

HUMANITARIAN IMPLEMENTATION PLAN (HIP)

YEMEN

The full implementation of this version of the HIP is subject to the adoption of the decision amending Decision C(2017) 8863

AMOUNT: EUR 127 595 000

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of the financing decision DG ECHO/WWD/BUD/2018/01000 (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 DG ECHO's partners and to assist them 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

Modification 3 – December 2018

The already dire humanitarian situation in Yemen has crossed a new dramatic threshold on 6 December, with part of the population now officially suffering from famine.

On that date the United Nations presented their latest assessment of the food security situation in Yemen. For the first time since the crisis erupted almost four years ago, the Integrated Food Security Phase classification (IPC) includes the category IPC 5, or “famine conditions”, affecting 238 000 Yemenis living mainly in active conflict areas (Taiz, Sa’ada, Hajjah and Hodeida). The extent of food insecurity is geographically wide and spreading, with over half of the country’s 333 districts in IPC 4, i.e. one step away from famine. Overall, food insecurity now affects 20 million Yemenis, or 67% of the entire population, an increase of 13% with respect to 2017.

Yemen remains the worst humanitarian crisis in the world (L3 crisis). The latest IPC confirms the correlation between conflict and famine identifying active conflict areas as those hosting most individuals in famine conditions.

In response to the recently confirmed pockets of famine and extended severe food insecurity, the humanitarian community is upscaling its programme to increase beneficiaries of food assistance from 8 to 12 million per month. This increase of 50 per cent in targets demands additional resources from the international community to ensure humanitarian support to critical lifesaving activities and to fill existing gaps in the coming months.

The Commission decided to mobilise additional amount of EUR 9.595 million to support multi-sector and integrated interventions addressing the food security and

nutrition/health crises in Yemen with a geographical focus on locations with the most urgent lifesaving needs in line with the IPC analysis.

Modification 2 – October 2018

The conflict has dramatically intensified and the humanitarian situation further worsened since June 2018, with the start of a large scale military offensive in Hodeida governorate. As of today more than 500 000 people have been displaced in Hodeida Governorate and an undetermined number of civilians is stranded in areas of fighting without access to humanitarian assistance or possibility to move safely. Due to the fighting, the traffic through the port has been seriously reduced, resulting in gaps, disruptions and increase of prices for basic commodities. As the crisis intensifies, the number of people in need of humanitarian aid increases both in Hodeida and in areas dependent on imports channelled through this port.

The crisis in Hodeida has already triggered an increase in food insecurity, malnutrition and health. The increasing scale of needs, their wide geographical spread, the progressive collapse of basic services and institutions, and the extreme access restrictions imposed on Yemen are exerting an enormous pressure on the humanitarian community.

The Commission decided to mobilise additional EUR 50 million to address the newly emerging humanitarian needs triggered and intensified by the military operation in Hodeida. These funds will support multi-sectoral and integrated interventions addressing all the main humanitarian dimensions of the crisis: food, health, nutrition, water supply in urban and rural areas, sanitation, education and protection. In addition, ECHO will reinforce the existing Rapid Response Mechanism to new displacement and critical logistical capacities in country.

This modification also reflects a shift in funding of EUR 9 million from Yemen to Palestine within the framework of the ECHO-ICRC Grand Bargain regional pilot project for the Middle East.

Modification 1 – May 2018

The Yemen crisis, the world's worst humanitarian crisis, continues to deteriorate after three years of armed conflict. The supply of essential goods such as food, fuel and medicine, into the country remains largely insufficient to meet the growing needs, due to the extreme restriction on access and intensification of fighting and air strikes. The cumulative effects of imports shortages, currency devaluation and liquidity crisis have led to a marked increase of prices of basic commodities and destitution among largest segments of the Yemen society over the past four months. Furthermore, salaries of public servants in Houthi controlled areas remain unpaid contributing to the progressive collapse of public services. Yemen is currently in an unprecedented isolation exposing millions of civilians to preventable deaths and increasing the likelihood of famine within a time horizon of just a few months, according to Famine Early Warning System (FEWSNET) analysis.

Following the killing of former President Saleh, the Yemen conflict has escalated through an increase of air strikes and ground operations towards Hodeida. Violence is severely affecting the safety and integrity of civilians and civilian infrastructure, and has led to the displacement of over 120 000 people from Taiz and Hodeida governorates since December 2017.

Moreover, political grievances among southern pro-independence groups resulted in confrontations with the Government of Yemen and uncertainty in the governance of the south of Yemen. This political instability has generated increasing obstacles for the delivery of humanitarian aid and insecurity for humanitarian actors. On 21 April, the humanitarian community was shocked by the killing of an international humanitarian staff of ICRC in Taiz governorate by unknown gunmen that attacked marked ICRC vehicles.

Considering the scale of growing needs, the Commission decided to mobilise additional EUR 40 000 000 for actions supporting lifesaving assistance. This additional funding will contribute to increase ECHO partners capacities of response in line with HIP priorities while strengthening contingency measures and response to recent waves of displacement. This amount will largely help responding to funding requests received for Yemen under the first Allocation Round for a total amount of EUR 112 000 000.

1. CONTEXT

The civil war that started in 2015 is hitting a country that has long been a Least Developed Country and the poorest country in the Arab region (with nearly 50 % of its 27.4 million population living below poverty line), recording one of the highest malnutrition rates in the world.

The **political landscape** remains fragmented with, on the one hand, the internationally-recognized Yemen government based in Aden (backed militarily by the Saudi-led coalition of 9 Arab states) and, on the other hand, the northerners Houthis and General People's Congress (GPC) controlling the capital and Northern provinces (representing 80 % of the population and a large part of the economy). In addition to political rivalries in the North and South, AQAP (Al-Qaeda in the Arabian Peninsula) and IS (Islamic State) have significantly increased their presence, notably in Hadramout, Shabwa, Abyan, Lahj and Aden.

The **conflict** has intensified with air bombardments and fighting (i.e. the number of air strikes per month is three times higher than in 2016, and reports of armed clashes are up by 50 %). As of mid-2017, frontlines had remained stalled but active around the areas of the Western coast, Yemeni-Saudi Northern border in Sa'ada and Hajjah, East towards Marib and Al Jawf, and South towards Taizz (along the borders of the respective controlled territories by parties to the conflict). There are growing calls for independent investigations following the September 2017 report by the Office of the High commissioner for Human Rights on violations by parties to the conflict of International Humanitarian Law (IHL) and Human Rights Law (IHRL), such as the disregard to fundamental engagement rules (distinction, proportionality and precaution), use of banned weapons, recruitment of child soldiers, and restrained access to humanitarian assistance. Last, after two and a half years of conflict, land

mines and unexploded ordnances (UXOs) contamination is increasingly posing a risk to the civilian population.

The **security** environment is highly volatile and unpredictable. The active conflict, the fragmented and weakened political establishment with an increasing number of engaged armed actors, the fragility of any military alliance, the economic downturn, require humanitarian organisations to dedicate significant amount of time and resources to ensure the safe and secure provision of aid.

The **economic situation** has deteriorated significantly due to the drying off of liquidity, dysfunctionality of the Central Bank, rampant inflation, and unpaid or erratic salaries for public servants since October 2016 (i.e. 1.2 million civil servants have been paid erratically or not at all). The country's infrastructure and industry are in ruins. Public services (health, water, electricity, social services, education etc.) have collapsed whilst the severity of needs has intensified across all sectors. Furthermore, the restrictions and control imposed by parties to the conflict on the import and circulation of commercial and humanitarian commodities are severely impacting the population of a country largely dependent on imports of food and basic commodities (i.e. 90 % of its staple food, nearly all medicine and fuel). It is also severely delaying the delivery of life-saving humanitarian assistance.

As a result of the conflict, the **man-made humanitarian situation** in Yemen has deteriorated dramatically. Since July 2015, Yemen has been declared at an IASC Level 3 crisis (L3). In 2017, Yemen is considered the **world's largest humanitarian crisis** in absolute numbers of people in need, with millions of Yemenis affected by a **triple tragedy**: the brutal armed **conflict**, looming **famine**, and the world's largest ever single-year **cholera** outbreak. Yet, despite the tremendous scale of humanitarian needs, Yemen remains a **neglected crisis**, both financially and politically.

DG ECHO's Integrated Analysis Framework for 2017-2018 identified extreme humanitarian needs in Yemen. The vulnerability of the population affected by the crisis is assessed to be very high. Yemen has a vulnerability index of 6.9, a hazard and exposure index of 8. 2 and a lack of coping capacity index of 7. 8. Additionally, according to the INFORM Crisis Index, the country has both the highest conflict intensity score (3/3) and uprooted people index (3/3).

2. HUMANITARIAN NEEDS¹

1) People in need of humanitarian assistance

As of mid-2017, 20.7 million people are in need of humanitarian assistance (representing over 75 % of the population). 3 million people have been displaced, at least 8 167 killed (of which 20 % are children) and 46 335 injured by the conflict. With 17 million Yemenis in need of food assistance and nearly 7 million on the brink of famine, Yemen is by far the largest of four famine affected countries. The number of women and children suffering from acute malnutrition has roughly doubled since the beginning of the conflict (from 1.6 million to 3.2 million), and an estimated 400 000 under five children are suffering from severe malnutrition (a near 200 % increase since 2014). The record-breaking cholera outbreak, which surpassed

¹ Latest available UN data in September 2017 (HNO, humanitarian dashboard, displacement overview, Task Force on Population Movement – TFMP, cluster information, food security outlook

960 000 suspected cases by end November 2017, is a direct symptom of the public health crisis and near collapse of institutions.

2) Description of the most acute humanitarian needs

Food security: Food insecurity is aggravated by restricted import of commercial and humanitarian goods, the inflation and the liquidity crisis, and poor purchasing power. Food is a top priority for all (IDPs, returnees and local population). As the conflict is likely to continue and short-term economic recovery is unlikely, the food security situation is expected to further deteriorate, with humanitarian food aid being a key component to avert famine. Despite recent improvements in food availability, access to food remains problematic for more than 60 % of the population.

Nutrition: As a result of high levels of food insecurity, lack of primary healthcare and poor access to water, sanitation and hygiene, malnutrition in Yemen has been rising (i.e. 44 % more SAM cases in 2017 than in late 2015²). The scaling up of nutrition programmes remains a challenge due to the collapsed health system and partner capacity.

Health: The already fragile health care system was severely damaged by war. It is struggling to address the excessive mortality and morbidity related to the conflict, and preventive care has lost priority due to resources constraints. The 2017 cholera outbreak and response clearly illustrates the crumbling status of the healthcare system, characterized by: shortages in medical supplies and personnel, damaged infrastructure, and high reliance on foreign aid. Further deterioration of public healthcare is expected due to continued conflict, import restrictions, and lack of salary payment to civil servants.

WASH: The WASH infrastructure is heavily affected by the conflict, and displacement is placing further pressure on scarce water resources. The constraints in accessing safe water are high prices, distance to water point, and poor quality. Shortages in accessing safe water, sanitation and hygiene are directly fuelling the nutrition and waterborne diseases crisis.

IDPs and host communities: Needs of IDPs and host communities are multi-sectoral. Access to food is a top priority for IDPs and returnees, followed by access to income, clean water and improved shelter. In addition to pockets of displacement along the frontlines, contingency plans are developed in the event of a military offensive on Hodeidah (which could trigger up to 500 000 IDPs). New IDPs are in need of food rations, clean water and hygiene kits, household items and emergency shelter. Given that all segments of the society are affected by the humanitarian crisis, needs-based approaches and social cohesion are paramount.

Protection: Available evidence suggests that extreme food insecurity as well as limited or lack of access to humanitarian assistance lead to negative coping mechanisms, such as child rights violations (i.e. child recruitment, increased child labour, early marriage, transactional sex), gender-based violence (GBV), violence and ill-treatment, forced displacement. With the intensification in the conflict, monitoring the protection of civilians is critical, particularly against IHL and IHRL violations and against unexploded ordnance.

² ACAPS Yemen, nutrition,

Education: More than a quarter of school-aged children are out of school, whilst those enrolled in school are at risk due to unsafe learning spaces, attacks on education spaces, experiences of conflict-related trauma, and a lack of teaching and learning materials. Many schools are unfit for use primarily due to conflict-related damage, but also due to hosting of IDPs and occupation by armed groups. As a result, children who are deprived of education face additional protection risks.

3. HUMANITARIAN RESPONSE

1) National / local response and involvement

The escalation of the conflict and the concurrent political crisis, resulting in a de facto split of the country around two areas of influence, lack of financial resources and ministerial capacity, have heavily impacted on the operational capacities of line ministries, both at central and local levels, leading to disruption, or even full paralysis, of basic service delivery. The stopping of the Social Welfare Fund and the unpaid/erratically-paid civil servant salaries have severely impacted on the livelihoods of nearly half of the population. This has exacerbated the country's reliance on foreign humanitarian aid.

2) International Humanitarian Response

Despite efforts by the international community in 2017, the Yemen USD 2.3 billion Humanitarian Response Plan (HRP) remained critically underfunded (55.9 % as of mid-November 2017³). All sectors cover only a fraction of their targets, and shortage of funding translates into millions of people in need unable to access lifesaving assistance throughout the country.

Humanitarian organisations have managed to maintain and even scale up their operational presence. The UN has established five operational hubs (Sana'a, Hodeida, Sa'ada, Ibb and Aden governorates) and INGOs have significantly reinforced their field presence. Both UN and INGOs collaborate with local NGOs throughout the country in the implementation of their programmes, particularly given the access and monitoring constraints. According to OCHA's 3W mapping (Sept. 2017), there is a total of 133 organizations working in Yemen (8 UN Agencies, 34 INGOs and 91 national NGOs). Geographically, the areas with the highest density of actors are the coastal areas and inland highlands, which correspond to the areas most highly affected by displacement, food insecurity and conflict.

3) Constraints and DG ECHO response capacity

In addition to the deteriorating humanitarian situation and the chronic under-funding, humanitarian aid is faced with blockages, restrictions, delays, interference, on aid by parties of the conflict. Access and security constraints are also hindering physical access, qualitative monitoring of activities, data collection, and the ability for aid agencies to significantly expand their operations. In August 2017, the Humanitarian Coordinator (HC) issued a statement on the shrinking humanitarian space, calling for unhindered humanitarian access.

³ UN OCHA Financial Tracking System (FTS) for Yemen, as per 14/11/2017, <https://fts.unocha.org/countries/248/summary/2017>

The following types of constraints hinder the delivery of humanitarian services, affecting physical access, the timeliness of the response, its coverage and quality: **administrative and bureaucratic** (i.e. difficulties obtaining visas for international staff, lengthy negotiation procedures on project implementation arrangements), **logistics** (i.e. destruction of key transport, logistical, and industrial infrastructure, closing of Sana'a airport, lengthy clearance procedures for air and maritime imports, unreliable and costly alternative routes), **financial** (i.e. lack of liquidity), **security** (incidents of threats and intimidation of humanitarian workers, slow and cumbersome de-confliction mechanism, expansion of armed groups), **IHL violations** (i.e. hindered humanitarian access, interferences on the delivery of aid assistance, targeting of medical staff and health facilities),

Due to the above constraints, UN agencies, International Organizations (IOs) and INGOs rely on different monitoring modalities (direct monitoring, 1/3 party monitoring, remote management) and/or outsource activities to **implementing partners**. Maintaining the direct monitoring of activities in view of ensuring quality and accountability can be challenging. Last, the overstretched humanitarian response capacity is also impacted by the limited funding.

4) **Envisaged DG ECHO response and expected results of humanitarian aid interventions**

DG ECHO will remain focused on ensuring maximal coverage of the most urgent, **life-saving assistance⁴ and protection** of civilians with available resources and capacities.

DG ECHO will support the response to protracted **emergency needs** (i.e. on-going displacement, food insecurity and malnutrition, cholera outbreak) whilst remaining flexible and reactive to respond to **sudden onset events** (i.e. new population displacement or containment, disease outbreak, natural catastrophe), prioritizing the following axes of intervention:

- Two-point entry strategy: 1) **Integrated multi-sectoral response to new and protracted cases of displacement** and trapped populations, taking into consideration host communities on a needs basis; 2) **Integrated response to the health, nutrition (SAM and MAM) and food security crises** with integrated **WASH** activities to prevent transmission of epidemics.
- DG ECHO will also support activities that are addressing critical gaps: integrated or standalone **protection** activities with particular attention to gender-based violence, **education** in emergencies activities (EiE).
- DG ECHO will also support "enabling activities" such as an enhanced **rapid response capacity** amongst partners with demonstrated capacity, as well as **logistical support, coordination and advocacy** activities.

5) **General considerations for all interventions**

Integrated, multi-sector, cost-effective approaches within and between organizations that seek maximized impact and geographical coverage, a robust and

⁴ Life-saving activities are to be understood as activities that within a short time span mitigate or avert direct loss of life, physical harm, loss of dignity or damage to targeted beneficiaries.

efficient referral system, adaptability to emerging needs are encouraged. **Complementarities** with longer-term programming will be built in from the inception phase. Adherence to standard operating procedures and **recommendations developed by the relevant inter-agency sector working groups** should be clearly articulated by partners. **Advocacy** in coordination with humanitarian mechanisms in country will remain a key priority in 2018. As the crisis protracts and specific operational challenges intensify, the quality of information and data analyses remain central to ensure accountability and accurate prioritization for a quality response. Given the operating constraints, particular attention will be paid to the ability and capacity of partners (and their respective implementing partners) to **safely access and impartially deliver** appropriate humanitarian assistance with adequate control mechanisms in place. **Accountability** and **quality** of operations will be clearly outlined through participatory mechanisms, monitoring plans and lessons learned from previous operations.

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.⁵

The DG ECHO strategy hinges upon the full and active participation in existing coordination mechanisms of all partners. DG ECHO supports the Inter-Agency Standing Committee's Transformative Agenda (ITA) and expects its partners to demonstrate their engagement in implementing its objectives and to actively take part in coordination mechanisms (e.g. Humanitarian Country Team, clusters and technical working groups).

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.

Beyond the provision of EU humanitarian aid, DG ECHO will continue 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 will focus on raising the profile of the Yemen humanitarian crisis, on the promotion of humanitarian access, safeguarding of IHL, and seeking complementarities between humanitarian and development programming. DG ECHO will also make efforts to reinforce its liaison with local authorities, in view of promoting humanitarian access.

4. LRRD, COORDINATION AND TRANSITION

Given the effects of the conflict (destruction of major civilian infrastructure, collapse of government services, deterioration of economy and livelihoods), the

⁵http://ec.europa.eu/echo/files/policies/sectoral/gender_age_marker_toolkit.pdf;
http://ec.europa.eu/echo/what/humanitarian-aid/gender-sensitive-aid_en

complementarity between emergency and resilience-oriented funds is critical to promote effective resilience and early recovery programming. In that regard, partners are encouraged to seek complementary funding for follow-up and sustainable actions addressing the underlying causes of poor health, malnutrition and food insecurity. On the other hand, synergies are being developed between DG ECHO and the Commission's Directorate-General for International Cooperation and Development (DG DEVCO). Programmes developed by IFIs, (World Bank and the IMF) as well as regional organisations /funds should also be factored in partners' plans regarding the humanitarian-development nexus discussions.

1) Other DG ECHO interventions

In case of sudden onset disasters, and according to the needs, humanitarian actions could be financed through the instruments included in the Emergency Toolbox HIP which include 1) Epidemics, 2) Small-Scale Response and 3) Support to the Red Cross Disaster Relief Emergency Fund (DREF).

2) Other concomitant EU interventions

EC development funding (managed by DEVCO) was re-activated in 2017, and currently focuses on resilience-oriented activities, in particular food security, support to livelihoods through cash for work, youth employment and small grants, food market data gathering and analysis, supporting community level WASH and health interventions, including post traumatic and psychosocial support, etc. Furthermore, community mobilisation and involvement of key stakeholders on inclusive peace (i.e. de-radicalisation measures targeting youth) and security are being supported by DEVCO and the Foreign Policy Instrument (FPI).

3) Other donors availability

The World Bank support to Yemen was suspended in March 2015. In 2017, significant emergency resources were made available, primarily for an implementation through UN agencies.

The United States is the largest single contributor to the YHRP 2017 followed by United Kingdom. Altogether, the EU and member states are the largest contributors to the YHRP 2017. Outside of the YHRP 2017, the largest contributor according to OCHA is KSA followed by the United Arab Emirates (UAE).

4) Exit scenarios

A decisive military victory by any party to the conflict is rather improbable, and UN-led efforts to advocate for a political solution and cessation of hostilities have so far proven unsuccessful. In such a context, the humanitarian outlook is bleak: increased dependency on humanitarian aid, deterioration in malnutrition, and risk of disease outbreaks (i.e. cholera, meningitis). In the event of an attack on Hodeidah port city, the already precarious humanitarian situation would worsen (i.e. likely displacement of up to half a million people, and even more restricted access).

Subsequently, the population will continue to be disproportionately affected by the impact of the conflict (i.e. airstrikes, on-ground conflict, import restrictions and administrative procedures) and to rely on an over-stretched and underfunded

humanitarian assistance which faces serious limitations to cope with the progressive collapse of institutions and public services. 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 and pre conflict vulnerabilities, the country will take years to recover from the effects of the current war, re-establish basic public services, and address its deep-rooted economic, developmental 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 community and individual levels.

In this context, there is **no exit scenario in sight. The humanitarian-development nexus must be seen as an implementation modality, not as an exit strategy.** It is key to undertake in parallel both emergency life-saving and resilience-building interventions.

The concentration and dimension of needs in Yemen goes well beyond the current capacities and mandate of humanitarian actors. The immense suffering and deprivation witnessed in Yemen are man-made and are a direct result of the war. The humanitarian assistance is not a solution to the crisis, the only sustainable option is a political solution.