

## HUMANITARIAN IMPLEMENTATION PLAN (HIP)

### YEMEN

The full implementation of this version of the HIP is conditional upon the necessary appropriations being made available from the 2017 general budget of the European Union

### AMOUNT: EUR 76 000 000

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of financing decision ECHO/WWD/BUD/2017/01000 (Worldwide Decision) and the related General Guidelines for Operational Priorities on Humanitarian Aid (Operational Priorities). The purpose of the HIP and its annex is to serve as a communication tool for ECHO's partners and to assist in the preparation of their proposals. The provisions of the Worldwide Decision and the General Conditions of the Agreement with the European Commission shall take precedence over the provisions in this document.

#### 0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

##### **3<sup>rd</sup> Modification:**

The scale of the needs, their wide geographical spread and the progressive collapse of institutions and basic services are exerting an enormous pressure on the already over-stretched and underfunded humanitarian response. Reflecting the degrading situation, the Yemen Humanitarian Response Plan (YHRP) 2017 was reviewed in August 2017 from a total cost of USD 2.1 billion to USD 2.3 billion, with only 53%<sup>1</sup> of it funded after 9 months into 2017.

In 2017, Yemen is considered the largest humanitarian crisis in terms of the absolute number of people in need. The country is confronted with a triple tragedy: continued armed conflict, looming famine threatening nearly 7 million people, and the largest-ever cholera outbreak. In the short-term perspective of continued conflict, the humanitarian outlook is bleak: increased dependency on humanitarian aid, deterioration of food security and malnutrition, and increased risk of disease outbreaks.

Considering the scale of needs, the Commission has mobilized an additional EUR 25 000 000. These additional resources will focus exclusively on immediately-implementable actions, to ensure continuation of immediate life-saving assistance and humanitarian access. The following sectors are considered a priority for the additional funding under HIP 2017 (3<sup>rd</sup> modification):

##### Food security

By September 2017, the WFP was forced to prioritise its food assistance (3.5 million received 100% rations and 3.4 million received 60% rations<sup>2</sup>). As per the current

---

<sup>1</sup> Yemen HRP funding status as per OCHA FTS webpage consulted on 10/10/2017, <https://fts.unocha.org/appeals/542/summary>

<sup>2</sup> WFP Yemen quarterly donor briefing, 05/10/2017

levels of funding, the WFP pipeline break on in-kind and voucher assistance is expected by mid-January 2018. Immediate funding is required to allow sufficient supply lead time and to feed all food insecure people with 100% ration. Consequently, a large part of the additional DG ECHO (Directorate-General for European Civil Protection and Humanitarian Aid) funding will be used to support the WFP food security response.

### Logistics

Critical in-country logistical capacities have been overstretched by the need to respond to the unprecedented cholera outbreak affecting Yemen since April 2017. Urgent additional funding is required to facilitate humanitarian access through transport. UNHAS operations are funded until the end of December 2017. Consequently, DG ECHO intends to support UNHAS humanitarian flights and boats.

### **2<sup>nd</sup> Modification:**

During the second quarter of 2017, Yemen has experienced an unprecedented cholera outbreak which continues to spread rapidly seven weeks after its onset. From 27 April to 22 June 2017, nearly 180,000 suspected cholera cases and over 1,200 related deaths have been reported in Yemen.

Early May, the WHO predicted a worst case scenario of 300,000 affected people in six months, though at the current pace of infection and virulence of the outbreak, this forecast is likely to be exceeded.

Health and WASH clusters have launched an appeal of USD 66.4 million under the Cholera Integrated Response Plan to finance cholera control and preventive actions. The response focused in the first weeks on clinical case management. There is now a need to increase preventive measures, balancing Health and WASH interventions to achieve the containment of the disease.

Addressing the additional humanitarian needs generated in Yemen by the recent cholera outbreak, the Commission has mobilised an additional EUR 5,000,000. These additional resources will strengthen ongoing efforts in the following areas:

#### WASH - Community level preventative WASH:

- Access to safe water through chlorine supplies/chlorination of water sources, water trucking, and covering of open wells
- Improved hygiene promotion and distribution of soap and aquatabs

#### Health – Cholera treatment:

- Provision of medical supplies
- Testing capacity at CTCs level with the provision of rapid diagnostic tests
- Increased monitoring of quality of services at CTCs and ORTs

Priority will be given to partners with well-established operational capacities and with the ability to contribute to coordinated and systemic approaches in cholera response in line with the Cholera Integrated Response Plan.

Given the existence of ECHO partners in the field with ongoing operations, priority will be given to increasing financial contributions to existing contracts funded by the Yemen HIP 2017 supporting Health and WASH.

### **1<sup>st</sup> Modification:**

After over two years of armed conflict, the consequences for the country and its population are devastating. The number of civil casualties continues to increase. Yemen's civilian infrastructure and institutions have been heavily affected by the war and are increasingly unable to deliver basic services.

Yemen has become the largest food security crisis in the world, with 17 million food insecure Yemenis depending on external aid for their survival and 6.8 million people at serious risk of famine. The acutely food insecure population has increased by approximately 20% since June 2016. The situation is especially dire amongst children, with over 2.2 million acutely malnourished.

More than half of the health facilities have closed down or are now partially functioning, leaving 14 million people without crucial health care. Lack of access to clean water and adequate sanitation facilities create risk of outbreaks of water borne diseases. Vulnerable groups, women and children in particular, are particularly affected by the on-going hostilities.

Over the last months, fighting has intensified. The Saudi-led Coalition started a major military offensive along the West Red Sea coast, moving towards the Hodeidah port, the main entry point for all goods (humanitarian and commercial) in the country. If the offensive reaches Hodeidah city (400.000 people) this could have dramatic consequences for the civilian population, leading to a major wave of displacement and disruption of the food supply lines across the country.

In order to respond to these additional humanitarian needs in Yemen, the Commission, through DG ECHO, has mobilised an additional EUR 20,000,000. This amount will help respond to the funding requests received for Yemen under Assessment Round 1 for a total amount of EUR 46,000,000. As a result, there will be no new Assessment Rounds for this additional funding.

## **1. CONTEXT**

A year and a half since the escalation of the conflict, Yemen has turned into the number one humanitarian crisis in terms of absolute numbers of people in need.

ECHO's Integrated Analysis Framework for 2016-2017 identified extreme humanitarian needs in Yemen. The vulnerability of the population affected by the crisis is assessed to be very high.

The political transition that followed the ousting of former President Saleh in 2012 failed to dislodge the political, military and economic elite. The Hadi government was unable to enforce the necessary reforms leading to widespread resentment amongst the population. As a result, renewed political instability erupted in 2014. Capitalizing on the widespread discontent, the Houthis/Ansarullah, with support of the pro-Saleh forces, took control of Sana'a in September 2014. The power struggle between the Houthis and the Hadi government culminated in January 2015 when the latter was dissolved, and President Hadi escaped to Aden first and to Saudi Arabia in March 2015.

On 26 March 2015, Saudi Arabia and a Coalition of nine Arab states launched a military campaign on Yemen aiming to reinstate President Hadi's government. Since then, the conflict has spread to 20 out of 22 governorates. Over the course of the conflict, frontlines have been shifting with Aden and parts of the south liberated in July 2015. As of mid-2016, frontlines have been active in Taiz, along the old north-south border region, Marib and al-Jawf governorates east of Sana'a, along the Yemeni-Saudi border in Sa'ada and Hajjah governorates, and in parts of the Sana'a governorate. Pro-government and Coalition forces are also conducting military operations in Mukalla and the southern governorates targeting AQAP and IS militants. Since the escalation of the crisis, the UN has been endeavouring to negotiate a settlement to end hostilities and engage in political dialogue with all parties. The three rounds of UN-mediated peace talks remained inconclusive. Following diplomatic efforts by UNSE Ould Cheikh Ahmed and the international community, parties to the conflict agreed to a cease fire as of 10 April 2016, which has been partly respected until the full resumption of hostilities over the summer.

Yemen was the poorest country of the Middle East and North Africa region before the current conflict with widespread food insecurity and malnutrition, poor health and healthcare, exacerbated by structural underdevelopment and widespread poverty. The current conflict has further aggravated pre-existing crises. According to the UNDP Human Development Index, the country is now ranked 160 out of 188 (0.5/1). Yemen is a net-food-importing country with an import dependency of 90% of its overall domestic wheat and 100% of its rice requirements. In addition to food commodities, fuel has also become scarce and expensive due to the de facto blockade imposed by the coalition since the start of the conflict.

On 1 July 2015 the IASC raised the humanitarian crisis in Yemen to the highest level, L3. Since then, the L3 Emergency Response was extended twice, in February and in August 2016 respectively. Out of a total population of 26 183 676<sup>3</sup>, 21.2<sup>4</sup> million people (i.e. 82% of the total population) are estimated to be in need of some form of assistance and 12.4<sup>5</sup> million people are living in conflict-affected areas. Yemen has a vulnerability index of 6.9, a hazard and exposure index of 8.1 and a lack of coping capacity index of 8. Additionally, according to the INFORM Crisis

---

<sup>3</sup> Source: INFORM (Index for Risk Management).

<sup>4</sup> Source: 2016 Yemen Humanitarian Response Plan ([https://www.humanitarianresponse.info/en/system/files/documents/files/2016\\_hrp\\_yemen\\_20160217\\_0.pdf](https://www.humanitarianresponse.info/en/system/files/documents/files/2016_hrp_yemen_20160217_0.pdf))

<sup>5</sup> Source: 2016 Yemen Humanitarian Needs Overview ([https://www.humanitarianresponse.info/en/system/files/documents/files/2016\\_hno\\_english\\_final.pdf](https://www.humanitarianresponse.info/en/system/files/documents/files/2016_hno_english_final.pdf))

Index, the country has both the highest conflict intensity score (3/3) and uprooted people index (3/3). At its peak, displacement reached 2.8<sup>6</sup> million people across the country.

Over the past 18 months, the conflict has continued, frontlines have shifted, public services have further deteriorated and the severity of needs has intensified across all sectors. As the last round of UN-led negotiations reached a stall and hostilities are escalating across the country, the humanitarian situation is likely to further deteriorate. In a context of collapsing economy and widespread disruption or full paralysis of basic public services, the population will continue to rely heavily on humanitarian aid.

Should the UN-led peace talks eventually result in a peace agreement and a transitional government formed, Yemen might enter a post-conflict recovery and reconstruction phase. However, given the scale of the crisis, the country will take years to recover from the effects of the current conflict, to re-establish basic public services, and to address its deep-rooted economic and social challenges. Even in a post-conflict scenario, humanitarian aid will remain essential for a considerable period of time until recovery and reconstruction programs start to have a tangible effect at the community and individual level.

## 2. HUMANITARIAN NEEDS

### 1) Affected people/ potential beneficiaries:

According to the 2016 Yemen Humanitarian Response Plan (YHRP), a total of 21.2 million people are in need of humanitarian assistance, i.e. 82% of the Yemeni population. Seventeen months into the crisis, more than 2.8 million people have been affected by displacement; 14.4 million people suffering from food insecurity; 14.1 million people need access to healthcare; 19.4 million people need WASH; 14.1 million people need protection services; almost 3 million children and pregnant and lactating women require urgent nutrition assistance; and 2.8 million people need access to shelter and NFI.

Over 3 million people have fled their homes since the start of the conflict, most of whom remain inside Yemen. Displaced people (2.2 million IDPs and 0.95 million returnees by July 2016) have been disproportionately affected by the conflict and considered particularly vulnerable since they have lost their homes and livelihoods. They are largely dependent on host communities and humanitarian aid to access protection, shelter, food, water and sanitation, healthcare and nutrition services. Equally vulnerable categories include asylum-seekers, refugees and migrants, mostly from the Horn of Africa, who are caught up in the Yemen conflict. Without the same social support network as the local population, they are at a heightened risk of violence, exploitation and exclusion to access their basic needs.

### 2) Description of the most acute humanitarian needs

---

<sup>6</sup> Source: Task Force on Population Movement, 9<sup>th</sup> Report, May 2016  
(<http://reliefweb.int/sites/reliefweb.int/files/resources/TFPM-9th-report-May2016.pdf>)

The current conflict has led to a further deterioration of the already dire humanitarian situation and has had a devastating effect on the lives of ordinary Yemenis. The economy has shrunk by an estimated 34.6%, leading to a reduction in income and income-generating activities. Line ministries and governmental institutions are no longer able to deliver basic services to people in need, including the provision of basic healthcare and nutrition services, water and electricity supply, and social safety net services. The lack of fuel is hampering processing and transportation of food, the import of basic food items and medicine has significantly reduced since the start of the conflict; food imports, factories, markets and shops stopped functioning in many locations; and the financial sector is collapsing, resulting in further challenges to import essential goods including food, medicine and medical supplies.

### Health

The Ministry of Health and the private sector are no longer able to provide adequate health services to the population. According to the health cluster, by mid-2016, up to 50% of health facilities were no longer or only partially functioning; less than 30% of the required medicine and medical supplies were entering the country; and health facilities were suffering from massive shortage of staff, fuel and supplies. Vulnerable population groups depending heavily on health services like children under the age of five, pregnant and lactating women and people with chronic diseases are affected the most. Furthermore, with a national health system severely disrupted and with very limited capacities for timely and adapted responses in case of sudden outbreaks, the population is fully exposed to this risk of epidemics.

### Food Security

As a result of the disruption of markets and income-generating activities, reduced food imports, food production and increase in food prices, access to food has become increasingly problematic for poorer Yemeni families. Over 50% of the population is currently considered food insecure. According to the Integrated Food Security Phase Classification (IPC) of June 2016<sup>7</sup>, 9 governorates are classified as emergency food insecure (phase 4) and 10 in a crisis phase. In aggregate numbers, this amounts to 7 million people in IPC phase 4 and 7.1 million in IPC phase 3.

### Nutrition

Already before the conflict, malnutrition rates in Yemen were amongst the worst in the world as a result of limited access to healthcare and severe food insecurity. Available data suggests that global acute malnutrition (GAM) rates significantly deteriorated after one and a half year of conflict<sup>8</sup>. According to the nutrition cluster, 370,000 children's lives are at risk due to severe acute malnutrition and over 1.1 million due to moderate acute malnutrition.

### Protection

The direct effects of the armed conflict on the civilian population remain a major concern. Violations of IHL/IHRL have been widely reported since the escalation of

---

<sup>7</sup> <http://www.ipcinfo.org/ipcinfo-detail-forms/ipcinfo-map-detail/en/c/418608/>

<sup>8</sup> According to surveys conducted since March 2015 the following GAM rates were estimated: Hajjah (20.9%), Hodeidah (31%), Aden (19.2%), lahj (20.5%), Hadramaut (18%) and Taiz (17.4%), all far above WHO emergency threshold of 15%.

the Yemen conflict with widespread fighting, shelling and bombing taking place in civilian and residential areas. Civilian populations living in frontline areas and the 3.1 million internally displaced people are the ones mostly exposed to protection violations as a result of the disregard of their basic rights and IHL rules. As a result, since the start of the conflict, at least 10,000 people have been killed, 33,857 have been wounded, over 3.1 million have been displaced and civilian homes, schools, health facilities and other civilian infrastructure have been damaged, destroyed and occupied.

#### Education

As a result of the conflict, more than 3,500 schools have closed, either due to damage or destruction, occupation by armed groups or because they have been turned into collective centers for IDPs. Consequently, an estimated 1.8 million children have been deprived of education<sup>9</sup>. In addition, over 3.1 million people have been displaced, 45% of whom are under the age of 18<sup>10</sup> and whose education has been disrupted.

#### Internal Displacement, Refugees and Migrants

Internally displaced people, refugees and migrants have left their homes and livelihoods and face particular challenges in fulfilling their basic needs. Living conditions vary from camps and informal settlements in rural areas to collective centers, host families or rental housing. Access to income to provide their basic needs and access to basic services also varies greatly for this category. As a result, their needs range from protection, shelter, water, sanitation and food, to access to health and nutrition services.

### **3. HUMANITARIAN RESPONSE**

#### 1) National / local response and involvement

The escalation of conflict and the concurrent political crisis has heavily impacted on the operational capacities of line ministries, both at the central and local level, leading to disruption or even full paralysis of basic service delivery. As funds have run short for some crucial ministries, namely Ministry of Public Health and Ministry of Social Affairs and Labour, basic health and social programmes are no longer functioning. The Social Welfare Fund, providing cash assistance to extremely poor families, stopped functioning over a year ago. Whilst at central level, Houthi representatives and civil servants are trying to ensure the functioning of governmental institutions, the Yemeni Government in exile, now controlling Aden and part of the south, maintain its own structures. The *de facto* split of the country combined with a lack of finances is hampering public institutions and their ability to respond to the current crisis.

---

<sup>9</sup> <https://www.humanitarianresponse.info/en/operations/yemen/document/yemen-education-cluster-strategy-2016-2017>

<sup>10</sup> <https://www.humanitarianresponse.info/en/operations/yemen/infographic/report-task-force-population-movement-9th-report-june-2016>

According to the UN, the health system is in "a state of collapse" due to a lack of essential drugs, equipment, fuel and medical staff as well as the damage to health facilities. Water authorities are unable to provide water to communities due to the damage to infrastructures and the lack of fuel. A year and a half into the conflict, the local level capacity has also significantly reduced due to the increasing fragmentation of the government. The country is at the verge of a financial collapse and the foreign reserves of the Central Bank of Yemen reached in May the lowest level ever (USD1.3 billion, corresponding to 28% of the pre-war level). Even if the peace negotiations succeed and a transitional government is established, significant time and resources will be needed before deep-rooted economic and social challenges are addressed and basic public services are re-established.

## 2) International Humanitarian Response

On 1 July, the IASC raised the humanitarian situation in Yemen to the highest level, L3. Since then, the UN and INGOs have been struggling to increase their presence and response capacity in the country. In spite of security and logistical challenges, the UN has now hubs in Sana'a, Hodeida, Ibb, Sa'ada and Aden and approximately 110 international staff in the country. UN staff is largely based in Sana'a with occasional missions to the field hubs, but the number of staff based in the hubs remains low. INGOs have been able to deploy larger numbers of managerial staff in field locations, including Taiz and Aden. To facilitate the presence of international staff, the UN has put in place a regular flight between Djibouti-Sana'a and Amman-Sana'a as well as a scheduled boat from Djibouti to Aden.

The 2016 Yemen Humanitarian Response Plan (YHRP) of USD1.8 billion was launched in February targeting 13.6 million people out of 21.2 million in need of assistance. The 2016 YHRP was revised in August 2016 and both the amount and the target of the plan were adjusted downwards to USD1.6 billion and 12.6 million people respectively. This revision has been justified by funding shortages, demonstrated performance to date, and more precise information on needs and improved beneficiary calculation. As of August 2016, the plan was only 31% funded. This represents a major limiting factor to humanitarian organizations' ability to expand operations in the country.

In addition to the YHRP, Saudi Arabia (through the King Salman Centre), Qatar, and the Government of Yemen in exile have been developing their own response plans for humanitarian assistance in Yemen with a risk of overlap, double funding and unbalanced provision of assistance. So far, coordination on the different plans has not been sufficient.

## 3) Constraints and ECHO response capacity

In spite of humanitarian agencies' efforts to re-establish a meaningful presence in the country after the escalation of the conflict in March 2015, the number of organisations with presence and operational capacity in Yemen remains limited compared to the severity of needs and the scale of the crisis. As of 31 July 2016, 9 UN agencies, 28 INGOs and 63 NNGOs were active in Yemen. Despite the opening of field hubs around the country, the presence of expatriate managerial staff remains limited. UN agencies largely rely on INGOs and NNGOs as implementing partners. They are subject to severe movement restrictions resulting in remote and third party



monitoring of many programs. INGOs have more capacity for direct implementation and direct monitoring, but have also been forced to rely on NNGOs as implementing partners to reach certain areas. Areas particularly difficult to access include the active frontlines such as Taiz, Marib, al-Jawf and the border areas in Saada and Hajjah but also southern locations, including Aden, Abyan, Lahj, Shabwa and Hadramawt due to the presence of AQAP, IS and other Islamist groups.

Humanitarian access in Yemen remains a major challenge. In addition to security and logistical constraints, the UN and INGOs response capacity is severely hampered by administrative requirements and constraints imposed by different authorities both at the central and district level, including MoPIC and line ministries. Administrative restrictions result in visa delays for expatriate staff coming into the country, limitations on staff visiting project sites, beneficiary selection, needs assessments and other surveys. Furthermore, the de facto blockade imposed by the Coalition, compounded by reduced operational capacity of seaports and destruction of roads and bridges continues to hinder and delay the import of humanitarian supplies into the country.

- 4) Envisaged ECHO response and expected results of humanitarian aid interventions.

The two main entry points for ECHO response in 2017 will be:

- multi-sector response to conflict and displacement
- response to basic health, nutrition and food needs aggravated by the conflict

In the current context of continued conflict, collapse of the economy, breakdown of public services, and dramatic increase in needs across all sectors, ECHO's response will favour multi-sectoral interventions in order to maximize the impact and cost-efficiency. Conflict and displacement interventions will integrate health and nutrition, food assistance, food security, water, sanitation and hygiene promotion, shelter, NFIs, protection and education.

As the conflict is no longer limited to specific locations and frontlines are constantly shifting, the response will need to be emergency-focused and geographically flexible.

Health interventions can be stand-alone interventions with a focus on the war-wounded or on the provision of a basic health package (including screening for malnutrition).

Nutrition interventions will have to address the immediate causes of malnutrition and be integrated with the provision of basic health care/IMCI. They could also be combined with WASH and food security interventions.

People of concern (21.2 million in need of some form of assistance and 12.6 million targeted by the revised 2016 YHRP) are those affected by conflict, including internally displaced persons, refugees and migrants trapped in Yemen, and those affected by the pre-existing health, nutrition and food crises, whose situation has deteriorated further due to the conflict.

Priority will be given to emergency life-saving activities targeting the most vulnerable groups and people at risk. Partners will be advised to define the targeting criteria, set priorities and demonstrate that proposed actions are emergency life-saving interventions.

Should negotiations result in a peace agreement and Yemen move into a post-conflict recovery and reconstruction phase, the scope and relevance of LRRD actions and resilience programs are expected to gain increasing space and importance. In this scenario, ECHO will continue to provide immediate humanitarian assistance whilst ensuring that early recovery and resilience elements are gradually factored in the country response strategy in order to link relief to rehabilitation and development programs.

The proposed humanitarian response includes the following activities and expected results:

Health and Nutrition: support to primary health care should focus on conflict-affected people and the acutely malnourished. This can include support to health facilities, mobile teams and community volunteers; outreach activities such as IMCI and CMAM programmes; emergency response to epidemics, capacity building and provision of basic medical supplies and equipment; emergency rehabilitation of health structures destroyed/damaged by conflict where relevant for the delivery of health and nutrition programs; and support to war-wounded with surgery, post-operation and rehabilitation.

Expected results:

- Improved equitable access to basic healthcare for people affected by the armed conflict (IDPs, returnees, host communities), asylum seekers and other victims of forced displacement as well as communities affected by acute under-nutrition, particularly children under five and pregnant and lactating women.
- Improved nutritional status of communities affected by acute under-nutrition (SAM and MAM), with a focus on vulnerable groups.

Food Aid/Assistance: provision of emergency food aid and food assistance according to the most appropriate transfer modality (i.e. in kind, voucher or cash), to be selected based on a sound market assessment and risk assessment. Food security interventions can be part of a multi-sector response to displacement, or in support of nutrition interventions.

Expected results:

- Lives are saved.
- Improved equitable access to a basic food basket for people affected by the armed conflict (IDPs, returnees, host communities), asylum seekers and other victims of forced displacement.

Water and Sanitation (WASH): emergency water supply<sup>11</sup> activities including water trucking; distribution of water filters and water storage at household level; hygiene promotion and distribution of hygiene kits<sup>12</sup>; provision of water supply and/or emergency rehabilitation of water supply where relevant for the delivery of health and nutrition programs.

Expected results:

---

<sup>11</sup> Water quality testing and monitoring should be an integral component of emergency water supply activities

<sup>12</sup> Hygiene kits need to be in line with the standard set by the WASH cluster

- Lives are saved.
- Improved equitable access to water and sanitation services, according to standards, to cover the basic needs of populations affected by conflict and forced displacement.
- Improved equitable access to water and sanitation services, according to standards, for acutely malnourished individuals as integral components of integrated health-nutrition interventions addressing under-nutrition.

Shelter and Non-Food Items: provision of basic shelter items and technical support; distribution of tents and semi-permanent shelter units; temporary rental support; distribution of non-food items and assistance packages to victims of forced displacements.

Expected results:

- Enhanced equitable access to dignified and safe emergency shelter and satisfactory household items for people affected by conflict and forced displacement.

Protection: given the high number of internally displaced people, the focus will be on timely monitoring/tracking of population movements, registration, profiling and verification of affected population and protection monitoring; protection and provision of specialised assistance to victims of all kind of violence, abuse and exploitation, including case management, provision of legal aid, psychosocial support, medical aid and referrals; and where possible support to refugees and migrants in camps and urban settings.

Expected results:

- Enhanced protection for people affected by conflict and forced displacement, and where possible promotion of IHL and humanitarian principles.
- Enhanced safe and equitable access to services (psychosocial, medical, legal etc.) for all victims of violence and persons at risk of protection violations.

Basic Needs Response: whenever appropriate and when the context allows provision of multi-purpose cash transfer to targeted conflict-affected and displaced people to fulfil their basic needs to access i.e. food, shelter and healthcare.

Expected results:

- Lives are saved.
- Improved wellbeing and equitable access to basic needs for people affected by armed conflict and victims of forced displacement.

Education in Emergencies: back-to-school campaigns and distribution of educational material; support to child protection activities in schools; support to psychosocial support and referral mechanism for children at risk. Complementarity and synergies with other EU services and funding instruments will be sought. In addition, complementarity and synergies with funding provided by the Global Partnership for Education and ECW (Education Cannot Wait) is encouraged.

Expected results:

- Improved equitable access to quality education for children whose education has been disrupted due to conflict and displacement in close coordination with protection programs.

Horizontal Priorities: 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).

Expected results:

- Enhanced coordination of humanitarian actions with a focus on humanitarian priorities and information management, improved targeting of the life-saving humanitarian response and provision of safety and security assistance to international NGOs.
- Greater awareness and advocacy at political level of humanitarian principles and the rules of war and facilitation of a more enabling environment for humanitarian activities.

Special Operations: effective transportation of humanitarian personnel by flight and/or boat into Yemen.

Expected results:

- Enhanced presence of humanitarian personnel in Yemen, improved response capacity and managerial and monitoring capacity in country.

ECHO supports the Inter-Agency Standing Committee's Transformative Agenda (ITA) and encourages partners to demonstrate their engagement in implementing its objectives, to take part in coordination mechanisms (e.g. Humanitarian Country Team/Clusters) and to allocate resources to foster the ITA roll-out.

All humanitarian interventions funded by DG ECHO must take into consideration, together with other protection concerns, any risk of gender-based violence and develop and implement appropriate strategies to prevent such risks. Moreover, in line with its life-saving mandate, DG ECHO encourages the establishment of quality, comprehensive and safe GBV response services since the onset of emergencies, in line with DG ECHO's 2013 Gender policy<sup>13</sup>.

Partners will be expected to ensure full compliance with visibility requirements and to acknowledge the funding role of the EU/ECHO, as set out in the applicable contractual arrangements. In particular, this includes the prominent display of the EU humanitarian aid visual identity on EU funded project sites, relief items and equipment and the acknowledgement of the funding role of and the partnership with the EU/ECHO through

---

<sup>13</sup> Gender Age Marker Toolkit, DG ECHO, 2013:

[http://ec.europa.eu/echo/files/policies/sectoral/gender\\_age\\_marker\\_toolkit.pdf](http://ec.europa.eu/echo/files/policies/sectoral/gender_age_marker_toolkit.pdf); Gender Sensitive Aid, DG ECHO, 2017: [http://ec.europa.eu/echo/what/humanitarian-aid/gender-sensitive-aid\\_en](http://ec.europa.eu/echo/what/humanitarian-aid/gender-sensitive-aid_en)

activities such as media outreach and digital communication. Further explanation of visibility requirements can be consulted on the dedicated visibility site: <http://www.echo-visibility.eu/>

#### 4. LRRD, COORDINATION AND TRANSITION

Most development donors suspended their programmes in Yemen early 2015 when the Houthis took control of Sana'a, thus halting previously developed synergies with humanitarian programmes for disaster risk reduction (DRR), resilience, and linking relief, rehabilitation and development (LRRD). Furthermore, since the outbreak of the conflict in March 2015, development funds were either put on hold or reprogrammed towards humanitarian interventions.

During 2016, some development programmes have restarted including EU funded actions managed by DEVCO and FPI. A EUR32 million programme on cash for work and support to health services is foreseen for 2016 (DCI Committee scheduled in October 2016).

Joint programming efforts are being pursued by ECHO and DEVCO in particular to ensure synergies and complementarity with new development funded programmes in the country. New action programmes developed by DEVCO (in particular, Social Protection mechanisms for increased communities' resilience in fragile environment, Ref. 2016/039477) could potentially contribute to an increased focus on the most vulnerable population and also lead to more structural LRRD activities in health, livelihoods and infrastructure.

- 1) *Other ECHO interventions (short description of the scope and reference to last years' HIP, emergency or ad hoc decisions, other relevant HIPs, such as geographical HIPs, DREF, small scale, epidemics )*

In case of natural disasters or epidemics and according to the needs, other humanitarian actions could be financed either through the Disaster Relief Emergency Fund (DREF) or under the HIP for a small scale humanitarian response or the HIP for epidemics.

- 2) *Other concomitant EU interventions (e.g. IcSP, EU Trust Funds) including EU pledges to EU Trust Funds and an elaboration on risks/opportunities.*

Following the suspension of most development programmes in 2015, during 2016 some development programmes have resumed, notably on social protection, rural resilience and rehabilitation of community infrastructure.

In December 2015, the EU and four UN agencies signed a contract for "Enhancing Rural Resilience in Yemen - ERRY" as well as a contract for "Enhancing rural resilience through the creation of a community health workers network". Through thematic budget lines and the instrument contributing to stability and peace (ICSP), four projects started its implementation in 2016, to promote and protect children's rights, the role of women and marginalized groups in the Yemeni civil society as well as support to human rights. Due to the acute food and nutrition crisis in Yemen, EUR5 million have been allocated to the country under the Food Security

component of the Global Public Goods and Challenges programme, to be committed in 2017.

The Instrument contributing to Stability and Peace (ICSP) supports a number of actions related to conflict prevention, security and mediation at the local level as well as the UN Verification and Inspection mechanism (UNVIM), aimed at facilitating humanitarian and commercial goods access into Yemen. The overall IcSP support for Yemen in 2016 amounts to EUR5.6 million.

Furthermore, development actors, including the World Bank, UNDP, GoY and various donors, are currently engaged in discussions regarding post-conflict recovery programming. Post-conflict recovery programmes will include the reconstruction of damaged and destroyed infrastructure, economic recovery programmes including the restart of the Social Welfare Fund and Social Development Fund, and programmes to support line ministries and improve public services.

3) *Other donors availability (such as for LRRD and transition). Include reference to coverage of international appeals*

A preliminary Damage and Need Assessment was carried out between August 2015 and May 2016 by the World Bank, the Islamic Development Bank, the UN and the EU, and formally presented to H.E. Dr. Mohammed al-Maitami, Yemeni Minister of Planning and International Cooperation, on 6 May 2016.

A workshop on Yemen's post-conflict Recovery and Reconstruction took place in Riyadh on 29 and 30 of August 2016, following a technical event held in March 2015. The agenda included sessions on the Damage and Needs Assessment, macroeconomic stabilization, the humanitarian-security-development nexus, decentralised service delivery, the role of the private sector and civil society, aid coordination, and operational challenges. During this workshop, EU representatives and MS highlighted the importance to preserve Yemen's financial institutions to avoid an economic collapse. Whilst humanitarian aid will remain essential in the short and medium term, it is important that the required funding are allocated to bridge the emergency response and the reconstruction and development work.

On-going efforts towards increasing synergies between the HIP and DEVCO thematic instruments contribute to promoting resilience and the Linking Relief, Rehabilitation and Development (LRRD) approach and provide a clear ground of discussion with other partners, including EU Member States.

4) *Exit scenarios. If none, say why.*

At this stage, it is difficult to predict the political and humanitarian trajectory Yemen is likely to take over the next year or two. In case no peace agreement is reached, the conflict is likely to continue, with possible intensification of ground fighting and shifting frontlines as Hadi and coalition forces seek to reduce the territory under control of Ansarullah and Saleh loyalists. Should a peace settlement be reached, local rivalry over control between the different parties is likely to continue with the potential of localized conflict erupting. In the southern governorates, insecurity and conflict are likely to continue due to the presence of Islamist groups, including AQAP and IS militants with little chance of the government taking control. The

southern independence movement may also continue its struggle for independence in case the issue is not satisfactorily addressed in a transitional government. As a result of the various scenarios, the humanitarian situation is likely to continue to deteriorate over the next year.

Following the suspension of the peace talks in Kuwait, hostilities have intensified across the country and negotiations are unlikely to resume soon. Even in the case of a peace agreement and post-conflict transitional government, humanitarian aid will continue to play a key role in fulfilling the most urgent needs of the Yemeni population. The magnitude of the crisis is as such that the country will take years to recover from the effects of the current conflict, re-establish basic public services, and address its deep-rooted economic and social challenges. Recovery and reconstruction programs will need time to deliver tangible results to the Yemeni population and humanitarian aid will remain essential in the short to medium term to bridge this gap.