapt to any rapid onset emergencies (cholera, locusts) but also how DG ECHO's strategy in terms of sectoral support has adapted to changes in operational needs over time.
Judgement Criteria (JCs) and proposed indicators, main lines of approach, and sources of information:	
JC.1.1 DG ECHO strategy with 2 entry points is coherent and adapted to address priority needs and to inform programming by partners	
• Proposed indicators: - Adequacy of HIPs to outline all needs in a strategic approach - Adequacy of HIPTAs to inform partners' programming - Extent to which access challenges have influenced strategy - Extent to which advocacy challenges have influenced strategy - Extent to which COVID challenges have influenced strategy - Extent to which collaboration with development actors has supported resilience of communities and livelihoods in the strategy - Extent to which the NEXUS process has been integrated in the strategy - Adequacy of information sources for preparing HIPs - Adequacy of the HIP consultation process with the partners	
JC.1.2 The strategy of DG ECHO is aligned with the strategy of the development actors and the Nexus process in Yemen	
- Extent to which collaboration with development actors has supported resilience of communities and livelihoods in the DG ECHO strategy - Extent to which the NEXUS process has been integrated in the DG ECHO strategy - List (assess relative importance of) enabling and limiting factors - List (assess relative importance of) lessons learnt	
JC.1.3 The strategy of DG ECHO is aligned with the strategy of the humanitarian community in Yemen, and is based on joint and impartial needs assessments	

- Level of consistency (priorities, sectors, coverage) of HIPs with the HRPs over the period - Extent of support/ involvement of DG ECHO to the HRP process, over the period - Extent to which needs assessments are impartial - Extent to which needs assessments and surveys are carried out jointly or shared with the other HRP actors
JC.1.4. DG ECHO and its partners were successful in adapting their strategy to the situation changes
- Adequacy of HIP process to adapt to changing needs with suitable flexibility and timeliness. - Adequacy of the HIP consultation process with the partners to identify and integrate changes flexibly and rapidly
Main lines of proposed approach: - To gather key stakeholders' views (DG ECHO and implementing partner staff, OCHA and UN partner staff, other donors, government officials) as to their perception of how DG ECHO designed, reviewed, and implemented its strategy, as well as with respect to how they view DG ECHO's adaptability to contextual changes. - A survey of key DG ECHO staff and implementing partners to extract feedback on these issues. - Secondary research of relevant strategic documentation and HIPs. *Sources of secondary information include*: DG ECHO HIPs and annexes, Single Forms, KIIs with ECHO staff and partners, HRP, strategies from other donors and UN agencies, IPC, HNO, clusters' members feedback.

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?**
Rationale and coverage of the question	
Background/ Understanding / coverage of the question	This question examines the extent to which DG ECHO supported projects were able to consistently target the most vulnerable groups, sub-groups and members of affected communities in all of their ethnic, socio-economic, gender and age dimensions (women, men, girls, boys, -5yrs, PLW, elderly, disabled…) addressing both short term life saving humanitarian needs as well as looking at medium to long-term solutions when viable. This question will examine the quality of the needs analysis (brief but complete) and the corresponding responses - as to whether appropriate modalities of support were provided (e.g. cash vs In-kind comparison), whether the selected sectoral support provided was appropriate (Food Security and Livelihoods, Nutrition, Health, WASH, Protection, Shelter/NFI, Camp Co-ordination, Education in Emergencies, Co-ordination, and logistics), and whether the geographical coverage of supported activities matched ongoing needs. The inclusion of targeted actions to respond to specific identified needs in addition to protection mainstreaming within activities will also be reviewed, as well as whether or not any beneficiaries or groups of beneficiaries have been excluded from support. The question also offers the opportunity to explore the participation of affected communities (displaced and host) in the design and implementation of DG ECHO interventions, including participation to monitoring, feedback and complaint mechanisms.
Judgement Criteria (JCs) and proposed indicators, main lines of approach, and sources of information:	
JC. 2.1 DG ECHO supported activities were able to target the most vulnerable members of affected communities	
• Proposed indicators: - Level of quality (1-5 and narrative about adequacy, completeness, numbers, locations, summarised content) of needs assessment (gender-age disaggregated) for targeted vulnerable groups. - Accuracy of identification of numbers involved and resources needed. - Accuracy of identification of geographical locations and access problems - Extent of coverage (number of people in need, geographical area) - Justification of remote management, if any? - Quality of risk analysis and mitigation measures - Timeliness and adequacy of response to new displacements - Availability of up to date sectoral and market-based information on which interventions can be based - Contingency measures.	
JC. 2.2 DG ECHO supported activities were appropriate to address beneficiaries' priority needs	
• Proposed indicators:	

- Level of correspondence (1-5 and narrative) between identified (short and medium-term) needs and appropriateness of response modalities - Adequacy of gender-age, persons with disability and protection mainstreaming in sectors - Adequacy of targeted actions to cover specific needs - Adequacy of do-no-harm measures
JC. 2.3 Affected communities have been appropriately involved in programme design and implementation
• Proposed indicators: - Adequacy of beneficiary participation (gender disaggregated?) in programming - Adequacy of beneficiary participation (gender disaggregated?) in monitoring / PDM. - Number and quality of community complaint/feedback mechanisms included in supported programmes. - Evidence of programmatic changes due to beneficiary input. - Level of support and commitment from DG ECHO in terms of incentivising AAP amongst its partners.
Proposed approach: - To gather key stakeholders' views (DG ECHO and implementing partner staff, UN partner staff, government officials, community leaders and beneficiaries) on the level of targeting achieved, and the fit between needs assessments results and the projects implemented (and possible reasons for any gaps), through remote and local interviews and community consultation. - A survey of key DG ECHO staff and selected individuals regarding how they view the relevance of DG ECHO funded activities. - Secondary research of relevant programmatic documentation as well as national level appeals and annual insecurity classification reports. *Sources of secondary information include:* - Electronic Single Forms (needs assessments, response, LFA, gender-age and protection markers), other reports and project documentation, PDM reports, KIIs, FGDs, and other documents pertaining to programmatic activity. - Reports from individual UN agency (WFP, UNICEF, IOM, UNHCR, UNFPA) and main NGO partners, national level appeals and reports (HRP), Humanitarian Needs Overview (HNO), IPC.

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 IHL, and d) DG ECHO's relevant thematic/sector policies?**
Rationale and coverage of the Question	
Background / understanding / coverage of the question	This question investigates the coherence of DG funded interventions with both its own relevant internal policies and regulations, as well as those standards and principles accepted within the humanitarian community. The HAR Regulation No 1257/96 and the Humanitarian Consensus of 2007 are the key legal basis for the humanitarian aid activities funded by DG ECHO, whereas incorporating the humanitarian principles of Humanity, Neutrality, Impartiality and Independence[15] into operational activities is the externally expected standard. As humanitarian actors are working in Yemen in a highly politicised environment, the respect and understanding of the principles of neutrality and impartiality by all parties involved (government, non-state actors, other armed actors, beneficiaries) are prerequisites for access and delivery of aid. The same applies to IHL's Rule 55 is addressing "access for humanitarian relief to civilians in need". The principle of "do no harm" would also be of importance, especially in this operating context. DG ECHO has published on its website 12 sets of guidelines/policies on how to implement EU humanitarian aid, per sector or theme, e.g. regarding protection, food assistance, nutrition, health, and protection. These guidelines aim at helping partners, implementing EU-funded programmes, to better understand what is expected of them operationally in terms of how they utilise the funding received, while promoting best practices in the provision of sector specific humanitarian assistance.
Judgement Criteria (JCs) and proposed indicators, main lines of approach, and sources of information:	
JC.3.1 DG ECHO-funded operations in Yemen have always been implemented in line with the relevant provisions of the HAR and the Consensus	
• Proposed indicators:	

[15] First launched by the Red Cross and enshrined in International Law, in particular International Humanitarian Law.

- Degree to which DG ECHO took specific actions to ensure coherence between relevant HAR provisions (art 1, 2, 3, 4, 10) and its operations
- Degree to which DG ECHO took specific actions to ensure coherence between relevant Consensus provisions (art 22, 23-24, 25-30, 31-37, 39, 42-45, 53, 54-55, 70-71, 74, 76, 77-78) and its operations
- List (assess relative importance of) enabling and limiting factors
- List (assess relative importance of) lessons learnt (what worked, what did not, and why?)

JC.3.2 DG ECHO-funded operations in Yemen have always been implemented in line with humanitarian principles and IHL

- Proposed indicators:
  - Degree to which DG ECHO took specific actions to ensure coherence between the principle of Humanity and its operations, including advocacy in case of non-compliance.
  - Degree to which DG ECHO took specific actions to ensure coherence between the principle of Impartiality and its needs assessments and operations, including advocacy in case of non-compliance.
  - Degree to which DG ECHO took specific actions to ensure coherence between the principle of Independence and its operations, including advocacy in case of non-compliance.
  - Degree to which DG ECHO took specific actions to ensure coherence between the principle of Neutrality and its operations, including advocacy in case of non-compliance.
  - Under the direct management modality, degree to which (numbers among the 20 selected projects) implementing partners have been able to apply the humanitarian principles
  - Under access restrictions and limitations, degree to which (numbers among the 20 selected projects) local partner staff were aware of humanitarian principles and IHL, understood how these can be put into practice and took specific actions to ensure the coherence between DG ECHO principled approach and their own operations.
  - Evidence of the "Do no harm" concept being applied (specifically with respect to gender and protection considerations).
  - List (assess relative importance of) enabling and limiting factors
  - List (assess relative importance of) lessons learnt.

JC.3.3 DG ECHO-funded operations in Yemen have been implemented in line with the relevant sector / thematic policies and guidelines

- Proposed indicators:
  - Degree to which DG ECHO took specific actions to ensure coherence between relevant policies and guidelines (Protection, Food aid, Nutrition, WASH, Health, Shelter, Children, Gender, EiE) in its operations.
  - Under the direct management modality, degree to which (numbers among the 20 selected projects) implementing partners have been able to apply the relevant guidelines
  - Under access restrictions and limitations, degree to which (numbers among the 20 selected projects) local partner staff were aware of the guidelines, understood how these can be put into practice, and took specific actions to ensure coherence of operations with guidelines.
  - List (assess relative importance of) lessons learnt
  - List (assess relative importance of) suggestions for improvement

Main lines of proposed approach:
Utilising interviews with key DG ECHO and partner staff, the evaluation will be examining the fit between DG ECHO principles and policies and the overall implementation approach and reality, in terms of different levels of analysis:

- Analysis about the consistency/coherence of HIPs with internal policies and external principles.
- Analysis about the consistency/coherence of projects implemented by partners with principles and policies.
- Analysis around DG ECHO advocacy efforts in case of non-compliance, and illustrations of DG ECHO's positive influence.

Sources of secondary information will include: The HAR, Consensus; DG ECHO sectoral policies, HIPs, project documents (Single Forms and partner reports).

Coordination and Connectedness

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 in the Nexus process and for other actions (analysis, advocacy, preventing politisation of aid) with DG INTPA, EEAS and EU Member States, and c) covering gaps and avoiding overlaps?**
Rationale and coverage of the Question	
Background / understanding / coverage of the question	As it was difficult to separate clearly coordination with development donors (EU and non-EU) and connectedness in the Nexus context, and thus to avoid duplications and potential confusion in the analysis, EQs 5 and 6 have been merged. The new EQ focuses on coordination and complementarity and will examine how well DG ECHO has been able to position itself amongst both humanitarian and non-EU development donors (bilateral, World Bank etc) and principal actors so as to best utilise its funding in order to reach common objectives, notably in terms of how well DG ECHO has been able to identify gaps in the overall response, either filling such gaps themselves or advocating amongst the donor community for such needs to be addressed. Albeit DG ECHO currently geographically prioritises locations with the highest concentration of lifesaving needs (HIP 2020), in an environment where needs are vast, how DG ECHO has co-ordinated and collaborated with other donors and actors both sectorally and geographically will be reviewed. Such co-ordination would necessitate good ongoing communication with sectoral clusters as well as relevant UN agencies. The extent DG ECHO has supported the clusters themselves, including their activities/assessments will also be reviewed. This question also integrates the aspects relevant to connectedness, which were initially considered under EQ12 in the ToR. In this respect, there is a need for the humanitarian and development sectors to align effectively around collective outcomes and work jointly on analysis and data collection, utilising a multi-year planning approach that invests in local and national capacities. What efforts DG ECHO have undertaken, and what co-ordination initiatives have been established with other EU development donors and actors will be assessed here. Developmental progress is linked closely with the ongoing uncertain peace process. Any support DG ECHO has been able to provide to support this peace process will be noted here (linkage with EQ 9 – advocacy)
Judgement Criteria (JCs) and proposed indicators, main lines of approach, and sources of information:	
JC.4.1 DG ECHO facilitated coherence with EU and non-EU donors based on priorities, resources and value-added	
• Proposed indicators: - Degree to which DG ECHO took specific actions to ensure coherence of its actions with non-EU donors and international institutions (WB, IMF…) - Degree to which DG ECHO took specific actions to ensure coherence of its actions with EU donors - Participation, engagement and contributions to donor forums, Country Team meetings - List examples (assess relative importance of) of good practices with non-EU donors. - List (assess relative importance of) lessons learnt from such collaborations. - List (assess relative importance of) enabling and limiting factors.	
JC.4.2 DG ECHO has coordinated effectively with the cluster system, NGO bodies and dedicated working groups	
• Proposed indicators: - Specific support provided by DG ECHO (directly or through partners) to humanitarian co-ordination clusters, dedicated working groups (C&V…) and other coordination mechanisms (NGOs, HCT). - Support by DG ECHO to pooled funds (Yemen Humanitarian Fund…) - Identified good practices, and lessons learnt from such support. - Perception of national and local govt authorities regarding the effectiveness of DG ECHO coordination support. - Perception of coordinating cluster leads and international agencies (e.g. OCHA, WFP, UNICEF, Resident Coordinator) regarding the effectiveness of DG ECHO coordination support. - Perception of other donors regarding the effectiveness of DG ECHO coordination support.	
JC.4.3 DG ECHO supported the alignment between humanitarian and developmental sectors in the Nexus process and for actions of joint analysis, advocacy and preventing politisation of aid; has this achieved sustainability?	
• Proposed indicators:	

- Degree to which DG ECHO's response to the crisis has been proactively designed and implemented in coordination with and in complementarity to other EU actors (Commission, EU Delegations, Member States), within the Nexus framework - Degree to which DG ECHO's response to the crisis has included joint actions of analysis, advocacy, prevention of politicisation etc (out of the Nexus process) with EU actors - Degree to which activities under the 2nd entry point in DG ECHO strategy were linked / synergies were developed with DG DEVCO and FPI programming focuses (resilience, support to key institutions and basic services, food security, livelihoods, C&V, nutrition, health) – see also JC8.2 - Frequency, quality, usefulness of meetings with the Commission-wide framework on Nexus - Frequency, quality, usefulness of meetings with the concerned EU Member States - List examples (assess relative importance of) of the resulting sharing of data (policy, strategy, sectors) from such meetings. - List examples (assess relative importance of) of innovative approaches and practices that have facilitated realisation of any Nexus activities or planning - Degree to which the above has contributed to achieving sustainability of DG ECHO strategy - List (assess relative importance of) enabling and limiting factors
Main lines of proposed approach: - To gather key stakeholders' views (DG ECHO staff, UN partner staff, implementing partners, other donors, government officials) as to their perception of what was DG ECHO's contribution to the overall humanitarian response in Yemen, and how this has changed over time. - Addressing the question will require building an overall picture of how DG ECHO designed and implemented its approach with a view to reaching their programmatic objectives. - This will involve an assessment of the intervention logic/theory of change of both DG ECHO and their partners. - A survey of key partners to extract their opinion on this issue. - The provision of a best practices and lessons learnt listing, resultant from the key factor analysis. - Caveat: measurement of performance needs to consider multiple stakeholder involvement (from partners to beneficiaries), who do not necessarily share a common system of measuring performance. *Sources of secondary information will include*: HIPs, project documents (Single Forms and programme reports), previous evaluations and monitoring reports of projects' results, UN cluster/ coordination mechanism reports, government services reports, UN agency reports, beneficiary feedback data.

EU Added Value

EQ5	What was the EU added value of DG ECHO's actions in Yemen?
Rationale and coverage of the question	
Background / understanding / coverage of the question	In other operational contexts, DG ECHO's added value, as expressed by implementing partners and key stakeholders[16] and underlined in the EU Consensus on humanitarian aid (articles 81 to 87), generally includes its technical expertise, the strength of its contextual analysis, its principled approach, its co-ordinated approach, its flexibility, and its ability to respond quickly with a diverse range of funding. This question will assess the various types of added value brought by DG ECHO's actions in Yemen, including DG ECHO's scale of support, innovative approach, extent of influence, advocacy and capacity building. It will involve assessing the comparative advantage of DG ECHO's approach in comparison to other donors from the perspective of relevant stakeholders and implementing partners and measuring how it has evolved over time.
Judgement Criteria (JCs) and proposed indicators, main lines of approach, and sources of information:	
JC.5.1 DG ECHO drew on its specific mandate, resources and procedures to create added value	
• Proposed indicators: - The extent to which DG ECHO has operationalised its needs-based approach compared to other donors - The extent to which DG ECHO has operationalised its field presence and expertise compared to other donors - The extent to which DG ECHO has appropriately/ timely identified programmatic and operational areas for improvement, compared to other donors - The extent to which DG ECHO has operationalised its advocacy efforts compared to other donors	

[16] See for instance, ADE for DG ECHO, ongoing Evaluation of the European Union's humanitarian response to the Rohingya refugee crisis in Myanmar and Bangladesh, 2017-2019.

- The extent to which DG ECHO has translated timeliness, scale and diversity of its funding portfolio into added value in the field, compared to other donors. - Degree of DG ECHO's influence as a "reference donor" in terms of influencing other donors, including examples where DG ECHO played a leading role or a co-ordinating role. - Degree (examples) of DG ECHO's reference as a donor which abide by humanitarian principles - The extent to which DG ECHO is appreciated for the above factors compared to other donors (source: donors, clusters, humanitarian and development actors) - List (assess relative importance of) enabling and limiting factors - List (assess relative importance of) lessons learnt
JC.5.2 DG ECHO and the EU provided added value in comparison with what Member States (EUMS) acting individually would be able to achieve
▪ Proposed indicators: - The extent to which DG ECHO has been able to use its mandate, resources and procedures (see JC5.1) to achieve results, compared to individual EUMS - Degree of DG ECHO's influence as a "reference donor" in terms of influencing EUMS, including examples where DG ECHO played a leading role or a co-ordinating role. - The extent to which DG ECHO is appreciated for the above factors compared to individual EUMS - List (assess relative importance of) enabling and limiting factors - List (assess relative importance of) lessons learnt
Main lines of proposed approach: - To compare achievements of DG ECHO (factual evidence) with those of other donors - To gather key stakeholders' views (DG ECHO staff, UN partner staff, implementing partners, other donors, government officials) as to their perception of what DG ECHO's added value has been within the Yemen operating context, and how this has changed over time. - A survey of key partners to extract their opinion on this issue. - The question could also be addressed in a **counterfactual manner**, i.e. "what would have happened without DG ECHO's funding or support?" Sources of secondary information will include: DG ECHO policy documents, single forms, partner reports, monitoring reports.

Effectiveness

EQ6	**To what extent were DG ECHO's strategic objectives (as defined in the specific HIPs) achieved? What concrete results has DG ECHO contributed to achieve?**
Rationale and coverage of the question	
Background / understanding / coverage of the question	DG ECHO's annual HIPs outline their sectoral priorities (Food Security and Livelihoods, Nutrition, Health, WASH, Protection, Shelter/NFI, Camp Co-ordination, Education in Emergencies, Co-ordination, and logistics) and their two point entry strategy being the provision of "integrated multi sectoral assistance to populations directly exposed to conflict and displacement" and "an integrated response to health, nutrition and food security crises, including WASH to prevent transmission of epidemics"[17]. This key question assesses the effectiveness of DG ECHO's support to meeting ongoing humanitarian needs, measuring programmatic success in reaching their individual quantitative and qualitative objectives, illustrating how vulnerabilities have been addressed both in terms of support to individual communities as well as the impact of the DG ECHO activities to support ongoing public service provision (health, disaster response, and education). The question will also review what results have accrued from resilience building activities. How well cross cutting themes i.e. gender and protection have been incorporated into such programmes will also be assessed. What factors have contributed to or limited overall success will be identified.
Judgement Criteria (JCs) and proposed indicators, main lines of approach, and sources of information:	
JC.6.1 DG ECHO and their partners have successfully delivered the necessary outputs and contributed to achieve the planned outcomes under the 1st entry point in the strategy: integrated response to acute needs of the most vulnerable communities directly exposed to conflict and displacement	
• Proposed indicators:	

[17] DG ECHO HIP 2019.

- KRI / KOI indicators / sectors in FichOps (whole portfolio): protection, shelter/NFI, food assistance/C&V, WASH, healthcare, nutrition, EiE
- Degree of achievements (narrative results) in partners' reports / LFAs (20 selected projects)
- Degree of satisfaction of DG ECHO staff
- Degree of satisfaction of partners, local government, development actors
- Degree of satisfaction of final beneficiaries (if / where possible)
- List (assess relative importance of) enabling and limiting factors
- List (assess relative importance of) lessons learnt
- List (assess relative importance of) suggestions for improvement

JC.6.2 DG ECHO and their partners have successfully delivered the necessary outputs and contributed to achieve the planned outcomes under the 2nd entry point in the strategy: integrated response to health, nutrition and food security crises due to epidemics, collapse of public services and of agriculture / economy

- Proposed indicators:
  - KRI / KOI indicators / sectors in FichOps (whole portfolio): preventing transmission of epidemics such as cholera or COVID (health, WASH), nutrition (SAM, MAM), livelihoods, food security
  - Degree of achievements (narrative results) in partners' reports / LFAs (20 selected projects)
  - Degree of sustainability of interventions and /or linkages with activities by DG DEVCO /FPI (resilience, support to key institutions / basic services, food security, livelihoods, C&V, nutrition, health – see 5.3)
  - Degree to which DG ECHO has sought sustainability opportunities within the projects such as the development of national capacities within public services for health or education programmes, or the integration into existing service provision - e.g. nutrition activities in hospitals, health care facilities, WASH in Water Board/Ministry etc
  - Extent to which capacity building efforts at the levels of communities and national service provision actors, have been effective
  - Degree of satisfaction of DG ECHO staff
  - Degree of satisfaction of partners, local government, development actors
  - Degree of satisfaction of final beneficiaries (if / where possible)
  - List (assess relative importance of) enabling and limiting factors
  - List (assess relative importance of) lessons learnt
  - List (assess relative importance of) suggestions for improvement.

JC.6.3 DG ECHO and their partners have successfully managed to adapt, react or anticipate external obstacles and challenges.

- Proposed indicators:
  - List (assess relative importance of) obstacles and challenges over the period
  - Degree to which these obstacles and challenges have been addressed (successfully or not) in conflict affected areas (1st entry point of strategy)
  - Degree to which obstacles and challenges have been addressed (successfully or not) regarding core issues of food security, nutrition and epidemics (2nd entry point of strategy)
  - Degree of satisfaction of DG ECHO staff
  - Degree of satisfaction of partners, local government, development actors
  - Degree of satisfaction of final beneficiaries (if / where possible)
  - List (assess relative importance of) enabling and limiting factors
  - List (assess relative importance of) lessons learnt

Main lines of proposed approach:

- To collect key stakeholders' views (DG ECHO staff, UN partner staff, implementing partners, other donors, government officials) as to their perception of what was DG ECHO's contribution to the overall humanitarian response in Yemen, and how this has changed over time.
- To collect, when and where possible, satisfaction of final beneficiaries about timelines, adequacy and quantity of types of aid delivered (FGDs, gender disaggregated)
- Addressing the question will require building an overall picture of how DG ECHO designed and implemented its approach with a view to reaching their programmatic objectives.
- This will involve an assessment of the intervention logic/theory of change of both DG ECHO and their partners.

- A survey of key partners to extract their opinion on this issue.
- The provision of a best practices and lessons learnt listing, resultant from the key factor analysis.
- Caveat: measurement of performance needs to consider multiple stakeholder involvement (from partners to beneficiaries), who do not necessarily share a common system of measuring performance.

Sources of secondary information will include: HIPs, project documents (Single Forms and programme reports), previous evaluations and monitoring reports of projects' results, UN cluster/ coordination mechanism reports, government services reports, UN agency reports, beneficiary feedback data.

EQ7	**How successful was DG ECHO through its advocacy and communication measures in influencing other actors by direct and indirect advocacy on issues like humanitarian access and space, respect for IHL, addressing gaps in the response, applying good practice, and carrying out follow up actions of DG ECHO interventions? Was there an 'advocacy gap'?**
Rationale and coverage of the Question	
Background / understanding / coverage of the question	DG ECHO has contributed a considerable amount of funding towards the crisis (Euro 560M between 2015 and 2020), however annual HRPs appeal for amounts in USD Billions (e.g USD4.2B in 2019,[18] when the DG ECHO contribution was Euro 115M). So as to leverage greater influence, DG ECHO advocacy activities have been seen as a key humanitarian activity in many countries, whereupon DG ECHO has consistently supported "principled" humanitarian interventions, and has always strongly promoted humanitarian laws, codes and principles in essence to be a "reference humanitarian donor" i.e. principled, providing leadership and shaping humanitarian response.[19] This question allows the evaluation to estimate how much influence DG ECHO has been able to have in addition to the programmatic interventions it has supported itself and to what extent it has become a "reference" donor in Yemen. How much funding has been allocated to advocacy initiative will be established, how this has been utilised, and the perceived benefit such actions have generated? The perception amongst other donors and key humanitarian actors as to how important a donor DG ECHO is will be key. The hypothesis is that even though DG ECHO resources for advocacy are relatively small, they can still make an impact on the lives of the affected populations.
Judgement Criteria (JCs) and proposed indicators, main lines of approach, and sources of information:	
JC.7.1 Advocacy and communication strategies of DG ECHO towards coordination structures for donors and main agencies were timely, consistent and appropriate to address identified concerns about access, IHL, humanitarian principles and gaps in the response	
• Proposed indicators: - List advocacy and communication efforts by DG ECHO within EU institutions (EEAS, Council working groups such as MOG and COHAFA) - List advocacy and communication efforts by DG ECHO towards other donors (Initial donor coordination group, Core Humanitarian Donor Group, Humanitarian Senior Officials Meetings, Technical Monitoring Group, Benchmarks, Risk recalibration) - Degree to which advocacy or communication efforts are based on evident operational concerns (ref to timeline of events 2015-20). - Degree to which advocacy or communication efforts are related to principled humanitarian delivery - Degree to which advocacy or communication efforts are related to increased humanitarian access - Degree to which (examples) advocacy or communication efforts have resulted in changes to the operational context (e.g access). - Degree to which DG ECHO's advocacy and communication strategies are linked with similar efforts by UN bodies, other donors, partners, or key stakeholders. - List (assess relative importance of) lessons learnt - List (assess relative importance of) suggestions for improvement	
JC.7.2 Advocacy and communication strategies of DG ECHO to address operational issues under the 3 subheadings of the strategy	
• Proposed indicators: - Degree to which issues related to conflict affected populations have been addressed and influenced by DG ECHO advocacy, in particular	

[18] 2019 Humanitarian Response Plan, Yemen.
[19] Evaluation Terms of Reference, p5.

- IDP assistance, visibility, emergency response, emergency trauma, access, CCCM - Multi sector response in area-based approach - Protection - EiE - Cash - Migration - Degree to which issues related to food security, nutrition and epidemics response have been addressed and influenced by DG ECHO advocacy, in particular - Nutrition (quality delivery) - Food security (biometrics) - Cholera, COVID, other epidemics (WASH, health community preparedness, early warning) - WASH (sustainable solutions, water quality, aquifer capacity) - Degree to which issues related to horizontal issues have been addressed and influenced by DG ECHO advocacy, in particular - Intra and inter-operability - Gender - Logistics - Nexus - Degree to which (examples) advocacy or communication efforts have resulted in changes to the operational context - The extent to which identified good practices have been adopted by other operational actors. - Level of awareness of other actors and their staff regarding DG ECHO's advocacy and communication strategies. - List (assess relative importance of) enabling or limiting factors - List (assess relative importance of) lessons learnt
JC.7.3 Advocacy and communication strategies of DG ECHO were timely, consistent and appropriate to help filling in a perceived advocacy gap
• Proposed indicators: - Assess KRI on protection advocacy (whole portfolio) - Evidence of any gaps in advocacy or communication strategies (list examples). - Extent to which DG ECHO (within Nexus?) has been effective towards coordination mechanisms and financial institutions (WB…) to advocate for 'humanitarian exceptions' in authorising access to areas under control of non-state actors which are considered as terrorist organisations (Ansar Allah in Yemen…) - see also JC14.2 - List lessons learnt - List suggestions for improvement
Main lines of proposed approach: - To gather key stakeholders' views (DG ECHO staff, UN partner staff, implementing partners, donors, government officials) as to their perception of the influence of DG ECHO's advocacy and communication strategies and activities, how this has changed over time, and the effect such activities have had. - A survey of key partners to extract their opinion on this issue and their awareness of DG ECHO's advocacy activities. *Sources of secondary information will include*: ACAPS, HNOs, YHRPs, HIPs / HIPTAs, cluster advocacy guidelines. DG ECHO advocacy and communication documents: SOM co-chairs summaries, Concept Notes (SOM I and SOM II), TMG ToR, Benchmarks, UN RC/HC pre SOM presentations, engagement with authorities (mission reports high level missions), statements by Cssr, speeches delivered at conferences (UNGA, pledging event…) Common messages, demarches, FAC Conclusions. Partner agency programme/project reports, KII: INTPA, WFP, UNICEF, WHO, OCHA, ICRC, UNFPA, IOM, FAO, HI, RI, PUI, Intersos, CARE, WASH cluster, IRC, OXFAM, DRC, FSAC, CMWG .

Efficiency

EQ8	**To what extent did DG ECHO achieve cost-effectiveness in its response? What factors affected the efficiency and cost-effectiveness of the response and to what extent?**
Rationale and coverage of the question	
Background / understanding / coverage of the question	This question covers cost efficiency and aims at assessing if the DG ECHO response in Yemen has been cost-effective, while identifying the explanatory factors that affect success or failure. According to the Cost-effectiveness guidance for DG ECHO evaluations developed by ADE in 2016, cost-effectiveness is defined as "the achievement of intended outcomes in relation to costs". Following this guidance, we propose splitting the analysis in two parts for this evaluation:

	- The cost-effectiveness of DG ECHO as a donor. This would verify if DG ECHO's budget allocations for the crisis in Yemen were based on operational needs, the contributions of other donors, and its own objectives. The evaluation will also examine here DG ECHO's attention to cost-effectiveness in making strategic choices about its portfolio of assistance throughout the response period. - The cost-effectiveness of DG ECHO funded actions, i.e. assessing if the humanitarian actions funded by DG ECHO were efficient (i.e. how well were inputs converted into outputs) and then if they were cost-effective (i.e. achievement of intended outcomes in relation to costs). It also includes the identification of lessons learned, notably in terms of explanatory factors and good transferable practices. DG ECHO's 2017 cost-effectiveness guidance provides a minimum package of indicators and optional indicators for assessing cost-effectiveness to choose from. This will allow the evaluation team to tailor the approach to fit the specificities of the evaluation. The methodology will notably include a thorough review of implemented operations, based on an in-depth analysis of project-related documentation.
Judgement Criteria (JCs) and proposed indicators, main lines of approach, and sources of information:	
JC.8.1 (JC 3 of cost-effectiveness guidelines) DG ECHO took appropriate actions to ensure cost-effectiveness throughout the project cycle	
• Proposed indicators: - Degree to which DG ECHO's budget allocations are based on operational needs, actions of other donors and ECHO objectives (mainly referring to and possibly completing analysis under EQ11). - Evidence of DG ECHO considering cost in relation to effectiveness and timeliness in making portfolio choices related to partners, sectors, approaches, geographical locations, beneficiaries and – most particularly - transfer modalities (C&V) - List (assess relative importance of) enabling and limiting factors - List (assess relative importance of) lessons learnt	
JC.8.2 Humanitarian actions funded by DG ECHO were cost-effective (except emergency life-saving measures)	
• Proposed indicators: - Evidence that actions funded by DG ECHO were cost-effective (numbers of beneficiaries, cost effectiveness of chosen modalities e.g. cash v in-kind, types of livelihoods). - List (assess relative importance of) good practice examples in cost-effectiveness. - List (assess relative importance of) lessons learnt -	
JC.8.3. Initiatives by DG ECHO to overcome specific obstacles and delays have made humanitarian actions more cost-effective	
• Proposed indicators: - Evidence that DG ECHO took the cost-effective measures to overcome obstacles and delays of access, imports, visas etc. - Evidence that specific initiatives by DG ECHO to supply problems and delays (support to supply of drugs by WHO, children nutrition food by UNICEF) were cost-effective - List (assess relative importance of) good practice examples in cost-effectiveness. - List (assess relative importance of) lessons learnt	
Main lines of proposed approach: - To gather key stakeholders' views (DG ECHO staff, UN partner staff, Implementing partners, other donors) as to their perception of the cost effectiveness and efficiency of DG ECHO strategies and activities. - Partner cost data analysis, if available, so as to allow analysis such as the cost/transfer ratio (e.g. the value of transfers reaching populations compared to administrative costs); cost per beneficiary/cost per unit; cost driver analysis and main quantitative or monetary outcomes of DG ECHO-funded projects compared to cost. *Sources of secondary information sources*: DG ECHO policy and financial documents, implementing partner project/financial data, HIPs, needs analysis assessments.	

EQ9	**Was the size of the EU budget allocated by DG ECHO to Yemen appropriate and proportionate to achieve objectives, compared to other crises?**
Rationale and coverage of the question	
Background / understanding / coverage of the question	- The Humanitarian Consensus clearly identifies "budget adequacy" as an objective of the EU which should "aim to demonstrate its commitment to humanitarian response by mobilising adequate funding for humanitarian aid based on assessed needs" (Art. 38). As indicated in the TOR, DG ECHO has contributed large sums of money into the Yemen response (2015 - €50M, 2016 - €70M, 2017 - €76M, 2018 - €128M, 2019 - €115M, and 2020 €114M). Evidently the level of funding has increased as the situation worsened, levelling off in recent years. As mentioned above, however, annual HRPs are requesting funding levels in USD Billions. The September 2020 Yemen Humanitarian update leads with the headline "Lack of funding cripples the aid operation" and as such gaps in funding are seemingly prevalent. Of course, DG ECHO cannot be expected to fill all such gaps, however, this question will enable the team to establish if targeted humanitarian needs are being addressed, and if the funding provided was sufficient, timely and coherent with contextual needs for implementing partners to achieve programmatic objectives.
JCs, sources and main lines of the approach	
JC.9.1 Alignment between the level of DG ECHO funds provided, sectoral needs identified in the strategy and addressed by the partners' activities.	
• Proposed indicators: - Extent to which (examples) the budget provided by DG ECHO to the partners was sufficient to meet identified needs across a variety of sectors. - Extent to which (examples) the budget provided by DG ECHO to the partners was sufficient to address obstacles and delays of access, imports, visas etc, - List (assess relative importance of) funding shortfalls, per geographical area and sector - Rationale for reduced funding where project outputs funded did not match with needs identified (link with EQ1). - List (assess relative importance of) enabling and limiting factors - List (assess relative importance of) lessons learnt.	
JC9.2. Comparison between nationwide needs assessments and the share and importance of DG ECHO's budget vis-á-vis joint annual appeals and rapid onset emergencies	
• Proposed indicators: - Proportion of DG ECHO funding compared to total humanitarian funding (appeals, pledges, actual funding), overall and - as relevant and feasible – per geographical area and sector - List funding gaps (overall and per area / sector) - comparison of DG ECHO funding with that of other main donors - Degree of adaptation (examples, number of HIP revisions and corresponding partners' contract revisions compared to timeline of events) by DG ECHO and partners to make cost-effective use of resources (link with EQ9). - Degree of satisfaction of DG ECHO, OCHA, clusters and partners' staff about budget scale and revisions	
JC9.3 Comparison between the importance of DG ECHO's budget dedicated to Yemen and to other comparable humanitarian crises over the period.	
• Proposed indicators: - Comparison of the share of DG ECHO's contribution to Humanitarian Response Plans across comparable crises, assessed by - numbers of people affected, - range of sectors, - cost of supply chain / unit, - access problems (delays, obstructions), - other mitigating factors (enabling, limiting). - Degree of satisfaction of DG ECHO, OCHA, clusters, and partners' staff about budget scale for Yemen and other major crises, and rationale	
Main lines of proposed approach: - To gather key stakeholders' views (DG ECHO staff, UN partner staff, Implementing partners, other donors) as to their perception of the contribution of DG ECHO funding. - Examining the fit between the needs identified and the projects funded in terms of comparing the results of needs assessments with the project design of supported interventions (including any prioritisation).	

- Analysis of DG ECHO's share of funding compared to the annual appeals over time.
- A review of the timing of DG ECHO's funding contributions as compared to the annual appeals process and the seasonal calendar.

Sources of secondary information will include: HRPs, OCHA Financial Tracking System/FTS, Inter-Sector Coordination Group/Clusters' reports, HIPs, Single Forms, project monitoring reports, evaluations and other documents relating to assessments.

ANNEX A3 – LIST OF DOCUMENTS CONSULTED ON YEMEN

This annex provides the list of documents consulted on Yemen and is structured as followes: the first section presents the general documentation while the second section proides a list of DG ECHO funded interventiosn in Yemen for which project documentation has been consulted.

General documentation

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

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Financial Tracking Data (2015-2020), *Yemen* https://fts.unocha.org/countries/248/summary/2020

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DG ECHO's documentation

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Mission reports by DG ECHO visiting experts (2019), *05.05 – 08.05.2019, Calogero Di Gloria, Regional Food and Cash-based assistance TE*

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Mission reports by DG ECHO visiting experts (2019), *10-15 June 2019, Evangelos Petratos (WASH Shelter TE ECHO Amman)*

Mission reports by DG ECHO visiting experts (2019), *13-23 October 2019, Desk Officer Laetitia de Radigues*

Mission reports by DG ECHO visiting experts (2018), *18/04/2018, WASH - shelter, Monica Ramos*

Mission reports by DG ECHO visiting experts (2019), *2 – 8 March 2019 Javier Rio Navarro*

Project specific documentation

In addition to the general documentation, the evaluation team has also consulted project specific documents from DG ECHO's obtained on HOPE (e.g. e-Single Forms and FIchOps) for all the projects listed below.

Sector	Partner(s)	Title of the Action	Agreement ID	Year
Coordination	DRC-DK	Improving living conditions within IDP hosting sites in Yemen	ECHO/YEM/BUD/2018/91023	2019
Coordination	OCHA-CH	Strengthening Humanitarian Coordination and Advocacy in Yemen	ECHO/YEM/BUD/2015/91004	2015
Coordination	OCHA-CH	Strengthening Humanitarian Coordination and Advocacy in Yemen	ECHO/YEM/BUD/2016/91007	2016
Coordination	OCHA-CH	Strengthening Humanitarian Coordination and Advocacy in Yemen	ECHO/YEM/BUD/2017/91012	2017
Coordination	OCHA-CH	Strengthening humanitarian coordination and advocacy in Yemen	ECHO/YEM/BUD/2018/91013	2018
Coordination	OCHA-CH	Strengthening Humanitarian Coordination and Advocacy in Yemen	ECHO/YEM/BUD/2019/91014	2019
Coordination	UNFPA-US	Providing Integrated Lifesaving Reproductive Health Services to Under-served Communities and Rapid Response Mechanism to newly displaced persons affected by the Humanitarian Crisis in Yemen	ECHO/YEM/BUD/2018/91012	2018
Coordination	UNFPA-US	Providing Integrated Lifesaving Reproductive Health and Mental Health Specialized Services to Under-served Communities and Rapid Response Mechanism to newly displaced persons affected by the Humanitarian Crisis in Yemen	ECHO/YEM/BUD/2020/91001	2020
Disaster Risk Reduction / Disaster Preparedness	IRC-DE	Southern Yemen Emergency Preparedness and Response Mechanism	ECHO/YEM/BUD/2019/91011	2019

Disaster Risk Reduction / Disaster Preparedness	UNICEF-US	Integrating Disaster Risk Reduction (DRR) in WaSH Emergency Humanitarian response, Yemen	ECHO/YEM/BUD/2018/91015	2018
Disaster Risk Reduction / Disaster Preparedness	UNICEF-US	Community-Based COVID-19 Prevention in Yemen: Enabling shielding of COVID-19 Highest Risk individuals - Al Hagrah	ECHO/YEM/BUD/2020/91010	2020
Education in emergencies	NRC-NO	Integrated Multi-sector Humanitarian Assistance to Conflict-Affected Population in Yemen.	ECHO/YEM/BUD/2018/91004	2018
Education in emergencies	NRC-NO	Improving Access to Quality Education for Conflict-Affected Children in Yemen	ECHO/YEM/BUD/2018/91026	2019
Education in emergencies	NRC-NO	Improving Access to Quality Protective Education for Conflict-Affected Children in Yemen	ECHO/YEM/BUD/2020/91013	2020
Education in emergencies	STC-NO	Education in Emergencies Response in Aden and Lahj, Yemen	ECHO/CHD/BUD/2016/91020	2016
Education in emergencies	STC-NO	Education in Emergencies Response in Aden and Lahj, with support of coordination Mechanism of education response in Yemen	ECHO/YEM/BUD/2018/91014	2018
Education in emergencies	STC-NO	Reducing Barriers to Quality, Protective Education Services for Conflict Affected Girls and Boys in Yemen	ECHO/YEM/BUD/2019/91009	2019
Food security and livelihoods	CARE-DE	Emergency lifesaving assistance to the most vulnerable conflict affected IDPs and host communities in Yemen	ECHO/YEM/BUD/2016/91004	2016
Food security and livelihoods	CARE-DE	Emergency lifesaving assistance to conflict affected IDPs and host communities in targeted districts of Taiz Governorate	ECHO/YEM/BUD/2017/91009	2017
Food security and livelihoods	CARE-DE	Multisectoral lifesaving assistance to conflict affected IDPs and host communities in targeted districts of Taizz Governorate	ECHO/YEM/BUD/2018/91002	2018
Food security and livelihoods	NRC-NO	Integrated lifesaving humanitarian assistance to the most vulnerable conflict affected people in Yemen and enhanced INGO safety and security	ECHO/YEM/BUD/2015/91001	2015
Food security and livelihoods	NRC-NO	Emergency support for conflict affected population in Yemen and enhanced INGO Coordination in Safety & Security	ECHO/YEM/BUD/2016/91002	2016
Food security and livelihoods	NRC-NO	Integrated Emergency Humanitarian Assistance to Conflict and Displacement Affected Populations in Yemen	ECHO/YEM/BUD/2017/91005	2017
Food security and livelihoods	NRC-NO	Integrated Multi-sector Humanitarian Assistance to Conflict-Affected Population in Yemen.	ECHO/YEM/BUD/2018/91004	2018
Food security and livelihoods	OXFAM-UK	Rapid Humanitarian Response for most vulnerable flood Affected Families in Amran District	ECHO/DRF/BUD/2016/91009	2016
Food security and livelihoods	WFP-IT	Safeguarding Lives, Improving Food Security and Nutrition, and Building Resilience	ECHO/YEM/BUD/2015/91011	2015
Food security and livelihoods	WFP-IT	Emergency Food Assistance to Conflict-Affected and Food-Insecure People	ECHO/YEM/BUD/2016/91017	2016
Food security and livelihoods	WFP-IT	Emergency food assistance to food insecure and conflict-affected people in Yemen	ECHO/YEM/BUD/2017/91018	2017

Food security and livelihoods	WFP-IT	Emergency food assistance to food insecure and conflict-affected people in Yemen	ECHO/YEM/BUD/2018/91017	2018
Food security and livelihoods	WFP-IT	Provision of life-saving food assistance to severly food-insecure households and provision of nutrition assistance to treat and prevent malnutrition.	ECHO/YEM/BUD/2019/91008	2019
Food security and livelihoods	WFP-IT	Provision of life-saving food assistance to severely food-insecure households	ECHO/YEM/BUD/2020/91011	2020
Health	FEDERATION HANDICAP-FR	Urgent and comprehensive specific needs response for vulnerable persons and persons with injuries affected by the conflict (women, men, girls and boys) in Sana'a and Aden Governorates .	ECHO/YEM/BUD/2016/91013	2016
Health	FEDERATION HANDICAP-FR	Urgent and comprehensive specific needs response for persons with injuries and other vulnerable persons affected by the conflict in Yemen	ECHO/YEM/BUD/2017/91010	2017
Health	FEDERATION HANDICAP-FR	Urgent and comprehensive specific needs response for persons with injuries and other vulnerable persons affected by the conflict in Yemen	ECHO/YEM/BUD/2018/91003	2018
Health	FEDERATION HANDICAP-FR	Comprehensive response to improve protection and access to health services for vulnerable persons affected by the conflict in Yemen	ECHO/YEM/BUD/2019/91002	2019
Health	IMC-UK	Integrated life-saving interventions for conflict affected populations in Taiz Governorate, Yemen	ECHO/YEM/BUD/2020/91006	2020
Health	INTERSOS-IT	Provision of emergency primary health services through support of 8 existing health facilities and integrated nutrition and protection services supported by a network of community volunteers in 4 districts Ibb Governorate	ECHO/YEM/BUD/2018/91009	2018
Health	INTERSOS-IT	Provision of emergency health & nutrition services, with integration of protection services, for conflict and displacement affected people in Aden, Hajja and Lahj governorates	ECHO/YEM/BUD/2020/91005	2020
Health	IOM-CH	Provision of Integrated Protection and Life-Saving Health Services to Migrants and IDPs in Yemen	ECHO/YEM/BUD/2020/91002	2020
Health	PUI-FR	Life-saving integrated emergency health and nutrition responses to severe acute undernutrition in Hodeida and Raymah Governorates, Yemen	ECHO/YEM/BUD/2016/91012	2016
Health	PUI-FR	Lifesaving integrated emergency health and nutrition response in the conflict affected areas of Raymah and Hodeida Governorates, Yemen	ECHO/YEM/BUD/2017/91001	2017
Health	PUI-FR	Lifesaving integrated emergency health and nutrition response in the conflict affected areas of Raymah and Hodeida Governorates, Yemen.	ECHO/YEM/BUD/2018/91018	2018
Health	PUI-FR	An integrated Health, Nutrition, WaSH and Food Security approach to answer the life-threatening needs of conflict-affected populations in Hodeida and Taiz Governorates, Yemen.	ECHO/YEM/BUD/2019/91007	2019
Health	UNFPA-US	Providing Integrated Lifesaving Reproductive Health Services to Under-served Communities and Rapid	ECHO/YEM/BUD/2018/91012	2018

		Response Mechanism to newly displaced persons affected by the Humanitarian Crisis in Yemen		
Health	UNFPA-US	Providing Integrated Lifesaving Reproductive Health and Mental Health Specialized Services to Under-served Communities and Rapid Response Mechanism to newly displaced persons affected by the Humanitarian Crisis in Yemen	ECHO/YEM/BUD/2020/91001	2020
Health	UNICEF-US	Provision of life-saving WASH, health and nutrition interventions for children and pregnant and lactating women (PLW), including both IDPs and host communities, in Sa'ada, Amran, Hajjah, Taiz, Sana'a, Hodeida, Aden, Lahj,and Abyan governorates.	ECHO/YEM/BUD/2017/91013	2017
Health	WHO	Saving lives by improving access to primary health care, strengthening outbreak surveillance, control and response to vulnerable populations in conflict affected areas of Yemen	ECHO/YEM/BUD/2017/91017	2017
Health	WHO	Enhance life-saving response in priority governorates of Yemen (Hajjah, Sada'a, Ibb, Taizz, Al-Hodeida and Aden governorates)	ECHO/YEM/BUD/2019/91015	2019
Multi-purpose cash transfer	DRC-DK	Integrated lifesaving emergency response and protection assistance to conflict affected populations in Yemen	ECHO/YEM/BUD/2018/91005	2018
Multi-purpose cash transfer	DRC-DK	Cash Consortium of Yemen	ECHO/YEM/BUD/2020/91004	2020
Multi-purpose cash transfer	IOM-CH	Emergency Relief and Assistance to Conflict Affected Populations in Yemen.	ECHO/YEM/BUD/2019/91010	2019
Nutrition	ACF-FR	Integrated Emergency Nutrition, Health, Water, Sanitation, Hygiene and Food Security Interventions for conflict affected populations in Yemen	ECHO/YEM/BUD/2015/91012	2015
Nutrition	ACF-FR	Multi-sectorial emergency response in Hodeida Governorate in Yemen	ECHO/YEM/BUD/2016/91014	2016
Nutrition	ACF-FR	Integrated Health, Nutrition and Food Security assistance for the prevention and treatment of acute malnutrition amongst U5s and PLW and immediate support to conflict-affected populations and cholera response in Hodeida governorate	ECHO/YEM/BUD/2017/91016	2017
Nutrition	ACF-FR	Integrated Nutrition,Health, WASH and FSL response to the nutrition and food security crises in Hodeida governorate, Yemen	ECHO/YEM/BUD/2018/91007	2018
Nutrition	ACF-FR	Integrated Nutrition, Health, WASH and FSL and Advocacy response to the nutrition and food security crises in Al Hodeida and Hajjah governorate, Yemen	ECHO/YEM/BUD/2019/91013	2019
Nutrition	PUI-FR	Life-saving integrated emergency health and nutrition responses to severe acute undernutrition in Hodeida and Raymah Governorates, Yemen	ECHO/YEM/BUD/2016/91012	2016
Nutrition	PUI-FR	Lifesaving integrated emergency health and nutrition response in the conflict affected areas of Raymah and Hodeida Governorates, Yemen	ECHO/YEM/BUD/2017/91001	2017

Nutrition	PUI-FR	Lifesaving integrated emergency health and nutrition response in the conflict affected areas of Raymah and Hodeida Governorates, Yemen.	ECHO/YEM/BUD/2018/91018	2018
Nutrition	PUI-FR	An integrated Health, Nutrition, WaSH and Food Security approach to answer the life-threatening needs of conflict-affected populations in Hodeida and Taiz Governorates, Yemen.	ECHO/YEM/BUD/2019/91007	2019
Nutrition	UNICEF-US	Integrated multi-sectoral response to improve nutrition in the most affected governorates of Yemen	ECHO/YEM/BUD/2015/91010	2015
Nutrition	UNICEF-US	Provision of life-saving WASH, health and nutrition interventions for children and pregnant and lactating women (PLW), including both IDPs and host communities, in Sa'ada, Amran, Hajjah, Taiz, Sana'a, Hodeida, Aden, Lahj,and Abyan governorates.	ECHO/YEM/BUD/2017/91013	2017
Nutrition	UNICEF-US	Provision of nutrition and WASH interventions for children and pregnant and lactating women (PLW), including IDPs and host communities, in 27 prioritized districts in 9 governorates.	ECHO/YEM/BUD/2018/91019	2018
Nutrition	UNICEF-US	Reduction of conflict-related vulnerability through the lifesaving and preventive nutrition interventions and protection against grave child rights violation for children and pregnant and lactating women, including IDPs and host communities, in 19 governorates of Yemen.	ECHO/YEM/BUD/2020/91007	2020
Nutrition	WFP-IT	Provision of life-saving food assistance to severly food-insecure households and provision of nutrition assistance to treat and prevent malnutrition.	ECHO/YEM/BUD/2019/91008	2019
Protection	CICR-CH	ICRC Economic security, Water and habitat, Health, Protection, Prevention and Cooperation activities in NAME region (Iraq, Lebanon, Syria, Israel and the occupied territories, Jordan and Yemen).	ECHO/SYR/BUD/2018/91001	2018
Protection	CICR-CH	ICRC Economic security, Water and habitat, Health, Protection, Prevention and Cooperation activities in NAME region (Iraq, Lebanon, Syria, Israel and the occupied territories, Jordan and Yemen).	ECHO/SYR/BUD/2018/91001	2019
Protection	CICR-CH	ICRC Economic security, Water and habitat, Health, Protection, Prevention and Cooperation activities in NAME region (Iraq, Lebanon, Syria, Israel and the occupied territories, Jordan and Yemen).	ECHO/SYR/BUD/2018/91001	2020
Protection	FEDERATION HANDICAP-FR	Comprehensive response to improve protection and access to health services for vulnerable persons affected by the conflict in Yemen	ECHO/YEM/BUD/2019/91002	2019
Protection	GENEVA CALL-CH	Enhancing the Humanitarian Engagement Capacity in the Near and Middle East	ECHO/YEM/BUD/2018/91021	2018
Protection	GENEVA CALL-CH	Improving the respect of humanitarian norms by armed actors in Yemen	ECHO/YEM/BUD/2018/91020	2018
Protection	GENEVA CALL-CH	Enhancing the Humanitarian Engagement Capacity in the Near and Middle East	ECHO/IRQ/BUD/2018/91024	2018
Protection	INTERSOS-IT	Provision of emergency primary health services through support of 8 existing health facilities and integrated nutrition and protection services	ECHO/YEM/BUD/2018/91009	2018

		supported by a network of community volunteers in 4 districts Ibb Governorate		
Protection	INTERSOS-IT	Provision of emergency health & nutrition services, with integration of protection services, for conflict and displacement affected people in Aden, Hajja and Lahj governorates	ECHO/YEM/BUD/2020/91005	2020
Protection	IOM-CH	Humanitarian Assistance to and Protection of Vulnerable Migrants in Yemen	ECHO/YEM/BUD/2015/91006	2015
Protection	IOM-CH	Humanitarian Assistance to and Protection of Vulnerable Migrants in Yemen	ECHO/YEM/BUD/2016/91009	2016
Protection	IOM-CH	Integrated Emergency Response Programme to improve the living conditions of the most vulnerable conflict-affected populations across Yemen	ECHO/YEM/BUD/2017/91014	2017
Protection	IOM-CH	Provision of Integrated Protection and Life-Saving Health Services to Migrants and IDPs in Yemen	ECHO/YEM/BUD/2020/91002	2020
Protection	NRC-NO	Integrated lifesaving humanitarian assistance to the most vulnerable conflict affected people in Yemen and enhanced INGO safety and security	ECHO/YEM/BUD/2015/91001	2015
Protection	NRC-NO	Emergency support for conflict affected population in Yemen and enhanced INGO Coordination in Safety & Security	ECHO/YEM/BUD/2016/91002	2016
Protection	OHCHR-CH	Enhancing protection of human rights in Yemen	ECHO/YEM/BUD/2017/91019	2018
Protection	UNHCR-CH	Humanitarian assistance and protection to refugees, asylum seekers, IDPs and returning IDPs in Yemen	ECHO/YEM/BUD/2015/91009	2015
Protection	UNHCR-CH	Emergency Assistance for Refugees, Asylum Seekers and IDPs in Yemen	ECHO/YEM/BUD/2016/91005	2016
Shelter and settlements	DRC-DK	Integrated lifesaving emergency response and protection assistance to conflict affected populations in Yemen	ECHO/YEM/BUD/2018/91005	2018
Shelter and settlements	DRC-DK	Improving living conditions within IDP hosting sites in Yemen	ECHO/YEM/BUD/2018/91023	2019
Shelter and settlements	IOM-CH	Humanitarian Assistance to and Protection of Vulnerable Migrants in Yemen	ECHO/YEM/BUD/2015/91006	2015
Shelter and settlements	IOM-CH	Humanitarian Assistance to and Protection of Vulnerable Migrants in Yemen	ECHO/YEM/BUD/2016/91009	2016
Shelter and settlements	IOM-CH	Integrated Emergency Response Programme to improve the living conditions of the most vulnerable conflict-affected populations across Yemen	ECHO/YEM/BUD/2017/91014	2017
Shelter and settlements	IOM-CH	Emergency Relief and Assistance to Conflict Affected Populations in Yemen.	ECHO/YEM/BUD/2019/91010	2019
Support to operations	CROIX-ROUGE-DK	Integrated WASH, Protection, and Psychosocial Support to Vulnerable Communities in Yemen through the Enhanced Capacities of YRCS (InWAPPS)	ECHO/YEM/BUD/2020/91009	2020
Support to operations	DRC-DK	Cash Consortium of Yemen	ECHO/YEM/BUD/2020/91004	2020
Support to operations	NRC-NO	Improving Access to Quality Education for Conflict-Affected Children in Yemen	ECHO/YEM/BUD/2018/91026	2019
Support to operations	NRC-NO	Improving Access to Quality Protective Education for Conflict-Affected Children in Yemen	ECHO/YEM/BUD/2020/91013	2020

Support to operations	WFP-IT	Provision of humanitarian air and sea passenger services in Yemen	ECHO/YEM/BUD/2016/91016	2016
Support to operations	WFP-IT	Provision of humanitarian air and sea passenger services in Yemen	ECHO/YEM/BUD/2017/91015	2017
Support to operations	WFP-IT	Provision of humanitarian air and sea passenger services in Yemen	ECHO/YEM/BUD/2018/91022	2018
Support to operations	WFP-IT	Provision of humanitarian air services in Yemen	ECHO/YEM/BUD/2020/91012	2020
WASH	CROIX-ROUGE-DK	Integrated WASH, Protection, and Psychosocial Support to Vulnerable Communities in Yemen through the Enhanced Capacities of YRCS (InWAPPS)	ECHO/YEM/BUD/2020/91009	2020
WASH	OXFAM-BE	Saving lives and alleviating human suffering of conflict affected and vulnerable communities through provision of safe and gender sensitive, integrated Water, Sanitation and Hygiene (WASH) services in Abs district of Hajjah Governorate.	ECHO/YEM/BUD/2019/91006	2019
WASH	OXFAM-BE	Yemen WASH emergency and recovery response for conflict affected people and vulnerable groups in two districts of Hajjah Governorate.	ECHO/YEM/BUD/2020/91014	2020
WASH	OXFAM-UK	Provision of humanitarian aid for Yemeni populations affected by armed conflict in Hajjah, Hodiedah, Amran and Taiz	ECHO/YEM/BUD/2015/91002	2015
WASH	OXFAM-UK	Provision of humanitarian aid for the conflict affected population in Taiz and Hajjah governorate	ECHO/YEM/BUD/2016/91003	2016
WASH	OXFAM-UK	Rapid Humanitarian Response for most vulnerable flood Affected Families in Amran District	ECHO/DRF/BUD/2016/91009	2016
WASH	OXFAM-UK	Provision of humanitarian assistance to the conflict affected population in Hajjah and Amran, Yemen.	ECHO/YEM/BUD/2017/91008	2017
WASH	OXFAM-UK	Support to populations at risk from Cholera in Yemen (Hajjah and Amran Governorates).	ECHO/DRF/BUD/2017/91008	2017
WASH	OXFAM-UK	Yemen Integrated Humanitarian Response to conflict affected people in Amran and Saada governorates (YIHR)	ECHO/YEM/BUD/2018/91010	2018
WASH	UNICEF-US	Integrated multi-sectoral response to improve nutrition in the most affected governorates of Yemen	ECHO/YEM/BUD/2015/91010	2015
WASH	UNICEF-US	Provision of life-saving WASH, health and nutrition interventions for children and pregnant and lactating women (PLW), including both IDPs and host communities, in Sa'ada, Amran, Hajjah, Taiz, Sana'a, Hodeida, Aden, Lahj,and Abyan governorates.	ECHO/YEM/BUD/2017/91013	2017
WASH	UNICEF-US	Provision of nutrition and WASH interventions for children and pregnant and lactating women (PLW), including IDPs and host communities, in 27 prioritized districts in 9 governorates.	ECHO/YEM/BUD/2018/91019	2018
WASH	UNICEF-US	Community-Based COVID-19 Prevention in Yemen: Enabling shielding of COVID-19 Highest Risk individuals - Al Hagrah	ECHO/YEM/BUD/2020/91010	2020

ANNEX A4 – LIST OF PERSONS CONSULTED ON YEMEN

Key Informant Interviews

Sector	Institution	Respondent Position
General	DG ECHO	Head of Unit, C4
General	DG ECHO	Desk Officer, Yemen
General	DG ECHO	Team Leader, IHL
General	DG ECHO	Team Leader, Yemen
Advocacy – Donor Coordination	Swiss Federal Department of Foreign Affairs EDA	Policy officer
Advocacy – Donor Coordination	DG ECHO	Civil-Military Relations Officer
Advocacy – Donor Coordination	EEAS	Program officer
Advocacy – Donor Coordination	EEAS/ EUD for Yemen	Head of Cooperation
Advocacy – Donor Coordination	German embassy to Yemen	First secretary / Chancellor, Humanitarian portfolio
Advocacy – Donor Coordination	Mercy Corps	Policy expert analyst, Yemen
Advocacy – Donor Coordination	NGO Geneva Call	(former) Head of Region, Near and Middle East
Advocacy – Donor Coordination	NGO Geneva Call	project manager
Advocacy – Donor Coordination	NRC / HAWG (Humanitarian Access Working Group)	Co-lead of HAWG for NRC
Advocacy – Donor Coordination	OHCHR	Project manager
Advocacy – Donor Coordination	OHCHR	Programme coordinator
Advocacy – Donor Coordination	OCHA Yemen	Head of Department
Advocacy – Donor coordination	OCHA Yemen	Deputy Head of Department
Advocacy – Donor Coordination	Swedish Ministry for foreign Affairs	Director for humanitarian Affairs, Dept for UN policy, conflict and humanitarian affairs
Advocacy – Donor Coordination	USAID – Bureau of Humanitarian Assistance (BHA)	Yemen Team Leader
Advocacy – Donor Coordination	USAID / Bureau for Humanitarian Assistance (BHA)	Yemen Deputy Team Leader
Advocacy – Donor Coordination	WHO	Donors relation
CCCM & NFI, DRR	DRC	CCCM Coordinator
CCCM & NFI, DRR	IOM	Operations Officer CCCM
CCCM & NFI, DRR	IRC	Deputy Country Director, Yemen
CCCM & NFI, DRR	IRC	Partnerships Coordinator
EiE	NRC	Project manager, Lead policy officer
EiE	DG ECHO	Policy Officer
EiE	DG ECHO	Thematic expert

EiE	STC	Deputy Country Director & Director of Programme Operations
Food, cash, RRM	DRC	Grant Specialist CCY - Consortium Lead
Food, Cash, RRM	Market impact	External consultant
Food, cash, RRM	CARE	Country Director
Food, Cash, RRM	DRC	Support service coordinator
Food, cash, RRM	IOM	Cash Programme Manager
Food, cash, RRM	IOM	Co lead of Cash Cluster, and Senior Field Co-ordinator
Food, cash, RRM	NRC	Cash and Marketing programme Specialist
Food, cash, RRM	OCHA	Cash Advisor - CMWG
Food, cash, RRM	OCHA	Chair of CMWG
Food, Cash, RRM	UNICEF	Deputy Representative
Food, Cash, RRM	UNICEF	Former Deputy Representative
Food, Cash, RRM	WFP	Head of Programmes Deputy Head of Programmes,
Food, Cash, RRM	WFP	Cash specialist
Food, Cash, RRM	WFP	Chief of food assistance programme,
Food, Cash, RRM	WFP	Previous DCD
Health and Nutrition	ACF	Head of Health and Nutrition
Health and Nutrition	Handicap International	Country Director
Health and Nutrition	Handicap International	Former Country Director
Health and Nutrition	Nutrition Cluster Coordinator	Nutrition cluster coordinator
Health and Nutrition	PUI	Head of Mission
Health and Nutrition	UNICEF	Nutrition Officer
Health and Nutrition	UNICEF	Nutrition Program Manager
Health and Nutrition	WFP	Head of Programmes and Nutrition NOC
Health and Nutrition	WHO	Health Cluster Coordinator
Health and Nutrition	ACF	Deputy Country Director
Others (e.g. Budget, Logistics)	DG ECHO	Team Leader, Budget (E2)
Others (e.g. Budget, Logistics)	WFP	Chief of Supply Chains for WFP
Protection	UNFPA	Humanitarian Coordinator
Protection	Danish Refugee Council	Humanitarian Policy Advisor, before CCM manager
Protection	Danish Refugee Council	Protection cluster coordinator in Yemen (former)
Protection	IOM	Deputy Chief of Mission in Iraq
WASH	UNICEF	Chief WASH
WASH	UNICEF	Global WASH cluster coordinator
WASH	UNICEF	Global WASH cluster coordinator (former)
WASH	OXFAM	Head of programming
WASH	OXFAM	Programme manager
Total		65 interviews

Focus Group Discussions, Field interviews

South Yemen

In South Yemen, focus group discussions were conducted in three different locations.

Date	Location	Partner	Sectoral Response	M	F	Notes
14/06	Taiz	CARE	WASH	7	6	Men and Women were interview separately; and individually or in small groups over seven sites.
15/06	Taiz	CARE	WASH	14	3	Men and Women were interview separately; and individually or in small groups over seven sites.
18/06	Lahj, Tuban- Ateera IDP camps	DRC	Shelter, WASH, NFIs	9	0	A group of nine men aged 24-55, interviewed in IDPs camp
18/06	Lahj, Tuban- Ateera IDP camps	DRC	Shelter, WASH, NFIs	0	14	A group of 14 women aged 25-70, interviewed in IDPs camp
28/06	Hadramout Ibn Siena – Mukalla City	WFP	GFD	8	6	Men and Women were interview separately; and individually or in small groups.
30/06	Hadramout Brum and Meefa Districts	WFP	GFD	9	3	Men and Women were interview separately; and individually or in small groups.
Total: 79 beneficiaries				**47**	**32**	

North Yemen

In North Yemen, focus group discussions, beneficiary interviews and interviews with local partners of partner organizations were organized.

Date	Location	Partner	Sectoral Response	M	F	Notes
23/06	Sanaa – Amant AlAssima	HI	Health	4	2	**Patients** were interviewed individually over 2 health centres
23/06	Sanaa - Amant AlAssima	HI	Health	4	2	**Health workers and management** Staff over 2 health centers
29/06	Aden and Taiz	IRC	Health / COVID Response	1	1	Local Partners (Tamdeen) Zoom Interview
05/07	Marib – Al-Juffaina	IOM	Health, Shelter, NFI, MPCA	17	15	IDPs interviewed in groups through visiting 2 sites
06/07	Marib – Alwadi	IOM	Health	7	2	IDPs and Immigrants interviewed in groups in health centre
07/07	(Aldalea and Taiz, Shabwah, Abyan-Lahj)	IRC	Health / COVID Response	1	0	Local Partners (FMF) Zoom Interview
11/07	Hajaa -	ACF	Health / Nutrition	8	8	Beneficiaries . One group males and one group females
11/07	Hajaa -	ACF	Health / Nutrition	2	3	Ehalth workers in one FGD
11/07	Marib	WFP	Food Assistance	3	6	IDPs in 2 focus group discussions, one for female and one for male.
13/07	Marib – Alswaidaa Camp	WFP	Food Assistance	3	7	IPDs from visit one site in Al-Swaidaa camp
Total: 96 (84 beneficiaries + 6 patients + 6 health workers)				**50**	**46**	

ANNEX A5 – COMPLEMENTARY EVIDENCE ON YEMEN ON EQ6-EQ9

This annex provides evidence collected from the document review regarding DG ECHO's humanitarian interventions in Yemen. It presents complementary evidence to support the findings presented in the main report (i.e. Volume 1) regarding the criteria of effectiveness (EQ6), advocacy (EQ7) and efficiency (EQ8 and EQ9). It builds on the information collected during the desk phase of the evaluation but has been revised based on the list of comments provided from the Steering Group.

Effectiveness (EQ6)

EQ6: **To what extent were DG ECHO's strategic objectives (as defined in the specific HIPs) achieved? What concrete results has DG ECHO contributed to achieve?**

JC.6.1 DG ECHO and their partners have successfully delivered the necessary outputs and contributed to achieve the planned outcomes under the 1st entry point in the strategy: 'integrated response to acute needs of the most vulnerable communities directly exposed to conflict and displacement'.

For reminder, the 2020 HIP aptly summarised the description of the DG ECHO strategy by stating that humanitarian needs remain largely centred around two major axes:

1) Direct exposure to conflict and displacement: People directly affected by conflict, trapped in active conflict zones and/or displaced from their places of origin need a multi-sector range of services: protection, shelter/NFI, food assistance, WASH, access to healthcare, nutrition, and education services.

2) Health, nutrition, and food security crises: As the conflict leads to the progressive collapse of the economy and institutions responsible to deliver public services, poor health including epidemics, malnutrition and food insecurity are on the rise, even in areas not directly affected by the conflict.

With this in mind, conflict affected populations in Yemen could be broken down into three broad categories: newly displaced, protracted IDPs, and host communities. There were also stranded migrant workers en route to and from Saudi Arabia to take into consideration. Vulnerability levels within such groups varied from household to household with some families able to cope better than others. The October-December 2020 IPC classification stated that in Yemen "From October to December 2020, 13.5 million people are facing high levels of acute food insecurity (IPC Phase 3 or above) despite ongoing humanitarian food assistance. 3.6 million of these are in IPC phase 4 (emergency), with some also in phase 5 (famine)".[20] Such numbers were colossal. The challenge to keep so many vulnerable people alive, let alone provide support for their other priority needs, was a tremendous task.

DG ECHO have however managed to support activities under the first of these two main entry points through **a multi sectoral approach** when required, providing support to all categories of beneficiaries. The multi sectoral approach focused primarily, as per the HIPs on "locations with the highest concentration of life saving needs, i.e. areas of active conflict and populations trapped in conflict zones, areas of newly displaced people, and areas of high levels of malnutrition, food insecurity, or epidemics".[21] Support was provided through different mediums, i.e. predominantly through partners, implementing programmatic activities for different sectors through individual agency agreements,

[20] http://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1152947/
[21] DG ECHO HIP 2020 p8

and, since 2018, through the Rapid Response Mechanism (RRM - see below) managed by UNFPA,[22] providing dignity kits for distribution to fleeing IDPs within 72 hours. This support was predominantly aiming to support women and girls, and "covers new areas across the nation where new frontlines erupted or where people are affected by natural disasters such as cyclones and floods".[23] The RRM was directly linked with the follow-on Multi-Purpose Cash Assistance (MPCA).

Sectoral interventions were prioritised as listed in the annual HIPs, whose modifications enabled DG ECHO to react to the intensification of fighting in particular area and therefore to support communities directly exposed to conflict and displacement. For example, modification 2 of the 2018 HIP was written in response to a large-scale military offensive in Hodeida province; modification 2 of July 2020, was drafted in response to fighting in the South, West and North of Yemen, as well as exceptional flooding.

Rapid Response Mechanism - RRM

2018 was the first year DG ECHO started supporting the RRM approach in Yemen. In the agreement 2018/91005 with DRC a rationale for RRM could be found: newly displaced populations, as a result of ongoing clashes, reached areas of displacement with limited or no belongings whereupon they sought to settle where relatives/families from their same village had previously done so, and most importantly, where they knew water was available. Displacement was mainly by foot, crossing contact/firing lines, being exposed to indirect fire and/or strikes and UXOs/mines. Families arriving in new areas of displacement required initial emergency assistance (RRM), as well as NFI assistance, e-shelter, access to water and emergency cash to cover for essentials.

Newly displaced populations were to be assisted with a 'sequenced' (a concept actively supported by DRC and DG ECHO) **emergency response**, aiming – in theory - to provide within 72 hours of arrival into displacement:

- RRM kits (hygiene kits from UNICEF, IRR - Immediate Response Rations - from WFP and dignity kits from UNFPA),
- followed by a second phase of RRM (MPCA one-off, or in three rounds maximum depending on assessed vulnerability, and e-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 fully operational nationwide (330 districts out of 333) to meet the basic needs of displaced populations. This assistance, which covered basic needs for five to seven days, was provided on a blanket basis. The Displacement Tracking Matrix (DTM) Yemen estimated that there were 3.6 million internally displaced persons (IDPs) spread across all 22 governorates (as of 31 Dec. 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**, through this action.

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 terms of timeliness of this assistance, the RRM has also 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 1st line assistance has been **reduced from 17 average days to 5 days. Although RRM assistance**

[22] Agreement ECHO/YEM/BUD/2018/91012

[23] UNICEF and WFP respectively provide the hygiene and sanitation kit, and the IRR food ration kit elements of the RRM support.

was expected to be launched in 72 hours, the critical reduction of the timeline has been reported as one of the most important achievement for UNFPA RRM in the second half of 2019. The enrolment pilot was endorsed in July 2019 and scaled up to 130 districts. The DRC/IOM cash consortium (Cash Consortium of Yemen -CCY) agreed to utilize the data provided by the enrollment (with sample validation measures in place) to immediately provide MPCA. This has significantly reduced the time lapse between the provision of the RRM kits and cash assistance.

RRM was not only limited to the distribution of in-kind assistance. The mechanism also included other critical component such as: monitoring of new displacement alerts; outreach and verification of eligible population; referral to RRM 2nd line; and cluster response. In this regard, progress has been reported positively affecting the other RRM components, as follows:

- New IDPs lists generated by RRM partners through verification / enrolment and consolidated, were shared on weekly basis with OCHA, UNICEF and WFP to trigger the second line response MPCA and one off GFD along with the other clusters' 1st line response (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 (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 rationalization of Emergency Responders' distribution schedule, pointed 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).

Food security

With respect to individual sector responses, DG ECHO food security interventions were implemented where the IPC classifications were worse and needs were acute. Invariably this included those areas where conflict was ongoing or the effects of the conflict were still problematic. For example, the DG ECHO supported intervention of CARE, already mentioned, was implemented in the volatile Taiz province. WFP interventions, covering all 333 districts, and between 6 million and 13.5 million beneficiaries over the time period have distributed basic food needs,[24] cash support ($11.2 per person up to a maximum of 10 persons per household),[25] voucher support, and provisions for MAM/PLW cases.

In terms of programme effectiveness, as per their final report of July 2020, WFP, measuring food consumption scores as a key indicator, achieved a score of 66 against a target of 71, noting that cash-based transfer (CBT) recipients achieved a higher score due to the flexibility that modality generated (i.e. 71), followed by voucher recipients (66) and GFD recipients (62). An acceptable score is generally greater than 35.[26] Similar trends applied with respect to Dietary Diversity Score results, although WFP did not quite reach their targeted levels. The improved performance of those beneficiaries supported by cash interventions justified the trend towards a more cash-based approach. CARE, within their Taiz operations, noted an improvement in the food consumption score (FCS) in their targeted population (an interim score of 51 compared to a baseline of 31, being percentages of household with an

[24] Monthly food basket: Wheat 75kg, Pulses 5kg, Veg oil 7.37kg, Salt 0.5kg, Sugar 2.5kg. October 2020 report.
[25] ECHO/YEM/BUD/2020/91011
[26] ECHO/YEM/BUD/2019/91008, 27/07/2020

acceptable FCS).[27] NRC, working in the Al-Qanawis district in Hodeida governorate, improved the FCS to 71% from a baseline of 58%.[28]

DG ECHO and their partners would therefore appear to be contributing to meeting the acute needs of beneficiaries in this sector, more widely and more rapidly.

The OCHA 'end of the year' report for 2019 confirmed the global importance of the cash modality, which was implemented by 2 cash consortia: the DG ECHO funded CCY led by CARE, and another one led by Action Against Hunger and funded by UNICEF and the World Bank. Together, **in 2019 the use of cash and voucher assistance for first line and second line emergency response increased across Yemen, reaching** 18 per cent more districts (from 257 in 2018 to 303 in 2019) with 103 humanitarian partners. Cash and voucher assistance reached **5.5 million beneficiaries** under FSAC, RRM, RMMS (refugees and migrants multisector), Shelter/NFI/CCCM, Protection and WASH clusters, **compared with 2.1 million in 2018**. FSAC alone reached 2.1 million beneficiaries with cash and 2.9 million beneficiaries with vouchers. The Shelter/NFI/CCCM Cluster reached 907,000 beneficiaries and the WASH Cluster reached 632,000 beneficiaries through cash and voucher assistance. The Protection Cluster reached 645,232 beneficiaries with cash assistance, which helped to mitigate protection risks.

Nutrition

WFP, alongside other DG ECHO partners, have also been involved in addressing malnutrition levels. Here a **more integrated approach, mixing both entry points, was evident**, as supplementary provisions of assistance to targeted cases was complemented by DG ECHO supported nutrition services integrated into Health Centres which provided MAM and SAM treatment, IMCI, ANC and PNC, immunization services and outreach through associated community health volunteers (CHVs).[29]

Although it was not possible to make a comprehensive assessment of key outcome indicators at this stage due to the fact that the review to date has only looked at a small sample of projects (four) undertaken for nutrition, it could be said that **significant results have been achieved with SAM cure rates in reviewed projects** predominantly above the Sphere indicators of >75%[30] throughout the evaluation period. Where cure rates deviated from this threshold, partners reported a number of factors that resulted in high default rates. These included localised upsurges in conflict and concomitant displacement, harsh roads, poor transport and the economic situation of households which all reduced access to Health Centres. Furthermore, household awareness and perceptions of the importance of treatment of malnutrition contributed to high default rates.[31] Inconsistent supplies with pipeline breaks in food and drug supplies also contributed as did bureaucratic formalities and suspensions of access and movement restrictions for CHVs.[32] Similarly **for MAM treatment in general cure rates met SPHERE indicators** however, as with SAM treatment, conflict and access issues impacted these results also.[33]

Protection, GBV

The provision of protection activities during the initial days of displacement was clearly key. In this respect, DG ECHO partners have provided a variety of support, for example, INTERSOS[34] provided Emergency Cash Assistance for the most vulnerable protection cases, with special attention for victims

27 ECHO/YEM/BUD/2018/91002, 07/10/2020
28 ECHO/YEM/BUD/2018/91004, 31/07/2019
29 PUI 2018-91018 FR
30 SPHERE, 2018 Humanitarian Charter and Minimum Standards in Humanitarian Response
31 UNICEF 2015-91010 FR
32 PUI 2019-91007 MR
33 ACF 2017-00119 FR
34 INTERSOS agreements 2020-91005, 2019-91004 and 2018-91009.

of air strikes, shelling, arms fire and land mines (including surviving dependent family members), with household visits for referrals and follow-up services. 3,752 individuals were provided with lifesaving protection assistance of which 665 were men, 1,603 women, 708 were boys, and 776 girls. In terms of percentage 48.96% were IDPs, 47.15% were host community and 3.89% were returnees. Such figures were less than expected, to some extent due to COVID restrictions on the numbers of attendees at group sessions. Also, directly linked to the case management package, INTERSOS ensured the availability of protection cash assistance (150 US$ per individual), providing assistance for recent victims of protection incidents or those facing urgent protection risks (following DG ECHO thematic guidelines). As per the October 2020 report, 169 individuals out of a targeted 650 were supported. Other activities included: the provision of comprehensive individual case management (ICM) package and collective psycho-social support, legal services, and protection prevention and awareness with respect to child protection, GBV and persons with special needs (PWSN).

UNFPA projects included protection mainstreaming in their response but did not feature any results under the Protection sector, only health and coordination. UNFPA 2020/91001 has piloted and tested DG ECHO's proposed protection mainstreaming indicator, making progress towards the adaptation of its response and delivery modalities towards a safer, more accountable and participatory action, as the 1st key outcome indicator (KOI) in the Annex 3 to the Single Form guidelines for partners.[35]

It should be outlined that **visiting DG ECHO experts[36] noted some important gaps in protection**, such as:

- The **specific situation of the Muhamasheen** ('servant', 'marginalized' or Al-Akhdam), a marginalized minority (500,000 to 3,500,000 individuals) seen as at the bottom of the society and suffering from exclusion and poverty. Although humanitarian assistance cannot change centuries of discrimination, **their needs should be reflected and addressed, which is not the case so far**.
- **Some of those newly displaced are completely excluded from UN assistance due to the lack of registration** (the biometrics registration is not yet complete).

Regarding protection, it should also be noted that UNHCR has not been retained among the sampling of partners to be assessed in depth. UNHCR has reportedly implemented its standard approaches on protection, including the leadership of the Protection cluster, but has not been active in DG ECHO's piloted operational improvements in Yemen.

WASH

The distinction between the two entry points of DG ECHO strategy was also found to be relatively less pronounced in the WASH projects assessed. WASH activities under both entry points focused on addressing the risk of malnutrition by targeting most vulnerable individuals and families (IDP's and host communities) affected by displacement. WASH activities entailed the distribution of hygiene kits and hygiene promotion, chlorination of water supply systems, water quality monitoring, water trucking, small repairs of sanitation systems in urban and peri-urban areas to respond to the threat of cholera. In rural areas emphasis has been on refurbishing wells and distribution networks, upgrading water-harvesting systems and training local technicians in operating water and sanitation facilities.

Projects reviewed have generated some successes, for example, UNICEF and its partners provided improved water supply to 31,735 people (7,934 women, 6,347 men, 11,107 girls, and 6,347 boys) or 90 per cent of the target, through the rehabilitation of the existing water supply systems, and 936,672

[35] The DG ECHO/UNFPA indicator as such is: *% of beneficiaries (disaggregated by sex, age and diversity) reporting that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner*. Source and method of data collection: Post-distribution Monitoring Reports , Inclusive taskforce reports, Protection cluster reports

[36] DG ECHO Desk officer, Oct 2019; RO Food and cash-based assistance TE, May 2019

people (234,168 women, 187,334 men, 327,836 girls, and 187,334 boys), have benefited from water, sanitation and hygiene promotion activities, compared to a target of 350,000.[37] However, despite all efforts gaps in providing WASH (and other) services remain, particularly in hard-to-access areas due to insecurity, as highlighted by the ICRC,[38] poor infrastructure, or administrative hassle. **In areas where projects could be implemented as scheduled, results** for the number of beneficiaries reached, facilities provided, SPHERE standards complied, awareness raised, behaviour change induced, **have sometimes been impressive**.[39] For example, in the box below.

Box 1: Oxfam WASH Results

One project reported the following results: 100% of respondents in end-line surveys had access to a water-tap-stand, compared to 54% in the baseline survey; average water consumption per beneficiary household increased from 12.60 litres (baseline survey) to 18.5 litres (end-line survey), of which quantity and quality were considered sufficient and good. Concerning hygiene awareness among targeted beneficiaries, up to 97% of end-line survey respondents reported being aware of critical times for handwashing, up from 20% of respondents in the baseline survey. 95% of household respondents (end-line survey) reported using soap and water to clean water containers, compared to 83% in the baseline survey. 84% of end-line survey respondents reported knowing how to control and prevent the transmission of diarrhoea and cholera, compared to 70% of respondents to the baseline survey.

Health

Similarly, it was difficult to determine a significant difference between the two strategic entry points to DG ECHO support to partners in Health. Perhaps the most evident example that corresponded to the 1st entry point was DG ECHO support to UNFPA in 2018 in leading the RRM, which specifically responded to upsurges in the conflict and concomitant displacement[40] so as to address the needs of displaced populations by providing dignity kits, hygiene and sanitation kits within 72 hours of displacement.[41]

Shelter, NFIs, CCCM

Out of the seven projects selected for this desk study, all of them, except the DRC 2018 CCCM Consortium project, were characterised as "emergency life-saving action" or "assistance to conflict-affected communities". Thus, the reviewed interventions contributed to achieve life-saving action and/or to assist communities directly affected by conflict or trapped into active armed conflict zones that forced them to be displaced. All of the reviewed interventions utilised an integrated approach (food security, nutrition, Shelter/NFI, WASH, and healthcare). Concrete results concerning Shelter/NFI and CCCM were positive but rather limited in quantities in the first years (2015 and 2016). The IOM implemented 2015 migrant project assisted 1,100 beneficiaries with shelter, against an initially target of 750, and distributed 15,814 NFI kits against 12,879 targeted. The IOM implemented 2016 migrant project assisted 466 beneficiaries with shelter, against the initial target of 750, and distributed 3,930 NFI kits against 2,263 targeted. The next two IOM-implemented actions in 2017 and 2019 were equally successful although on a much larger scale (43,862 and 60,471 beneficiaries, respectively).

37 UNICEF 2018 91019 FR
38 ICRC 2018-91001 MR
39 These results are for Amran as illustrated on page 9 of Oxfam project ECHO/YEM/BUD/2018/91000.
40 And also to natural disasters and deteriorations in the humanitarian situation.
41 UNFPA 2018-91012

It should also be noted that a visiting DG ECHO expert outlined some serious issues of shelter quality.[42] The quantity of shelter materials provided for the newly displaced people allowed only the construction of small shelters, and the tarpaulins provided as a shelter material by UNHCR was of the lowest quality, to be usable on the very short term only.

EiE Education in Emergency

DG ECHO supported Education in Emergencies as from the 2016 HIP, as a response to the growing needs of children in conflict affected areas. DG ECHO prioritised funding to EiE interventions in areas with high percentage of out of school children (OOSC), serious children protection concerns and limited funding available from other sources. The main objectives were to improve equitable access to quality education for children whose education has been disrupted due to conflict and displacement in close coordination with protection programs. DG ECHO also gave priority to integrated multi-sectoral approaches, seeking complementarity and synergies with longer-term approaches, and including advocacy activities.

Overall, DG ECHO funded activities have reached their main objectives: improving conflict-affected vulnerable girls' and boys' access to improved education services which protect, support well-being and improve educational outcomes. However, with EUR 7.4 million allocated to EiE between 2016 and 2020, **the scale of the EiE activities and the corresponding outcomes remained small in comparison to the needs** (see 2.1).

DG ECHO funded interventions contributed to increase access to quality and safe education opportunities. Through the construction and rehabilitation of schools and non-formal education centres the interventions allowed the enrolment of more than 20,000 children in 2018-2019 (i.e. around 10,000 children per year and per funded action).

Overall, **NRC successfully completed** the rehabilitation of transitional learning spaces (TLS) and WASH facilities, distribution of scholastic materials to students and teachers, distribution of grants to parents and training of teachers. However, **notable differences were found between north and south areas**. While the 5,480 children reached in the South enrolled in formal schools and also received scholastic materials, only 27% of the 4,805 students in the North (i.e. Amanada Al Asimah) did so, due to important delays in obtaining the authorisation to operate, combined with early school closure following the Covid-19 epidemic. Despite the different challenges, NRC was able to reach 104% of the target beneficiaries by slightly overachieving in the sub-target of beneficiaries in the south.

Overall, **STC contributed to improve education opportunities** to children by increasing the schools' capacity to enrol new students, by improving the safety of learning environments and by contributing to the professional development of teachers and other educational staff. Through the improvements to 20 formal schools and construction of 6 centres in 3 IDP camps, STC reached 12,761 beneficiaries in 2018-2019, corresponding to 83% of the initial target. In terms of OOSC, STC reached 70% of the original target by reaching 5,464 out of school children (48% of which were girls) with an additional 4,328 children (48% of which were girls) at risk of dropping out of school were included, resulting in an overachievement (134%).

STC also contributed to improve the learning environment, resilience and well-being of children by training teachers and organising recreational activities with children. In total 223 teachers (96 men and 127 women) and 43 education personnel (17 men and 26 women) were trained in "teaching in conflict context" and "Psychological First Aid" modules. Moreover, 12,303 children benefited from protection activities (significantly more than the original 7,500 target) aiming at enhancing the resilience and psychosocial well-being of conflict affected children resulted in improvements in self-

[42] DG ECHO WASH / Shelter TE, Jun 2019

confidence, communication and leadership skills. All these activities took into consideration the gender, age and special needs of the children who were consulted for the design and to provide feedback.

STC significantly overachieved on most of the indicators, notably by targeting newly IDPs from Hodeida and Taiz, except regarding the rehabilitation of schools. Indeed, the budget available for physical rehabilitation was only sufficient to cover entirely 5 out of the 20 schools. STC reportedly mobilised additional resources to cover the gap and adjusted the design of the 2019 action accordingly. Furthermore, **STC conducted advocacy** for EiE with EU institutions and member states (through the Working Party on Humanitarian Aid and Food Aid - COHAFA), with the MoE regarding the Safe School Declaration, and as lead agency of the Education sub-cluster in the South, STC promoted standardization of activities and capacity building for the MoE, which resulted in the creation of the Safe School Committee within the Ministry.

Procurement

Three partners have contributed in their DG ECHO-funded operations to the procurement of health and hygiene emergency items: UNFPA, UNICEF and WHO. Concerned activities and results are outlined hereunder.

UNFPA has implemented procurement activities in 2018 and 2020. Under agreement 2018/91012 (Activity 1 of result 1) UNFPA has been able to procure dignity kits for the Rapid Response Mechanism, to be prepositioned in the 5 operational hubs. The kits were procured locally, with the approval from the Chief Procurement Officer in UNFPA HQ, following due diligence. UNFPA also procured reproductive health kits through international procurement to ensure a higher quality, to be distributed to some 100 health facilities, together with solar lighting kits. In addition, Obstetric and New-born Care (EmONC) equipment was procured for a number of hospitals in the southern and northern regions.

Challenges were faced in the cross-line transportation of some of the supplies, as well as within the DFA (De Facto Authorities) controlled areas in the North. These challenges were **overcome through continuous advocacy** and engagement with different actors, including SCMCHA, OCHA and the HC.

Similar activities were successfully conducted under agreement 2020/91001, with the local procurement of RRM dignity kits, and international procurement (by UNFPA's Procurement Services Branch) of emergency reproductive health kits, essential medicines and medical equipment, and maternity solar suitcases. The procurement of these commodities proceeded as planned. One major challenge concerned the crossing of dignity kits from the DFA to the IRG (internationally recognised government) controlled areas, which required 'intense' negotiations. Some challenges were also faced due to the COVID-19 pandemic but could be mitigated.

UNICEF carried out procurement activities funded by DG ECHO in 2017 and 2018. Under agreement 2017/91013 (Result 1, Activity 1) UNICEF's Supply Division in Copenhagen acting together with the Yemen Country Office Supply and Logistic section procured mainly Ready to Use therapeutic food (RUTF), therapeutic milk, related medicines and micro-nutrients, consumable hygienic kits as well as Nutrition equipment (MUAC tapes, electronic scales, portable height bards). UNICEF made logistic arrangements to ensure timely delivery, such Djibouti hub, strategic pre-positioning of supplies, multiple ports of entry & coordination with logistics cluster. DG ECHO support to these procurement activities included in particular in-country transportation of supplies.

The following year, under agreement 2018/91019 (Result 1, activity 1) UNICEF could procure basic hygiene kits for its WASH actions and again – as in 2017 - nutrition supplies to treat SAM children as per CMAM national guidelines, in particular 60.000 cartons of RUTF. Basic Hygiene kits were procured

from local suppliers, by using Long Term Agreement (LTAs). A challenge occurred with the poor quality of some RUTF shipped from Djibouti, which were replaced. Other mitigation measures against delays in delivery included a minimum contingency stock at both central and governorate levels that covered for 3 - 6 months.

DG ECHO also funded some procurement activities by **WHO** under agreement 2017/91017 (Result 1, Activity 1). Essential and live-saving medical supplies, drugs and lab reagents for minimum services packages were procured internationally, imported into Yemen and distributed to targeted priority health facilities or used as buffer stock at governorate level. WHO procured all medical supplies. No challenges were reported.

Other types of support

In 2020, DG ECHO's strategy expanded to also cover other mechanisms: cash with CCY (see also JC6.1), interoperability, and Operations and Compliance Unit. The documentary findings were as follows.

In July 2015, OCHA published a 'think Brief' on '**Interoperability:** humanitarian action in a shared space'. Interoperability was defined as 'the effort to optimize the response to the needs of affected people by making systems that are very different work better together in a predictable way, based on their respective comparative advantage, without co-opting them and while accommodating different values'. To strengthen interoperability between different actors engaged in addressing the needs of disaster – or crisis-affected people – humanitarian or other, some major shifts were needed in the way partners work: how they assessed needs, planned responses, coordinated, managed information and shared standards and best practices. **Interoperability therefore required the role of the multilateral humanitarian system to shift from delivering to enabling an effective response – as well as OCHA's dedicated support**.

On DG ECHO's website, no specific reference could be found about interoperability. On the humanitarian partners' website, there were only recommendations regarding DG ECHO support to the two approaches to increase coordination and collaboration in the field, i.e. coordinated log-frames and voluntary consortia.

In the Fichops on Yemen, DG ECHO field and desk experts sometimes provided appraisal about intra- and interoperability, mainly regarding the partners which were involved in complex mechanisms that required close inter-agency cooperation such as RRM (UNFPA), food distribution after registration (WFP) or cash (DRC). For instance under the WFP food aid distribution agreement 2020/91011, the Fichop stated that **operationalising the intra-operability (within WFP programmes) and inter-operability (initially with UNICEF and CCY) offers a concrete mechanism to enhance efficiency and effectiveness of aid**, allowing convergence and complementarity of different services needed by a given beneficiary (either from one or several actors), allowing also transfer/graduation or referral actions.

Under agreement 2020/91001, the DG ECHO field and desk experts commented that **UNFPA, as RRM coordinator, has ensured interoperability capacities with follow up responders (also DG ECHO-supported) such as CCY and WFP, increasing the cost-effectiveness of the action as well as its accountability to affected populations (AAP)**. UNFPA appeared as a solid partner in coordinating the first level response in Yemen and their progress in developing interoperability with INGO partners and WFP was strategically important to improve the sequencing of aid and complementarity of humanitarian assistance. Specific consideration has been given to the required alignment of partners involved in the RRM response, supporting a smoother transition from first response to follow up actions. Proposed areas of intervention are being previously covered and directly monitored by UNFPA and DG ECHO – reinforcing the demonstrated delivery capacity of UNFPA and its implementing partners. UNFPA's direct role in the coordination of SRH (sexual and reproductive health) working

group, GBV sub-cluster and RRM response modality also brought the agency to the forefront of country wide and local level coordination mechanisms.

However, the difference between consortia and interoperability is not always entirely clear on documentary basis. The Cash Consortium for Yemen (CCY) was an example of the DG ECHO -promoted voluntary consortium approach, but also of interoperability. The CCY was formed by DRC (lead), NRC, ACTED and IOM (the latter a non-funded partner of the action). All CCY partners were also consortium partners under DG ECHO supported CCCM consortium. Under (DRC) agreement 2020/91004, the CCY consortium presented a high operational strategic value for DG ECHO operation in Yemen, aimed at harmonizing humanitarian emergency cash programming while at the same time allowing for the inter-operability of its common platform with social safety nets in place in country. The consortium model was to allow for further cross fertilization and capacity building under common standards and tools of four of the main emergency humanitarian actors in Yemen focused on supporting mobile populations affected by the conflict.

JC.6.2 DG ECHO and their partners have successfully delivered the necessary outputs and contributed to achieve the planned outcomes under the 2nd entry point in the strategy: integrated response to health, nutrition and food security crises due to epidemics, collapse of public services and of agriculture / economy

Food Security

The Yemen Food Security and Agriculture Cluster, the Water and Sanitation Cluster, the Nutrition Cluster and the Health Clusters, launched in **October 2017 the Yemen Integrated Famine Risk Reduction (IFRR) strategy**. The main objective of IFRR was to prevent famine and mitigate hunger by increasing access to food and other life-saving supplies and services, increasing purchasing power, while advocating for measures to bring economic stability.[43] The IFRR approach was built upon joint geographical convergence, an agreed package of multi-sectoral services, joint beneficiary selection criteria and a joint monitoring and reporting framework. **DG ECHO have played an active role in establishing this framework**. Together, the clusters identified the districts at risk of famine and focused their support in such locations. Support was provided at a household level, at the heath facility and at a community level, and **to date has kept famine levels relatively low**. This was another example of where DG ECHO have again adopted an integrated approach across a number of prioritised sectors, with a focus on life saving interventions.

Beyond avoiding famine however, **beneficiary livelihood possibilities and activities have been severely decreased on a national basis**, with both pastoral and agricultural sectors badly affected. To date the **DG ECHO food security sectoral support did not seem to have expanded further into livelihood support beyond multi-purpose cash with a livelihood benefit**. Although MPCA was aimed both at preventing beneficiaries from selling productive assets (for example, livestock) and at allowing them to spend money on their own livelihood activities, the NRC intervention in 2016 showed that **only 9% of spending supported such livelihood activities**, while 85% was spent on food and health.[44] Livelihood specific support would increase the resilience of supported beneficiaries, as would any Cash for Work activities undertaken to restore community level assets. The EU PROACT mechanism has supported FAO livelihood interventions within Yemen, and as such linkages between DG ECHO humanitarian work and more developmental Nexus interventions would appear feasible, but **no traces of such combined interventions on livelihood were found in the documents**.

Nutrition

[43] IFRR, An inter cluster strategy to prevent famine in Yemen, July 2020 case study.
[44] ECHO/YEM/BUD/2015/91001, 01/04/2016

As already discussed under JC6.1, there was no evidence of a specific distinction between the two entry points in DG ECHO's strategy in the project documents reviewed for nutrition.

That said, **DG ECHO supported nutrition partners in the provision of services built on and supportive of community and national public service capacities**. All nutrition treatment services were provided through existing MoPHP Health Centre infrastructure. The DG ECHO support contributed to Health Centre refurbishment with furniture, supply of drugs, rehabilitation as well as payment of incentives and training of MOPHP health workers who had not been receiving payments. Overall, DG ECHO support to partners enabled the over achievement of the Nutrition cluster annual target for management of SAM in 2018, with 125% of the target achieved.[45] In 2019 two key DG ECHO nutrition partners, WFP and UNICEF aligned strategies to offer the full CMAM package (SAM and MAM treatment with CHV outreach) at health facility level, to ensure better coverage of services.[46]

DG ECHO support to partners also enabled the recruitment and training of CHV from communities which established links between health facilities and communities in their catchment areas.[47] In addition initiatives such as mother to mother peer groups and Mother MUAC training enabled the participation of community members in programme implementation and built the resilience of communities.

It should also be noted that visiting DG ECHO experts outlined that - at the opposite of cholera (see WASH below) - the official nutrition information, i.e. survey data and nutrition program admission data, were significantly below what is expected in a Yemeni context. Although nutrition program coverage undoubtedly needed to improve, there were serious concerns that hindrances on behalf of the national authorities contributed significantly to observed discrepancies between the official and the expected nutrition situation.[48]

Protection, GBV

Protection services have benefited from a more capacity building-oriented approach. IOM[49] have provided and improved protection support over time, for example within the migrant communities services including the registration and screening of migrants (a multi-sector service provision through the operation of joint health/protection teams and Migrant Response Teams/Points), case management in static clinics, awareness raising activities conducted with migrant and local host communities, the operation of shelters (health and protection), coordination with relevant stakeholders for the referral of vulnerable migrants for protection services that are outside of IOM's remit; and convening multi-stakeholder coordination meetings. IOM also engaged in information management, including joint data analysis and information dissemination. They developed a Protection Monitoring Report, issued on a monthly basis (internal) and on a quarterly basis (external), as well as baseline assessment, safety audits and regular protection monitoring reports including a common analysis among partners on trends related to migrants' needs, risks and vulnerabilities. IOM has also established a functional Communications with Communities (CwC) feedback mechanism.

Furthermore, INTERSOS provided protection assistance to 16.812 persons of concern who received individual case management, legal services and protection prevention and awareness. This was overall a very positive achievement considering the significant challenges and constraints humanitarian organizations are facing in the delivery of protection assistance. The integration of protection activities

45 UNICEF 2018-91019 FR
46 WFP 2019-91008 FR
47 ACF 2019-91013 MR
48 RO Health and Nutrition expert & TA DG ECHO Yemen, Oct 2019
49 IOM agreements 2020-91002, 2017-91014, 2016-91009 and 2015-91006.

within the health and nutrition sectors was positively contributing to increasing community and the authorities' acceptance of protection issues as significant.

WASH

WASH infrastructure in Yemen was heavily affected by the conflict. Authorities struggled to maintain water and sanitation systems operational. The limited access to safe water, sanitation and hygiene was considered a major public health threat, directly fuelling nutrition and waterborne diseases and epidemics. With DG ECHO support, **WASH became overtime an increasingly integrated HIP priority in Yemen**. The 2015 HIP identified WASH as one area requiring attention to address the underlying causes of malnutrition, food insecurity, and health of communities where Global Acute Malnutrition (GAM) rates were most alarming. Integrated WASH activities were increasingly aligned with malnutrition activities, as part of an integrated response to health and nutrition and food security to prevent epidemics.

The cholera outbreak in 2016/2017 played an important role in this increasing alignment and integration. As a result, the 2017 HIP had a much stronger focus on the WASH sector across both entry points. This increased emphasis led to integrated WASH activities being specifically mentioned as key in the 2018 – 2020 HIP response across the health, nutrition and food security sectors so as to prevent epidemics. WASH had become vital to HIP priorities, even though budget allocations were slowly reduced from 22% in 2015 as part of overall annual ECHO budget for Yemen, to 8% in 2020.

Construction of household latrines and sewerage networks contributed certainly to more defecation free communities. However, projects reported on the other hand that in areas where latrines were present open defecation remained, pointing at a need for greater awareness of the importance of using latrines rather than building additional latrines. Several projects emphasised therefore community-led total sanitation (CLTS) to improve sanitation and hygiene practices through behaviour change.

When COVID-19 emerged in 2020 partners responded relatively quickly to develop specific WASH activities (hygiene kits, awareness raising etc.) There was however frequently a low interest recorded among local authorities and community influencers to prioritise specific COVID-19 related WASH activities, if these activities did not also involve distribution of commodities.

In Yemen the focus in the integrated response to health, nutrition and food security through WASH activities was on preventing the transmission of epidemics and malnutrition. Several projects claim to have reached more beneficiaries than originally designed. A great deal of effort in all projects has been undertaken to report on the assistance provided to victims of direct exposures to conflict and displacements. Reporting on the number of beneficiaries reached was however found to be contentious in nearly all projects. All projects admitted that assumptions needed to be made for calculating the numbers, like the average size of a family set at 7 persons per household. ICRC emphasised for example that any attempt to measure achievement against baselines could be misleading and that achieving less than the baseline was not necessarily a gauge of failure. The total estimated number of direct beneficiaries in WASH projects was therefore not computed by adding up of all sector activities in a programme but rather, to avoid duplication, represented the activity with the highest number of beneficiaries targeted as an individual could receive assistance from multiple activities under a programme at the same time.

Figures and statistics needed to be streamlined. Visiting DG ECHO experts[50] outlined analysis from partners (ICRC, WHO) that there **was arguably a significant over-reporting of cholera cases**, caused mainly by 1) low general technical capacity and poor application of the cholera case definition at

[50] RO Health and Nutrition expert, Apr-May 2019

health facility level, i.e. too many cases were categorized as cholera simply because the awareness of cholera among healthcare staff was widespread by now, 2) incentives paid to healthcare staff for cholera activities, hence a desire to "keep cholera alive. Furthermore, the DG ECHO experts[51] estimated that on cholera, the response focused mostly on case management rather than outbreak prevention and tacking well-known cholera sources, which contributed in the repetition of a vicious cycle.

Health

With respect to health intervention DG ECHO and partners have implemented the complete portfolio. The fact the DG ECHO partners predominantly used health facilities to provide access to health services ensured an integrated approach to health. Of note is DG ECHO support to health partners through this second entry point in the strategy in addressing the prevention and control of a cholera outbreak in 2017-2018. ECHO support enabled the set-up of 14 Emergency Operation centres (EOC) 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. EOCs enabled the sharing of information and contributions to the response to be made according to each partner's strengths. For example, WFP undertook the logistics for the Cholera response while WHO worked with the MoPHP to analyse and report epidemiological data, and UNICEF coordinated efforts to expand access to safe water and sanitation.[52]

While the coverage of DG ECHO health interventions was not possible to assess due to the small number of health partner projects reviewed, it should be noted that a prioritisation exercise led by the Health cluster involved a significant proportion of districts (333) across Yemen.[53] This suggested that at least the Health sector has considered service needs across the majority of the country. Finally, due a lack of coordination and information in the Health sector, a risk of overlap in some health facilities has also been reported by visiting DG ECHO experts[54] as these facilities are supported both by DG ECHO partners (PUI) and by UNICEF through the World Bank program for PHC delivery, which entailed payment of incentives / per diems to healthcare staff, support to running costs, and provision of basic essential medicines and medical materials.

JC.6.3 DG ECHO and their partners have successfully managed to adapt, react or anticipate external obstacles and challenges

Food security

Yemen, as the world's largest humanitarian crisis, was clearly a difficult environment in which to work. Notwithstanding the ongoing conflict, where a number of combatant and terrorist groups continued to generate new frontlines and warzones with a general disregard for humanitarian law displacing populations on a regular basis, there were two governments to negotiate approvals with, local government authorities to deal with, access restrictions, and limits on the number of visas available per organisation for international staff. The economic situation has deteriorated as the price of imported commodities and the production cost of local commodities has increased, government salary payments remained unreliable, and remittances from abroad have decreased substantially. Public services, especially health and education, struggled to function. Natural disasters such as floods, locusts, and the fall army worm outbreak have been thrown into the mix, as were a cholera outbreak and the COVID-19 pandemic. Clearly the ability to adapt to real time changes in context was required.

51 DG ECHO WASH/ Shelter TA, Jun 2019
52 WHO 2017-91017 MR
53 WHO 2017-91017 MR
54 RO Health and Nutrition expert & DG ECHO TA, Oct 2019.

As such, DG ECHO, as a key member of the humanitarian community, have provided real time and specialist support based on organisational expertise, for example with respect to the cholera and locust outbreaks. Overall, a multi sectoral response to address the numerous needs of the displaced and host communities has been initiated and maintained over a long period of time. Dealing with such matters lied within the expertise of the humanitarian experts. For example, in order to monitor the ongoing food security situation a cohesive assessment and co-ordination system has been established which incorporated the systematic monitoring of local prices, basing cash support on food basket costs within a shift towards a more cash focused approach. Should prices fluctuate by more than 20% the value of the Cash transfer was adjusted.[55]; WFP also imported large quantities of food supplies, while managing the logistics of distributions to 333 districts, the setting up of a remote monitoring systems or working with third party monitors; and while also providing targeted support to SAM/MAM cases. Recently[56], however, funding shortages meant that distributions in the north have been cut from every month to every two months, while food for work activities have stopped.

Some of the most problematic challenges have been those dealing with non-humanitarian actors notably in terms of acquiring approvals from authorities, [57] and especially with the Northern based government where negotiations for obtaining authorisations could be particularly arduous. DG ECHO Contractual amendments, introduced in 2020, have supported partners by putting pressure on government authorities to grant authorisation within a set timeframe.

Nutrition

Each specific sector had its own specific challenges to face. DG ECHO nutrition partners highlighted the need to factor delays in signing agreements with authorities into planning and made efforts to intensify coordination with authorities.[58] However, throughout the evaluation period bureaucratic impediments continued reducing the effectiveness of nutrition services. Partners also reported that Health Centres in parts of the country were either partially or totally non-functional and that the nutrition crisis was driven by the progressive collapse of the economy and institutional responsibility to deliver public services.[59] Recurrent pipeline breaks during the evaluation period resulted in some DG ECHO partners suggesting the need to ensure a buffer stock of medical and nutrition supplies.[60] To mitigate such risks partners responsible for the supply of medical and nutrition supplies used multiple local suppliers, strategically positioned supplies and several ports of entries.[61] In addition dedicated transporters for nutrition commodities were contracted and a team was set up for the nutrition supply chain.[62]

Lastly, partners reported barriers such as taboos and superstitions that were impacting the provision of nutrition services. These included concerns about vitamins, ferrous sulphate and folic acid impacts on the health of pregnant women and their babies; social customs that prevented young women in the community leaving their homes when pregnant; and the fact that pregnant women did not accept consultations from male doctors despite the shortage of qualified midwifes.[63]

Protection, GBV

55 WFP 2020-91011 MR
56 As at July 2020. Yemen Funding Status report.
57 ACF 2018-91007 FR
58 WFP 2016-91017 FR
59 UNICEF 2020-91007 MR
60 PUI 2017-91001 FR
61 UNICEF 2020-91007 MR
62 WFP 2019-91008 FR
63 PUI 2017-91001 FR

Protection partners have addressed challenges such as access to the targeted sites[64] by working pro-actively with local authorities to ensure there was an increased understanding and acceptance of protection issues. **The key to assuring safety of staff, and access for the teams and volunteers was to have proper induction training on how to communicate (and negotiate or advocate) with communities, local community leaders and ensure a maximum of community acceptance**. In case of security situation deterioration INTERSOS planned to 'hibernate' humanitarian services while negotiating for access with the local authorities, and as a last resort used remote management from the nearest city to manage and guide the project. As the North was showing lower levels of acceptance and interest in protection activities, INTERSOS ensured protection activities were closely linked with health activities in order to facilitate procedures and access. Additionally, INTERSOS highlighted that the new regulation imposed on movements of female national staff in the North ('Marham' laws) restricted their mobility, although they did not put forward any alternative measures. The COVID-19 pandemic was also limiting collective activities, so that INTERSOS applied strict preventive measures and adapted programming.

IOM maintained a full awareness of the dynamic and unstable security situation in certain areas and responded by becoming more systematic towards having current, comprehensive and reliable understanding of all the risks faced and making appropriate responses. Based on past programming, lessons learned and best practices, IOM identified the risks to program delivery and contingency measures to manage/mitigate these risks. IOM also invested in building the capacity of its national staff, and the community.

UNFPA utilised a series of mitigation actions: dialogue and negotiation with the conflict parties to allow humanitarian access; strengthening coordination between development and humanitarian actors to implement humanitarian; interventions that sustained the functionality of the health system on which the humanitarian interventions depend; close coordination with UNICEF, WHO, partners and other agencies supporting health services in the country to support functionality of health facilities; the prepositioning of kits for RRM at each of the 5 hubs to facilitate the quick delivery of lifesaving services to affected populations; continuous advocacy and coordination with the government and authorities, especially on GBV and RRM efforts; and the identification of a pool of obstetricians and gynaecologists willing to be deployed to high risk areas. In its agreement n°2020-91001, UNFPA stated that, despite a 36% increase in reported GBV cases, GBV projects did not get approved by the authorities, especially in the North. **UNFPA was requested by the authorities to change the names of GBV subcluster to 'women protection' subcluster, and dignity kits to 'transit kits'**. A series of meetings with the military intelligence, national security and political security took place as **these apparatuses were threatening to close down all GBV interventions**.

In terms of GBV coordination, throughout the DG ECHO funded support to OCHA (agreements 2015/91004, 2016/91007, 2017/91012, 2019/91014), there has been a consistent focus on the gender dimension of operations. In 2015, the IASC Gender Reference Group designated the YHRP as a best practice in terms of integrating gender concerns across the strategy. Gender Marker rates among YHRP projects were the highest across all 2014 strategic response plans: 83% of projects were rated as "gender mainstreamed" (code 2a) or "gender-targeted" (code 2b). The YHRP contained a dedicated Strategic Objective on gender (SO # 5). In 2016, the Gender and Age Marker for Monitoring (GAMM) was piloted by several agencies in Yemen: a Gender Advisor trained some 20 implementing partners. Such training was pursued in 2017 among the OCHA staff (including 20 gender focal points) and partners, and the GAMM became a requirement. In 2019, the GBV/GenCap Senior Advisor continued

[64] INTERSOS 2020-91005 and INTERSOS 2019-91004

to operationalize the National Gender Network based in Sana'a and helped developing an annual workplan for 2020. The sub-national Gender Network based in Aden was also fully operationalized.

WASH

In WASH projects there were **three specific challenges** for partners between 2015–2020 making it difficult to enable the most vulnerable to have quick access to clean water, sanitation, and hygiene services, as well as their efforts to build resilience and to take preventive action against water-borne diseases, as follows.

Floods and cholera: these were additional vulnerabilities that emerged in 2016. Due to the political instability, salaries of all civil servants in the North including in the health, WASH and education sectors were suspended by the IRG (internationally recognized government). This was the beginning of a significant deterioration in health and WASH services that further exacerbated the impact of the cholera outbreak that was responded to by UNICEF with additional sanitation activities not foreseen in the original project design. More beneficiaries were therefore reached through the expansion of the sanitation response to the cholera threat originally caused by floods due to heavy rain.

COVID-19: with only half of health centres fully functional, 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. This increased pressure on the existing WASH facilities and severely compromised access to water as well as good sanitation and hygiene practices including privacy and dignity of women and girls. In general, the desk evaluation found that projects did everything in their control and power to respond to this additional complication.

Insecurity and limitation of access: in Yemen humanitarian organisations faced numerous security constraints deriving from the ongoing conflict as well as administrative constraints and restrictions on humanitarian imports. The general state of insecurity (often caused by airstrikes) and lack of access in some parts of districts (often through difficulties acquiring permission from local leaders) sometimes determined which communities could be reached and which ones could not. Good relations with local community leaders often mitigated insecurity risks for staff. Overall WASH projects have adjusted reasonably well to changing circumstances, despite the sometimes very difficult project environment.

Health

Similar constraints were experienced by DG ECHO health partners throughout the evaluation period. These included temporary closures of ports by the Saudi led Coalition, increased bureaucratic procedures imposed by local authorities such as requiring certificates of origin from chambers of commerce from each country where medical supplies were coming from, as well as checking the manifesto of each cargo airlift. Some partners such as UNFPA chose to contract a specialist logistics company to undertake customs clearance, warehousing and distribution to overcome these challenges.[65] However, these challenges plus internal procurement challenges to organisations such as WHO have led to significant delays in supplies.[66]

The conflict and associated insecurity itself often meant that DG ECHO partners were not always able to move around freely or provide supplies on "as needed basis". In order to overcome this particular challenge partners aimed to pre-position supplies to reduce lead times and disruption to supply pipelines.[67] In addition, COVID-19 also impacted on the ability of partners to operate with some

[65] UNFPA 2018-91012
[66] WHO 2017-91017 MR
[67] UNFPA 2018-91012

reporting the inability to carry out trainings. In order to overcome this, remote training methods were adopted.[68]

DG ECHO partners were also faced with a situation where health facility staff were either not paid or only partially paid. Partners therefore had to provide paid incentives to ensure that staff continued to work at health facilities.[69]

Shelter/NFI, CCCM, DRR

Despite the complex emergency in Yemen during the concerned period 2015-2020, there were no major changes/updates to project implementation within the reviewed projects, except action extensions (which was usual for all settings, even non-emergency). A change was also found in an IRC-implemented COVID-19 action, which partly disregarded community-based component due to the fact that the first COVID wave seemed at first less severe and shorter than expected, leading to lower numbers of cases in autumn.

EiE Education in Emergency

As for the other sectors, security threats constituted the most important obstacle for EiE interventions. The volatile and unpredictable security situation required partner to prepare detailed contingency measures to mitigate security risks. Ensuring the involvement of local communities in the activities and coordinating with local authorities contributed to mitigate security threats. The partners had security management plans, contingency plan for hibernation/evacuation of staff, and a continuous monitoring of security risks.

In some instances, the partners had to delay or stop their activities in risk areas. STC suspended temporarily its activities in Al-Madareba district following security threats. The activities eventually resumed but under a low-profile approach (i.e. without any logos, etc.). Following accusations that NGOs influenced changes of cultural norms and values and warranted targeting of humanitarian aid workers, NRC also suspended their operations in Al Dhale'e and resorted to remote management through school authorities and parents / teachers association.

As in other sectors, DG ECHO's interventions in EiE in the North were also constrained by the difficulties and delays for obtaining the approval from SCMCHA. Despite intense advocacy initiatives by NRC and other humanitarian donors, it took 8 months to approve the project sub-agreement which prevented from providing timely assistance for the project beneficiaries in Amanat Al Asimah.

The shortage of teaching staff constituted a major threat to EIE activities which could not be easily mitigated by the partners: with the economic collapse teachers did not receive their salary (or not in time) with the risk of increasing tensions between official teachers suffering payments issues and those receiving regular paid incentives. The response capacity from the partners was limited to advocating through the Education Cluster for the continuous remuneration of teachers. School closures due to the COVID-19 and the subsequent limited functioning capacity clearly constituted also a major constraint in already overcrowded classrooms.

In conclusion, albeit too early in the evaluation to come to any concrete conclusions on DG ECHO effectiveness, not having spoken with beneficiaries, partners, or other key stakeholders, however, **it was evident that the integrated approach adopted for each of the two point entry strategies have generated a broad range of multi sectoral support to all categories of affected communities in line with DG ECHO's strategic objectives, contributing well to the ongoing humanitarian response directed at the household, community, and institutional level**. DG ECHO have succeeded in

[68] WHO 2019-91015
[69] WHO 2019-91015

maintaining their focus "on ensuring maximal coverage of most urgent, life-saving assistance, and humanitarian protection."[70] This was driven by the clear message produced in the annual HIPs that DG ECHO "will give priority to operations adopting an integrated, multi-sector, cost-effective approach, seeking maximised impact and geographical coverage in prioritised areas"[71]. As mentioned above, there were clear examples of integrated responses that traversed Health, Nutrition, and WASH sectoral. The fact that such support has been provided within a most challenging volatile operational environment generates additional respect.

The DG ECHO Mandate to provide life-saving assistance has permeated throughout the range of interventions supported in an environment where famine and the loss of life were a genuine risk. The fact that despite a massive caseload, famine levels, for the most part, have been kept under control, was a testament to the work undertaken, although it was clear that this could not be attributed to DG ECHO alone. DG ECHO's overall contribution to HRPs is illustrated in Figures 6 and 7 below, where it can be seen that DG ECHO's contribution varies between 3.3% and 4.6%. Beyond financial contributions, the added value of DG ECHO could be seen as its technical expertise and its role in advocacy activities, which will be explored further in the field phase of the evaluation.

Advocacy (EQ7)

EQ7: **How successful was DG ECHO through its advocacy and communication measures in influencing other actors by direct and indirect advocacy on issues like humanitarian access and space, respect for IHL, addressing gaps in the response, applying good practice, and carrying out follow up actions of DG ECHO interventions? Was there an 'advocacy gap'?**

JC.7.1 Advocacy and communication strategies of DG ECHO towards coordination structures for donors and main agencies were timely, consistent and appropriate to address identified concerns about access, IHL, humanitarian principles and gaps in the response.

Advocacy at high level

Information about high level advocacy initiatives about Yemen were scarce, as it was difficult to judge the impact of advocacy on official statements by EEAS and the European Parliament, or on resolutions by the UN Security Council – when they were not vetoed - and by the Human Rights Council. Moreover, no data could be found about their impact on humanitarian space. A partial exception is to be found in the major advocacy initiative which took place in 2020, due to the continuous deterioration of the operational environment. This situation led to the gathering of two successive Senior Officials' Meetings (SOM) in 2020 (and a 3rd one in June 2021).

The 1st SOM was hosted by DG ECHO and Sweden on 13 February in Brussels. The SOM was a meeting of Humanitarian Senior Officials on the humanitarian crisis in Yemen, with the participation of the main humanitarian actors. All participants – donors, UN agencies and INGOs (no list has been published) – assessed the situation and expressed a shared concern and commitment to act collectively along the following lines. They all agreed that the operating environment in Yemen, particularly in the north, has rapidly deteriorated shrinking the humanitarian space dramatically. Obstacles were constantly imposed impeding access and hampering the delivery of aid. International and national humanitarian staff was under threat and direct attacks in many parts of the country. Donors reaffirmed their full support for the UN, INGOs and other humanitarian actors, who are operating under such extreme and difficult conditions on the ground.

[70] 2020 HIP Yemen p7.
[71] Ibid p8

Participants unanimously stated that this situation was 'untenable' and a concrete step change of the situation was urgently needed. All restrictions, obstructions and interferences violating humanitarian principles should be sustainably removed immediately and once and for all. They agreed on moving forward with a common plan re-calibrating humanitarian aid activities, including a phased downscale, or even interruption, of certain operations, if and where principled delivery was impossible and as long as this occurred. The plan would include indicators, based on risks, to measure and verify progress allowing for resumption of aid. The scale of future funding would depend on the ability to carry out operations in line with humanitarian principles and donors' regulations.

Participants agreed to enhance measures assessing the evolution of operational restrictions regarding the minimum standards for programming, accountability, risk management and security. Assistance to vulnerable people would continue as long as they could be reached in line with humanitarian principles and with full accountability. Participants also agreed that an intensified engagement with the parties would be urgently followed up by high-level missions by the UN and donors to Yemen.

The 2nd SOM took place in virtual format on 12 November 2020 with the participation of the main humanitarian actors active in the country; again, attending donors, UN agencies, INGOs and Yemeni NGOs were not named in the documents available to the evaluation.

Humanitarian actors reiterated their firm commitment to continue providing life-saving support to the people of Yemen in line with donor accountability regulations and the humanitarian principles of humanity, neutrality, independence and impartiality. Donors outlined the 7 areas which parties to the conflict must respect in Yemen to enable access and allow accountable, efficient, effective and principled delivery of assistance:

1) Avoid taxation of humanitarian aid through levies or any other form of tax;
2) Implement WFP biometrics and re-targeting pilot project and bring it to scale;
3) Approval of Principle Agreements avoiding clauses in breach of humanitarian principles;
4) Facilitate the timely approval of project sub agreements;
5) Allow unrestricted needs assessments so aid can be allocated based on needs without exclusion of marginalised populations;
6) Respect humanitarian actors' independence and accountability in managing donors' grants and;
7) Facilitate humanitarian staff entry into Yemen, operational movement across the country and monitoring.

The 2nd SOM hinted that some improvements had been achieved in some areas since the first SOM (without details) although progress remained insufficient. In particular, participants to the 2nd SOM outlined that:

- In the North, where most problems were reported, WFP retargeting and biometrics had just been launched and must continue, and approval of projects and Standard Operating Procedures must be swiftly implemented.
- In the South, it was essential to process the timely approval of project sub agreements and maintain the support in issuance of visas and approval of Principal Agreements.

Box 2: The SOM participants agreed on 7 objectives:

1. Maintain a regular, constructive and consistent dialogue with all parties, assess the situation and its progress in the next months and reconvene before the 2021 pledging conference for Yemen.

2. Increase urgent advocacy, including at the highest level, with the parties for the respect of International Law, including International Humanitarian Law and International Human Rights Law, and the protection of civilians.

3. Intensify engagement with relevant Yemeni parties to facilitate the implementation and monitoring of progress of the seven areas to ensure principled humanitarian delivery.

4. Continue to adapt and recalibrate their programmes to adjust to circumstances on the ground in Yemen, whenever the operating environment limits or obstructs the flow of principled and accountable aid.

5. Continue to mobilise and increase much needed funding in Yemen to preserve life-saving assistance – such as food, water, healthcare, nutrition and protection – with focus on the most pressing and acute needs in the country. With the aim of avoiding a prospect of further downscaling of programmes by humanitarian actors in the coming months due to a lack of funding, substantial additional resources, including development funding, and prompt disbursements are urgently needed before the end of 2020 and in early 2021.

6. Mobilise a support package to prevent the economic collapse, including renewal of proven measures like foreign-exchange injections, as well as identify concrete modalities allowing a more focused developmental and financial support to address the drivers of the crisis in order to keep Yemen from the brink of collapse.

7. Follow up by dispatching high-level missions by the UN, NGOs and donors, where appropriate, to pursue advocacy on humanitarian matters pertaining to the Yemen crisis.

Objectives 1 to 4 were directly relevant to humanitarian access (see also under EQ 11 in the Access part of the report), whereas objectives 1, 2, 3 and 7 were directly related to advocacy.

For northern Yemen, a 'benchmark tracker' table has been used to follow the implementation of 7 SOM preconditions – sub-divided into 16 benchmarks - which hindered access directly (last precondition) or indirectly (all others):

- Two Percent Levy on humanitarian aid (since February 2020)
- WFP Biometrics and Re-targeting
- NGO Principal Agreement
- NGO Sub-Agreements
- NGO Sub-Agreements
- Assessments: FSLA, MCLA, SMART surveys
- Independence in Budget/Procurement, Recruitment, and Asset Management
- Staff Movements and Monitoring

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 tracker table of 23rd January 2021 showed that in all cases – except precondition 1 (2% levy) which has been settled – discussions with the Supreme Council have been pending and progress seems to be stalled or hesitate between stop/start phases. For

instance, on precondition 7 (staff movement and monitoring) discussions started in mid-March 2020, but no feedback has been received from SCMCHA. However, **this situation evolved positively during the first half of 2021, as pilot biometrics projects were implemented, and the backlog of unsigned agreements was reduced**.

Advocacy by the partners

Advocacy activities could also be found in the reports of several major partners, such as the following. Illustrations of positive results of this advocacy were however seldom to be found, perhaps for reasons of confidentiality or attribution / contribution issues.

OCHA has been consistently involved in advocacy in the framework of its annual agreements with DG ECHO. In Yemen, the Humanitarian Country Team (HCT) includes the Advocacy Working Group and the Humanitarian Access Working Group (HAWG).

Since the beginning of the evaluation period (agreement 2015/91004) OCHA in Yemen has been strongly involved in advocacy strategy towards the authorities, the donors and the Yemeni population: regarding the latter, in 2016 OCHA's focus was to communicate with Yemeni and regional Arab speaking populations to advocate for their involvement in principled humanitarian action.

An example of 'internal' advocacy under agreement 2019/91014, involved the GenCap /GBV Senior Advisor to the Humanitarian Country Team. Through this advocacy, in August 2020 the HCT decided to invest in improving the ways that leadership and clusters systematically incorporate gender equality into strategies and programming, how to engage local actors and how to coordinate capacity building on gender equality. To this end, OCHA Yemen supported the GenCap in initiating dialogue with the country team to ensure a structured engagement on how gender can best be incorporated. Based on those interviews, the GenCap provided an inception report that collated the respective views and worked towards a draft Gender Equality Programming in Emergencies Road Map for Yemen.

In its sectoral coordination function, UNFPA had sometimes to use advocacy. For instance in Hodeida (2020/91001), SCMCHA requested UNFPA to exclude NRC and DRC as RRM partners, and only maintain the NGOs (not DG ECHO partners) Vision Hope International and Hodeida Girls Foundation. UNFPA rejected this request and advocated with SCMCHA, in coordination with DRC and NRC, on the basis that these actors were also providing multi-purpose cash assistance. The deliberations yielded positive outcomes and both partners received their sub-agreements.

Under agreement 2020/91007 (result 2) UNICEF ensured that grave violations against children in Yemen were documented and led to advocacy efforts: the quarterly and yearly reports on grave violations against children in Yemen were included in the Secretary-General's Global Horizontal Notes to the Security Council Working Group on children and armed conflict (CAAC) and the Secretary-General's Annual Report on CAAC to the Security Council, with the collaboration of the UN Country Task Force on Monitoring and Reporting.

Advocacy by DG ECHO about operational concerns

According to DG ECHO the main areas on which advocacy has been focused are the following:

- Advocacy for concerted action by the humanitarian community for improved operational environment (principled and accountable).
- Advocacy to raise visibility and emergency response to conflict affected populations (IDP/CCCM), which covers also protection mainstreaming and sequencing of emergency response/assistance (RRM-CCY-WFP).
- Advocacy for the operational development of a harmonized humanitarian cash approach.

- 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.
- Advocacy for the operational development of early warning / early action for epidemics (COVID shielding / EPRM).
- Advocacy for sustainable solutions, water quality and aquifer capacity assessments in WASH.
- Advocacy to support the development of interoperability of beneficiary lists within/between UN and INGOs.
- Advocacy for the inclusiveness of UN logistics capacities (UNHAS) and the EU Humanitarian Air Bridge (HAB).
- Advocacy for the plight of the migrants, to ensure visibility for this vulnerable group, extend protection and material support.

Details about the advocacy efforts on the above issues and their results are however lacking in the available documents.

Furthermore, some field missions by DG ECHO experts recommended a number of advocacy efforts which were linked to various operational issues, for instance:

- Advocacy for a further engagement of the UN and of the international community towards the delivery of humanitarian assistance outside existing hubs, and increased field coordination/field presence of UN/Clusters on the basis of revised UNDSS advices, to improve the capacity of timely decision-making (Dec 2018, Mar 2019).
- Advocacy for the development of an early recovery framework, complementary to emergency humanitarian assistance, to better ensure transition in the Nexus context (Dec 2018).
- Advocacy at OCHA for the reduction of the beneficiaries' exclusion, as some newly displaced are completely excluded from UN assistance due to the lack of registration (Oct 2019).
- Advocacy with relevant stakeholders (WHO, OCHA, RC, DFID, OFDA/USAID) for strengthening the health sub-cluster in Aden (Oct 2019).
- Advocacy with other donors (OFDA, DFID) towards the World Bank for providing information about ongoing projects (in particular support to health facilities, with a risk of duplication with DG ECHO's interventions) and engaging in coordination (Oct 2019).

Table 3 below attempts to place in the same timeline the corresponding advocacy or communication efforts by DG ECHO, as these could be found in the published documents.

Throughout the period, HIPs have duly outlined that 'advocacy is a horizontal priority' of DG ECHO, although without giving details. Communications were published on DG ECHO's website to condemn violations of IHL and outline urgent responses to new needs. Such communication was particularly relevant and rapid while facing new event in 2017 (risk of famine, Hodeida blockade, cholera outbreak).

Table 1: Timeline of DG ECHO advocacy activities

Key events	Advocacy outlined in HIPs	Communication on DG ECHO website: "News"
March 2015: Saudi Arabia starts airstrikes against Houthis in Yemen.		
April 2015: The Saudi–Yemeni border conflict and the Taiz campaign (2015–present) begin.	HIP: effective coordination is essential and includes improved data collection, information management, monitoring, advocacy for and assessment of humanitarian access and response, advocacy for respect of International Humanitarian Law (IHL) – no details	• EU supports the evacuation of European citizens from Yemen, 18/04/2015 • EU helps bring new vital aid into Yemen, 21/05/2015 • Statement on the bombings in Yemen of port facilities in Hodeida, 20/08/2015 • EU Commissioner Stylianides condemns attack on the International Committee of the Red Cross in Yemen, 26/08/2015 • EU Commissioner Stylianides condemns attack on hospital in Yemen, 28/10/2015 • European Commission steps up humanitarian aid for Yemen crisis, 14/12/2015
2016 (growing needs)	HIP: a workshop on Yemen's post-conflict Recovery and Reconstruction took place in Riyadh on 29 and 30 of August 2016. During this workshop, EU representatives and MS highlighted the importance to preserve Yemen's financial institutions to avoid an economic collapse.	• European Commission condemns deadly attack on health centre in Yemen, 11/01/2016 • Statement on the attacks on an MSF hospital and a school in northern Yemen, 17/08/2016

		• EU pledges additional €40 million in humanitarian aid to Yemen at United Nations General Assembly, 21/09/2016
January 2017: Pro-Hadi forces seize the port of Mokha from the Houthis.		
Dec 2017: the Al Hodeida offensive begins		• EU announces €116 million for Yemen at pledging conference in Geneva, 25/04/2017 • EU calls for immediate resumption of full and unrestrained humanitarian access to Yemen, 12/11/2017
Apr-Jun 2017: cholera outbreak with 500.000 affected	As in 2015 – no details	• Statement by Commissioner Stylianides on the unprecedented cholera outbreak in Yemen, 24/05/2017 • EU increases aid to tackle cholera outbreak in Yemen, 23/06/2017
March – November 2017: UN repeated calls on risk of famine	HIP: in August 2017, the Humanitarian Coordinator (HC) issued a statement on the shrinking humanitarian space, calling for unhindered humanitarian access.	• Additional €25 million in EU humanitarian aid as situation deteriorates in Yemen, 07/12/2017
January 2018: Stockholm Agreement signed: truce in famine -affected regions	DG ECHO continued playing an active role in the mobilisation of other donors and actively engage in humanitarian advocacy in Council/EP and towards EU member states in order to improve humanitarian space and enable conditions for partners to operate on the ground. Advocacy focused on raising the profile of the Yemen humanitarian crisis, on the promotion of	• EU pledges €107.5 million to address urgent needs of Yemeni civilians, 03/04/2018 • Conflict-torn Yemen will receive €90 million in EU humanitarian aid, 06/11/2018

	humanitarian access, safeguarding of IHL, and seeking complementarities between humanitarian and development programming. DG ECHO also made efforts to reinforce its liaison with local authorities, in view of promoting humanitarian access.	
June 2018: The Vos Theia, a vessel charted by the World Food Programme to deliver aid, was attacked by a skiff off the coast of Al-Hodeida, after having delivered supplies to the city.		
June 2018: GoY forces attack Al Hodeida, the main point of entry for humanitarian aid		• latest developments around Hodeida, Yemen, 13/06/2018
December 2018: Southern Transitional Council takes control of Aden		
2019	HIP: beyond the provision of EU humanitarian aid, DG ECHO will continue playing an active role in the mobilisation of other donors and actively collaborate with the EU Council, EU Parliament and EU Member States in humanitarian advocacy. DG ECHO encourages partners to closely coordinate and participate in mechanisms strengthening evidencebased advocacy capacities – no details	• The EU announces over €161.5 million for Yemen crisis, 26/02/2019
		• Statement by Commissioner for Humanitarian Aid and Crisis Management Christos Stylianides and High Representative/Vice-President Federica Mogherini on the Humanitarian

		community reaffirms commitment to Yemen, 14/02/2020
April 2020: The Saudi-led coalition announced a two-week ceasefire, in part to avoid the COVID-19 pandemic.		• Coronavirus global response: EU Humanitarian Air Bridge and €70 million in additional aid (including humanitarian but not only) for Yemen, 23/07/2020
April 2020: Houthi forces control all of North Yemen except Marib governorate and 1 district of Al-Jawf province.		• UNGA: EU and Sweden join forces to avoid famine in Yemen, 23/09/2020
August 2020: floods in southern Yemen, 300.000 people affected	HIP horizontal priority: Advocacy, in coordination with humanitarian mechanisms in-country, will remain a key priority in 2020. DG ECHO encourages partners to closely coordinate and participate in mechanisms strengthening evidence-based advocacy capacities – no details	• Yemen: humanitarian community to discuss deteriorating humanitarian situation, 11/11/2020 • Humanitarian community reunites to tackle the deterioration of Yemen crisis, 13/11/2020

In addition, DG ECHO has published three "Field blogs":

- Teamwork to improve conditions for displaced Yemenis; Video, 06/11/2020
- How Afrah received an identity; Video, 10/11/2020
- Bringing relief amid war and displacement; Photo story, 12/11/2020

Relations of advocacy or communication efforts with principled humanitarian delivery and IHL

In the HIPs, respect of IHL was explicitly mentioned among advocacy targets in 2015, 2017 and 2018. Among the partners involved in coordination, OCHA has regularly referred to IHL in its reports. ICRC's core mandate is specifically focused on the respect of IHL. DG ECHO has also contracted specialised actors (OHCRC, Geneva Call) to carry out dedicated activities towards IHL. These actions are detailed below.

DG ECHO has consistently supported **OCHA** with annual agreements since the beginning of the Yemen crisis. Under agreement 2015/91004, OCHA has been quite active and has helped to generate a significant number of public statements between March and December 2015 touching upon the violations of IHL, international human rights law, and overall need by the Yemeni people: 12 Secretary General statements or attributable to him; 5 ERC messages; and 13 Humanitarian Coordinator messages. According to ReliefWeb statistics, overall OCHA Yemen published 392 documents - including statements, situation reports, monitoring data, maps and other products - in 2015 (an average of more than one per day).

In early 2015 the OCHA office for Yemen, with support from HQ developed a full-fledged Advocacy and Communication Strategy. When the conflict escalated in March 2015 the strategy was adapted to capture advocacy and communication priorities for the April-October period. OCHA furthermore put emphasis on communicating with the affected communities - which would also be a main focus for 2016 - in terms of advocating for their involvement in principled humanitarian action (including access) but also in terms of building a shared understanding of the humanitarian situation in Yemen and on the shared responsibility.

In particular, Result 4, activity 5 of the project was dedicated to advocacy: "With HCT and protection partners develop specific access and protection component of overall advocacy strategy". The risk analysis of badly managed and inconsistent advocacy outlined the following issues for humanitarian actors: retaliation in the form of threats, harassment or attacks against humanitarian actors or activities; restriction of access to affected persons; suspension of dialogue and/or contacts with the Government or non-State actors; and possibly expulsion of organizations or individuals. Risks for protection and IHL violations related to affected communities included: retaliation against the (perceived) sources of the information; retaliation against local contacts of partner agencies; confidentiality of personal data; further stigmatization of groups in the interest of which the advocacy was intended. The 2015 project is the only one over the period with such detailed activities laid out.

The agreement signed in 2019 (2019/91014) stipulated that OCHA Yemen would: continue to support and facilitate humanitarian access (where required across all 22 governorates and 333 districts) and, where possible, expand humanitarian space; respond to the needs of IDPs, including through the participation in the Technical Advisory Group for the Task Force on Population Movement; strengthen the capacity of national partners to respond in a principled manner; and consolidate and expand achievements through the Humanitarian Fund. Key advocacy points focused on allowing unrestricted humanitarian cargo to enter Yemen – especially through Hodeida, and raising awareness among all parties to the conflict to adhere to IHL and abide by humanitarian principles, to protect civilians and civilian infrastructure and to ensure the safety and security of aid workers.

Despite these efforts, it was felt at the beginning of 2020 that more concerted efforts among international agencies and donors would be necessary, which resulted in the SOMs (see above).

Under the regional agreement 2018/91001 concluded with **ICRC** as an outcome of the Grand Bargain, Result 5 concerned Yemen. Budgets dedicated to Yemen in this framework amounted to:

- EUR 14.5 million in 2018, although DG ECHO agreed in November to transfer EUR 9 million to the ICRC operations in Palestine (EUR 5.5 million remained for Yemen);
- EUR 5.5 million in 2019 ;
- EUR 7 million in 2020.

For the Protection of civilian population (PPC), ICRC focused on IHL (activity 1) and humanitarian principles (activity 5). ICRC addressed regular calls to all parties to the conflicts to respect IHL, protect civilians and civilian infrastructure from attack, and ensure access to essential services and humanitarian aid. Whenever possible, it brought documented protection concerns and allegations of IHL violations to their attention. It continued its efforts to build acceptance for its activities among key parties to the conflicts, actors exercising influence over these parties, and members of civil society. Specific activities included:

- engage the authorities and weapon bearers in dialogue; make oral or written representations to them based on documented reports of abuse, and advise them on measures to halt and prevent IHL violations and on addressing other issues, such as the plight of the families of missing persons;
- organize risk-awareness sessions and self-protection workshops for vulnerable communities where applicable, assist victims of IHL violations to apply for compensation or provide them with ad hoc support;
- organize dissemination sessions, workshops and round-tables on IHL and other applicable norms, humanitarian issues and the Movement, for authorities and weapon bearers, including senior officers; Information sessions on IHL were organized for Islamic scholars and diplomats, and also for some 400 members of authorities, de facto authorities, weapon bearers and community leaders;
- arrange discussions with current and potential beneficiaries, and inform them of the services available to them; set up a community hotline and digital channels for receiving feedback from the beneficiaries. The online presence of ICRC was also strengthened.

Confidentiality applied, as mentioned in the M&E section of the agreement: "In the area of protection, the ICRC appreciates ECHO's understanding that, given the confidential nature of the ICRC's protection work, there are strict limits to the type of monitoring information that may be shared externally".

DG ECHO concluded an agreement (2017/91019) with **OHCHR** to cover the situation in Yemen. This implementation of this agreement appeared to have started in January 2019. In HOPE, the final report had not yet been submitted at the date of submission of this desk evaluation report. Constraints were found in delays to obtaining the visa for the consultant tasked with training workshops, and also in COVID. The *de facto* authorities in the northern governorates refused conducting any kind of assessments, researches or surveys at the field level, and wanted to interfere in the content of the survey and the process. As a result, OHCHR was forced to cancel the part related to field research. OHCHR has requested a no-cost extension from 01 July to 31 December 2020.

The rationale for the project stated that protection of the rights of individuals under IHL/IHRL needed to be at the core of the humanitarian response, and greater efforts were required to prevent and respond to IHL/IHRL violations, including by ensuring a better-coordinated information management

and analysis on violations and abuses, and supporting and advising on regular and timely evidence-based human rights advocacy. There was also a clear need for strengthened IHL and IHRL expertise to support the humanitarian leadership, and the project proposed to deploy field monitors tol ensure more consistent and regular reporting and analysis. OHCHR's needs assessment identified 4 main threats:

- the apparent lack of respect by all parties to the conflict for the IHL principles of distinction, proportionality and precautions, which resulted in the killing and injuring of thousands of civilians and the destruction of essential civilian infrastructure;
- the use of siege tactics, through restrictions on humanitarian access in violation of IHL and laying siege to residential areas in cities such as Taizz, as well as severe naval and air restrictions or de facto blockades by the coalition, which have widespread and devastating effects on the civilian population (in particular in the North) as, prior to the conflict, Yemen imported nearly 90 per cent of its food, medical supplies and fuel;
- conflict related GBV – in particular violence against women – which is underreported in Yemen;
- widespread arbitrary detentions and enforced disappearances of political opponents, human rights defenders, social activists, journalists and other civilians in various areas, in undeclared detention facilities and with no access to justice.

The project would allow OHCHR Yemen to deploy at least two human rights field monitors per conflict affected governorate to report on violations and advise the UNCT, clusters etc. OHCHR would also collaborate with the Civilian Impact Monitoring Project, the Ministry of Human Rights, Ministry of Foreign affairs and Ministry of Interior and National commission of Inquiry in Sana'a and Aden.

As a result, the interim report stated that, during the reporting period (from January 2019 till end of June 2020), OHCHR contributed to : the production of 18 monthly updates on "Violations of IHL and human rights situation in Yemen" ; the release of 18 statements, oral briefings and press releases by the UN High commissioner office on different violations and published in the media and on the OHCHR website ; briefings on human rights situation made to the Humanitarian actors, NGOs and stakeholders in at least 20 meetings in order to enhance coordination ; 18 monthly update on number of casualties shared with OCHA and UNICEF ; 2 periodic quarterly reports on six grave violations against children with UNICEF ; the release of at least 4 statements by the office of Resident Coordinator and Humanitarian Coordinator on attacks against civilians ; the use of verified data into 7 reports by local and international consultants.

The statements and messages appeared to be referred mainly to the UN Secretary-General, the High Commissioner for Human Rights and the Human Rights Council, but not to the EU or DG ECHO.

Over the agreement period OHCHR has documented a total of 824 killings and 1353 injured persons for the period January 2019 until March 2020, in addition to GBV cases (?). The data was shared with humanitarian actors, including OCHA, UNICEF and the protection cluster for the purpose of designing humanitarian responses. OHCHR was able to draft three thematic reports on the impact of the armed conflict on the rights to health and the impact of the armed conflict on the women's right to health. Furthermore, OHCHR contributed to the UN Secretary-General report on conflict related sexual violence. OHCHR delivered 6 (out of 10 planned) capacity-building activities for local NGOs on human rights and GBV, 3 awareness sessions (out of 5 planned) for local communities in some targeted locations.

In parallel, OHCRH has published to date 3 successive reports (the latest in September 2020) by the UN Group of Eminent International and Regional Experts on Yemen, established by the Human Rights Council in 2017. The Group of Eminent Experts has repeatedly denounced the human rights violations

in Yemen. Although not funded by DG ECHO, the work of the Group of Eminent Experts has been mentioned by UNFPA (agreement 2020/91001), as a first report in 2018 concluded that individuals in the Government of Yemen and the coalition, including Saudi Arabia and the United Arab Emirates, and in the de facto authorities have committed acts that may, subject to determination by an independent and competent court, amount to international war crimes.

In 2018, DG ECHO also concluded two agreements with the NGO **Geneva Call** to strengthen its advocacy in Yemen. The rationale was based on Geneva Call's stated approach towards armed non-State actors (ANSA) in the MENA region, to try to engage and align the ANSAs' own normative frameworks (based on their local customs, religious beliefs, etc.) with international norms, as for instance IHL may be rejected as Western principles. Widespread non-respect of humanitarian norms by ANSAs and by States needed to be countered by increased dialogue and advocacy on humanitarian standards, and also by raising the knowledge of DG ECHO and its partners on international humanitarian norms and Islamic Law. Geneva Call highlighted 'an already solid network of religious scholars and leaders, as well as contacts with faith-based humanitarian organizations in the region'.

It should be noted that, in a wider framework, Geneva Call has also been supported by the EU for the same purposes, as mentioned in the EU Annual Report on Human Rights and Democracy (p. 129).

The agreement 2018/91024 with Geneva Call was actually regional and included - rather theoretically - Yemen. Activities included: a mapping and profiling of key ANSAs and influential actors in the region ; the development of a trainer guide ; and the engagement with media professionals. The mapping - which should have been a part of Geneva Call's built-in advantages – managed to identify jointly with DG ECHO (?) 59 organisations and 112 individuals in the whole MENA region. The partner's report acknowledged that this was lower than expected due to security and delays - despite an extension granted until December 2019. The actions organized a few meetings, which concentrated on Iraq (expert humanitarian workers in Erbil, PPK, Shia religious leaders in Najaf) and Beirut (scholars, journalists). Overall, the project delivered very little concrete results for EUR 687,000 (mostly reinforcing the partner itself), and none apparently that concerned Yemen.

The 2nd agreement (2018/91020) for a budget of EUR 500,000 was focused on Yemen and delivered more positive results. The project aimed at contributing to the protection of civilians in Yemen from the effects of armed conflict, through promoting the respect of humanitarian norms among ANSAs. The partner has sought to engage both Ansar Allah/Al-Houthis in North Yemen and the Southern Transitional Council in the South of Yemen. This was only partly successful. Geneva Call was able to sign its registration agreement with the Ministry of Planning and International Cooperation (MoPIC) in Aden and to register in the South. In the northern region however, after lengthy negotiations Ansar Allah granted access to Sanaa, but the partner was unable to register an office and establish a field structure. Contrary to the project's objective, this was not a good start to 'establishing long lasting engagement with the different warring parties involved in the conflict in Yemen in order to raise their awareness and increase their knowledge on norms and principles of IHL', as 'access to ANSA leadership is required'.

In the South, the project report mentioned that partner has signed 3 '*Deeds of Commitments'* in June 2019 with the Southern Transitional Council (STC).[72] Several meetings and training sessions took place to ensure that the armed actors (no details) understood their obligations under IHL during armed conflicts.

The partner reported that it has 'made direct engagements and conducted dialogue with the leadership of the 2 parties to the conflict, promoting compliance to IHL and entered into discussions

[72] Declared in May 2017, STC is a secessionist organization in southern Yemen. The 26 members of the STC include the governors of five southern governorates – centered on Aden - and two government ministers.

on humanitarian declarations, code of conduct and internal rules and regulations for the respective ANSAs. In the North, 138 individuals were reached out and several bilateral meetings took place in the course of 2019 (July and Oct) with officials of MoFA and SCMCHA. No direct activities were held with the Houthi combatants themselves. In the south, a number of meetings took place with STC and IRG forces aligned to STC to humanitarian access. According to the partner, the IHL training has been well received particularly by fighters and commanders who have requested the rolling out of the training to different brigades.

Apart from ANSAs, the partner reached out and engaged 65 CSOs and a total of 340 stakeholders from NGOs, INGOs, UN agencies, local and provincial authorities, influential persons, etc. Geneva Call noted that the number of beneficiary organizations and individuals contacted was 'significantly higher than expected' (45 organisations were targeted), which may reflect a strong interest (or an initial underestimate, considering the number of actors registered by OCHA).

In May 2019, the first "Friends of IHL Network" was launched in Aden and gathered heads of civil society organizations, public figures, human rights activists and lawyers from the Yemeni community and from different governorates. In north, a three-day awareness raising session was conducted on IHL and the role of media (both audio and visual) in disseminating relevant information during the times of conflicts. The event gathered 20 media professionals in Sana'a. In Taiz (south) a meeting took place with 50 media and law students with professors from Taiz university.

Under Result 3 of the project ('awareness among general population'), some 1,380,000 persons were reported to have seen/heard the messages of the 'Fighter not Killer' campaign (including SGBV) through videos on Facebook (750.000 views).

JC.7.2 Advocacy and communication strategies of DG ECHO to address operational issues under the 3 subheadings of the strategy

The impact of advocacy and communication efforts on awareness raising and changes to the operational context needs to be further investigated through KIIs and surveys regarding:

- the 1st entry point of DG ECHO strategy (emergency assistance to conflict affected populations), in particular: adoption of good practices in terms of IDP assistance, visibility, emergency response, emergency trauma, access, CCCM, protection, EiE, MPCA, migration, and multi sector response in area based approach;
- the 2nd entry point (structural issues): adoption of good practices for nutrition (quality delivery); food security (biometrics, WFP); cholera, COVID, other epidemics (WASH, health community preparedness, early warning); and WASH (sustainable solutions, water quality, aquifer capacity;
- horizontal issues of intra and inter-operability, gender, logistics and Nexus.

An example in terms of logistics – which concerned also nutrition – could be found in the concern (DG ECHO RO mission of Oct 2019) that WFP continued to face problems with securing/ maintaining the RUSF pipeline, in spite of numerous meetings and attempts to fix the problem. The mission strongly recommended that DG ECHO took every opportunity to confront WFP on this issue, and if needed advocate for another agency, e.g. UNICEF, to take over commitments of this responsibility. It would have seemed appropriate to link up with other key humanitarian donors, e.g. OFDA, DFID, to build momentum and a common strong voice on this important problem. Indeed, through the WB agreement (and also supported as such by DG ECHO) UNICEF was the main actor with regards to importation of medicines utilized at primary health care level. UNICEF in the meeting expressed willingness to act as a buffer stock agency for INGOs facing temporary medicines shortage due to

delays in their own importation, in cooperation with MoPHP which was officially in charge of storage, management and distribution of all such medicines entering the country.

JC.7.3 Advocacy and communication strategies of DG ECHO were timely, consistent and appropriate to help filling in a perceived advocacy gap

There was no evidence to be found in the available documents about the notion of 'advocacy gap'. KIIs and surveys will attempt to complete the list of advocacy and communication efforts by DG ECHO towards (1) EU institutions, (2) other donors (donor coordination group), Humanitarian Senior Officials Meetings - SOM, Technical Monitoring Group and (3) operational issues. The data collection will also collect additional data about advocacy efforts by specialised partners such as OCHA and OHCHR, and will focus on the stated (and shareable) results of these advocacy efforts, such as in particular improving access, protection civilians, and generally widening the humanitarian space.

Efficiency (EQ8 and EQ9)

EQ8: **To what extent did DG ECHO achieve cost-effectiveness in its response? What factors affected the efficiency and cost-effectiveness of the response and to what extent?**

JC.8.1 (JC 3 of cost-effectiveness guidelines) DG ECHO took appropriate actions to ensure cost-effectiveness throughout the project cycle

As mentioned in EQ1, DG ECHO adapted its strategy to the evolution of the situation in Yemen, notably following the insurgency in the North and the military intervention of KSA in March 2015. This is reflected in the change of priority in the overall strategy, with the "emergency component" becoming the most important one and receiving the bulk (around 75% on average) of the budget each year since 2015.

At the early stage of the project cycle, when exposing its strategy in the HIPs, DG ECHO clearly identified the most pressing needs and the priorities for the envisaged response. It also stated several principles and approaches that partners were expected to follow and activities they should conduct. **Altogether this contributed to the cost-effective use of resources by ensuring that DG ECHO funds interventions that aimed at addressing 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 and contributed to an integrated and coordinated humanitarian response**.

DG ECHO HIPs provided a detailed description of the most acute needs sector by sector. It was informed by the latest assessments (e.g. HNO, Humanitarian dashboards, displacement overview, Task Force on Population Movement – TMFP, cluster information, food security outlook, etc.). The HIPs are annual documents updated (modified) based on the evolution of the needs on the grounds such that each year additional funding was provided to serve urgent/emerging needs. The HIPs also provided a description of the overall humanitarian response and most important service gaps (based on the most recent assessments and mapping).

In addition, DG ECHO stressed in the HIPs that it prioritised integrated, multi-sector, cost-effective approaches, that could adapt to the emerging needs, complement longer term programming and detailed how they intended to follow the recommendations from the relevant inter-agency sector working groups. DG ECHO prioritised advocacy activities to enhance the coordination of the humanitarian response and required its partners to develop adequate assessments and demonstrate their capacity to "safely access and impartially deliver humanitarian assistance with adequate control mechanisms in place".

The principles and directions presented in the HIPs guided DG ECHO's selection of funded actions. When selecting activities, DG ECHO systematically accounted for several dimensions of the partners and their proposed interventions which were related to the efficiency and cost-effectiveness. 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.

Yet, the efficiency and cost-effectiveness of the interventions were systematically analysed when selecting the interventions (although not in great details). The main cost-effectiveness considerations raised included the following.

- Overall, DG ECHO systematically assessed whether the **distribution of costs** across staff costs, program activities, operational costs (e.g. transports, accommodation, etc.) and indirect costs was acceptable. It ensured that the share of staff costs was not too high (or whether this was justified by the direct involvement of staff in the provision of services) and whether the costs of specific activities/components compared favourably with similar activities in Yemen. For example, the FichOps of one funded action revealed that the allocation of 45% of the budget to personnel costs has been considered "acceptable because these costs also included the provision of health and nutrition services direct program staff ". In another example (INTERSOS 2019/91004) the cost-efficient allocation of resources was appreciated although the "delivery of protection services is HR heavy by definition".
- **The modality of service delivery,** notably for food security interventions, was also scrutinised as a source of efficiency. For example, in the case of WFP funded actions in 2018, DG ECHO monitored (i.e. expected feedback from the WFP pilot study on cash) to what extent the food security interventions could switch from in-kind food distribution to cash (or vouchers) which was perceived as more cost-efficient (i.e. with lower overhead costs). Yet, they clearly recognised the major risk inherent to providing cash in the context of Yemen (i.e. the need to have well-functioning food markets in Yemen.
- DG ECHO also ensured that funded multi-sector interventions **demonstrated the integration and coherence** of proposed activities. Indeed, several proposals were rejected because they spread activities in several sectors without ensuring an integrated approach. For example, the efficiency of a proposed action was **"**compromised by the spread of sectors of intervention, without necessary demonstration of commonly pursued outcomes for the targeted populations (integrated programming)".
- Ensuring that the interventions responded to **well identify needs** and **avoiding duplication** also guided the selection. DG ECHO ensured that the organisation had assessed in details the needs and conducted up to date analysis. Thus, some proposals were rejected because the assessments relied uniquely on secondary data (ACTED-FR-2019) or were delayed due to the lack of recent analysis on the evolution of the needs. (CARE – 2018). Moreover, DG ECHO avoided to fund interventions in sectors in which it already supported several partners as this would not be cost-effective (e.g. MEDAIR-DE 2019 intervention on health and nutrition).
- DG ECHO requested the direct implication of the organisation on the ground and rejected proposals where the presence on the field was not sufficient. In particular, programmes fully subcontracted to local organisations were not funded (e.g. UNDP, Danish Red Cross – 2016)

- DG ECHO attached a great importance to select experienced partners with large capacity and demonstrated ability to adapt to the situations. This contributed to improve cost-effectiveness by minimising the risk that the funded interventions could not deliver. Thus, in several occasions interventions were not selected (or modifications were requested) because the organisation was not trusted to have sufficient capacity to actually implement the proposed intervention. For example, an intervention spread out in too many governorates and districts was rejected because of the lack of the capacity of the organisation. At the opposite, DG ECHO stressed the importance of the unique logistical capacity of the WFP regarding the importation of food commodities which allowed to explore several alternatives to mitigate access constraints and contributed to maintain some cost-effectiveness.

In the selection process, DG ECHO also actively engaged in providing feedback to the partners to adjust the proposals so as to ensure better targeting of the project, better fit with DG ECHO's priorities (e.g. focusing on life saving activities) and more cost-efficient approach e.g. strengthening an integrated approach)

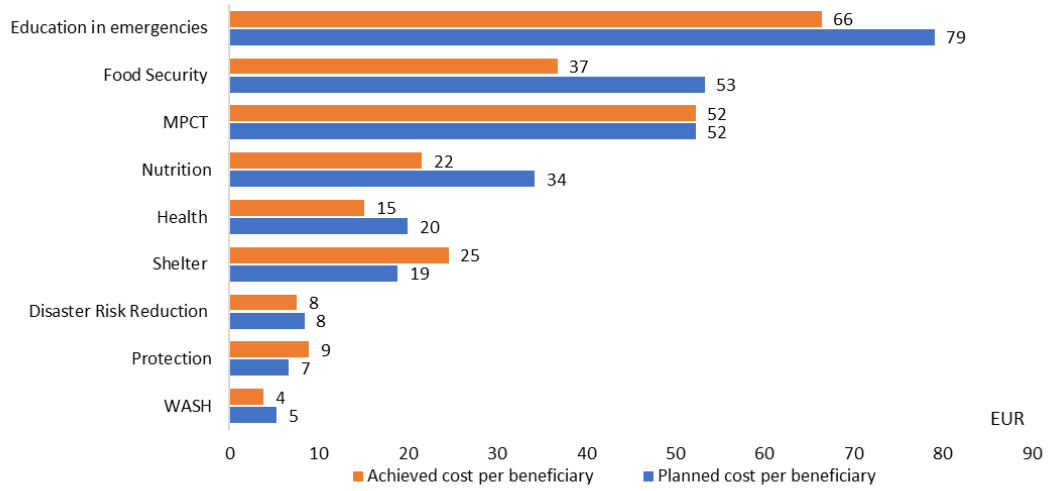
JC.8.2 Humanitarian actions funded by DG ECHO were cost-effective (except emergency life-saving measures)

Despite the several constraints to provide humanitarian assistance, **DG ECHO funded activities seemed to have been cost-effective overall**. The analysis of project documents (i.e. Single Forms and Fichops) revealed that a great number of actions were delayed or had to suspend their activities for a certain period due to administrative constraints, security issues or breaks in the supply chains (see next section for more details about the different types of obstacles and how they were dealt with). Yet, this did not seem to have increased the average cost per beneficiary. Indeed, Figure 1 reveals that most sectors achieved a lower cost per beneficiary than planned in the proposal over the 2015-2020 period.

It should be stressed here that this measure of "cost-effectiveness" has to be interpreted with caution as it is likely that the measure of the number of beneficiaries was not consistent across interventions and subject to imprecisions and mistakes. The purpose of this measure was to compare the "planned" vs. "achieved" cost per beneficiary within a specific sector and one should certainly not draw any conclusions by comparing the unit costs across sectors. Moreover, the cost per beneficiary was computed based on the data provided in HOPE which were not always accurate as they were manually inputed by the organisations and therefore prone to mistakes.

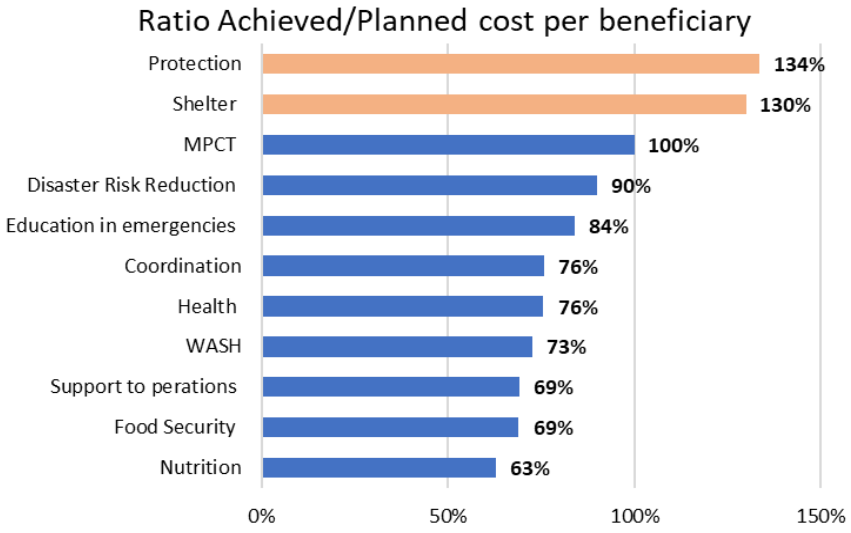
With these precautions in mind, Figure 2 indicates that all sectors, except Protection and Shelter, have achieved lower cost per beneficiary on average than initially planned. The achieved cost per beneficiary of Food security activities (which represented around 40% of the total DG ECHO budget between 2015 and 2020) was 69% of the planned cost overall (i.e. EUR 37 per beneficiary against 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, Health, and Coordination were other sectors that managed to reduce the cost per beneficiary around or below 75% of what was budgeted (Figure 2). On the contrary, the cost per beneficiary of Protection and Shelter related activities were 30% higher than expected. (Figure 2). In general, these good performances in terms of cost per beneficiary went hand in hand with an increase in the number of total number of beneficiaries reached. In certain cases, agencies overachieved by targeting additional vulnerable population (e.g. newly IDPs) at limited additional costs.

Figure 1: Planned vs. achieved cost per beneficiary per sector (2015-2020)



Source: ADE's calculation based on HOPE database

Figure 2: Ration of achieved vs. planned cost per beneficiary per sector (2015-2020)



Source: ADE's calculations based on HOPE database

The analysis of cost per beneficiary provided an overall view of cost-effectiveness. However, only very indirect conclusions can be drawn from the limited information available in project documentation (i.e. Fichops, E-Single Forms). Further analysis would be needed to understand precisely what were the drivers of the cost per beneficiary for each sector. Additional dimensions of cost-effectiveness should also be investigated such as the timeliness of activities and how alternative strategies and delivery approaches may have allowed to reach higher outcomes. In such a volatile environment, **the capacity and flexibility of organisations to deal with the successive constraints they encountered, together with the measures DG ECHO took to enhance their agility, likely constituted the determinants of the overall cost-effectiveness.**

JC.8.3. Initiatives by DG ECHO to overcome specific obstacles and delays have made humanitarian actions more cost-effective

As noted in the previous section, 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. All types of access constraints have affected the delivery of DG ECHO funded action but security issues and movement restrictions as well as bureaucratic restrictions were the most common. Supply chain obstacles (i.e. difficulties to have access to required inputs) – whether due to the economic situation or to restrictions in goods movements - have also been observed frequently.

The following provides a small sample of the types of obstacles encountered during the implementation of DG ECHO funded activities:

- "Implementation of activities put on hold for several months (since the beginning of the project) in the South" due to security issues, impossibility to conduct an external evaluation due to administrative restrictions (ACF-FR 2015/01012)
- "Insecurity and movement restrictions prevented beneficiaries from accessing health facilities", "Obstacles included the closure of health facilities, health workers abandoning their jobs" (IMC 2015/91003)
- "Shift from rehabilitation of water supply systems to emergency response due to difficulties to import necessary inputs" (OXFAM-UK 2015/91002)
- "Limited availability of supplies in country and unpredictability in delivery times", "limited capacity of the Ministry of Health", "monitoring of activities by DG ECHO not possible for security reasons" (UNICEF 2015/91010)
- Repeated (but temporary) interruption of activities for security reasons (IOM 2015/910006)
- Closure of health facilities led to underachievement (UNHCR 2015/91009)
- "School closure due to COVID19 was the main obstacle", "heavy rains and fuel shortage in the North slowed down activities", "delayed start of activities due to the difficulties to obtain the authorisation to start the activities in the North", "suspend operations and move to remote management due to cultural tensions and threats on the personnel" (NRC 2018)

The effect of these obstacles on the cost-effectiveness of an intervention depends on the way they affected the timeliness and the costs of the activities, and whether the action could adapt to mitigate the effects on the outcomes.

Given the focus of DG ECHO on life-saving assistance, timeliness in the delivery was critical. Any delay in the delivery of the activities was by nature inefficient and therefore reduced the overall cost-effectiveness of the action.

The project documents showed that a large share of interventions had to suspend (part of) their activities for a given period of time. This entailed several costs for the partners and DG ECHO. Suspending an activity had financial consequences for the implementing organisation as it had to cover "functioning costs" even when the activities were stopped. For example, it might lead to cover the staff salaries and rental costs (e.g. for the offices, vehicles or even warehouse, etc.) for a longer period of time than anticipated and in some cases it might lead to losses of perishable items. It also generated

"transaction costs", for example related to the administrative consequences for the project which required to invest time and HR which could be used more efficiently elsewhere.

Some of the obstacles also directly affected the cost of providing humanitarian assistance. The partners may have faced unexpected high prices to key inputs (e.g. fuel, construction or medical equipment, labour force, food, hygiene kits, etc.) due to the trade restrictions and shortage of some goods. The depreciation (and volatility) of the Yemen Rial had also direct consequences on the cost-efficiency of the interventions. It could increase the cost-efficiency of some interventions in case the inflation had not progressed as fast as the currency depreciated, and if the partners purchased their inputs in Yemeni Rial. On the contrary, hyperinflation and the volatility of the currency might incur additional costs to the partners.

The extent to which the DG ECHO has provided the adequate support to partner organisations to overcome these obstacles will be investigated in more details during the field phase – if feasible. The documentation consulted did not provide sufficient details on the different tools and approaches used by DG ECHO to mitigate the different types of obstacles. Although additional evidence is required, it seems that DG ECHO contributed to maintain the cost-effectiveness of the interventions with the following approaches:

- As mentioned in JC 8.1, by carefully selecting the partners and interventions, DG ECHO ensured that they have sufficient capacity and prepared adequate contingency plans. As such, DG ECHO contributed to reducing the risks of facing specific obstacles and to better responding.
- Moreover, it seems that DG ECHO has been flexible in accepting alternative approaches and focuses, regarding budget reallocation across objectives or over time when such obstacles occurred.
- DG ECHO also appears to engage actively with the partner (and sometimes even provide punctual but concrete support) to find and suggest solutions on how to best adapt the interventions to the obstacles.

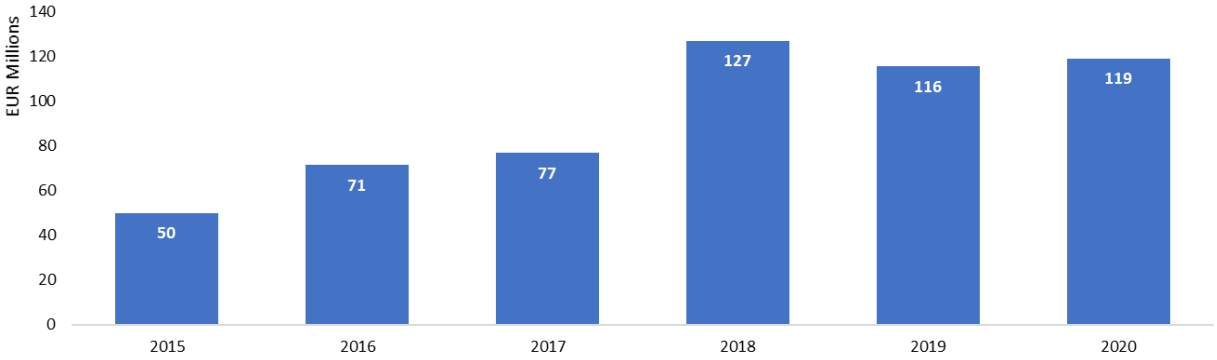
EQ9: Was the size of the EU budget allocated by DG ECHO to Yemen appropriate and proportionate to achieve objectives, compared to other crises?

JC.9.1 Alignment between the level of DG ECHO funds provided, sectoral needs identified in the strategy and addressed by the partners' activities.

DG ECHO's funding to the Yemen crisis increased over time as measure as the situation worsened. As detailed in EQ1, the HIPs have been 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 3). While further investigation is needed to understand how DG ECHO decided on the amount of funding allocated at the beginning of each HIP, this mechanism ensured that it could respond to unexpected changes.

In relation to the unprecedented needs in Yemen - with more than 21 million people in need every year on average between 2015 and 2020, the DG ECHO's budget did not appear sufficient, notably in comparison to other crises (see JC 9.3 below). However, further investigation is needed to assess to what extent DG ECHO would have been able to process larger amounts of funding given the severe operating constraints in Yemen.

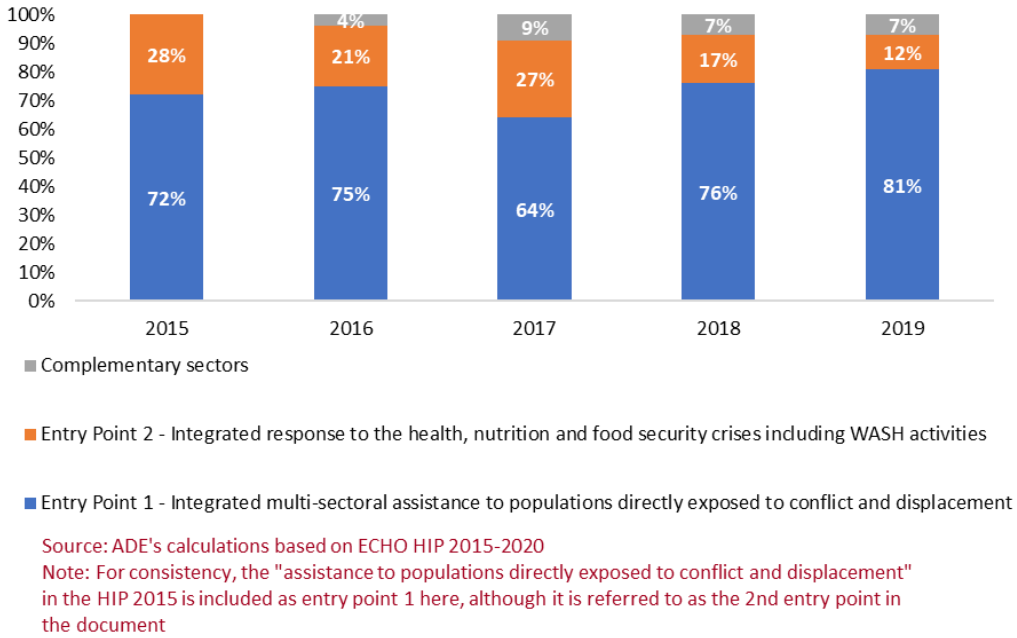
Figure 3 DG ECHO's funding over time



Source: ADE's calculations based on DG ECHO HOPE database

DG ECHO has aligned its funding with its strategy, allocating over 75% of the total budget to entry point 1 "Integrated multi-sectoral assistance to population directly exposed to conflict and displacement" component of its strategy over 2015-2020. As mentioned in EQ1, DG ECHO's approach in Yemen focused on two main priorities or "strategic entry points". The 2nd priority (structural needs, in particular nutrition) was still the first priority in 2015, as an aftermath of the pre-conflict period. Yet, following the intensity of the conflict, the HIP 2015 was revised and the budget for entry point 1 doubled from EUR 25 to EUR 50 million,72% of the total budget. For the sake of simplicity, Priority 1 refers to the "Integrated multi-sectoral assistance to population directly exposed to conflict and displacement " component of DG ECHO's response and Priority 2 to the "Integrated response to the health, nutrition and food security crises including WASH activities" in Figure 4 below (including for 2015). Overall, the bulk (over 75%) of the budget has served the emergency response. Moreover, part of the funding allocated to "complementary sectors", which included Education in Emergencies and Multi-Purpose Cash Transfers (MPCT) for example, partly contributed to Priority 1.

Figure 4: Funding across HIP priorities over the period

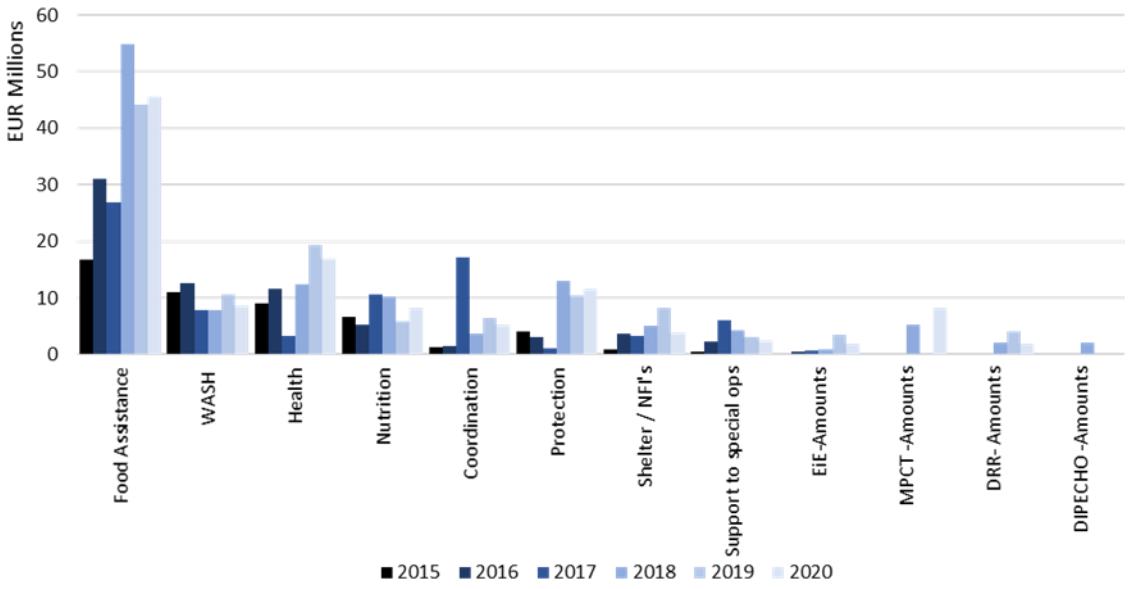


Source: ADE's calculations based on ECHO HIP 2015-2020
Note: For consistency, the "assistance to populations directly exposed to conflict and displacement" in the HIP 2015 is included as entry point 1 here, although it is referred to as the 2nd entry point in the document

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 have mostly focused on food assistance (40%), health (13%), WASH (11%), nutrition (9%) and protection (see Figure 1 in EQ1). 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 has been prioritised in the budget allocation. Food assistance has always received by far the largest amounts each year, representing between 34% and 45% of the HIP each year. The amounts allocated to food assistance have 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).

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 Priority 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 (Figure 5).

Figure 5: Evolution of DG ECHO's funding across sectors over time (2015-2020)



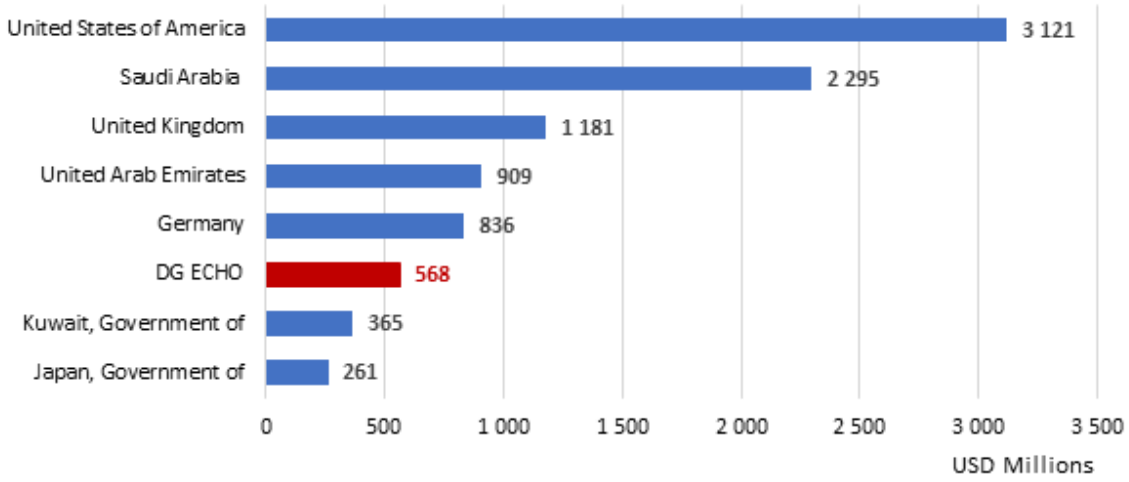
Source: ADE's calculations based on DG ECHO HOPE database

Further investigation is needed to assess to what extent DG ECHO allocated sufficient budget at the project level. There was evidence that DG ECHO carefully assessed the adequacy of the budget in regard of the activities that were planned. It seems that the budgets were not only scrutinized to ensure that the interventions were not too costly but also to ensure that the organisations did not promise too much for a limited budget. For example, in one case the pre-selection documents revealed that DG ECHO suggested an organisation to cover less locations given the budget and capacity. There were also examples of actions that could not be completed because of the lack of budget, which required the organisation to solicit additional budget from other donors. A key issue requiring additional analysis was the extent to which DG ECHO factored in the likelihood of encountering obstacles that would increase costs when allocating the budget to a specific action.

JC9.2. Comparison between nationwide needs assessments and the share and importance of DG ECHO's budget vis-á-vis joint annual appeals and rapid onset emergencies

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's funding allocated to Yemen, during the period, amounts to USD 568 million, corresponding to around 5% of the total funding through global appeals. Over the same period, the USA were the main contributor with a total amount of USD 3.1 billion (27% of the total funding) Saudi Arabia with USD 2.2 billion (19%) (Figure 6). Germany has also contributed more than DG ECHO to the YHRP over the period with USD 856 million. It should be noted this did not account for the additional funding provided outside of the YHRP.

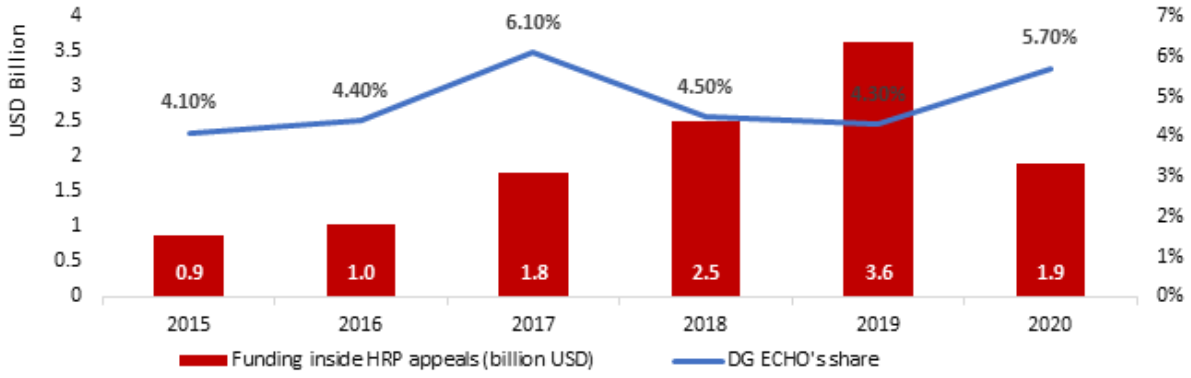
Figure 6: Main contributors to Yemen HRP between 2015 and 2020



Source: ADE's calculation based on FTS Data

The increase in the funding allocated to Yemen has not translated in a larger weight of DG ECHO in the total YHRP. Indeed, the funding of the other contributors also increased substantially. DG ECHO's ranking as a donor evolved between 4th and the 6th over the period Nevertheless, DG ECHO was a constant contributor to Humanitarian Response Plans (HRP) in Yemen with a funding share ranged between 4.1% and 6.1% (Figure 7).

Figure 7: Share of DG ECHO's response in the Yemen HRP appeals

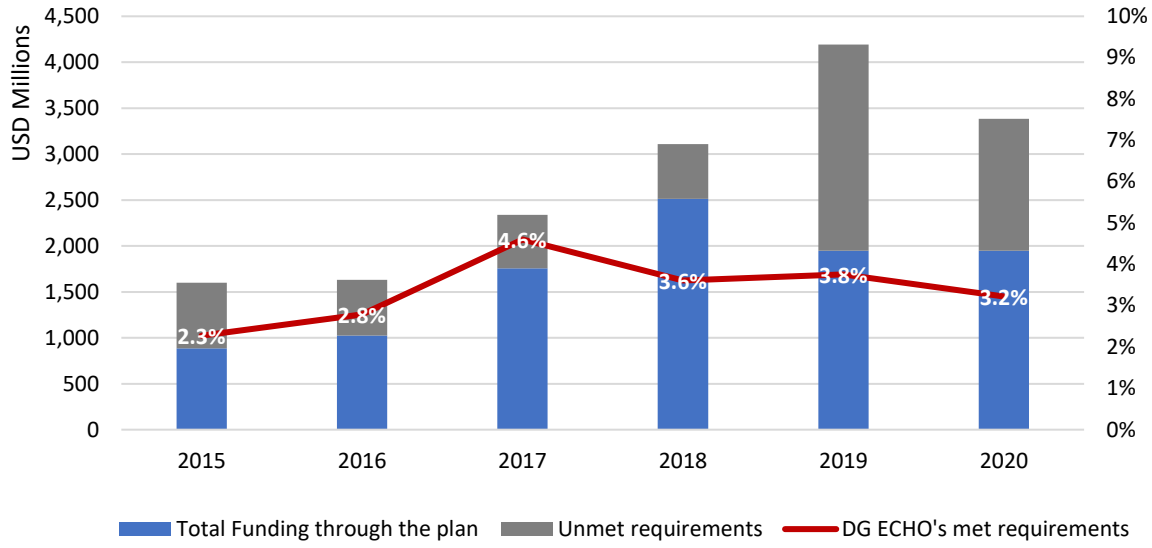


Source: ADE's calculations based on FTS data

DG ECHO's contribution to total requirement plans was not as important between 2015 and 2020. According to FTS data, DG ECHO has met around 3,5% of HRP total requirements when 61% of total

requirements have been met on the same period. This amount ranged between 2.3% and 4,6% on the period for DG ECHO and 46 and 80% in general (Figure 8).

Figure 8: DG ECHO's funding and total requirement plan



Source: ADE's calculation based on FTS data

ANNEX A6 - SURVEY OF DG ECHO'S PARTNERS ON YEMEN

This annex starts by presenting methodological elements of the survey sent to DG ECHO's partners in Yemen. Then it provides the results related to Part A of the evaluation on DG ECHO's humanitarian interventions in Yemen. The results related to the humanitarian access are presented in Annex B5.

Methodology

Objectives and process

Overall, three surveys were prepared in the context of the Evaluation of the European Union's humanitarian interventions in Yemen and in Humanitarian Access 2015 – 2020. Two surveys collected information on EU's approach regarding global humanitarian access, one targeted DG ECHO's staff and the other DG ECHO's partners in 6 country case studies. The last survey, presented below, targeted DG ECHO's partners in Yemen and covered both the EU's response to the Yemen crisis as well as EU's approaches to humanitarian access.

The group of respondents targeted in Yemen included persons are working/ on the crisis in Yemen between 2015 and 2020 for a partner of DG ECHO (e.g. International NGO, UN agency, Red Cross – Red Crescent organization) from regional, headquarters or field offices.

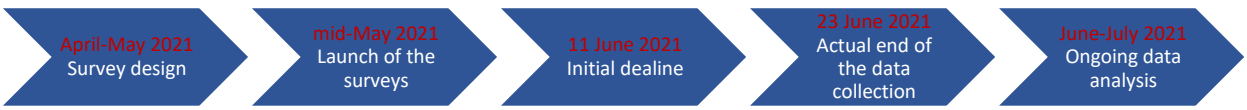
Questions included in the surveys were formulated based on the evaluation questions (EQs) and judgement criteria (JCs) as presented in the evaluation matrix in Annex A2. It allowed to collect key information on the perception of the partners regarding the relevance, the effectiveness and the efficiency of DG ECHO's response in Yemen.

Information on the implementation of the survey (including dissemination strategy and response rates) is detailed in the remaining of this section while the survey results are presented in the following section of this annex.

Dissemination Strategy

The surveys were launched in the second half of May 2021on the EU Survey Platform and remained open for around a month, until June 23rd. The different phases of dissemination are presented in Figure 9 below. The pool of potential respondents has been identified with the support of DG ECHO. Links to the online survey were disseminated to the respondents via emails by ADE, and 1 reminder has been sent.

Figure 9: Timing of the survey



The following measures have been taken to increase the chances to reach a high response rate and to ensure that the targeted respondents had a relevant experience regarding Yemen and DG ECHO:

- Formulate clear and concise survey questions
- Design a short survey (not more than 15 min) and therefore focusing on key dimensions of the partners' experience in Yemen. Piloting the survey allowed to validate its length prior the launch.

- Launch the survey on the EU Survey Platform, which is user friendly, can be reached via smartphone and complies with the GDPR requirements of the European Union.
- Opt in favour of "closed" multiple choice questions with only a limited number of "open" questions to collect specific examples
- Ensure that the respondents and key representatives from the different partners were informed about the survey and kindly requested to participate by DG ECHO before the launch
- Extend the duration of the survey and send a reminder to respondents to maximise the number of respondents.
- Carry out a continuous follow up and communication with respondents in case they had issues with the surveys; and encourage the respondents to share the survey to other relevant partner representatives if they felt they were not the best person to reply.
- Disseminate the survey to the persons contacted for Key Informant Interviews during the field phase.

Response rates

Out of the 54 partner representatives involved in the response to the crisis in Yemen with DG ECHO contacted to respond to this survey, 24 responded which corresponds to a response rate of 45%. Respondents were almost all based in the field office during their experience working on the Yemen crisis. Around half of the respondents worked for NGOs and the other half for UN agencies (see below).

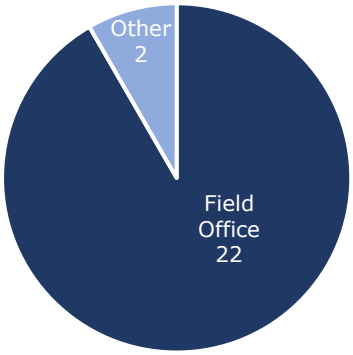
While 24 is a limited number of observations for a quantitative analysis, the response rate is satisfying and can provide a representative view of the perception of DG ECHO's partners active in Yemen. Moreover, the diversity of the respondents' profiles, who worked in different contexts and in various positions, makes the analysis particularly relevant.

Survey results

General Information about respondents

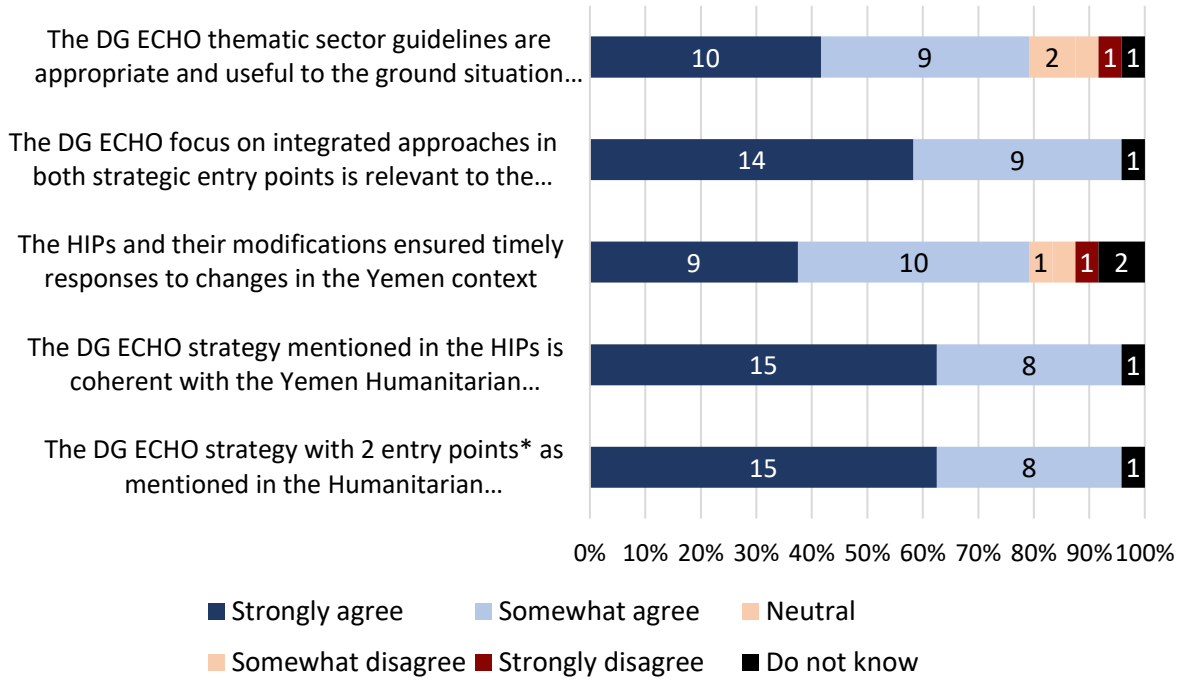
B1. Please select the category of partner of DG ECHO for which you are working.

B3. Where are (or were) you based during your experience working on the crisis in Yemen?



Relevance of strategy and policies

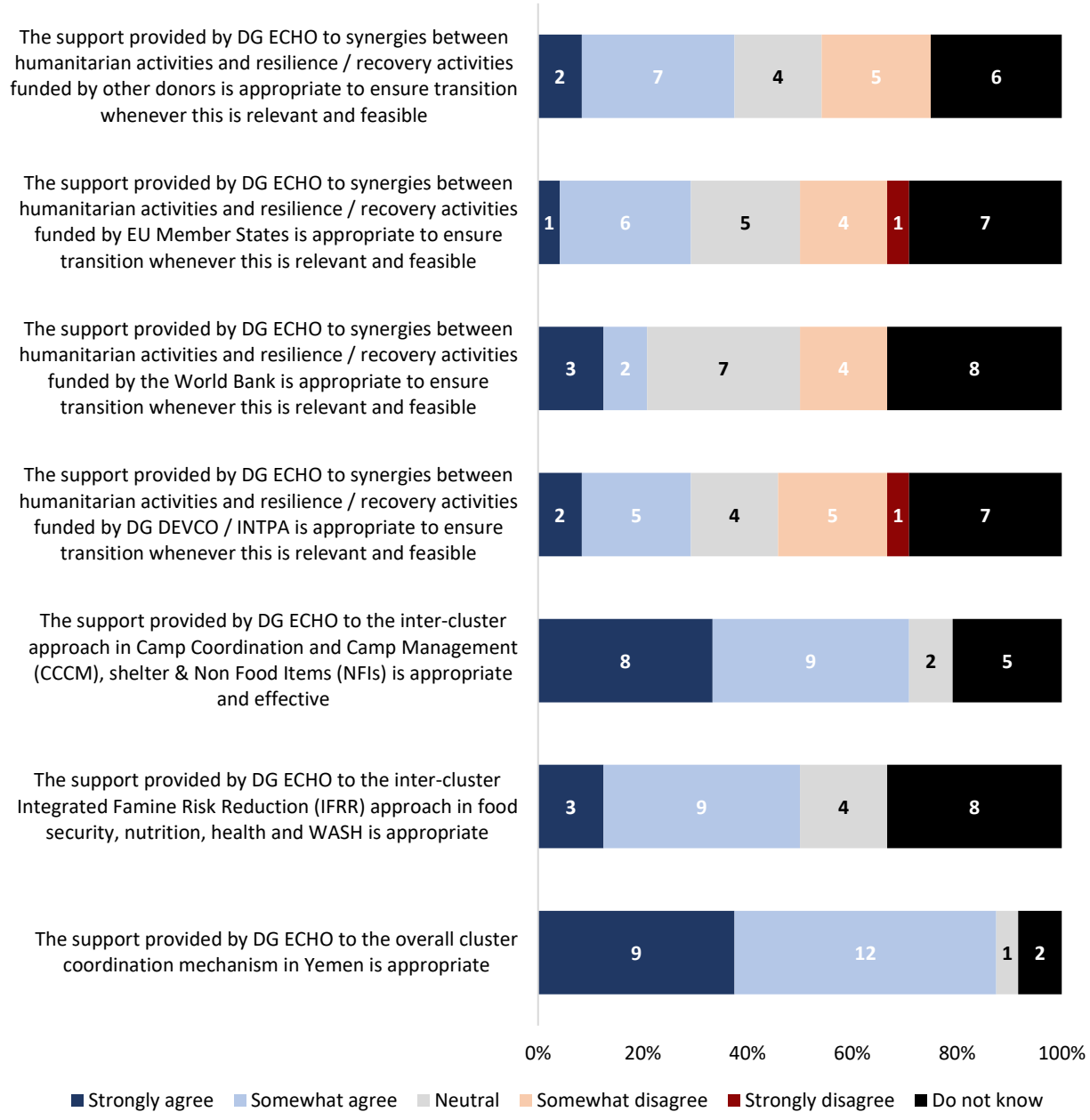
1.A. Please indicate your level of agreement with the following statements:



*Entry point 1: response to acute needs of the most vulnerable communities directly exposed to conflict and displacement. Entry point 2: response to more chronic or structural health, nutrition and food security crises due to epidemics, collapse of public services and of agriculture / economy.

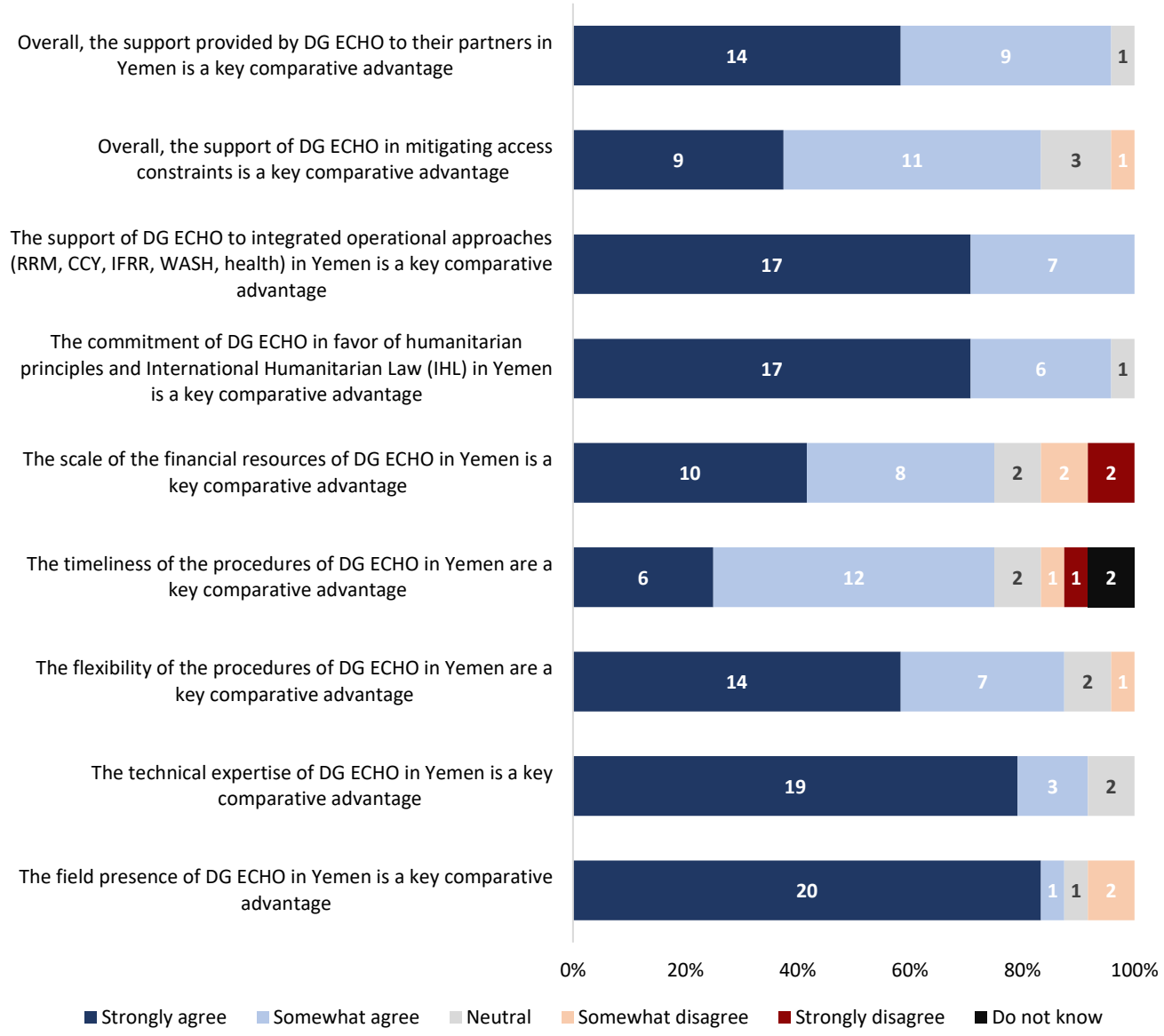
Coordination and connectedness

1.B. Please indicate your level of agreement with the following statements



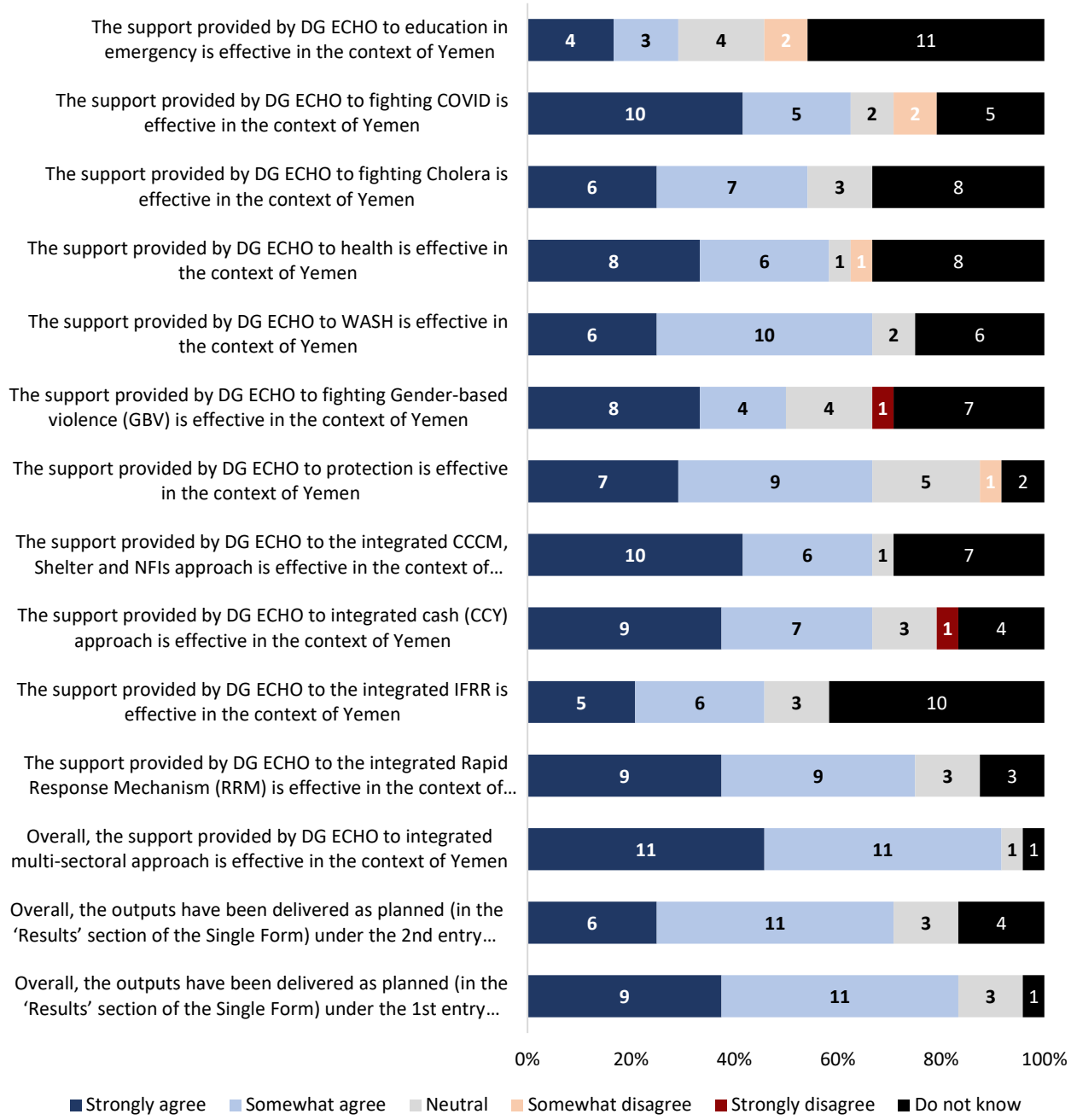
Added value

1.C. Please indicate your level of agreement with the following statements:



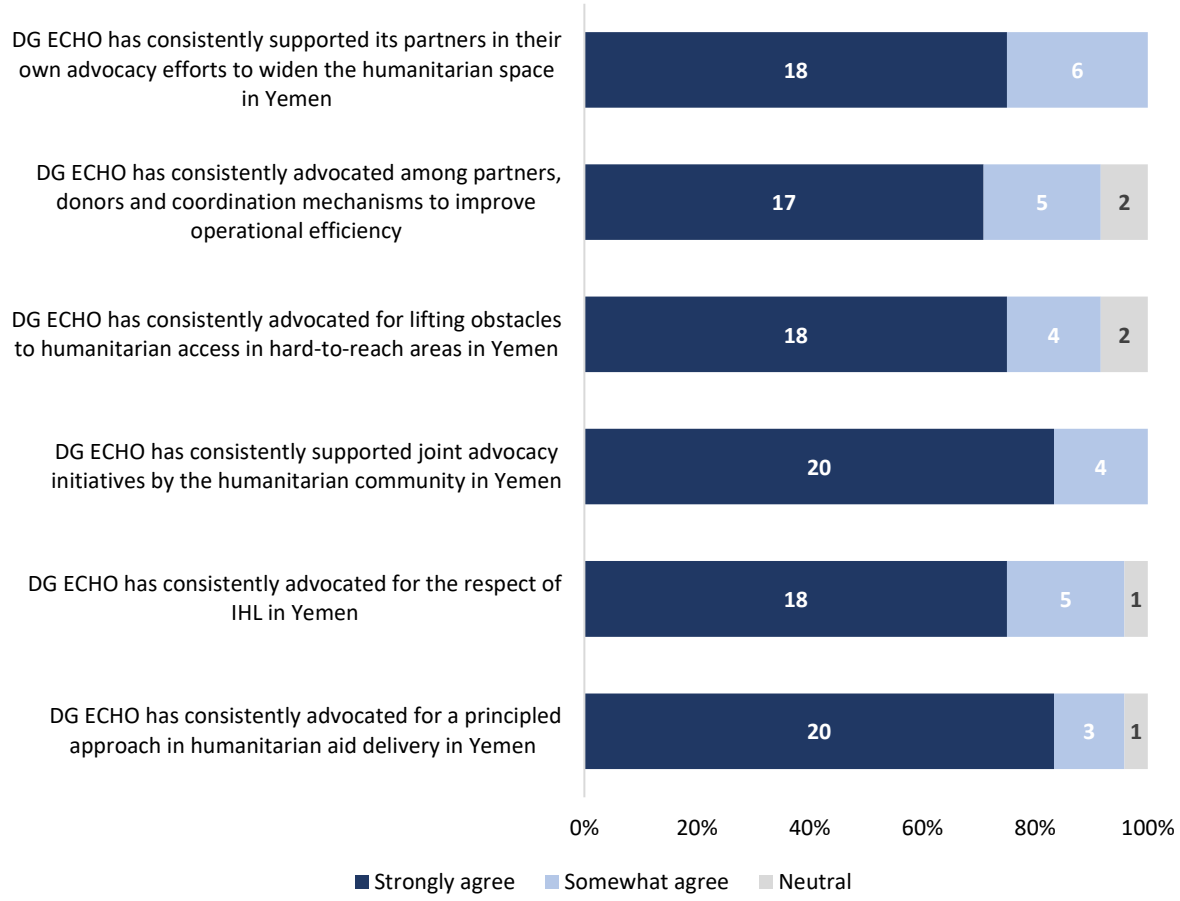
Effectiveness

1.D. Please indicate your level of agreement with the following statements:



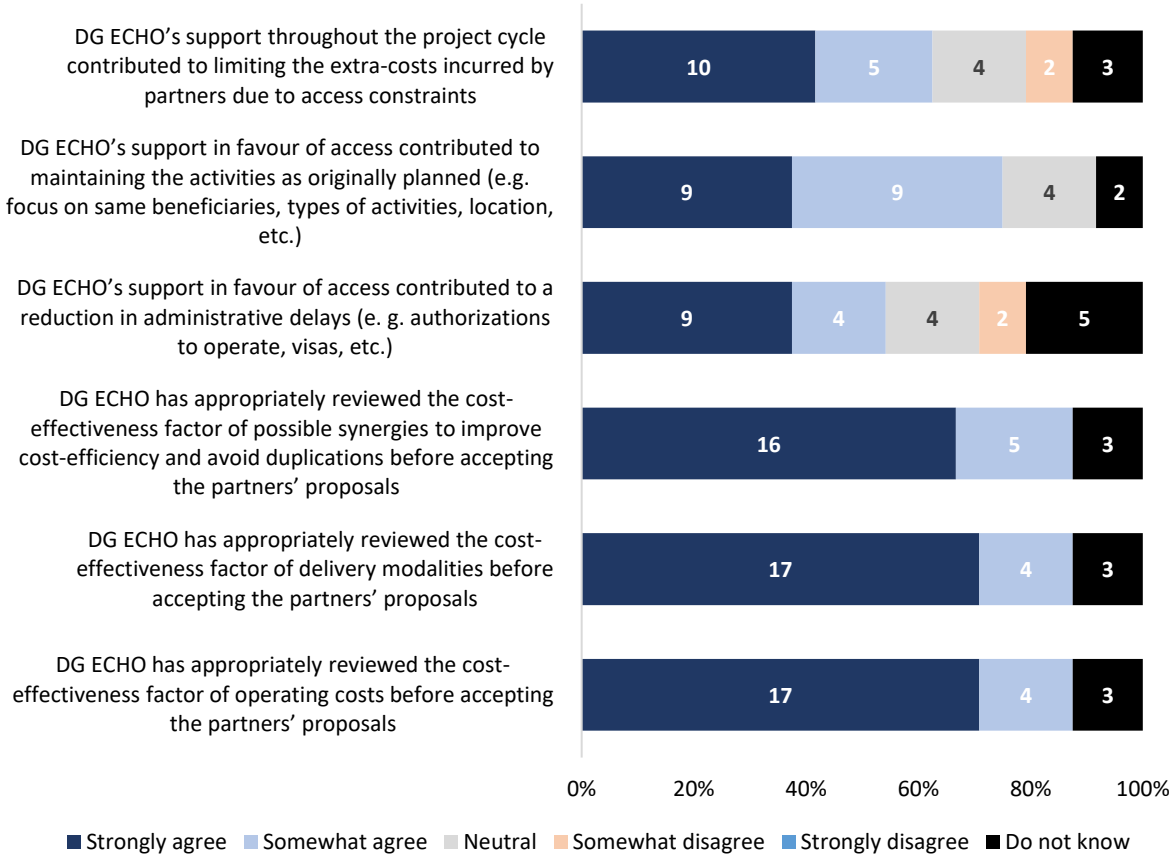
Advocacy

1.E. Please indicate your level of agreement with the following statements:



Efficiency / Cost-effectiveness

1.F. Please indicate your level of agreement with the following statements:



PART B ANNEXES - HUMANITARIAN ACCESS

ANNEX B1 – EVALUATION MATRIX

Relevance

EQ10	How well have DG ECHO's humanitarian access approaches and activities in different crises been designed, and to what extent have they considered the needs of its humanitarian partners and final beneficiaries?
Rationale and coverage of the question	
Background Understanding / coverage of the question	Reduced access to affected population is an important constraint in a number of humanitarian crises and the frequency of such scenarios shows no sign of decreasing. In some situations of armed conflict, access contraints may also be linked to violations of IHL (e.g. Customary Rule 55 "Access for Humanitarian Relief to Civilians in Need). This constraint affects both the quality of design of any intervention (due to a lack of accurate information regarding the operational context) and their implementation. How to mitigate against such a constraint is the matter at hand. This question will assess what approaches DG ECHO has been able to utilise so as to mitigate against ongoing access issues, e.g diplomacy, advocacy, risk management, and remote management, and whether each approach has been appropriate to the ongoing scenario. The question will also consider whether gender considerations, protection mainstreaming and do-no-harm approach, and the safety and security of humanitarian actors were considered in the strategy for access. This EQ considers the relevance of the design, which is closely to its actual effectiveness in EQ16.
Judgement Criteria (JCs) and proposed indicators, main lines of approach, and sources of information:	
JC. 10.1 Appropriateness of DG ECHO access mitigation strategies when humanitarian actors are denied access to final beneficiaries for legal or administrative reasons	
Proposed indicators: • Level of appropriateness of design of DG ECHO access approaches and activities to overcome/ mitigate legal/administrative impediments for partners (counter-terrorism or restrictive measures, visas, authorisations, customs, taxes…) • Level of appropriateness of design of DG ECHO access approaches and activities to overcome/ mitigate internal constraints by the partners / implementing partners (security rules, possible bias by some local partners…) • Extent to which access mitigation strategies have been adapted to each access scenario (case studies). • Extent to which access mitigation strategies have considered gender, disabilities, protection mainstreaming and do-no-harm issues • Quality of risk analysis in the strategies • Level of flexibility of DG ECHO in terms of being able to change approach as the operational context evolves. • List (assess relative importance of) good practices and lessons learnt	
JC. 10.2 Appropriateness of DG ECHO access mitigation strategies when security or physical / logistics constraints restrict or prevent access of humanitarian actors to final beneficiaries	
Proposed indicators: • Level of appropriateness of DG ECHO access approaches and activities to overcome/ mitigate the lack of infrastructure (roads, bridges) • Level of appropriateness of DG ECHO access approaches and activities to overcome/ mitigate the presence of explosive devices • Level of appropriateness of DG ECHO access approaches and activities to overcome/ mitigate overall insecurity or direct violence against humanitarian personnel, including access constraints stemming from disregard of IHL. • Level of appropriateness of DG ECHO access approaches and activities to overcome/ mitigate effects of COVID or other epidemics • Extent to which access mitigation strategies have been adapted to each access scenario (case studies).	

• Level of flexibility of DG ECHO in terms of being able to change approach as the operational context evolves. • List (assess relative importance of) good practices and lessons learnt
JC. 10.3 Appropriateness of DG ECHO mitigation strategies when beneficiaries are denied access to humanitarian aid
Proposed indicators: • Level of appropriateness of design of DG ECHO access approaches and activities to overcome/ mitigate legal/administrative impediments for beneficiaries (counter-terrorism or restrictive measures, authorisations, road blocks/ controls, taxes, corruption…) • Level of appropriateness of design of DG ECHO access approaches and activities to overcome/ mitigate internal constraints by the partners / implementing partners (security rules, possible bias by some local partners…) • Extent to which access mitigation strategies have been adapted to each access scenario (case studies). • Extent to which access mitigation strategies have considered gender, disabilities, protection mainstreaming and do-no-harm issues • Quality of risk analysis in the strategies • Level of flexibility of DG ECHO in terms of being able to change approach as the operational context evolves. • List (assess relative importance of) good practices and lessons learnt
Main lines of proposed approach: • To gather key stakeholders' views (DG ECHO staff, UN partner staff, UNDSS, OCHA/CMCoord, Implementing partners, other donors) as to their perception of DG ECHO's access mitigation strategies. • Identification of best practices and lessons learnt • Reviewing projects supported to assess whether access considerations have been incorporated into project design and risk analysis, taking into account relevant assessment reports. *Sources of secondary information will include:* DG ECHO policy documents, HIPs, single forms, project documents, operating partner reports, national and local security updates, assessment reports, IASC / CMCoord guidelines.

Coherence

EQ11	**To what extent have DG ECHO's humanitarian access approaches and activities in different crises been supportive of, aligned to and coordinated with those of its partners, relevant international mechanisms, and other donors?**
Rationale and coverage of the Question	
Background / understanding / coverage of the question	Access constraints normally affect the humanitarian community as a whole, and as such there is a need for a co-ordinated consistent response. In some instances, specific organisations may have better access than others. This may be local faith-based organisations, local CBOs and NGOs, the ICRC, IFRC or similarly locally accepted organisations. Such interventions, however, still need to be co-ordinated through the relevant clusters, OCHA, and local government authorities. This question will assess the extent to which DG ECHO's access mitigation strategies are aligned with other such key humanitarian actors relevant to the context. The question will also review what advocacy activities DG ECHO may have undertaken to influence key stakeholders so as to ensure such a co-ordinated response occurs.
Judgement Criteria (JCs) and proposed indicators, main lines of approach, and sources of information:	
JC.11.1 Effective coordination by DG ECHO with other humanitarian donors and actors to improve access.	
Proposed indicators: • Extent to which DG ECHO has supported / led proactive coordination efforts by clusters and other relevant international mechanisms, in each access scenario (case studies). • Extent to which DG ECHO has supported initiatives by experienced implementing partners (NGOs, UN agencies) • Extent to which DG ECHO has coordinated its approach to access with OCHA/ CMCoord • Extent to which DG ECHO has coordinated its approach to access with the EU CIVMIL (where relevant) • Extent to which DG ECHO has coordinated its approach to access with other donors, including through donor platforms	

• Level of joint assessment and information sharing activities undertaken with other key actors. • List (assess relative importance of) enabling and limiting factors • List (assess relative importance of) lessons learnt.
JC.11.2 Effective advocacy by DG ECHO to authorise humanitarian access.
Proposed indicators: • List examples (assess relative importance) of proactive advocacy efforts undertaken by DG ECHO, in each access scenario (case studies). • Extent to which DG ECHO (within Nexus?) has been effective towards coordination mechanisms and financial institutions (WB…) to advocate for 'humanitarian exceptions' in authorising access to areas under control of non-state actors which are considered as terrorist organisations (Ansar Allah in Yemen…) - see also JC9.2 • List examples (assess relative importance of) results and good practices. • List (assess relative importance of) enabling and limiting factors • List (assess relative importance of) lessons learnt
JC.11.3 Effective financial support by DG ECHO to the partners to overcome physical obstacles and adapt logistics.
Proposed indicators: • List examples (assess relative importance of) of flexible and timely support by DG ECHO to partners, in each access scenario (case studies) • List examples (assess relative importance of) results and good practices. • List (assess relative importance of) lessons learnt.
Main lines of proposed approach: • To gather key stakeholders' reports, studies, views (DG ECHO staff, UN partner staff, UNDSS, Implementing partners, other donors) as to their perception of DG ECHO's co-ordination and advocacy efforts in terms of mitigating humanitarian access. • A review of relevant documentation indicating how access issues have been addressed and how the revised response is being co-ordinated. *Sources of secondary information will include:* DG ECHO policy documents, cluster reports, single forms, project documents, operating partner policy documents, national and local security updates, assessments, monitoring reports, IASC / CMCoord guidelines, Humanitarian Consensus art 57, 61-65.

EQ12	**To what extent have DG ECHO's humanitarian access approaches and activities in different crises been conducted in accordance with humanitarian principles, and have supported compliance with IHL in order to facilitate access?**
Rationale and coverage of the Question	
Background / understanding / coverage of the question	Within difficult operating environments, there is a balance that has sometimes to be reached between the level of access achieved and some 'practical' compromises that may have to be accepted in order to continue operations. In this respect the humanitarian principles of Neutrality, Impartiality, Humanity and Independence can come under pressure. The "do no harm" approach, especially in difficult operating contexts, would also always be of great importance. This question assesses how well DG ECHO has been able to abide by the humanitarian principles, take the lead when necessary in advocating to uphold principles, or whether in some cases either access had still been denied or certain principles had been compromised to gain access. In this respect, at what point do the 'practical' compromises become unacceptable needs also to be established. How such decisions as to stop operations are decided and what processes are involved will also be assessed. Linked with EQ3.
Judgement Criteria (JCs) and proposed indicators, main lines of approach, and sources of information:	

JC.12.1 Ability of DG ECHO to uphold humanitarian principles and support compliance with IHL whilst working in areas with access constraints.
Proposed indicators: • Adequacy of international guidelines (CMCoord, IASC…) and availability of training for DG ECHO and/or partners' staff to help upholding humanitarian principles, IHL and do-no-harm in case of access problems. • List examples (assess relative importance) of results and good practices (or failures) in upholding humanitarian principles, in each access scenario (case studies). • List examples (assess relative importance) of DG ECHO leading advocacy efforts on applying humanitarian principles for access • List examples (assess relative importance) of 'practical compromises' reached – if any – in case studies • List (assess relative importance of) enabling or limiting factors • List (assess relative importance of) lessons learnt
JC.12.2 Guidance and support is available to DG ECHO staff to take and implement operational access decisions.
Proposed indicators: • Appropriateness of (internal) guidelines for DG ECHO field staff on applying advocacy for access • Appropriateness of other types of support from RO and/or HQ for DG ECHO field staff (management support, expertise, additional staff…). • List examples (assess relative importance of) results and good practices, in each access scenario (case studies). • List (assess relative importance of) lessons learnt.
Main lines of proposed approach: • To gather key stakeholders' reports, studies, views (DG ECHO staff, UN partner staff, UNDSS, Implementing partners, other donors) as to their perception of DG ECHO's adherence to humanitarian principles in difficult humanitarian access scenarios. • A review of the relevant policy and guidance documentation available. *Sources of secondary information will include:* DG ECHO policy documents, single forms, project documents, monitoring reports, decision making documentation, IASC / CMCoord guidelines,.

Effectiveness

EQ13	**To what extent have DG ECHO's humanitarian access approaches and activities been effective? What have been the concrete results?**
Rationale and coverage of the question	
Background / understanding / coverage of the question	This question assesses the effectiveness of DG ECHO's access mitigation strategies in that affected populations have still been able to receive ongoing multi sectoral humanitarian or developmental support despite their access restrictions. What factors have contributed to or limited overall success will be indicated as a result of the analysis undertaken, providing clear examples of when particular approaches have succeeded and when not.
Judgement Criteria (JCs) and proposed indicators, main lines of approach, and sources of information:	
JC.13.1 DG ECHO and their partners have succeeded in gaining access while facing constraints of administrative impediments, logistics, poor infrastructure, or violence	
Proposed indicators: • Access of DG ECHO to monitor projects (indicator in Annual Activity Reports, whole DG ECHO portfolio) • List examples (assess relative importance of) of successful overcoming of legal or administrative restrictions, in each access scenario (case studies).	

• List examples (assess relative importance of) of successful overcoming of violent opposition to access by humanitarian actors, or examples of successfully supporting compliance with IHL linked to humanitarian access, in each access scenario (case studies). • List examples (assess relative importance of) of successfully overcoming infrastructure or logistics constraints, in each access scenario (case studies). • List examples (assess relative importance of) of successfully overcoming access constraints to aid by the beneficiaries themselves, in each access scenario (case studies). • Evidence of operations that have not managed to overcome access constraints, and why not. • Evidence of which particular sectors are the most difficult to implement where access constraints exist. • List (assess relative importance of) enabling and limiting factors • List (assess relative importance of) lessons learnt
Main lines of proposed approach: • To gather key stakeholders' reports, studies, views (DG ECHO staff, UN partner staff, UNDSS, Implementing partners, other donors) as to their perception of the effectiveness of DG ECHO's access mitigation activities. • A review of relevant documentation indicating how access issues have been addressed and what have been the achieved results. • Providing a list of the most and least effective access mitigation strategies. • The provision of a list of best practices in terms of addressing access constraints. *Sources of secondary information will include:* DG ECHO policy documents, DG ECHO Annual Activity Reports, single forms, project documents, monitoring reports, security updates.

Efficiency

EQ14	**How efficient and cost-effective have been DG ECHO's humanitarian access approaches and activities?**
Rationale and coverage of the question	
Background / understanding / coverage of the question	A ready assumption would be that the delivery of humanitarian support into conflict affected, or access affected areas would be more expensive (increased transportation costs, air bridges, higher insurance, increased staff allowances, living costs in the affected areas). This question will assess how much more expensive such operations can be, and, if at some point, the financial costs become prohibitive. Intrinsically related to cost efficiency, and the need to ensure that DG ECHO funding is not wasted, linked to Q10, the evaluation will assess DG ECHO's attention to cost-effectiveness (and analysis of induced costs) when making choices about its portfolio of assistance when working in access restricted areas. The evaluation will also look for the identification of lessons learned, notably in terms of explanatory factors and good transferable practices.
Judgement Criteria (JCs) and proposed indicators, main lines of approach, and sources of information:	
JC.14.1 DG ECHO took appropriate steps to ensure cost-effectiveness of its humanitarian access approaches and activities	
Proposed indicators: • Evidence that DG ECHO considered all options to ensure humanitarian access and selected the most cost-effective (less costly for the quantity /type of aid delivered), in each access scenario (case studies). • Level of additional costs (infrastructure repair, road transport, air bridges, insurance, fees) compared as feasible to other /ex ante operations, entailed by access opening measures • List examples (assess relative importance of) cases where DG ECHO decided to stop an operation or modify it in depth, as access costs were considered too high • List good practices and lessons learnt.	
Main lines of proposed approach:	

- To gather key stakeholders' report, studies and views (DG ECHO staff, UN partner staff, Implementing partners, other donors) as to their perception of the cost effectiveness and cost efficiency of DG ECHO's humanitarian access strategies and activities.
- DG ECHO and partner cost data analysis, if available, so as to allow analysis such as the cost per beneficiary or unit (e.g. cost of the different access activities in light of the number of people/location it allowed to reach), cost driver analysis and main outcomes vs. cost.
- The provision of a list of best practices, and factors affecting operational costs.

Sources of secondary information sources:

DG ECHO policy and financial documents, implementing partners project/financial data (esp. **OCHA, INSO, NGO forums, WFP supply chain** analyses), HIPs, needs analysis assessments.

Added Value

EQ15	**What has been the added value of DG ECHO's humanitarian access approaches and activities?**
Rationale and coverage of the question	
Background / understanding / coverage of the question	In normal operational contexts DG ECHO's added value has been noted as its technical expertise, the strength of its contextual analysis, its principled approach, its co-ordinated approach, its flexibility, and its ability to respond quickly with a diverse range of funding. Such qualities would be even more beneficial in a restricted access operational environment. This question will assess whether DG ECHO has been able to achieve such standards consistently on a global scale. As stated in Q7, assessing DG ECHO's value-added involves assessing the comparative advantage of DG ECHO's approach compared to other donors from the perspective of relevant stakeholders and implementing partners measuring how their added value has evolved over time. Different dimensions of value added will also be considered, included DG ECHO's scale of support, innovative approach, extent of influence, advocacy and capacity building.
Judgement Criteria (JCs) and proposed indicators, main lines of approach, and sources of information:	
JC.15.1 DG ECHO's added value as a provider of funding for restricted access interventions	

Proposed indicators:

- The extent to which DG ECHO is appreciated (compared to other donors) for supporting humanitarian access, as a result of its
- field presence and expertise,
- contextual analysis,
- principled approach,
- network of partners,
- efforts in advocacy,
- the scale of its resources and
- the timeliness of its funding.
- Degree of DG ECHO's influence as a "reference donor" in terms of influencing other donors, including examples where DG ECHO played a leading role or a co-ordinating role in gaining access.
- List lessons learnt

Main lines of proposed approach:

- To gather key stakeholders' reports, studies and views (DG ECHO staff, UN partner staff, implementing partners, other donors, government officials) as to their perception of what DG ECHO's added value has been within the relevant operating context, and how this has changed over time.
- A survey of key partners to extract their opinion on this issue.
- The question could also be addressed in a **counterfactual manner**, by asking "what would have happened without DG ECHO's funding or support?"

Sources of secondary information will include:

- DG ECHO country specific policy documents, single forms, partner reports, monitoring reports, security reports.

ANNEX B2 – LIST OF DOCUMENTS CONSULTED ON HUMANITARIAN ACCESS

General documentation

European Union

Council of the European Union (2017), Report on the EU guidelines on promoting compliance with international humanitarian law July 2016- June 2017, *Working Party on Public International Law*

Council of the European Union (2019), EU Concept on Effective CIVMIL Coordination in Support of Humanitarian Assistance and Disaster Relief, *Working document of the European External Action Service*

Council of the European Union (2019), *European Council Conclusions of 25 November 2019 on Humanitarian Assistance and International Humanitarian Law*

Council of the European Union (2019), *Nigeria, GHD expert meeting on IHL*

Council of the European Union (2019), Report on the EU guidelines on promoting compliance with international humanitarian law January 2019 – June 2019, *Working Party on Public International Law*

Council of the European Union (2019), Report on the EU guidelines on promoting compliance with international humanitarian law July 2017 – December 2018, *Working Party on Public International Law*

European Union (1996), *Council Regulation (EC) No 1257/96 of 20 June 1996 concerning humanitarian aid,* Official Journal L 163 , 02/07/1996 P. 0001 - 0006

European Union (2008), *European Consensus on Humanitarian Aid,* 2008/C 25/01

Other

Human Rights Watch (2021), Obstruction of Aid in Yemen During Covid-19*, Deadly Consequences* https://www.hrw.org/report/2020/09/14/deadly-consequences/obstruction-aid-yemen-during-covid-19

IHL /ICRC (2020), *International Humanitarian Law: A Comprehensive Introduction* https://www.icrc.org/en/publication/4231-international-humanitarian-law-comprehensive-introduction

INSO (2021), *Dasboard of NGO Incident Data*

Inter-Agency Standing Committee (2018), *Joint Donor Letter to the Attention of the Chair of the Inter-Agency Standing Committee (IASC) Emergency Directors Group*

IPC (2020), *Yemen: Acute Food Insecurity Situation October - December 2020 and Projection for January - June 2021* http://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1152947/

Mercy Corps Yemen Analysis Team (2021), *The politics of humanitarian access in northern Yemen*

NRC (2016), *Inter-agency Access Mechanisms*

OCHA (2012), *Humanitarian Principles* https://www.unocha.org/sites/dms/Documents/OOM-humanitarianprinciples_eng_June12.pdf

OCHA (2015), *Interoperability: Humanitarian Action in a Shared Space*

OCHA. (2018), *UN Humanitarian Civil Military Coordination (CMCoord) Field Handbook*, version 2 https://drive.google.com/file/d/1VaH4zo-teQECk1VCd2t4CW9QsyFJdoeu/view

OCHA (2019), Nigeria, *Quarterly Humanitarian Access Report*

OHRCHR (2020), *Group of Eminent Experts (GEE) report*

UK Aid/ DAI (2018), *Humanitarian Access in Armed Conflict: a need for new princples ? Humanitarian Outcomes.*

UN (2017) *Paper on UN-CMCoord as auxiliary to humanitarian access, protection and security* https://drive.google.com/file/d/1wdlVT_L-V9OAnWVKEBCYvKEpmsU1QcrH/view

UN (2019), *Un Security Council Resolution 2475*

Databases

DG ECHO (2015-2020) *Hope Database* 2015-2020

ACAPS (2015-2020), *Humanitarian Access Overview*

DG ECHO's documentation

HIPs

Syria

DG ECHO (2015*), Humanitarian Implementation Plan- Syria Regional Crisis*, version 4, 15/12/2015 https://ec.europa.eu/echo/files/funding/decisions/2015/HIPs/hip_syria_2015_version_4.pdf

DG ECHO (2016), Humanitarian implementation Plan- Syria Regional Crisis, version 3, 22/12/2016 https://ec.europa.eu/echo/files/funding/decisions/2016/HIPs/HIP%20Syria%202016%20version%203%20FINAL.pdf

DG ECHO (2017), *Humanitarian Implementation Plan- Syria Regional Crisis*, version 2, 02/06/2017 https://ec.europa.eu/echo/sites/default/files/echo_syr_bud_2017_91000_v2.pdf

DG ECHO (2018), *Humanitarian Implementation Plan- Syria Regional Crisis*, version 2, 05/06/2018 https://ec.europa.eu/echo/sites/default/files/echo_syr_bud_2018_91000_v2.pdf

DG ECHO (2019), *Humanitarian Implementation Plan- Syria Regional Crisis*, version 1, 26/11/2019 https://ec.europa.eu/echo/sites/default/files/echo_syr_bud_2019_91000_v1.pdf

DG ECHO (2020), *Humanitarian Implementation Plan- Syria Regional Crisis*, version 4, 11/12/2020 https://ec.europa.eu/echo/sites/echo-site/files/echo_syr_bud_2020_91000_v4.pdf

Central Africa

DG ECHO (2015), Humanitarian Implementation Plan – Central Africa, version 7, 21/12/2015 https://ec.europa.eu/echo/files/funding/decisions/2015/HIPs/car-chad-cameroun_en.pdf

DG ECHO (2016), Humanitarian Implementation Plan – Central Africa, version 4, 31/08/2016 https://ec.europa.eu/echo/sites/default/files/ccc_hip_en.pdf

DG ECHO (2017), Humanitarian Implementation Plan – Central Africa, version 6, 20/07/2017 https://ec.europa.eu/echo/sites/default/files/hip_central_africa_version_6.pdf

DG ECHO (2018), Humanitarian Implementation Plan – Central Africa, version 7, 30/11/2018 https://ec.europa.eu/echo/sites/default/files/echo_-af_bud_2018_92000_v7.pdf

DG ECHO (2019), Humanitarian Implementation Plan – Central Africa, version 4, 21/05/2019 https://ec.europa.eu/echo/sites/default/files/echo_-cf_bud_2019_91000_v4.pdf

DG ECHO (2020), Humanitarian Implementation Plan – Central Africa, version 5, 09/07/2020 https://ec.europa.eu/echo/sites/echo-site/files/echo_-af_bud_2020_92000_v5.pdf

Central America and Caribbean

DG ECHO (2015), Humanitarian Implementation Plan – South America, version 4, 09/12/2015 https://ec.europa.eu/echo/files/funding/decisions/2015/HIPs/south_america_en.pdf

DG ECHO (2016), Humanitarian Implementation Plan – South America, version 4, 23/12/2016 https://ec.europa.eu/echo/files/funding/decisions/2016/HIPs/HIP%20South%20America%202016%20v4%20(3).pdf

DG ECHO (2017), Humanitarian Implementation Plan – Central America and Caribbean, version 5, 08/12/2017 https://ec.europa.eu/echo/sites/default/files/hip_lac_version_5.pdf

DG ECHO (2018), Humanitarian Implementation Plan – Central America and Caribbean, version 7, 01/02/2019 https://ec.europa.eu/echo/sites/default/files/echo_-am_bud_2018_91000_v7.pdf

DG ECHO (2019), Humanitarian Implementation Plan – Central America and Caribbean, version 4, 17/12/2019 https://ec.europa.eu/echo/sites/default/files/echo_-am_bud_2019_91000_v4.pdf

DG ECHO (2020), Humanitarian Implementation Plan – Central America and Caribbean, version 6, 11/12/2020 https://ec.europa.eu/echo/sites/echo-site/files/echo_-am_bud_2020_91000_v6.pdf

Great Lakes

DG ECHO (2015), Humanitarian Implementation Plan –Great Lakes, version 4, 10/12/2015 https://ec.europa.eu/echo/files/funding/decisions/2015/HIPs/DRC_en.pdf

DG ECHO (2016), Humanitarian Implementation Plan –Great Lakes, version 3, 19/05/2016 https://ec.europa.eu/echo/files/funding/decisions/2016/HIPs/COD_HIP_EN.pdf

DG ECHO (2017), Humanitarian Implementation Plan –Great Lakes, version 3, 18/12/2017 https://ec.europa.eu/echo/sites/default/files/2017-hip-greatlakes-v3-1.pdf

DG ECHO (2018), Humanitarian Implementation Plan –Great Lakes, version 1, 13/11/2017 https://ec.europa.eu/echo/sites/default/files/echo_cod_bud_2018_91000_v1.pdf

DG ECHO (2019), Humanitarian Implementation Plan –Great Lakes, version 4, 11/12/2019 https://ec.europa.eu/echo/sites/default/files/echo_cod_bud_2019_91000_v4.pdf

DG ECHO (2020), Humanitarian Implementation Plan –Great Lakes, version 2, 28/05/2020 https://ec.europa.eu/echo/sites/echo-site/files/echo_cod_bud_2020_91000_v2.pdf

West Africa

DG ECHO (2018), Humanitarian Implementation Plan – West Africa, version 9, 04/12/2018, https://ec.europa.eu/echo/sites/default/files/echo_-wf_bud_2018_91000_v9.pdf

DG ECHO (2019), Humanitarian Implementation Plan – West Africa, version 4, 21/05/2019, https://ec.europa.eu/echo/sites/default/files/echo_-wf_bud_2019_91000_v4.pdf

DG ECHO (2020), Humanitarian Implementation Plan – West Africa, version 7, 13/11/2020, https://ec.europa.eu/echo/sites/echo-site/files/echo_-wf_bud_2020_91000_v7.pdf

Advocacy plans

DG ECHO (2017), *Advocacy plan for CAR*

DG ECHO (2017), *Advocacy plan for DRC*

DG ECHO (2017), *Advocacy plan for Iraq*

DG ECHO (2017), *Advocacy plan for Mali*

DG ECHO (2017), *Advocacy plan for South Sudan*

DG ECHO (2017*), Advocacy plan for Ukraine*

DG ECHO (2017), *Advocacy toolbox and 3 annexes*

Other

DG ECHO (2012), *Evaluation and review of humanitarian access strategies in DG ECHO funded interventions,* https://ec.europa.eu/echo/files/evaluation/2012/GPPi_Access-Report_July-2012.pdf

DG ECHO (2020), *Terms of Reference for the evaluation of the European Union's humanitarian interventions in Yemen and in Humanitarian Access, 2015-2020*

DG ECHO (2021), EU Humanitarian Air Bridge (HAB) operations, *DG ECHO Daily Map* https://ec.europa.eu/echo/what/humanitarian-aid/humanitarian-air-bridge_en

DG ECHO (2020), *Humanitarian Implementation Plans - Afghanistan, Pakistan and Iran*, version 5, 30/09/2020 https://ec.europa.eu/echo/sites/echo-site/files/echo_-as_bud_2020_91000_v5.pdf

Project documentation

In addition to the general documentation, the evaluation team has also consulted project specific documents from DG ECHO's obtained on HOPE (e.g. e-Single Forms and FIchOps) for all the projects listed below.

Afghanistan

Partner	Year	Agreement n°	Specifics, rationale
ACF	2019	ECHO/-AS/BUD/2019/91007	Health and Nutrition;
DACAAR	2018	ECHO/-AS/BUD/2018/91012	Emergency WASH through 13 dedicated Emergency Response Teams (ERTs); DACCAR is WASH Cluster co-lead (with UNICEF)
IRC	2020	ECHO/-AS/BUD/2020/91005	Protection and COVID-19 response;
NRC	2019	ECHO/-AS/BUD/2019/91006	CP, Education; NRC co-lead (with OCHA) Logistics Cluster, co-chair (with OCHA) HAG
SC (STC-NL)	2020	ECHO/-AS/BUD/2019/91021	Health, nutrition, education, and CP
WFP	2019	ECHO/-AS/BUD/2019/91020	WFP leads two clusters, Food Security Cluster, and Logistics Cluster (with NRC)
ZOA-NL	2019	ECHO/-AS/BUD/2019/91005	FLOFA (humanitarian flights); partners' staff access by air; coordination with UNHAS by WFP and NRC (Logistics Cluster, incl. Aviation)

Central African Republic (CAR)

Partner	Year	Agreement n°	Specifics, rationale
ICRC	2020	ECHO/-AF/BUD/2018/92001 ECHO/-AF/BUD/2019/92001	Particularly concerned by access problems (DG ECHO)
INSO	2017, 2020	ECHO/-AF/BUD/2017/92002 ECHO/-AF/BUD/2020/92001	Specialised partner
IOM	2020	ECHO/-AF/BUD/2019/92014, 2019/92042	Particularly concerned by access problems (DG ECHO)
NRC	2017, 2020	ECHO/-AF/BUD/2017/92054 ECHO/-AF/BUD/2020/92017	Particularly concerned by access problems (DG ECHO)
OCHA	2017, 2020	ECHO/-AF/BUD/2017/92019 ECHO/-AF/BUD/2020/92003	Overall coordination, advocacy lead
OXFAM-ES	2020	ECHO/-AF/BUD/2017/92020 ECHO/-AF/BUD/2020/92009	Particularly concerned by access problems (DG ECHO)
UNICEF (RRM)	2017, 2020	ECHO/-AF/BUD/2017/92005 ECHO/-AF/BUD/2020/92016	Lead of Rapid Response Mechanism
WFP	2017, 2020	ECHO/-AF/BUD/2017/92045 ECHO/-AF/BUD/2020/92002	Logistics cluster, UNHAS flights

Nigeria

Partner	Year	Agreement n°	Specifics, rationale
ACF-ES	2019	ECHO/-WF/BUD/2017/91086	temporary suspension in 2019, security incidents
ACTED	2018	ECHO/-WF/BUD/2018/91061	SI Kukawa (September 2018) re-orientation of activities to Monguno due to attacks and lack of access to Kukawa LGA
Alima	2020	ECHO/-AF/BUD/2020/92011	withdrawal from Monguno in 2020 due to worsening security
ICRC	2018	ECHO/-WF/BUD/2018/91008	security incidents, refusal to implement their mandate (refusal from authorities to contact AOGs), staff killed in 2018
IOM	2021	ECHO/-AF/BUD/2020/92026	Damask incident, reduction of presence
IRC-DE	2020	ECHO-/WF/BUD/2019/91045	suspension in Magumeri in 2020
MdM	2019	ECHO/-WF/BUD/2019/91050	Damboa (October 2019) reorientation of activities from, Azir and Gumsuri to GTS Camp
Mercy Corps	2019	Not found among partners	temporary suspension in 2019
NRC	2020	ECHO/-AF/BUD/2019/91027	security incidents in 2020 and 2021, leading to reduction of operations
NRC	2021	ECHO/-AF/BUD/2020/92012	As above
UNICEF	2018	ECHO/-WF/BUD/2018/91083	education and protection in Rann 2018

South Sudan

Partner	Year	Agreement n°	Specifics, rationale
ACF-ES	2016	ECHO/-AF/BUD/2016/91032	mention of "hard to reach areas" in operations' titles
	2017	ECHO/-AF/BUD/2017/91025	
	2019	ECHO/-AF/BUD/2019/91007	
	2020	ECHO/-AF/BUD/2020/91007	
ACTED	2015	ECHO/-AF/BUD/2015/91027	mention of "hard to reach areas" in operations' titles
	2017	ECHO/-AF/BUD/2017/91023	
DRC	2017	ECHO/-AF/BUD/2017/91009	mention of "hard to reach areas" in operations' titles
	2018	ECHO/-AF/BUD/2018/91006	
	2019	ECHO/-AF/BUD/2019/91012	
INSO	2018	ECHO/-AF/BUD/2018/91013	Specialised partner
	2019	ECHO/-AF/BUD/2019/91001	
NRC	2015	ECHO/-AF/BUD/2015/91021	mention of "hard to reach areas" in operations' titles
	2017	ECHO/-AF/BUD/2017/91007	
OCHA	2015	ECHO/-AF/BUD/2015/91036	Leads coordination and advocacy
	2016	ECHO/-AF/BUD/2016/91036	
	2017	ECHO/-AF/BUD/2017/91024	
	2018	ECHO/-AF/BUD/2018/91017	
	2020	ECHO/-AF/BUD/2020/91013	
WFP (food)	2018	ECHO/-AF/BUD/2018/91008	Food distribution to hard-to-reach areas
	2020	ECHO/-AF/BUD/2020/91001	
WFP (logistics)	2016	ECHO/-AF/BUD/2016/91034	Leads Logistics cluster
	2017	ECHO/-AF/BUD/2017/91036	
	2018	ECHO/-AF/BUD/2018/91005	
WFP (UNHAS)	2020	ECHO/-AF/BUD/2020/91023	Humanitarian flights

Syria

Partner	Year	Agreement n°	Specifics, rationale
Danish Red Cross	2020	ECHO/SYR/BUD/2020/91015	Primary and Emergency Health, Psychosocial and Operation Support
GOAL	2019	ECHO/SYR/BUD/2019/91031	rapid response mechanism-North Syria Response Facility
ICRC	2018	ECHO/SYR/BUD/2018/91001	Economic security, Water and habitat, Health, Protection, Prevention and Cooperation
INSO	2019	ECHO/SYR/BUD/2019/91007	NGO Safety information, incl. access
NRC	2020	ECHO/SYR/BUD/2020/91011	Integrated/ multisector lifesaving assistance:
OCHA	2019	ECHO/SYR/BUD/2019/91017	Coordination
PUI	2019	ECHO/SYR/BUD/2020/91031	Education in emergency
WFP	2020	ECHO/SYR/BUD/2020/91030	Food, Nutrition, Livelihoods; two clusters lead, FCA, and Logistics

Venezuela

Partner	Year	Agreement n°	Specifics, rationale
Diakonie	2018 - 2020	ECHO/-AM/BUD/2019/91034	Recommended by DG ECHO
DRC	2018 - 2020	ECHO/-AM/BUD/2019/91041	Recommended by DG ECHO
IRC	2020	ECHO/-AM/BUD/2020/91022	Recommended by DG ECHO
MdM	2018 - 2020	ECHO/-AM/BUD/2019/91029 ECHO/-AM/BUD/2020/91035	Recommended by DG ECHO
Oxfam	2018 - 2020	ECHO/-AM/BUD/2019/91042	Recommended by DG ECHO
PUI	2020	ECHO/-AM/BUD/2020/91031	Recommended by DG ECHO

Yemen

Partner	Year	Agreement n°	Specifics, rationale
DRC	2018	ECHO/YEM/BUD/2018/91005	Rapid Response Mechanism
OCHA	2015 - 2020	ECHO/YEM/BUD/2015/91004 ECHO/YEM/BUD/2016/91007 ECHO/YEM/BUD/2017/91012 ECHO/YEM/BUD/2018/91013 ECHO/YEM/BUD/2019/91014	Leading in coordination and advocacy
UNFPA	2018 - 2020	ECHO/YEM/BUD/2018/91012 ECHO/YEM/BUD/2020/91991	Leading in protection
WFP	2015 - 2020	ECHO/YEM/BUD/2015/91011 ECHO/YEM/BUD/2016/91016 ECHO/YEM/BUD/2016/91017 ECHO/YEM/BUD/2017/91018 ECHO/YEM/BUD/2018/91022 ECHO/YEM/BUD/2018/91017 ECHO/YEM/BUD/2019/91008	Leading in logistics and UNHAS

ANNEX B3 – COUNTRY CASE STUDIES ON HUMANITARIAN ACCESS

Overall methodological note for the country case studies

Based on discussions during the inception phase, seven country case studies focused on humanitarian access were selected and validated by the steering committee and were conducted: Afghanistan, Central African Republic (CAR), Nigeria, South Sudan, Syria, Venezuela and Yemen – the latter being the main subject of part A of the report and a 'bridge' between the two components of the evaluation. The template structure for the case studies was also presented in the inception report; a slight amendment was proposed in the Desk report. The final template structure for each case study is as follows:

a) *Country profile*
b) *Summary background: access problems, needs of beneficiaries*
c) *Aspects of humanitarian principles, IHL*
d) *Stakeholders (including list of selected partners and projects for the case study)*
e) *DG ECHO strategy on access*
f) *Advocacy efforts by DG ECHO*
g) *Risk analysis; enabling and limiting factors*
h) *Results of DG ECHO-supported approach*
i) *Cost-effectiveness (additional costs)*
j) *Added value of DG ECHO*
k) *Lessons learnt*

The selection has been 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: 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); (iii) possibility to compare lessons learnt in different crisis contexts: countries with direct access to the sea, landlocked countries, protracted crises/ conflicts of man-made origin, some of them being mixed with recurrent natural disasters; and (iv) suggestions by members of the DG ECHO steering committee.

Notwithstanding the takeover of Afghanistan by the Talibans in August 2021, the lessons learnt regarding humanitarian access in that country over the evaluation period 2015 – 2020 are still deemed relevant.

In each case study, a number of partners of DG ECHO have been selected for in-depth study, based on their specialised role related to access issues; their continued presence in hard-to-reach areas (at least 3 years over the evaluation period) - and thus the expected capturing of lessons learnt and good practices in the reports; and the recommendations of the respective DG ECHO country teams. As relevant, the projects implemented by these partners during specific years (between 2015 and 2020) when access problems were most acute, have also been selected.

The potential key informants selected during the Desk phase in each country case study were contacted through the dedicated survey. In some cases, complementary KII were also conducted.

Other potential sources for triangulated evidence were consulted in documents: OCHA HRP and HNO, UNDP HDI, DG ECHO HIPs and project reports in the HOPE database from the selected partners in each country.

As the case studies add to the base of proofs and evidence for the evaluation, sources of findings are indicated at the head of the relevant paragraphs.

The table below provides a brief typology of case studies.

Countries	Types of challenges to humanitarian access	Access strategy in place by the international humanitarian community	Access strategy 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	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	Whole-of-Syria cross-border hubs for Jordan and Turkey	Limited humanitarian diplomacy (restricted by global EU strategy for Syria), INSO, REACH	5/5
Venezuela	Administrative, logistics, security	UNGA resolution 46/182 on humanitarian space and access	Limited humanitarian diplomacy: Venezuela Solidarity Conference	4/5
Yemen	Security, administrative, logistics	Humanitarian Access Working Group	Humanitarian diplomacy: SOMs; advocacy partners OHCHR, Geneva Call; humanitarian flights, air bridges	5/5

Afghanistan

Country profile

Afghanistan is a mountainous landlocked country at the crossroads of Central and South Asia. It is bordered by Pakistan to the east and south, Iran to the west, Turkmenistan, Uzbekistan, and Tajikistan to the north, and China to the northeast. Occupying 652,864 square kilometers, Afghanistan is predominately mountainous with plains in the north and southwest. Kabul is the capital and largest city, with an estimated population of 4.6 million composed mostly of ethnic Pashtuns, Tajiks, Hazaras, and Uzbeks.

The total population is estimated at over 40 million, out of whom some 6.5 million are refugees in Iran and Pakistan. They were 21.6 million in 2001 when the Talibans were last ousted, meaning that nearly half of the Afghan population is quite young and has never known their rule.
UNDP HDI: Afghanistan's HDI value for 2019 is 0.511— which put the country in the low human development category—positioning it at 169 out of 189 countries and territories.

DG ECHO: EU humanitarian aid funding: €57 million in 2021; over €1 billion since 1994.

Summary background

Access problems (until August 2021)

ACAPS / HIP 2020: Over the last five years access impediments for the humanitarian actors have increased sharply in Afghanistan – and are likely to become even more challenging with the government's debacle of 2021. Persistent insecurity and ongoing conflict have caused large-scale suffering and displacement of people throughout Afghanistan and the wider region. Timely and effective access to secondary and tertiary health services of civilians fleeing the conflict, wounded combatants or detainees and those displaced is regularly denied. Lack of protection persisted and attacks on healthcare and educational facilities by armed groups have recently reached a high record. There were also regular interferences in humanitarian activities: during the month of February 2020 only, 147 access impediments were recorded by Armed Opposition or Criminal groups, but also by the Afghan Government forces. The Taliban has banned the World Health Organization and International Committee of the Red Cross from working in crucial areas. Access remains difficult for relief agencies in Afghanistan and incidents have occurred where they have been directly targeted, but delivering humanitarian aid is possible.

Specific constraints for access are to be found in long supply chains, high costs, poor roads, security – and lately by the general takeover of the Talibans. Since October 2001, WFP – the leading agency of the Logistics cluster - has been using six major supply routes through five neighbouring countries to deliver about 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 have affected both relief agencies who were directly targeted, and the population caught in mounting violence. The increased fighting have heavily affected the civilian population and prevented vulnerable people to access the humanitarian assistance and services.

Among the HIP's priorities, DG ECHO has outlined the humanitarian support services, including dedicated humanitarian air transportation and the provision of safety and security support to NGOs, with an aim to support and improve 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 is classified among the countries with 'very high constraints' in terms of humanitarian access. 6 indicators out of 9 are at the highest level of limitations (level 3): restriction of access, restriction of movements, violence against humanitarian personnel, ongoing insecurity, presence of landmines and physical constraints in the environment.

Needs of beneficiaries

OCHA HNO: The deteriorating context and an increase in population estimates (now 40.4 million people) have combined to leave a projected 18.4 million people in humanitarian need in 2021, up from 14 million people in June 2020 and 9.4 million in January 2020. This increase is driven by the social, economic and health impacts of COVID-19, high cross-border mobility, spiralling food insecurity and malnutrition, as well as conflict-driven displacement and protection needs. In 2021, some 36.7 million people (93 per cent of the population) are predicted to be living on less than $2 a day and 30.5 million people are in urgent need of a social assistance from the Government and development actors to help them survive the stresses and economic impacts of COVID-19.

Women are facing both an increased burden of care and GBV risks due to COVID-19. Additional protection assistance is needed for children who are increasingly being required to work outside of home and are at heightened risk of early marriage, exploitation or recruitment into armed groups. With limited legal protection and greater difficulty in securing employment, many households live under the threat of eviction.

HIP 2020. The recent establishment of the Islamic State (IS) in Afghanistan, sharply intensified violence by Taliban and the IS, the worsening food crisis and a dramatic increase of forced returns of Afghans from Iran and Turkey have led to a steep increase in the number of people in need of urgent humanitarian assistance – 6.3 million people in Afghanistan alone, double the figure of 2018 (UNOCHA, Afghanistan Humanitarian Response Plan - HRP). Pakistan and Iran are the main recipients of Afghan refugees worldwide, hosting and assisting almost 3 and 4 million of Afghans, respectively.

The year 2018 and early 2019 saw a continued high number of civilian casualties (close to 11 000 in 2018, OCHA). Attacks on the health care and education system, including specific antigirl education campaigns by non-state armed groups are also at their highest level ever. Women continued to be disproportionately impacted by the armed conflict in Afghanistan, not only suffering loss of life and limb, but also conflict-related displacement, economic insecurity, and lack of access to essential services. The armed conflict also exacerbates inequalities and discriminatory practices against women, which increases their exposure to sexual and gender-based violence. Conflict-related violence also continued to severely impact children, particularly due to the threat posed from the presence of explosive remnants of war, attacks on schools and hospitals, and vulnerability to recruitment and use by parties to the conflict.

As a consequence of hunger and conflict, the number of IDPs increased to over 3.4 million, with over 220 000 additional IDPs in the first eight months of 2019 alone, 58% of them being children (IOM). Most of the displaced have moved to cities where social services are struggling to cope, leading to increased hardship and suffering. In addition to these conflict-related vulnerabilities, the aftermath of the 2018 drought continues to affect more than half of the country (i.e. 22 provinces). As a result of the drought, 13.5 million Afghans are severely food insecure. Up to 9.9 million of them are facing "Crisis" levels of food insecurity (Integrated Phase Classification –IPC- Phase 3) while 3.6 million are facing "Emergency" levels of food insecurity (Phase 4) (FAO). Furthermore, the 2019 floods affected 280 000 people and, among them, people previously hit by drought and/or conflict. Limited investment in rural development and water shortages further jeopardise the depleted coping capacities of rural communities. Indications are that many displaced families are extremely hesitant to return to their place of origin, as deemed not safe or due to lack of basic services and livelihood opportunities.

Aspects of humanitarian principles, IHL

The approaches to access by DG ECHO and its partners have always been carried out in accordance with humanitarian principles, despite heavy challenges; humanitarian principles were ignored or poorly understood by parties in conflict. The EU convened in December 2019 in Kabul a working meeting of the diplomatic community, humanitarian partners, and other donors, on the theme of 'how to strengthen principled humanitarian actions and IHL. DG ECHO in Kabul has successfully managed to rally other donors for joint advocacy messaging. This was much appreciated by all humanitarian actors, not only DG ECHO partners.

HIP 2020: The crisis-affected population in Afghanistan faces high protection risks including massive IHL and IHRL violations committed by all parties to the conflict expose the civilian population to death, injuries, violence, coercion, deliberate deprivation, abuse, displacement, confinement, etc.

Stakeholders

Humanitarian access coordination in Afghanistan is led by OCHA (co-led by NRC) through the Humanitarian Access Group (HAG), whose activities (meetings, quarterly reports, humanitarian access snapshots, hard-to-reach district maps, monthly statistics, etc) are co-funded by DG ECHO.

DG ECHO is quite present and active at every level of coordination of humanitarian action in Afghanistan. The Humanitarian Country Team (HCT) serves as a strategic, policy-level and decision-making forum that guides principled humanitarian action in Afghanistan. The "core" HCT is composed of the Humanitarian Coordinator (HC), six representatives of UN humanitarian agencies (including those with cluster lead responsibilities), six representatives of NGOs and one representative of the UN Secretariat (OCHA). There are the six active clusters in Afghanistan, as well as the Logistics Cluster which include Aviation, led by WFP and NRC (comprises of UNHAS/WFP and FLOFA/PACTEC). Standing invitations with observer status include the Red Cross Movement, the Agency Coordinating Body for Afghan Relief and Development (ACBAR), and one donor representative: DG ECHO.

The Inter-Cluster Coordination Team (ICCT) is chaired by OCHA on behalf of the HC and is composed of all Coordinators of the six active clusters in Afghanistan, in addition to the NGO co-leads representing their cluster. The ICCT is a monthly platform for technical information exchange on cluster-specific strategies and advises the HCT on humanitarian action of an inter-cluster nature – including access. In this context DG ECHO is funding key partners (OCHA, WFP, ACF, NRC, IRC, DRC) as well as FLOFA/PACTEC (since 1998) in a well-established and long-lasting coordination with UNHAS, led by WFP.

HIP 2020: of particular importance is the strategic co-ordination with the activities funded by other donors, namely the Afghanistan Humanitarian Fund (AHF), the US (which is the most important single donor), as well as actions supported by other countries (most importantly by the UK, Denmark, Sweden, Japan, Australia, Germany Norway and The Netherlands).

In the Nexus context (with DEVCO), DG ECHO works closely with the World Bank and the Afghan Reconstruction Trust fund to ensure that independent humanitarian assistance complements the delivery of public services, particularly on Health and Nutrition. The World Bank has committed more than $4.4 billion for development projects in Afghanistan.

The need for coherence with CMCoord has been found in the case studies where international peacekeeping missions are present, such as Afghanistan (this is not mentioned in the HIP).

DG ECHO in Afghanistan is funding INSO (the International NGO Safety Organisation) which is 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). The HAWG - or HAG - was established in 2015 and has nearly 100 members. HAG meetings are held every three weeks. In addition, there are also monthly national NGO HAG meetings and *ad hoc* regional HAG meetings. The HAG's work is based on an annual work plan aligned with the HRP. The HAG work plan is based on four pillars (with numerous sub-pillars): Monitoring, Evaluation & Reporting; Projects & Training; Support to Clusters; and Advocacy/Policy.

Following the recommendation of the DG ECHO team for Afghanistan, the achievements of 8 partners have been reviewed on a documentary basis (see Annex B2 for the list of interventions analysed by country).

DG ECHO strategy on access

In Afghanistan, the successive HIPs duly outlined access as one of the key challenges for the humanitarian community, and the worsening of the situation since 2017. As the intensity and the complexity of the conflict increased, humanitarian access was becoming more problematic to negotiate and the humanitarian space was shrinking. DG ECHO supports 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 the 2016 HIP (total indicative allocation[73] 66.3 million EUR) key challenges for the humanitarian community to address included access to contested and opposition-held areas, quality control and monitoring and evaluation in areas with inadequate access.
- In the 2017 HIP (total allocation 49.45 million EUR) the situation was worsening in terms of humanitarian response at national/local level – it was restricted by insecurity, limited capacity, weak governance, high staff turnover and an increasing number of districts challenged by armed opposition groups.
- The 2018 HIP (total indicative allocation 36.5 million EUR) was marked by continued constraints, stating that the surge in conflict resulted in a reduction in the number of partners and an overstretching of the capacities of the remainder. Many partners were at the limit of their operating capacity. The constraints placed on access and the daily operating environment by the conflict was severe. The HIP also reiterated that DG ECHO would seek to enhance humanitarian support services including dedicated humanitarian air transportation and the provision of safety and security support to NGOs, in order to support and improve the delivery of principled humanitarian aid, with a particular focus on hard-to-reach contested and non-government-controlled areas.

HIP 2020 (total indicative allocation 120 million EUR): DG ECHO's main focus is to provide live-saving aid through emergency medical care, various protection services and cash assistance. The strategy includes maximizing opportunities for catch up vaccination campaigns, screening for severe malnutrition, as well as for the distribution of core relief item kits and emergency shelter kits, emergency water and sanitation, food, in newly accessible areas and at point of displacement. Where local markets are functional (and allow for equal and safe access to them) and basic commodities' prices are stable, emergency multi-purpose cash assistance is to be privileged.

For access, the strategy also includes humanitarian support services, including dedicated humanitarian air transportation (UNHAS/WFP and FLOFA/PACTEC) and the provision of safety and security support to NGOs (INSO), with an aim to support and improve the delivery of principled humanitarian aid, focusing on hard-to-reach, contested and non-government controlled areas.

[73] HIP Includes both Afghanistan and Pakistan, i.e. Afghani refugees in Pakistan.

Advocacy efforts by DG ECHO / EU

In Afghanistan, DG ECHO has been particularly present and active at every level of coordination of humanitarian action.

Surveys, KIIs: DG ECHO in Kabul has successfully manage to rally other donors for joint advocacy messaging. This is much appreciated by all humanitarian actors, not only DG ECHO partners. The EU convened in December 2019 in Kabul a working meeting of the diplomatic community, humanitarian partners, and other donors, on the theme of 'Humanitarian needs and response in hard-to-reach, conflict-affected and non-government-controlled areas: how to strengthen principled humanitarian actions and IHL principles'.

DG ECHO is chairing the monthly meetings of the Humanitarian Donor Group which consolidates core conclusions of the Humanitarian Country Team, the Inter-Cluster Coordination Team and Afghan Humanitarian Forum meetings, and aims at an effective and principled humanitarian response.

As in all other country case studies except Venezuela and Yemen, DG ECHO in Afghanistan is funding INSO (the International NGO Safety Organisation) which is 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). The HAG Chair provides operational liaison with the Taliban Political Commission focal point via "WhatsApp", in case of deconfliction esp. threats and abduction, security incidents, ROMs, gathering inputs and preparations for meetings, logistics, action points follow up, etc.

Such a prominent position enables DG ECHO to conduct advocacy to ensure effective access to the most vulnerable conflict-affected populations and to guarantee the delivery of coordinated and principled humanitarian assistance. DG ECHO is advocating in all relevant fora for unhindered access for humanitarian actors, as well as 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.

DG ECHO has strongly supported humanitarian diplomacy as a key tool to broaden humanitarian space and facilitate access, despite the lack of EU political influence in Afghanistan. DG ECHO has consistently promoted joint actions to facilitate access, in coordination with the concerned donors and international stakeholders.

HIP 2020: Coordination, information management and advocacy: in order to enhance humanitarian coordination and advocacy, there is a need for systematic and timely needs assessments, data collection, analysis, presentation, and dissemination. This should aim to increase humanitarian access, ensuring principled humanitarian assistance and well-informed security assessments. Strengthened information management should feed into focused and evidence-based advocacy.

Risk analysis, enabling and limiting factors

HIP 2020: Fighting and violence against the civilian population has sharply exacerbated. Alleged and proven violations of IHL abound amongst all parties to the conflict: children are forced into supporting frontline military actions, as combatants or suicide bombers; indiscriminate attacks, including air strikes, have targeted civilians and civilian infrastructures. The risks of natural hazards further aggravate humanitarian needs, such as severe weather conditions – including heavy snowfall, flash floods and avalanches.

Results of DG ECHO-supported approach

An example of positive results was found in Afghanistan: DG ECHO support to INSO has been effective in providing training in access negotiation to the partners (NRC and ACTED have also conducted train-

the-trainers on access), supporting OCHA's HAWG and its mapping of access constraints, and exchanging good practices between partners.[74]
From the sampling of partners and projects, the following positive results were found in partners' reports:

- **WFP** (agreement No: ECHO/-AS/BUD/2019/91020) has developed an access strategy, empowered local and national access teams, engaged with the wider UN team in the country and at the Centre of Competence on Humanitarian Negotiation in Geneva, and adhered to humanitarian principles in emergency contexts. In the case of cash diversions, WFP has put in place measures to mitigate this risk, including independent assessments, careful monitoring of transport routes, use of escorts as a last resort, independent monitoring of distributions and delivery in small tranches. Should diversion occur, WFP has set up a system for ensuring that any incident is recorded and appropriately verified and documented. A compliance committee reviews each situation to agree on appropriate actions, learn lessons and close cases where appropriate.
- **ACF** (agreement No: ECHO/-AS/BUD/2019/91007) will finance a Humanitarian, Access and Security (HAS) Manager based in Kabul (NOTE: this was already the case for NRC). Its responsibility will be to ensure that RRTs have access to targeted communities through pre-deployment assessments and continued access negotiation throughout the RRT deployment. The Access Manager will assess the local area, including environmental conditions, physical infrastructure, access by roads and by air, feasibility of evacuation, communications infrastructure and reliability, as well as the security threats in the different security contexts. A community access focal point will be recruited for each location of the rapid response team to maintain access negotiated and facilitate acceptance and service delivery for those most at risk without compromising security and welfare of ACF staff or communities. The HAS and community access focal points could probably be considered as an example of good practice.
- In order to prevent possible access impediments, **ACF** negotiates with local authorities and commanders, sign MoUs with provincial government offices, as well as coordination and communications with armed groups and community elders, respectively. Finally, ACF has provided supply feedback, facilitated by both IRC and DG ECHO, towards WFP to minimize the risks related to the supply delivery and has established a buffer stock to mitigate distribution risks on the ground where gaps in service would negatively impact continuum of healthcare.
- Similar approaches were adopted by **IRC** (agreement No: ECHO/-AS/BUD/2020/91005) which did not encounter any impediments associated with coordination aspects of the project with government and non-government stakeholders. Additionally, there were no access issues to hinder project teams from reaching target communities in the target provinces.
- By adopting close relations with the authorities (trusted partner of the MoPH, ANDMA and Government of Afghanistan and MoUs with the relevant line ministries) as well as extensive security measures, **SCI-AF** (agreement No: ECHO/-AS/BUD/2019/91021) has been able to safely implement its project activities in targeted areas, without major disruptions to the program (although SCI-AF continue to remain vulnerable to collateral damage as a result of the armed clashes, mine attacks, and ambush when staff travel to project sites).

[74] This was much needed as humanitarian space has been shrinking very severely for the last 2 years – and the situation continues deteriorating rapidly. Small NGOs do not coordinate much anymore as they are competing 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 Talibans would respect humanitarian principles. Much like SCMCHA in Northern Yemen the Talibans have developed centralized bureaucratic control (down to school curricula) and imposed taxation on humanitarian actors for access – a situation which is very difficult to mitigate.

With DG ECHO support, partners could implement their own initiatives on access. **ACTED** (2018/91009 Emergency Response Mechanism - ERM, LFA Result 2, activity 5) piloted *a two-day Access Mediation Training for community leaders, which may be an example of good practice*. ACTED identified and trained 30 community representatives in three provinces (10 per province), who would be most likely to mediate humanitarian access negotiations with AOGs (armed opposition groups) in areas with pressing access concerns. ACTED conducted three two-day Access Mediation Trainings (December 2019, January 2020 and May 2020). Trainings were conducted by ACTED's Project Manager and Technical advisor on Humanitarian access and covered topic such as: humanitarian principles, the role of mediators in negotiations and mediation skills. ACTED covered accommodation and travel costs for participants and incentives to ensure participation in the trainings. As a result, ACTED wanted to form a network of access negotiators to strengthen inter-organization support. ACTED has started discussions with OCHA to link this network with CMCoord and HAWG.

Cost-effectiveness

HIP 2020: The constraints placed by the conflict on access and the daily operating environment are severe. Such an environment implies additional operating costs and in some instances, reliance on local implementing partners, which poses additional challenges related to principled assistance, accountability and due diligence (no figures).

Added value of DG ECHO

Cross-cutting through all case studies: DG ECHO's added value for humanitarian access is high and is based on field presence, expertise, principled approach, network of partners and support to coordination mechanisms. KII: however, the EU is often weak politically: in contexts where European history was never prominent such as Afghanistan, the EU's influence is simply too small ('trop petit joueur') to make a difference, whatever its activities may be.

Lessons learnt

The HA(W)G can provide operational liaison with the AOGs/ NSAGs: in Afghanistan, the HAWG Chair liaised with the Taliban Political Commission focal point via "WhatsApp", in case of deconfliction esp. threats and abduction, security incidents, ROMs, gathering inputs and preparations for meetings, logistics, action points follow up, etc.

Support to HAWG in this function is crucial, especially with hindsight considering the takeover of Afghanistan in August 2021.

CMCoord could possibly also be involved in relations with NSAGs in some humanitarian situations, depending on the local context and personalities. There should however be only 1 focal point for such relations (HAWG or CMCoord).

Central African Republic (CAR)

Country profile

The Central African Republic (CAR) is a landlocked country in Central Africa. It is bordered by Chad to the North, Sudan to the Northeast, South Sudan to the Southeast, the DR Congo to the south, the Republic of the Congo to the southwest, and Cameroon to the west. CAR covers a land area of about 620,000 square kilometres. As of 2018, it had an estimated population of around 4.7 million. Most of CAR consists of savannas, but the country also includes a Sahelo-Sudanian zone in the North and an equatorial forest zone in the South. Two-thirds of the country is within the Ubangi River basin (which flows into the Congo), while the remaining third lies in the basin of the Chari, which flows into Lake Chad. The current civil war in CAR has been ongoing since 2012.

UNDP HDI: Central African Republic's HDI value for 2019 is 0.397— which put the country in the low human development category—positioning it at 188 out of 189 countries and territories. DG ECHO: EU humanitarian funding: €21.5 million in 2021; more than €236 million since 2014.HIP 2020: CAR ranks 119/119 on the Global Hunger Index, 188/189 on the Gender Inequality Index. With an overall INFORM Vulnerability Index of 8.5/10, CAR is the third most vulnerable country in the world. Its Hazard and Exposure score is 7.9/10 and its Lack of Coping Capacity score is 8.7/10.

Summary background

Access problems

After nine years of continuous conflict, more than half of the population are in need of humanitarian aid of all types, 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.

Access challenges are also huge. All supplies have to reach the port of Douala in Cameroon, cross that country and then face insecurity and poor transport infrastructures in CAR. From the border humanitarian trucks have to travel in protected convoys, and costs – such as for truck maintenance – are very high. As a result, long lead-time of two to six months is required to transport food commodities into CAR. DG ECHO has long been funding UNHAS flights, which are crucial for humanitarian access.

Despite a peace agreement being 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 have been temporarily suspended because of insecurity. Flooding resulting from seasonal rains (typically from April to October) are completely cutting 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 pandemic have 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 WFP for the operation of another flight delivering essential supplies to support the country's coronavirus response.

In 2020, ACAPS attributed the level 3 of humanitarian access constraints to CAR: 4 indicators out of 9 are at the highest level of limitations: restriction of movements, violence against humanitarian personnel, ongoing insecurity and physical constraints in the environment.

Needs of beneficiaries

HIP 2020: In CAR, the entire population of 4.7 million people is considered directly or indirectly affected by the ongoing humanitarian crisis, with 2.9 million estimated as extremely vulnerable and requiring assistance. CAR hosts a large number of IDPs, with some 612 000 individuals of whom 203 000 live in IDP sites and 409 000 in host families. Reduced and limited access to agricultural fields linked to increasing security constraints and potential conflict with local populations, massive population displacement and major logistic hindrances continue to hamper significantly local agricultural production, ultimately resulting in high needs for food assistance and livelihood support.

OCHA HNO 2021: Of the 2.8 million people in need of humanitarian assistance, nearly three quarters are in acute need, or 1.9 million people (69%). CAR continues to face a complex protection crisis, with persistent human rights violations. Gun violence, insecurity and flooding have caused a 10% increase

in IDPs over the past 12 months, increasing the estimated number of IDPs to 641,292 people. The populations in need of GBV assistance and response for 2021 are estimated at 1.1 million people. The combined pressure of loss of income, rising prices, flooding and traditional security factors limiting livelihoods has plunged household food security. 40% of Central African households are currently in a situation of acute food insecurity, that is to say 1.9 million people, or 300,000 people more than in 2019. The increase in prices and the fall in purchasing power have also contributed to the drastic increase in food insecurity. With a national prevalence of GAM and SAM at 5.8% and 1.8% respectively, SAM is close to the emergency threshold of 2% and new pockets of malnutrition are regularly discovered. The socio-economic impact of COVID-19 on food security was felt in heavily populated urban areas traditionally spared from violence such as the capital Bangui.

Aspects of humanitarian principles, IHL

(Overall) The approaches to access by DG ECHO and its partners have always been carried out in accordance with humanitarian principles, despite heavy challenges; humanitarian principles were ignored or poorly understood by parties in conflict. Survey: 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 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, GBV.

HIP 2020: The protection of civilians remains a priority in CAR. 14 690 protection incidents have been reported in 2018. The majority of the incidents have been perpetrated by Armed Groups. Most affected prefectures are Ouham-Pende and Ouaka. Violations of the right to life, violations of a person's physical or mental integrity, gender-based violence and violations of housing, land and property rights are the most common violations.

Stakeholders

Little documentary evidence could be found about DG ECHO's place among international coordination mechanisms in CAR except the consistent funding of OCHA activities. INSO has been funded by DG ECHO in CAR since 2017 to support partners against degrading acceptance of NGO status and targeted violence. INSO also strengthened coordination with of NGOs with OCHA, UNHAS, security forces and armed groups, and provided assistance with relocation and hibernation as well as reports about security incident that may affect access. As humanitarian access appeared as one of the major issues faced by NGOs in CAR, INSO developed in March 2018 a one-day training that addresses access negotiation and coordination mechanism.

The UN peacekeeping force is the MINUSCA (Mission multidimensionnelle intégrée des Nations unies pour la stabilisation en Centrafrique).

The Logistics cluster for CAR (not funded by DG ECHO) has published regular (usually monthly) updates of the situation, including about logistical and access constraints.

Another key EU actor in CAR is the 'Bêkou' Trust Fund which aims to link humanitarian assistance with longer-term interventions with a focus on the restoration of essential public services, the economy, the reconciliation and the capacity of the administration.

Besides the European Commission, the main bilateral humanitarian donors are the US (EUR 45 million) with a focus on logistics support, relief commodities and WASH activities, Germany (EUR 23 million) with a focus on food and multi-sectoral assistance, Sweden (EUR 16 million) with a focus on multi-sectoral projects, and the United Kingdom (EUR 14 million) with a focus on emergency assistance and community managed projects. Canada, Switzerland, Ireland, Belgium, France, Denmark and Norway

contribute to the humanitarian assistance in CAR with an annual budget ranging from Euro 5 to 8 million per country. All these countries mainly intervene in multi-sectoral, food, health, nutrition, protection and wash sectors towards IDPs, returnees and host communities. Most of the abovementioned donors also contribute to the CAR Humanitarian Fund managed by OCHA which provides funding to the UN agencies, international and national NGOs and to the IFRC. The need for coherence with CMCoord has been found in CAR but this was NOT mentioned in the HIP.

Opposition groups in the civil war: much of the tension is over religious identity between Muslim Séléka fighters and Christian anti-balaka, as well as ethnic differences among ex-Séléka factions and historical antagonism between agriculturalists, who largely comprise anti-balaka, and nomadic groups, who constitute most Séléka fighters.

CAR, one of the country case studies for Humanitarian Access, was mentioned in the EEAS working document among the 'lessons learnt and best practices' on CMCoord, as follows:

- The **EU Force** (EUFOR) in CAR was the first CSDP operation launched with a Safe and Secure Environment (SASE) and Protection of Civilians mandate, in which DG ECHO was involved in the entire operation cycle from prudent planning, through liaison with the Operations Headquarters (OHQ) –including a joint DG ECHO – UN OCHA mission in OHQ Larissa; and Force Headquarters (FHQ), to drawdown and design of follow-on mission.
- The **EU Training Mission** (EUTM) in CAR changed its initial planning on a QIP (quick impact project) regarding a vaccination campaign in Bangui. This was done on the basis of the justifications put forward by DG ECHO that if the EUTM was to become involved in a humanitarian health action, it would have created certain conditions for blurring the lines between humanitarian action and military activities, which in turn could position medical NGOs as a target. Instead, some alternative options (e.g. the cleaning of evacuation canals in Bangui city ahead of the rainy season, repairing roads, schools infrastructural repair, public lighting to be repaired, etc.) were provided to the EUTM.

The case study relies on the review of 9 interventions selected to reflect the diversity of access challenges and based on suggestions from DG ECHO. See Annex B2 for the list of interventions analysed by country.

DG ECHO strategy on access

HIP 2020: In CAR, the response will need to remain flexible and adjusted to the evolving needs in a highly volatile context. Flexible, integrated and rapid interventions such as the Rapid Response Mechanisms should be used to address sudden movements of population and acute needs. Multi-sectorial approaches should be fostered and taking into account the expertise of the implementing partners. When appropriate, DG ECHO will prioritise the cash transfer modality over vouchers and in kind assistance.

Road conditions in CAR are generally very poor and various areas are landlocked for several months every year due to heavy rains. All the HIPs outline that humanitarian air services remain crucial in order to deliver humanitarian aid in time for the most in need.

The huge costs entailed by the rehabilitation of infrastructures for access are supposed to be covered by sometimes evasive pledges from development donors.

In case of exceptional needs, DG ECHO has allocated some HIP modifications specifically designed to fund additional logistical resources to overcome access constraints, for instance in CAR (2020). The 2nd HIP modification as of 11/5/2020 increased the regional budget by EUR 8.5 million (CAR: EUR 2.5 million) to respond to the covid-19 pandemic. The eligible sector in CAR was logistics. The EU set up an

airlift in May 2020 and shipped 40 tons of personal protective equipment and resuscitation equipment to Bangui.

Advocacy efforts by DG ECHO

Overall, DG ECHO has strongly supported humanitarian diplomacy as a key tool to broaden humanitarian space and facilitate access, despite limitations. DG ECHO has consistently promoted joint actions to facilitate access, in coordination with the concerned donors and international stakeholders. KIIs: in CAR, DG ECHO has frequently travelled to Bangui for discussions with embassies of the EU and France, the national authorities at the highest level, and OCHA. Survey: 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.

The Advocacy Plan for CAR prepared by DG ECHO in 2017 was closely related to humanitarian access. It included the issues below but did not consider the poor condition of transport infrastructure:

- High risks for humanitarian actors: Humanitarian actors are increasingly targeted by armed groups. The killings of humanitarian workers in 2017 and other security incidents made CAR one of the most dangerous countries in the world for humanitarians. This situation has led to the suspension of humanitarian operations and emergency evacuations of staff.
- Beneficiaries are also in lack of access: population's freedom of movement is highly restricted due to insecurity hampering their access to already scarce basic services.
- Many partners lack in preparation and establishing relations with beneficiary communities: implementing partners are not always best equipped to gain and keep acceptance of local population or be sheltered from armed groups
- UN security rules tend to restrict access: UN agencies have limited access in the field as their security body (UNDSS) is labelling "hot spots" areas as no-go areas and UN agencies thus transfer the risks to their implementing partners (INGOs, local org.), although access is decreasing in the "hot spots" areas of the country for NGOs as well.
- Local politics are at play and interfere with humanitarian access: humanitarian workers are facing acceptance issues by the government, armed groups and the population, and are sometimes perceived as "pro MINUSCA" (the UN peacekeeping force) due to some level of proximity with the international forces. This situation hampers the delivery of aid where it is most needed, as aid workers and their assets are the target of armed groups.

The narrative of the plan provided a mixed – and somewhat confused - set of conclusions and recommendations, which correspond to some of the identified issues, but not all: lessons learning from the most experienced partners or relations with the UN are for example missing. Infrastructures are again not mentioned:

- It is vital to clearly separate civil and military efforts ('deliver a clear and consistent message' by all).
- Humanitarian action has to fully adhere to the principles of impartiality, independence and neutrality in order to ensure acceptance and access.
- Mediation and negotiations with Armed Groups is necessary but organisations often lack the required experience for engagement and dialogue.
- Active support from humanitarian organisations' headquarters to their field offices is acutely necessary.

- It is also crucial to strengthen engagement with the national authorities and promote a more active support from the government.

The stated objectives of the advocacy plan (see Box 3 below) do not seem to correspond to each of the issues identified or with 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 appear confusing and incomplete.

Box 3: Summary of DG ECHO's Advocacy Plan for Central African Republic

Objective 1: to improve the effective protection of civilians

- SO 1.1.: Enhance humanitarian access and presence in areas of ongoing conflict. However, the proposed activities focus on: information analysis and sharing, communication, dialogue with other humanitarian organisations, mixed with funding of OCHA, UNHAS, quality staffing, and finally some advocacy with armed forces / groups 'for securisation of main transport/access roads'. There is no indication / lesson learnt on how to do such advocacy practically.
- SO 1.2.: Increase affected populations' safe access to humanitarian assistance and basic services. Again, activities are a mixed and redundant lot and include data collection and analysis, communication, but also capacity building / training for humanitarian actors (although no support to the affected populations themselves) and lobbying with development donors.
- SO 1.3.: Increase centrality of protection in humanitarian actions, including GBV. Activities focus on data collection and analysis, communication and training of partners and 'community leaders' (no gender disaggregated groups…) on GBV, and support to the Protection cluster.

Objective 2: to improve access from humanitarian organisations to population in need and for population to basic services.

- SO 2.1.: Increase access to affected populations. Activities: data collection and analysis, communication with institutional actors (no direct support to affected populations).
- SO 2.2.: Increase acceptance of humanitarian organisations and action through communication, meetings…
- SO 2.3.: Increase respect and protection of humanitarian personnel, premises and relief goods: institutional communication, training, 'explore (?) public condemnations of attacks on aid workers'. There are finally some activities targeted to the field, but without precise guidance: 'Increase acceptance of humanitarian action by parties to the conflict and population through better information' (how?); 'Invest on actions that improve perception of assistance by the populations'; 'Invest on operationalization of humanitarian principles', with complaint mechanism (about principles?)

Risk analysis; enabling and limiting factors

HIP 2020: Road conditions in CAR … are generally very poor and various areas are landlocked for several months a year due to heavy rains. In CAR, attacks and violence against humanitarian workers, including killings (seven in 2018), is a major constraint for access and has forced humanitarian assistance to be temporarily suspended in several locations.
In CAR, humanitarian space and access remain problematic, in particular outside the capital where humanitarian workers and assets are regularly targeted by armed groups and criminals. The ability of humanitarian actors to deliver, continues to be hindered by extremely high staff turnover, by limited local capacity and by the dire security situation which in some cases has led to temporary suspension of humanitarian interventions and relocation of humanitarian personnel. In addition, a new law was

signed in 2019 governing the work of the international NGOs. Certain provisions of this law could hinder the smooth implementation of humanitarian actions.

Results of DG ECHO-supported approach

From the sampling of partners and projects, the following positive results were found in the partners' reports:

- Under agreement 2017/92019, in 2017 OCHA intervened in 8 instances to improve humanitarian access: Bambari - February 2017, Batangafo - February 2017, Bria - March 2017, Bocaranga-Koui - May 2017, Bangassou - July 2017, Batangafo - September 2017, Bocaranga September 2017, and Bria in December 2017.
- Under agreement 2020/92003, in February 2020 OCHA facilitated the organisation of two workshops on humanitarian access in Kaga-Bandoro and Bambari which were followed by a debriefing session open to all humanitarian actors and donors in Bangui. A practical access tool was developed to help partners manage humanitarian access in CAR. An access workshop module was also developed to guide the implementation of additional access participatory workshops in other locations facing access issues in CAR.
- Under agreements 2017/92045 and 2020/92002, UNHAS has proved essential for humanitarian access and overall presence: UNHAS remains the only reliable way to reach the most affected areas and to provide air transport for humanitarian personnel working in the epicentre of the crises. In 2017 UNHAS transported 15,598 passengers, and in 2020 some 20,915 passengers and 497 mt of light cargo while also supporting the national COVID-19 response plan.
- Under agreement 2017/92002, INSO CAR developed a one-day training that addresses access negotiation and coordination mechanism (1st session in March 2018).

Cost-effectiveness (additional costs)

In CAR, insecurity and logistic issues result in additional costs and delays during implementation. High staff turnover and/or lack of staff on the ground and limited humanitarian access are other significant challenges. Finally, national administrative and legal frameworks may affect the implementation, in particular for international NGO partners (no figures).

Added value of DG ECHO

Cross-cutting through all case studies: DG ECHO's added value for humanitarian access is high and is based on field presence, expertise, principled approach, network of partners and support to coordination mechanisms. However, the EU is often weak politically.

Lessons learnt

Some partners have invested in relationships and are faring better: organisations engaging proactively with armed groups (notably ICRC and MSF) and showing distance from other agendas/actors are better equipped to 'stay and deliver'.

Nigeria

Country profile

The Federal Republic of Nigeria is a country in West Africa. It is the most populous country in Africa, and one of the world's most ethnically and linguistically diverse nations, covering an area of 923,769 square kilometres, with a population of over 211 million. It borders Niger in the north, Chad in the northeast, Cameroon in the east, and Benin in the west. Its southern coast is on the Gulf of Guinea in the Atlantic Ocean. Nigeria is a federal republic comprising 36 states and the Federal Capital Territory, where the capital, Abuja, is located. Lagos, one of the largest metropolitan areas in the world, is the largest city in Nigeria and second largest in Africa

UNDP HDI: Nigeria's HDI value for 2019 is 0.539— which put the country in the low human development category— positioning it at 161 out of 189 countries and territories
DG ECHO: EU humanitarian funding: €52 million in 2021; more than €340 million since 2014.
HIP 2020: Nigeria ranks 157 on the UNDP Human Development Index and 103 on the Global Hunger Index. Nigeria ranks 10 on the INFORM Risk with an index of 6.8/10 (Hazard and Exposure index 8/10; Vulnerability Index 5.9/10; Lack of Coping Capacity index 6.6/10).

Summary background

Access problems

Humanitarian access in Nigeria is heavily constrained in the north-east states of Borno, Adamawa and Yobe (BAY), which are affected by more than a decade of conflict between the Nigerian army and various armed opposition groups, in particular Boko Haram. Whilst the HIP 2019 tended to indicate a gradual improvement (returning of 1.6 million people since August 2015 to Yobe and Adamawa state, and some parts of Borno State), the drastic security degradation in 2020 and 2021 has again prevented returns to Borno.

Insecurity and threats of attacks against civilians, humanitarians, 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'. The strategy of 'super camps' in 2019 has improved the ability of the Nigerian military to counter Boko Haram, but it has also eroded the protection of civilians and their access to livelihoods. Furthermore, there are regular bureaucratic hassles such as barriers to importing humanitarian material or registration processes at federal and state levels for humanitarian organisations.

ACAPS has given the level 4 for the access constraints in north-east Nigeria. Only 1 indicator out of 9 is at the highest level of limitations (level 3, restriction of movements) but 6 other indicators are at level 2.

Needs of beneficiaries

HIP 2020: 74% of IDPs are in Borno State, the epicentre of the crisis, and 59% are living in host communities, making it harder to access them with assistance. In Nigeria, out of the 3 million people in the Northeast classified in phase 3 (crisis) or 4 (emergency), only 1.2 million are currently receiving food assistance. This increase from the expected 2.7 million classified in phases 3 and 4 for this lean season suggest that the situation is further deteriorating. Moreover, these figures do not take into account food insecurity in the hard-to-reach areas, where the situation is expected to be even more severe. Access to land is hampered by the military restrictions of movements due to the conflict and insecurity, leaving affected populations with little or no livelihoods opportunities. 87% of the target population can be reached with assistance, while close to one million people remain hard-to-reach for humanitarian actors, mainly in Borno State.

OCHA HNO 2021: In the Lake Chad basin, Nigeria is the worst affected country with 8.7 million people in need of assistance in the north-eastern states of Borno, Adamawa and Yobe in 2021. Nearly 6.5 million people have acute needs across the BAY states. Out of the 60 Local Government Areas (LGAs) that the Multi-Sectoral Needs Assessment (MSNA) covered, needs in 19 LGAs are classified as 'extreme' on the severity scale while another 30 LGAs have 'severe' needs. The people in need are divided into three groups—IDPs, returnees, and host communities—all with different types of needs according to severity levels – in particular: protection, health, food security, WASH and shelter. Based on the inter-sectoral severity analysis, IDPs are more vulnerable than returnees and host communities. Overall, 65 per cent of the IDP households have reported at least one kind of vulnerability: having a female-headed household, a family member with mental or physical disability, pregnant girl or woman in the household; a child separated from them; or being or having a married child. DTM data suggests that

many of the IDP households are highly dependent on humanitarian aid, and almost 50 per cent of them live in IDP camps or informal camp-like settings.

Aspects of humanitarian principles, IHL

The approaches to access by DG ECHO and its partners have always been carried out in accordance with humanitarian principles, despite heavy challenges; humanitarian principles were ignored or poorly understood by parties in conflict.

HIP 2020: The crisis in northeast Nigeria is one of the world's largest protection crises, in which civilians face serious risks to their safety, well-being and basic rights. Some who fled hard to reach areas report being held for years by non-state armed groups with no access to basic services and suffering abuse. Once they are able to escape these conditions, they are often treated with suspicion and stigma by armed forces, undermining their ability to reintegrate into society. Thousands of women and girls have been abducted since the start of the conflict, and new abductions continue to occur. GBV remains endemic.

Survey/KIIs: The EU actively supported humanitarian organisations working in the northeast, to ensure they are 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 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 (see also under Advocacy below).

Stakeholders

Although DG ECHO has been very active in Nigeria, little documentary evidence could be found regarding this involvement except consistent funding of OCHA activities. 'Operational Capacity and Access' is to be found among the strategic priorities of the OCHA HRP (version 2020). KII: it should also be noted that an analysis of the successive HNO/HRPs published by OCHA shows a 'dynamic' view of the humanitarian access situation in NE Nigeria:

- 2017 witnessed both the first substantial efforts to present it more accurately, and subsequently increasing tensions within the humanitarian community on such sensitive issue:
- the first fairly accurate map of humanitarian access in NE Nigeria came out in January/March 2017; >
- which led to the first fairly accurate calculation of people in inaccessible areas in NE Nigeria in October 2017; >
- which led in turn to important tensions and the almost operational (not in terms of advocacy) paralysis of the humanitarian community regarding access, and the lack of implementation of the access strategy.

The HCT endorsed an Access Strategy in April 2018 that outlines short, medium, medium-long and long-term goals which will enable the humanitarian community to enhance negotiations with key access influencers and to increase humanitarian access to people in inaccessible areas. The access strategy aims to provide principled alternatives to the current use of military assets and escorts and to enable access negotiations in a transparent manner and in accordance with humanitarian principles and international humanitarian law. In its update of August 2018 (no later updates could be found), the Access Strategy confirms that its main objective is to support and promote adherence to humanitarian principles and a principled response, whereby humanitarian action remains needs-

driven, neutral, impartial and independent.[75] Humanitarian partners carry out their own negotiations at a tactical level to gain access to affected people and facilitate the delivery of humanitarian assistance. OCHA works with partners to provide evidence-based analysis to inform the Access Strategy and principled humanitarian operations, through monitoring and reporting of constraints to humanitarian access through the AWG. Humanitarian actors work closely including through relevant security forums, such as INSO, UNDSS and the Area Security Management Team (ASMT).

In Nigeria, the Logistics cluster provides updates every 3 or 6 months. The latest one (published in January 2021) mentions access constraints in terms of security: some roads are only accessible with escort, and the situation needs to be reevaluated regularly. Escorts are organised by the Logistics Sector upon request by partners.

The main bilateral humanitarian donors are the USA with a focus on emergency response, the United Kingdom with a focus on multiyear protection and resilience building, Germany with a regional approach on the Lake Chad Basin. Sweden, Canada and the Country Pool Fund are also providing humanitarian funding. The humanitarian donor group, currently chaired by Canada, ensures close coordination on funding, minimizing risks of funding overlapping, and advocacy, including with the development donor group.

Nigeria is part of the six pilot countries identified by the EU for implementing the Humanitarian-Development-Peace Nexus at local level, with a focus on livelihood, gender and conflict sensitivity. In Nigeria, the EU has operationalized since 2017 the Joint Humanitarian-Development Framework and the Nexus commitments, and invested close to EUR 350 million in the Northeast, notably through the Borno and Yobe packages (focusing on reconstruction, livelihoods, education, disarmament and reintegration, and social protection).

The case study partly relies on documentation review of 11 interventions implemented by 10DG ECHO partners between 2015 and 2020. The list of interventions is available in Annex B2.

DG ECHO strategy on access

In Nigeria, the "humanitarian needs" section of the concerned DG ECHO HIPs from 2015 to 2020 duly outlined and justified the rationale for the strategy. In particular, freedom of movement of the civilian population is (still, year after year) limited, and people living in urban centres of the central and northern parts of Borno state are not able to enter or exit beyond a security perimeter defined by military authorities ('super camps' since 2019). These military restrictions as well as security threats continue to hamper the ability of affected populations to access basic services, livelihoods and safety. This ability is -even more crucially – affected by ongoing hostilities, threats of attack, impassable roads and bridges during the rainy season.

Regular appeals were made in the HIPs since 2015 for further advocacy, which is 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 result in additional costs and delays during implementation. High staff turnover and/or lack of staff on the ground and limited humanitarian access are other significant challenges.

HIP 2020: the provision of protection and live saving emergency assistance to the most vulnerable in the Northeast Nigeria remains the DG ECHO immediate priority. Decreasing the number of people unable to access humanitarian aid should be prioritized, as well as ensuring a protection-oriented multi-sectoral response to populations whose freedom of movement continues to be limited.

[75] All access negotiations, dialogues and engagements are be conducted in a transparent manner and in accordance with humanitarian principles and the IHL. Under the guidance of the HCT and the Operational Humanitarian Country Team (OHCT), the Humanitarian Coordinator (HC) and the Deputy Humanitarian Coordinator (DHC) will lead negotiations and dialogue at the federal/national level, with OCHA providing operational engagement.

DG ECHO has strongly supported humanitarian diplomacy as a key tool to broaden humanitarian space and facilitate access, despite limitations. DG ECHO has consistently promoted joint actions to facilitate access, in coordination with the concerned donors and international stakeholders. As stated above, in Nigeria the HCT - which is 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 2018-2020 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 organized or took part proactively to a number of humanitarian diplomacy initiatives such as: a joint donor letter (initiated by DG ECHO and co-signed by France, Germany and UK) which was 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.

Advocacy efforts by DG ECHO

In terms of advocacy, the following initiatives which concern access directly or indirectly can be highlighted, as DG ECHO organized them or took part proactively:

- A joint donor letter (initiated by DG ECHO and co-signed by France, Germany and UK) which was sent to the IASC Emergency Directors in August 2018. The letter expressed concerns about unmet humanitarian and protection needs in NE Nigeria, as there had been a significant increase in new IDPs. The IASC Emergency Directors Group replied that several initiatives were already ongoing, such as a high-level conference on the Lake Chad Basin (Oslo II, see below), the continuous engagement of the HC towards the national authorities, an analysis by the Inter-Sector Working Group, a Reception Management Strategy for the NE, a Returns Policy Framework in Borno, and the strengthening of CMCoord.
- The humanitarian access side event (initiated by UK) to the Oslo II / Berlin Lake Chad Conference in September 2018.
- The briefing to the Good Humanitarian Donorship on IHL and access in Nigeria in November 2019.
- The visit of the DG ECHO Commissioner to Nigeria in January 2020.
- A letter by the partners (ACF and NRC) in July 2021, to which ECHO responded favourably, asking for mobilisation by humanitarian donors to further promote IHL in Nigeria, including via advocacy to include NSAGs in dialogue on IHL.
- The Nigeria EU ministerial meeting held in November 2020, which included joint commitments on the promotion of IHL, especially in the North East of Nigeria. Follow-up is being ensured via an interservice action matrix, which is regularly updated. This matrix should prepare the ground for another ministerial meeting in November 2021, which should again include agenda items on IHL and access.
- Survey, KIIs: the DG 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. DG 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. DG ECHO has also been 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.

Risk analysis; enabling and limiting factors

HIP 2020: Freedom of movement of the civilian population is still limited, and people living in urban centres of the central and northern parts of Borno state are not able to enter or exit beyond a small security perimeter defined by military authorities. These military restrictions as well as security threats continue to hamper the ability of affected populations to access basic services, livelihoods and safety.

Humanitarian partners are facing a number of access constraints, including ongoing hostilities, threats of attack, IEDs and unexploded ordnance, impassable roads and bridges during the rainy season, restrictions on movement imposed by the military and lack of safety assurances from non-state armed groups. There are also significant bureaucratic impediments that continue to restrict the humanitarian response, especially for international NGOs.

Results of DG ECHO-supported approach

From the sampling of partners and projects, few specifically positive results were found in the partners' reports – out of the normal implementation of activities -, due to the extremely strong constraints and the deterioration of security conditions. All partners were severely affected by insecurity, and some were expelled.

- Under result 4 of the LFA for ECHO/-WF/BUD/2017/91086, **ACF-ES** has put in place a Rapid Response Mechanism. In this framework, ACF-ES has prepositioned hygiene kits in three warehouses to assist in providing easy movement of materials to meet the needs of the affected population in hard-to-reach locations (however, in September 2019 ACF-ES was declared persona non grata by Nigeria Security Forces and forced to close).

Cost-effectiveness (additional costs)

Insecurity and logistic issues result in additional costs and delays during implementation (HIP 2019 – no figures).

Added value of DG ECHO

Cross-cutting through all case studies: DG ECHO's added value for humanitarian access is high and is based on field presence, expertise, principled approach, network of partners and support to coordination mechanisms. However, the EU is often weak politically.
In Nigeria, an added value of DG ECHO was also found in its role in the separation of the humanitarian hubs from military bases, back in 2017. DG ECHO was one of the most outspoken donors to state that humanitarians should not be located within the military bases, to decrease the blurring of lines. This was done through meetings, letters and funding to some partners to set their hubs elsewhere.

Lessons learnt

None to report.

South Sudan

Country profile

South Sudan, officially known as the Republic of South Sudan, is a landlocked country in east/central Africa. It is bordered to the east by Ethiopia, to the north by Sudan, to the west by the Central African Republic, to the southwest by Democratic Republic of the Congo, to the south by Uganda and to the southeast by Kenya. It has a population of 11.06 million, of which 525,953 live in the capital and largest

city Juba. It gained independence from the Republic of the Sudan in 2011, making it the most recent sovereign state or country with widespread recognition as of 2021.

UNDP HDI: South Sudan's HDI value for 2019 is 0.433— which put the country in the low human development category—positioning it at 185 out of 189 countries and territories. The rank is shared with Burundi.

DG ECHO: EU humanitarian funding: over €79 million in 2021; more than €650 million since 2014. HIP 2020: INFORM risk index: 8.9/10.

Summary background

Access problems

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[76]), increasing dependency on air transport, humanitarian hubs and the need to preposition. 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 has been slow, and there have been new spikes in violence.

Access constraints are enormous due to the long supply line from Mombasa, very poor (or non-existent) roads and violence. South Sudan remains one of the world's most logistically challenging countries in which to operate. Existing road networks are among the most underdeveloped in the world: approximately 60 per cent of the limited road network becomes inaccessible during the long rainy season, especially affecting Jonglei, Unity and Upper Nile States.

Due to very high levels of humanitarian access constraints, ACAPS has rated South Sudan at level 4. Four indicators out of 9 are at the highest level of limitations (level 3): violence against humanitarian personnel, ongoing insecurity, presence of landmines and physical constraints in the environment (bureaucratic impediments were not mentioned by ACAPS). People's movements are severely restricted because of the impact of heavy flooding in 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 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 to May 2021, 10 humanitarian workers were killed, 31 injured, and 1 abducted; in the first quarter of 2021, there were at least 24 incidents of roadside ambushes targeting aid convoys.[77].

Needs of beneficiaries

HIP 2020 : over 7 million people were in need of humanitarian assistance. More than half of the population did not have access to primary health care services. With emergency levels of food insecurity and malnutrition across the country, DG ECHO provided food assistance and nutrition interventions, including in hard-to-reach areas. In 2020, flooding displaced 625,000 people either to nearby high or dry land or across counties; the floods damaged housing, infrastructure and disrupted livelihood; 6 out of 10 States were affected. In 2021 more than 314,000 people were again affected by heavy rains and flash floods in 14 states across the country.[78]

In South Sudan in 2020, population movements remained fluid and displacement widespread. 2.2 million South Sudanese were hosted in neighbouring countries and 1.5 million were internally displaced. South Sudan also hosted more than 300 000 refugees and asylum seekers, mostly from Sudan. IDPs and refugees in South Sudan were highly dependent on humanitarian assistance, including food, as access to food or alternative livelihoods remained extremely limited. 182 000 IDPs were hosted in Protection of Civilians (PoC) sites on United Nations Mission in South Sudan (UNMISS) bases.

[76] Source: WFP
[77] Source: ACAPS
[78] Source: OCHA sitrep of Sep 2021

In 2020 there were 6.35 million people facing severe food insecurity (IPC3+), representing 54% of the total population; of these, over 1.7 million were facing emergency levels of food insecurity (IPC 4) and 10 000 were in humanitarian catastrophe, or famine, conditions (IPC 5). Undernutrition affected 1 301 000 children under five years old, of whom 292 300 suffered from the life-threatening form. Improved access and increased number of treatment facilities provided an opportunity to reach and assist this caseload.

OCHA HNO 2021: In 2020, communities were hit hard by the triple shock of intensified conflict and sub-national violence, a second consecutive year of major flooding, and the impacts of COVID-19. Some 1.6 million people remained internally displaced and another 2.2 million as refugees in the region. Insecurity, lack of basic services, and unresolved housing, land and property issues prevented people from returning home in large numbers.

Overall food security worsened and some communities were facing catastrophic needs. More children were acutely malnourished than in the past three years. Women and girls continued to face extreme levels of gender-based violence and psychosocial distress. People's coping mechanisms weakened as a consequence of the cumulative shocks, leading families to adopt negative practices such as forced labour and child marriage. The economy continued to spiral downwards, pushing people to the brink, especially in urban areas.

Access to essential services, including health care, education, water and sanitation, as well as protection and legal services, was already limited and much of the service infrastructure was damaged, destroyed or closed in 2020.

Aspects of humanitarian principles, IHL

Overall: The approaches to access by DG ECHO and its partners have always been carried out in accordance with humanitarian principles, despite heavy challenges; humanitarian principles were ignored or poorly understood by parties in conflict.

Survey: DG ECHO has 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 has supported NGOs operating in hard-to-reach areas / prioritising this needy population, providing required 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.

HIP 2020: DG ECHO's strong support for principled humanitarian assistance is underpinned by advocacy efforts at all levels. Preserving humanitarian space implies compliance with the four humanitarian principles: humanity, independence, neutrality and impartiality. The delivery of aid programmes must be based on independently assessed and verified needs. Humanitarian access to people affected by crises, and humanitarian assistance by people in need is a continuous negotiation with all parties to a conflict. The dissemination of IHL by specialised agencies is key to improving humanitarian access for other humanitarian organisations.

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.

Stakeholders

Few documentary evidence could be found regarding DG ECHO's involvement in international coordination except the consistent funding of OCHA activities, which are outlined in the Humanitarian Access Overview and the HRP. OCHA appears to be the central humanitarian actor for advocacy on access in South Sudan. OCHA serves as the key interlocutor for the humanitarian community with the parties in conflict such as the Ministry of Humanitarian Affairs and Disaster Management, or the Sudan People's Liberation Army-in-Opposition. OCHA liaises also with other ministries including the Ministry of Foreign Affairs, the Ministry of Gender, Child and Social Welfare, and various armed actors as relevant to issues of humanitarian action and access. A key objective is to promote principled humanitarian assistance and unrestricted access.

The Logistics cluster, led by WFP, serves as a coordination body for humanitarian actors to identify logistical gaps and agree on the priorities for augmented logistical capacity. The cluster holds bi-weekly coordination meetings in Juba and monthly in its dispatch/reception hub locations, while also supporting partners in the deep field for more localized coordination. Additionally, the Logistics cluster participates in the Inter-Cluster Coordination Group, Civil Military Advisory Group, Humanitarian Access Working Group (chaired by OCHA) and other working groups as necessary. In South Sudan, the Logistics cluster provides monthly updates regarding transport plans, access constraints maps, or UNDSS force protection maps.

The international peacekeeping force is the UNMISS (United Nations Mission in South Sudan).

HIP 2020 : Germany and EU/DG ECHO are the main humanitarian donors. The US and the World Bank are the main development donors. Under the "EU Emergency Trust Fund for stability and addressing root causes of irregular migration and displaced persons in Africa" (EUTF for Africa), thanks to previous non-committed funds and new funds made available, around €160 million is committed to projects for South Sudan. Non-traditional donors (e.g. Gulf countries, China) are funding aid programmes in the Upper Nile Basin, but there is a lack of information on the scale and scope of this support.

NGOs are reporting access issues to OCHA and their coordinating body (NGO Forum), which documents incidents on a daily basis. However according to an OCHA survey, only 39% of bureaucratic access impediments are reported to the NGO Forum, and 30% to OCHA. The low level of reporting may be related to the fear of having the action suspended by the donor and not being able to respond to the need of the most vulnerable.

The need for coherence with CMCoord has been found in the case studies where international peacekeeping missions are present such as South Sudan.

The case study relies partly on the review of project documents from 9 interventions of 7 partners, often over several years. The list or projects reviewed is available in Annex B2.

DG ECHO strategy on access

The HIPs 2015- 2020 (for the Sudan and South Sudan region) outlined that restrictions of movement due to security threats undermine any coping strategies that would normally be available through pre-emptive displacement or normal migratory patterns:

- in 2015 DG ECHO developed a strategy in 5 points, the first 2 of which concern aspects pertaining to access: support for the scaling-up of humanitarian assistance where the greatest needs are identified ; and advocate for a better protection of civilians inside and outside UNMISS (the UN peacekeeping force) Protection of Civilians areas, especially those at greatest risk (mostly the Nuer tribe). The HRP of march 2021 stated that there were still 125,000 people who were sheltering in two remaining Protection of Civilians (PoC) sites: Bentiu and Malakal.
- In 2016, there was also a strategy in 4 points, seemingly less focused on access.

In 2017, 2018 and 2019, logistics was again emphasised among needs. The HIPS for 2017 and 2018 further outlined that the operational challenges are linked to a difficult logistical environment (poor infrastructure, seasonal flooding), a costly and insecure operating environment and a rise of bureaucratic impediments at all levels (national, state, and county level). In addition, the overall security environment for humanitarian organisations has deteriorated. Denial of access by all armed actors to those most in need constitutes a major barrier to humanitarian assistance. Renewed fighting around the country and fragmentation of belligerents make it more difficult to advocate for or negotiate access. Lootings of humanitarian assets and public facilities (e.g. clinics, schools) by all armed actors, and sometimes by civilians, is a constant feature in South Sudan. Violent criminality is also on the rise. Relief agencies and their staff are frequently harassed and intimidated. Many have suffered attacks and assaults on staff, including South Sudanese staff relocated from other regions. Ethnic and tribal divisions affect the ability of the partners to deploy trained national staff on the ground. South Sudan has one of the world's highest rates of violent incidents against humanitarian workers: from January to May 2021, 10 humanitarian workers were killed, 31 injured, and 1 abducted; in the first quarter of 2021, there were at least 24 incidents of roadside ambushes targeting aid convoys.[79].

The HIPs also outline that South Sudan is one of the most challenging contexts in the world, which drives up the costs of delivery of humanitarian assistance. Restrictions of movements due to security threats undermine any coping strategies that would normally be available through pre-emptive displacement or normal migratory patterns. The cost of operating in South Sudan is extremely high as during the rainy season much depends on air transport. 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[80]), increasing dependency on air transport, humanitarian hubs and the need to preposition. Legal and bureaucratic impediments have increased both at local and central level over the period, mainly to collect revenues. International aid is instrumentalised by the authorities in a deliberate strategy to maintain or expand their influence over the territory; food is used as a weapon of war in opposition-held areas. Support to common services therefore continues to be crucial.

As a result, in 2020 DG ECHO supported access with three successive modifications to the HIP (respectively of EUR 9 million, EUR 20 million and EUR 15 million) which included support to humanitarian logistic services to enable the scale-up of the response.

DG ECHO has also been funding two Humanitarian Air Bridge flights to allow the transport of much-needed material to support the COVID response (the non-COVID-19 supplies were mainly linked to prepositioning).

[79] Source: ACAPS

[80] Source: WFP

Advocacy efforts by DG ECHO

DG ECHO has strongly supported humanitarian diplomacy as a key tool to broaden humanitarian space and facilitate access, despite limitations. DG ECHO has consistently promoted joint actions to facilitate access, in coordination with the concerned donors and international stakeholders. The EU, as well as other influential donors and actors (US, UK, Germany, Netherlands, to name a few) have repeatedly advocated for unrestricted access and the protection of civilians. The EU also successfully led a demarche involving several donors, including China, related to the hike in foreign workers' work permits fee, and was planning other demarches following the adoption of the financial act 2017-2018 and the new Labour Bill. However (according to the data available), EU services have not yet undertaken a joint analysis of issues at stake or any joint mapping of stakeholders, which would help define a stronger and more efficient advocacy strategy.

In South Sudan, DG ECHO has 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 with COVID.

HIP 2020: In June 2019, to support principled humanitarian assistance DG ECHO initiated and signed up to the 'South Sudan humanitarians donors principles and actions' paper, which reflects the collective view of 13 bilateral donors (Australia, Belgium, Canada, Denmark, ECHO, Germany, Italy, Norway, Sweden, Switzerland, the Netherlands, UK, USA) in support of the principled delivery of humanitarian assistance to the people of South Sudan.

The advocacy plan (see below) mentioned that, as a result to the visit by the US ambassador, 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 needs however to be followed up and monitored, as it has been done for the SOM process in Yemen.

Survey: DG ECHO has 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 has supported NGOs operating in hard-to-reach areas / prioritising this needy population, providing required resources to these agencies to gain local acceptance and push to further strengthen their ability to access the population most in need.

In South Sudan, an advocacy plan was designed in 2017 by DG ECHO although with clearly formulated objectives that corresponded to the identified challenges 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.

The plan was declined into 3 overall objectives and 9 specific objectives, as detailed in Box 4 below. Contrary to the plan made in CAR, the objectives for South Sudan are clearly formulated and correspond to the identified challenges. The main axis of the strategy is focused on engaging all international stakeholders in a collective advocacy towards the government.

Box 4: Summary of DG ECHO's Advocacy Plan for South Sudan

Objective 1: Humanitarians have increased and safer access to populations in need for the delivery of principled humanitarian assistance.

- SO 1.1: Increased EU internal and external targeted communication on access and protection issues humanitarians are faced with. Activities: context analysis, coordination, monitoring, briefings to EU Member States and Parliament.

- SO 1.2: Increased engagement with partners, key decision-makers and influential parties on access and security of humanitarian workers and assets. Activities: workshop in Nairobi, support to ICRC about IHL, advocacy to EUMS, China etc.
- SO 1.3: Partners follow a principled approach balancing humanity with other principles. Activities: support to partners, outreach to other donors.

Objective 2: Bureaucratic impediments are minimized and the nature of tax exemption of humanitarian aid is respected.

- SO 2.1: Increased awareness on the impact of bureaucratic impediments on humanitarian aid delivery. Activities: support Humanitarian Country Team (HCT), OCHA.
- SO 2.2: Informed and monitored legislative processes in order to prevent the adoption of disproportionate fees. Activities: support the EU Delegation in demarches to the Government.
- SO 2.3: Timely and consistent application of legislated tax exemption for humanitarian supplies and assets. Activities: support HCT financial task force, and NGO forum to collect statistics.

Objective 3: Civilians are increasingly protected from violence, including GBV.

- SO 3.1: Increased understanding of different forms of violence against civilians, including GBV. Activities: centrality of protection, regional workshop on GBV Call to Action, operationalize RTAP (Real-Time Accountability Partnership) on GBV, funding of Protection cluster co-lead NGO.
- SO 3.2: Increased awareness of parties to the conflict on their legal obligations to protect civilians. Activities: IHL advocacy, support to partners, communication.

SO 3.3: Mitigation and prevention measures are systematically integrated in humanitarian action and quality response services available to affected communities. Activities: advocacy on GBV, funding of protection and GBV in HIPs 2018-19.

Risk analysis; enabling and limiting factors

HIP 2020: Logistic challenges are very high across the Upper Nile Basin. South Sudan is one of the most challenging contexts in the world, which drives up the costs of delivery of humanitarian assistance. Support to common services therefore continues to be crucial. While the access situation improved in most parts of the country, insecurity and bureaucratic access impediments remain a challenge for the humanitarian community. In particular, the following - recurrent - logistics gaps have been identified:[81]

- Need for consolidated logistics coordination and information sharing to reduce duplication of efforts and ensure safe and efficient logistics operations.
- Physical constraints impeding access to a number of deep field locations which are only reachable by air, especially during the rainy season.
- Lack of commercial road and river transporters outside of the capital city generating challenges for organisations to deliver life-saving humanitarian items to populations in dire need.
- Insecurity along major supply routes, making movement of humanitarian cargo challenging for organisations to undertake on their own.
- Lack of common storage space in deep field locations, which makes pre-positioning cargo by road during the dry season difficult.

[81] OCHA (2021), Humanitarian Needs Overview – Humanitarian Programming Cycle 2021 (Jan. 2021), , Logistics Cluster – WFP (2021), Concept of Operations – South Sudan (Mar.2021).

- Need for increased capacity amongst local staff for a more efficient humanitarian response.

Results of DG ECHO-supported approach

From the sampling of partners and projects, the following positive results were found in partners' reports.

- In 2018 (agreement 2018/91008) due to general improvement in the security situation, WFP was able to expand its road and river deliveries to locations previously inaccessible or accessed only by air.
- Under agreement 2019/91012, DRC has put in place mobile responses, to ensure flexibility in responding to the needs, based on the unpredictability of the South Sudan situation, while also providing static and local outreach interventions in Upper Nile state, based on the needs identified.

DG ECHO supported partners in implementing initiatives about access: the agreement 2019/91030 with ACTED (€465.000) was essentially dedicated to the use of REACH to provide a mapping useful for emergency rapid response in the case of inhibited access and insufficient time on the ground to allow for rapid qualitative data collection and observations. REACH was used in particular to assess the situation in the case of access constraints due to devastating flooding. REACH could for instance provide country-wide data about the washing away of roads or the movements of affected populations to be reached with emergency basic services. In this context, REACH has developed a standardised rapid response tool for flooding which was used by two rapid response partners (ACF, Medair) to assess flood affected locations.

Cost-effectiveness (additional costs)

HIP 2020: Insecurity, bureaucratic impediments and logistical challenges continue to have a direct impact on the provision of life-saving services, sustained access and costs of the operations, especially in Sudan and South Sudan. This constrains the capacity of partners to conduct independent and/ or comprehensive risk and needs assessments, and to implement and monitor. The high level of insecurity in the region has a direct impact on operational costs.

Added value of DG ECHO

Cross-cutting through all case studies: DG ECHO's added value for humanitarian access is high and is based on field presence, expertise, principled approach, network of partners and support to coordination mechanisms. However, the EU is often weak politically.

Lessons learnt

A key lesson learnt from the Advocacy Plan was that a high-level visit for advocacy / humanitarian diplomacy purposes (in that case a visit by the US Ambassador) appears to be particularly effective with local authorities (more so than the usual demarches), as it also provides much desired international recognition that can be used as a bargaining chip for strengthening the humanitarian space. A high-level visit furthermore provides the opportunity to discuss overall strategic issues with key decision-makers.

Under agreements 2020/91007 and 2019/91007, ACF-ES was able to capture in its reports interesting lessons learnt: in hard-to-reach areas in South Sudan access cannot be separated from security and logistics. The focus is on risk analysis and prevention measures, rather than advocacy which may come only after incidents happen – and thus too late. In particular, regular contact with local stakeholders is crucial. Appropriate stakeholder management must be done in all steps. Deviation of such step may hamper the whole processes and hinder the acceptance to the stakeholders. Pre-positioning of resources can be helpful for the longer term. Local and central authorities must be informed about the logistics movements, resource transfers and the personnel movements.

Lessons learnt by ACF-ES about security (and mitigating access challenges) include the following.

- Stakeholder mapping is done on regular basis to ensure unconditional acceptance in the working environment.
- Periodic security audits are conducted by the regional office to maintain the flow of security management structure and take necessary development initiatives to ensure Duty of Care
- In addition, there are weekly security briefings for the staff, close coordination on the security situation (updated twice daily), regular training of staff on relocation and evacuation procedures, and at least two forms of communication at every project site, including HF radio and Thuraya in remote areas.
- Recruitment of delocalized national staff is tricky in many cases due to ethnic differences and is denied the access. Often local administration and local community leaders create pressure on this matter with direct/indirect threats of detention or program suspensions.
- Finally, access is considered as a 'seasonal' issue, as accessibility to the concerned hard to reach area (Paguir Payam) is very limited; the area is only accessible either via chartered flight or 3+ hours' walk from nearest UNHAS flight destination. During the lean season, the probability of flights cancellation is very high as airstrips are usually made of clay and become unusable in the case of heavy rain. It is therefore assumed that the majority of field activity implementation will be completed during the dry season, during which accessibility is much improved

Lessons learnt by DRC from agreements 2017/91023 and 2018/91006 were that regular practices of coordination with local authorities allowed for general freedom of movement and unhindered access to programme sites, and experience in negotiation was key.
DRC has put in place a number of contingency measures, which denote hardly won lessons learned, for instance:

- continuous monitoring of security situation by Safety advisor, Safety and Access Coordinator and national safety officer as part of the mobile and static team staff;
- staff training on hostile environment awareness and humanitarian negotiation through PAST (personal awareness and safety training) course;
- In-depth understanding of the context and the various dynamics allowing accurate safety related decisions; and
- strong communication protocols in place.

Syria

Country profile

Syria, officially the Syrian Arab Republic, is a country in Middle East, bordering Lebanon to the southwest, the Mediterranean Sea to the west, Turkey to the north, Iraq to the east, Jordan to the south, and Israel to the southwest. Its capital and largest city is Damascus. A country of fertile plains, high mountains, and deserts, Syria is home to diverse ethnic and religious groups, including the majority Syrian Arabs, Kurds, etc. Religious groups include Sunnis, Christians, Alawites, Druze and Yazidis. Arabs are the largest ethnic group, and Sunnis are the largest religious group. Syria is a unitary republic consisting of 14 governorates and is the only country that politically espouses Ba'athism.

Population: in 2020 Syria had a population of 17.5 million, and there were 5.6 million registered refugees abroad (including 3.6 million in Turkey, 855,000 in Lebanon and 666,000 in Jordan) for a total of 23.1 million.

UNDP HDI: Syrian Arab Republic's HDI value for 2019 is 0.567— which put the country in the medium human development category—positioning it at 151 out of 189 countries and territories.

DG ECHO: Total EU assistance to the Syria crisis: over €24.9 billion since 2011. EU assistance inside Syria: €130 million in 2021. HIP 2020: Syria's INFORM risk index ranks at 7.1/10.

Summary background

Access problems

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

Logistics supply lines have to come either from Jordan in the centre and south, and 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 3 different areas respectively controlled by the government (GCA), in the Northwest (NWS) and in the Northeast of Syria (NES).

According to the ACAPS, Syria is classified among the countries with 'very high constraints' in terms of humanitarian access. 6 indicators out of 9 are 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.

Needs of beneficiaries

HIP 2020: The country counts the largest internally displaced population in the world, with 6 million IDPs including close to 1 million who fled the recent Idlib offensive in northwest Syria. According to WFP, 9.3 million people - 46% of the population – are now facing food shortages.

OCHA HNO 2021: 13.4 million people in Syria are in need of humanitarian assistance - a 21 per cent increase compared to 2020 - with needs increasingly being exacerbated by economic decline. These include a 57 per cent increase in the number of food insecure people to 12.4 million (up from 7.9 million in early 2020). Of these, 1.27 million people are considered severely food insecure – twice as many as in early 2020. In line with this trend, malnutrition rates continue to peak, with more than 500,000 children under the age of five chronically malnourished and 90,000 acutely malnourished. Mental trauma is widespread and under-assessed but certain to have long-term implications across all population groups.

Continued civilian casualties and forced displacement due to ongoing hostilities, in addition to reduced access to already degraded basic services, limited and inadequate housing and shelter options, and a wide array of specific protection risks and concerns continue to cause and perpetuate humanitarian needs among the population. With the WASH, health and education infrastructure considered poorly or non-functional in 48 per cent of all sub-districts, access to basic services is severely hampered and increasingly unaffordable. This is particularly the case for over 1.9 million IDPs sheltering in informal settlements, planned camps and collective shelters.

Hostility-induced displacement in early 2020 generated additional needs amongst the population in Syria for IDPs, returnees and host communities, particularly in North-west Syria (NWS). In NWS, insecurity due to ongoing hostilities and shelling are greatly hampering access to some areas, despite massive levels of need induced by large scale, continuous and fresh displacements. Continued negotiations are required to ensure the respect of humanitarian space by the various parties to the conflict. In areas affected by ongoing conflict, the deliberate targeting of hospitals, schools and civilians, remains a huge concern and may amount to war crimes.

The crisis continues to have a gendered impact, with women and adolescent girls paying a high price for harmful and discriminatory gender norms, including gender-based violence, while men and boys face elevated risks linked to arbitrary detention, forced conscription and explosive ordnance, among others.

The economy has experienced irreparable harm since the crisis began, with the gross domestic product having declined by 60 per cent and the government increasingly unable to raise sufficient revenue to subsidize essential commodities such as fuel and bread on which the most vulnerable families rely. The COVID-19 pandemic has accelerated this economic downturn by further reducing already sparse income-generating opportunities.

Aspects of humanitarian principles, IHL

The approaches to access by DG ECHO and its partners have always been carried out in accordance with humanitarian principles, despite heavy challenges; humanitarian principles were ignored or poorly understood by parties in conflict.

In Syria, hostilities have an immediate impact on the life of civilians, causing death and injury, large-scale displacement, destruction of properties and of civilian infrastructure, as well as exposure to multiple protection risks, including violations of IHL and International Human Rights Law (IHRL) by all parties of the conflict. The deliberate targeting of civilians and civilian infrastructure, such as schools and health facilities, as well as of humanitarian and relief aid workers, GBV, forced displacements, arbitrary arrests and forced detention, summary executions, enforced disappearances, widespread contamination of Explosive Remnants of War (ERW), recruitment and use of child soldiers, and severe restrictions of humanitarian access are still commonplace in Syria. Meanwhile, repeated commitments failed to translate into swift and unimpeded quality access to all those in need. The availability of and access to basic services remain limited, while livelihood opportunities are scarce for vulnerable communities.

In Syria, DG ECHO confirmed its strong support to 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 is to be done 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 has been 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 IHL.

In Syria, the resolution of 24 October 2019 by the European Parliament on the Turkish military operation in NES demanded full respect for humanitarian law, including the protection of civilians, and for local and international humanitarian organisations to be permitted unhindered access to the

people in need. With respect to the situation in Syria, the EU also organised senior official meetings (SOM) in Geneva and Copenhagen (and online with Switzerland) where discussions about IHL were central.

Stakeholders

In the highly complex situation of Syria, DG ECHO supports OCHA to implement the Whole of Syria approach, which encompasses humanitarian operations from Damascus and the cross-border hubs of Turkey and Jordan, as well as lesser activities from Iraq and Lebanon. The access strategy in the WoS framework is not clear on documentary basis: two sub-hubs have been set up to manage cross-border issues with Jordan and Turkey, since 2013. Jordan-based actors continue to deliver lifesaving assistance to populations in needs in the southern Syria. The coordination system for Turkey-based agencies currently consists of the Humanitarian Liaison Group, Inter-Cluster Coordination Group (ICCG), Clusters and other coordination forums – although none that concerns specifically access.

In neighbouring countries, the Regional Refugee and Resilience Plan (3RP) developed under the leadership of national authorities to ensure protection, humanitarian assistance and strengthen the resilience of affected populations, integrates and is aligned with existing national plans, including the country chapters in Egypt, Turkey and Iraq. UNHCR leads the inter-agency coordination for the Syrian Refugee Response while UNRWA is responsible for the coordination for the assistance to the Palestinians in Syria. Despite the existence of coordination fora, the response remains fragmented. In Lebanon, the role of INGOs in the global response design is increasingly limited despite some administrative improvements of the regulatory framework. DG ECHO also co-finances WFP's Food, Nutrition and Livelihood Assistance to the People Affected by the Crisis in the Syrian Arab Republic[82]. WFP holds a cluster-lead role in Logistics Cluster (thus coordinating logistic support to humanitarian actors. WFP also acts as Food Security Cluster lead.

Due to the evolving conflict, access is currently 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 is funding INSO as a specialized partner to improve the partners' safety management practices, but which is also strongly involved in access-related issues such as mapping and training. As in Afghanistan, INSO is also co-chairing the HAWG for north-west Syria.

In January 2013, the WFP-led Logistics Cluster was activated in Syria, as part of a streamlined effort to enhance coordination and operational capacity among the humanitarian actors active in Syria and augment the effectiveness of the overall response through the provision of a set of tailored logistics services. The Logistics Cluster currently facilitates access to crucial logistics services for all operations across the region, including land transport for inter-agency humanitarian convoys, cross-border transshipment, and storage services. Supply lines have to come either from Jordan in the centre and south, and from Turkey in the north.

HIP 2020: The EU is the leading donor in the international response to the Syria crisis. Together with its Member States, the EU has mobilised more than EUR 17 billion in humanitarian, development, economic and stabilisation assistance since the beginning of the crisis. Of this amount, the European Commission/DG ECHO has allocated more than EUR 2.8 billion in humanitarian aid to Syrians both inside Syria and in the region. A further EUR 5.58 billion was pledged by the EU and its Member States at the Brussels III Conference for 2019, representing 79% of all pledges.

Inside Syria, EU humanitarian assistance supplies over 40 humanitarian partners working countrywide where needs are the most acute. They are providing Syrians with food assistance and every other type of humanitarian assistance. As humanitarian organisations operate in very challenging circumstances, obstructed by insecurity and continued access constraints, they strictly adhere to the humanitarian principles of humanity, neutrality, impartiality and independence. As in all other country case studies except Venezuela and Yemen, DG ECHO is funding INSO in Syria, as a specialized partner.

[82] Source: Single Form 2019/00933/IR/01/01, Agreement number: ECHO/SYR/BUD/2020/91030

The case study is partly based on documentation review of 8 projects implemented by 8 partners (see full list in Annex B2) selected based on recommendations from the DG ECHO Syria team, and taking into account the specificity of access in Syria which should be seen in the three sub-contexts (GCA, NES, NWS) where operational modalities and access differ, the following sampling has been assessed for Syria.

DG ECHO strategy on access

In Syria, the successive HIPs have been 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 remained severely constrained by conflict, insecurity, administrative and bureaucratic impediments as well as systematic access denials. In areas under government control, UN agencies experienced relatively better access than INGOs.

For instance, the 2016 HIP for the Syria Regional Crisis allocated EUR 379,4 million (third modification) and noted that humanitarian access to people in need in Syria did not improve in spite of a series of Presidential Statements. The delivery of humanitarian aid remained subject to important restrictions and controls. Restrictions on movements, including visa approvals, and burdensome administrative procedures imposed on humanitarian actors by the Government continued to delay or limit the delivery of assistance. Requests to the Government for the facilitation of interagency convoys to access besieged, hard-to-reach and other areas located across conflict lines have often remained unanswered or were put on hold. Pressures on humanitarian actors to work in and across areas of control under different armed groups were contributing 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 lessons learnt below).

HIP 2020: DG ECHO's response was implemented based on the EU Strategy for Syria (and humanitarian principles). DG ECHO maintained its focus on multi-sectorial life-saving actions, set within the "do no harm" principle. Partners were expected to provide a Whole of Syria needs analysis together with justification, including costing, for the choice of hub(-s) and type of delivery. They were encouraged to participate in existing coordination mechanisms. The strategy builds on complementary advocacy actions as part of a humanitarian advocacy framework to sustain operational gains and improve the quality of the response. Protection remains a cross-cutting component across all sectors and as a stand-alone intervention.

Among priority actions, Emergency response and preparedness (First Line Emergency Response / FLER) includes access strategies. In addition to FLER, programming in under-served, contested, Hard to Reach, newly accessible areas, and areas with restrictive operational environment/prone to displacement, will be prioritized.

DG ECHO continues to favour the most relevant access modalities to deliver humanitarian assistance to vulnerable Syrians wherever they are in the country, even though remote management will only be considered when duly justified and where no other direct modality of intervention is available or reasonably feasible. With this objective in mind, DG ECHO has shown a high level of flexibility with its Syria partners since the start of the crisis - as flexibility is an (unwritten) part of the strategy.

DG ECHO has strongly supported humanitarian diplomacy as a key tool to broaden humanitarian space and facilitate access, despite limitations. DG ECHO has consistently promoted joint actions to facilitate access, in coordination with the concerned donors and international stakeholders.

Survey, KIIs: 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 has not facilitated humanitarian access. 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 includes the end of the Assad regime) appear 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 6 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.

Advocacy efforts by DG ECHO

KII: In the context of the Syrian crisis, efforts at humanitarian diplomacy by DG ECHO for the sake of access have 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. In the HIP 2018, DG ECHO pleaded that advocacy or Humanitarian Diplomacy should be conducted by partners at all levels.

These efforts were however curtailed by EEAS which was focusing on a global political plan for Syria that aimed to integrate humanitarian activities as a component of the overall plan. The plan managed to provide a single EU approach in extremely complex settings, but it also overshadowed somewhat the humanitarian principles of neutrality or independence (despite their inclusion in the EU Treaty). As such, the objectives of the EU strategy for Syria include both the political transition of the Assad regime (objective n°2 "Promote a meaningful and inclusive transition in Syria through support for the strengthening of the political opposition…") and neutral / independent humanitarian aid (objective n°5: "Save lives by addressing the humanitarian needs of the most vulnerable Syrians in a timely, effective, efficient and principled manner").

Risk analysis; enabling and limiting factors

Throughout the evaluation period, humanitarian access to people in need in Syria was severely constrained by conflict, insecurity, administrative and bureaucratic impediments as well as systematic access denials. Additionally, insecurity and increasing pressures on humanitarian actors to work in and across areas of control under different armed groups were contributing to gaps and delays in humanitarian assistance compared to the rising scale of needs in Syria. 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), and Resolutions 2393 and 2449 on cross-border and cross-line humanitarian access to Syria.

HIP 2020: Humanitarian access inside the country remains a key constraint for humanitarian actors operating from different operational hubs, despite the above-mentioned UN Security Council Resolutions. Humanitarian access remains one of the major impediments to the effective delivery of humanitarian assistance and the protection of civilians, including humanitarian workers, inside Syria. Parties to the conflict continue to severely restrict and block humanitarian access. NGOs conducting cross-border operations continue to face scrutiny and heavy administrative burdens to operate from neighbouring countries. Renewed efforts should continue to maximise the efficiency and effectiveness of the coordination mechanisms. Restrictive government regulatory frameworks and policies on asylum, assistance and/or registration continue to have a negative impact on the humanitarian

response, as well as on the capacity of OCHA to operate in a meaningful and independent manner. Meanwhile, operations on remote management remain a challenge.

A total of 26 International NGOs (INGOs) are registered to operate from Damascus. Additional NGOs are currently seeking official registration. The majority of cross-border assistance continues to be provided by UN agencies and INGOs based in Turkey, Iraq, Jordan and Lebanon, working with more than 200 Syrian NGOs/CSOs.

Lack of access to and limited availability of safe water, both in terms of quantity and quality, continue to affect Syrians disproportionately. Up to 55% of the population relies on alternative and often unsafe water sources to meet or complement their daily needs. With 10.2 million people exposed to explosive hazards throughout the country, the scale of ERW contamination is unprecedented. Civil documentation, Housing, Land and Property (HLP) issues, freedom of movement, GBV, particularly sexual harassment, early/forced marriage and domestic violence, remain other significant protection concerns

Considering the evolving context with the intervention of Turkey and the resistance of the Kurdish forces, conditions of access and humanitarian space became specific to the 3 areas respectively controlled by the government (GCA), in the Northwest (NWS) and in the Northeast of Syria (NES), although concerns regarding IHL violations and the protection of humanitarian workers were commonly shared across all of Syria.

- In GCA areas, while access is officially granted, administrative burdens limit movements of humanitarian actors, leaving areas without possible humanitarian assessment. Administrative burden leads to access constraints, leaving some areas underserved or uncovered.
- In NWS, insecurity due to ongoing hostilities and shelling are greatly hampering access to some areas, despite massive levels of need induced by large scale, continuous and fresh displacements. Continued negotiations are required to ensure the respect of humanitarian space by the various parties to the conflict. In areas affected by ongoing conflict, the deliberate targeting of hospitals, schools and civilians, remains a huge concern and may amount to war crimes.
- In NES, the Turkish incursion of October 2019 resulted in major displacement of people evacuation of humanitarian personnel, significant impediments to safe humanitarian access, and the risk closure of programmes.

Partners operating in NWS (sometimes remotely) had to access from Turkey only and could not cross the frontlines to other parts of Syria.
In addition, in the southeast of Syria some 12-14.000 IDPs were also stranded along the Jordanian border in the Rukban area (the "berm"). The border was closed except for a few medical cases, and the IDPs had very limited access to food, NFIs and health services. There were no NGOs operating in this area. Supporting advocacy to ensure that these populations get proper access to all relevant services with full respect of basic humanitarian principles remains therefore a humanitarian imperative.

Results of DG ECHO-supported approach

HIP 2020: Since 2018 and with recent control shifts, access from Damascus to areas located within government-controlled areas has increased, even though DG ECHO acknowledges that access is not always timely, regular or sustained.
From the sampling of partners and projects in Syria, there were no specific positive results on access to be found in the partners' reports. In view of the severe constraints and volatile situation, partners adopted when they could contingency and mitigation measures, such as: diverted supply routes by WFP, enhanced coordination with authorities for OCHA, or close cooperation with the Syrian Red Crescent (SARC) for DRC in government-controlled areas.

Cost-effectiveness (additional costs)

HIP 2020: to implement its strategy, DG ECHO considers an overarching emphasis on cost efficiency and effectiveness, including, but not limited to, vulnerability targeting, flexibility of actions responding to newly and/or quickly emerging needs, addressing basic needs through the most appropriate and relevant transfer modality depending on the context, improving inter-hub coordination and harmonization, capacity building. Activities which address recurring infrastructure costs such as care and maintenance of basic service networks, although recognised as important, are beyond the scope of DG ECHO's capability and will not be prioritised.

Added value of DG ECHO

Cross-cutting through all case studies: DG ECHO's added value for humanitarian access is high and is based on field presence, expertise, principled approach, network of partners and support to coordination mechanisms. However, the EU is often weak politically.

Lessons learnt

The huge amounts of aid provided by the EU (17 billion EUR) have not ensured a proportional political influence or better access on the ground.
The blurring of lines between principled humanitarian aid followed by DG ECHO and overall EU strategy (led by EEAS) focused on the political transition for Syria (which includes the end of the Assad regime may require further clarification in order to strengthen humanitarian space and access.

Venezuela

Country profile

Venezuela, officially the Bolivarian Republic of Venezuela, is a country on the northern coast of South America, consisting of a continental landmass and many islands and islets in the Caribbean Sea. It has a territorial extension of 916,445 km2, and the population of Venezuela was estimated at 28 million in 2019. The capital and largest urban agglomeration is the city of Caracas. The continental territory is bordered on the north by the Caribbean Sea and the Atlantic Ocean, on the west by Colombia, Brazil on the south, Trinidad and Tobago to the north-east and on the east by Guyana. Venezuela is a federal presidential republic consisting of 23 states, the Capital District and federal dependencies covering Venezuela's offshore islands. Venezuela is among the most urbanized countries in Latin America; the vast majority of Venezuelans live in the cities of the north and in the capital.
UNDP HDI: Venezuela (Bolivarian Republic of)'s HDI value for 2019 is 0.711— which put the country in the high human development category—positioning it at 113 out of 189 countries and territories.
DG ECHO : EU humanitarian aid: €238 million during 2016-2021.

Summary background

Access problems

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 2015, around 5.72 million Venezuelans have left the country.

In terms of humanitarian needs the HIPs note 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 have been gradually decreasing. Food supplies for instance are much needed but in a context of international tensions and internal political rivalries, the

government has been denying the severity of the crisis on its own population – including in relation to COVID - and has been impeding humanitarian shipments, despite efforts by the Red Cross.

Regarding access, a coalition of Colombia, Brazil, the US and the Netherlands has been using three main 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.

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 are 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, 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 county, registration processes for humanitarian organizations remain complex. Visa restrictions depending on nationality of origin remain unpredictable.

Needs of beneficiaries

OCHA HNO: The humanitarian situation in Venezuela continues to have an impact on the physical and mental well-being, living conditions and protection of the 7 million people estimated to have humanitarian needs in 2019. Household income, savings and consumption have all declined. The food security assessment carried out by WFP between July and September 2019 estimates that 2.4 million people are severely food insecure. While the Government has made significant efforts to maintain social protection programmes, the situation has negatively impacted the living conditions of the most vulnerable people, particularly in terms of their access to food, medicines and medical treatment. The health system in Venezuela is currently under strain as a result of several factors. These include the departure of personnel from the health system due to low salaries among other factors; disruptions to the primary healthcare system and hospital infrastructure; interruptions in water and electricity supplies; and shortages of drugs and medical supplies. The functionality of infrastructure and essential services including water, electricity, domestic gas, fuel and transport have also been affected. In addition, and as a coping mechanism, the situation has led to considerable human mobility as people search for better living conditions and access to basic services and/ or protection. People are moving both internally towards border, mining and urban areas, as well as to other countries. However, with the COVID-19 pandemic, there have been an increasing number of returnees.

HIP 2020: Specific needs are outlined as follows.

- Nutritional monitoring needs to be addressed in parallel with water supply, health and nutritional support to the most vulnerable groups, notably pregnant and lactating women, under-five children, people with disabilities and elderly people.
- Complementary multi-sectoral actions aiming to prevent a further deterioration of the living conditions and an exacerbation of the exposure to risks of the affected populations may also be required, including access to health services, water, sanitation and hygiene to reduce the main causes of morbidity and malnutrition.
- Access to education and protective spaces for children is also needed. The provision of protection, information and assistance to IDPs and refugees in third countries needs to be focused on the most vulnerable people and adapted to the specific cases identified.

- Prevention and response to violence, abuse and human trafficking are particularly relevant. In this respect, access to qualitative and inclusive education and protective spaces for children are needed, as well as psychosocial support and case management for survivors of gender-based violence and exploitation. The situation is of special concern in border States as well as in urban and peri-urban areas.
- Multisectoral emergency assistance to IDPs and all along the migratory route, including protection, legal aid and counselling, civil documentation and information on rights and procedures, needs to be focused on the most vulnerable and tailored to the specific cases identified.
- Basic food items are sold at subsidised prices through local provision and production committees (Comites Locales de Abastecimiento y Producción - CLAP). The distribution of subsidised food supplies, managed by the military, is increasingly irregular and reduced in terms of quantity, quality and frequency. 70 to 76% of households report not receiving their CLAP boxes regularly. This situation affects particularly the population living outside Caracas, and vulnerable groups with minimal purchasing power.

In addition, according to UNHCR at least 4.63 million Venezuelans have left the country since 2014, and recent conservative estimates point to more than 7 million by end 2019.

Aspects of humanitarian principles, IHL

The approaches to access by DG ECHO and its partners have always been carried out in accordance with humanitarian principles, despite heavy challenges; humanitarian principles were ignored or poorly understood by parties in conflict.

Stakeholders

HIP 2020 : DG ECHO is currently the leading donor in Venezuela.

The Regional Migrants and Refugees Response Plan 2019 (RMRP) requested USD 738 million, of which only USD 444 million (60%) were covered by 1 October 2019. The main donor to the RMRP is the US, with more than USD 200 million allocated for multi-sectoral response. DG ECHO is the second largest donor to the Plan, followed by Canada (USD 7.6 million), Germany (USD 7 million), and Japan (USD 6.7 million). In September 2019 DFID announced funding for around GBP 30 million, out of which 30% in response to the migration crisis. Canada significantly reduced its already limited funding for Venezuela after the Canadian Embassy's staff left the country in May 2019. Other EU instruments include DEVCO and IcSP.

The response capacities of the countries hosting more than 4.3 million Venezuelan refugees and migrants are completely overwhelmed, with health and education services on the verge of collapse. Humanitarian assistance being provided remains largely insufficient compared to the level of needs. Most host countries have joined a technical group (Quito Group) with the aim of coordinating their migration policies, elaborating joint initiatives and raising international support.

The DG ECHO desk in Venezuela explained that most NGO partners in the country have been very concerned over their access issues, which were related with access to the country, difficulties to operate and ultimately access to the beneficiaries. To cite the most concerned ones: MdM-ES, DRC-DK/HI-FR (consortium), OXFAM-ES/MCE-UK (consortium), DIAKONIE-DE, PUI-FR, IRC-DE. All these partners have been working their way around to gain more access since 2019. The difficulties increased during 2020 and the Pandemic and more powerful grip of the Government on all humanitarian actors.

The case study relies partly on documentation review of 6 interventions implemented by 6 partners sometimes over several years. The full list of projects is available in Annex B2.

DG ECHO strategy on access

The desk review has included the HIPs from 2017, 2018, 2019 and 2020. Contrary to the HIPs for the other country case studies, the HIPs for Venezuela lack a comprehensive analysis about access constraints and contain only notes on humanitarian needs (Chapter 2 of the HIP) and humanitarian response.

This was slightly expanded in the HIP 2020: Against the backdrop of growing humanitarian needs and limited funding, DG ECHO supported common, integrated and targeted approaches and inter-operable beneficiary platforms to address basic needs through the most relevant and cost-efficient approach (preferably cash transfers when feasible). In Venezuela, the response strategy, in a context of limited presence of international donors, included multi-sectoral actions addressing the most pressing needs of the affected population, with focus on most vulnerable groups (under-five children, pregnant and lactating mothers, people with disabilities and other specific needs, elderly, indigenous groups), and specific attention to health, WASH, education, protection, as well as nutritional and food needs. Special attention was paid to border zones as well as to peri-urban vulnerable areas. The strategy does not mention logistics.

As part of the EU global response to coronavirus, in August 2020, a Humanitarian Air Bridge Operation consisting of 2 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, medicines but also of water purification equipment and family hygiene kits.

A KII confirmed there is an access strategy by the international community (there was no documentary evidence on this) but it is not really implemented and would benefit from more support by donors such as DG ECHO. The previous HC was not keen on making access a priority and that led to frustration by many actors. Similarly, there is a need to create a strategy on humanitarian diplomacy because there is no clear line - although everyone agrees that this is a problem.

Advocacy efforts by DG ECHO

In Venezuela, where international efforts to implement an access strategy are still incipient, DG ECHO is nevertheless in a leading position on access. The international community's access strategy is not really implemented and would benefit from more support by donors such as DG ECHO. The previous Humanitarian Coordinator was not keen on making access a priority, which led to frustration by many actors. Similarly, there is a need to create a strategy on humanitarian diplomacy because there is no clear line - although everyone agrees that this is a problem. 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'.

DG ECHO has strongly supported humanitarian diplomacy as a key tool to broaden humanitarian space and facilitate access, despite limitations. DG ECHO has consistently promoted joint actions to facilitate access, in coordination with the concerned donors and international stakeholders. 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.

Risk analysis; enabling and limiting factors

ACAPS explains that 'While the government recognizes the existence of humanitarian needs in the country, it continues to play down the scale of needs – including in relation to COVID-19 – and restricts independent assessments of the humanitarian crisis. Humanitarian aid is highly politicized and interference in humanitarian operations is common. 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. Registration processes for humanitarian organizations remain complex. Humanitarian coordination structures were set up after February 2019. While international humanitarian staff is allowed to enter the county, the difficult process to register organisations and a ban on imports hamper humanitarian operations. Visa restrictions depending on nationality of origin remain unpredictable.

Although a new legal framework for the registration of international NGOs was approved in October, it is unclear whether its implementation will improve their operability. COVID-19-related restrictions on international travel and transport have further hampered the entry of humanitarian staff and goods. Some organizations have not received special permits (*salvoconductos*) that would allow them to operate within the country despite movement restrictions. Fuel shortages also affect humanitarian organizations – hindering the implementation of activities – even when they have obtained the necessary permits. The presence of armed groups, a volatile security situation in some parts of the country, and infrastructure disruptions further impede humanitarian operations. Analysis of humanitarian access is limited by information gaps.'

In the HRP 2018, the main operational challenges included:

- Importation of most humanitarian supplies, including vaccinations and medicines, is required. Maritime and air shipments are often delayed, and customs clearances can take time prolonging the delivery of assistance. Humanitarian supplies are sometimes not exempt from taxes and customs clearance, especially for NGOs, and/or there are delays in getting taxes reimbursed.
- The ability to move supplies in country and to carry out programme activities is constrained. There are limited road transportation fleets and the lack of fuel and spare parts can cause significant delays in the distribution of supplies. Regular interruptions in electricity and communications services, including fixed and mobile telephones and internet, also affect day-to-day work and programming outside of the capital.
- Access to remote locations and border areas, which have significant humanitarian needs, can be challenging due to long distances, poor road conditions, reduced air transport and the lack of services along the way. This increases costs and causes delays in the implementation of programmes.

HIP 2020: In Venezuela, the highly politicised environment, the operational and administrative difficulties combined with access issues and limited availability of qualified humanitarian staff may have a negative impact on humanitarian aid delivery. Due to security reasons, border areas with Colombia in receipt of large numbers of migrants are among the most difficult to work in.

Results of DG ECHO-supported approach

An example of positive results was found 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" which take into account the context, facilitate implementation of projects and have informed 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 that do joint advocacy.

- The funding of the only information management network led by local organisations, which provides nationwide data about humanitarian situation.

From the sampling of partners and projects, few specific positive results on access were found in the partners' reports, as their activities were constrained by political factors which the partners could not address alone – such as the legal registration of humanitarian actors in Venezuela. Reports mention for instance 'making progress in negotiations with the Ministry of Health to obtain the necessary permits' for MdM, or taking part to coordination fora (out of Venezuela) for IRC, PUI, Diakonie or Oxfam.

Cost-effectiveness (additional costs)

No specific country findings (general analysis only)

Added value of DG ECHO

Cross-cutting through all case studies: DG ECHO's added value for humanitarian access is high and is based on field presence, expertise, principled approach, network of partners and support to coordination mechanisms. The field presence of DG ECHO in CCS is one of the main elements of DG ECHO engagement in Venezuela in terms of assessment of situation, advocacy and defence of Humanitarian principles. However, the EU is often weak politically.
There was however an added value regarding Spain in the context of the Venezuela country case study, as the EU ambassador has been declared 'persona non grata'. For instance, there are still less visa restrictions for Spanish citizens in Venezuela, and Spain was also an EU broker for Cuba.

Lessons learnt

In some crises (former colonies…), some EU member states may have more weight and influence: this can be both a strong point (access to authorities) and a weak one (defiance, lack of trust).

Yemen

Country profile

Yemen is a country in Western Asia, on the southern end of the Arabian Peninsula. It borders Saudi Arabia to the north and Oman to the northeast and shares maritime borders with Eritrea, Djibouti, and Somalia. It is the second-largest Arab sovereign state in the peninsula, occupying 527,970 square kilometres. The coastline stretches for about 2,000 kilometres. Yemen's constitutionally stated capital and largest city is Sanaa, but the city has been under Houthi control since the civil war that started in February 2015 and has since become the 'northern' capital. The 'southern' capital is Aden, where the Internationnally Recognised Government established itself besides the President and some Ministers being based in Rihadh, Saudi Arabia. Population in December 2020: 29.8 million. It was 17.4 million in 2000.

UNDP HDI: Yemen's HDI value for 2019 is 0.470— which put the country in the low human development category—positioning it at 179 out of 189 countries and territories.

DG ECHO: EU humanitarian funding: €692 in the period 2015-2021.

HIP 2020: DG ECHO's Integrated Analysis Framework for 2019-2020 identified extreme humanitarian needs in Yemen. The vulnerability index is 7.8 and hazard and exposure index is 8.1. Lack of coping capacity index is 8. Additionally, according to the INFORM Crisis Index, the country remains with both the highest conflict intensity score (3/3) and uprooted people index (3/3).

Summary background

Access problems

ACAPS: 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 since 2020 the COVID restrictions. Access and security constraints are compounded by the lack of monitoring and data collection.

HIP 2020: 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. The

number of people in need living in hard-to-reach areas increased from 5 million in April 2019 to 19 million in August 2020 – most of whom live in northern governorates.

In the HIP 2019, the chapter 2 on humanitarian needs mentioned in particular the issue of the battle for Hodeida port which is, in normal circumstances, the entry point for 70 per cent of all imports required in Yemen. While the port has remained operational, levels of imports channeled through Hodeida 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 has also affected humanitarian movements and increased the duration of humanitarian operations. Fuel and gas shortages – largely a result of competition between parties to the conflict to control markets – disrupt electricity, water, sanitation, and health services and raise the cost of basic goods.

According to the ACAPS report of December 2020, Yemen is classified among the countries with 'extreme constraints' in terms of humanitarian access. 5 indicators out of 9 are 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.

Needs of beneficiaries

HIP 2020: 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.

OCHA HNO 2021: Based on the HNO analysis, 20.7 million people – 66 per cent of the population – are estimated to need humanitarian assistance in 2021; 12.1 million people of whom are estimated to be in acute need. These people are facing crisis or worse levels of severity of needs, in obtaining the necessities of life, maintaining their health and wellbeing, and the coping strategies employed just to stay alive.

Food insecurity and malnutrition are the main drivers behind the number of people in need. 16.2 million people will go hungry in 2021 (Integrated Food Security Phase Classification (IPC) Phase 3 or higher). This includes 5 million people facing emergency conditions (IPC Phase 4) and nearly 50,000 who were already experiencing catastrophe conditions (IPC Phase 5). Over 2.25 million cases of children aged 0 to 59 months, and more than a million pregnant and lactating women are projected to suffer from acute malnutrition in the course of 2021. In addition, over 15.4 million people are in need of support to access their basic water and sanitation needs, of whom 8.7 million are in acute need. Yemenis are increasingly forced to resort to negative coping mechanisms in relation to WASH access and behaviours, significantly heightening the risk of malnutrition and increasing WASH-related disease and outbreaks including, cholera and dengue. Protection of civilians remains a priority in Yemen. Some of the highest levels of vulnerability are concentrated in IDP sites where very few services are available.

Survey and KIIs: overall, feedback from key informant interviews is that partners believe the needs of the most vulnerable were taken into account wherever possible, specifically the needs of women and children, elderly and disabled, for example within Health, Nutrition, Cash, WASH, EiE, RRM, and Food Security targeting criteria and activities. Beneficiaries at WFP site visits near Al Mukalla, as well the CARE beneficiaries in Taiz, responded that targeting included all vulnerable households. EiE interventions were also reported to have focused on the most severely affected areas.

Aspects of humanitarian principles, IHL

The approaches to access by DG ECHO and its partners have always been carried out in accordance with humanitarian principles, despite heavy challenges; humanitarian principles were ignored or poorly understood by parties in conflict. In a framework of overall diplomatic engagement, 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 4 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 Taizz, as well as severe naval and air restrictions or de facto blockades by the coalition, which have widespread and devastating effects on the civilian population.
In Yemen, OHCHR has published to date 3 successive reports (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, has repeatedly denounced the human rights violations in Yemen.

Stakeholders

HIP 2020: According to OCHA (April 2019), 119 organisations are working in Yemen (9 UN Agencies, 33 INGOs and 77 national NGOs). The areas with the highest density of actors are the southern and western coastal areas and central highlands. The UN has established five operational hubs: Sana'a, Hodeida, Sa'ada, Ibb and Aden governorates.

The consistent support of DG ECHO to the UN cluster system and the international coordination mechanisms in Yemen is testified by the annual funding agreements with OCHA and the lead and co-lead agencies of various clusters, sub-clusters and working groups (DRC, IOM, STC, UNFPA, UNHCR, UNICEF, WFP, WHO). In terms of access, the Inter Cluster Coordination Mechanism (ICCM) led by OCHA includes the Humanitarian Access Working Group (HAWG).

Among key DG ECHO partners concerned with access partners are: OCHA, WFP, the members of the DG ECHO-funded consortia for CCCM and cash (CCY), ICRC and NRC.

The ICRC in Yemen has maintained its customary discreteness. ICRC managed to maintain its presence despite some serious security incidents faced, including the killing of one of their staff members in April 2019, which led to a drastic temporary downscaling of ICRC activities.

Yemen is one of the 'countries in focus' of NRC for humanitarian access; the NGO has published a 'Briefing note' on this issue in May 2020, which was however considering the whole of east Africa together with Yemen and focusing on the consequences of COVID-19.

In Yemen, the Logistics cluster has storage facilities in Aden, Bajil (near Hodeida) and Sana'a; transport is usually organised by sea cargo from any port of origin to Al Hodeida, and onwards by inland road transport from Sana'a, Aden, Al Hodeida and Bajil. The cluster has dedicated staff based in Aden, Hodeida and Sana'a, where regular Logistics Cluster coordination meetings take place.

The Nexus process, still incipient, is also described in Part A of the report.

The case study partly relied on document review of 4 main projects that span several years (notably for OCHA and WFP) in addition to the set of project selected for the Yemen component of the evaluation. The list of additional project for access is available in Annex B2.

Local actors: the Houthi authorities gradually became more rigid towards humanitarian aid and strengthened their control. In November 2019, the Supreme Council for the Management and Coordination of Humanitarian Affairs (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). The stated aim of SCMCHA is to centralise decision-making and improve aid programs; 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 robust role in controlling and directing humanitarian programs 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 that leverage their administrative power either to provide authorisations or to block or delay processes, are still present but have been reduced.

There is wide consensus within Yemen's humanitarian community that the establishment of SCMCHA has 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 highlights 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.

A point in case of OCHA's weakness in some situations was found in Yemen, where the Humanitarian Access Working Group (HAWG) which is co-chaired by OCHA, has been impacted by poor coordination, unclear reporting structures and conflicts of personalities. The HAWG has not been able to operate effectively for most of the reporting period. An analysis has been collected regarding the performances of the HAWG in Yemen, from two former HAWG co-leads for the periods 2016-2017 and 2019 - 2020. In substance:

- In 2016-17, 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, was trespassing them in the field (due to pressure to implement?) and was undermining 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.

- The HAWG tried to have the access strategy endorsed by the interim RC while waiting for the replacement RC (who arrived only in March 2021), but failed.

DG ECHO strategy on access

Access is at the core of DG ECHO's advocacy in Yemen. There is no specific strategy on this issue, but access is a cross-cutting theme in all DG ECHO interventions.
The overall DG ECHO strategy for Yemen with 2 entry points, reinforced by key horizontal and support actions, is described in part A of the report (entry point 1: Integrated response to populations directly exposed to conflict and displacement; entry point 2: Integrated response to the health, nutrition (SAM and MAM) and food security crises).

The HIPs were modified several times to take into account new access constraints, such as in 2018 to address the impact of the Hodeida blockade (EUR 50 million) or in 2020 to sustain the humanitarian logistic capacity in the country among other priorities (EUR 70 million). Such modifications have strengthened the relevance of the HIP as a strategic tool.

Regular dialogue with the partners and flexibility in providing support or allowing no cost extensions when required by access constraints, have been an important (but not written) par of DG ECHO's strategy.

Advocacy efforts by DG ECHO

In Yemen, advocacy has been consistently carried out by DG ECHO at all relevant levels, from the SOMs to international coordination mechanisms, and to specific operations concerns (described in part A of the report).

DG ECHO has strongly supported humanitarian diplomacy as a key tool to broaden humanitarian space and facilitate access, despite limitations. DG ECHO has consistently promoted joint actions to facilitate access, in coordination with the concerned donors and international stakeholders. 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 have been detailed in first part of this report. To summarise, DG ECHO-supported efforts at coordination and advocacy on access are to be 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. Positive results can also be found at all levels, despite strong challenges.

The EU IHL (COJUR) report for 2019 mentioned that the EU continued its diplomatic engagement on the crisis in Yemen on the international front. During the reporting period, 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. This engagement also took place outside Yemen, in contacts with regional stakeholders and in international forums: the annual Geneva Pledging Conference held in Geneva, the Dialogue with Iran, and at regular meetings of the UN Security Council.

In the EU Council's Conclusions on Yemen of 25 June 2018, the EU called on "all parties to the conflict to comply with their obligations under international humanitarian law to allow and facilitate the safe, rapid and unhindered access for humanitarian supplies and personnel to all people in need in all affected governorates."

In December 2018 EU Member States approved the Terms of Reference of a demarche to be conducted by the EU Delegations to Yemen, Saudi Arabia and the United Arab Emirates on humanitarian access to Yemen. The demarche was conducted by all three Delegations in December 2018. The Head of Delegation to Yemen visited Sanaa in June 2018 and urged the Houthi to respect humanitarian law and ensure access for humanitarian assistance.
A 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 – humanitarian space and access - raised grave concerns among donors and actors. The deterioration 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 organized in 2020 and 2021, which were co-led by DG ECHO.

The 1st SOM was co-hosted by DG ECHO and Sweden on 13 February in Brussels. The SOM was a meeting of Humanitarian Senior Officials on the humanitarian crisis in Yemen, with the participation of the main humanitarian actors. All participants – donors, UN agencies and INGOs – assessed the situation and expressed a shared concern and commitment to act collectively along the following lines. They all agreed then that the operating environment in Yemen, particularly in the north, had rapidly deteriorated shrinking the humanitarian space dramatically. Obstacles were constantly imposed impeding access and hampering the delivery of aid. International and national humanitarian staff was under threat and direct attacks in many parts of the country. Donors reaffirmed their full support for the UN, INGOs and other humanitarian actors, who were operating under such extreme and difficult conditions on the ground.

Participants unanimously stated that this situation was untenable and had reached a breaking point. The delivery of life-saving assistance was at risk. A concrete step change of the situation was urgently needed. All restrictions, obstructions and interferences violating humanitarian principles should be sustainably removed immediately and once and for all. They agreed on moving forward with a common plan re-calibrating humanitarian aid activities, including a phased downscale, or even interruption, of certain operations, if and where principled delivery was impossible and as long as this occurs. It would include indicators, based on risks, to measure and verify progress allowing for resumption of aid. The scale of future funding would depend on the ability to carry out operations in line with humanitarian principles and donors' regulations.

The 2nd SOM took place in virtual format on 12 November 2020 with the participation of 47 among the main humanitarian actors active in the country : in addition the EU (DG ECHO, INTPA, EEAS, the EUD) and the UN RC, 6 Member States took part (Germany, Sweden, the Netherlands, France, Belgium and Denmark) together with senior representatives from US, UK, Canada, Japan and Switzerland, donors from the Gulf (KSA, UAE, Kuwait, Qatar), The World Bank, ICRC, 11 UN agencies, 9 INGOs and 4 Yemeni NGOs.

Donors reaffirmed the 7 areas or 'asks' which parties to the conflict must respect in Yemen to enable access and allow accountable, efficient, effective and principled delivery of assistance:

1. Avoid taxation of humanitarian aid through levies or any other form of tax;
2. Implement WFP biometrics and re-targeting pilot project and bring it to scale;
3. Approval of Principle Agreements avoiding clauses in breach of humanitarian principles;
4. Facilitate the timely approval of project sub agreements;
5. Allow unrestricted needs assessments so aid can be allocated based on needs without exclusion of marginalised populations;
6. Respect humanitarian actors' independence and accountability in managing donors' grants and;
7. Facilitate humanitarian staff entry into Yemen, operational movement across the country and monitoring.

A 3rd SOM meeting was organized in June 2021, with strong focus on resilience. The objectives and achievements of the SOMs have already been detailed under EQ7 (advocacy).

The SOM process in Yemen must be seen as a key strategic initiative in which DG ECHO was instrumental. The SOMs are relevant to address access challenges. The SOM process in Yemen and the monitoring of progress by a Technical Working Group (TMG) have delivered some positive results but their effectiveness is limited by the procrastinations of authorities in the North.

After protracted discussions with SCMCHA, the TMG SOM tracker table showed in the course of 2021 some progress in the first 4 'asks': the 2% levy has been cancelled, pilot projects on biometrics were implemented, and the backlogs on principal and sub-agreements were being reduced (see under 'results' below). There was also some progress on the organisation of the assessments.

Risk analysis; enabling and limiting factors

Challenges to access (and humanitarian space) are found in conflict and insecurity including targeted attacks against humanitarian and the expansion of non-state armed group, brutal IHL violations, regular administrative and bureaucratic impediments, shortage of funding, and since 2020 the COVID-

10 restrictions. Access and security constraints are hindering physical access, qualitative monitoring of activities, data collection, and the ability for aid agencies to significantly expand their operations.
In the WFP/ Logistics cluster 'Concept of Operations' note of May 2020, the main 'logistics gaps and bottlenecks' on the ability of humanitarian organisations to respond to the crisis in Yemen were identified as onerous bureaucratic processes and disruptions in access to many parts of the country. Specifically, the following logistical constraints have been identified:

- Transport of humanitarian aid between southern and northern Yemen, as well as to and from neighbouring countries, is affected both by conflict dynamics and the need for multiple clearance processes.
- Closure of Sana'a Airport, due to COVID-19 preventative health measures. Overall limited international transport options into Yemen - especially by air – including a reliable international supply chain route directly to the north of the country.
- The absence of commercial sea liner services to Hodeida port, to facilitate the delivery of containerised cargo into northern Yemen.
- Limited suitable in-country storage capacity in some key locations to meet humanitarian actors' needs.
- Limited temperature-controlled storage capacity in-country.
- Irregular overland transport capacity from neighbouring countries.
- Significant delays in humanitarian cargo transport and delivery into and across Yemen, due to COVID-19 related preventative health measures

HIP 2020: Operational constraints in terms of: i.) Access/humanitarian space; Combats, the constant brutal IHL violations, very heavy administrative and bureaucratic constraints, financial and security constraints, including targeted attacks against humanitarians and the expansion of non-state armed group, hinder the delivery, coverage, quality and efficiency of humanitarian aid in one of the most difficult environment. As a result, humanitarian organisations adopt a variety of implementation and monitoring modalities. Maintaining direct management over beneficiary selection, project implementation and monitoring of activities is essential and often requires to engage in lengthy negotiations.

Hodeida port is in normal circumstances the entry point for 70 per cent of all imports required in Yemen. A prolonged battle over the control of the port was having dramatic consequences not only for the city inhabitants, but also for the population living in Houthi-controlled areas, which are largely supplied from Hodeida (i.e. 70 per cent of Yemen's population). While the port has remained operational, levels of imports channeled through Hodeida are largely insufficient and shipping companies are increasingly 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. Persistent fighting across the country and lack of safety assurances have led to the suspension or re-location of humanitarian programmes, the withdrawal of humanitarian personnel in areas closest to the clashes, and blocked movement of humanitarian cargo. Humanitarian organisations struggle to collect local data and many humanitarian needs assessments and monitoring activities are based mostly on remote data collection. COVID-19 also affected movement between April–June and increased the duration of humanitarian operations. Conflict across the country continues to disrupt people's access to markets and services and causes difficulties for humanitarians delivering assistance. Fuel and gas shortages – largely a result of competition between parties to the conflict to control markets – disrupt electricity, water, sanitation, and health services and raise the cost of basic goods, overwhelming humanitarian response in a country where access is very challenging. Access is likely to further decrease if the conflict escalates across the country.

Results of DG ECHO-supported approach

An example of positive results was found in Yemen: there was evidence of the effectiveness of the Technical Monitoring Group (TMG), which is strongly supported by DG ECHO, has been found in the progress registered regarding 4 of the 7 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 is 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 is 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 has been some progress over the approval of sub-agreements. As of December, over 120 sub-agreements worth 243 million USD have been approved. Further progress is 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.
From the sampling of partners and projects, the following positive results – related directly or indirectly to access - were found in the partners' reports.

- At the beginning of the conflict, under the agreement 2015/91004, OCHA has significantly and rapidly strengthened its engagement with humanitarian actors and the authorities to promote the expansion and scaling up of humanitarian action. OCHA's presence in the hubs has significantly enhanced its capacity to identify and document constraints to humanitarian action and recommend remedial action.
- Under agreement 2018/91012, UNFPA could arrange a long-term procurement deal with a local vendor who is providing 2,000 dignity kits per day within two weeks' time. UNFPA has also procured dignity kits through Aden which further mitigates supply chain interruption.
- UNHAS has been supported by DG ECHO as from 2016 (agreement 2016/91016). Besides complementary air services provided by MSF and ICRC, mainly for their own staff, UNHAS is the only common air service facilitating passenger movements into Sana'a for the entire humanitarian community. UNHAS has been operating regular scheduled flights from Djibouti to Sana'a and from Amman to Sana'a, since May 2015 and May 2016 respectively. In March 2017, UNHAS launched regular flights between Djibouti and Aden. UNHAS traffic increased from year to year. An increase in the volume of passengers in 2018 translated into increased activity compared to the previous years, with 2,561 passengers transported in 2015, 6,670 passengers transported in 2016, and 9,184 passengers transported in 2017. Overall, 72 organisations used UNHAS in 2017, including 16 UN agencies and 56 international NGOs. Between January 2019 and June 2020, UNHAS transported a total of 23,127 passengers onboard its planes from 66 organisations ; on average 1,560 passengers were transported per month. In addition, UNHAS was vital in facilitating over 80 medical evacuations.

Cost-effectiveness (additional costs)

Desk, KIIs: elements of cost-effectiveness were found in the interactions and coordination between SCMCHA in the North and aid organisations. SCMCHA has introduced onerous restrictions, which have hampered humanitarian access and operational capacity across northern Yemen. In particular, the Houthis has introduced a 2% tax on all aid entering Yemen, officially to monitor how the UN spends aid money and to ensure that they do not collude with foreign intelligence services. The suspension of this tax has been a major request of the SOM, and positive progress on this issue has been monitored by the TMG tracking matrix.

Survey: regarding the contribution of DG ECHO's support in favor of access to a reduction in administrative delays (e.g. authorizations to operate, visas, etc.) and its support throughout the project cycle to limiting the extra-costs incurred by partners due to access constraints, the responses are quite positive (80% of respondents strongly or somewhat agree). This is also the case concerning the statement that DG ECHO's support in favor of access contributed to maintaining the activities as originally planned (e.g. focus on same beneficiaries, types of activities, location, etc.): 76% of the respondents agreed

Added value of DG ECHO

Cross-cutting through all case studies: DG ECHO's added value for humanitarian access is high and is based on field presence, expertise, principled approach, network of partners and support to coordination mechanisms. However, the EU is often weak politically.

Lessons learnt

Despite shortcomings, the SOMs and the TMG monitoring of their objectives can be considered as examples of good practice in humanitarian diplomacy, as (1) they were co-led by DG ECHO, (2) they led to some concrete and measurable/measured results, and (3) no other similar mechanism could be observed among the case studies.

ANNEX B4 – SURVEYS AND LIST OF PERSONS CONSULTED ON HUMANITARIAN ACCESS

This annex is structure as follows. The first section presents methodological elements on the surveys documenting both DG ECHO's staff and DG ECHO's partners perception of how DG ECHO's approach humanitarian access challenges. The following three section provides the results from the online survey consultations of DG ECHO's staff, DG ECHO's partners and finally DG ECHO's partners separately by country. Finally, the annex provides the list of key information interviews conducted specifically regarding humanitarian access.

Methodology

Objectives and process

Overall, three surveys were prepared in the context of the Evaluation of the European Union's humanitarian interventions in Yemen and in Humanitarian Access 2015 – 2020. One survey targeted DG ECHO's partners in Yemen and covered both the EU's response to the Yemen crisis as well as EU's approaches to humanitarian access. The remaining two surveys collected information on EU's approach regarding global humanitarian access, one targeted DG ECHO's staff and the other DG ECHO's partners in 6 country case studies. This section presents both surveys on humanitarian access as well as the module of the Yemen survey that covered humanitarian access.

Details on each of the targeted respondents' group are provided below:

1. **DG ECHO's staff**: This group includes DG ECHO's staff members that have been working operationally on humanitarian context(s) which presented challenges in terms of humanitarian access over the evaluation period (2015 – 2020). It comprises persons that are/were based in regional offices and country offices as well as in HQs during this/these situation(s).
2. **DG ECHO's partners on Global Humanitarian Access**: This group includes persons who worked for a partner of DG ECHO in one of the seven country contexts selected for the evaluation: Afghanistan, Central African Republic, Nigeria, South Sudan, Syria, Venezuela and Yemen. In Yemen, all targeted DG ECHO partners also responded to a module on humanitarian access challenges comprised of a subset of questions from the questionnaire sent to the other 6 country case studies. It includes different categories of partner (International NGO, UN agency, Red Cross – Red Crescent organization and EU member state cooperation agency) and persons that are/were based in regional and field offices as well as in HQs.

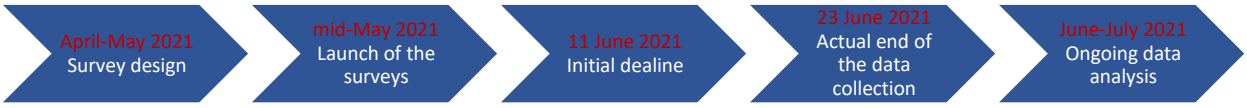
Questions included in the surveys were formulated based on the evaluation questions (EQs) and judgement criteria (JCs) as presented in the evaluation matrix in Annex I. It allowed to collect key information on the types of access challenges faced by DG ECHO's partners across contexts and on their perception of DG ECHO's response to these challenges.

The remainder of this section provides detailed information on the implementation of the surveys (including dissemination strategy and response rates) while the survey results are presented in the following sections on this annex.

Dissemination Strategy

The surveys were launched in the second half of May 2021on the EU Survey Platform and remained open for around a month, until June 23rd. The different phases of dissemination are presented in Figure 10 below. The pool of potential respondents has been identified with the support of DG ECHO. Links to the online survey were disseminated to the respondents via emails by ADE, and 1 reminder has been sent.

Figure 10: Timing of the survey



The following measures have been taken to increase the chances to reach a high response rate and to ensure that the targeted respondents had a relevant experience regarding Yemen and DG ECHO:

- Formulate clear and concise survey questions
- Design a short survey (not more than 15 min) and therefore focusing on key dimensions of the partners' experience in Yemen. Piloting the survey allowed to validate its length prior the launch.
- Launch the survey on the EU Survey Platform, which is user friendly, can be reached via smartphone and complies with the GDPR requirements of the European Union.
- Opt in favour of "closed" multiple choice questions with only a limited number of "open" questions to collect specific examples
- Ensure that the respondents and key representatives from the different partners were informed about the survey and kindly requested to participate by DG ECHO before the launch
- Extend the duration of the survey and send a reminder to respondents to maximise the number of respondents.
- Carry out a continuous follow up and communication with respondents in case they had issues with the surveys; and encourage the respondents to share the survey to other relevant partner representatives if they felt they were not the best person to reply.
- Disseminate the survey to the persons contacted for Key Informant Interviews during the field phase.

Response rates

Survey for DG ECHO's staff

Out of 485 DG ECHO staff contacted to answer the survey (234 at headquarters and 251 in the field), only 66 completed the survey corresponding to a response rate of 14% which is acceptable from a statistical point of view but lower than expected. However, some respondents did not have sufficient experience with humanitarian access challenges and only 45 complete responses were considered in the analysis. At the end, the response rate reached 9% which is not entirely satisfactory. In particular, only 4 ECHO Field staff replied to the survey which is a constraint in terms of evaluability. On the positive side, the respondents were spread across units which ensured a degree of diversity in the source of information collected (see the distribution of respondents across units in Section 2 below).

Survey for DG ECHO's partners on Global Humanitarian Access

A total of 71 partner representatives from six countries have been contacted for this survey to which one should add 3 unexpected answers from Yemen, which brings to total number of persons reached to 74. Indeed, the survey has been forwarded to three persons in Yemen that had not been contacted initially. The table below summarizes the coverage of the survey per country.

Country case studies	Number of persons reached	Number of respondents	Response rate
Afghanistan	9	9	100%
CAR	8	6	75%
Nigeria	15	4	27%
South Sudan	19	7	37%
Syria	9	1	11 %
Venezuela	11	4	36 %
Yemen*	54 / -	24 / 3	45% / -
Total	**74**	**34**	**46%**

* In Yemen, only a subset of the survey on global humanitarian access was administered in combinaison with the survey on EU's response in Yemen. Thus, 24 persons replied to this subset of question (out of 54 targeted). In addition, 3 persons based in Yemen replied to the entire questionnaire on global humanitarian access, although they had not been reached. We cannot calculate a response rate for these 3 respondents as there is no corresponding target population.

Out of 74 persons reached, 34 completed the survey which corresponds to a response rate of 46%. The response rate varies quite significantly depending on the country: it is particularly high for Afghanistan (all the contacted persons responded) and very low for Syria (only one respondent). It is quite satisfactory overall.

While 34 respondents constitute a limited number of observations for a quantitative analysis, the response rate is satisfying and can provide a diversified view of the perception of DG ECHO's partners across countries. It should however not be considered as representative at the country level.

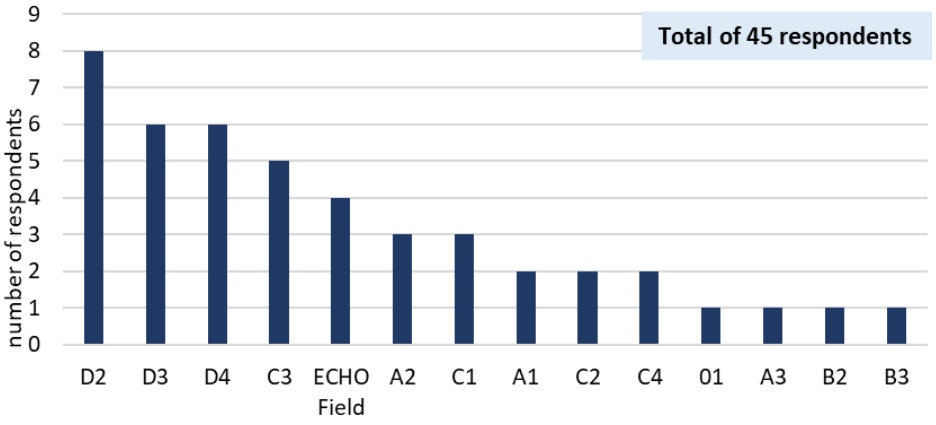
The respondents were mostly based in field offices at the time of their experience (80%). Around half (52%) worked for international NGOs, and 41% for UN agencies, with one respondent working for the ICRC (see figures below).

Results: Survey of DG ECHO's Staff on global humanitarian access

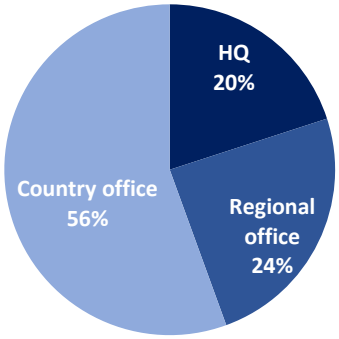
This section presents the results from the survey of DG ECHO's staff on global humanitarian access. Please, note that the figures indicate the number of respondents rather than the corresponding percentage.

General information about the respondents

B1. In which DG ECHO Unit are you working?

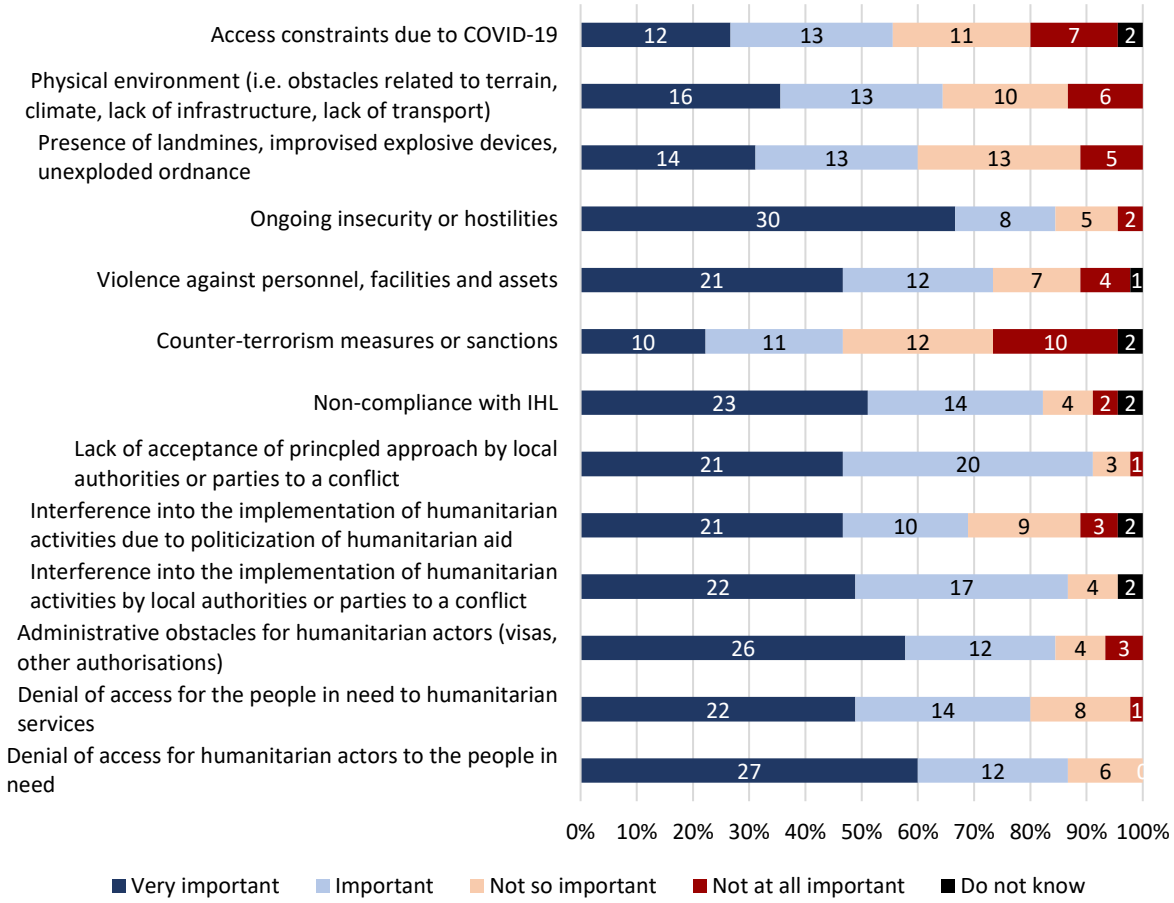


B3. Where are (or were) you based during the above-mentioned situation(s)?

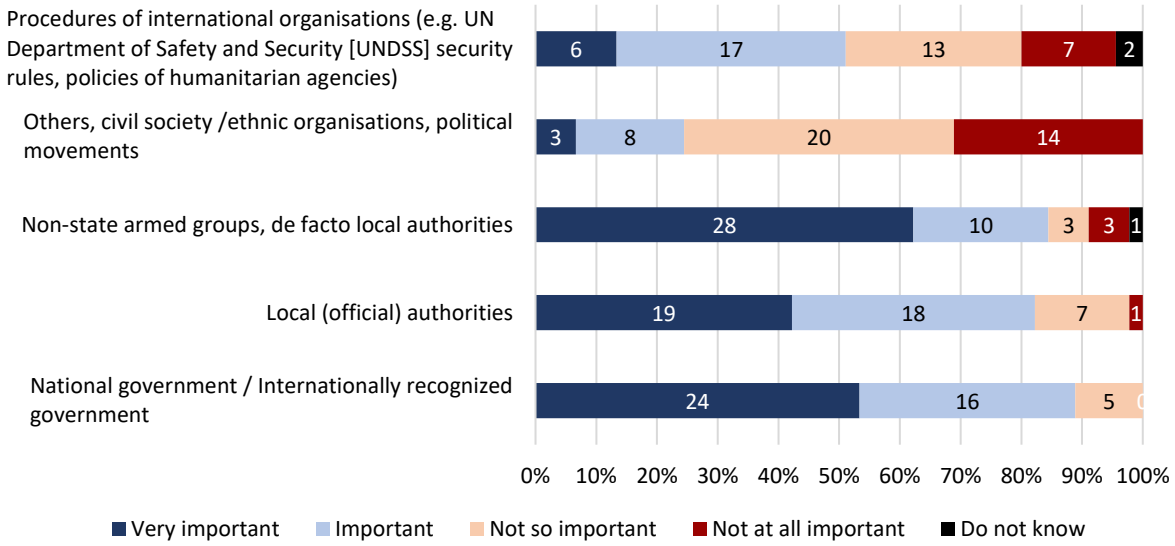


Mapping Access constraints and their effects

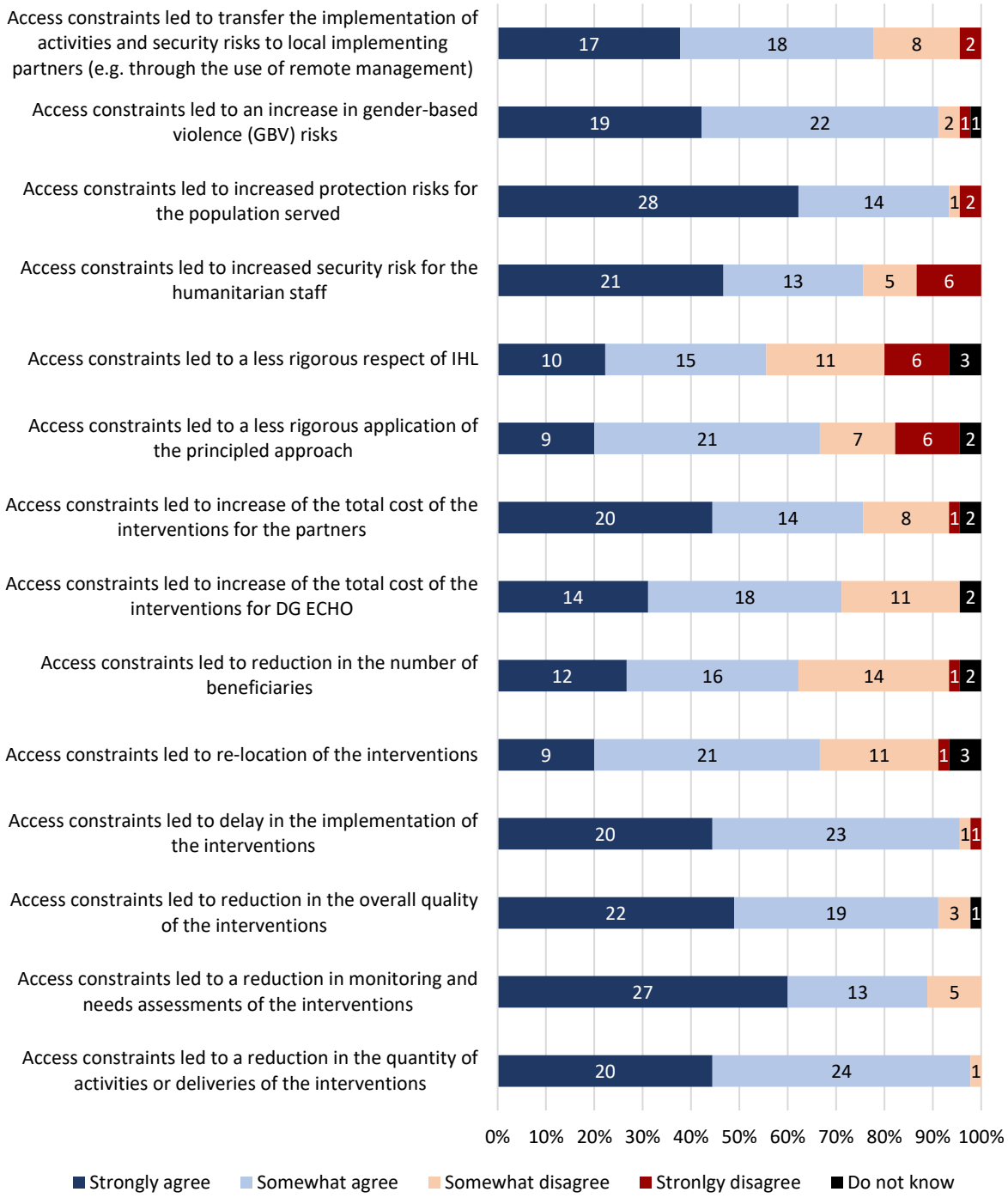
C1. To what extent were the following types of access constraints important in the selected humanitarian situation?



C2. To what extent did the following stakeholders contribute to restraining/constraining the humanitarian space?

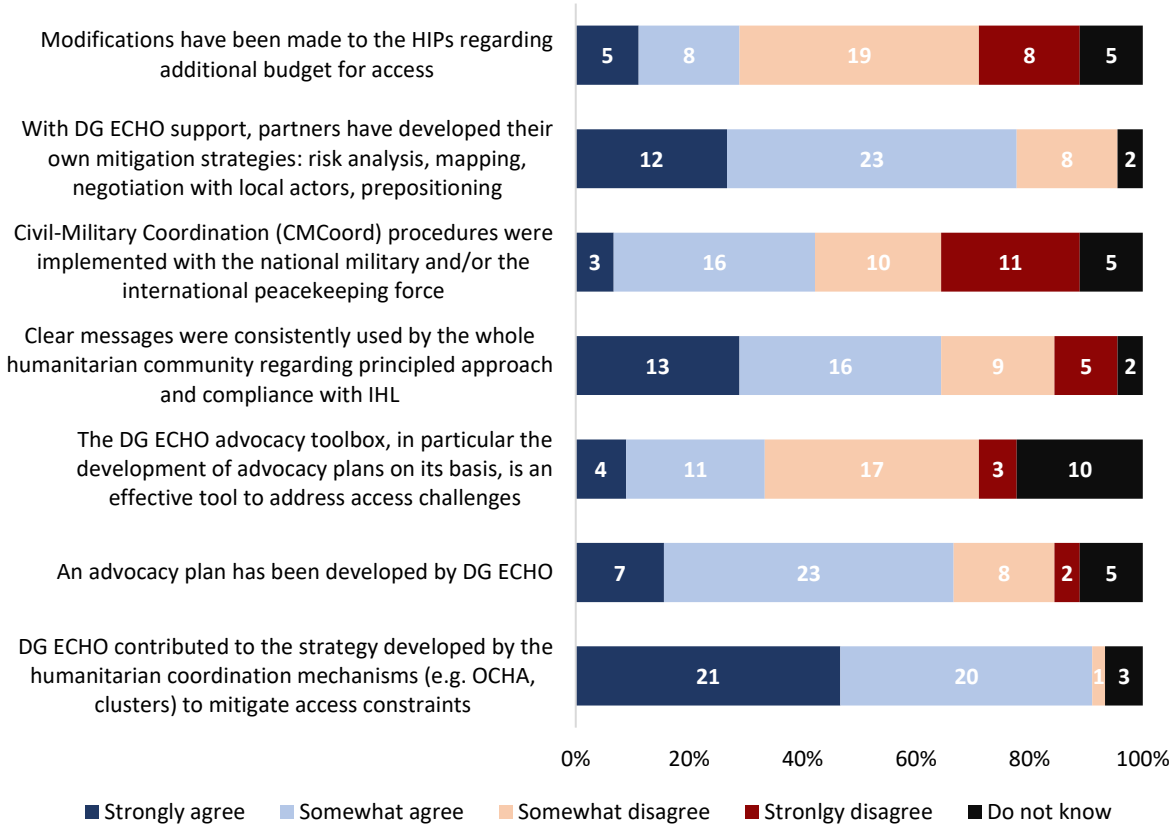


C3. To what extent do you agree with the following statements regarding the effect of access constraints on DG ECHO interventions?

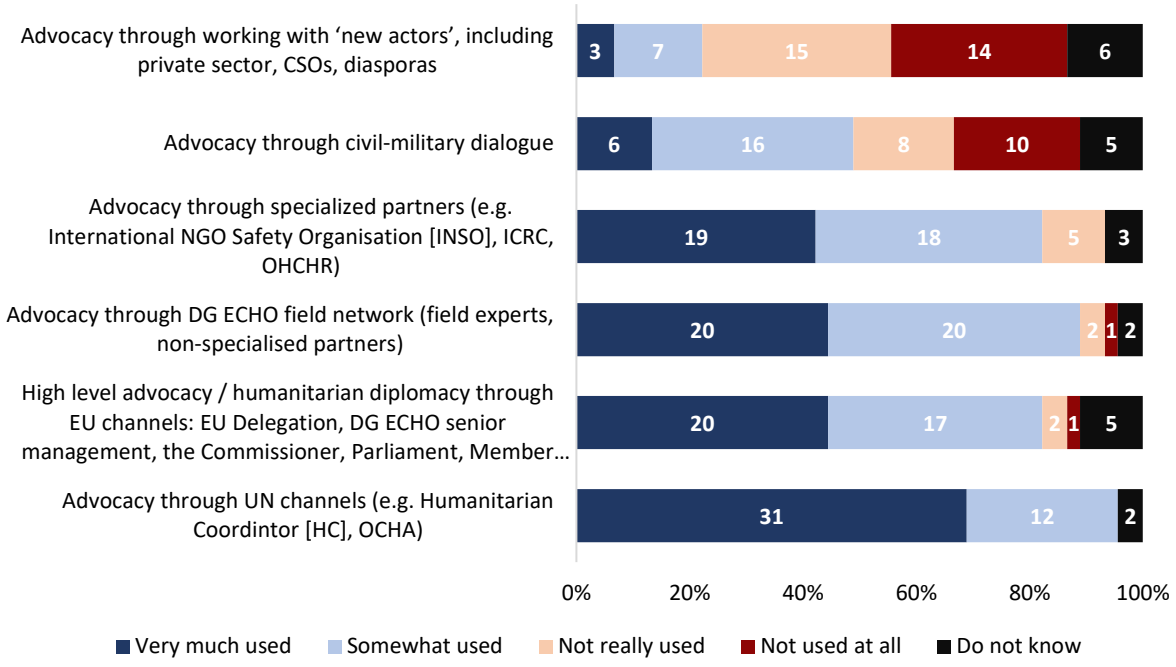


Relevance, coherence and coordination of DG ECHO's response

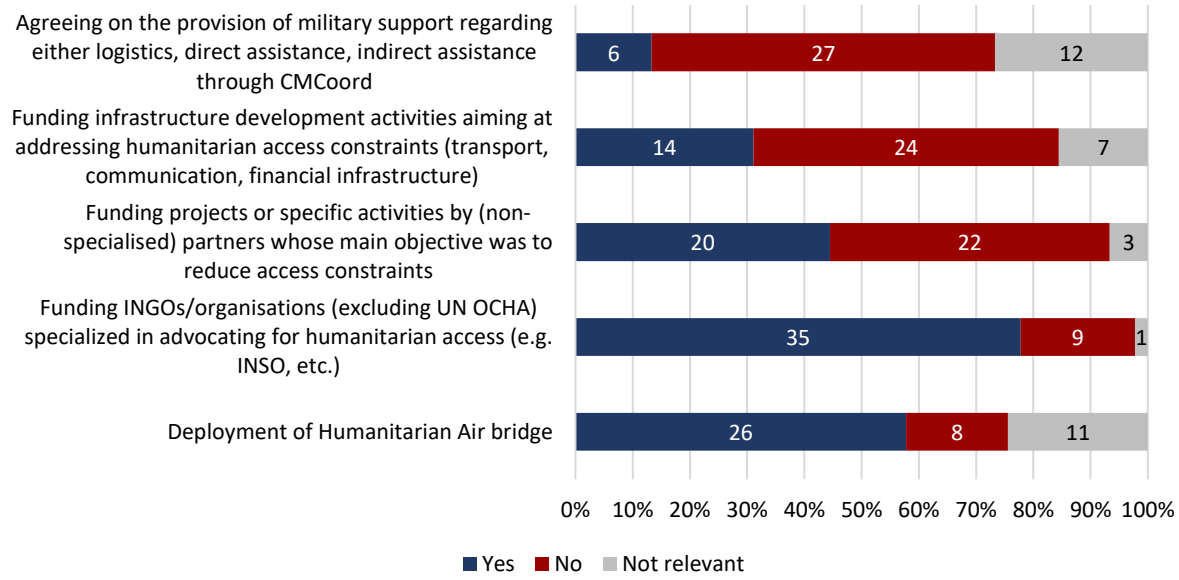
D1. To what extent do you agree with the following statements about the mitigation of access constraints?



D2. To what extent do you agree with the following statements about the mitigation of access constraints?

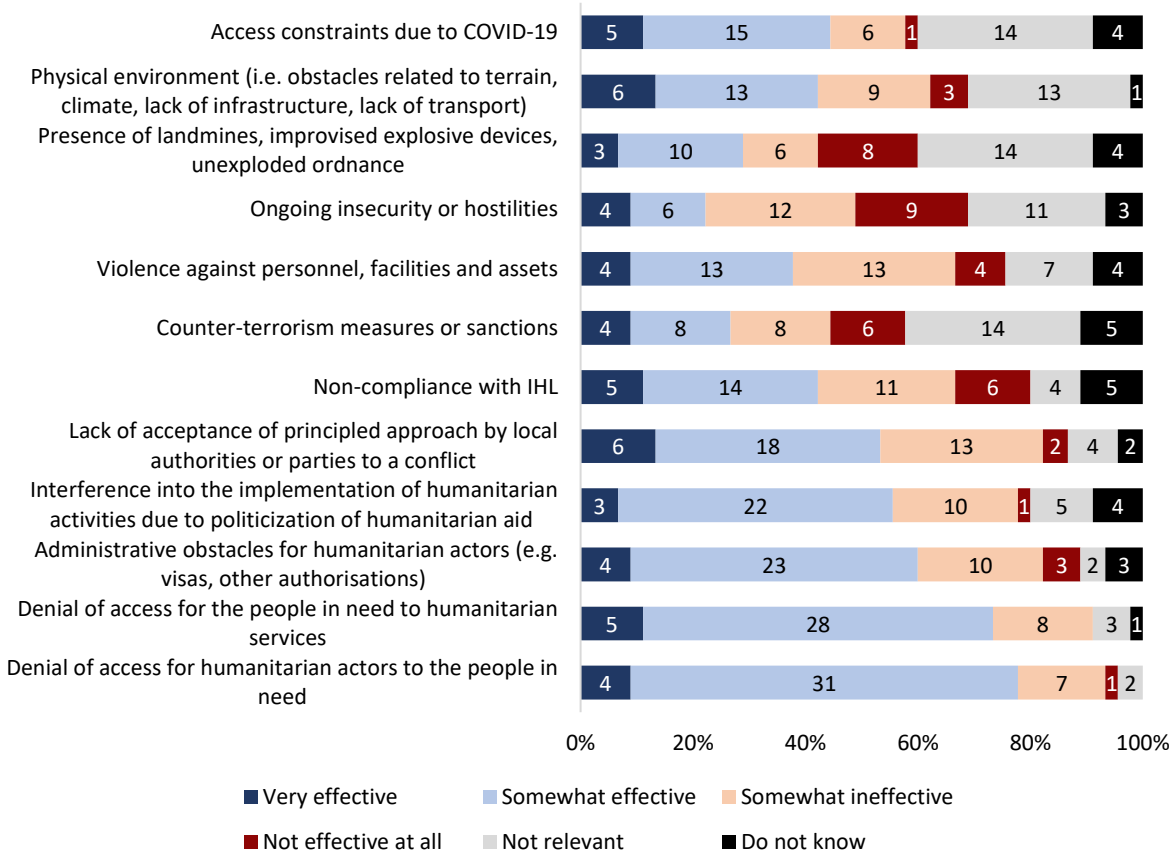


D3. Please indicate whether DG ECHO funding contributed to the following mechanisms/ approaches/ means in the context of your humanitarian crisis of reference?

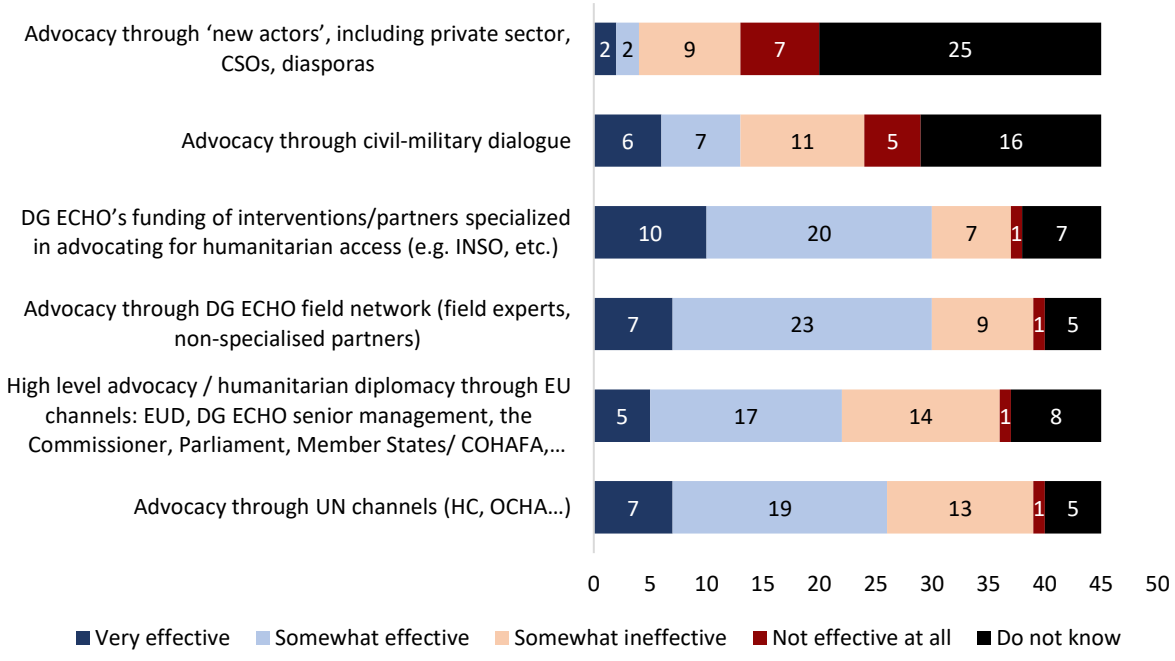


Effectiveness of DG ECHO's response

E1.a. To what extent has DG ECHO contributed to mitigate the following types of access constraints:

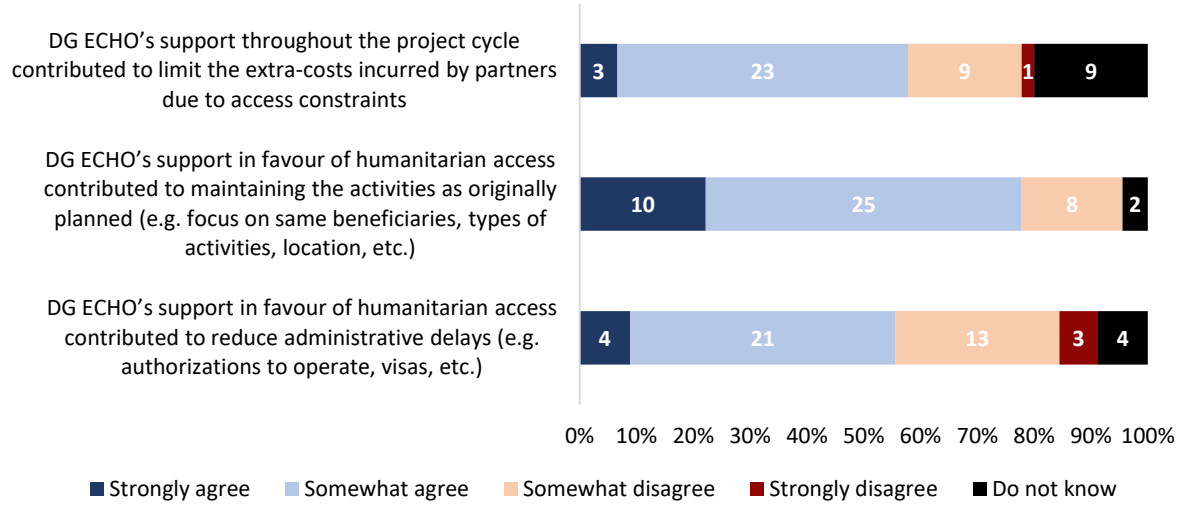


E2.a. To what extent have the following advocacy activities been effective in contributing to mitigate humanitarian access barriers?



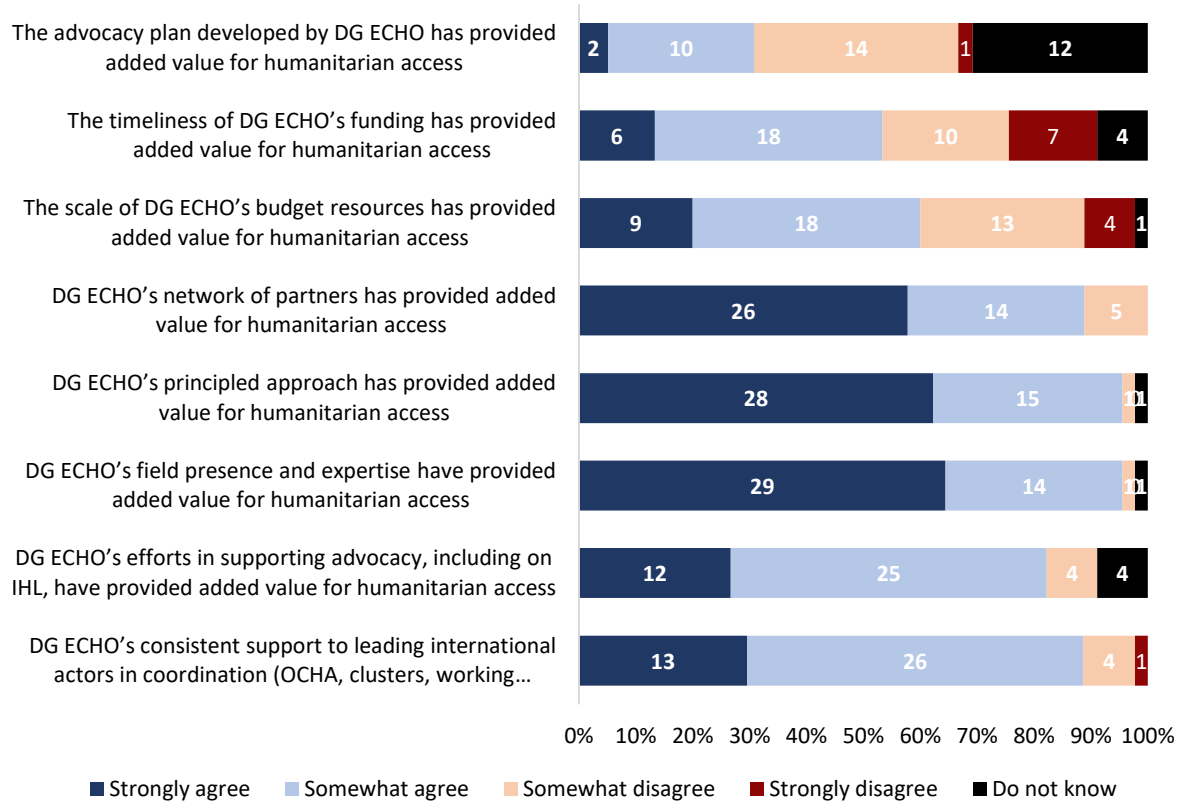
Efficiency and cost-effectiveness of DG ECHO4s response

F1.a. To what extent do you agree with the following statements?:



Added value of DG ECHO

G1.a. To what extent do you agree that the proposed factors below have provided added value by DG ECHO in terms of humanitarian access, compared to what could be (would have been) achieved by other international donors and /or EU Member States individually?:

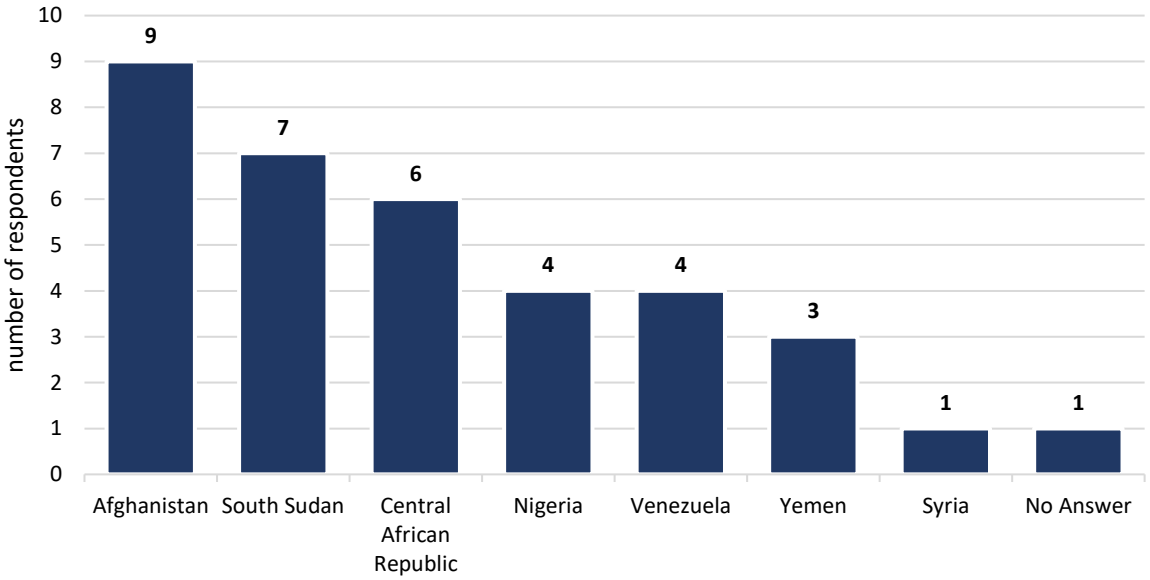


Results: Survey of DG ECHO's Partners on global humanitarian access

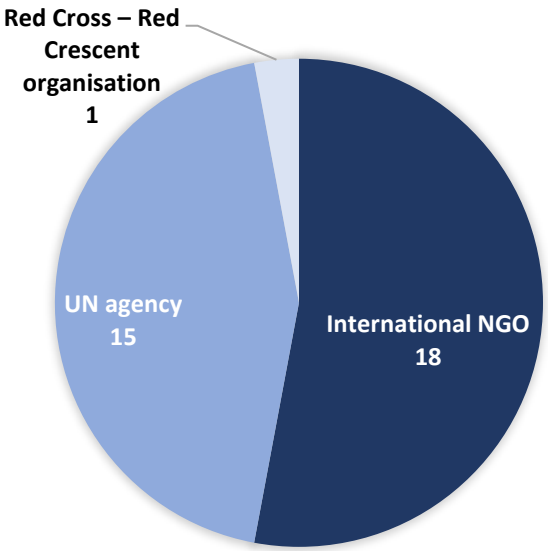
The following section presents the aggregated results from the survey of DG ECHO's partners in six country case studies to which the survey was sent and from three respondents from Yemen who replied to the online survey. Note that given the limited number of respondents, the figures indicate the number of respondents for each response rather than the corresponding percentage.

General Information about the respondents

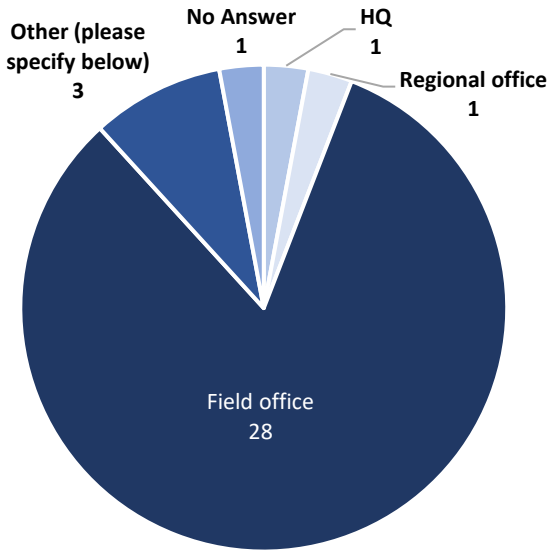
B1. Please select from the list below one of the country contexts on which you have worked during the evaluation period (2015-2020)



B2. Please select the category of partner of DG ECHO for which you are working



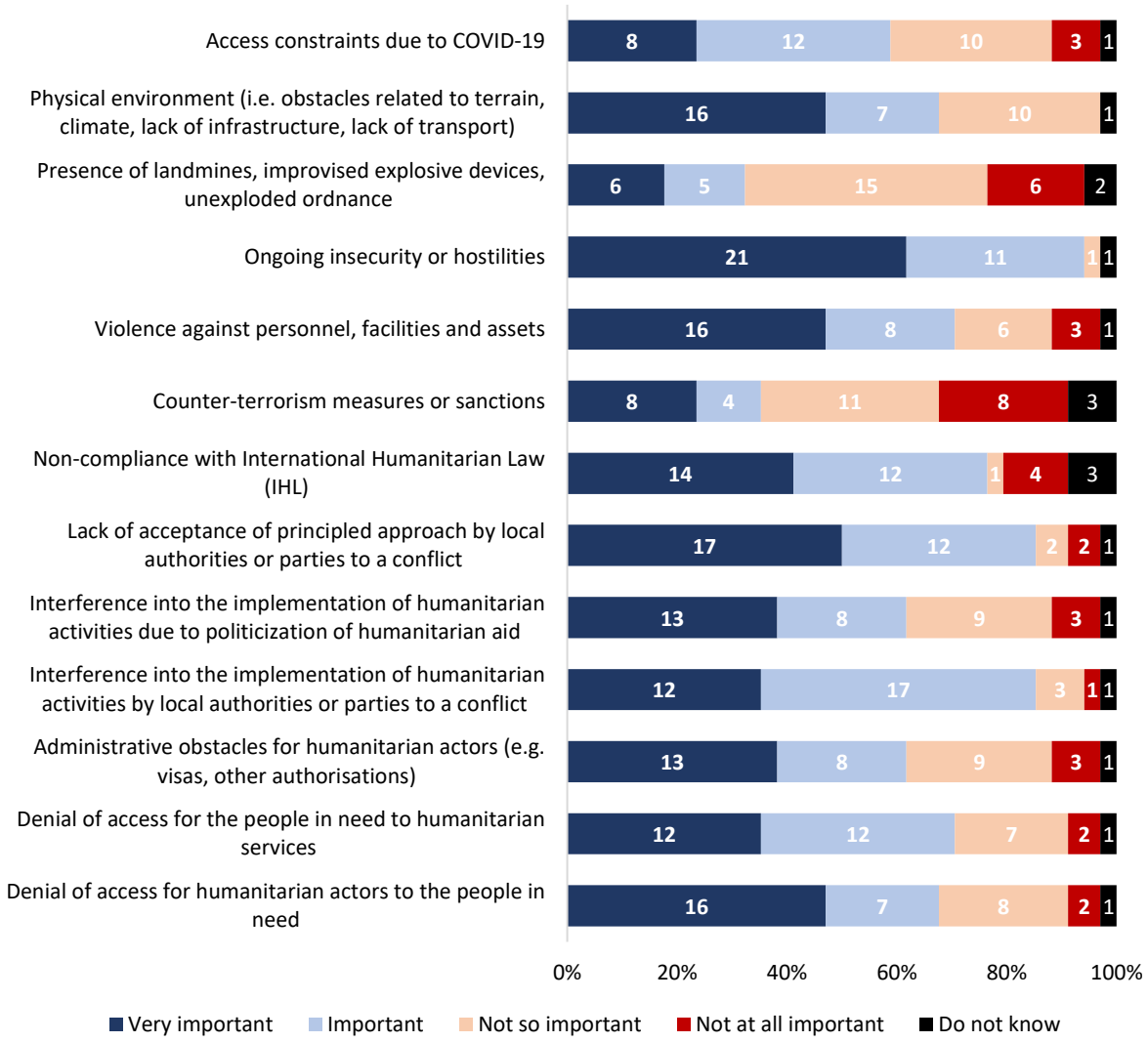
B3. Where are (or were) you based during this experience?



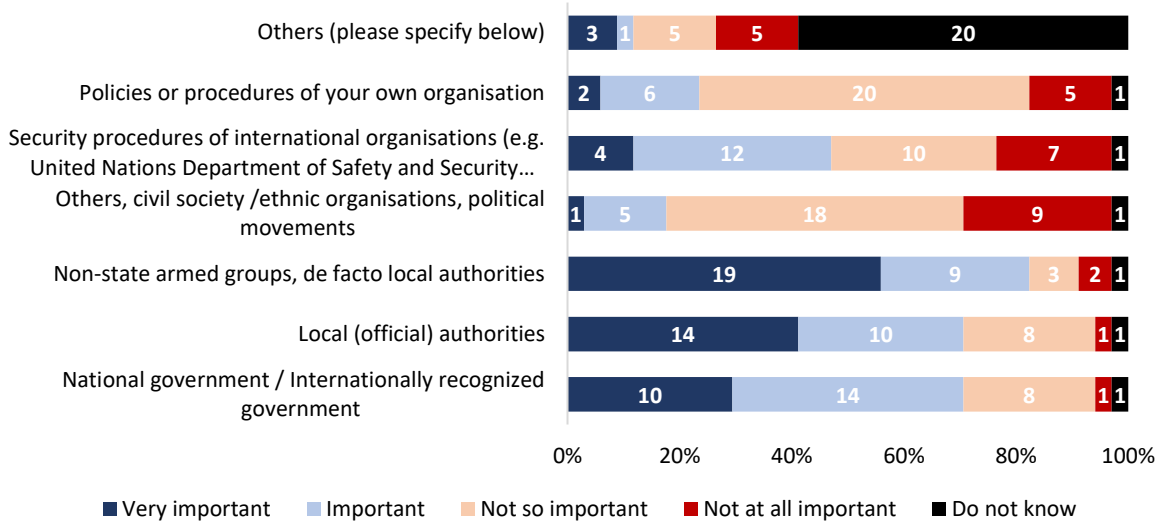
C. Mapping access constraints and their effects

This section aims at documenting the main access constraints encountered by the respondents and how they affected the implementation of the humanitarian response in the selected country case study.

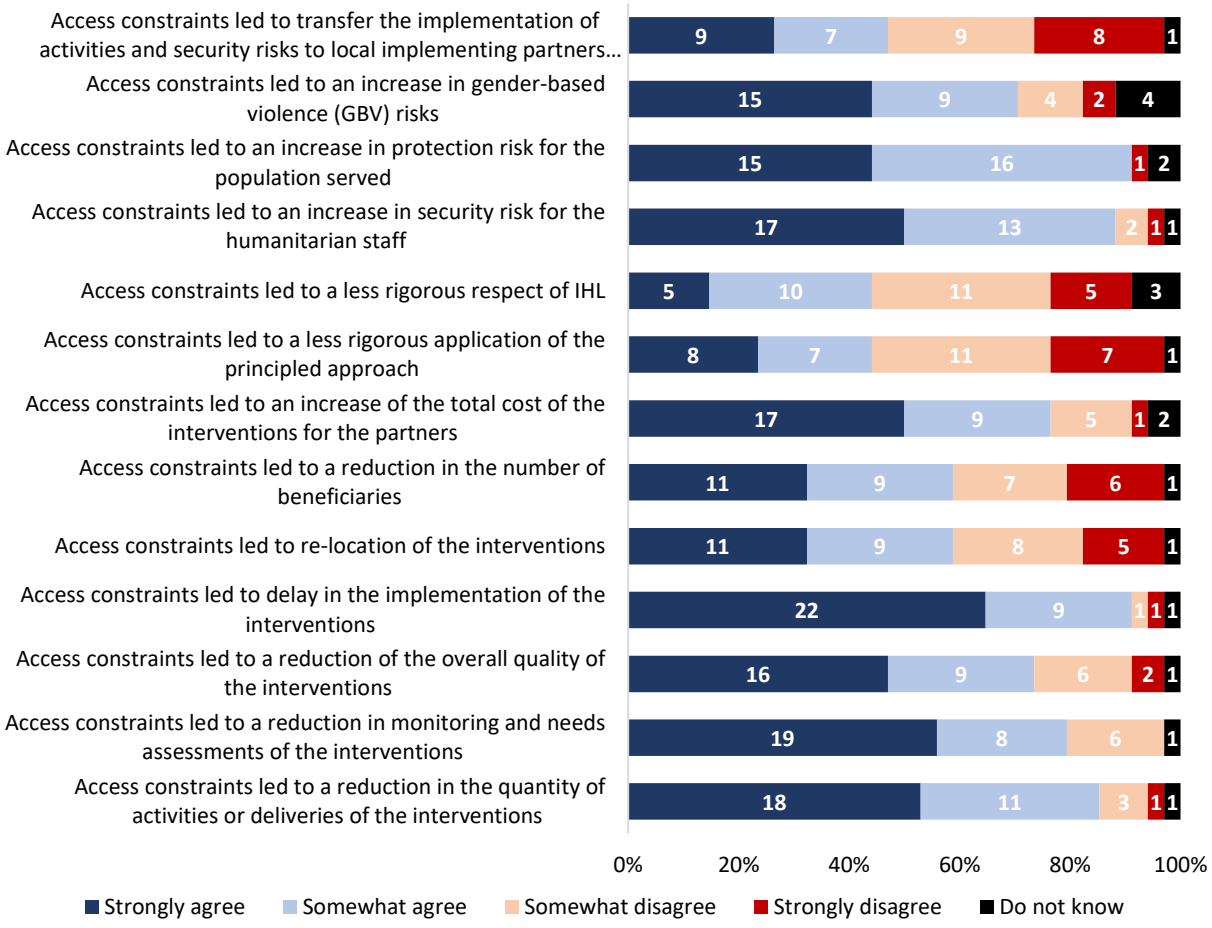
C1. To what extent did you or your organization experience the following types of access constraints?



C2. To what extent did the following stakeholders contribute to constraining your access to the population in need?:

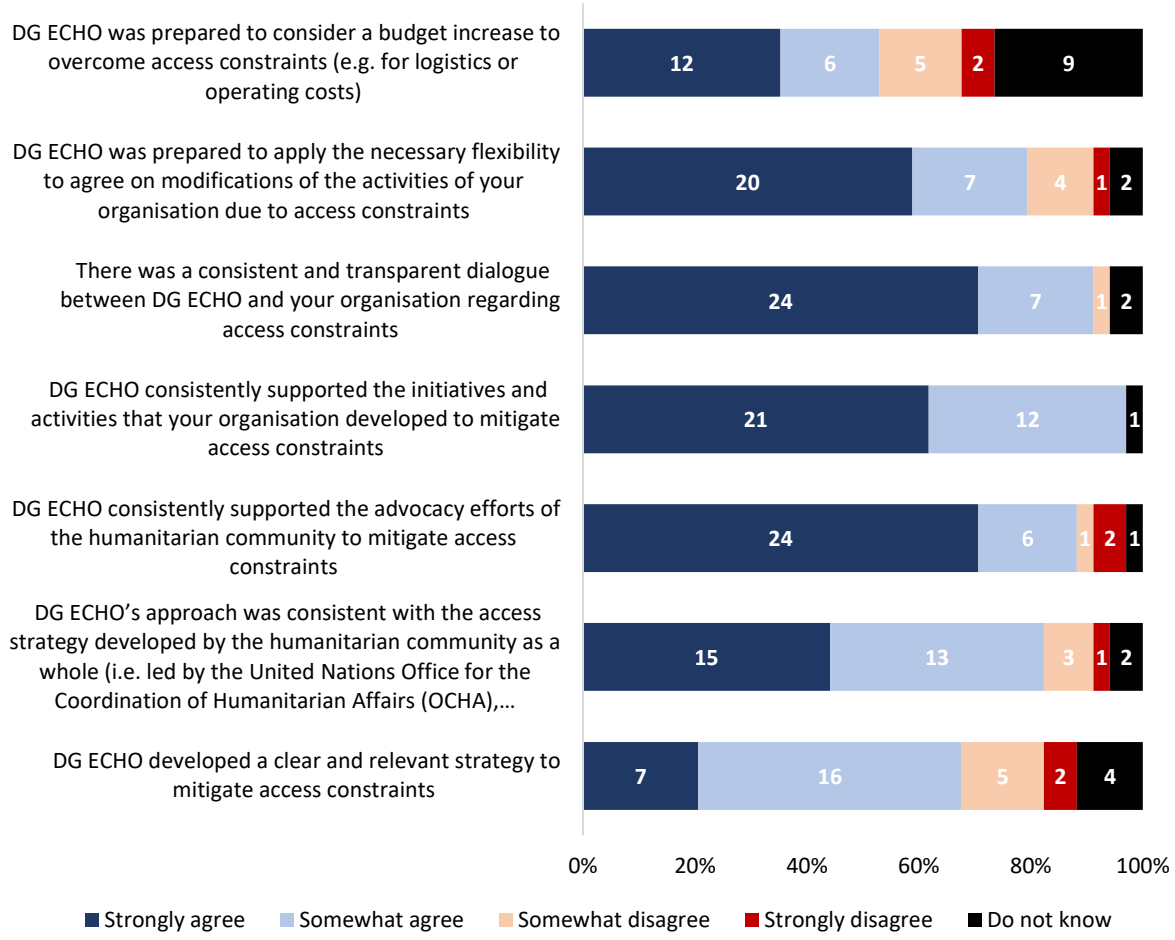


C3. To what extent do you agree with the following statements regarding the effect of access constraints on your organisation's activities?



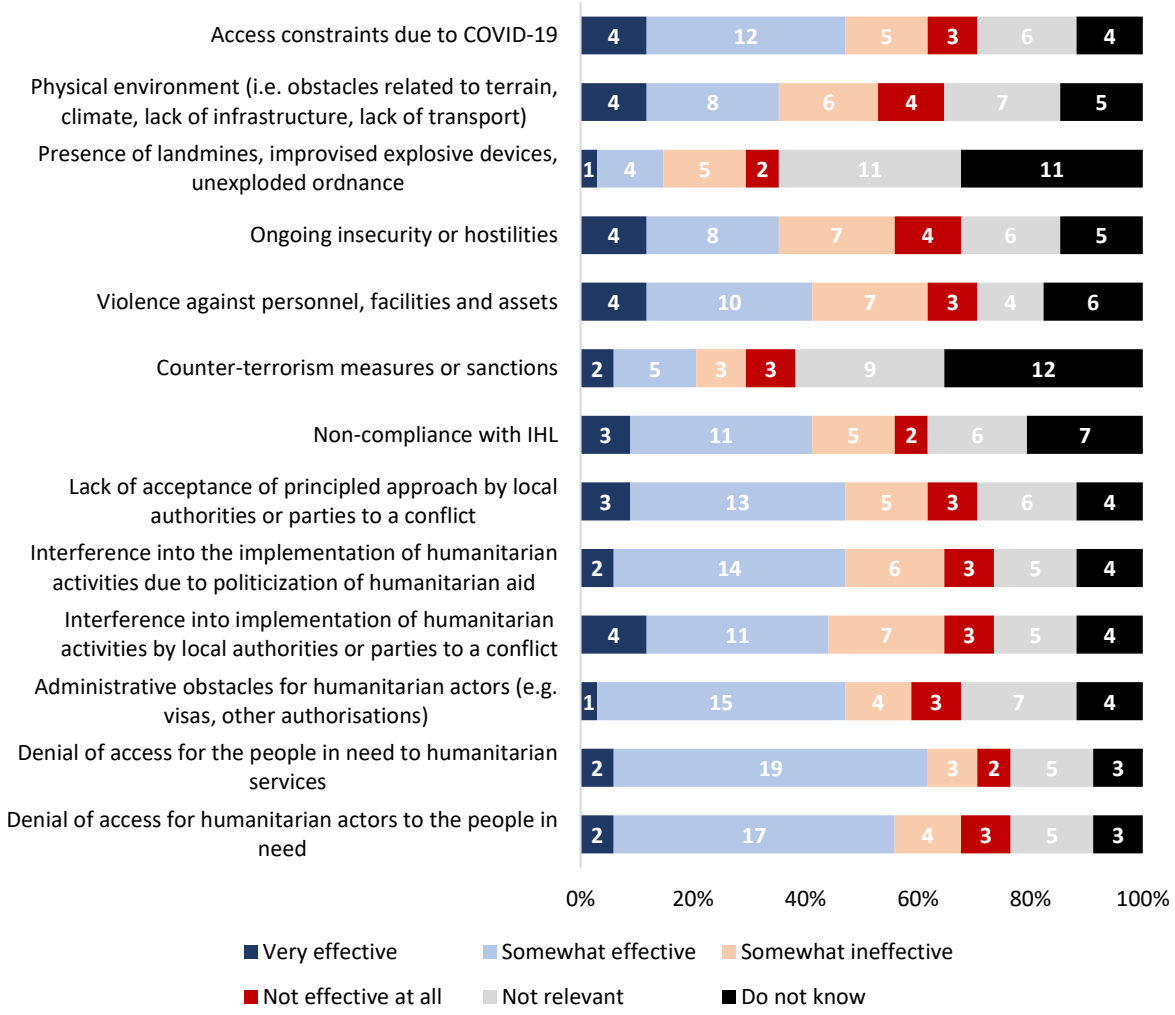
Relevance and coherence of DG ECHO's response

D1. To what extent do you agree with the following statements regarding the relevance of DG ECHO's access strategy for your organisation?

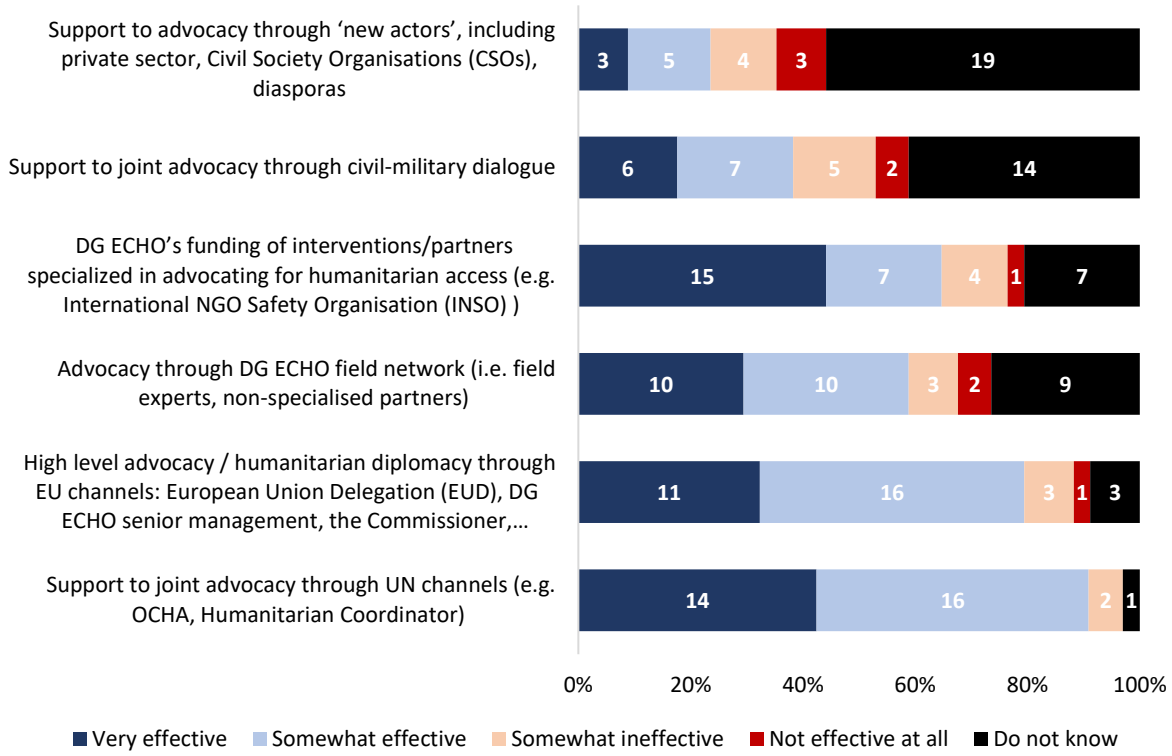


Effectiveness of DG ECHO4s response

E1. To what extent has DG ECHO contributed to mitigate the following types of access constraints for your organization?

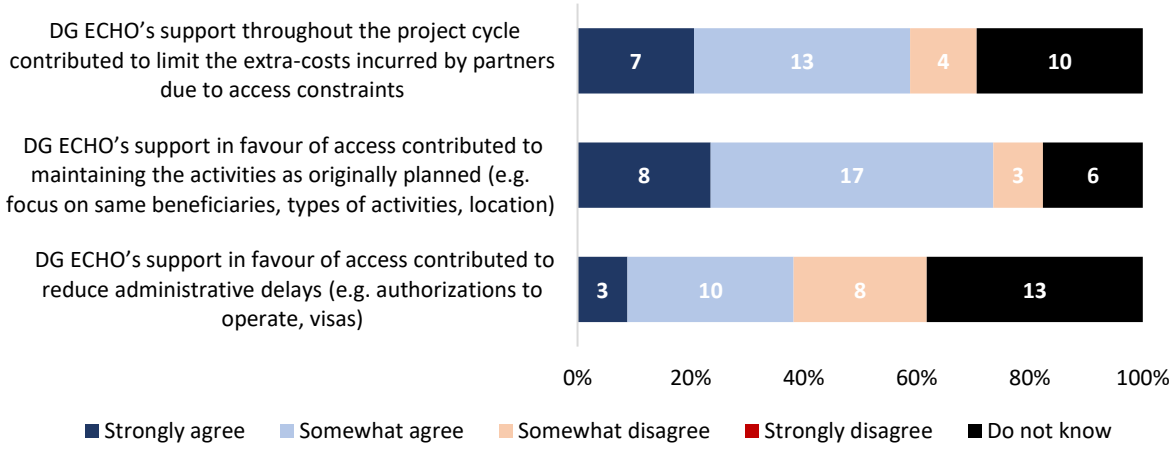


E2. To what extent have the following DG ECHO advocacy activities been effective in contributing to mitigate humanitarian access barriers for your organisation?
(i.e. to what extent the situation would have been worse off without DG ECHO's actions)



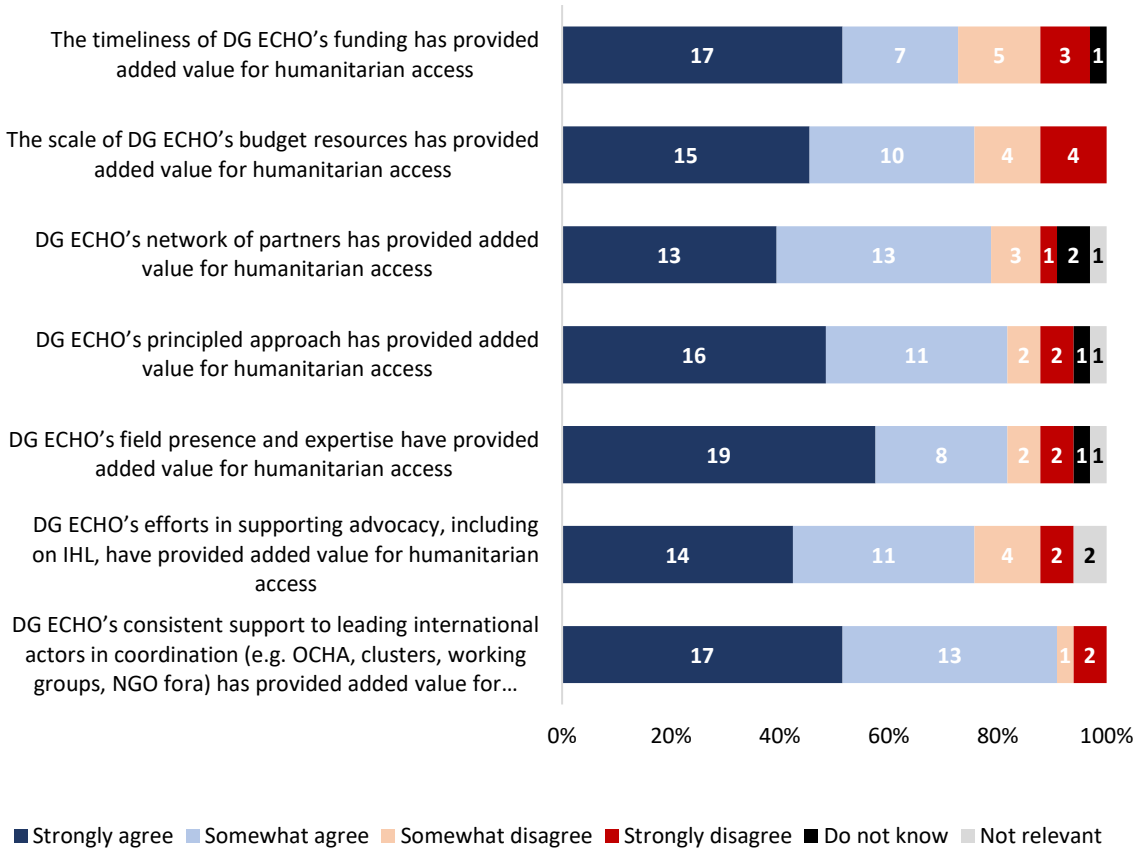
Efficiency and cost-effectiveness of DG ECHO's response

F1. To what extent do you agree with the following statements on DG ECHO's contribution to the cost-effectiveness of your organisation's interventions?



Added value of DG ECHO's response

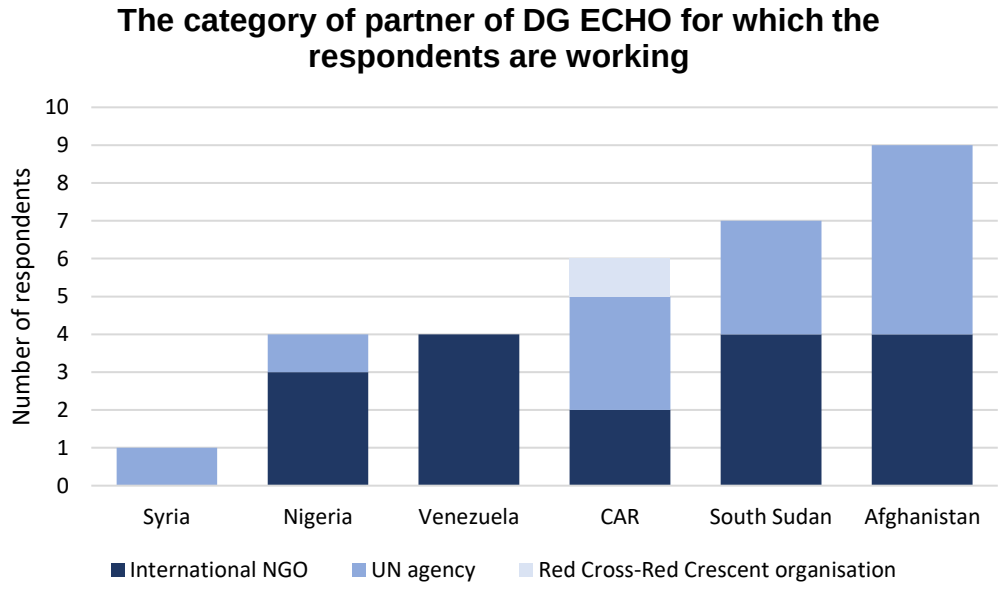
F2. To what extent do you agree that the proposed factors below have provided added value by DG ECHO in terms of humanitarian access, compared to what could be (would have been) achieved by other international donors and /or EU Member States individually?

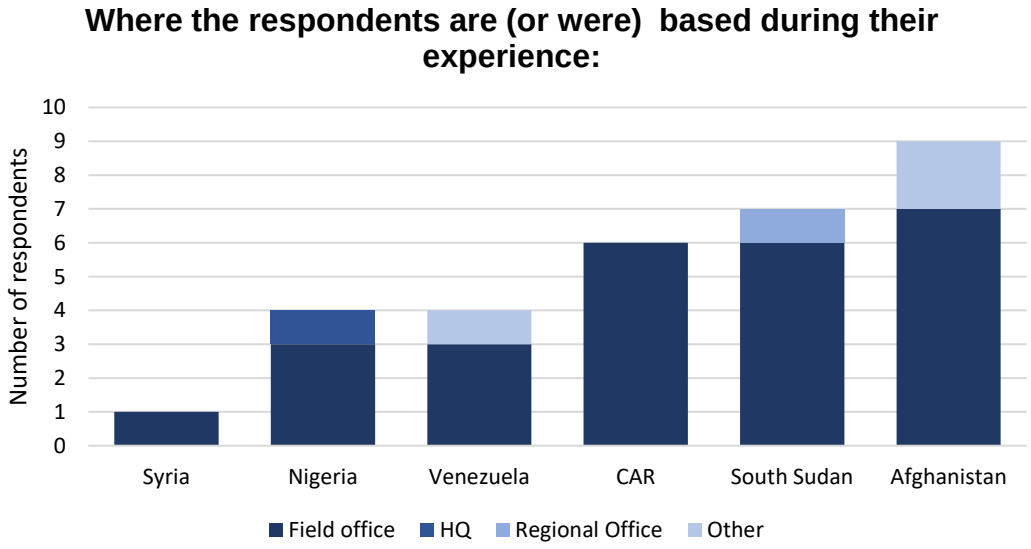


Results: Survey of DG ECHO's Partners on global humanitarian access by country

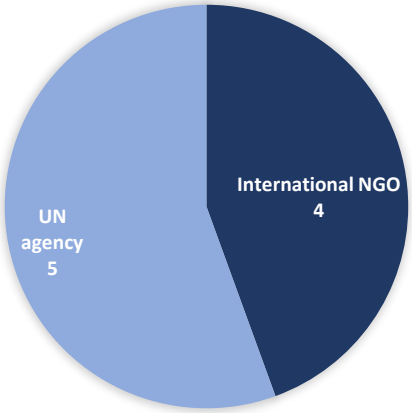
The following section presents the results of the survey of DG ECHO's partners on Access separately for each country. Note that as only one respondent replied for Syria, we do not reproduce the results for this country below. Note that it also includes responses to the subset of questions that had been sent to the Yemen partners as part of a combined survey on DG ECHO's response in Yemen and on humanitarian access approaches.

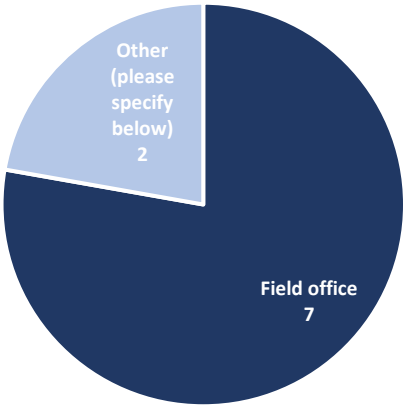
Information about the respondents



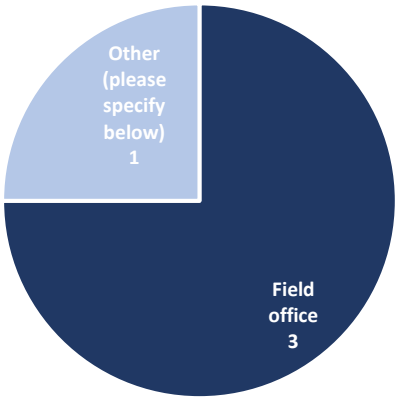


Afghanistan (N=9)

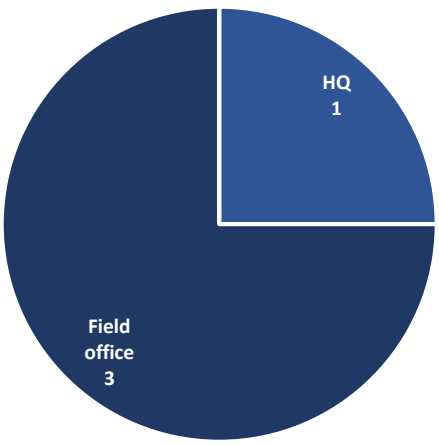




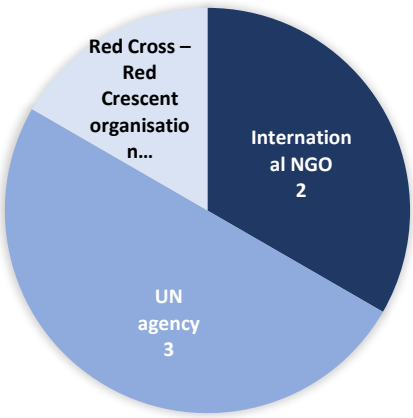
Venezuela (N=4)

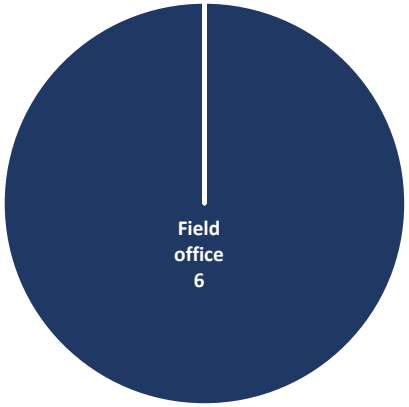


Nigeria (N=4)

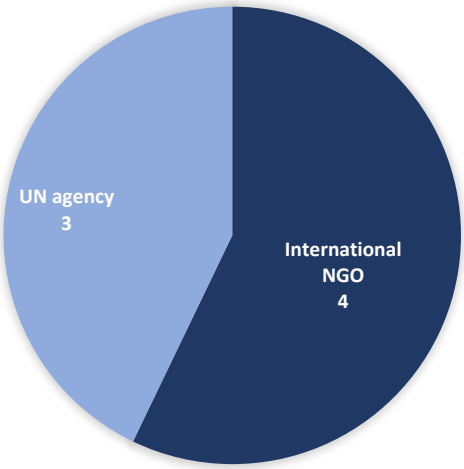


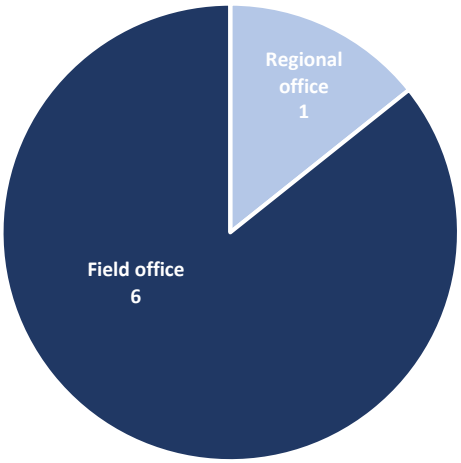
Central African Republic (N=6)





South Sudan (N=7)

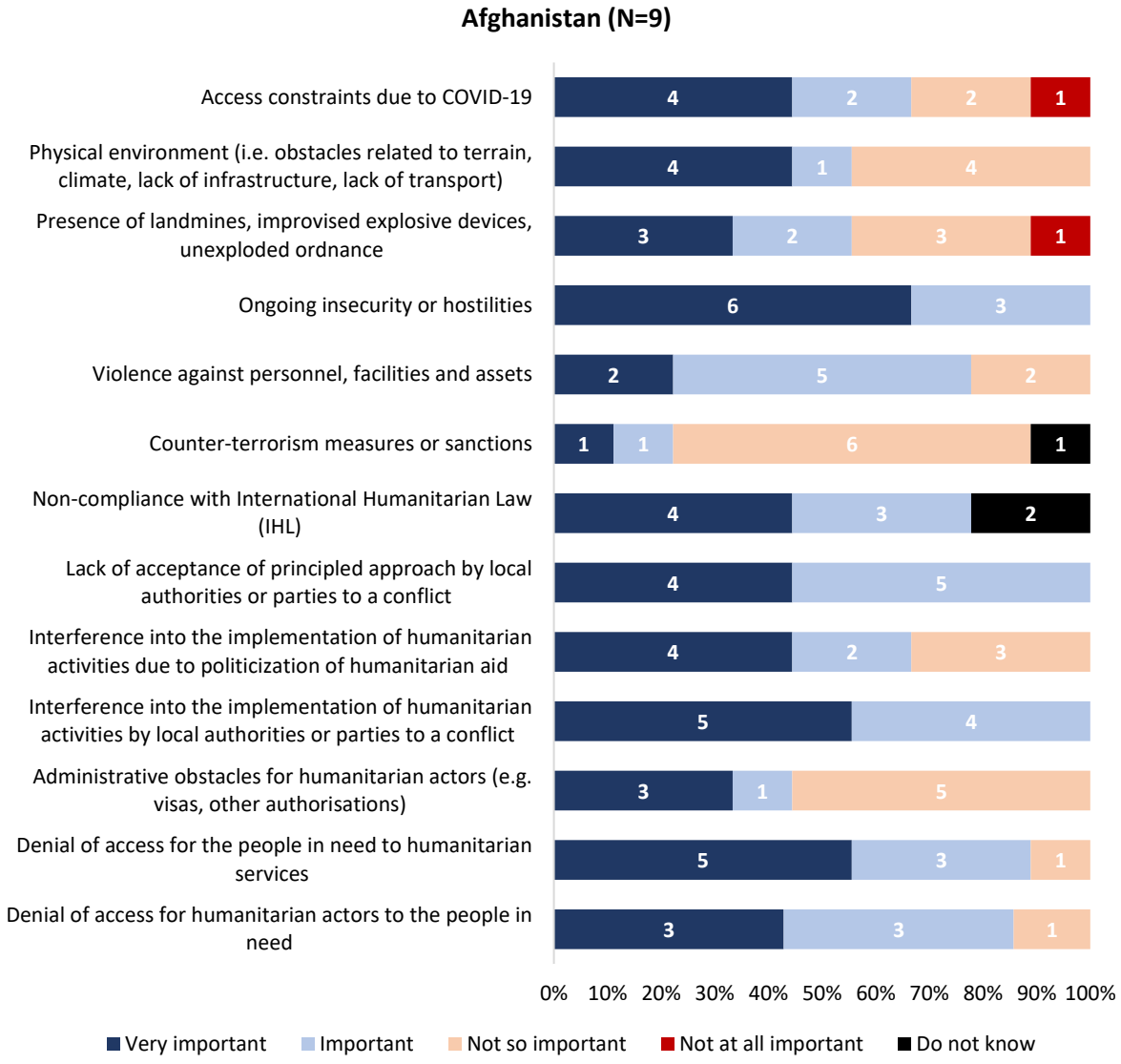




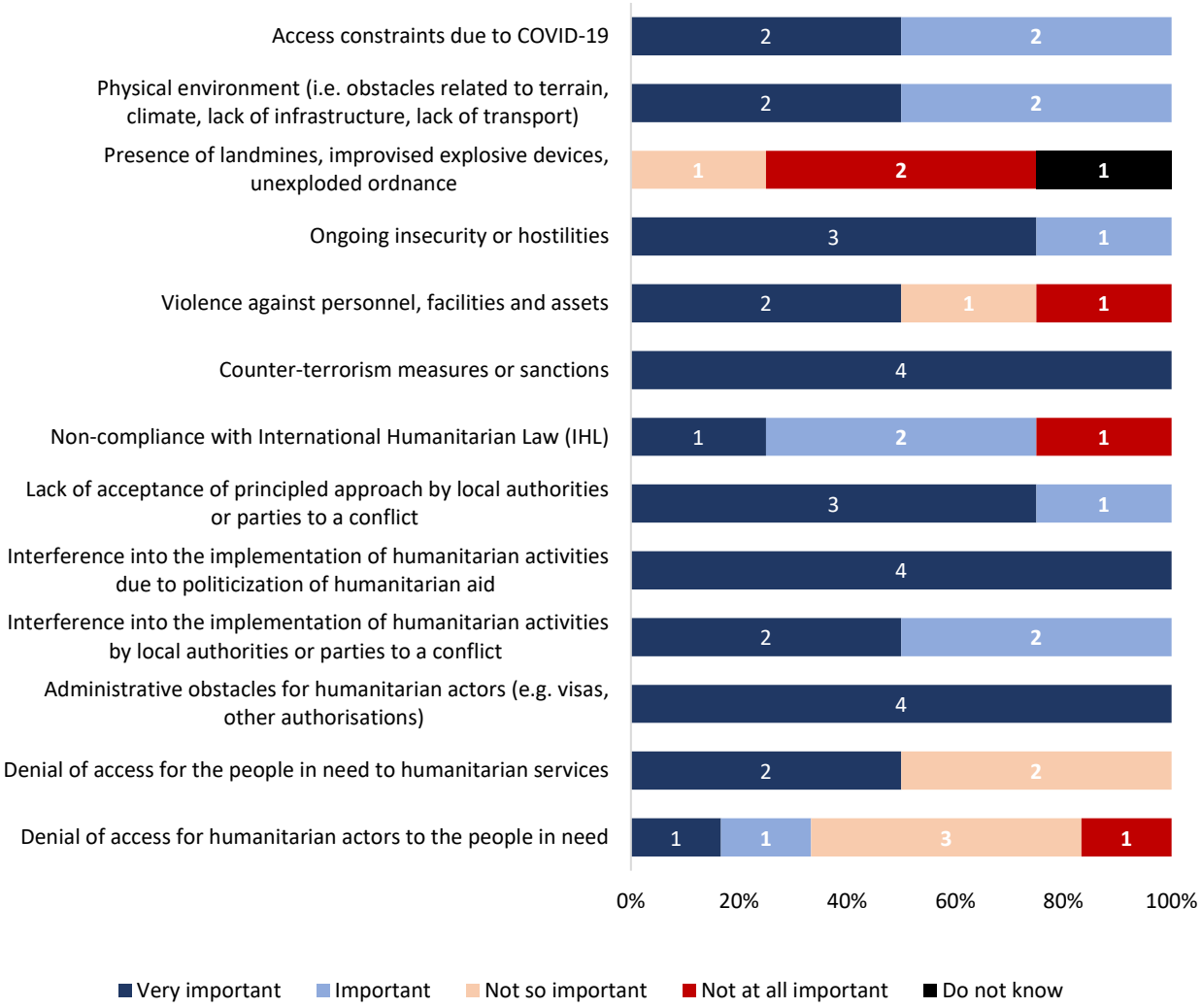
Mapping access constraints and their effects

This section aims at documenting the main access constraints encountered by the respondents and how they affected the implementation of the humanitarian response in the selected country case study.

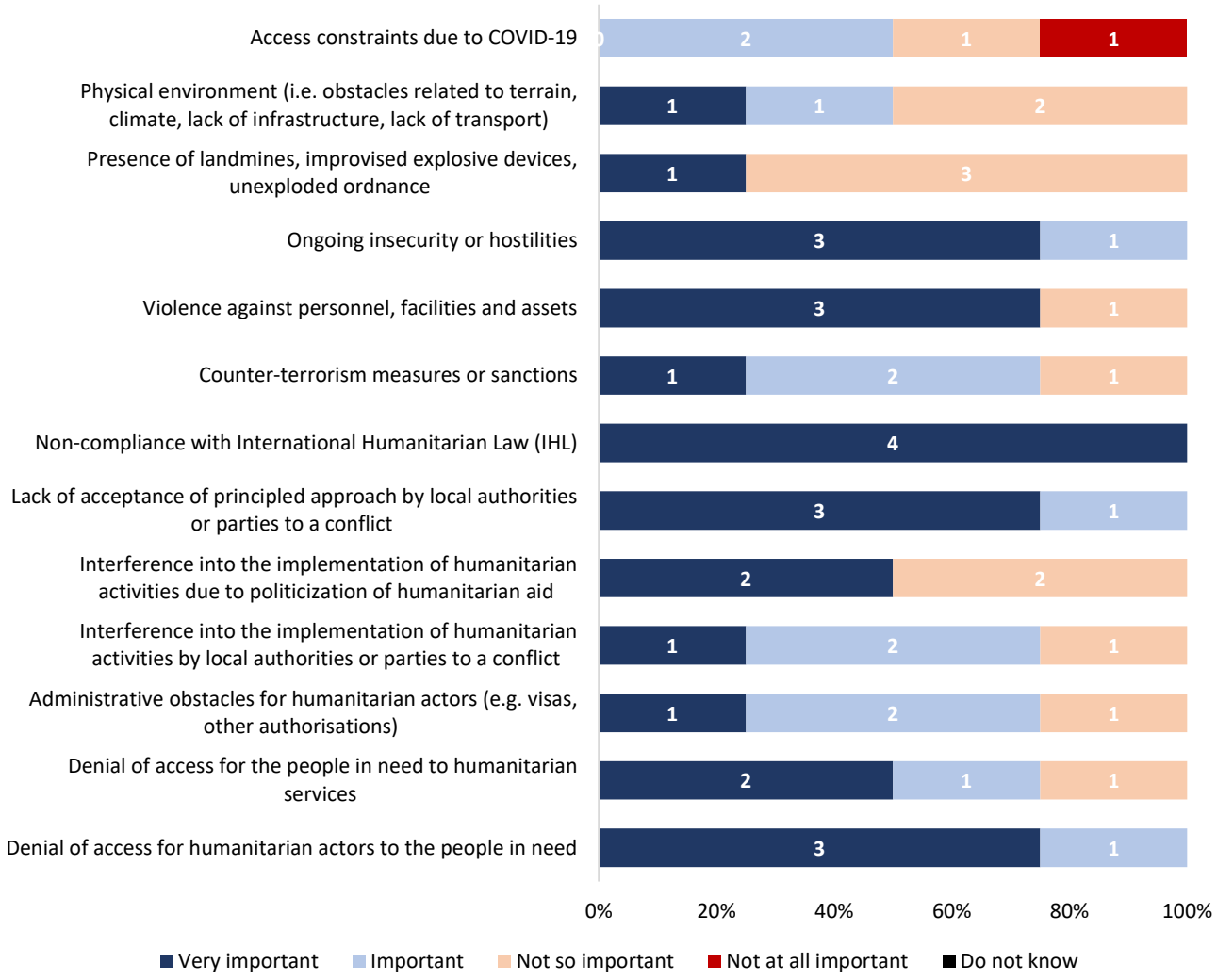
C1. The extent to which the respondents or their organization experience the following types of access constraints:

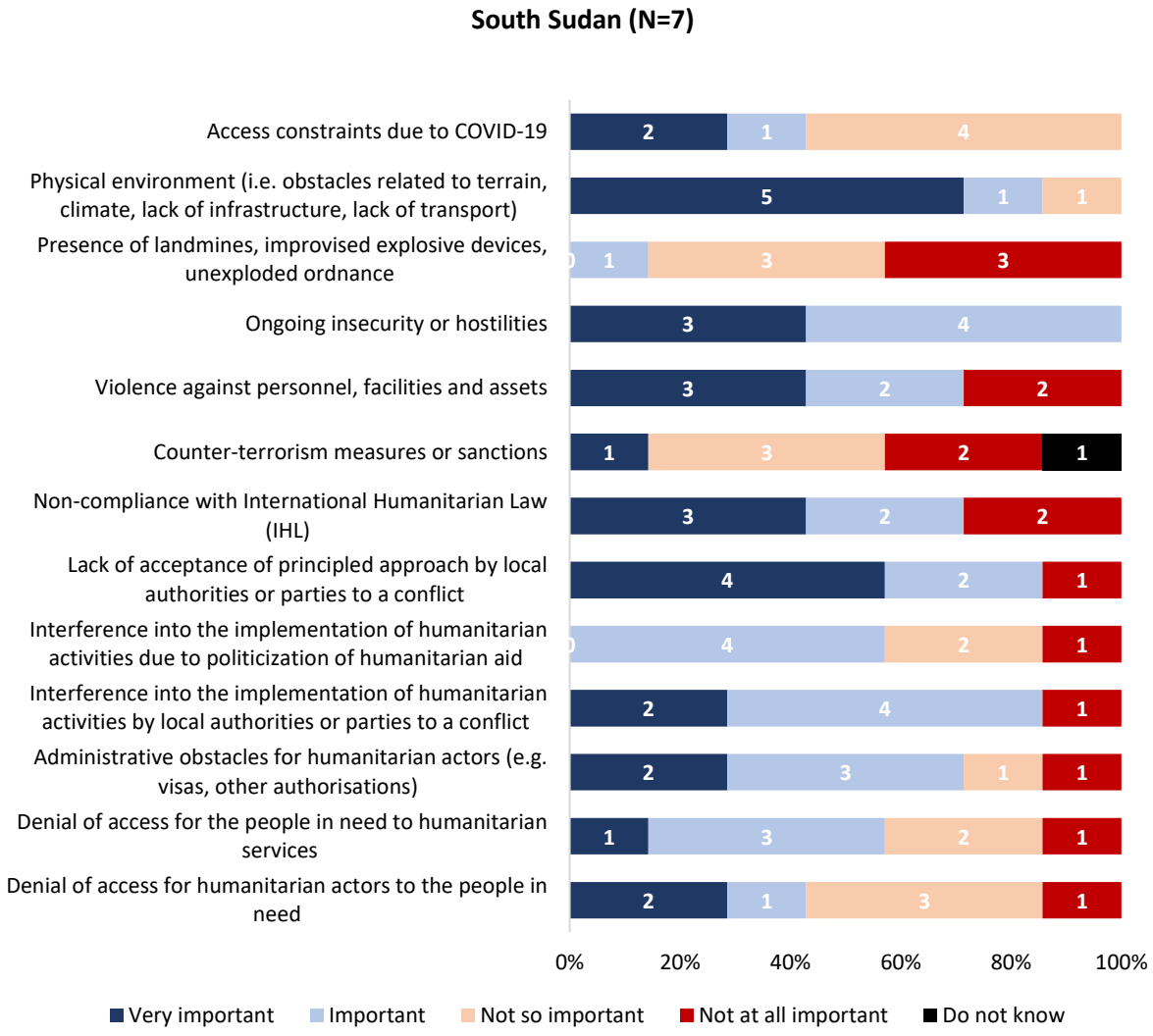


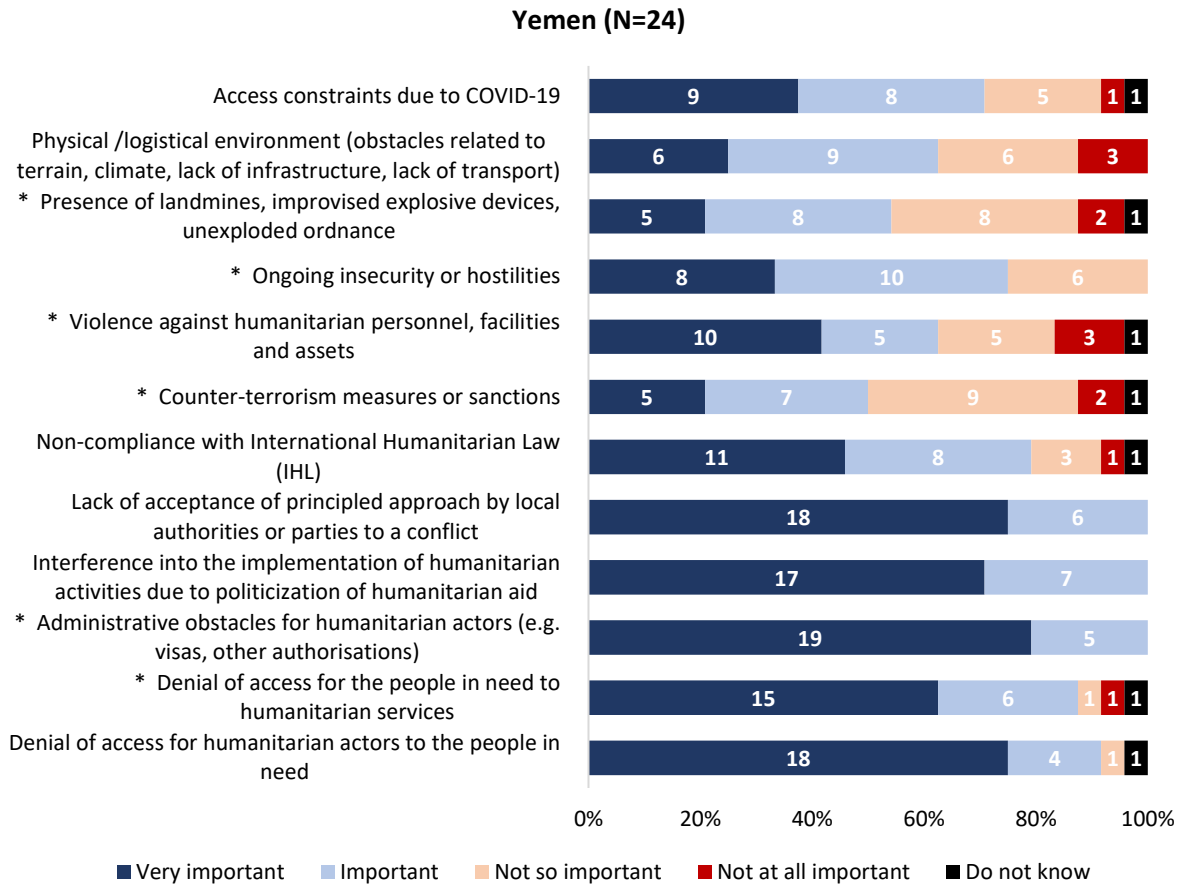
Venezuela (N=4)



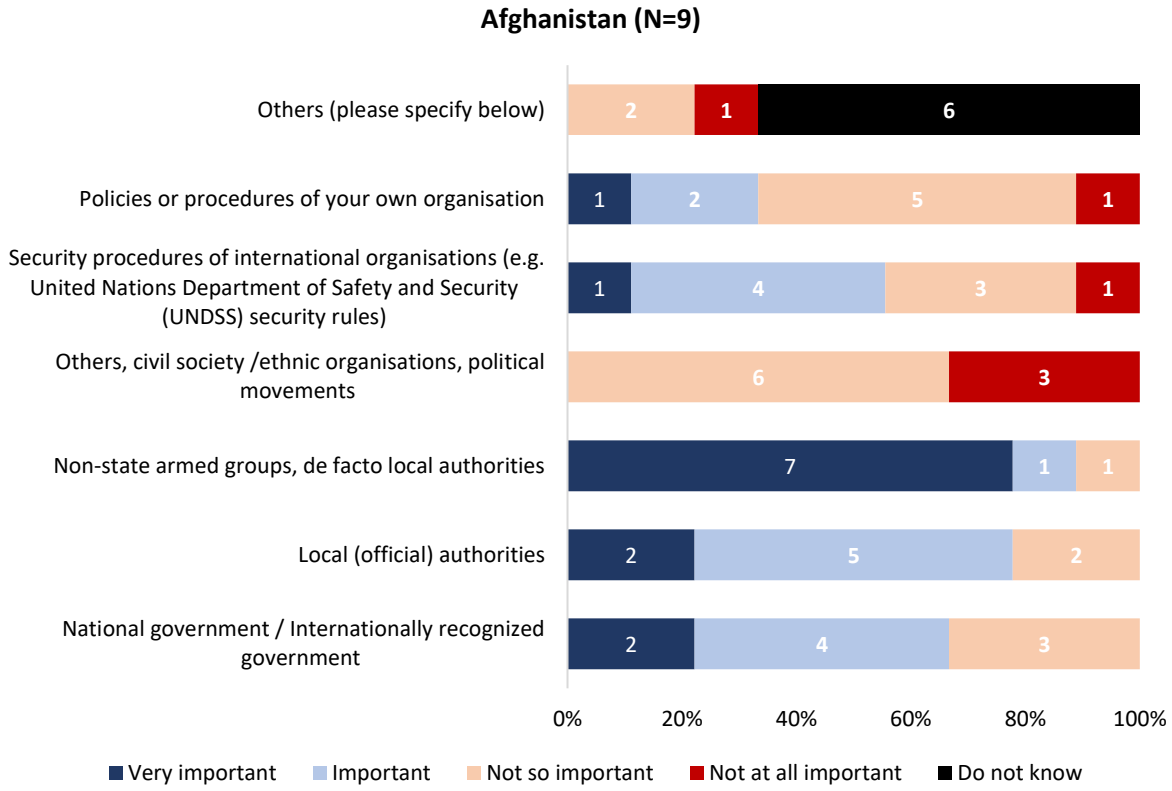
Nigeria (N= 4)

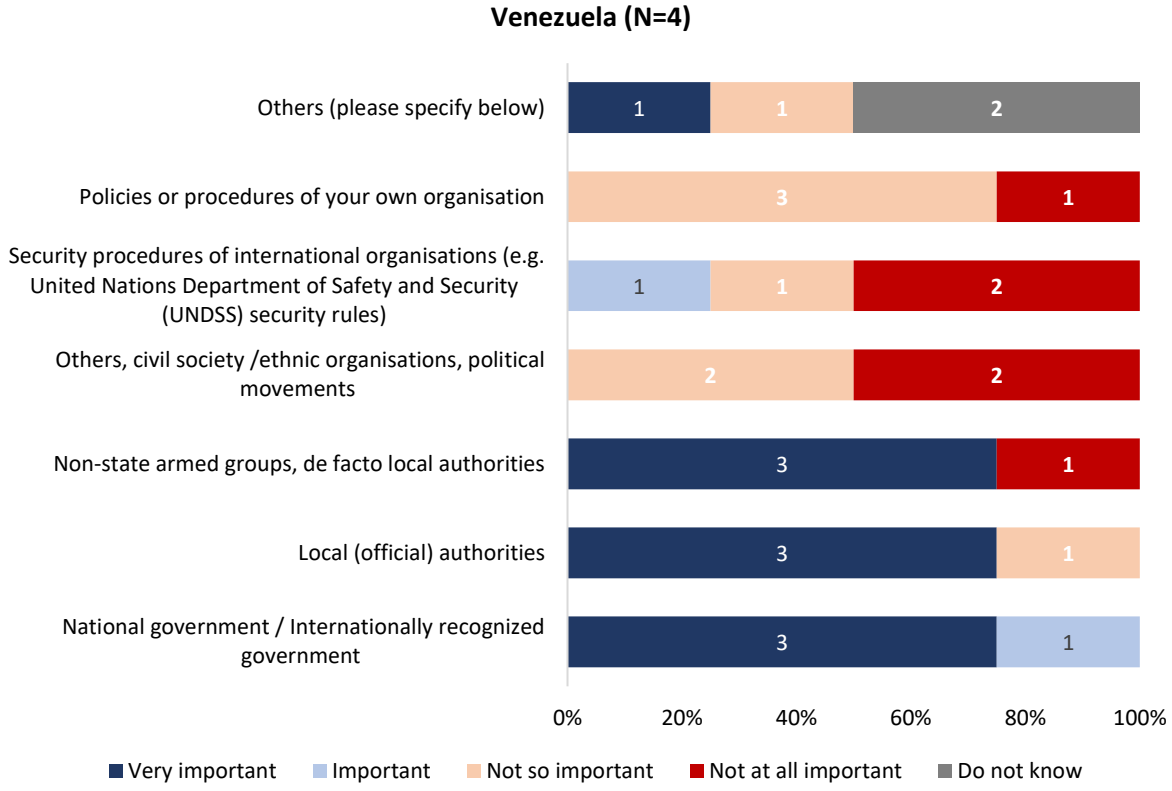

Access constraints due to COVID-19
2
1
1
Physical environment (i.e. obstacles related to terrain, climate, lack of infrastructure, lack of transport)
1
1
2
Presence of landmines, improvised explosive devices, unexploded ordnance
1
3
Ongoing insecurity or hostilities
3
1
Violence against personnel, facilities and assets
3
1
Counter-terrorism measures or sanctions
1
2
1
Non-compliance with International Humanitarian Law (IHL)
4
Lack of acceptance of principled approach by local authorities or parties to a conflict
3
1
Interference into the implementation of humanitarian activities due to politicization of humanitarian aid
2
2
Interference into the implementation of humanitarian activities by local authorities or parties to a conflict
1
2
1
Administrative obstacles for humanitarian actors (e.g. visas, other authorisations)
1
2
1
Denial of access for the people in need to humanitarian services
2
1
1
Denial of access for humanitarian actors to the people in need
3
1
0%
20%
40%
60%
80%
100%
Very important
Important
Not so important
Not at all important
Do not know


South Sudan (N=7)
Access constraints due to COVID-19
Physical environment (i.e. obstacles related to terrain, climate, lack of infrastructure, lack of transport)
Presence of landmines, improvised explosive devices, unexploded ordnance
Ongoing insecurity or hostilities
Violence against personnel, facilities and assets
Counter-terrorism measures or sanctions
Non-compliance with International Humanitarian Law (IHL)
Lack of acceptance of principled approach by local authorities or parties to a conflict
Interference into the implementation of humanitarian activities due to politicization of humanitarian aid
Interference into the implementation of humanitarian activities by local authorities or parties to a conflict
Administrative obstacles for humanitarian actors (e.g. visas, other authorisations)
Denial of access for the people in need to humanitarian services
Denial of access for humanitarian actors to the people in need
0%
20%
40%
60%
80%
100%
Very important
Important
Not so important
Not at all important
Do not know

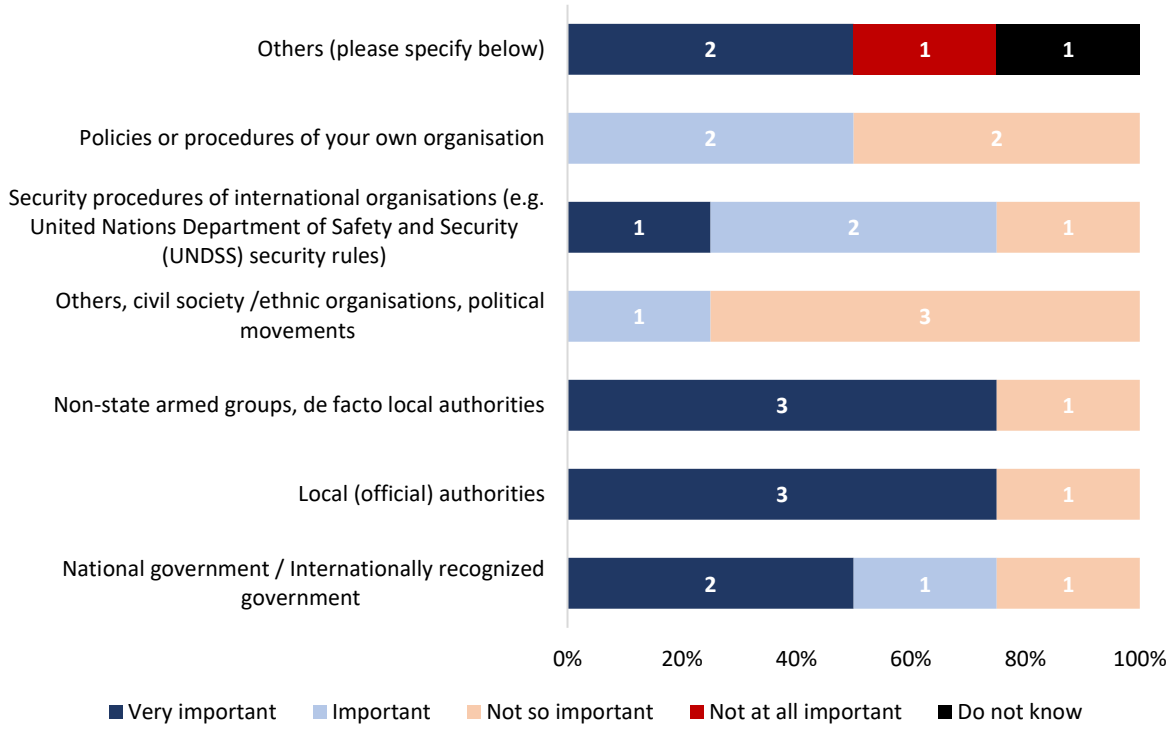

Yemen (N=24)
Access constraints due to COVID-19
Physical /logistical environment (obstacles related to terrain, climate, lack of infrastructure, lack of transport)
* Presence of landmines, improvised explosive devices, unexploded ordnance
* Ongoing insecurity or hostilities
* Violence against humanitarian personnel, facilities and assets
* Counter-terrorism measures or sanctions
Non-compliance with International Humanitarian Law (IHL)
Lack of acceptance of principled approach by local authorities or parties to a conflict
Interference into the implementation of humanitarian activities due to politicization of humanitarian aid
* Administrative obstacles for humanitarian actors (e.g. visas, other authorisations)
* Denial of access for the people in need to humanitarian services
Denial of access for humanitarian actors to the people in need
9 8 5 1 1
6 9 6 3
5 8 8 2 1
8 10 6
10 5 5 3 1
5 7 9 2 1
11 8 3 1 1
18 6
17 7
19 5
15 6 1 1 1
18 4 1 1
0% 20% 40% 60% 80% 100%
Very important
Important
Not so important
Not at all important
Do not know

C2. The extent to which the following stakeholders contribute to constraining the access to the population in need:

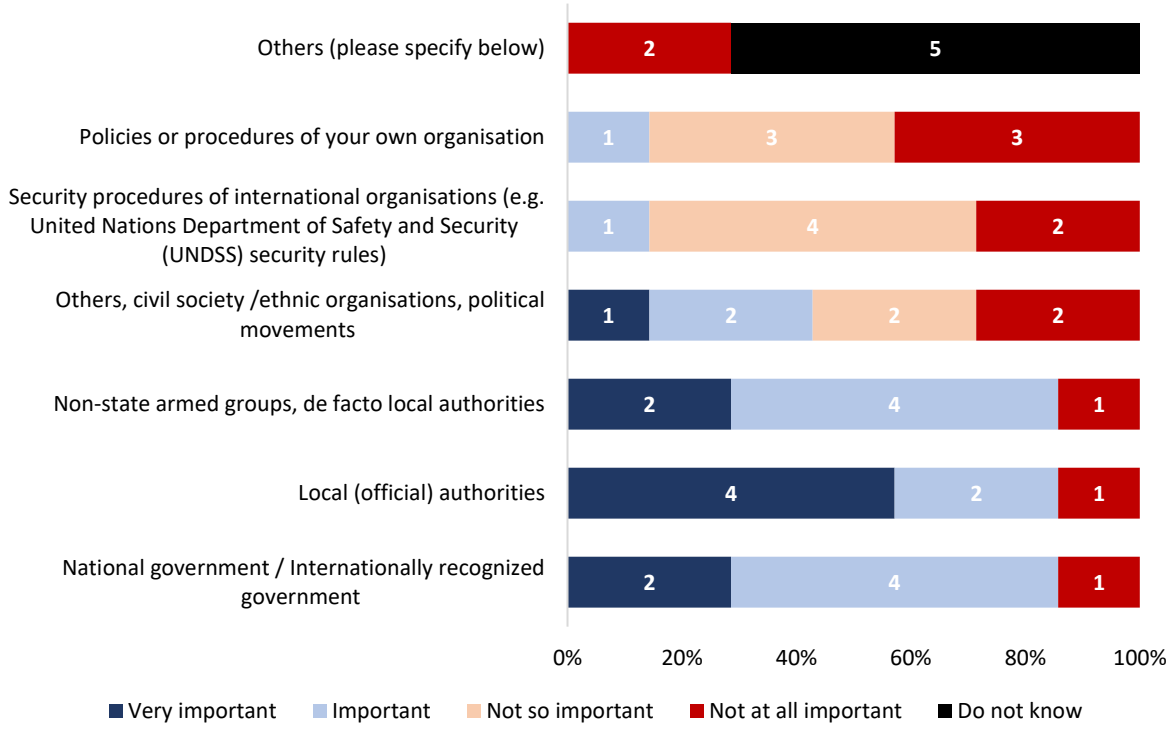




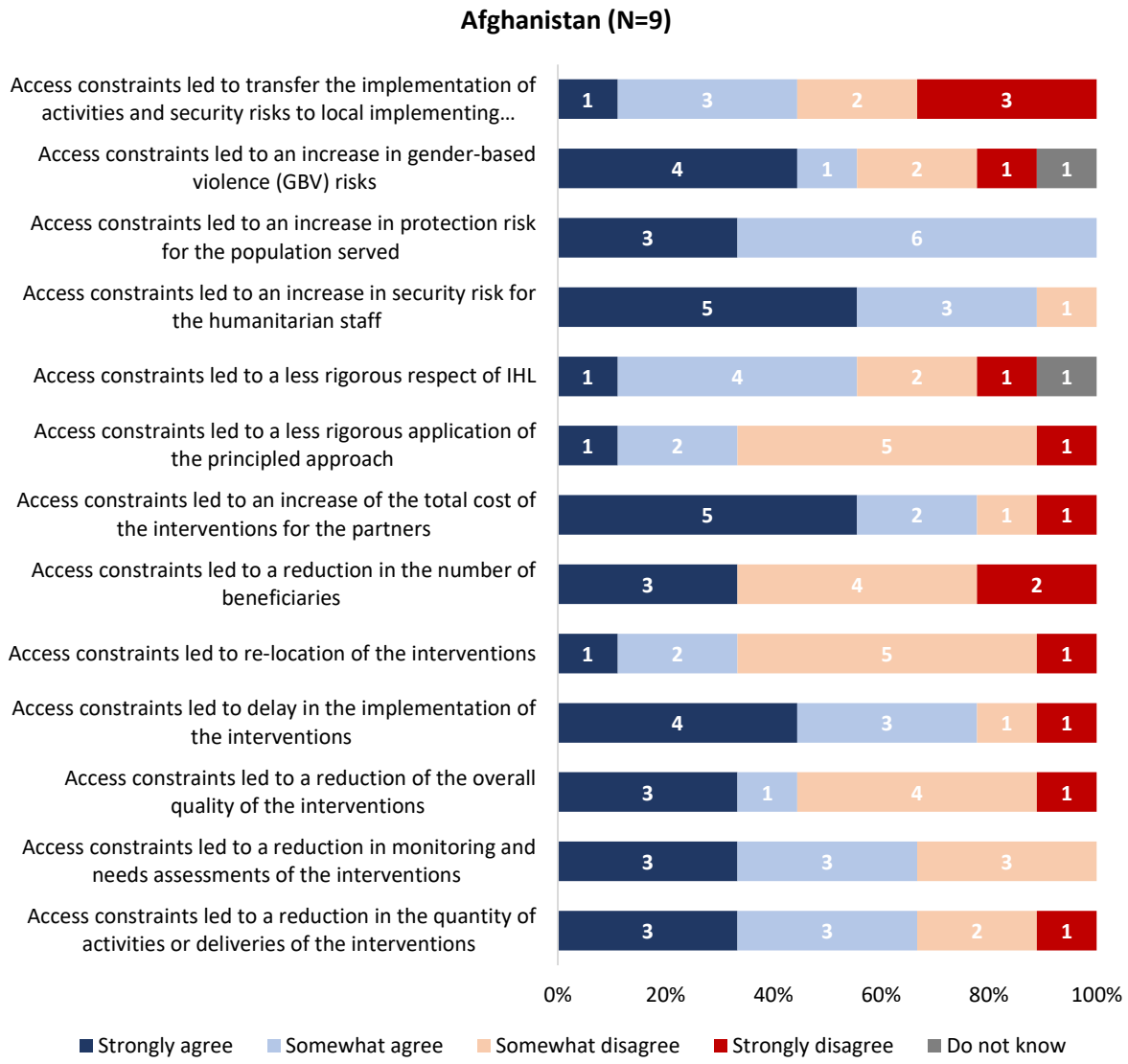
Nigeria (N=4)

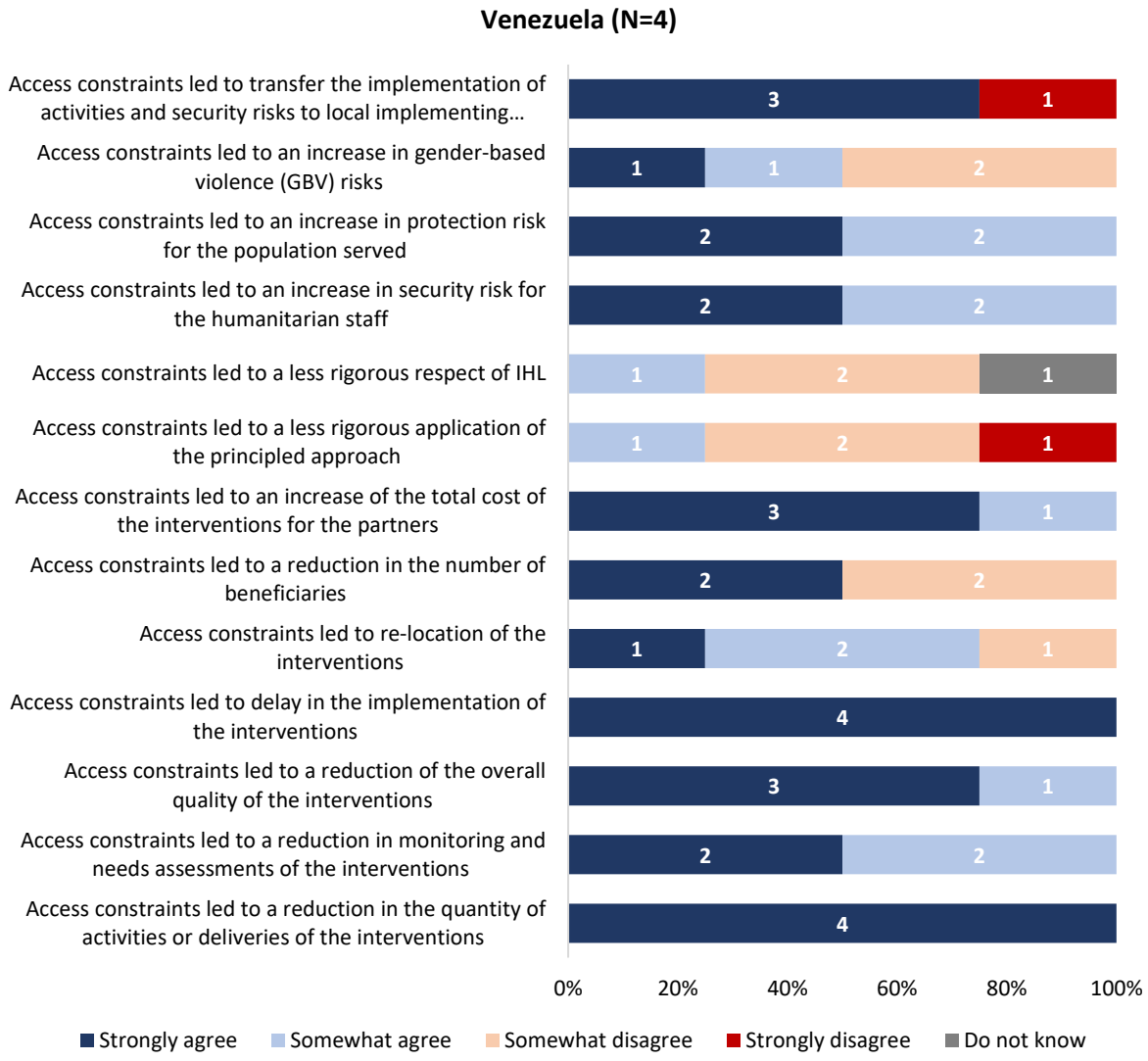


South Sudan (N=7)

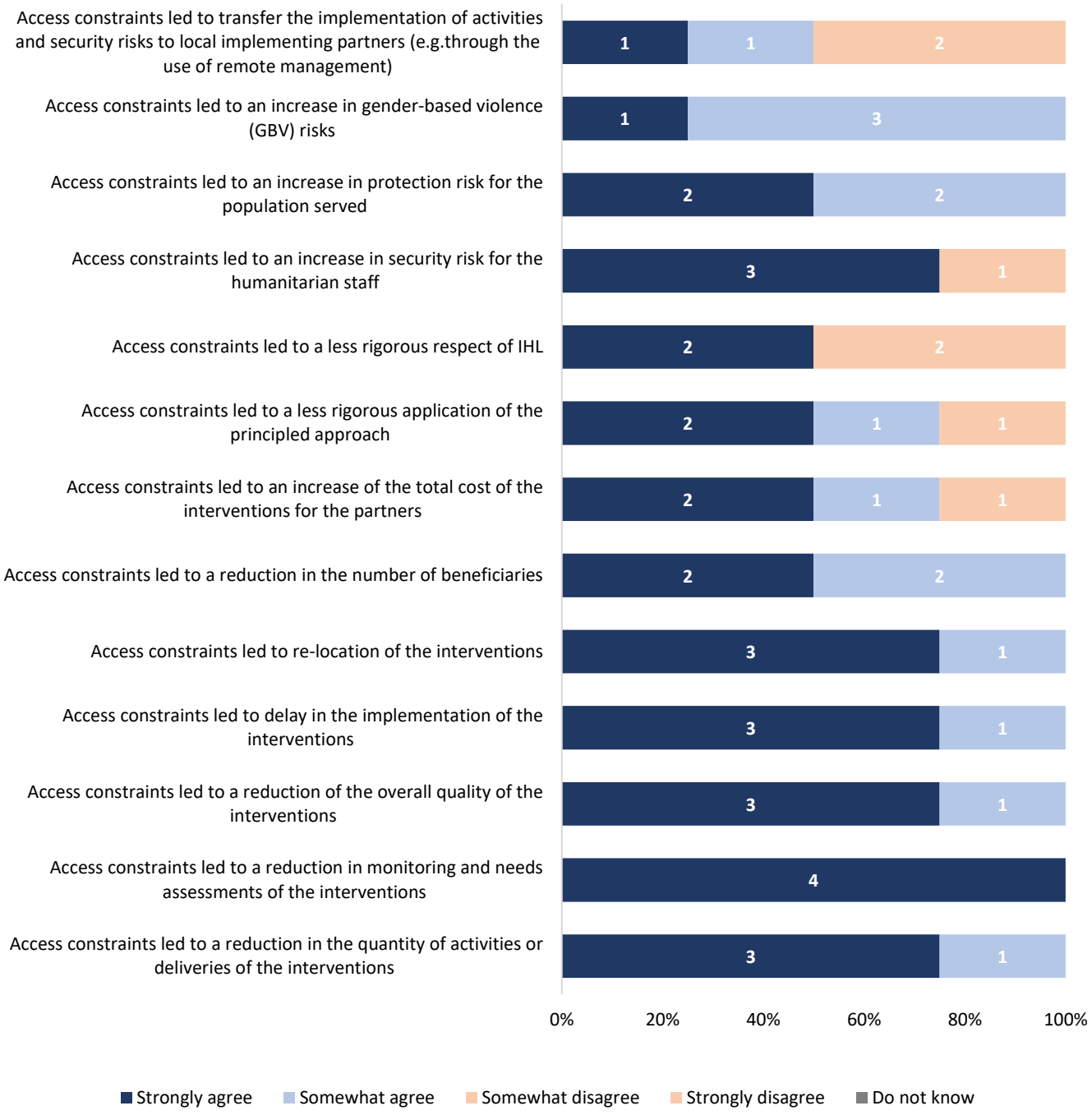


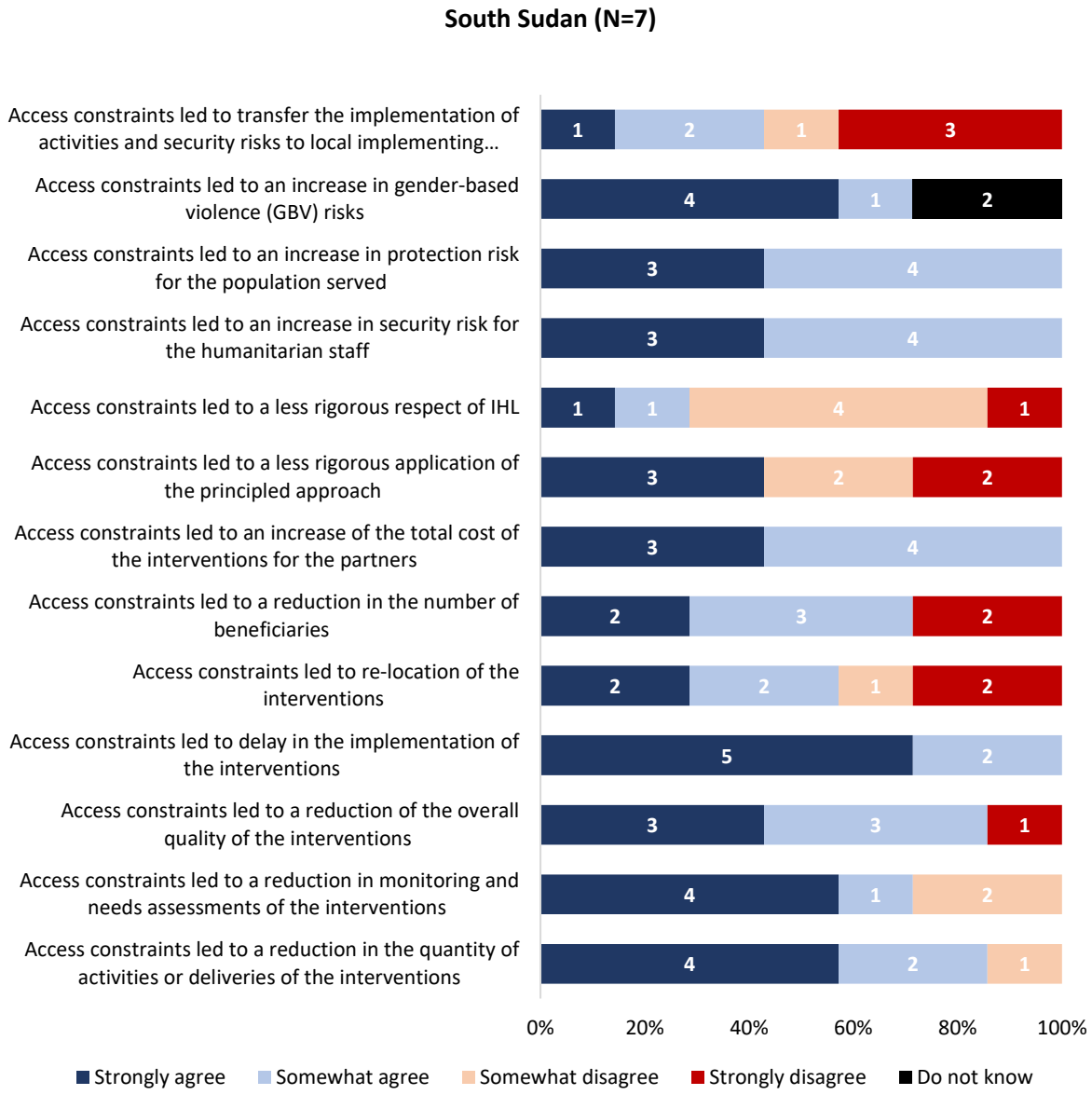
C3. The extent to which the respondents agree with the following statements regarding the effect of access constraints on their organisation's activities:

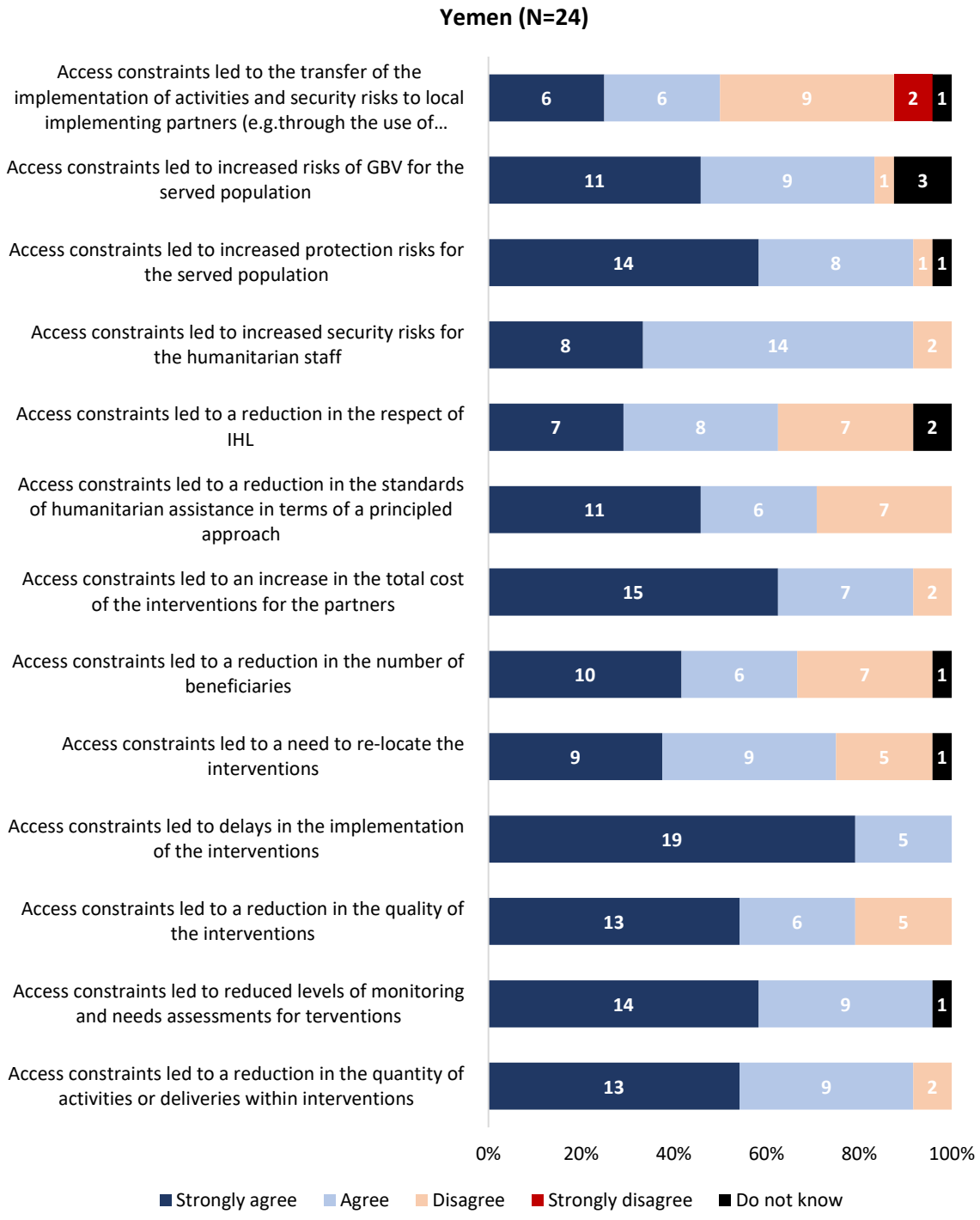



Venezuela (N=4)
Access constraints led to transfer the implementation of activities and security risks to local implementing…
Access constraints led to an increase in gender-based violence (GBV) risks
Access constraints led to an increase in protection risk for the population served
Access constraints led to an increase in security risk for the humanitarian staff
Access constraints led to a less rigorous respect of IHL
Access constraints led to a less rigorous application of the principled approach
Access constraints led to an increase of the total cost of the interventions for the partners
Access constraints led to a reduction in the number of beneficiaries
Access constraints led to re-location of the interventions
Access constraints led to delay in the implementation of the interventions
Access constraints led to a reduction of the overall quality of the interventions
Access constraints led to a reduction in monitoring and needs assessments of the interventions
Access constraints led to a reduction in the quantity of activities or deliveries of the interventions
3
1
1
1
2
2
2
2
2
1
2
1
1
2
1
3
1
2
2
1
2
1
4
3
1
2
2
4
0%
20%
40%
60%
80%
100%
Strongly agree
Somewhat agree
Somewhat disagree
Strongly disagree
Do not know

Nigeria (N=4)

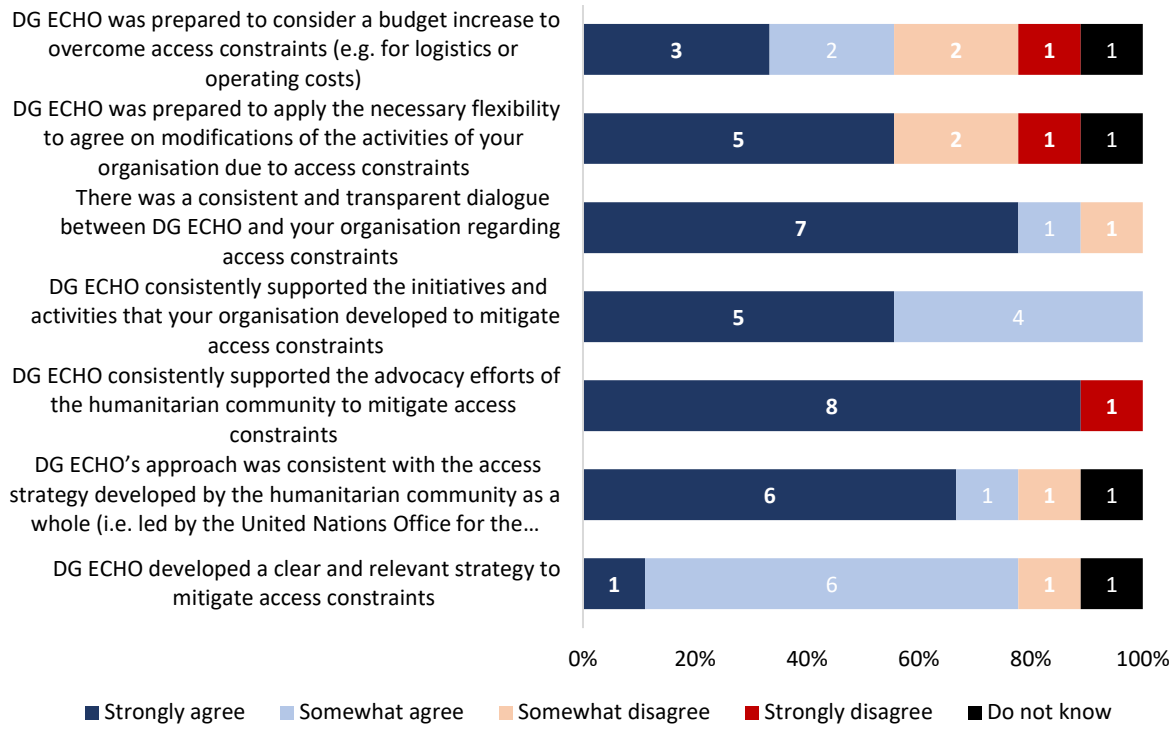

Access constraints led to transfer the implementation of activities and security risks to local implementing partners (e.g.through the use of remote management)
1
1
2
Access constraints led to an increase in gender-based violence (GBV) risks
1
3
Access constraints led to an increase in protection risk for the population served
2
2
Access constraints led to an increase in security risk for the humanitarian staff
3
1
Access constraints led to a less rigorous respect of IHL
2
2
Access constraints led to a less rigorous application of the principled approach
2
1
1
Access constraints led to an increase of the total cost of the interventions for the partners
2
1
1
Access constraints led to a reduction in the number of beneficiaries
2
2
Access constraints led to re-location of the interventions
3
1
Access constraints led to delay in the implementation of the interventions
3
1
Access constraints led to a reduction of the overall quality of the interventions
3
1
Access constraints led to a reduction in monitoring and needs assessments of the interventions
4
Access constraints led to a reduction in the quantity of activities or deliveries of the interventions
3
1
0%
20%
40%
60%
80%
100%
Strongly agree
Somewhat agree
Somewhat disagree
Strongly disagree
Do not know


South Sudan (N=7)
Access constraints led to transfer the implementation of activities and security risks to local implementing...
Access constraints led to an increase in gender-based violence (GBV) risks
Access constraints led to an increase in protection risk for the population served
Access constraints led to an increase in security risk for the humanitarian staff
Access constraints led to a less rigorous respect of IHL
Access constraints led to a less rigorous application of the principled approach
Access constraints led to an increase of the total cost of the interventions for the partners
Access constraints led to a reduction in the number of beneficiaries
Access constraints led to re-location of the interventions
Access constraints led to delay in the implementation of the interventions
Access constraints led to a reduction of the overall quality of the interventions
Access constraints led to a reduction in monitoring and needs assessments of the interventions
Access constraints led to a reduction in the quantity of activities or deliveries of the interventions
1 2 1 3
4 1 2
3 4
3 4
1 1 4 1
3 2 2
3 4
2 3 2
2 2 1 2
5 2
3 3 1
4 1 2
4 2 1
0% 20% 40% 60% 80% 100%
Strongly agree
Somewhat agree
Somewhat disagree
Strongly disagree
Do not know

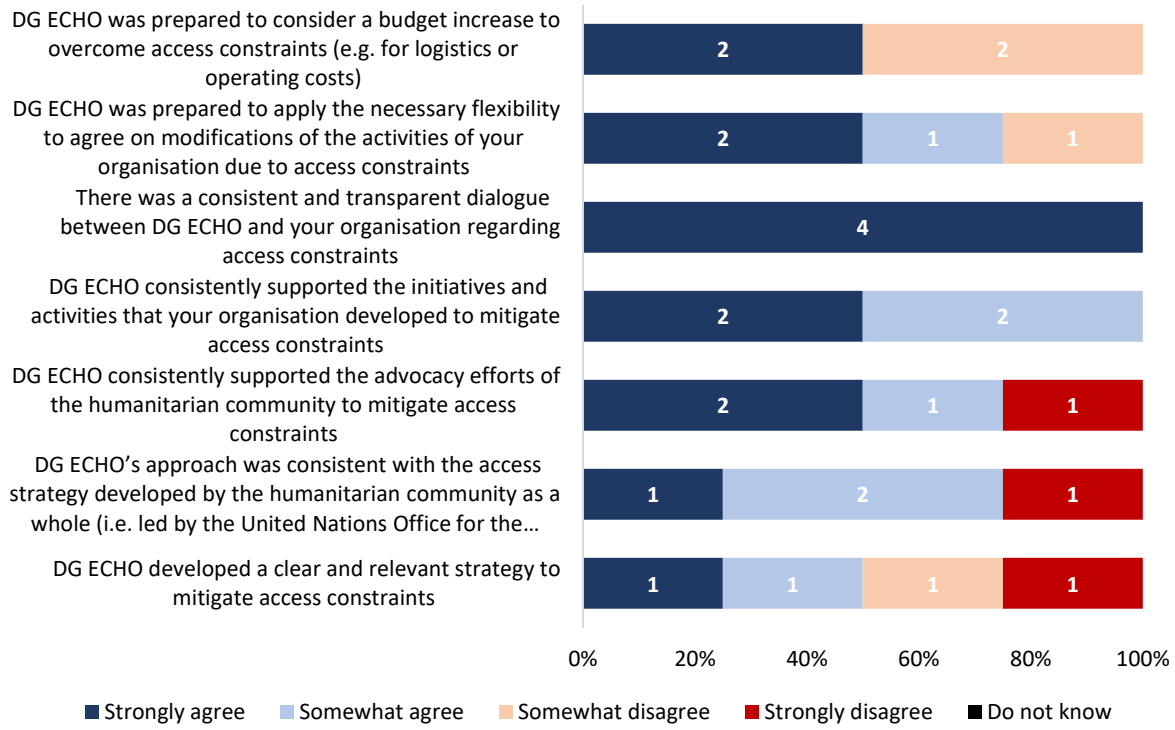

Yemen (N=24)
Access constraints led to the transfer of the implementation of activities and security risks to local implementing partners (e.g.through the use of...
6 6 9 2 1
Access constraints led to increased risks of GBV for the served population
11 9 1 3
Access constraints led to increased protection risks for the served population
14 8 1 1
Access constraints led to increased security risks for the humanitarian staff
8 14 2
Access constraints led to a reduction in the respect of IHL
7 8 7 2
Access constraints led to a reduction in the standards of humanitarian assistance in terms of a principled approach
11 6 7
Access constraints led to an increase in the total cost of the interventions for the partners
15 7 2
Access constraints led to a reduction in the number of beneficiaries
10 6 7 1
Access constraints led to a need to re-locate the interventions
9 9 5 1
Access constraints led to delays in the implementation of the interventions
19 5
Access constraints led to a reduction in the quality of the interventions
13 6 5
Access constraints led to reduced levels of monitoring and needs assessments for terventions
14 9 1
Access constraints led to a reduction in the quantity of activities or deliveries within interventions
13 9 2
0% 20% 40% 60% 80% 100%
Strongly agree
Agree
Disagree
Strongly disagree
Do not know

Relevance and coherence of DG ECHO's response

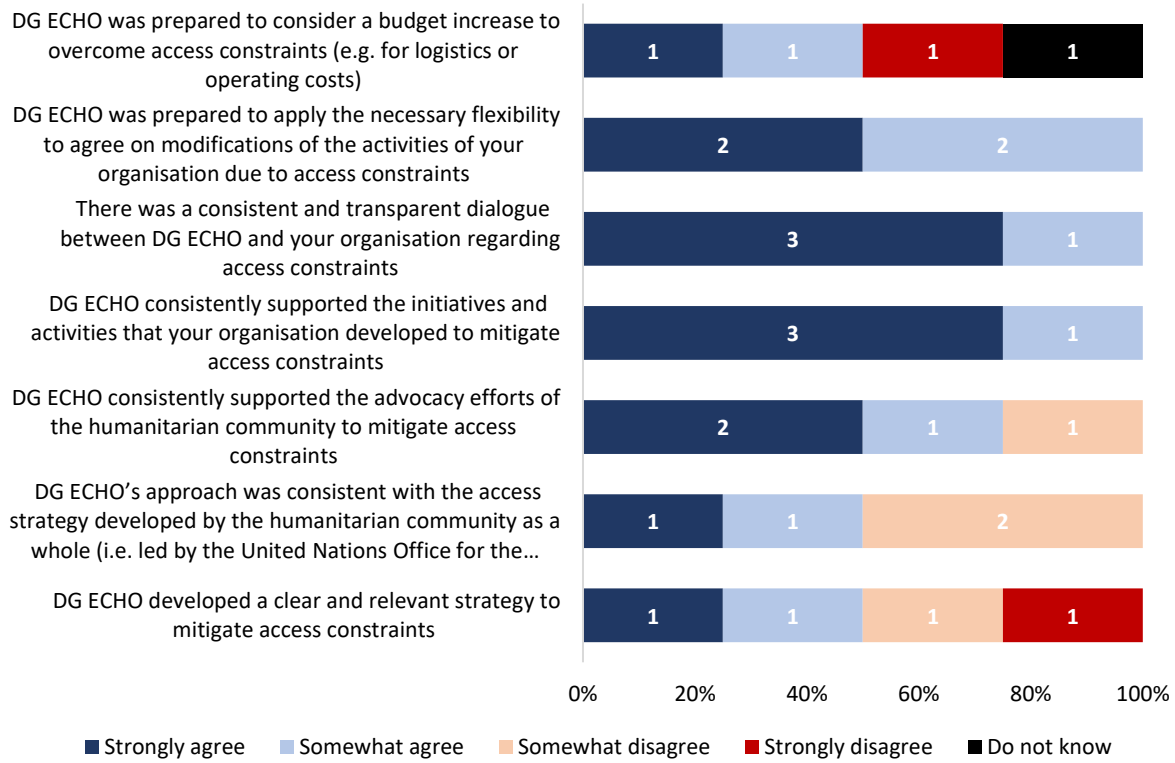
D1. To what extent do you agree with the following statements regarding the relevance of DG ECHO's access strategy for your organisation?



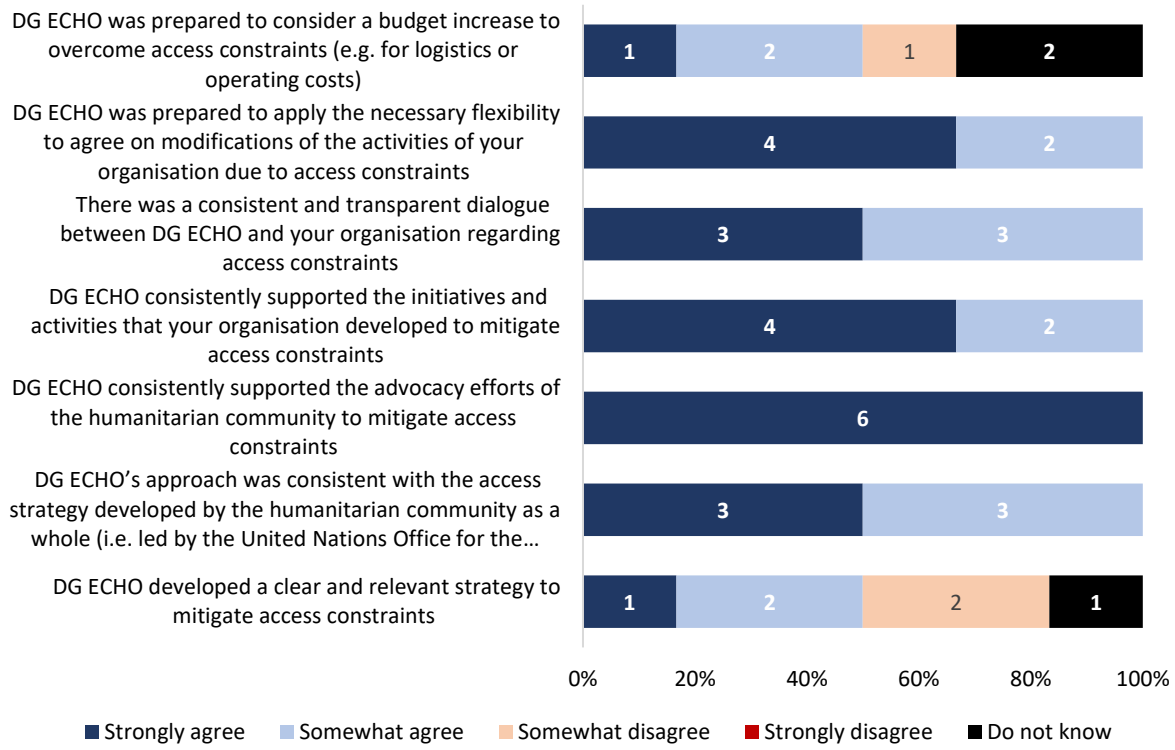
Venezuela (N=4)



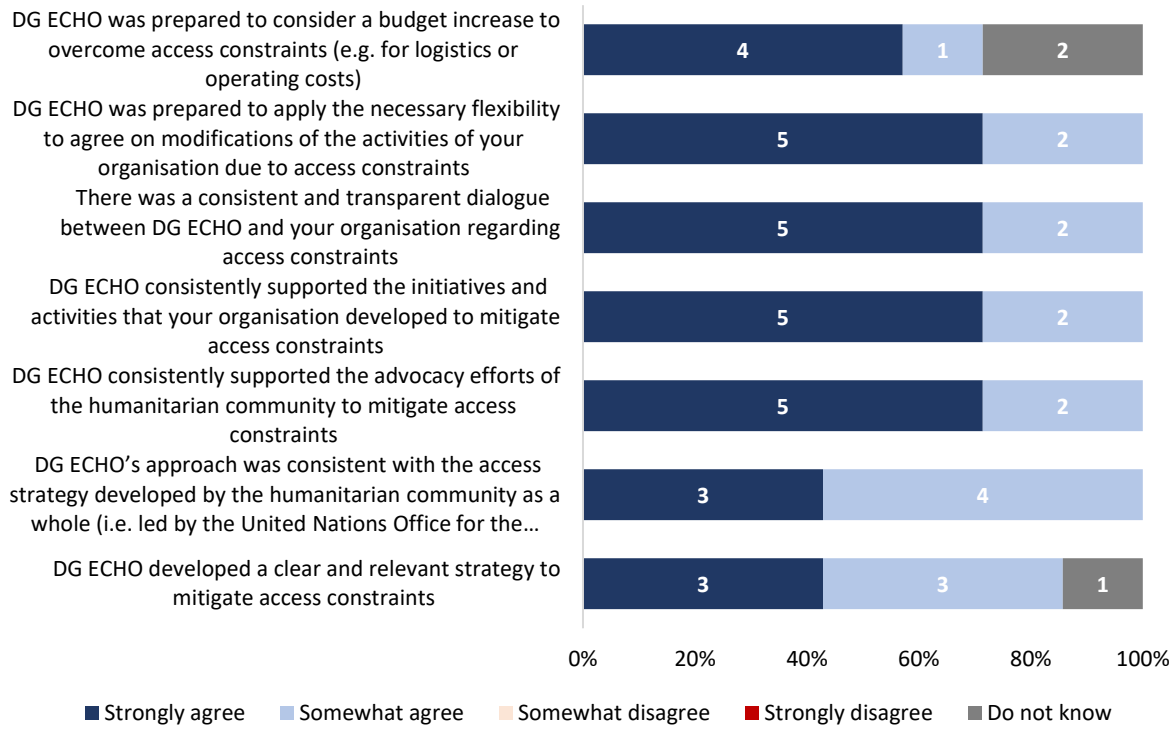
Nigeria (N = 4)

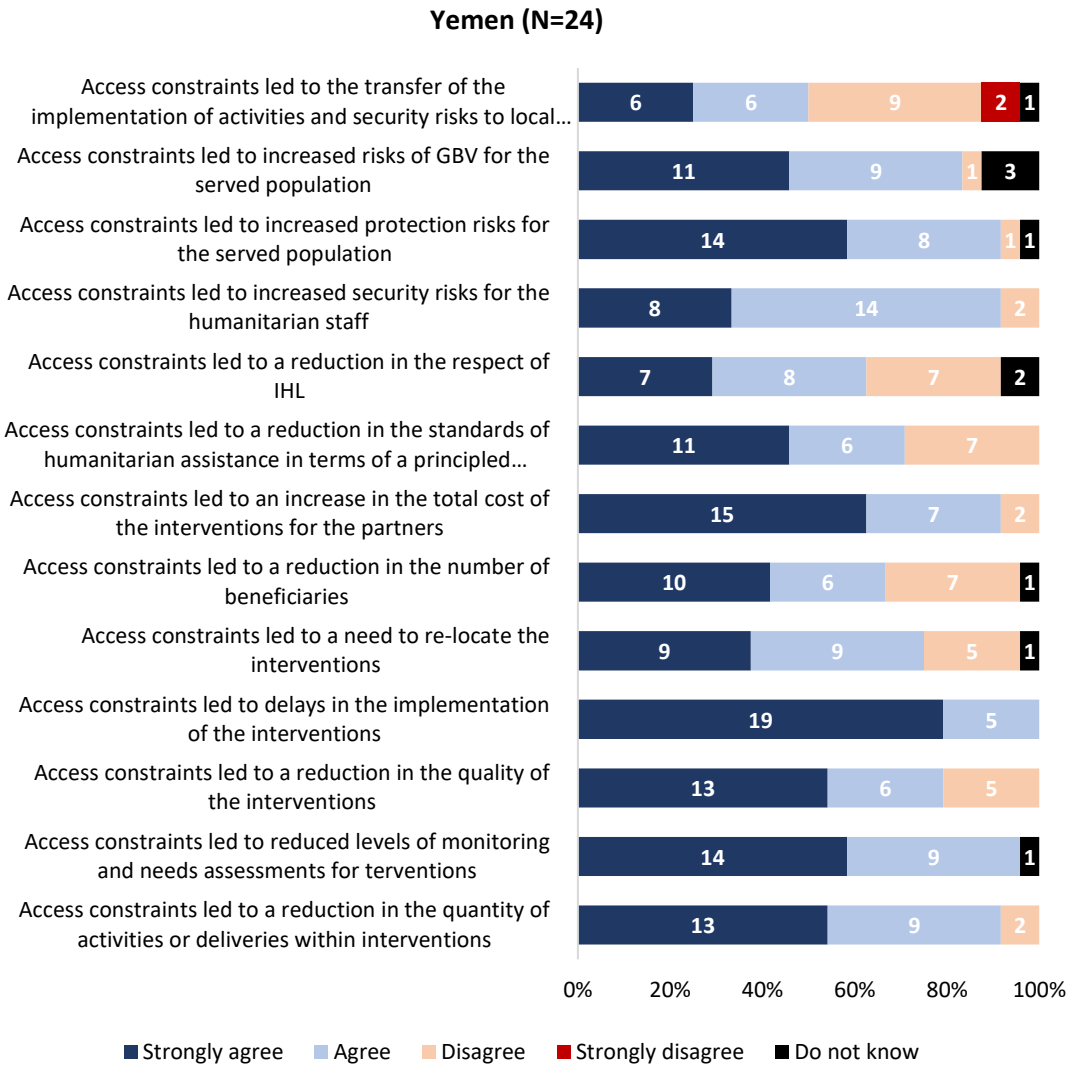


Central African Republic (N=6)



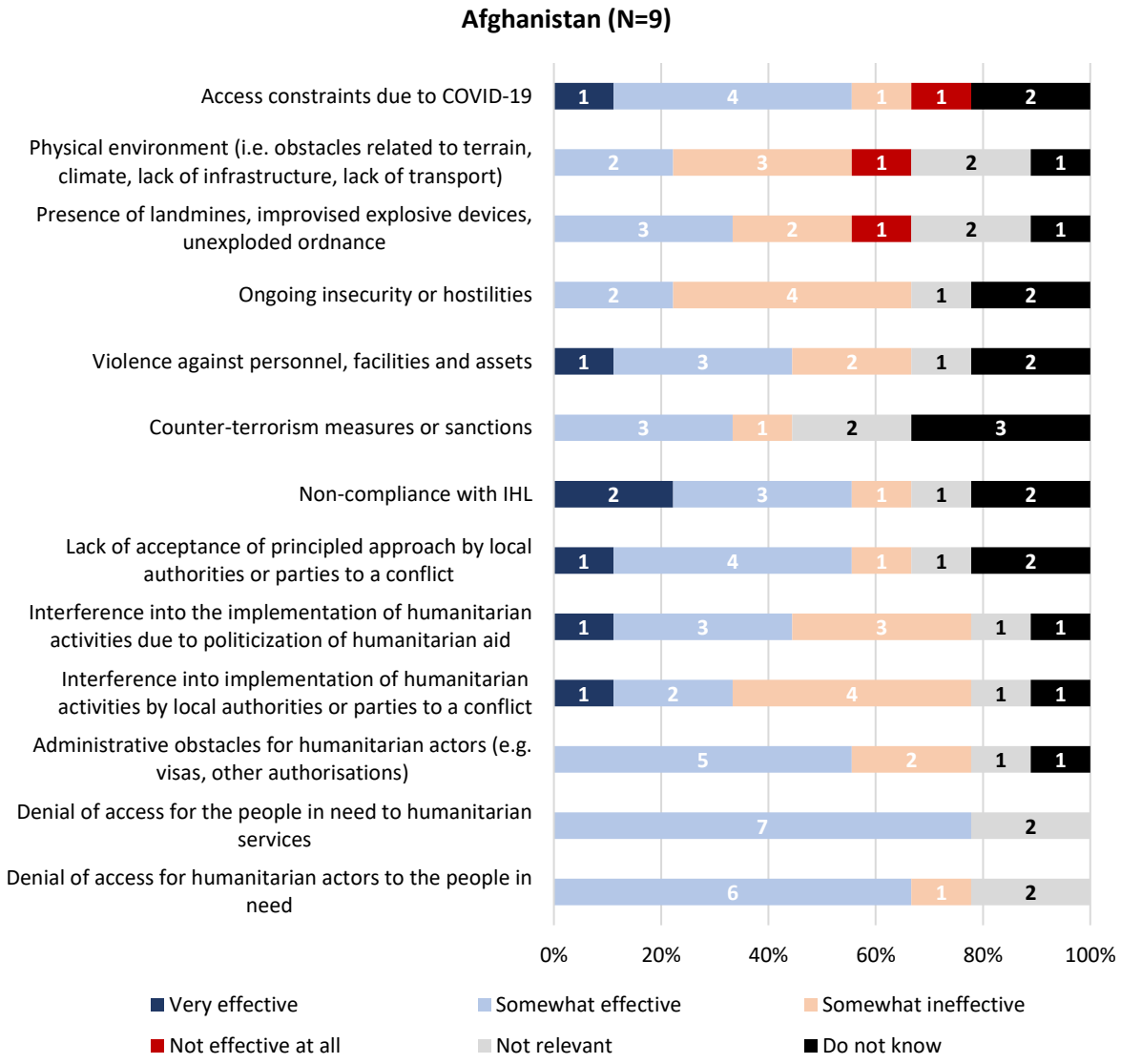
South Sudan (N=7)

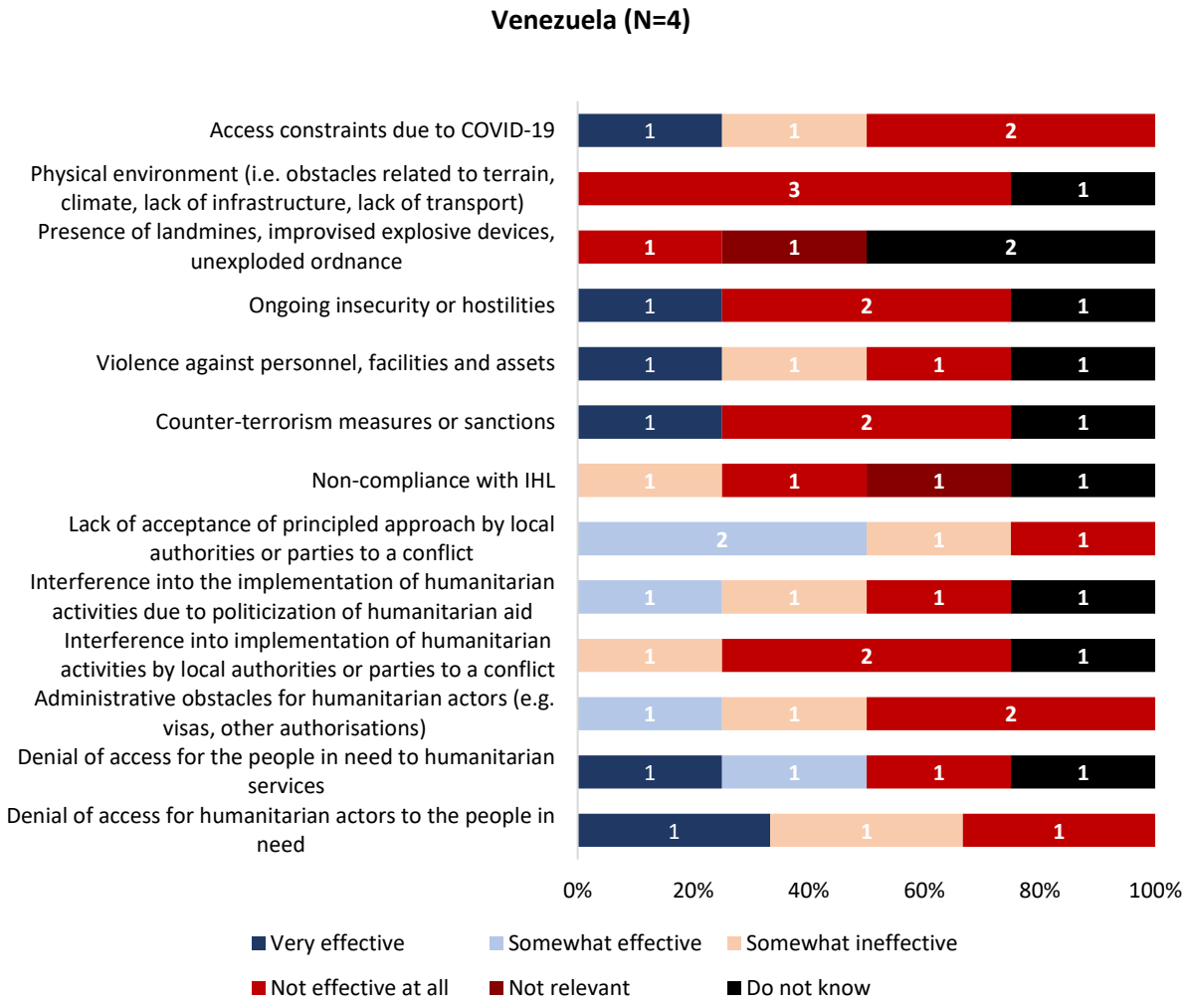


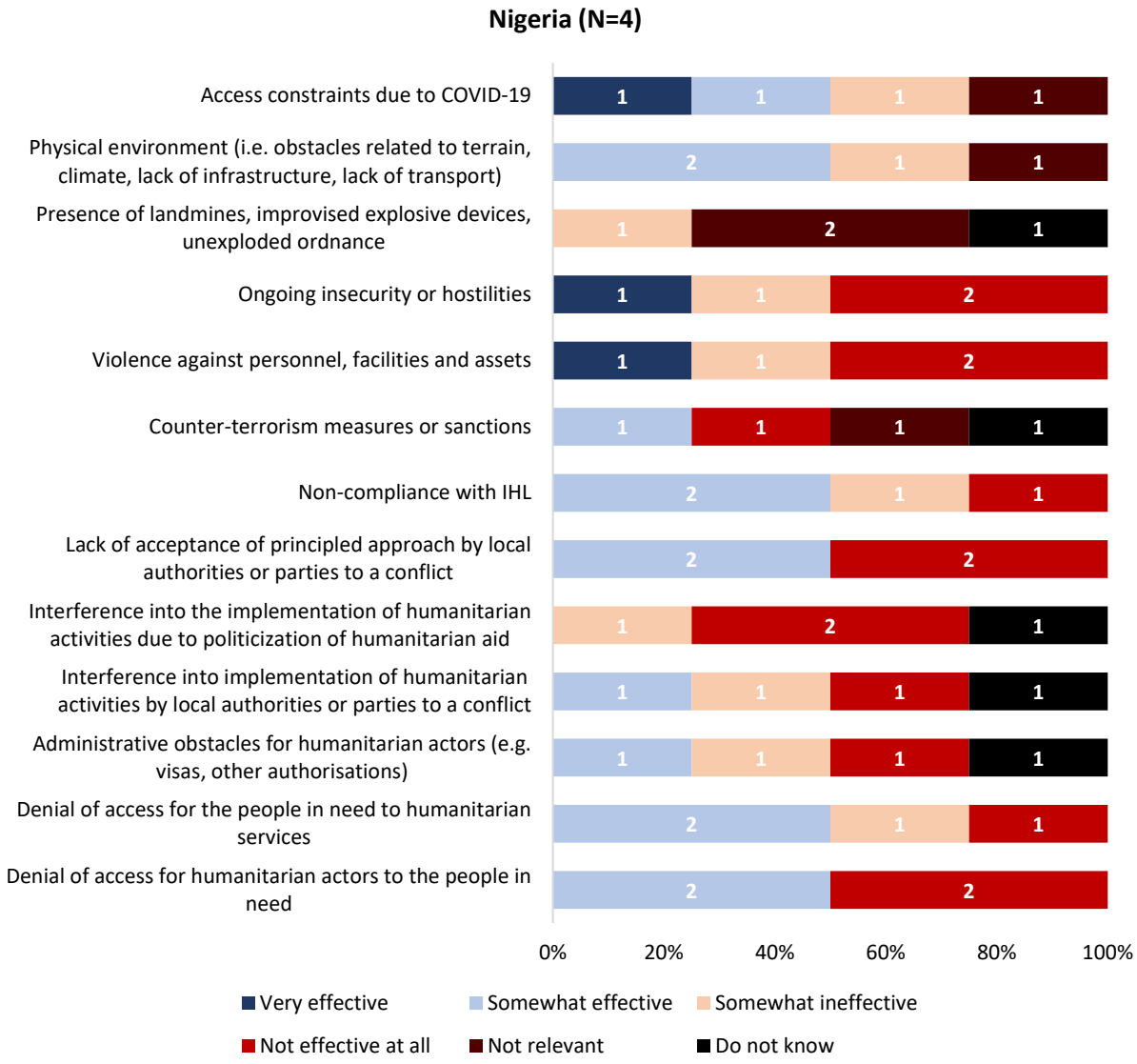

Yemen (N=24)
Access constraints led to the transfer of the implementation of activities and security risks to local...
6
6
9
2
1
Access constraints led to increased risks of GBV for the served population
11
9
1
3
Access constraints led to increased protection risks for the served population
14
8
1
1
Access constraints led to increased security risks for the humanitarian staff
8
14
2
Access constraints led to a reduction in the respect of IHL
7
8
7
2
Access constraints led to a reduction in the standards of humanitarian assistance in terms of a principled...
11
6
7
Access constraints led to an increase in the total cost of the interventions for the partners
15
7
2
Access constraints led to a reduction in the number of beneficiaries
10
6
7
1
Access constraints led to a need to re-locate the interventions
9
9
5
1
Access constraints led to delays in the implementation of the interventions
19
5
Access constraints led to a reduction in the quality of the interventions
13
6
5
Access constraints led to reduced levels of monitoring and needs assessments for terventions
14
9
1
Access constraints led to a reduction in the quantity of activities or deliveries within interventions
13
9
2
0%
20%
40%
60%
80%
100%
Strongly agree
Agree
Disagree
Strongly disagree
Do not know

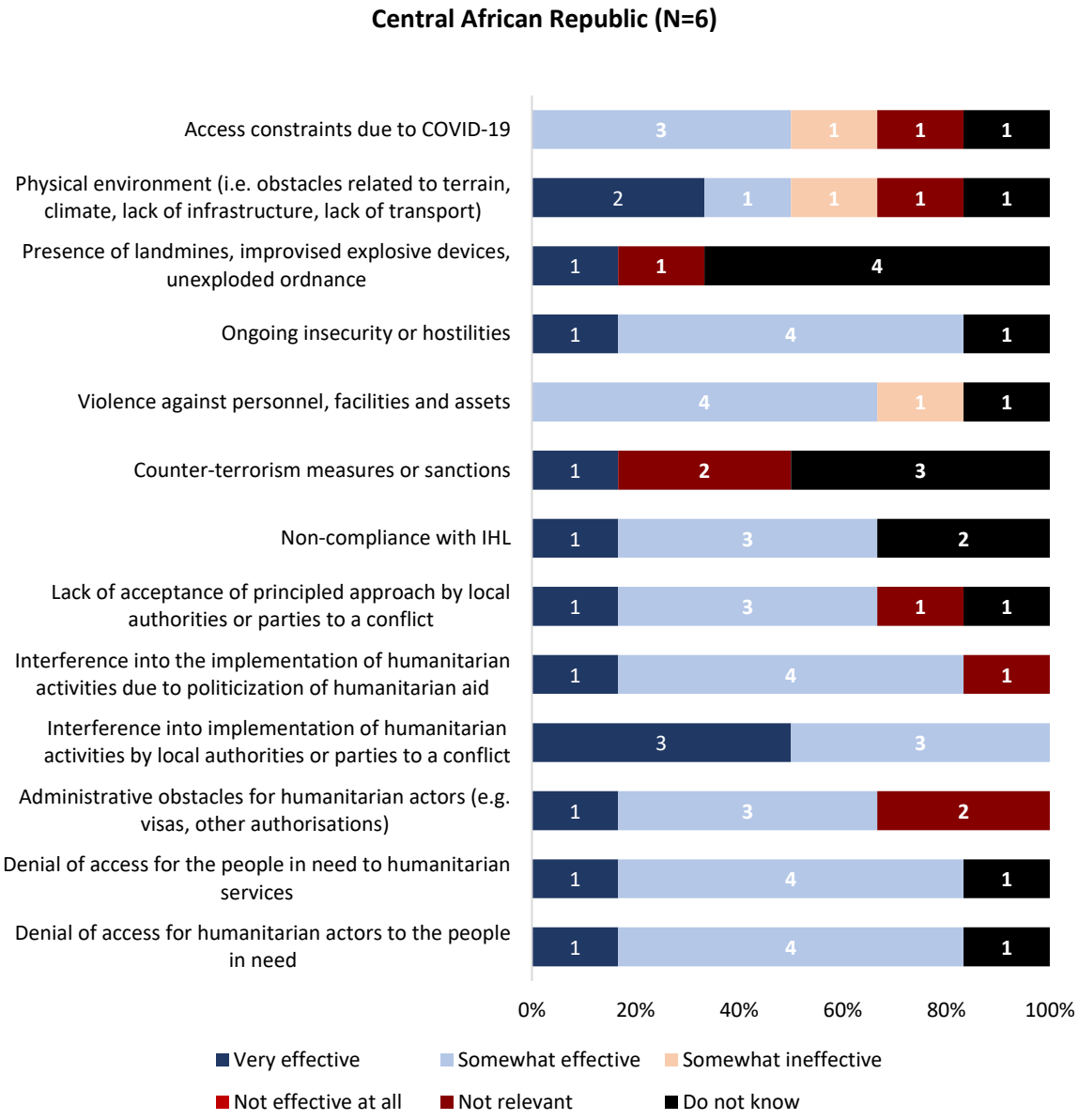
Effectiveness of DG ECHO's response

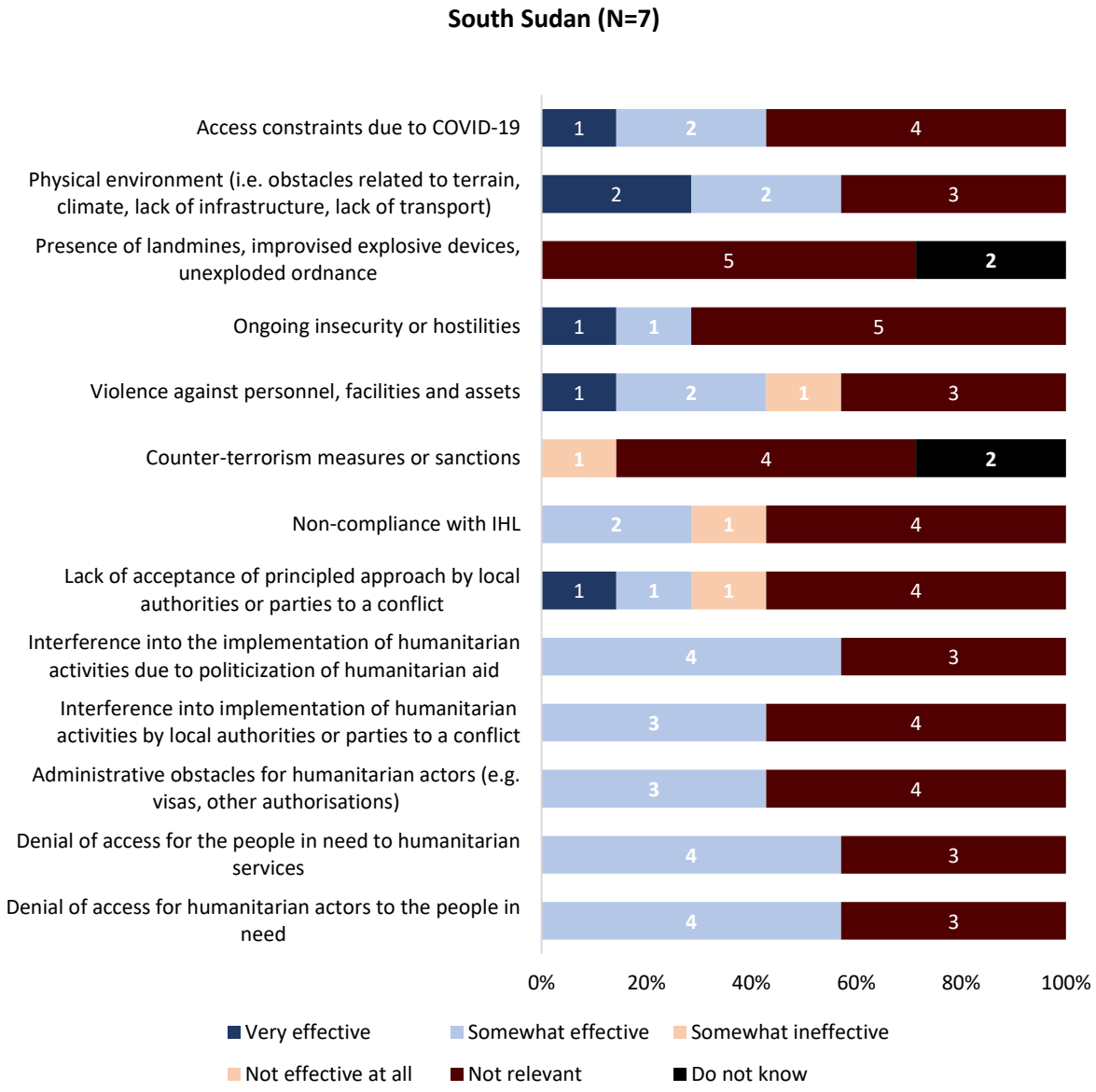
E1. To what extent has DG ECHO contributed to mitigate the following types of access constraints for your organization?

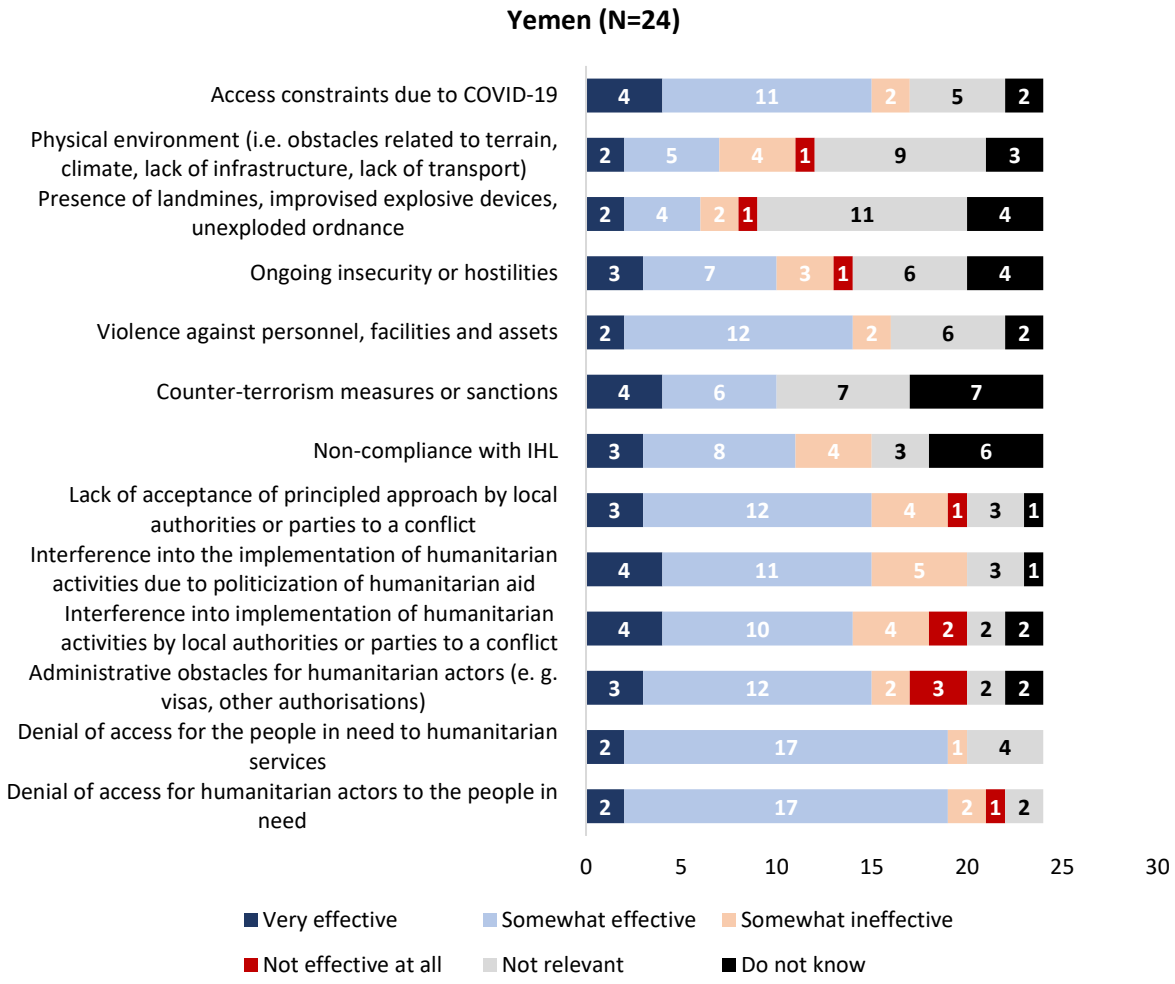



Venezuela (N=4)
Access constraints due to COVID-19
Physical environment (i.e. obstacles related to terrain, climate, lack of infrastructure, lack of transport)
Presence of landmines, improvised explosive devices, unexploded ordnance
Ongoing insecurity or hostilities
Violence against personnel, facilities and assets
Counter-terrorism measures or sanctions
Non-compliance with IHL
Lack of acceptance of principled approach by local authorities or parties to a conflict
Interference into the implementation of humanitarian activities due to politicization of humanitarian aid
Interference into implementation of humanitarian activities by local authorities or parties to a conflict
Administrative obstacles for humanitarian actors (e.g. visas, other authorisations)
Denial of access for the people in need to humanitarian services
Denial of access for humanitarian actors to the people in need
0%
20%
40%
60%
80%
100%
Very effective
Somewhat effective
Somewhat ineffective
Not effective at all
Not relevant
Do not know

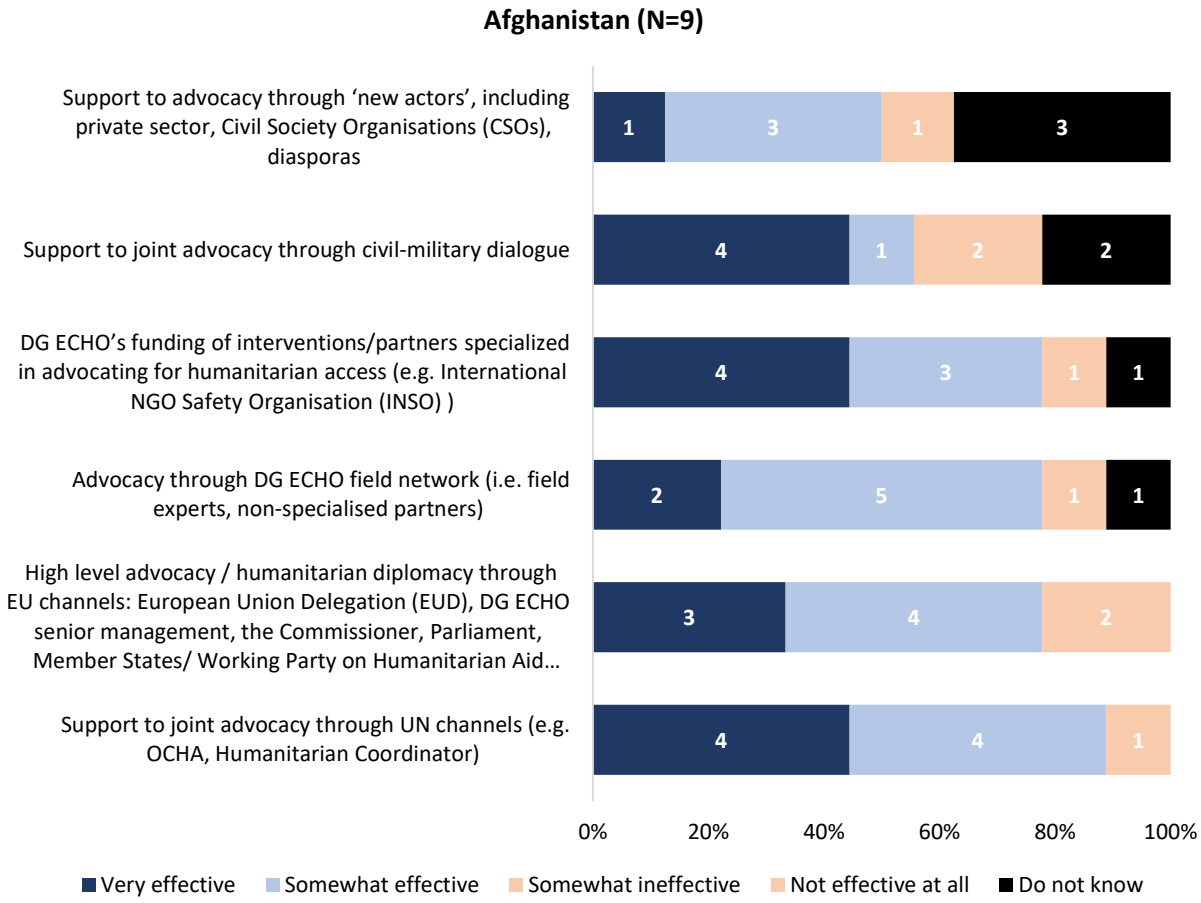

Nigeria (N=4)
Access constraints due to COVID-19
Physical environment (i.e. obstacles related to terrain, climate, lack of infrastructure, lack of transport)
Presence of landmines, improvised explosive devices, unexploded ordnance
Ongoing insecurity or hostilities
Violence against personnel, facilities and assets
Counter-terrorism measures or sanctions
Non-compliance with IHL
Lack of acceptance of principled approach by local authorities or parties to a conflict
Interference into the implementation of humanitarian activities due to politicization of humanitarian aid
Interference into implementation of humanitarian activities by local authorities or parties to a conflict
Administrative obstacles for humanitarian actors (e.g. visas, other authorisations)
Denial of access for the people in need to humanitarian services
Denial of access for humanitarian actors to the people in need
0%
20%
40%
60%
80%
100%
Very effective
Somewhat effective
Somewhat ineffective
Not effective at all
Not relevant
Do not know

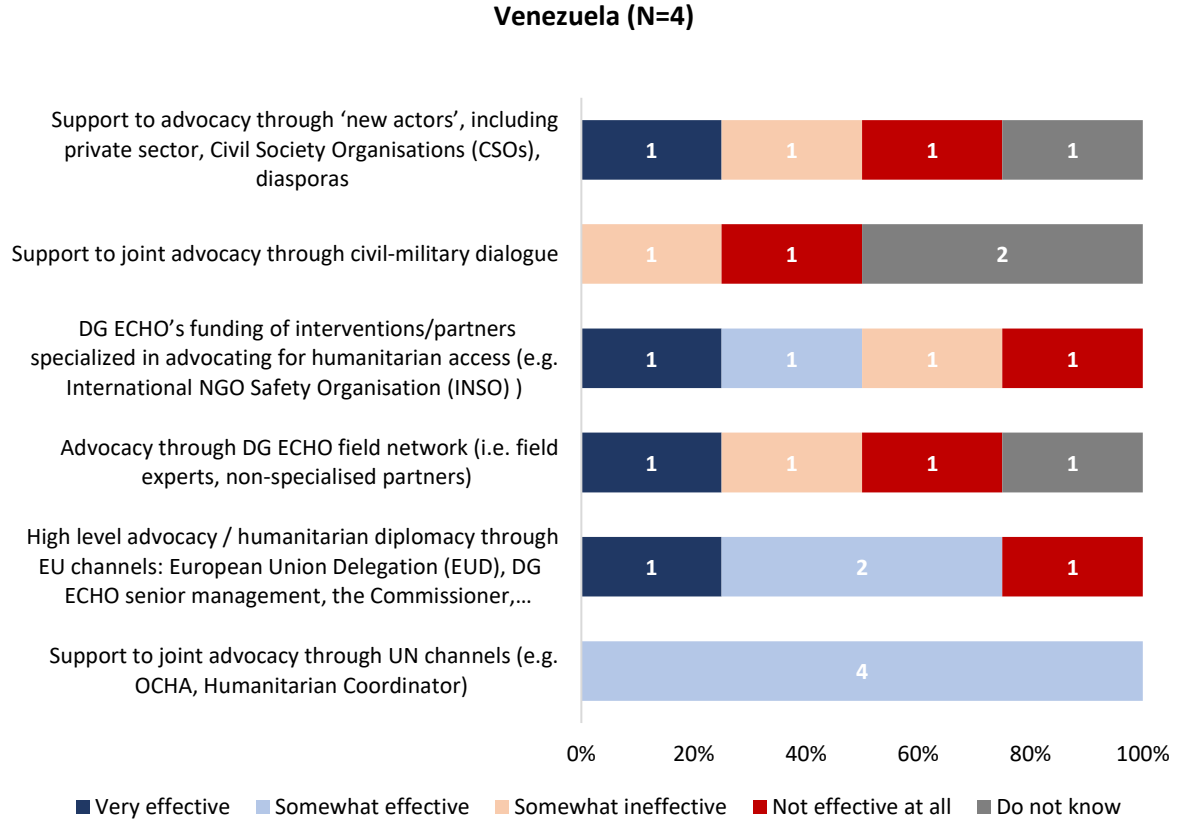

Central African Republic (N=6)
Access constraints due to COVID-19
3
1
1
1
Physical environment (i.e. obstacles related to terrain, climate, lack of infrastructure, lack of transport)
2
1
1
1
1
Presence of landmines, improvised explosive devices, unexploded ordnance
1
1
4
Ongoing insecurity or hostilities
1
4
1
Violence against personnel, facilities and assets
4
1
1
Counter-terrorism measures or sanctions
1
2
3
Non-compliance with IHL
1
3
2
Lack of acceptance of principled approach by local authorities or parties to a conflict
1
3
1
1
Interference into the implementation of humanitarian activities due to politicization of humanitarian aid
1
4
1
Interference into implementation of humanitarian activities by local authorities or parties to a conflict
3
3
Administrative obstacles for humanitarian actors (e.g. visas, other authorisations)
1
3
2
Denial of access for the people in need to humanitarian services
1
4
1
Denial of access for humanitarian actors to the people in need
1
4
1
0%
20%
40%
60%
80%
100%
Very effective
Somewhat effective
Somewhat ineffective
Not effective at all
Not relevant
Do not know

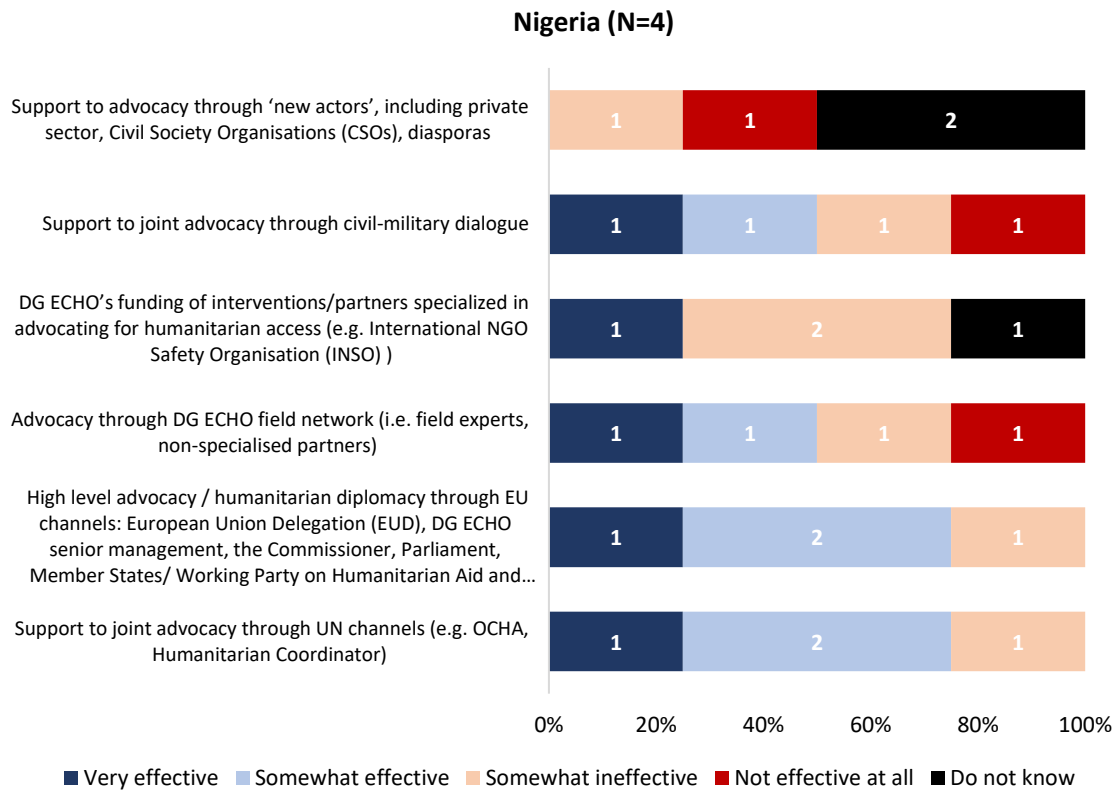

South Sudan (N=7)
Access constraints due to COVID-19
Physical environment (i.e. obstacles related to terrain, climate, lack of infrastructure, lack of transport)
Presence of landmines, improvised explosive devices, unexploded ordnance
Ongoing insecurity or hostilities
Violence against personnel, facilities and assets
Counter-terrorism measures or sanctions
Non-compliance with IHL
Lack of acceptance of principled approach by local authorities or parties to a conflict
Interference into the implementation of humanitarian activities due to politicization of humanitarian aid
Interference into implementation of humanitarian activities by local authorities or parties to a conflict
Administrative obstacles for humanitarian actors (e.g. visas, other authorisations)
Denial of access for the people in need to humanitarian services
Denial of access for humanitarian actors to the people in need
1 2 4
2 2 3
5 2
1 1 5
1 2 1 3
1 4 2
2 1 4
1 1 1 4
4 3
3 4
3 4
4 3
4 3
0% 20% 40% 60% 80% 100%
Very effective
Somewhat effective
Somewhat ineffective
Not effective at all
Not relevant
Do not know

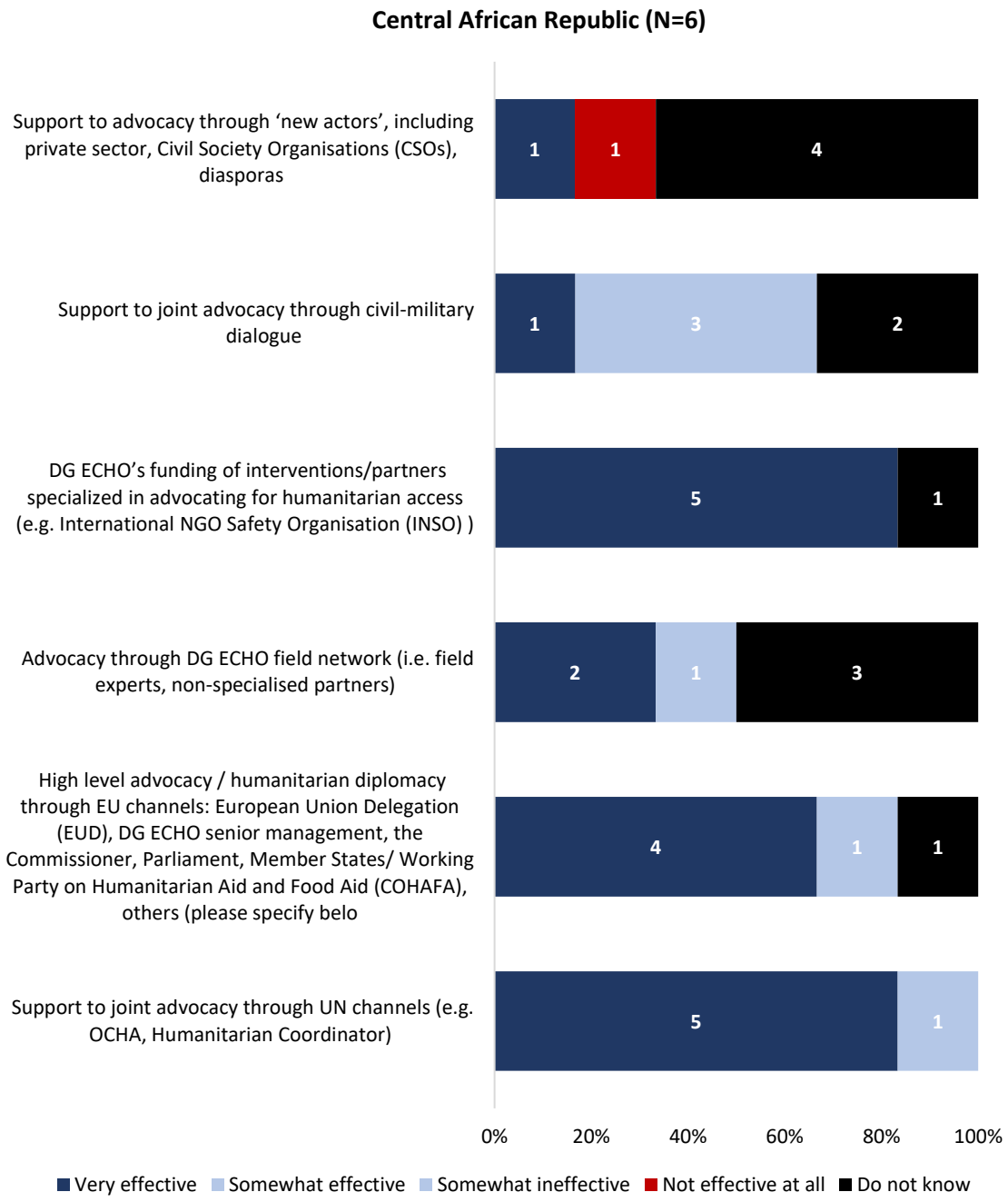


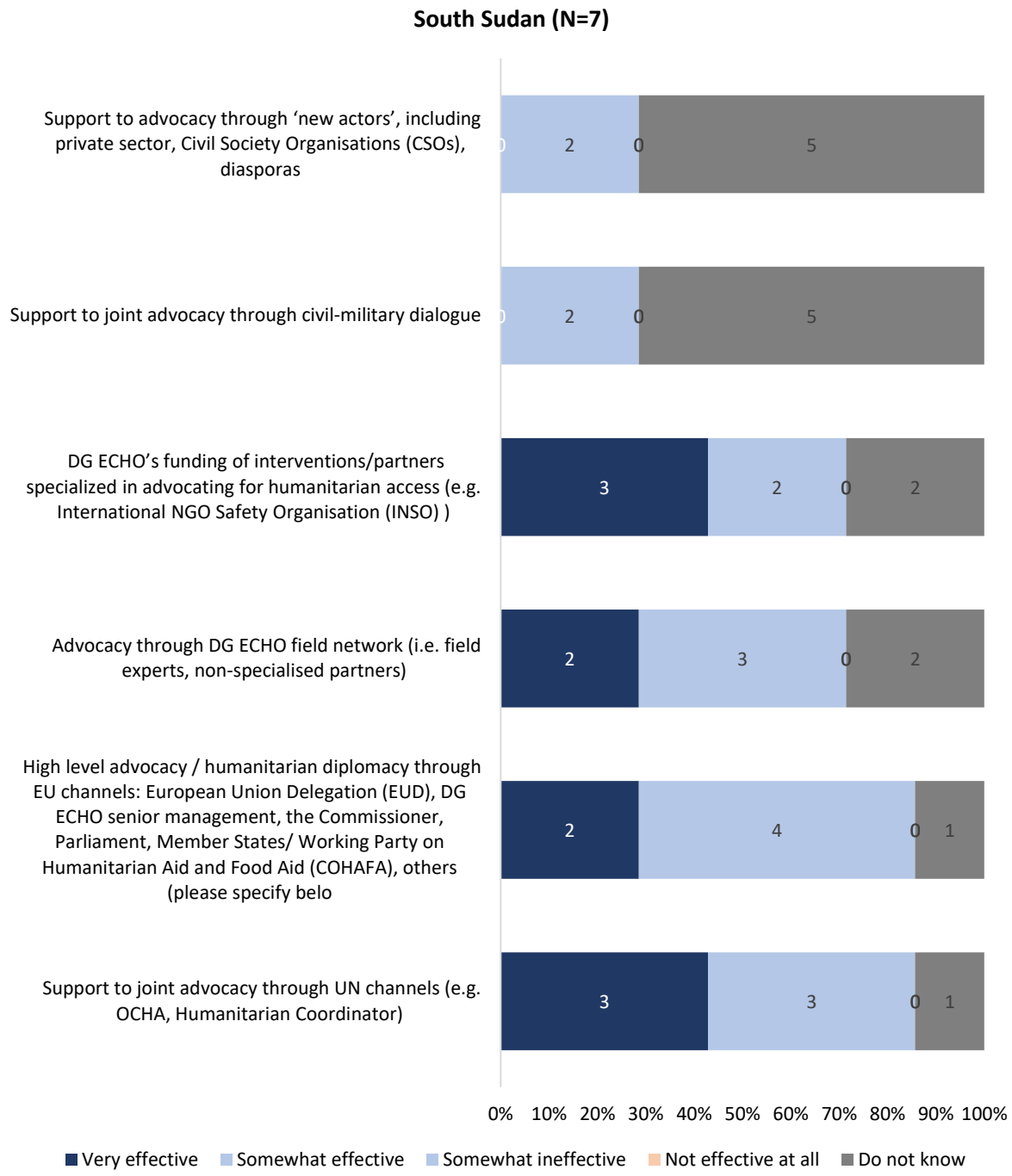
E2. To what extent have the following DG ECHO advocacy activities been effective in contributing to mitigate humanitarian access barriers for your organisation?
(i.e. to what extent the situation would have been worse off without DG ECHO's actions)


Afghanistan (N=9)
Support to advocacy through 'new actors', including private sector, Civil Society Organisations (CSOs), diasporas
1
3
1
3
Support to joint advocacy through civil-military dialogue
4
1
2
2
DG ECHO's funding of interventions/partners specialized in advocating for humanitarian access (e.g. International NGO Safety Organisation (INSO))
4
3
1
1
Advocacy through DG ECHO field network (i.e. field experts, non-specialised partners)
2
5
1
1
High level advocacy / humanitarian diplomacy through EU channels: European Union Delegation (EUD), DG ECHO senior management, the Commissioner, Parliament, Member States/ Working Party on Humanitarian Aid…
3
4
2
Support to joint advocacy through UN channels (e.g. OCHA, Humanitarian Coordinator)
4
4
1
0%
20%
40%
60%
80%
100%
Very effective
Somewhat effective
Somewhat ineffective
Not effective at all
Do not know


Venezuela (N=4)
Support to advocacy through 'new actors', including private sector, Civil Society Organisations (CSOs), diasporas
1
1
1
1
Support to joint advocacy through civil-military dialogue
1
1
2
DG ECHO's funding of interventions/partners specialized in advocating for humanitarian access (e.g. International NGO Safety Organisation (INSO))
1
1
1
1
Advocacy through DG ECHO field network (i.e. field experts, non-specialised partners)
1
1
1
1
High level advocacy / humanitarian diplomacy through EU channels: European Union Delegation (EUD), DG ECHO senior management, the Commissioner,…
1
2
1
Support to joint advocacy through UN channels (e.g. OCHA, Humanitarian Coordinator)
4
0%
20%
40%
60%
80%
100%
Very effective
Somewhat effective
Somewhat ineffective
Not effective at all
Do not know


Nigeria (N=4)
Support to advocacy through 'new actors', including private sector, Civil Society Organisations (CSOs), diasporas
Support to joint advocacy through civil-military dialogue
DG ECHO's funding of interventions/partners specialized in advocating for humanitarian access (e.g. International NGO Safety Organisation (INSO))
Advocacy through DG ECHO field network (i.e. field experts, non-specialised partners)
High level advocacy / humanitarian diplomacy through EU channels: European Union Delegation (EUD), DG ECHO senior management, the Commissioner, Parliament, Member States/ Working Party on Humanitarian Aid and...
Support to joint advocacy through UN channels (e.g. OCHA, Humanitarian Coordinator)
1 1 2
1 1 1 1
1 2 1
1 1 1 1
1 2 1
1 2 1
0% 20% 40% 60% 80% 100%
Very effective
Somewhat effective
Somewhat ineffective
Not effective at all
Do not know

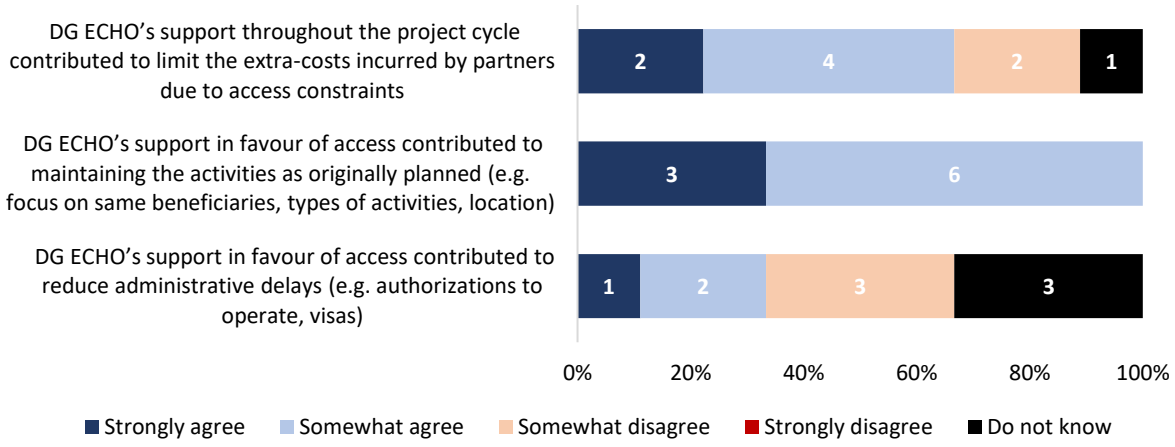

Central African Republic (N=6)
Support to advocacy through 'new actors', including private sector, Civil Society Organisations (CSOs), diasporas
1
1
4
Support to joint advocacy through civil-military dialogue
1
3
2
DG ECHO's funding of interventions/partners specialized in advocating for humanitarian access (e.g. International NGO Safety Organisation (INSO))
5
1
Advocacy through DG ECHO field network (i.e. field experts, non-specialised partners)
2
1
3
High level advocacy / humanitarian diplomacy through EU channels: European Union Delegation (EUD), DG ECHO senior management, the Commissioner, Parliament, Member States/ Working Party on Humanitarian Aid and Food Aid (COHAFA), others (please specify belo
4
1
1
Support to joint advocacy through UN channels (e.g. OCHA, Humanitarian Coordinator)
5
1
0%
20%
40%
60%
80%
100%
Very effective
Somewhat effective
Somewhat ineffective
Not effective at all
Do not know


South Sudan (N=7)
Support to advocacy through 'new actors', including private sector, Civil Society Organisations (CSOs), diasporas
0
2
0
5
Support to joint advocacy through civil-military dialogue
0
2
0
5
DG ECHO's funding of interventions/partners specialized in advocating for humanitarian access (e.g. International NGO Safety Organisation (INSO))
3
2
0
2
Advocacy through DG ECHO field network (i.e. field experts, non-specialised partners)
2
3
0
2
High level advocacy / humanitarian diplomacy through EU channels: European Union Delegation (EUD), DG ECHO senior management, the Commissioner, Parliament, Member States/ Working Party on Humanitarian Aid and Food Aid (COHAFA), others (please specify belo
2
4
0
1
Support to joint advocacy through UN channels (e.g. OCHA, Humanitarian Coordinator)
3
3
0
1
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Very effective
Somewhat effective
Somewhat ineffective
Not effective at all
Do not know

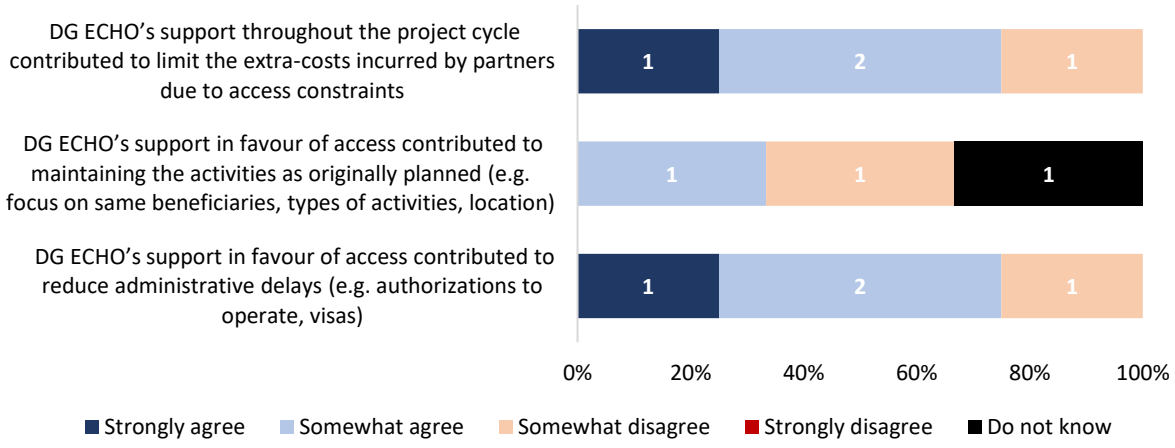
Efficiency and cost-effectiveness of DG ECHO's response

F1. To what extent do you agree with the following statements on DG ECHO's contribution to the cost-effectiveness of your organisation's interventions?

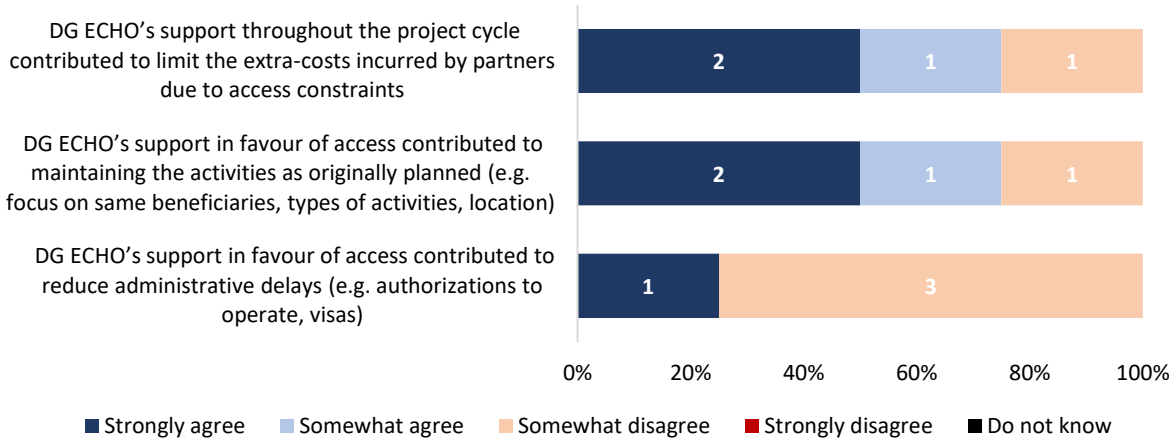
Afghanistan (N=9)



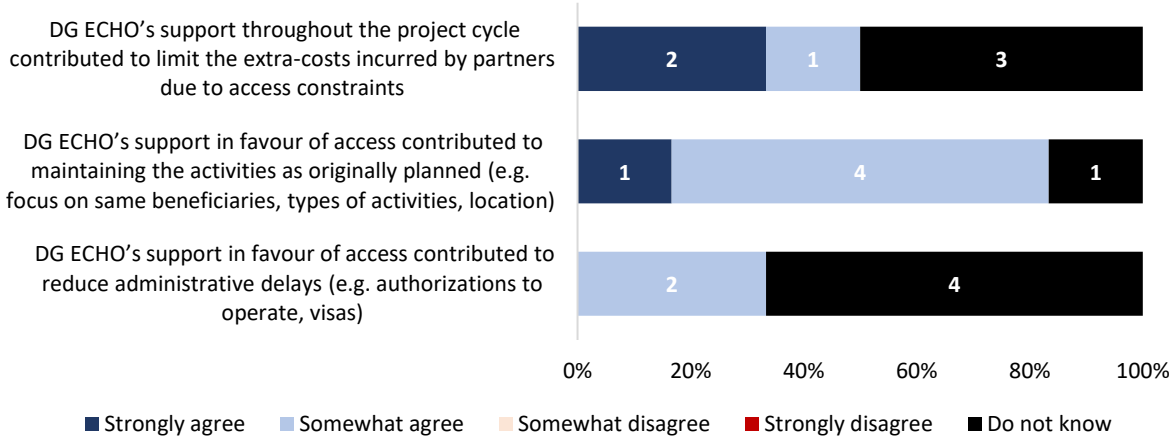
Venezuela (N=4)



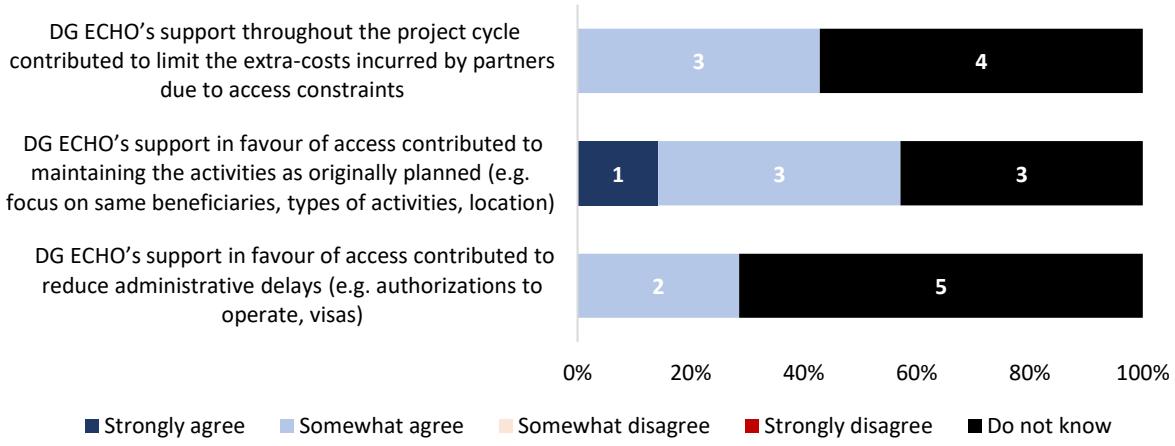
Nigeria (N=4)



Central African Republic (N=6)

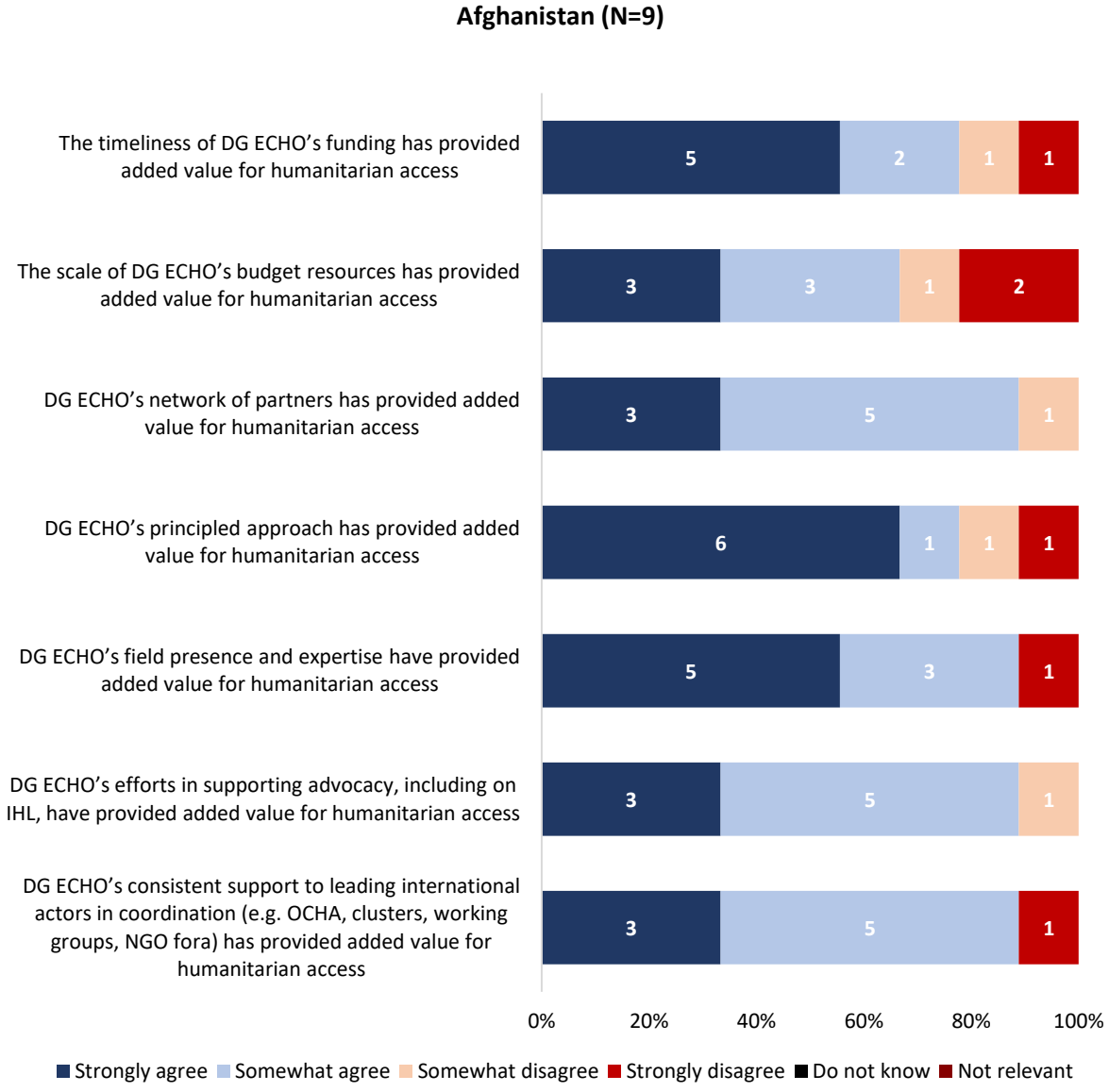


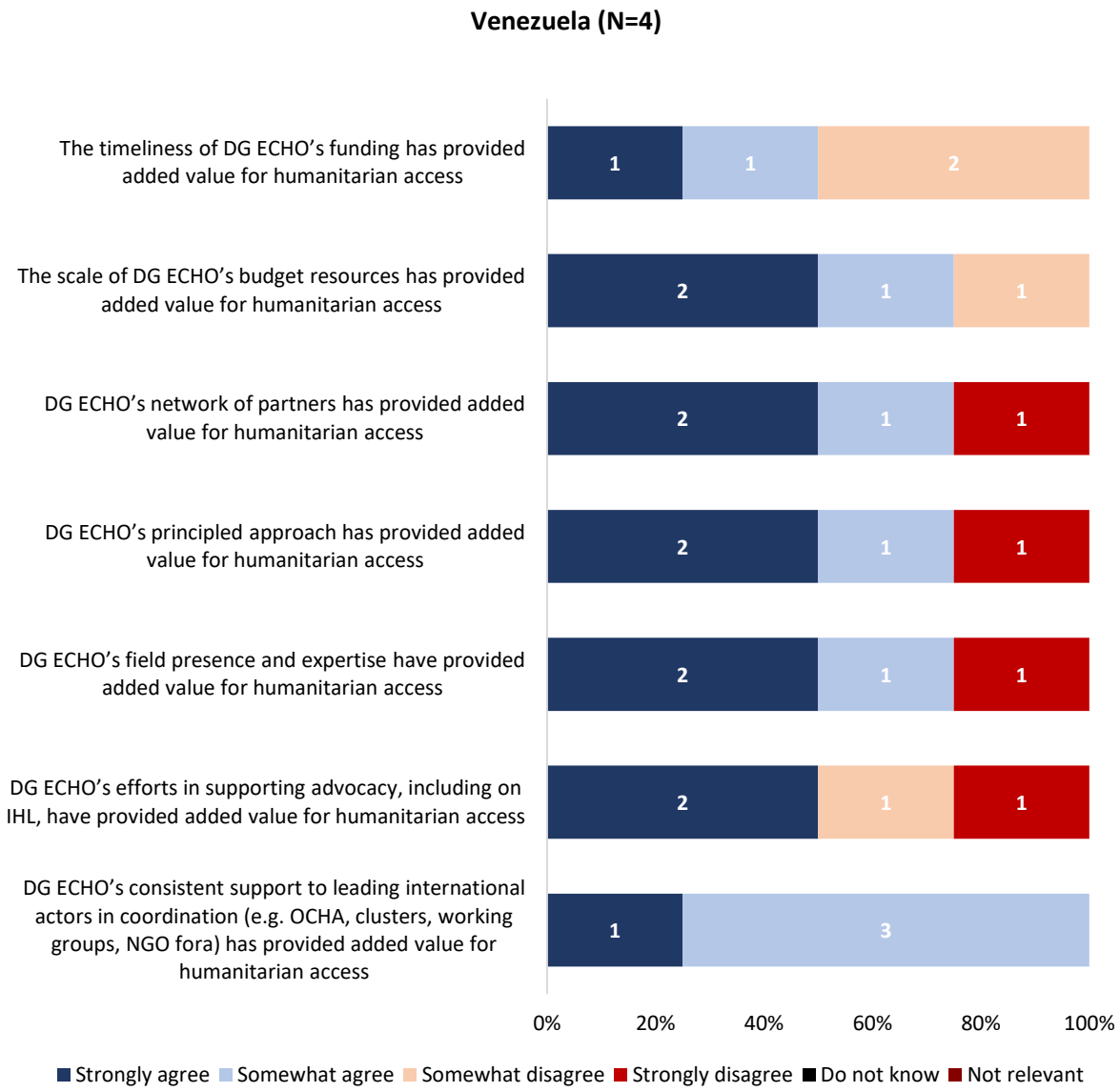
South Sudan (N=7)

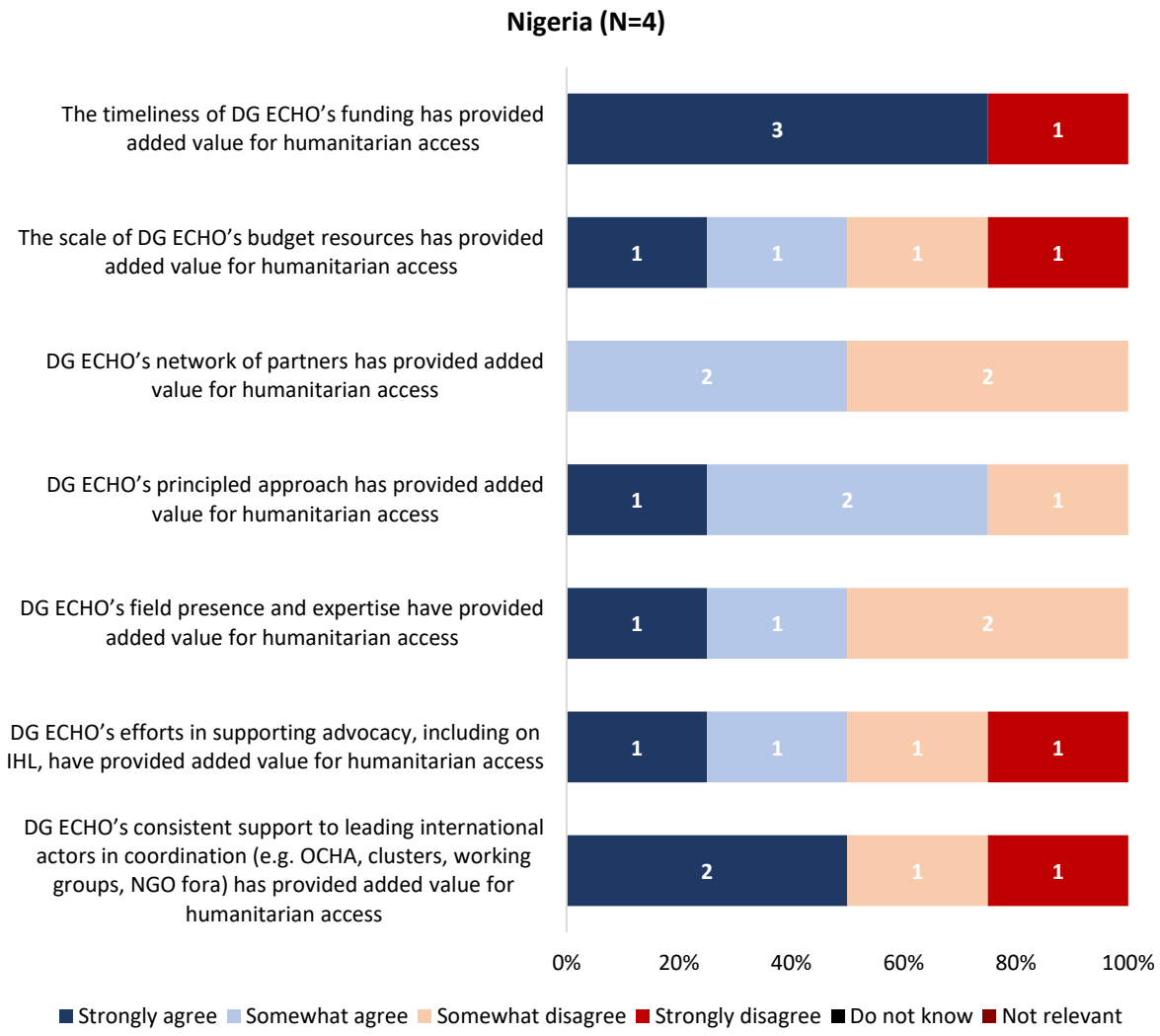


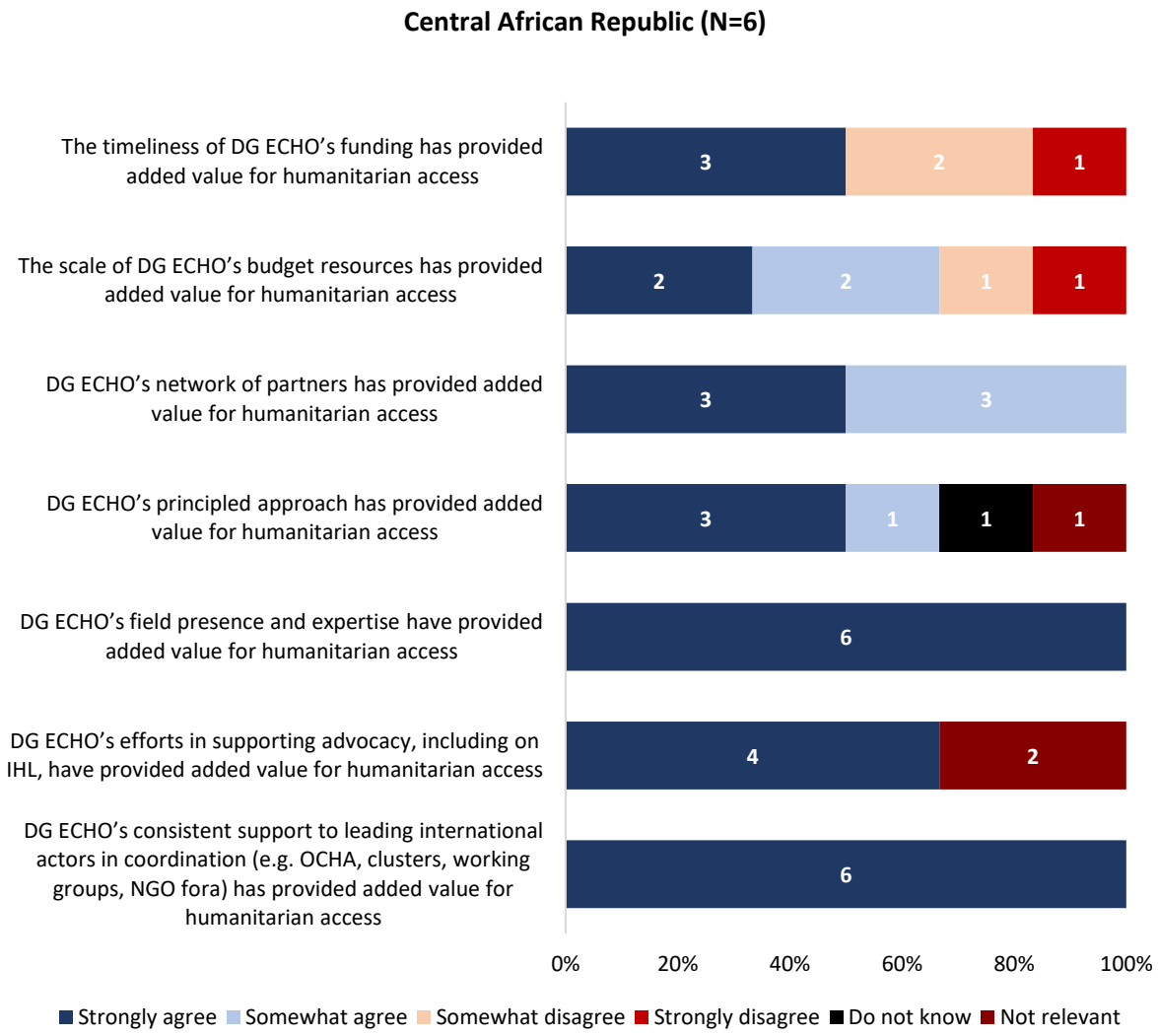
Added value of DG ECHO's response

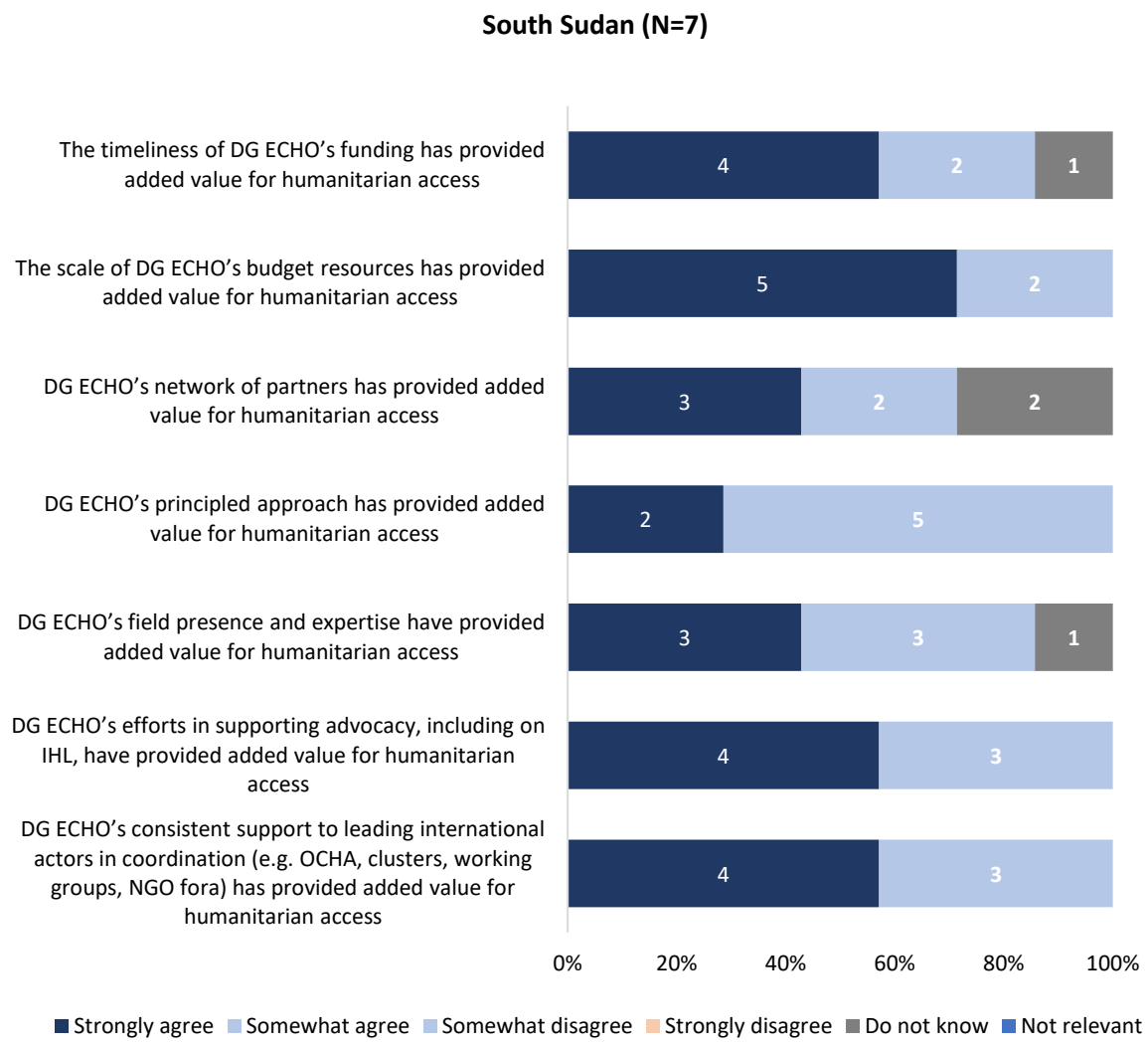
F2. To what extent do you agree that the proposed factors below have provided added value by DG ECHO in terms of humanitarian access, compared to what could be (would have been) achieved by other international donors and /or EU Member States individually?




Venezuela (N=4)
The timeliness of DG ECHO's funding has provided added value for humanitarian access
1
1
2
The scale of DG ECHO's budget resources has provided added value for humanitarian access
2
1
1
DG ECHO's network of partners has provided added value for humanitarian access
2
1
1
DG ECHO's principled approach has provided added value for humanitarian access
2
1
1
DG ECHO's field presence and expertise have provided added value for humanitarian access
2
1
1
DG ECHO's efforts in supporting advocacy, including on IHL, have provided added value for humanitarian access
2
1
1
DG ECHO's consistent support to leading international actors in coordination (e.g. OCHA, clusters, working groups, NGO fora) has provided added value for humanitarian access
1
3
0%
20%
40%
60%
80%
100%
Strongly agree
Somewhat agree
Somewhat disagree
Strongly disagree
Do not know
Not relevant


Nigeria (N=4)
The timeliness of DG ECHO's funding has provided added value for humanitarian access
3
1
The scale of DG ECHO's budget resources has provided added value for humanitarian access
1
1
1
1
DG ECHO's network of partners has provided added value for humanitarian access
2
2
DG ECHO's principled approach has provided added value for humanitarian access
1
2
1
DG ECHO's field presence and expertise have provided added value for humanitarian access
1
1
2
DG ECHO's efforts in supporting advocacy, including on IHL, have provided added value for humanitarian access
1
1
1
1
DG ECHO's consistent support to leading international actors in coordination (e.g. OCHA, clusters, working groups, NGO fora) has provided added value for humanitarian access
2
1
1
0%
20%
40%
60%
80%
100%
Strongly agree
Somewhat agree
Somewhat disagree
Strongly disagree
Do not know
Not relevant


Central African Republic (N=6)
The timeliness of DG ECHO's funding has provided added value for humanitarian access
3
2
1
The scale of DG ECHO's budget resources has provided added value for humanitarian access
2
2
1
1
DG ECHO's network of partners has provided added value for humanitarian access
3
3
DG ECHO's principled approach has provided added value for humanitarian access
3
1
1
1
DG ECHO's field presence and expertise have provided added value for humanitarian access
6
DG ECHO's efforts in supporting advocacy, including on IHL, have provided added value for humanitarian access
4
2
DG ECHO's consistent support to leading international actors in coordination (e.g. OCHA, clusters, working groups, NGO fora) has provided added value for humanitarian access
6
0%
20%
40%
60%
80%
100%
Strongly agree
Somewhat agree
Somewhat disagree
Strongly disagree
Do not know
Not relevant



Key Informant Interviews

In addition to the survey, few scoping interviews have been conducted regarding DG ECHO's global humanitarian access approaches.

Sector	Institution	Respondent Position
Advocacy – Donor Coordination	DG ECHO	Team Leader, IHL
Advocacy – Donor Coordination	Ex-DG ECHO, EEAS	(former) DG ECHO Director
Advocacy – Donor Coordination	OCHA Venezuela	Access expert
Humanitarian diplomacy	EEAS, EU Delegation in Geneva	Head of Humanitarian and Migrations Section
Humanitarian diplomacy	EEAS, EU Delegation in New York	First Counsellor, Head of Humanitarian Affairs Section
NGO Field security – humanitarian access	INSO	Country Director, Afghanistan
NGO Field security – humanitarian access	INSO	Country director, Syria

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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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