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Annex 1: IAHE Terms of Reference

INTER-AGENCY HUMANITARIAN EVALUATION OF THE RESPONSE TO THE HUMANITARIAN CRISIS IN YEMEN

TERMS OF REFERENCE

January 15th, 2020

BACKGROUND

1. The humanitarian crisis in Yemen continues to stand out as the largest in the world, driven by conflict, economic collapse, and the continuous breakdown of public institutions and services. Even before conflict broke out in early 2015, Yemen was one of the poorest countries in the Arab world. With an average life expectancy below 64, the country is ranked 177th out of 189 in the 2019 Human Development Index. At least 50 percent of the population is estimated to be living in poverty, and more than 90 percent of food in Yemen is imported.
2. Since 2015, the country has been subjected to continuous armed conflict, mainly between forces affiliated with Ansar Allah (“Houthis”) and the Government of Yemen, supported by an Arab coalition led by the Kingdom of Saudi Arabia. Since 2018, several rounds of conflict have also occurred between the Government of Yemen and the separatist Southern Transitional Council. Al Qaida in the Arabian Peninsula (AQAP) and ISIL have also carried out attacks. From 2015-16, AQAP held broad swathes of territory in the east and along the southern coast. They remain present in remote areas today.
3. Nearly six years of continuous conflict have resulted in eighty percent of the entire population requiring some form of humanitarian assistance and protection. In 2014, before the conflict, 14.7 million people required assistance. In 2015, this number increased to 15.9 million; in 2016 to 21.2 million, and in 2018

to 22.2 million. In 2019, 24.4 million people needed assistance and protection. Yemen faced a serious risk of famine in 2018-19, which was rolled back by concerted international action.

4. The humanitarian situation in Yemen has never been worse than in 2020, and the risk of famine has returned. Data released in July 2020 confirm that food security indicators in Government-held areas have severely deteriorated, with 40 percent of the population in those areas now assessed to be highly food insecure. More than one in four children are acutely malnourished in some areas – the highest rates ever seen. As of 20 November, an analysis was underway to estimate food security conditions in Houthi-held areas.
5. Yemen has always been among the most difficult humanitarian operating environments, mainly due to politization, obstructions, restrictions and interference with humanitarian aid by parties to the conflict. In particular Houthi authorities have steadily increased these restrictions, which reached unprecedented levels in 2019. However, humanitarians are increasingly facing similar challenges in the South of the country controlled by the Government of Yemen. In February 2020, donors and humanitarian partners convened in a Senior Officials Meeting, which set out several specific benchmarks that required improvements. In parallel, agencies have taken steps to minimize risk exposure and recalibrate programmes that cannot deliver in a principled manner. In November 2020, a second Senior Officials Meeting acknowledged substantial progress in improving the operating environment in line with the benchmarks, although further progress is needed.
6. Over the past five years, humanitarian partners have continued to assist civilians in Yemen to survive violence, secure food, and receive the nutrition, health, WASH, shelter, education, and protection support they require. Partners have also continued to advocate for adherence to international humanitarian and human rights law. The Humanitarian Response Plans (HRP) in the 2015-2018 period focused primarily on providing lifesaving assistance, protection of civilians, and advocacy. In 2019-2020, the HRP was adapted to include issue-specific priorities (e.g. reducing outbreaks of cholera and infectious diseases), activities that aimed at greater risk prevention (e.g. reducing the risk of displacement and violence against civilians) as well as recovery (e.g. facilitating the recovery of people traumatized by the conflict; restoring capacity of public sector institutions to deliver life-saving basic services).
7. The 2020 HRP, which extended the 2019 strategy and was published in May 2020, also includes the humanitarian response for COVID-19. At the end of October, confirmed COVID-19 cases in Yemen had reached 2,064 with 601 associated deaths according to official figures. However, this vastly undercounts the extent of the pandemic. A lack of testing facilities and official reporting, people delaying seeking treatment because of stigma, difficulty accessing treatment centers, and the perceived risks of seeking care, are some of the reasons behind the low number of reported cases. Independent research has projected much higher estimates.
8. Since the beginning of the COVID-19 pandemic/response, further bureaucratic impediments make the operating environment more difficult, such as interference by the authorities into planning and management of humanitarian activities and movement restrictions imposed on humanitarian staff and transport.
9. The humanitarian crisis is further exacerbated by a funding crisis. As of November 2020, only 47 percent of funding requirements for the year had been met. This is equivalent to about \$1.5 billion in funds – only half of what was received in the previous year and the lowest figure since 2016. Funding shortages forced severe programme cuts at different times during the year, including a reduction of emergency food aid rations by half in the north.

INTER-AGENCY HUMANITARIAN EVALUATIONS

10. An Inter-Agency Humanitarian Evaluation (IAHE) is an independent assessment of the results of the collective humanitarian response by member organizations of the Inter-Agency Standing Committee (IASC) to a specific crisis or theme. IAHEs evaluate the extent to which planned collective results have been achieved and how humanitarian reform efforts have contributed to that achievement.

11. IAHEs were introduced to strengthen learning and promote accountability towards affected people, national governments, donors, and the public. IAHEs are guided by a vision of addressing the most urgent needs of people impacted by crises through coordinated and accountable humanitarian action. IAHEs contribute to both accountability and strategic learning across the humanitarian system and aim to improve aid effectiveness to ultimately better assist affected people.
12. IAHEs follow the United Nations Evaluation Group's (UNEG) norms and standards that emphasize, among others: 1) the independence of the Evaluation Team, 2) the application of evaluation methodology, and 3) the full disclosure of results. IAHEs have a clear scope (defined in these Terms of Reference (TOR) and the inception report) concerning the period, geographic areas and target groups to be covered by the evaluation.
13. An IAHE is not an in-depth evaluation of any one sector or of the performance of a specific organization, and as such cannot replace any other form of agency-specific humanitarian evaluation, joint or otherwise, which may be undertaken or required.
14. The IASC guidance on Scale-Up Activation (previously known as L3 emergencies) requires conducting an Inter-Agency Humanitarian Evaluation (IAHE) within 9-12 months of its declaration. However, following the declaration of L3 emergency in July 2015 for Yemen the Emergency Relief Coordinator (ERC) decided to postpone an IAHE due to operational constraints that prevailed on the ground in Yemen at that time.
15. An Operational Peer Review (OPR) was undertaken in December 2015. OPRs serve as an internal inter-agency management tool to identify areas for immediate corrective action. The OPR in Yemen produced specific recommendations for the Humanitarian Country Team (HCT) to improve leadership, coordination, delivery and accountability to affected people and protection. The IASC Scale-Up protocols recommend that IAHEs should take into consideration the findings of the OPR.
16. In September 2019, as part of a coordinated audit of the United Nations humanitarian response in Yemen covering WFP, UNICEF, UNHCR and OCHA. The coordinated audit focused on the "effectiveness of inter-agency processes and common activities" and generated agency specific as well overall recommendations to HC and the ERC.
17. As part of the same exercise the United Nations Office of Internal Oversight Services audit of OCHA's operations in Yemen recommended that an IAHE should be undertaken to assess the impact of the humanitarian response in Yemen and identify lessons learned to help make a greater impact on the affected populations. Noting the requirement to conduct such evaluation after the declaration of an L3 emergency/Scale-Up, an IAHE was found to be long overdue in view of the marked growth of the humanitarian response, the growing number of people in need and the increasing complexity of their needs.
18. At the end of January 2020, the ERC officially launched the IAHE in Yemen. An Inter-Agency Management Group (MG) has been set up and the initial draft of the TOR was circulated for comments. However, in March 2020, due to the impact of the COVID-19 pandemic on humanitarian operations in Yemen, the evaluation process was suspended. In October 2020, with the agreement from the ERC and the HCT in Yemen, the IAHE Steering Group decided to re-start the IAHE.

PURPOSE, OBJECTIVES, SCOPE AND USE OF THE IAHE

Purpose

19. The purpose of this IAHE is two-fold. First, it will provide an independent assessment of the extent to which planned collective objectives to respond to the needs and concerns of affected people in Yemen -- as set out in the HRP and other core planning documents and strategies since the 2015 L3 declaration -- have been met. Second, the evaluation aims to assess the extent to which IASC response tools and coordination mechanisms, including the Humanitarian Programme Cycle (HPC), have successfully supported the response, and to recommend improvement-oriented actions. Under these objectives,

the evaluation will assess what has been learned from the response for later emergencies and generate recommendations for future responses. More specifically the IAHE will aim to:

- Conduct a brief analysis of the political, security, and operational environment that has been constraining and/or facilitating humanitarian action in Yemen.
- Assess how effectively IASC partners have identified and prioritized humanitarian needs in line with the evolving nature of the crisis and considering the prevailing operational environment, according to humanitarian principles.
- Assess to what extent the humanitarian response was able to complement the efforts of development and peace actors to address the underlying drivers of conflict, and the social- economic crises in Yemen.
- Assess the extent to which targeted results articulated in the HRP were achieved, and determine positive and negative, intended and unintended effects of the IASC humanitarian system’s assistance for people affected by the crisis.
- Capture lessons learned and best practices to enable collective learning from the humanitarian response (ensuring that both first and second line of response are assessed).
- Provide actionable recommendations at operational and policy levels on how collective response mechanisms and advocacy might be strengthened or have to be refigured, particularly in light of the trajectory of the crises as affected by the operational, political, and security challenges in Yemen.

Intended Users of IAHE Results

20. The IAHE’s findings and recommendations are expected to:

- Provide the **Humanitarian Coordinator (HC) and Humanitarian Country Team (HCT)** in Yemen with independent and credible evidence of collective progress towards objectives and results of the HRP and/or other collectively agreed humanitarian plans and strategies as determined during inception phase.
- Further, provide them with actionable recommendations for improving the ongoing humanitarian response in Yemen. Additionally, the IAHE may develop recommendations aimed at improving how humanitarian response may contribute to long-term recovery and recommendations for future responses in similar contexts.
- Contribute to the evidence base for decision-making at the global level – improving future humanitarian action, policy development, and reform by the **IASC Principals, Operations, Policy and Advocacy Group (OPAG), Emergency Directors Group**, and other stakeholders.

21. In doing so, they will also:

- Provide the national and local counterparts with evaluative evidence and analysis to inform their crisis-management policies and protocols for crises involving international agencies and other actors.
- Provide information to **affected people** on the outcomes of the response.
- Provide the **Member States of international organizations, donors, and learning and evaluation networks** with evaluative evidence of collective response efforts for accountability and learning purposes.

Evaluation Scope

22. The IAHE will cover the international humanitarian response to the humanitarian crisis in Yemen since the declaration of the L-3 response in 2015 until the date of the main evaluation mission to Yemen planned for May 2021.

23. The IAHE will assess the implementation of successive HRP to the crisis in Yemen by IASC-participating organizations in relation to coordination, needs assessment, strategic planning, advocacy, and monitoring of the response and its results with particular focus on the period following the formulation of five priorities¹ by¹ the ERC in 2018.
24. The IAHE will cover all geographic areas of Yemen affected by humanitarian crises in both Ansar Allah (“Houthi”)- and government-controlled areas. The IAHE is expected to focus on the situation of 104 out of 333 districts in Yemen identified by the Humanitarian Needs Overview as priority districts where there are high and overlapping needs and vulnerabilities.
25. The IAHE will use the following documents as reference documents: HRP and its subsequent revisions (2015- 2020), area- or population-specific humanitarian plans and other collective strategies and plans that might have been developed in response to constrained planning around the HRPs. In addition to these, the evaluation will consider all relevant planning and other documents to ensure the appropriate focus of the evaluation.

EVALUATION QUESTIONS AND CRITERIA

26. The evaluation’s analytical framework will be structured around four evaluation criteria and associated questions².
 1. Appropriateness – To what extent have IASC’s partners’ plans and response strategies been based on identified needs of and consultation with affected people, including girls, women, men, and boys from different groups and those that belong to the most vulnerable and hardest to reach groups? How adaptive was the collective response to the changing conflict, economic and social environment, operational challenges, and other compounding factors such as outbreaks of infectious diseases and obstruction of humanitarian assistance?
 2. Effectiveness – To what extent were planned collective results formulated by the HCT achieved and to what extent was the humanitarian response effective in meeting the needs of affected people, including those of the most vulnerable and hardest to reach groups? What were the enabling and/or inhibiting factors to this end and how can they be addressed? What were the positive and negative, intended and unintended effects of the IASC humanitarian assistance for people affected by the crisis?
 3. Connectedness – How was the IASC humanitarian system’s emergency assistance for people affected by the crisis linked to the efforts of development and peace actors? To what extent did these links ensure that humanitarian assistance was supportive of peace initiatives and longer-term recovery including strategies aimed at strengthening resilience of affected people? To what extent did international humanitarian assistance and coordination integrate and enhance local capacities?
 4. Coordination and Partnerships – To what extent did partnerships function adequately (with international, national, and local stakeholders) to deliver assistance to affected people, and to ensure humanitarian access? How well-coordinated was the humanitarian assistance, avoiding duplication of assistance and gaps? How effective and inclusive were coordination mechanisms given political, operational and other constraints? Has adequate and timely leadership for the response been put in place?

During the inception phase, the Evaluation Team will further develop the evaluation’s analytical framework with sub-questions.

¹ 1) the protection of civilians; 2) humanitarian access; 3) funding for the aid operation; 4) support for the economy; and 5) finding a political solution.

27. An evaluation matrix will be prepared during the inception phase in which sources of data (including documents, information, and data asked of all agencies involved in the response, including those not represented on the Management Group or Advisory Group), methods and criteria will be defined for each evaluation question.
28. The inception report will provide a detailed stakeholder analysis and a clear indication of which national entities and communities will be (a) consulted (b) engaged with (c) involved in the evaluation process, as relevant. The Evaluation Team will describe the approaches and strategies in the inception report that will be used to identify and reach affected people and adequately engage women, men, boys and girls of different ages, considering disadvantaged groups, including people with disabilities.
29. The draft inception report will be an opportunity for the Management Group, the country-level Advisory Group, and the IAHE Steering Group to provide more detailed feedback on the proposed methodology and approach.

METHODOLOGY

30. The IAHE will be conducted by a team of independent evaluation experts. The gender balance and geographic diversity of the team will be ensured to the extent possible. The team will include independent national evaluators (see section #10 for more on team composition and qualifications).
31. The evaluation will employ mixed methods (qualitative, quantitative) and several data collection tools. Information will be derived from primary and secondary sources, including a desk review of relevant documents, an analysis of data including financial and monitoring data, semi-structured key informant interviews with humanitarian workers including local responders and other stakeholders, focus group discussions with affected communities. This will ensure that the evaluation is inclusive of the views of diverse stakeholder groups. All information will be triangulated for validation.
32. As part of the methodology, a representative household survey of affected communities will be explored during the inception phase. The objective is to obtain, as systematically as possible, the experience of those affected by humanitarian crises in Yemen as related to each of the evaluation questions. If necessary, the Evaluation Team will propose alternative approaches such as the utilization of any existing survey data (e.g. UNICEF's MICS survey data) to assess the situation and perspectives of affected people.
33. Given the many logistical, security and access challenges that are currently hard to predict due to ongoing conflict, as well as international and national travel restrictions related to the COVID-19 pandemic, the Evaluation Team will propose flexible and adaptive approaches to data collection in line with the evolving situation in Yemen and internationally. The Evaluation Team will propose methodological approaches for two main scenarios for this IAHE. The two scenarios are not totally mutually exclusive and may overlap in practice:
 - **Scenario A.)** Deteriorating security and/or epidemiological situation in Yemen and/or globally results in mounting international, national, or local travel restrictions to and within Yemen as well as Duty of Care issues severely constraining or making it entirely impossible to undertake on-site fieldwork and data collection. In this scenario, the team will be required to undertake most, if not all, data collection using remote data collection methods, leverage pre-existing data, and deploy other innovative approaches (e.g. Big Data analysis of mobile surveys or radio call-ins to cover hard-to-reach areas).
 - **Scenario B.)** With the conflict ongoing, the epidemiological situation in Yemen and globally continues to be a challenge for undertaking all inception and data collection activities, with some restrictions and delays, but travel to and within Yemen, including most of the key areas targeted by the humanitarian action is possible. Some restrictions imposed by local authorities limit the Evaluation Team's access to some areas, population groups, and/or the use some of the data

² The standard IAHE questions have been adapted based on the comments received by the Steering Group.

collection tools (e.g. household survey). In this scenario, the team will be required to adopt or propose alternative data collection for a specific population or stakeholder, group, area.

During the inception phase, the Evaluation Team will propose a detailed methodology for each scenario and how it plans to address key evaluation questions, develop sub-questions and identify data sources.

The proposal should include a description of data sources, data collection and analysis methods/tools, indicators, triangulation plan, financial overview, factors for comparative analysis, and validation strategy, as well as how the team intends to incorporate the views of affected people in developing the methodology.

34. In Scenario B the Evaluation Team will conduct a 1-week country visit during the inception phase and a 3-week country visit during the evaluation phase, including, if possible, travel to the affected areas and major hubs³ for the humanitarian actors in Yemen: Sana'a, Ma'rib, Al Hudaydah, Ibb, Sa'ada, Aden and Al Mukalla. Other locations will be determined during the inception phase of the evaluation. The team will also visit Amman and Riyadh to interview staff providing regional support to Yemen operations. During the inception phase, a final proposal for the duration of the evaluation field mission will be made to ensure that there is enough time to collect the necessary data.
35. The IAHE will take into account existing evaluative evidence and ongoing evaluations or other reviews, including from the Operational Peer Review and coordinated audits, third-party monitoring reports as well as agency or sector-specific evaluations, to create synergies, avoid duplication, and reduce the burden on affected communities and frontline responders. The IAHE will explore establishing linkages with other evaluations, including joint missions, shared document libraries, and other data sources, interview and focus group discussion questions, etc.
36. For drawing final conclusions and generating forward-looking recommendations, the Evaluation Team will be guided by the IAHE key questions, IAHE impact pathway (Annex I), existing IASC policies and guidance, the trajectory of the crisis and the analysis of operating environment.
37. Many international staff may have moved on from their posts since the start of the evaluation timeframe in 2015 and may no longer be available for interviews. Thus, the evaluation should ensure to also interview national staff of UN agencies and NGOs who may more likely to remain in their positions.
38. The Evaluation Team will ensure that questions and approaches are in line with established norms and standards as described below, and the humanitarian principles.⁴

SPECIAL CONSIDERATIONS

39. Obstruction and restrictions on humanitarian assistance: Obstruction of humanitarian assistance and restrictions on activities of international humanitarian organizations imposed by authorities in Yemen have a significant impact on the ability of humanitarian organizations to access affected people, assess their needs, deliver and monitor humanitarian assistance and protection. Some of the key obstructive practices that prevent effective and principled delivery of humanitarian assistance in Yemen include direct and indirect taxation of humanitarian aid, delays in approving cooperation and sub-project agreements, restrictions on conducting needs assessments, restrictions on movement of humanitarian staff, and interference with planning and monitoring of humanitarian project activities. When analyzing data, the Evaluation Team will consider the impact of these obstacles on areas covered by the key evaluation questions.
40. **Humanitarian principles:** Humanitarian action is governed by the four humanitarian principles of humanity, impartiality, neutrality, and independence⁵. The evaluation will examine how these principles were considered and applied in the collective response of humanitarian actors in Yemen.

³ To be further determined in the inception phase.

⁴ https://docs.unocha.org/sites/dms/Documents/OOM_HumPrinciple_English.pdf

⁵ Humanitarian action should be motivated by the sole aim of helping other human beings affected by conflicts or disasters (humanity); exclusively based on people's needs and without discrimination (impartiality); without favoring any side in a conflict or engaging in controversies where assistance is deployed (neutrality); and free from any economic, political or military interest at stake (independence).

41. **Protection:** Protection is a critical issue in the Yemen context and the key element around which the humanitarian response has been structured. In line with the ALNAP Guide: Evaluation of Protection in Humanitarian Action and the IAHE Guidelines, the evaluation will consider the extent to which the inter-agency humanitarian response has mainstreamed protection issues and considered protection risks, particularly affecting the most vulnerable people. Protection will be particularly taken into account under the evaluation criteria of effectiveness and partnerships. Overall protection, protection of civilians, child protection, sexual and gender-based violence (SGBV), and other aspects will be included. The evaluation will assess to which degree the HRP's strategy puts protection and communities at the center of humanitarian action. The IAHE will also consider how the IASC strategy and commitments on Protection from Sexual Exploitation and Abuse (PSEA) have been integrated into the collective humanitarian response.
42. **Gender:** In line with the UNEG Guidance on Integrating Human Rights and Gender Equality in evaluation,⁶ the UN System-Wide Action Plan (UN-SWAP) on gender equality⁷ and the IASC Gender Equality Policy Statement,⁸ the evaluation will apply gender analysis in all phases. To facilitate this analysis, at least one member of the team should have qualifications in gender analysis. In a bid to promote durable solutions and sustainability, the IAHE processes will, where possible, seek to understand how underlying issues, barriers, and drivers of inequalities are identified and addressed within humanitarian programming.
43. **Inclusiveness:** To the extent possible, the evaluation methodology will integrate participatory processes at the community level⁹ to adequately engage women, men, boys, and girls of different ages and take into consideration the existence of disadvantaged groups such as Muhammasheen, people with disabilities, etc. The evaluation process will aim to assess the extent to which the differential needs, priorities, risks, and vulnerabilities of different population groups have been identified and assessed in the response. Further, the evaluation process will seek to understand the processes and methodologies utilized to enhance the equitable and effective inclusion, access, and participation of particularly women and girls in humanitarian activities (both at design and implementation stage) and decision-making processes.
44. **Accountability to affected people:** The IAHE will endeavor to gain the perspectives of affected people on the quality, usefulness, and coverage of the emergency response to enhance accountability and incorporate these views in the evaluation findings. Additionally, it seeks to understand how the various segments of the affected population are consulted, especially regarding prioritization of needs, decision-making processes, and how limitations to participation and inclusion are addressed. To this end, evaluators will strive to devote an appropriate amount of time during the field visit to consult communities and seek their views. The evaluation will also include a household survey of affected people if the current situation allows for it. If the context allows for it, Evaluators will seek to provide feedback to the affected people on the evaluation findings.
45. **Ethical considerations:** Due diligence will be given to effectively integrating good ethical practices and paying due attention to robust ethical considerations in the conduct of any IAHE as stipulated in the United Nations Evaluation Group (UNEG) Ethical Guidelines for Evaluation of 2020.
46. **Relevance to context:** To enhance the Evaluation Team's understanding of the local context and to improve ownership and communication with local communities, the Evaluation Team will also include national evaluators and consult local experts and researchers to a possible degree. Recognizing that the national consultants may not always have the degree of autonomy required to stay independent, the team will seek to identify and mitigate factors that may interfere with their independence.

⁶ www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=1401

⁷ www.unsystem.org/content/un-system-wide-action-plan-gender-equality-and-empowerment-women-swap

⁸ <https://interagencystandingcommittee.org/gender-and-humanitarian-action-0/documents-public/iasc-policy-statement-gender-equality-humanitari-0>

⁹ Such as sex-separate focus group discussions, key informant interviews, and targeted consultations with organized community groups such as women's associations, youth groups, etc.

47. **Application of internationally established evaluation criteria:** In general, IAHEs draw from the evaluation criteria in the UNEG norms and standards,¹⁰ OECD/DAC criteria for development programmes¹¹ and the ALNAP criteria for the evaluation of humanitarian action.¹²

MANAGEMENT ARRANGEMENTS AND STAKEHOLDER PARTICIPATION¹³

Management Group

48. The evaluation will be managed by a Management Group, which is comprised of the following organizations: ICVA, UNHCR, UNICEF, WFP, and OCHA (Chair). The Management Group will provide sustained support and guidance to the evaluation process to ensure its relevance, independence, and transparency, and promote the utilization of evaluation results.
49. Per the IAHE guidelines, the IAHE Management Group members will act as the point of contact for the evaluation for their organizations and provide quality control and inputs to the IAHE regarding the scoping, inception, planning, guidance, oversight, quality control, internal liaison, consultation, support and utilization of the evaluation.
50. The Chair of the Management Group will be OCHA's Evaluation Manager. They will be the main point of contact for the evaluation and ensure day-to-day support and consistency throughout the evaluation process, from drafting the TOR to the dissemination of the report. They will also be the contact person for administrative and organizational issues and will coordinate the activities of the different stakeholders involved in the evaluation. They will organize and supervise the various phases of the evaluation process and ensure the quality of all deliverables submitted by the Evaluation Team.
51. See the IAHE Steering Group's Terms of Reference of the Management Group for further details.

Advisory Group

52. An Advisory Group, representing country-level stakeholders that have been directly involved in the response in Yemen, will be established. It will play a key role in advising the Evaluation Team and Management Group, and in supporting the evaluation through the planning, implementation, and follow-up stages. It serves as an advisory rather than a decision-making authority.
53. The responsibilities of this group will include: to help ensure the relevance, credibility, and utility of the evaluation, to facilitate evaluation planning and data collection, to review and provide feedback on draft documents, to participate in a validation workshop, to help promote ownership of stakeholders, to support the HCT in the preparation of the management response plan and to assist with developing and implementing a communication strategy.
54. See the Terms of Reference of the Advisory Group for further details.

Steering Group

55. As per IAHE Guidelines, the IAHE Steering Group will approve the TOR, as well as the final evaluation report, based on the recommendations provided by the IAHE Management Group. The Steering Group will designate the members of the Management Group and will consider and approve whether staff from evaluation offices may be part of an IAHE. It will also contribute to the development of a communications strategy for IAHE results.

¹⁰ See the UNEG website: www.uneval.org

¹¹ See the OECD/DAC criteria for evaluating development assistance. A factsheet can be found at <https://www.oecd.org/dac/evaluation/evaluation-criteria-flyer-2020.pdf>

¹² See the ALNAP guide for humanitarian agencies: Evaluating humanitarian action using the OECD/DAC criteria at www.alnap.org/pool/files/eha_2006.pdf

¹³ For further details on the specific roles and responsibilities of the different IAHE stakeholders, please see "Inter-Agency Humanitarian Evaluations of Large-Scale System-Wide Emergencies (IAHEs): Guidelines, developed by the IAHE Steering Group, May 2018.

DELIVERABLES AND REPORTING REQUIREMENTS

56. The quality of the evaluation report will be assessed according to the UNEG Norms and Standards for Evaluation and the OCHA Quality Assurance System for Evaluations.
57. The inception and draft reports will be produced jointly by the members of the Evaluation Team and reflect their collective understanding of the evaluation. All deliverables listed will be written in good standard English, and submitted as Word and PDF documents, using the IAHE template. If in the estimation of the Evaluation Manager the reports do not meet required standards, the Evaluation Team will ensure at their own expense the editing and changes needed to bring it to the required standards.

Inception Report

58. The Evaluation Team will produce an inception report not to exceed 15,000 words, excluding annexes, setting out:
 - The team's understanding of the issues to be evaluated (scope), and their understanding of the context in which the IAHE takes place
 - An assessment of the evaluability of the evaluation questions and of available data to identify challenges/gaps and propose how they might be mitigated
 - Any suggested deviations from the TOR, including any additional issues raised during the initial consultations
 - A comprehensive stakeholder mapping and analysis, including a description of how key stakeholders and the affected population were involved/consulted in developing the inception report
 - A reconstruction of the theory of change
 - Evaluation framework selected criteria of analysis and sub-questions (building upon the initial list of evaluation criteria and questions provided in the present the TOR)
 - An evaluation matrix showing, for each question, the assumptions to be assessed, the indicators proposed and corresponding sources of information
 - A comprehensive methodological approach for the evaluation, including
 - o Details of gender analysis and triangulation strategy
 - o Data collection and analysis tools that will be used to conduct the IAHE (survey instruments, interview guides questions, document with the preparation of field visit and schedule of interviews, and other tools to be employed for the evaluation)
 - o Any limitations of the chosen methods of data collection and analysis and how they will be addressed
 - o How the views of the affected populations as well as protection and gender issues will be addressed during the evaluation
 - o How challenges posed by the context, for instance through the obstruction of aid, will be addressed in the evaluation
 - Detailed fieldwork plan
 - Detailed timeline for the evaluation
 - Draft dissemination strategy of the evaluation findings (including with the IAHE Management Group and the in-country IAHE Advisory Group)
 - A contextual analysis report providing the context to the evaluation. The Evaluation Team will also prepare an overview (7-10 pages) of the internal and external political, security and operational factors that have constrained or facilitated humanitarian action in Yemen.

Evaluation Report

59. The Evaluation Team will produce a single report of not more than 25,000 words (excluding the executive summary and annexes), written in a clear and concise manner that allows readers to understand the main evaluation findings, conclusions and corresponding recommendations, and their inter-relationship. The report should be comprised of:
- Table of contents
 - Executive summary of no more than 2,500 words
 - Summary table linking findings, conclusions and recommendations, including where responsibility for follow-up should lie
 - Analysis of context in which the response was implemented
 - Methodology summary – a brief chapter, with a more detailed description provided in an annex
 - Main body of the report, including an overall assessment, findings in response to the evaluation questions, conclusions and recommendations.
 - Annexes will include: (1) TOR, (2) detailed methodology, (3) list of persons met, (4) details of qualitative and quantitative analysis undertaken, (5) team itinerary, (6) all evaluation tools employed, (7) list of acronyms; and (8) bibliography of documents (including web pages, etc.) relevant to the evaluation, (9) assessment of the usefulness of the IAHE guidelines and process and main recommendations for their improvement.
60. For accuracy and credibility, recommendations should follow logically from the evaluation findings and conclusions, and be:
- Categorized as a) Critical, b) Important, or c) Opportunity for learning
 - Relevant and useful and reflect the reality of the context
 - Specific, clearly stated and not broad or vague
 - Realistic and reflect an understanding of the humanitarian system and potential constraints to follow-up
 - Suggest where responsibility for follow-up should lie and include a timeframe for follow-up
 - Build upon and take fully into consideration previous recommendations, such as OPRs, to avoid any contradictions unless justified by collected evidence
61. The draft report will be reviewed by the IAHE Management Group and the final version cleared by the IAHE Steering Group prior to dissemination.

Other evaluation products

62. Based on the communication plan, the Evaluation Team will produce presentations, as requested by the Management Group, including presentations to HC/HCT, IASC members, in-country presentations to local communities and affected people, etc. There will also be one presentation summarizing the final evaluation report.
63. The Executive Summary, a one-pager factsheet and presentation summarizing the key findings will be translated into Arabic.
64. Additional evaluation products such as briefs, video presentations or précis may be proposed in the inception report for the Management Group's consideration.

DISSEMINATION AND FOLLOW UP

65. In consultation with the in-country advisory group and the Evaluation Team, the Management Group will prepare a dissemination, communication and engagement strategy for the IAHE. The strategy will outline how the evaluation's findings, conclusions and recommendations will be disseminated to all relevant

audiences including affected people. The strategy will also outline specific communication products (in English and Arabic) and their dissemination channels.

66. The Evaluation Team will conduct the following presentations:
 - In case a full in-country field mission will be possible (Scenario B), the Evaluation Team will conduct an exit brief with the in-country IAHE Advisory Group, HCT, the relevant Government counterparts, and (remotely) the IAHE Management Group to share first impressions, preliminary findings and possible areas of conclusions and recommendations at the end of the field visit. The brief will help clarify issues and outline expected or pending actions from any stakeholders as relevant and discuss the next steps.
 - Upon completion of the draft evaluation report, the results of the IAHE will be presented by the Evaluation Team Leader (or Evaluation Manager) to the IASC Operations, Policy and Advocacy Group and to the IASC Emergency Directors Group in Geneva and/or New York.
 - Once the evaluation is completed, presentations of the main findings and recommendations will be made available to various fora as decided by OCHA and the IAHE Management and Steering Groups. The Evaluation Team may be requested to assist with these presentations.
67. The IAHE final report will be submitted to the IASC Operations, Policy and Advocacy Group (OPAG), the Emergency Directors Group and the Principals.
68. Once the evaluation results are finalized, national evaluators will help feedback results to communities who participated in the evaluation and to affected people and communities.
69. In addition to the Evaluation Report and oral briefings, the evaluation findings and recommendations can be presented through alternative ways of dissemination, such as websites, videos, etc. The Evaluation Team will consider possible ways to present the evaluation and include a dissemination strategy proposal in the inception report.
70. The inception and evaluation reports will be made available on the websites of the IASC and the IAHE Steering Group member agencies.
71. The recommendations of the evaluation will be addressed through a formal Management Response Plan (MRP). The preparation of the MRP will be facilitated by OCHA's Strategic Planning, Guidance and Evaluation Section and the OCHA Office in Yemen. For recommendations at the country level, the MRP will be approved by the HCT under the leadership of the HC and with guidance from the Advisory Group. Three months after the issuance of the IAHE report, the HC in Yemen will provide the ERC with an update on the implementation of follow-up plans.

THE EVALUATION TEAM

72. The Evaluation Team will be recruited through OCHA's systems contracts for evaluative services. The evaluation will require the services of an Evaluation Team of four members – a team leader, a senior evaluator (recruited through international recruitment procedures) and two or three nationally recruited evaluators – with the following collective experience and skills:
 - Extensive knowledge of humanitarian law and principles, and experience with using human rights, protection and gender analysis in evaluations (at least one of the team members should have experience in protection and gender analysis)
 - Extensive evaluation experience of humanitarian strategies and programmes, and other key humanitarian issues, especially humanitarian finance and funding instruments
 - Experience with and institutional knowledge of UN and NGO actors, inter-agency mechanisms at headquarters and in the field
 - Good understanding of cross-cutting issues, such as gender, disability, resilience etc.
 - At least one team member should have extensive skills in data analysis and presentation as well as population surveys

- An appropriate range of field experience
 - Experience in facilitating consultative workshops involving a wide range of organizations and participants
 - The Team Leader should have excellent writing and communication skills in English. All team members must have working knowledge of English. In addition to national consultants, at least one international team member must have excellent speaking, reading and, preferably, writing skills in Arabic
 - Context-specific knowledge and experience, including experience in the Middle East and North Africa is highly desirable
73. The Evaluation Team will include a Team Leader, who is responsible for the overall conduct of the evaluation in accordance with the TOR, including:
- Developing and adjusting the evaluation methodology
 - Managing the Evaluation Team, ensuring efficient division of tasks between mission members and taking responsibility for the quality of their work
 - Representing the Evaluation Team in meetings
 - Ensuring the quality of all outputs
 - Submitting all outputs in a timely manner
74. The Team Leader will have no less than 15 years of professional experience in humanitarian action, including experience in the management of humanitarian operations. The Team Leader will further have at least 10 years of experience in conducting evaluations of humanitarian operations and demonstrate strong analytical, communication and writing as well as team leadership skills.
75. The two or three national evaluators will be managed by the Team Leader. The Team Leader will put methodological and management measures in place to reduce any potential bias in data collection undertaken by national consultants that may arise due to their regional, religious or ethnic identity. The national consultants will also play a key role in disseminating the evaluation results to affected communities.
76. To the extent possible, the Evaluation Team will be gender balanced.

SEQUENCE

77. The following presents a proposed schedule and description of each evaluation phase. Figure 1 gives an overview of the timeline with the tasks and deliverables expected in each phase.

Preparations and Scoping Phase (Month 1 – Month 3)

The scoping phase will be conducted by the IAHE Management Group. The evaluation will focus on the impact of the collective humanitarian response to the humanitarian crisis in Yemen, as outlined in successive response plans. During the scoping phase: (1) the evaluation scope will be further refined, taking into account the various crises resulting from the conflict, and clearly defining which of these will be included in the scope of the evaluation (2) the evaluation plan will be defined in more detail, (3) data sources will be identified, and (4) security and access issues will be reviewed. The scoping phase will be a desk exercise, there will be no scoping mission. The outcomes of the scoping phase are likely to lead to changes in the evaluation planning and budget, including proposed travel, duration of travel, balance of days between international and national consultants or any other aspects.

Output: Terms of Reference

Evaluation Team Selection & Recruitment (Month 4 – Month 5)

Based on the TOR, the Evaluation Team will be recruited. Although this will be confirmed once TORs for the IAHE have been approved, in principle it is envisioned that the team will consist of 4 people, including 2 international

consultants (a team leader and one senior evaluator) and 2 national evaluators. As agreed by the Steering Group, both the Evaluation Team and the Management Group would invest time at the beginning of the evaluation process in identifying data sources. The recruitment of the Evaluation Team can be done through OCHA's systems contract for evaluations, or alternatively through the UN Global Marketplace using the system contracts of any other UN agency.

Output: Task Order signed with evaluation company and Evaluation Team recruited

Inception Phase (Month 5 – Month 7)

The Inception Phase will be conducted by the Evaluation Team and include a 7-10-day trip to one or two subnational hubs in Yemen in addition to visiting Sana'a. The Evaluation Manager can participate in the inception mission to facilitate team's interaction with the HCT members as well as any logistical, financial and other issues. The participation of the Evaluation Manager in the team's internal and external meetings will be at discretion of the Evaluation Team Leader.

Output: An overview of draft inception report, contextual analysis report and final inception report

Evaluation and Reporting Phase (Month 7 – Month 10, draft report Month 11, final report by Month 12)

If the situation regarding security and COVID-19 in Yemen allows, the evaluation phase will include a 3-week in-country field mission (final duration will be confirmed once the TOR are approved), including travel to 3-5 field locations across the country. All members of the Evaluation Team will participate in the field mission and should be accompanied by the Evaluation Manager. Before leaving Yemen, the Evaluation Team will conduct a debriefing for the Yemen HCT, in-country Advisory Group and Government authorities, as appropriate. Following the mission, the Evaluation Team will analyze data, information and other material collected, and prepare the evaluation report. The Evaluation Team may also conduct meetings outside of Yemen, e.g., with the IASC Emergency Directors Group. Moreover, a proposed local population survey to assess the views of affected people on the humanitarian assistance they received is included in the evaluation phase.

Output: Draft evaluation report and final evaluation report (including survey results)

Dissemination of Results (Month 12 and following)

The Steering Group aims to improve the dissemination of evaluation results, and all group members should support this effort. The Evaluation Team leader is expected to travel to New York and/or Geneva to debrief IASC members. In case the current situation regarding the global COVID-19 pandemic does not allow for this, the debriefings will be held virtually. The budget also includes a line for graphic design, web design, the production of a video or other communications material in English and Arabic languages. Side events could also be organized at ECOSOC and at the UN General Assembly to further disseminate the findings in line with the Steering Group's engagement and communications strategy.

Output: Information products and presentations

Implementation (Management Response Plan by Month 14)

The Steering Group aims to strengthen its links to the IASC, to ensure that both the HCT and, at the global level, the IASC develop timely management responses and fully address all relevant recommendations.

Output: Management Response Plan

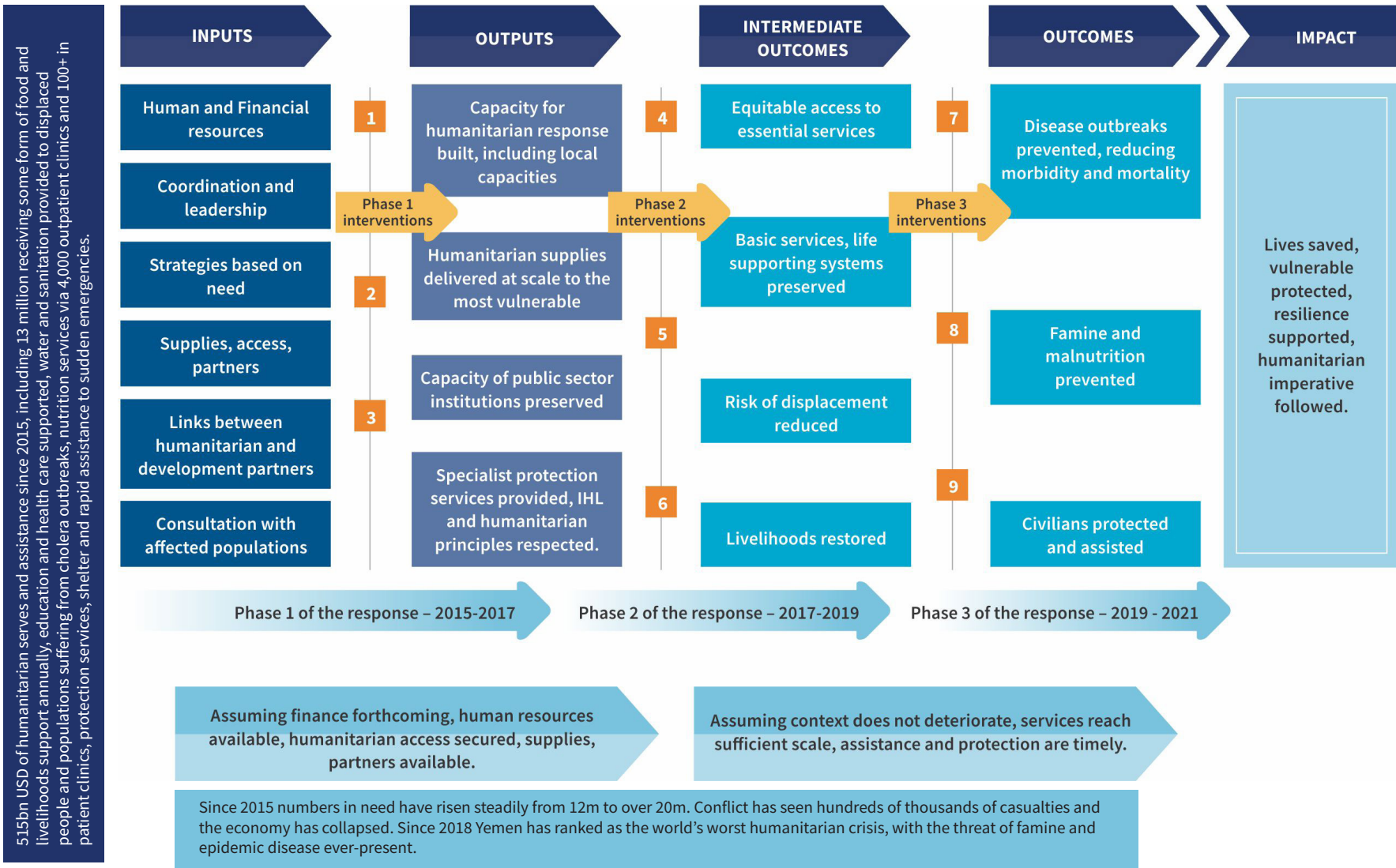
Figure 1: Timeline and Phases of the Evaluation

Month	Timeline	Phase	Tasks and Deliverables
1	November 2020 – January 2021	Preparation and Scoping	Draft and Final Terms of Reference
2			
3			
4	February 2021	Evaluation Company Selection	Task Order signed with Evaluation Company
5	March 2021	Team Recruitment	Briefing at HQ
6	March – May 2021	Inception Phase	Document Review
7			1.5-week Inception Mission
8	May – August 2021	Evaluation and Reporting Phase	Draft and Final Inception Report
9			Ongoing data collection by two national evaluators and survey conducted by survey company
10			3-week Field Mission, Data Collection
11			Exit Debriefing
12			Analysis
13	August – September 2021	Dissemination of Results	Draft Evaluation Report
14	September – October 2021		Comments Process
15	October – November 2021		Final Evaluation Report
16	December 2021	IASC/HCT Response to Recommendations and Implementation	Information Products
17	December 2021		Management Response Plan

Annex – Coordinated Humanitarian Action: The Ideal Model – Impact Pathway

LONGER-TERM IMPACT	Affected people live in enhanced safety and dignity with better prospects of thriving as agents of their own destinies					
↑ ↑ ↑						
CORE RESPONSIBILITIES	Prevent and end conflicts [conflict-related crises]	Uphold norms of safeguard of humanity	Leave no one behind	Change people's lives: from delivering aid to ending needs	Change people's lives: from delivering aid to ending needs	Invest in humanity & in local leadership and ownership of the response
↑ ↑ ↑						
OUTCOMES	Humanitarian access secured for all	Relevant response		Connectedness and coordination between humanitarian stakeholders	Good coverage	
↑ ↑ ↑						
OUTPUTS	Effective coordination mechanisms	Adequate partnerships	Common needs assessments & response plans	Common services	Concerted advocacy for adequate response capacity across sectors	Accountability
↑ ↑ ↑						
	Enhanced leadership	Human resources, including surge capacity	Pooled and agency funds	Guidance and programming tools (HPC, MIRA, Sphere Standards, etc.)	Sector/cluster leads activation and common services provision	

Annex 2: Reconstructed Theory of Change



Source: Authors' own.

Annex 3: Evaluation matrix

Evaluation question	Evaluation sub-question	Indicators	Data sources	Data collection methods
Appropriateness				
<p>EQ 1: Were strategies and response plans appropriate, based on needs in consultation with the local population and adaptive to changing context?</p> <p>Strength of evidence: Strong EQ 1.1, 1.2 Medium/weak EQ 1.3, 1.4</p>	<p>EQ 1.1: Were strategies and plans based on needs and priorities as identified by affected populations through inclusive consultation processes?</p>	<ul style="list-style-type: none"> Evidence of joint needs analysis Strategies and plans match needs analyses Evidence of inclusive community consultation processes Evidence feedback from consultation processes influences collective response and cluster plans. 	<ul style="list-style-type: none"> Response strategies and underlying documentation. Agency documentation. Collective accountability to affected populations (AAPs) strategies. Individual agencies consultations and AAP mechanisms. 	<ul style="list-style-type: none"> Secondary data. Document review. KIIs. SMS survey. FGDs. Social media analysis. Aid worker survey.
	<p>EQ 1.2 Which changes in the context were the most important and what adaptations to the collective response were undertaken?</p>	<ul style="list-style-type: none"> Adaptations made on the basis of context changes in the country Evidence of adaptation and adaptive management Quality of the context analysis (overall and per sector) 	<ul style="list-style-type: none"> Plans and strategies. Meeting notes, reports, Security Council briefings. 	<ul style="list-style-type: none"> Document review. Aid worker survey.
	<p>EQ 1.3: Did strategies try to ensure aid does not prolong conflict or fuel war economies, as best as they were able?</p>	<ul style="list-style-type: none"> Evidence of research and analysis on the war economy in Yemen. Evidence of strategies (internal and external) to avoid aid manipulation. Did the aid community need to make compromises to ensure access to those most in need? Were these justified? 	<ul style="list-style-type: none"> Economic analysis. Analysis documentation. Strategies and risk registers. Key informants. 	<ul style="list-style-type: none"> Document review. KIIs.
	<p>EQ 1.4: Did response strategies and approaches consider VFM?</p>	<ul style="list-style-type: none"> Selection of delivery channels and partners is informed by VFM considerations. Costs are monitored in a way that allows for VFM comparisons against outputs and outcomes. Lessons are sought and then learnt about VFM. 	<ul style="list-style-type: none"> M & E data. Financial data (collective). Key informants. Reviews, documentation. 	<ul style="list-style-type: none"> Document review. KIIs.

Evaluation question	Evaluation sub-question	Indicators	Data sources	Data collection methods
<p>EQ 2: Did the response appropriately target the most vulnerable and hard-to-reach and were women, girls, men and boys considered equally?</p> <p>Strength of evidence: Strong</p>	<p>EQ 2.1: Did the response consider equally the rights and needs of women, girls, men and boys and other vulnerable groups including children, persons with disabilities, the elderly and minority groups affected by the conflict?</p>	<ul style="list-style-type: none"> • Logic for beneficiary prioritization in the NHO, HRP and agencies' response plans. • Degree to which vulnerable groups were excluded from the collective response. • Extent to which analysis of gender roles and power dynamics in communities informed the response. 	<ul style="list-style-type: none"> • Demographic response data. • Portfolio analysis. • Specific gender analysis. • Perception of stakeholders. 	<ul style="list-style-type: none"> • Secondary data. • Document review. • KIIIs. • FGDs. • Aid worker survey.
	<p>EQ 2.2: Did the collective assessments adequately prioritize the needs of the most conflict-affected and hard-to-reach reach geographic areas?</p>	<ul style="list-style-type: none"> • Affected population satisfaction with response. • Numbers of people reached. • Percentage of PIN reached. • Geographical coverage 	<ul style="list-style-type: none"> • Affected population consultation. • End-of-year reports. • Data sets on interventions. • Key Informants. • Perception of stakeholders. 	<ul style="list-style-type: none"> • Secondary data. • SMS survey. • FGDs. • KIIIs. • Social media analysis. • Aid worker survey.
	<p>EQ 2.3: Did the collective response adequately prioritize the needs of the most conflict-affected and hard-to-reach reach geographical areas?</p>	<ul style="list-style-type: none"> • Affected population satisfaction with response. • Numbers of people reached. • Percentage of PIN reached. • Geographical coverage 	<ul style="list-style-type: none"> • Affected population consultation. • End-of-year reports. • Data sets on interventions. • Key Informants. • Perception of stakeholders. 	<ul style="list-style-type: none"> • Secondary data. • SMS survey. • FGDs. • KIIIs. • Social media analysis. • Aid worker survey.
<p>EQ3: Did the response appropriately integrate humanitarian principles and protection?</p>	<p>EQ 3.1: To what extent were humanitarian principles and protection integrated into the collective response?</p>	<ul style="list-style-type: none"> • Evidence humanitarian principles have informed decision-making. • Evidence of diplomacy and advocacy strategies to strengthen adherence to humanitarian principles • Existence and quality of AAP strategies integrated in collective response. • Existence and quality of protection strategies integrated in collective response. 	<ul style="list-style-type: none"> • HRP reporting. • Agency reporting. • Key Informants. • Affected populations. 	<ul style="list-style-type: none"> • Secondary data. • Document review. • KIIIs. • SMS survey. • Aid worker survey. • FGDs.

Evaluation question	Evaluation sub-question	Indicators	Data sources	Data collection methods
	EQ 3.2: To what extent did the collective response follow the principle of impartiality, targeting those most in need (on the basis of need alone)?	<ul style="list-style-type: none"> • Extent to which needs were met through collective response. • Extent to which underlying factors preventing the response from reaching those in need were identified and actions taken to address them. • Numbers of people receiving assistance and protection in hard-to-reach areas. • Numbers of particularly vulnerable groups such as Muhamasheen receiving assistance. 	<ul style="list-style-type: none"> • HRP reporting. • Agency reporting. • Key Informants. • Affected populations. 	<ul style="list-style-type: none"> • Secondary data. • Document review. • KIIs. • SMS survey. • Aid worker survey. • FGDs.
Effectiveness				
EQ 4: Were collective outcomes achieved? Strength of evidence: Medium	EQ 4.1: To what extent was famine prevented and food security enhanced?	<ul style="list-style-type: none"> • Numbers of people in IPC4 & 5, and trends. • Numbers of people provided with access to livelihood assistance. • Evidence of increase or decrease in food consumption and coping strategies. 	<ul style="list-style-type: none"> • IPC data. • FSLA data. • Food security cluster intervention data. • Malnutrition and mortality data. • PDMs. 	<ul style="list-style-type: none"> • Secondary data. • FGDs.
	EQ 4.2: To what extent were disease outbreaks prevented, reducing morbidity and mortality?	<ul style="list-style-type: none"> • Numbers of people with reference communicable diseases 	<ul style="list-style-type: none"> • EWARNS data. • Ministry of Health • Health management information systems (HMIS) data. • MICS. 	<ul style="list-style-type: none"> • Secondary data. • FGDs.
	EQ 4.3: To what extent was malnutrition contained?	<ul style="list-style-type: none"> • Numbers of children with moderate and severe acute malnutrition. 	<ul style="list-style-type: none"> • Nutrition cluster data. • SMART surveys. • Data from therapeutic. feeding centres 	<ul style="list-style-type: none"> • Secondary data from agencies.

Evaluation question	Evaluation sub-question	Indicators	Data sources	Data collection methods
	EQ 4.4: Were civilians protected and assisted?	<ul style="list-style-type: none"> Displacement figures stabilized or reduced. Extent to which people provided with access to livelihood opportunities. Community assets for local economic development restored. 	<ul style="list-style-type: none"> HNO data. UNHCR and IOM data. Agencies' data. HRP reports. Key informants. 	<ul style="list-style-type: none"> Secondary data FGDs Kills Site visits
	EQ 4.5: To what extent was the response – through mainstreaming of protection, protection services and advocacy – able to prevent and mitigate protection risks?	<ul style="list-style-type: none"> Numbers of civilian casualties. Numbers of people suffering sexual or gender-based violence. Number of incidents in contravention of international humanitarian law (IHL). 	<ul style="list-style-type: none"> Government statistics. Independent monitoring. Protection cluster data. ICRC and Red Cross Red Crescent (RCRC) movement data. Affected populations. 	<ul style="list-style-type: none"> Secondary data. FGDs.
EQ 5: To what extent was the collective response able to meet the needs of the affected population at the scale and coverage needed? Strength of evidence: Strong	EQ 5.1: Were basic services – access to education, health, food, water and sanitation, shelter – provided at scale and at a meaningful level of coverage?	<ul style="list-style-type: none"> Service delivery figures. Quality of services delivered. 	<ul style="list-style-type: none"> HRP reporting. Agency reporting. Government data. Observation. 	<ul style="list-style-type: none"> Secondary data. FGDs.
	EQ 5.2: Were protection services – child protection, SGBV, PSP, IDP, migrant and refugee protection – provided at scale and at an adequate level of coverage?	<ul style="list-style-type: none"> Protection services output figures. Quality of protection services. Evidence of protection mainstreamed throughout response. 	<ul style="list-style-type: none"> Agency reporting. Key informants. Observation. 	<ul style="list-style-type: none"> Secondary data. Document review. Kills. FGDs.
	EQ 5.3: What were the enabling and confounding factors and how did the system collectively deal with them?	<ul style="list-style-type: none"> Evidence of enabling factors. Evidence of confounding factors. 	<ul style="list-style-type: none"> Key informants. Response analysis. HRPs and other strategic documents. 	<ul style="list-style-type: none"> Document review. Kills. FGDs. Aid worker survey.
	EQ 5.4: Was the system collectively equipped to deal with lack of access? What strategies were deployed and were these successful?	<ul style="list-style-type: none"> Access over time. Access to hard-to-reach areas. Evidence of advocacy on access. 	<ul style="list-style-type: none"> Access data. Access strategies. Meeting minutes. Key informants. Observation. 	<ul style="list-style-type: none"> Secondary data. Document review. Kills. Aid worker survey.

Evaluation question	Evaluation sub-question	Indicators	Data sources	Data collection methods
	EQ 5.5: Did the humanitarian operation go to scale in time, and was it able to operate at the level needed?	<ul style="list-style-type: none"> Numbers of staff employed/ deployed. Number of projects and programmes delivering results. Levels of supply. 	<ul style="list-style-type: none"> Staffing levels. Project/ programme results. Key informants. 	<ul style="list-style-type: none"> Secondary data. Document review. KIIs. Aid worker survey.
	EQ 5.6 Was the collective response adequately monitored and evidence and data provided to decision makers in a timely fashion?	<ul style="list-style-type: none"> Availability of collective-level monitoring data. Availability of agency-level monitoring data. Evidence of data-driven decision-making. 	<ul style="list-style-type: none"> Monitoring systems. Monitoring data. Meeting minutes. Response plans. 	<ul style="list-style-type: none"> Secondary data. Document review. KIIs.
Connectedness				
EQ 6: Did the response work effectively with development and peace partners? Strength of evidence: Strong	EQ 6.1: Were there effective links to development and peace partners?	<ul style="list-style-type: none"> Evidence of joint planning. Evidence of coordination mechanisms. 	<ul style="list-style-type: none"> Joint planning documents. Meeting minutes. Key informants. 	<ul style="list-style-type: none"> Document review. KIIs. Aid worker survey.
	6.2: Was the humanitarian operation supportive of peace efforts, longer term development, recovery and resilience?	<ul style="list-style-type: none"> Evidence of nexus analysis. Evidence of long-term thinking in humanitarian strategies. Evidence of resilience strategies. 	<ul style="list-style-type: none"> Analysis documents. HRPs. Meeting minutes. Agency reporting. Key informants. 	<ul style="list-style-type: none"> Document review. KIIs. Aid worker survey.
EQ 7: Did the response sufficiently enhance local capacities, and work effectively with local humanitarians? Strength of evidence: Medium	EQ 7.1: Did the international response enhance and amplify local humanitarian capacities?	<ul style="list-style-type: none"> Increased local NGO work. Civil society participation in key processes. 	<ul style="list-style-type: none"> Financial flows analysis. Meeting minutes. Observation. Key informants. 	<ul style="list-style-type: none"> Secondary data. Document review. KIIs. Aid worker survey.
	EQ 7.2: Did the humanitarian response work effectively with local and national authorities where appropriate?	<ul style="list-style-type: none"> Evidence of joint planning mechanisms with local and national authorities. 	<ul style="list-style-type: none"> Meeting minutes. Key informants. Observation. 	<ul style="list-style-type: none"> Document review. KIIs. Aid worker survey.

Evaluation question	Evaluation sub-question	Indicators	Data sources	Data collection methods
Coordination and partnerships				
EQ 8: Was the response leadership adequately supported and did the coordination mechanisms and tools enable better humanitarian action? Strength of evidence: Medium	EQ 8.1: Did partnerships enable delivery and access? EQ 8.2: Did the coordination of humanitarian assistance between agencies reduce gaps, avoid duplication and increase complementarity?	<ul style="list-style-type: none"> Evidence of increased access via partnerships. Evidence of well-functioning humanitarian coordination. Clarity of roles of organization and regularity of meetings Identification of gaps and overlaps in the response. Evidence of joint responses 	<ul style="list-style-type: none"> Access reporting. Agency reporting. Donor reporting and analysis. HRP reporting. Key informants. Meeting minutes. 	<ul style="list-style-type: none"> Document review. KIIs. Document review. KIIs. Aid worker survey
	EQ 8.3: Were coordination mechanisms inclusive?	<ul style="list-style-type: none"> Evidence of diverse participation in coordination mechanisms. 	<ul style="list-style-type: none"> Meeting minutes. Key informants. 	<ul style="list-style-type: none"> Document review. KIIs. Aid worker survey.
	EQ 8.4: Was leadership timely and adequate?	<ul style="list-style-type: none"> Evidence of empowered leadership. Linkages between the strategic and operational levels 	<ul style="list-style-type: none"> Key informants. 	<ul style="list-style-type: none"> Document review. KIIs. Aid worker survey.

Annex 4: Coding tree for qualitative analysis

Parent code	Child code
Displacement	<ul style="list-style-type: none"> • Health • Management/Leadership • Shelters • Distributions • Livelihoods • Education • Latrines
Needs	<ul style="list-style-type: none"> • Decision-making • Evidence • Data • Assessments
Efficiency	<ul style="list-style-type: none"> • Oversight • Third-party monitoring • Evaluation • Monitoring • Value for money
Accountability	<ul style="list-style-type: none"> • Hotline • Referral system • Frameworks
Principles	<ul style="list-style-type: none"> • Open
Protection	<ul style="list-style-type: none"> • Gender-based violence (GBV) • HIV/Sexual health • Homelessness within displacement • Lesbian, gay, bisexual and transgender/transsexual people (LGBT+) • Muhamasheen • Protection monitoring • Civil documentation / legal • Mine action • Child protection • Preventing sexual abuse and exploitation (PSEA) • Gender/women and girls • Sexual and gender-based violence (SGBV)
Coverage	<ul style="list-style-type: none"> • Sufficiency • Services
Nexus	<ul style="list-style-type: none"> • Long-term • Peace • Development
Leadership and coordination	<ul style="list-style-type: none"> • Leadership • Cluster coordination • International NGOs • Local NGOs • Government

Parent code	Child code
Access and security	<ul style="list-style-type: none"> • EHOC/Coalition • Bunkerization • Blockade impacts under EHOC • Bureaucratic impediments – UN-imposed • Bureaucratic impediments – Government • Security
Food security / insecurity	<ul style="list-style-type: none"> • Price stabilization
Health	<ul style="list-style-type: none"> • Mental health • Trauma injuries • Chronic conditions • Supplies • Fees • Hospitals • Diarrhoea • Cholera
Nutrition	<ul style="list-style-type: none"> • Open
Education	<ul style="list-style-type: none"> • Open
WASH	<ul style="list-style-type: none"> • Water Scarcity • Hygiene • Sewage • Damages and repairs • Infrastructure • Water trucking
Livelihoods	<ul style="list-style-type: none"> • Qat • Remittances • Expenditure • Income
Economy	<ul style="list-style-type: none"> • Open
Funding	<ul style="list-style-type: none"> • Open
Corruption	<ul style="list-style-type: none"> • Open

Annex 5: Secondary data analysis

Secondary data analysis

This annex collates the secondary data analysis conducted for this evaluation. The results are organized by main secondary data source.

Integrated Food Security Phase Classification (IPC) data

Integrated food security phase classification (IPC) data are analysed here. In particular, acute food insecurity (AFI) at district and governorate level is used.¹ These data estimate the number and proportion of the population facing food insecurity as measured by the 5 fold IPC Phases: IPC Phase 5 (Catastrophe), IPC Phase 4 (Emergency), IPC Phase 3 (Crisis), IPC Phase 2 (Stressed) and IPC Phase 1 (None/Minimal). Geographically, IPC AFI data is available at national and governorate level for the whole of the evaluation period and at the district level for more recent years (since 2018). The district-level data provide a more granular picture. For example, the data from November 2020 mapped in Figure A. 1 below suggest that the IPC AFI status at district level ranged between Phase 2 and Phase 4.

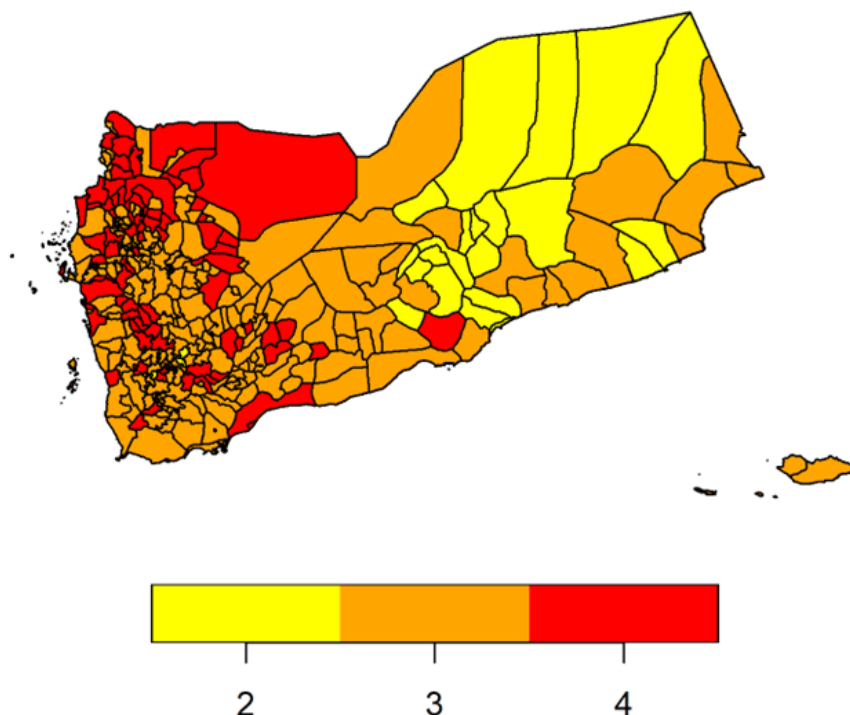


Figure 4: Governorates visited during evaluation

¹ These data were downloaded from <https://www.ipcinfo.org/ipc-country-analysis/en/?maptype=77106>

Figure A. 2 uses district-level IPC AFI phase categorization to trace the district-level progress between 2018 and 2020. For example, an improvement of 2 phase categories (dark green) could be because a particular district improved from Phase 4 in December 2018 to Phase 2 in November 2020. Similarly, white signifies no change in phase category between 2018 and 2020.

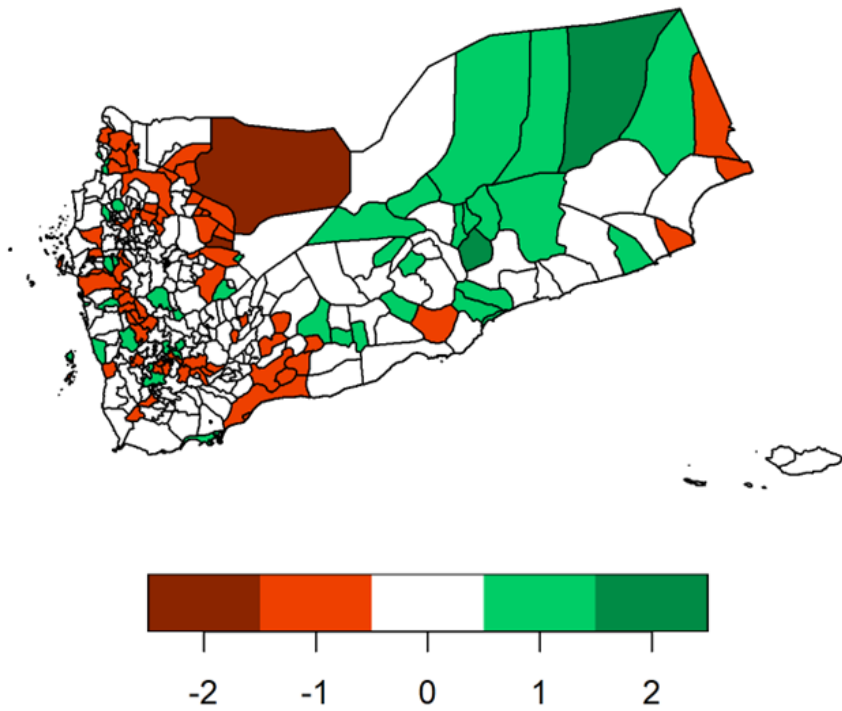


Figure A. 2: Change in IPC AFI Phase Categories (2018-2020)

Governorate-level IPC AFI data

This subsection looks at IPC AFI data at the governorate level over 2015-2020 period. Even though these data provide less granular spatial information than the district-level data presented earlier, they have the advantage of covering the full evaluation period (2015–2020).² The graph below plots the percentage of the population in each governorate that were in AFI phase 3+, which implies that they are facing severe food insecurity at that time. The analysis in Figure A. 3 compares the governorate level food insecurity against WFP’s generalized food distribution (GDF). In some governorates (e.g. Sana’a City), there seem to be a positive association between IPC AFI 3+ and lagged GFD tonnage.

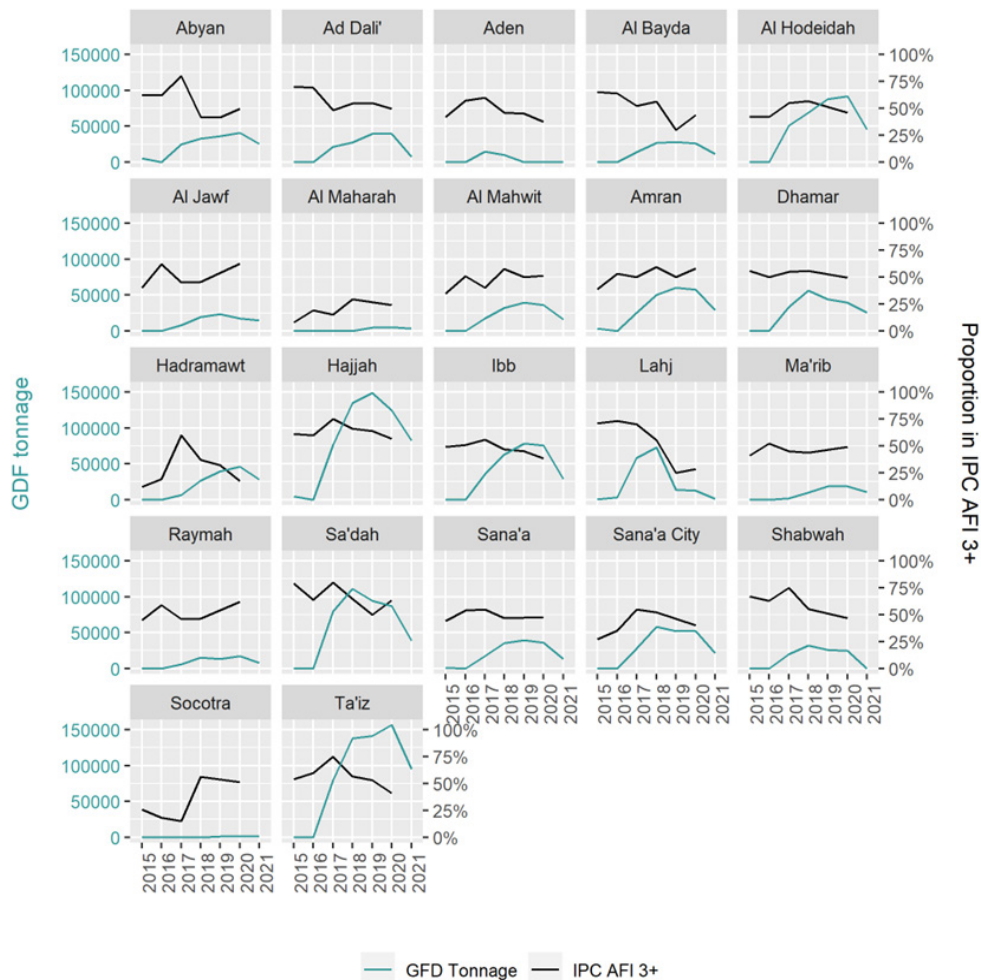


Figure A. 3: IPC AFI phase categories at governorate level (2018–2020)

² Governorate-level data are incomplete for 2019, meaning that the IPC assessment was not done in those governorates in 2019.

Figure A. 4 maps the change between 2015 and 2020 of the fraction of the AFI phase 3+ population in each of the 22 governorates. Any decline in these percentages between 2015 and 2020 is reported as a positive change and any increases as negative. For example, Lahj reported the most impressive reduction in AFI phase 3+ proportion, from 71 per cent in 2015 to 28 per cent in 2020.

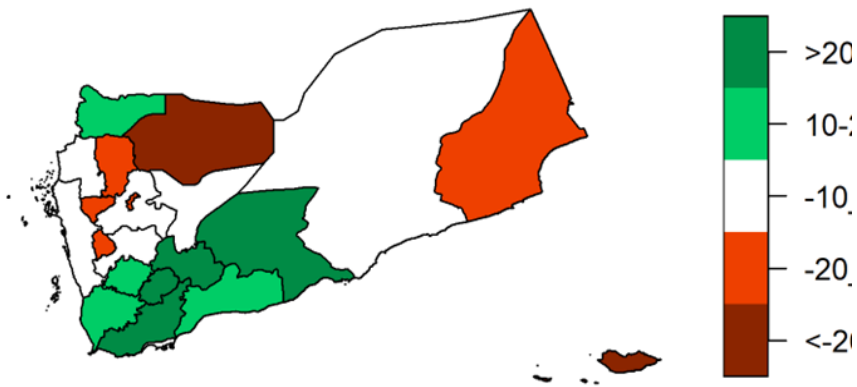


Figure A. 4: Change in AFI 3+ percentage at governorate level between 2015 and 2020

Nutrition cluster data

Here, we look at the data compiled by the nutrition cluster. We were particularly interested in annual reach statistics of acute malnutrition (MAM and SAM) against the caseload. These were used to calculate the percentage coverage against annual caseload in Yemen. MAM and SAM annual coverage data for 2016–2020 were aggregated at the governorate level and graphed in Figure A. 5.



Figure A. 5: Change in AFI 3+ percentage at governorate level between 2015 and 2020

We also plotted IPC AFI 3+ percentages in the same graph to check whether there was an association between nutrition needs, captured by IPC AFI 3+ data, and nutrition reach, captured by MAM and SAM coverage data. The graph illustrates the patterns between the two variables. It must be remembered that IPC data has the full population as the denominator while the reach variable has the caseload as the denominator. The graph also suggest that MAM and SAM coverage statistics may be affected by double-counting.³

The scatter plots in Figure A. 6 graphically represent the association between MAM U5 percentage reached and AFI 3+ percentage. The left-panel contains all data points while the right-panel separates them by year.

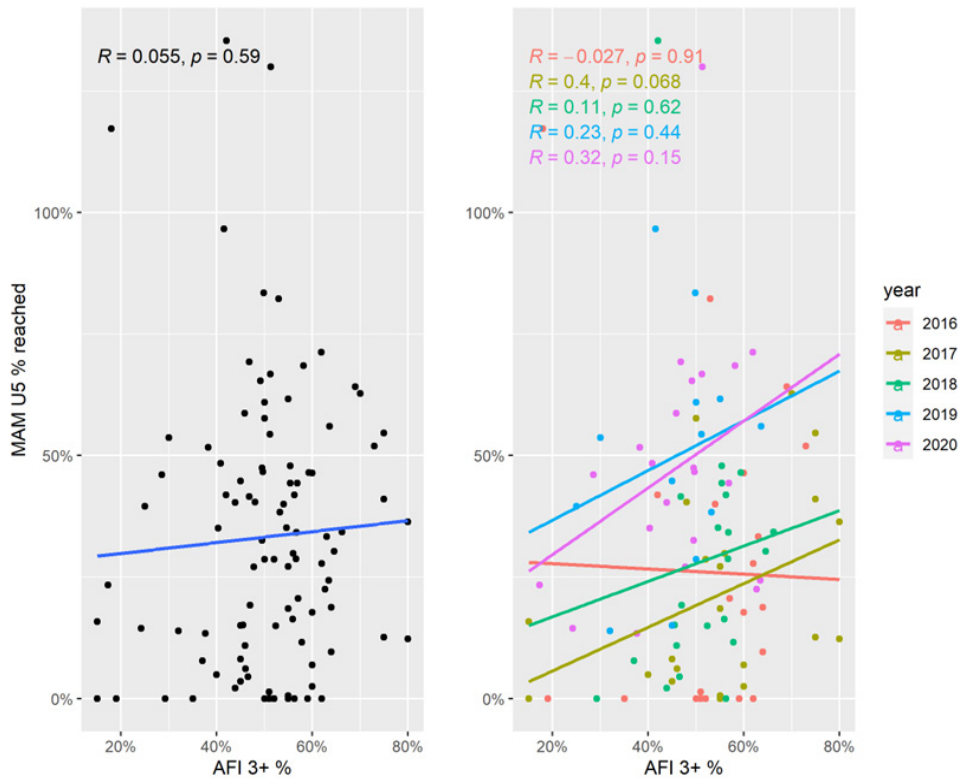


Figure A. 6: The association between nutrition needs and reach

³ The coverage values often exceed 100 per cent, especially for SAM coverage. It was 440 per cent in Abyan in 2018. We truncate y-axis at 150 per cent to highlight movement of these variables below 100 per cent. This means that reported SAM coverage figures above 150 per cent are not displayed.

World Food Programme (WFP)

The evaluation used several sources of data from the WFP.

mobile Vulnerability Analysis and Mapping (mVAM)

mVAM conducts continuous food security monitoring in Yemen via live telephone interviews. Data are collected on a rolling basis and processed daily. Daily updates represent a snapshot of the current food security situation over the past 30 calendar days. mVAM data is at the governorate level and at monthly frequency.

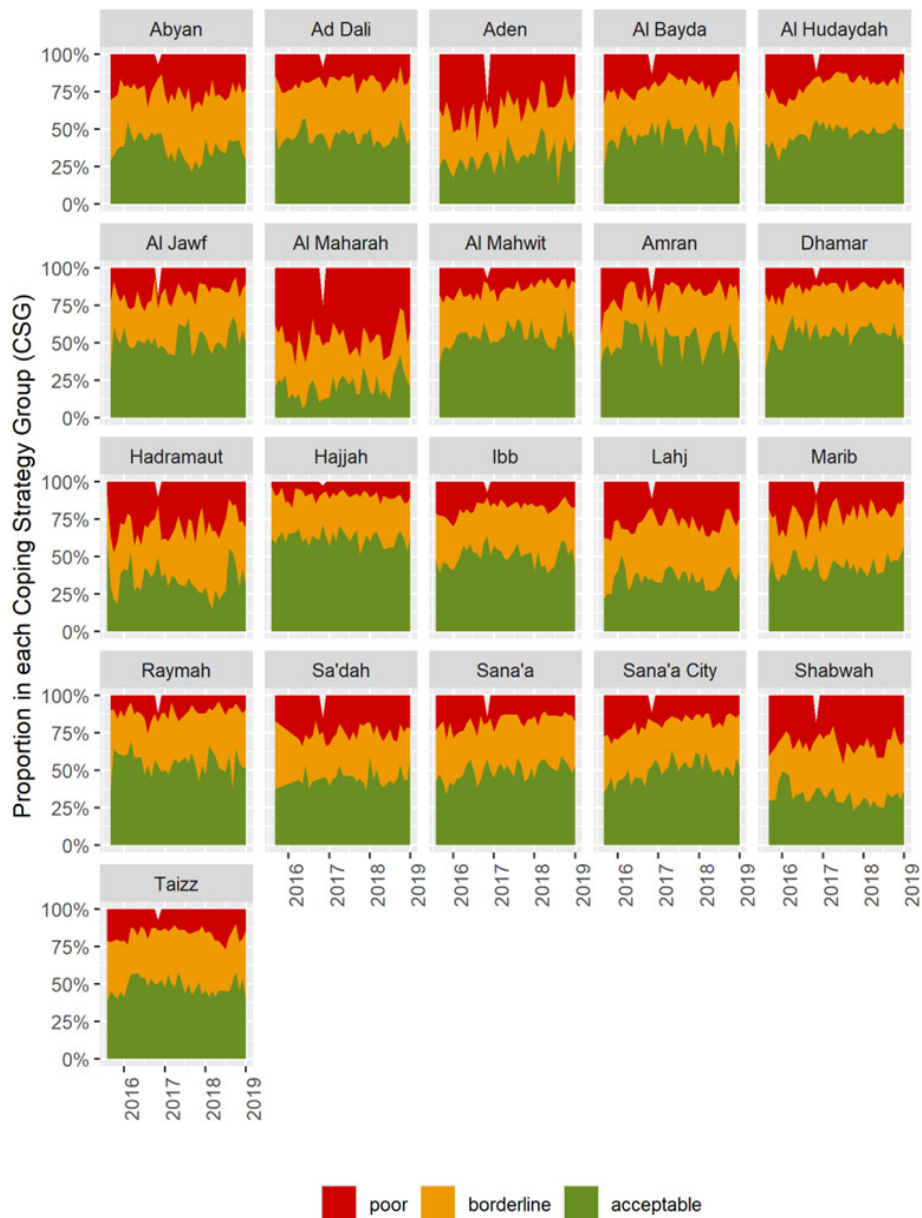


Figure A. 7: mVAM coping strategy group data

Figure A. 7 graphs coping strategy group (CSG) data. It has three categories: CSG=1 (poor), CSG=2 (borderline) and CSG=3 (acceptable).⁴ The graph underscores the significant differences across governorates: for example, see the contrast between consistently poor CSG status in Al Maharah against the comparatively better situation in Hajjah.

⁴ CSG data are available at governorate level. However, “Aljanad”, “Azal”, “Sheba”, “Tahamh”, “Yemen” are also listed as admin areas in some observations. These we removed as they are not governorates. There are no CSG data for Socotra.

mVAM also collects information on food consumption group categories (FCG), which combines food diversity, food frequency (the number of days each food group is consumed) and the relative nutritional importance of each food group. For each food group the frequency represents the number of days an item was consumed, with a range from 0 (never) to 7 (every day). A weight is assigned to each food group, representing its relative nutritional importance. FCG also has three levels of categories: FCG=1 (poor), FCG=2 (borderline) and FCG=3 (acceptable). These are plotted in the graph below. Notice the apparent structural break in February 2018, where things improved (reduced FCG=1 and increased FGC=3) across many governorates. The vertical line identifies the time when this happened.

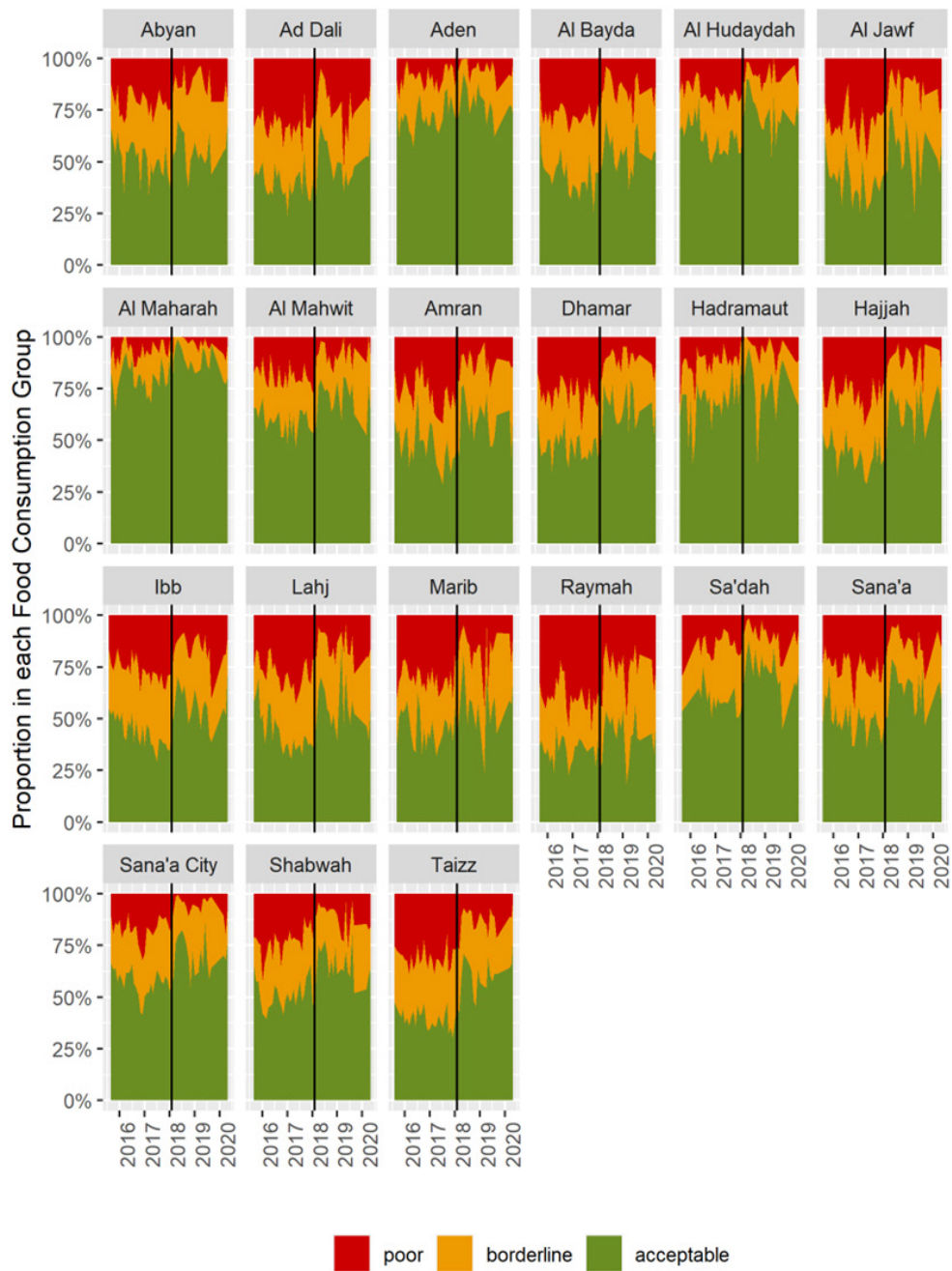


Figure A. 8: mVAM food consumption group (FCG) data

Coverage of food assistance programmes

We have governorate-level data on beneficiary number in food assistance programs delivered by the WFP. These include generalized food distribution (GFD); commodity vouchers through trader’s network (CVTN); cash-based transfers (CBT); food assistance for assets (FFA).

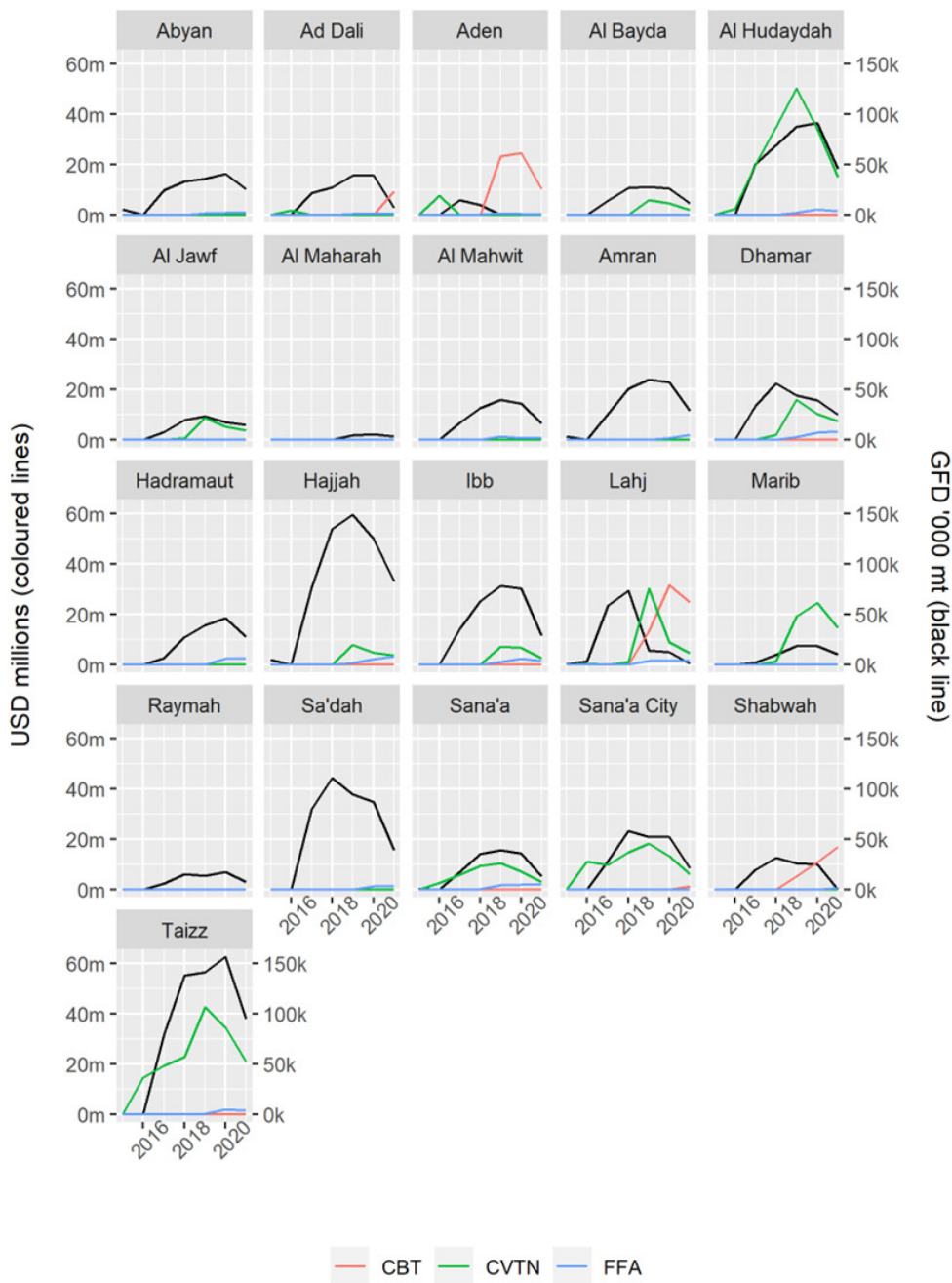


Figure A. 9: Coverage of WFP food assistance programmes

Figure A. 10 overlays food consumption group (FCG) data from mVAM and the GFD tonnage in an attempt to check associations between the two. While the former data are available in monthly frequency, the latter are an annual data series. Superimposing these data sets on top of each other reveals a weak relationship between the two. Overall, high levels of GFD seem to be associated with lower proportions of FCG=1 (poor) in many governorates.

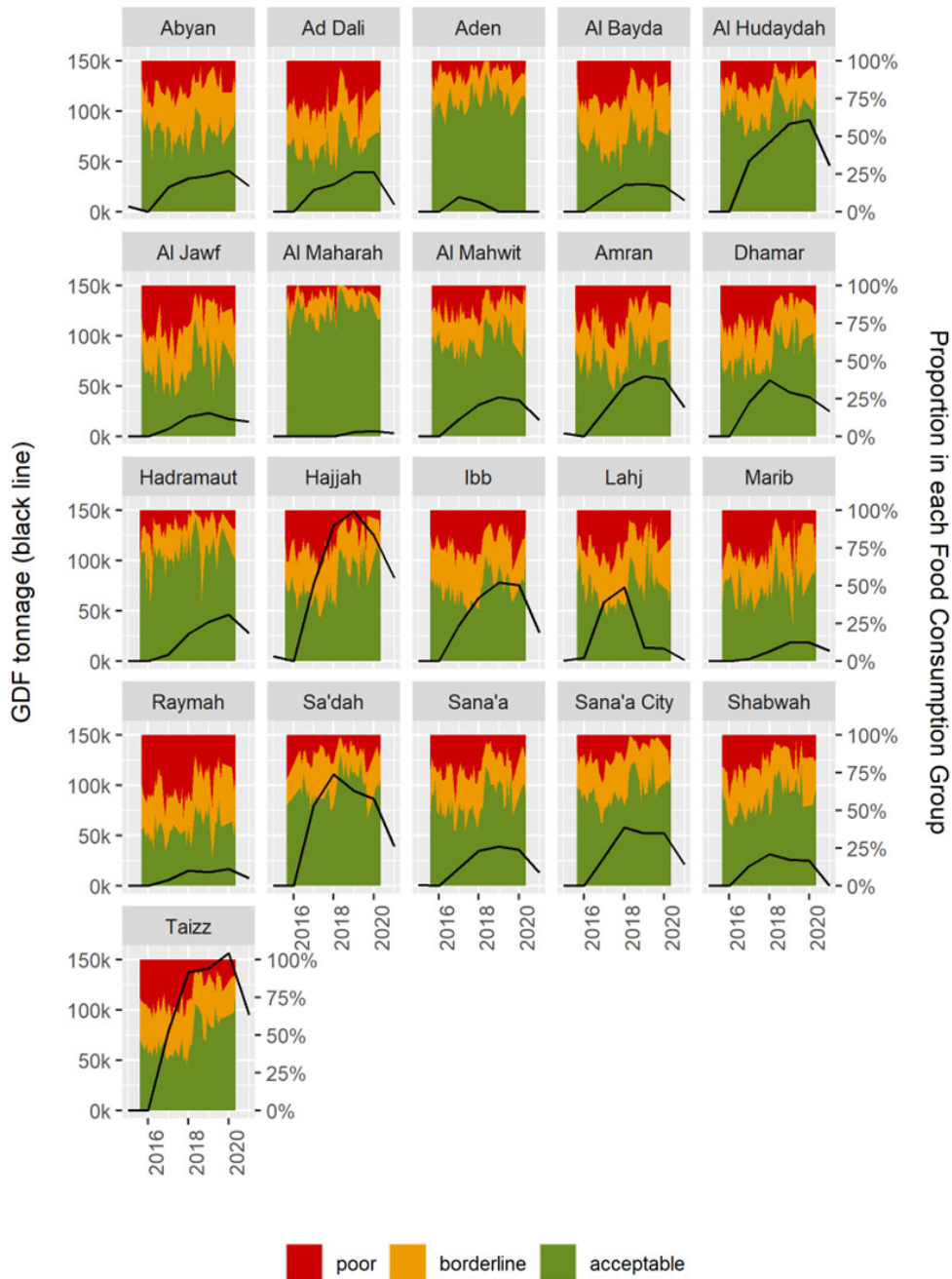


Figure A. 10: FCG categories and GFD tonnage

Figure A. 11 below illustrates the relationship between the GFD tonnage (actual as a per cent of planned) and the FCG=1 proportion of the population. In order to do this, we had to annualize the monthly FCG data so they could be compared against the annual GFD data. Both variables used here are percentages. FCG is the “poor” percentage and GFD is the percentage or actual GFD/planned GFD. $R = -0.35$ suggests that there is a weak negative relationship between the two.

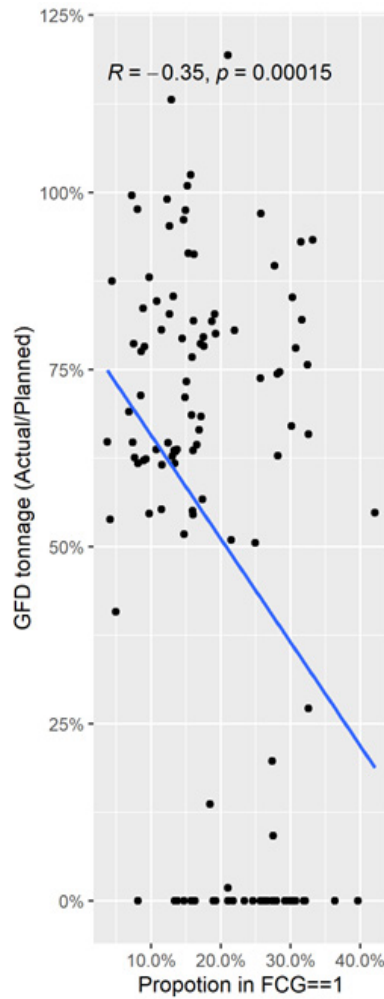


Figure A. 11: Scatter plot of FCG=1 and GFD tonnage

The graph below compares the planned vs. actual tonnage of GFD by governorates.

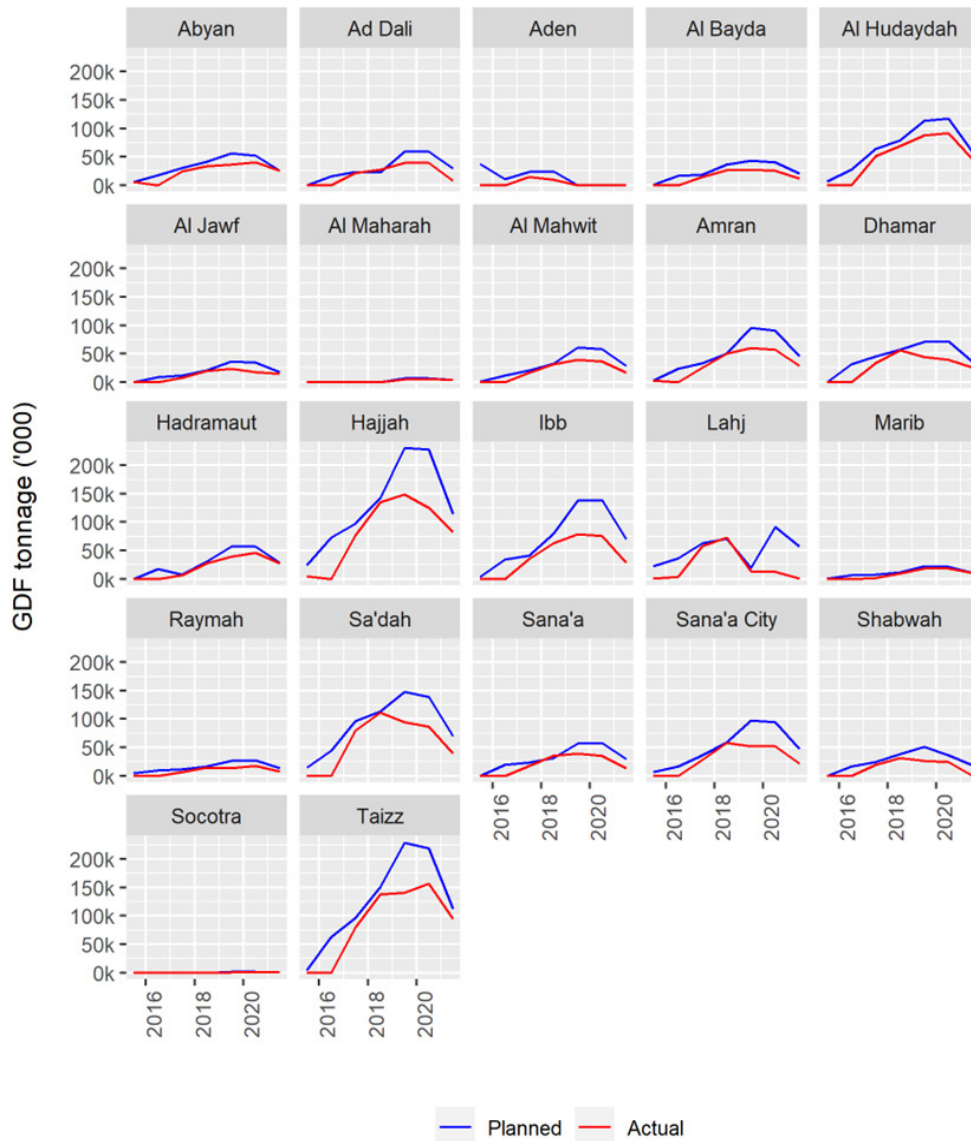


Figure A. 12: Actual vs. planned GFD tonnage

Food security and agriculture cluster (FSAC) data

Food security and agriculture cluster (FSAC) data on coverage of food assistance during 2018–2021 period are analysed here. The data are available for actual FSAC beneficiaries at the district level and also the FSAC target. The actual beneficiary numbers are in monthly frequency while the FSAC targets are annual. We used this data to calculate annual FSAC coverage in each governorate (FSAC_g) as follows:

$$FSAC_g = \frac{\sum_{m=1}^{12} \sum_{d=1}^n Actual_{d,m}}{12}$$

where *Actual*_(d,m) is actual monthly beneficiaries in each district *d* in the governorate during month *m*. Please note that *FSAC*_g is a monthly average figure for each governorate. These data and the IPC Phase 3+ population are plotted in Figure A. 11. The bar (to be read against the right y-axis) captures annual FSAC coverage and the red line (read against the left y-axis) the IPC Phase 3+ population (read against the left y-axis).

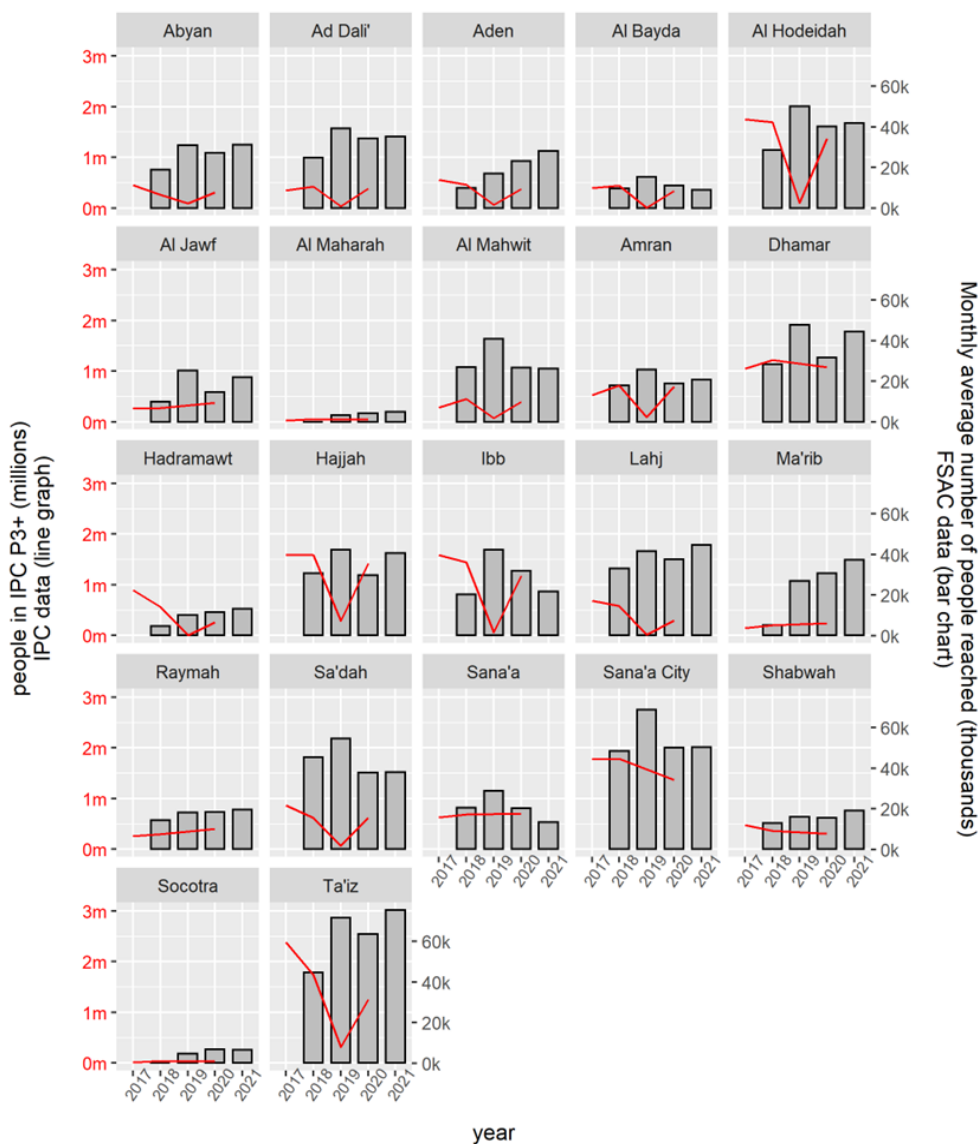
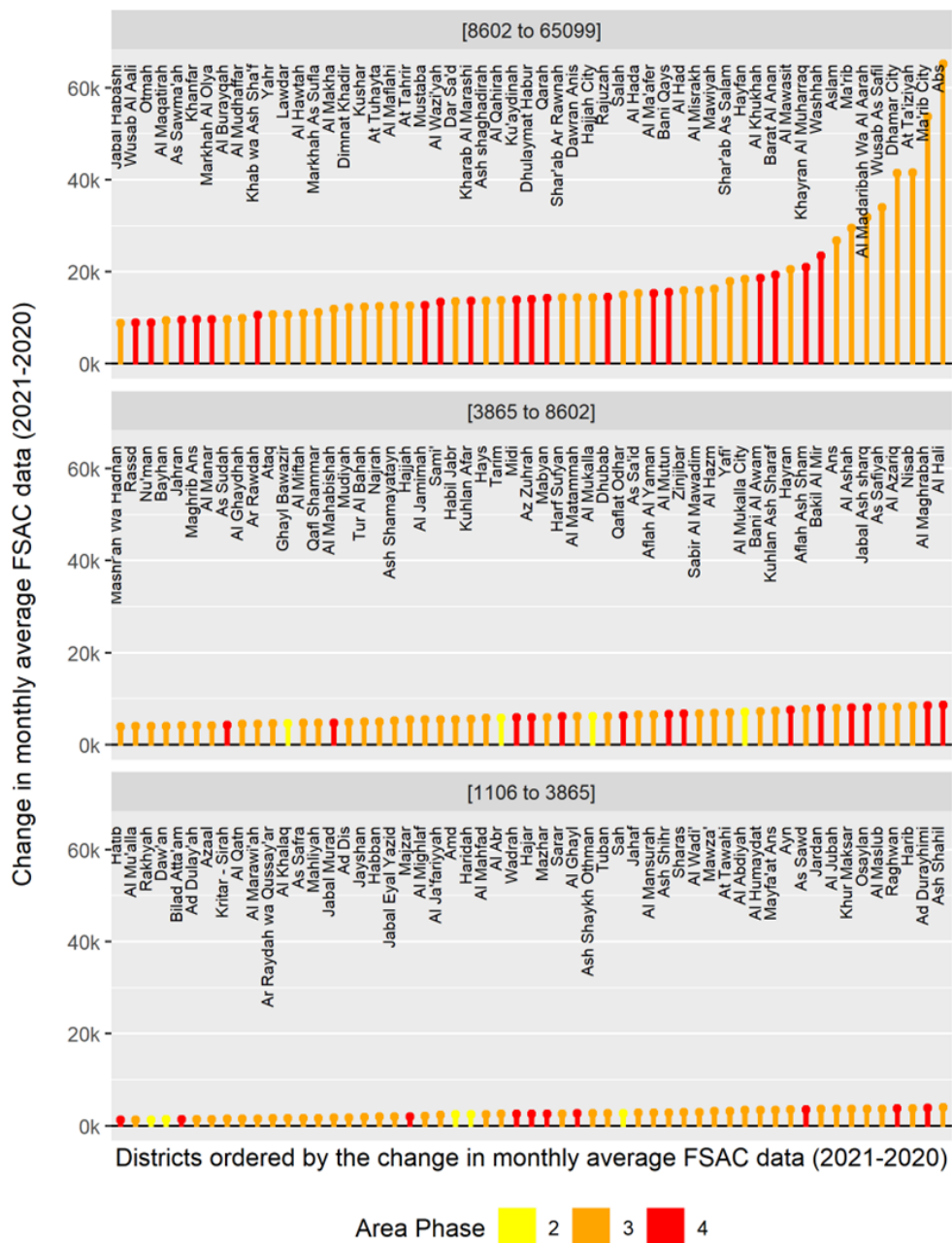


Figure A. 13: FSAC data on people reached and IPC AFI 3+ population

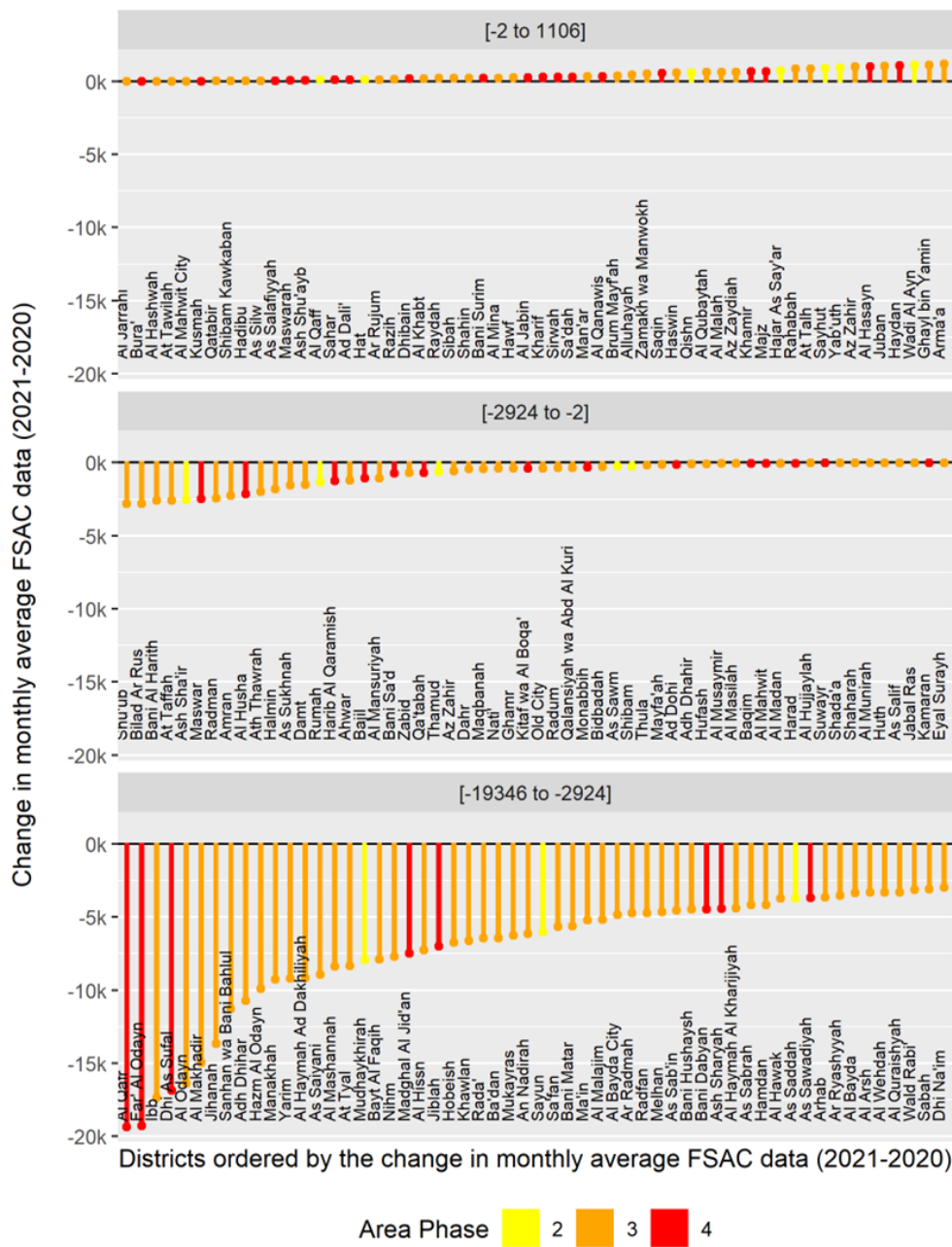
The following two graphs present district-level FSAC data (Actual_(d,m)) to trace district-level progress between 2020 and 2021. The bar height reflects the change in monthly average FSAC data between 2021 and 2020. Positive values imply that the monthly average FSAC figures for that particular district has increased between 2020 and 2021. For example, Abs district in Hajjah governorate reported the highest increase of average monthly FSAC figure of 65098 between 2020 and 2021. The data for 333 districts are captured in the graphs. In order to capture all of these, we are presenting this in six separate panels in Figure A. 14. The bar fill colours indicate the IPC AFI classifications of November 2020. We were particularly interested to see if IPC 4 districts got more than IPC 3 districts. The analysis seem to offer weak evidence of this: there are more red bars (19) in the top panel of the first figure than in the bottom



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Figure A. 14: FSAC data on people reached and IPC AFI phases in each district

⁵ Calculated as $\sum_{m=1}^{12} Actual_{d,m}/12$.



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Figure A. 14: FSAC data on people reached and IPC AFI phases in each district. (cont'd)

SMART and EFSNA data on malnutrition

Figure A. 15 presents historical survey statistics of GAM and SAM.



Figure A. 15: Trends in malnutrition

Financial tracking service (FTS) data

The FTS data presented in this section were download from FTS web portal.⁶ The following graph shows donors’ paid contributions to the intervention in Yemen over 2015–2021. To use FTS notation, this is a graph of ‘source location’ for all funds that flowed into Yemen with ‘destination usage year’ within the period 2015–2021. For clarity of presentation, we categorized all ‘source locations’ that had contributed less than 0.5 per cent over this period under the category “other”.

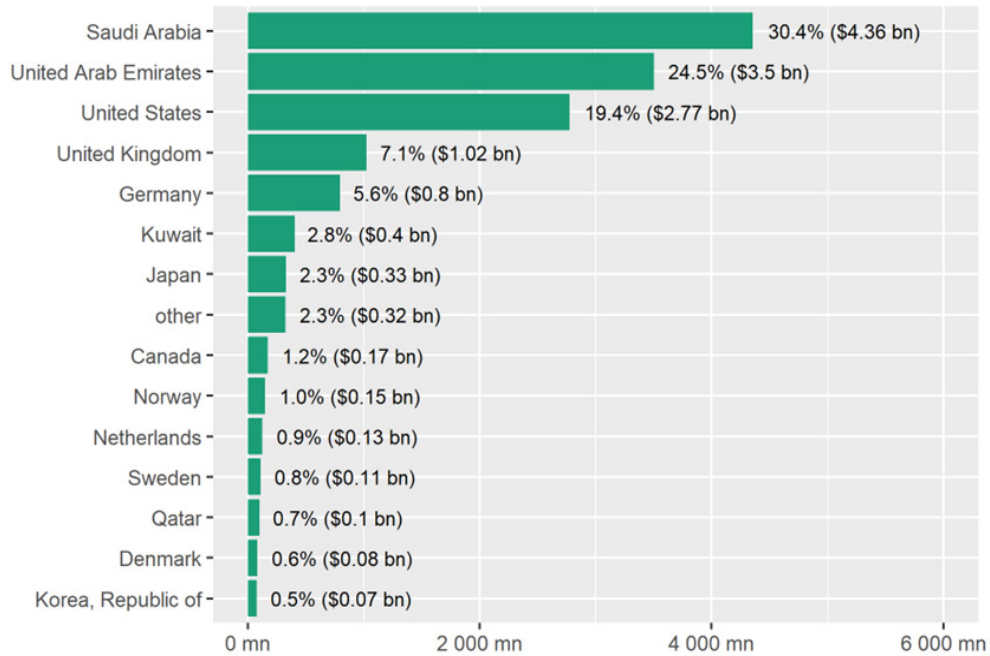


Figure A. 15: Trends in malnutrition

⁶ The URL of the database downloaded for Yemen for 2015–2021 period is <https://fts.unocha.org/data-search/results/incoming?usageYears=2015%2C2016%2C2017%2C2018%2C2019%2C2020%2C2021&locations=248>

Next, we do the same analysis but separate out the paid contributions by the “destination usage year”. For this, the “other” category included all sources that contributed less than 5 per cent in that particular year.

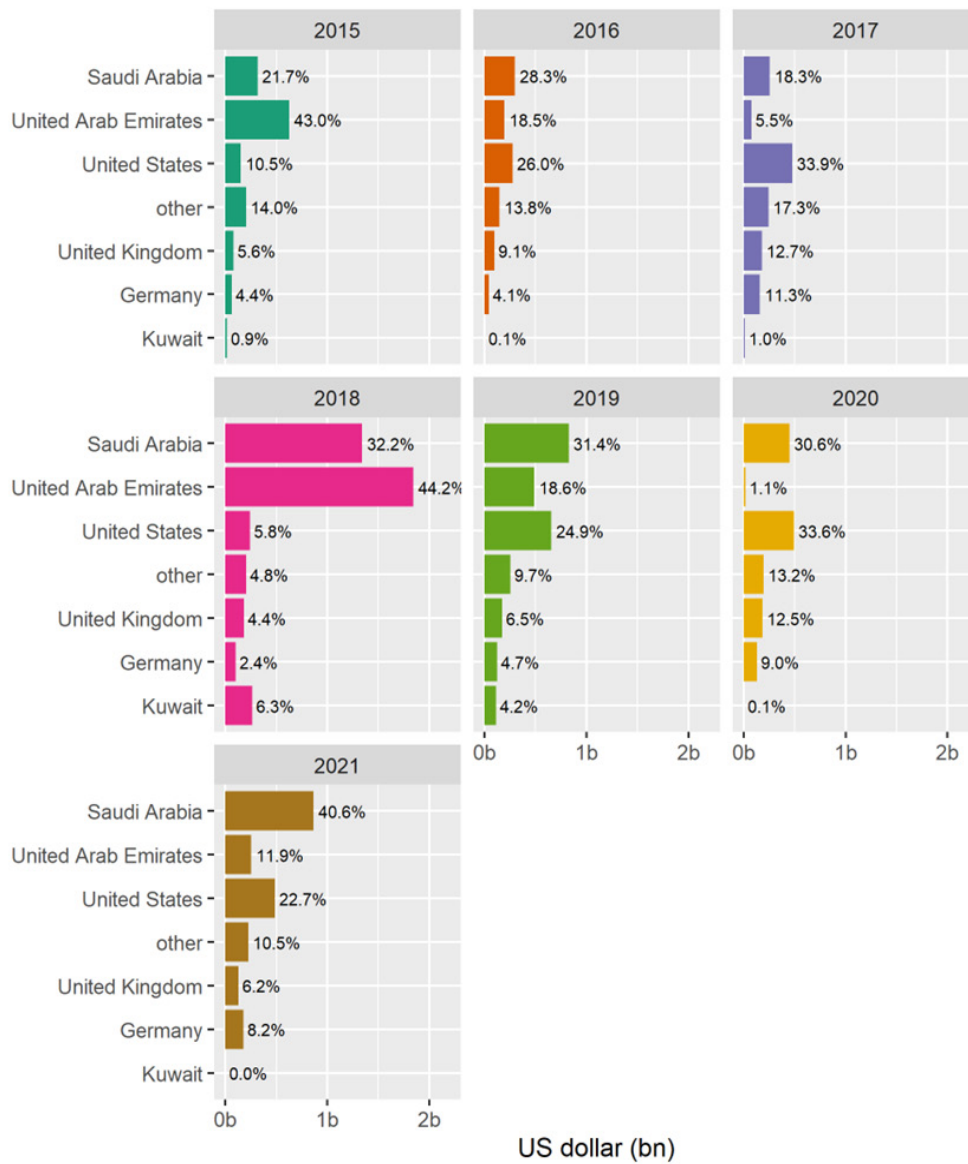


Figure A. 17: Source location of funds received, 2015–2021

Figure A. 18 shows funds received by ‘destination organization’ in Yemen over 2015–2021.

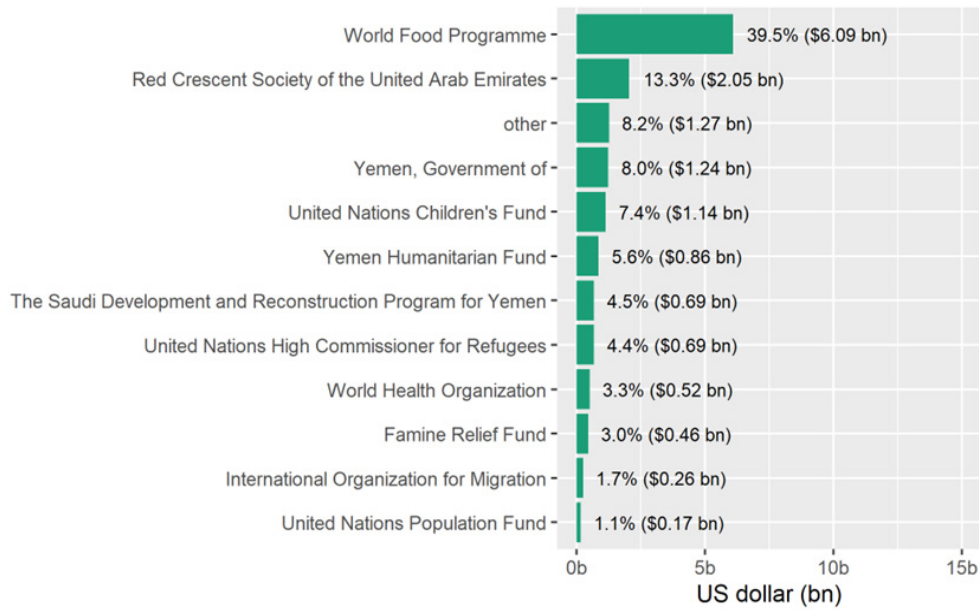


Figure A. 18: FTS destination organization in Yemen, 2015–2021

Next, we do the same analysis but separate out the receipts of destination organizations by the ‘destination usage year’.

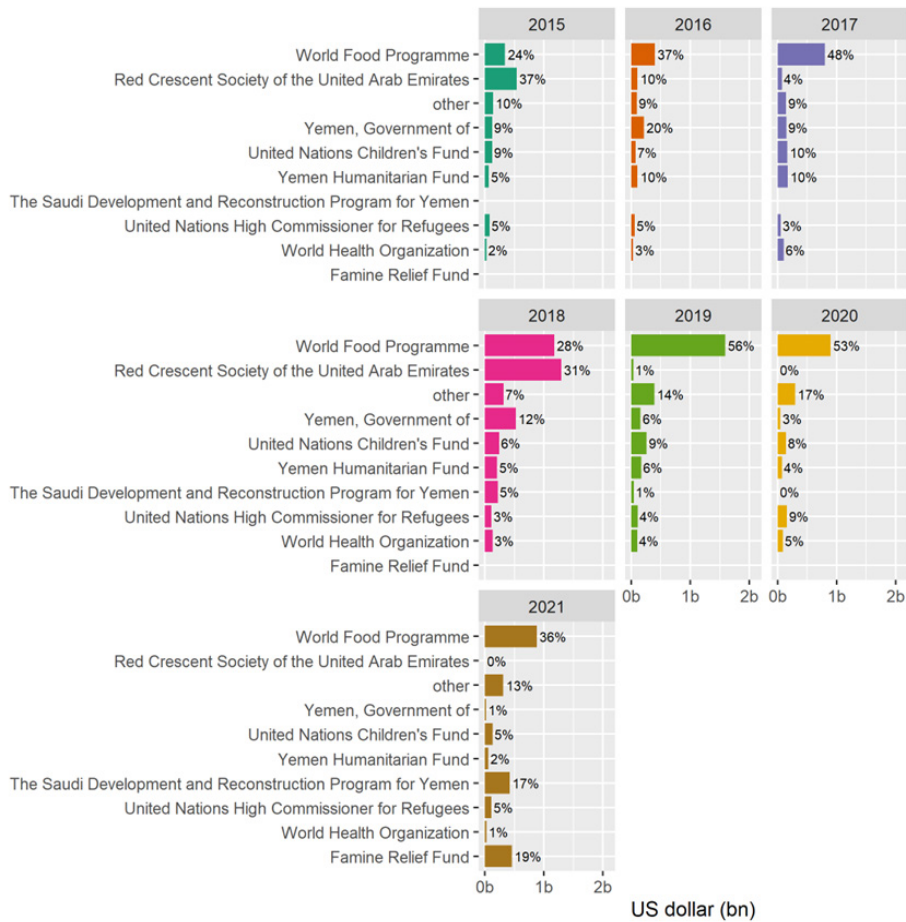


Figure A. 19: FTS destination organization by year

Figure A. 20 plots funds received by ‘destination sector’ in Yemen over the 2015–2021 period.

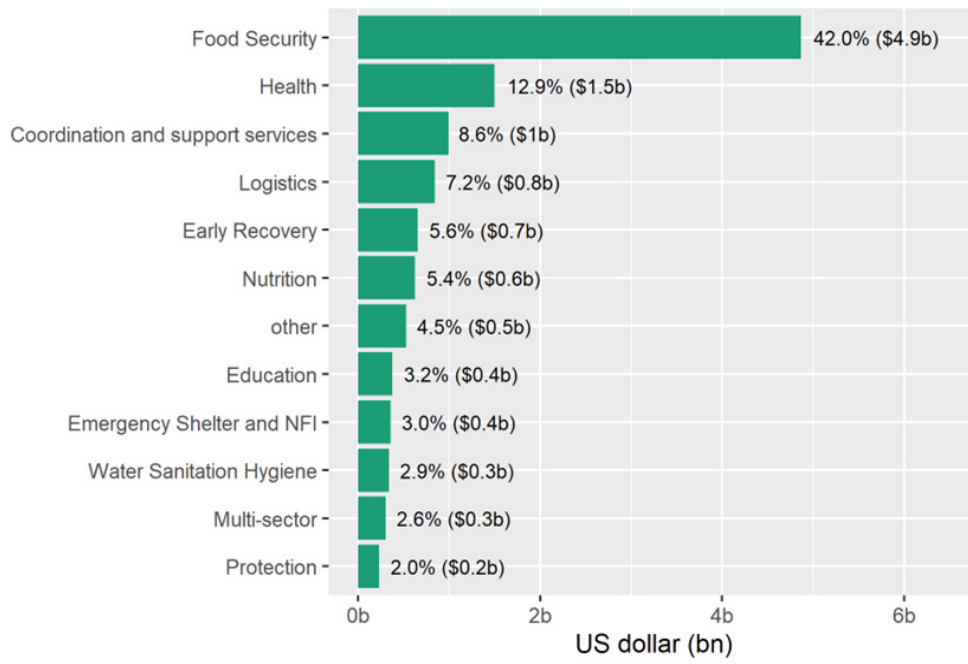


Figure A. 20: FTS destination sector

Next, we do the same analysis but separate out the receipts in each sector by the “destination usage year”.

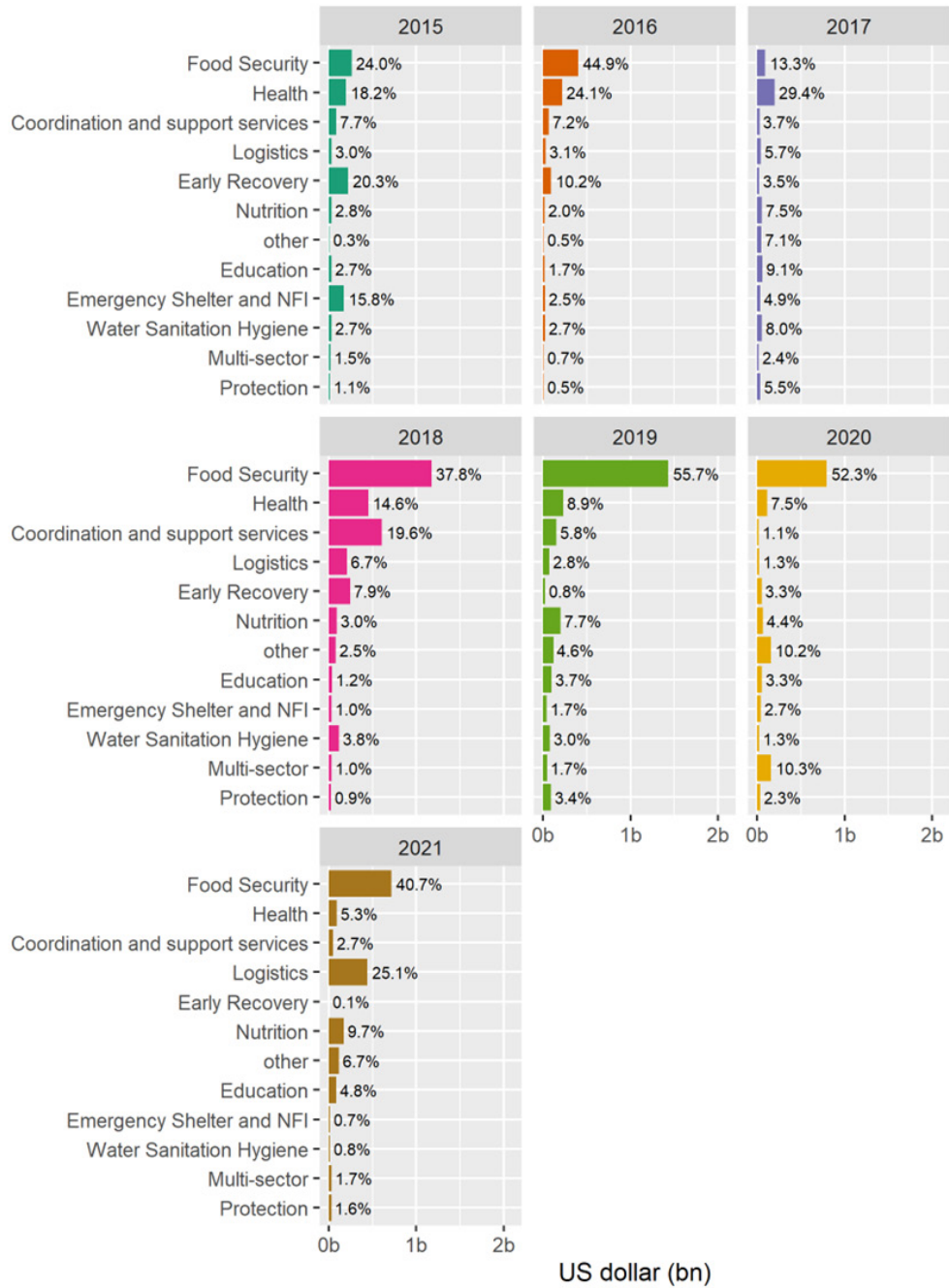
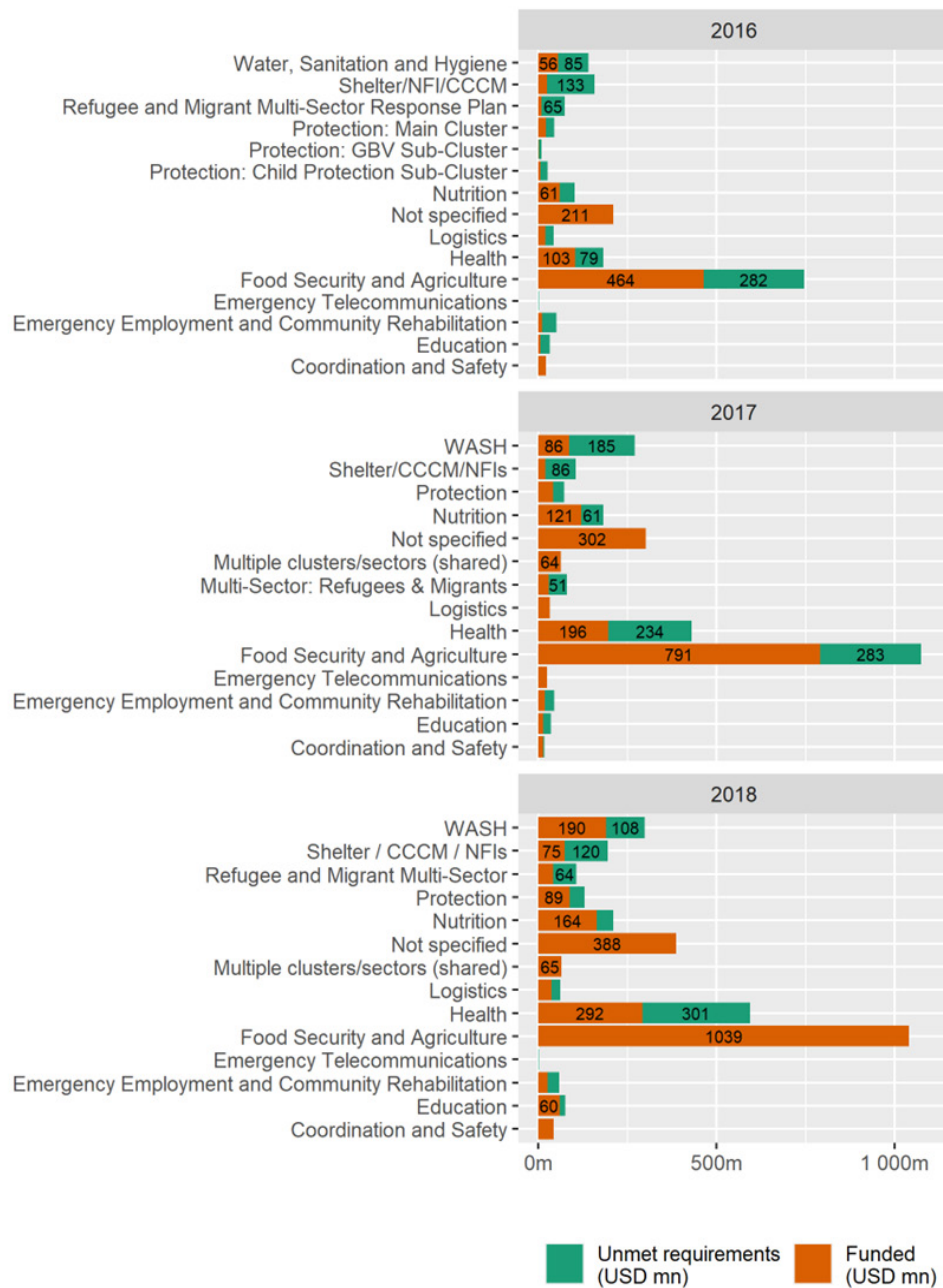


Figure A. 21: FTS destination sector by year

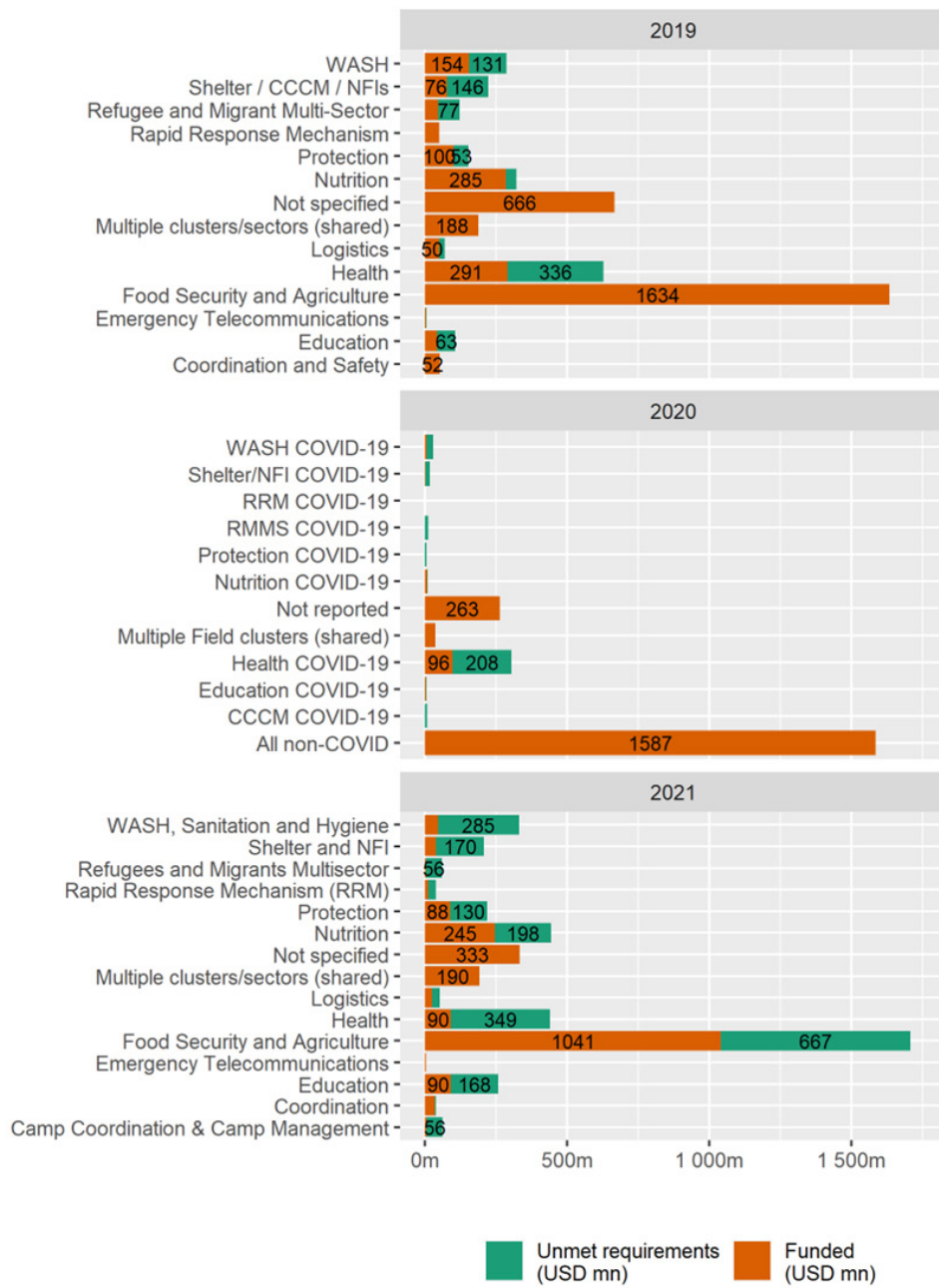
The following provides an analysis of the funding received against the appeal requirements, broken down by sector. We were also interested checking the unmet requirements. This is not possible with the FTS incoming funds database used above. So, for this analysis we switched to FTS data organized by plans/appeals.⁷ Whereas for the previous analysis based on FST data we used all funds going into Yemen, for the following analysis we used funding that has been secured through appeals only.



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Figure A. 22: FTS plan/appeal data by year

⁷ For example, ‘Yemen Humanitarian Response Plan 2021’ data were downloaded from <https://fts.unocha.org/appeals/1024/summary>. Similarly, we used data for ‘Yemen 2020’, ‘Yemen 2019’, ‘Yemen 2018’, ‘Yemen Humanitarian Response Plan 2017’, and ‘Yemen Humanitarian Response Plan 2016’.



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Figure A22: cont'd

UNHCR data

This section uses data from the ‘UNHCR protection monitoring assessment’ dashboard and the ‘UNHCR activities for IDPs and refugees’ dashboard.

UNHCR IDP response

The following graph shows the number of IDPs reached by the IDP response in 2020 and 2021. The graph organizes this data by sector.

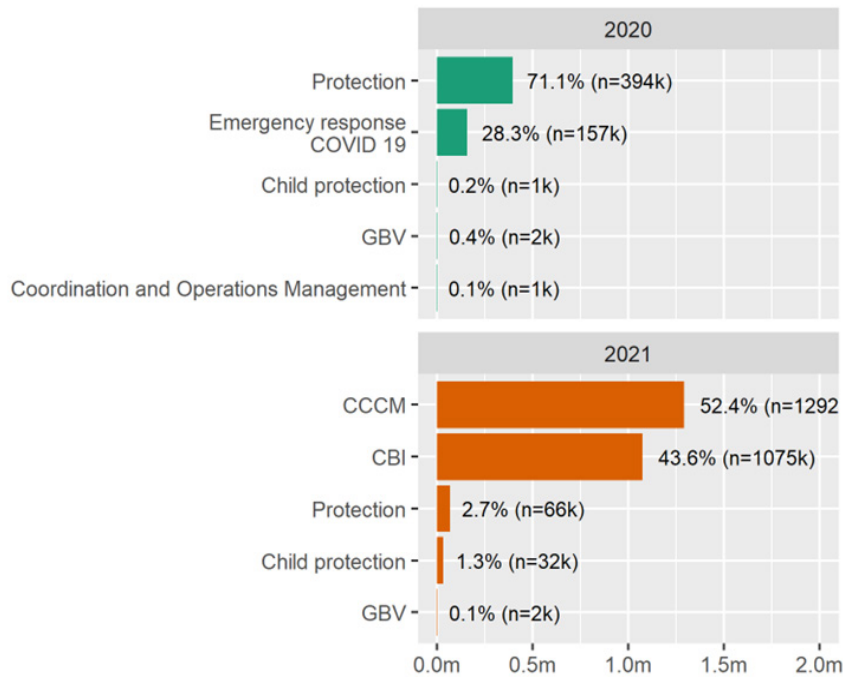


Figure A. 23: IDPs reached

The following graph organizes the same data by partners.

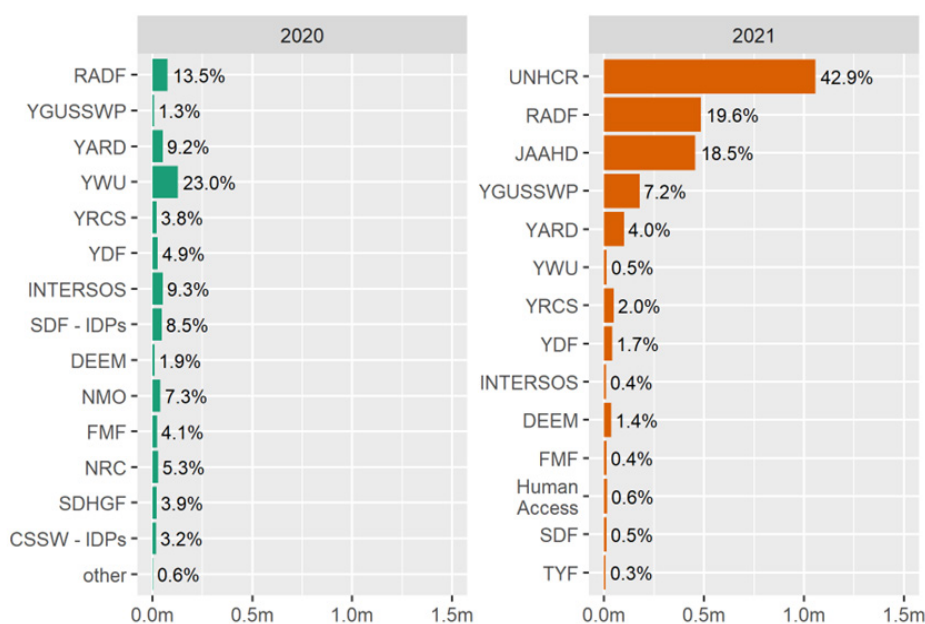


Figure A. 24: IDPs reached by partner organizations

The following graph organizes the same data by governorate.

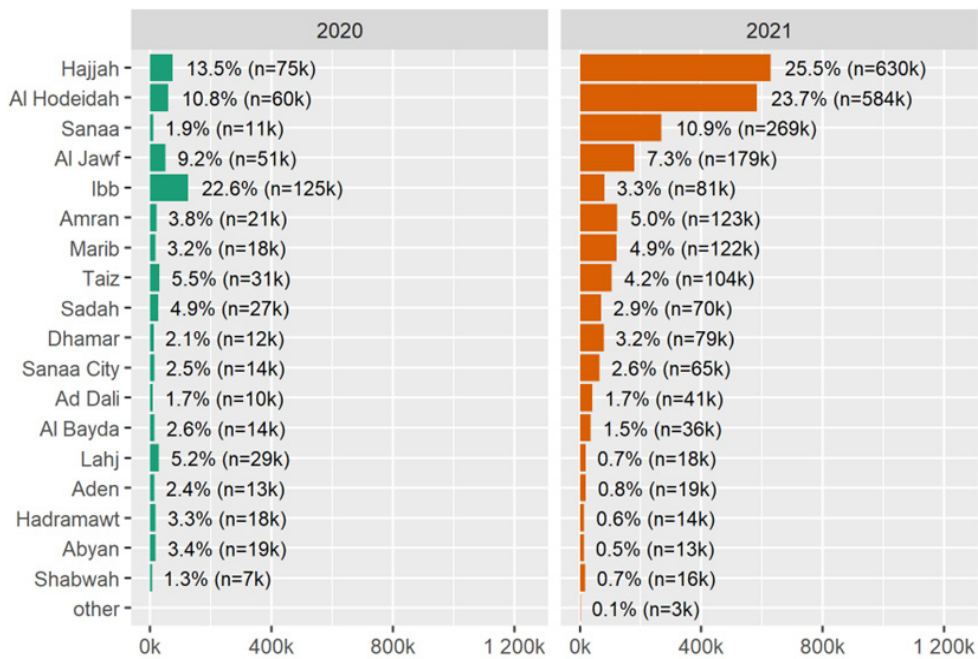
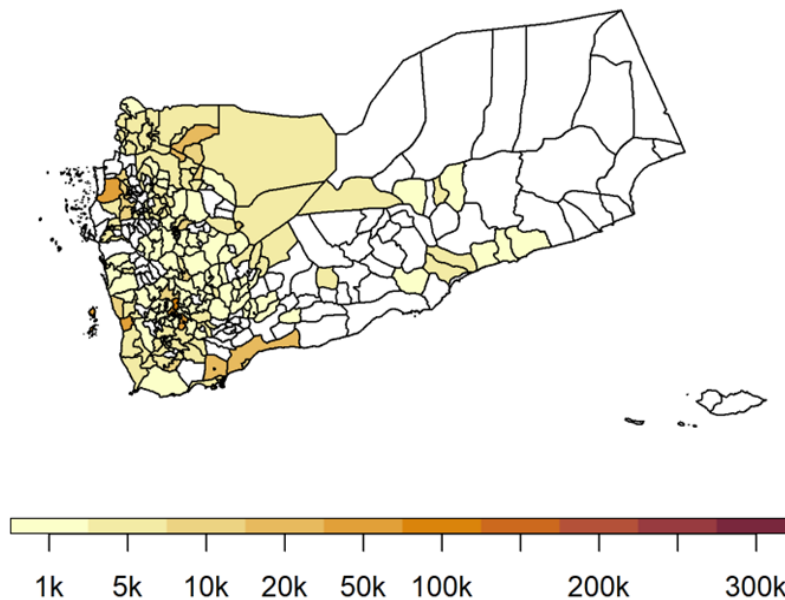
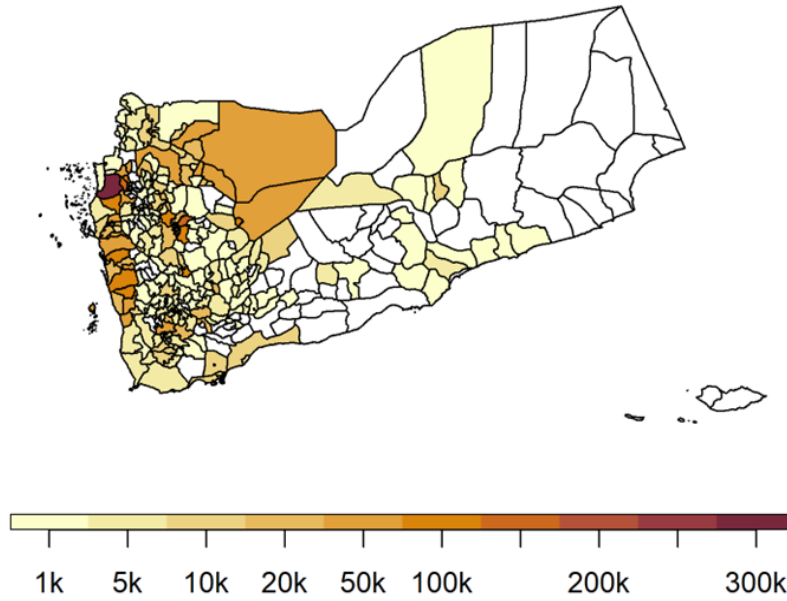


Figure A. 25: IDPs reached in governorates

The following maps contrast district-level IDP data between 2020 and 2021.





UNHCR refugee response

In this subsection we look at UNHCR refugee data. Figure A. 27 illustrates the number of refugees reached by the refugee response in 2020 and 2021. The graph organizes these data by sector.

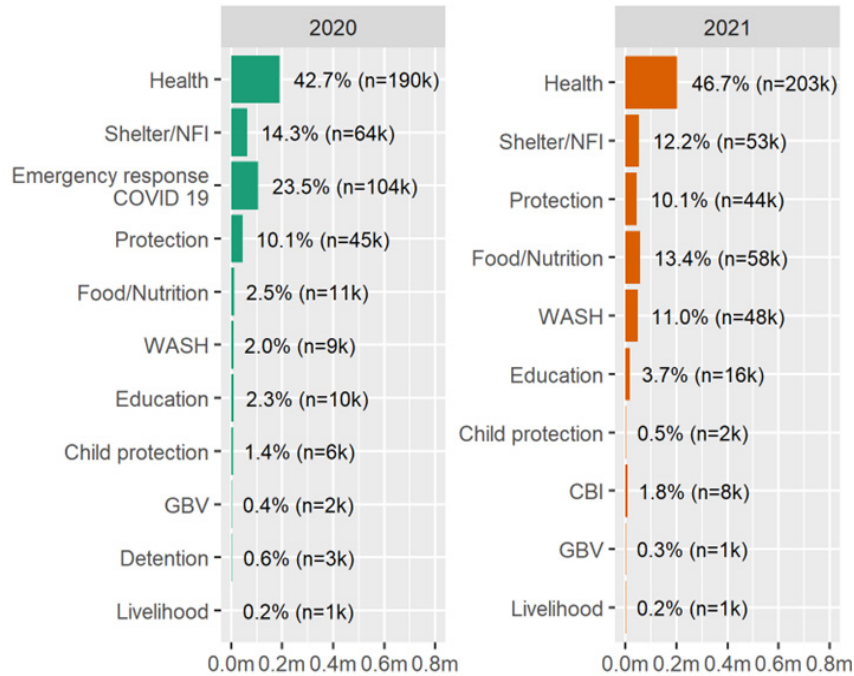


Figure A. 27: Refugee response by sector

The following graph organizes the same data by partners.

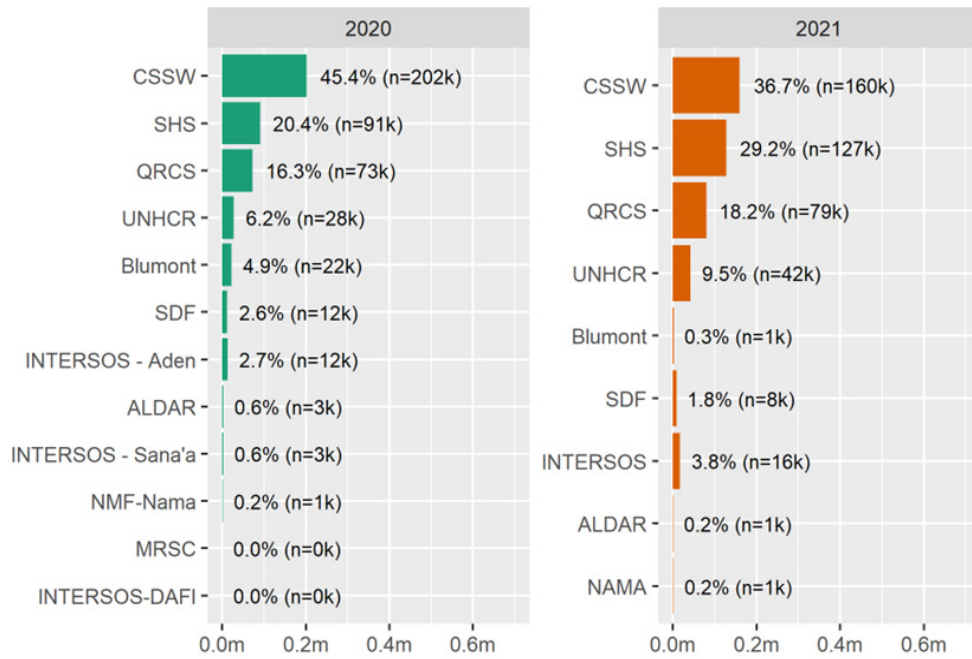


Figure A. 28: Refugee response by partner

The following graph organizes the same data by governorate.

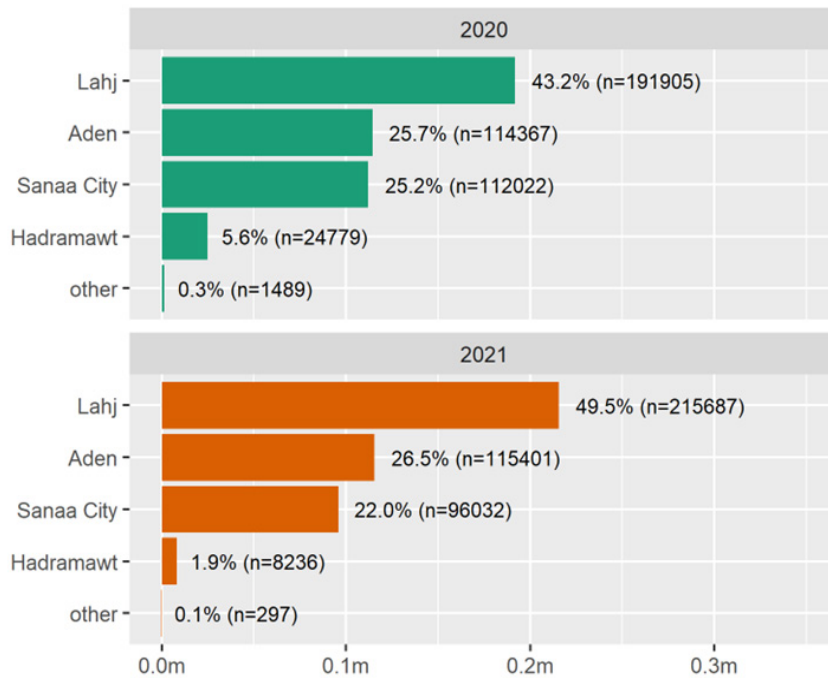
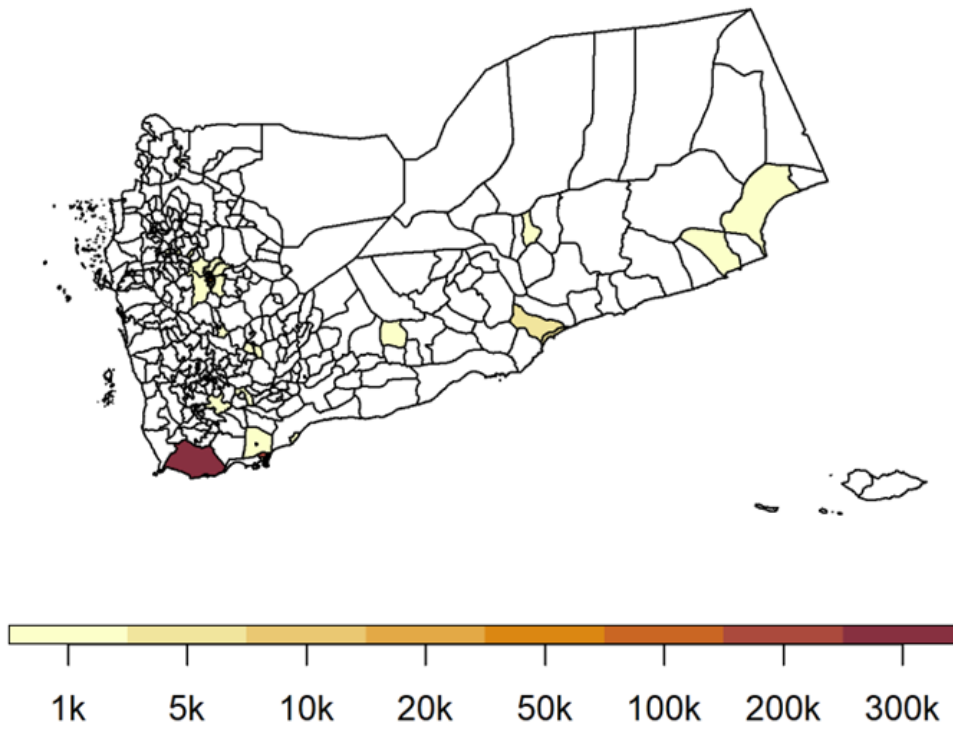
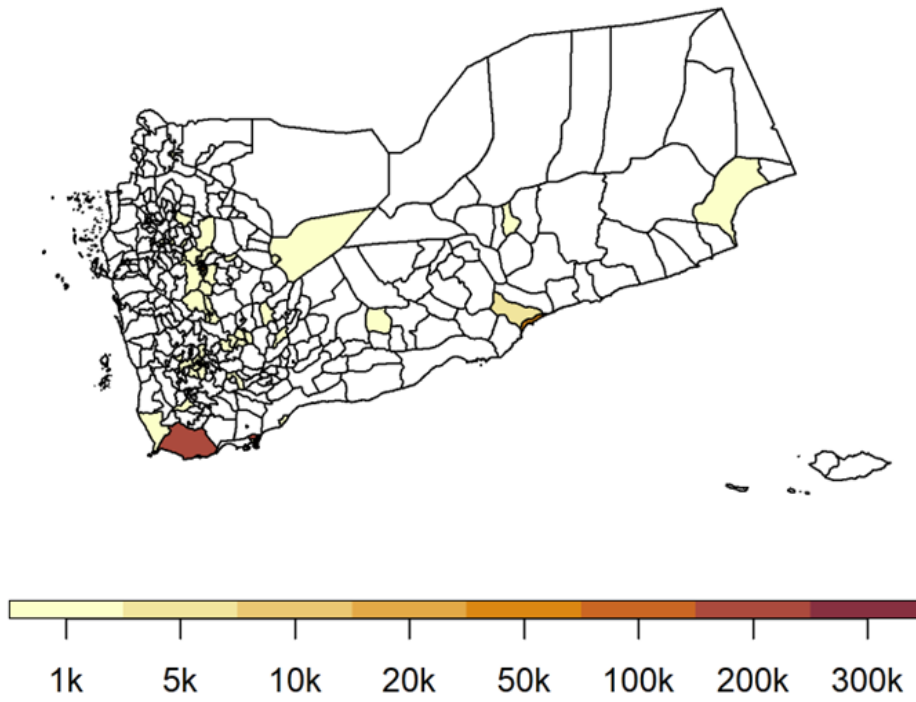


Figure A. 29: Refugee response by governorate

The following maps contrast district-level refugee data between 2020 and 2021.



Annex 6: Aid Worker survey

This annex provides the complete analysis of the online aid worker survey conducted as part of this evaluation.

Methodology

The online survey focused on perceptions from aid workers who had worked on Yemen at some point between 2015 and the present. For recall reasons, the survey was designed to capture their perceptions about the last year they were working on Yemen. If they had not worked on Yemen or had only done so before 2015, they were excluded from the survey (five were excluded for this reason). The survey included workers who had worked on Yemen either remotely or from within the country.

We used a list of 860 aid workers that we had reason to believe had worked on Yemen to send out an email invitation to participate in the survey. The email was drafted in both English and Arabic. The survey was deployed on Kobo Toolbox (<https://www.kobotoolbox.org/>) and had the title “Aid Worker Survey - IAHE 2021”. The invitation email had the URL to the Kobo survey which was itself available in English or Arabic. We used mail merge feature in MS-Outlook to send the invitation email using a dedicated email account (iaheyemen_team@ids.ac.uk). About 200 of these were either not valid or triggered automatic replies saying the recipients were either away on leave or on field/training work. If the automatic replies had a forwarding address, we manually forwarded the invitation to those addresses. In the invitation we asked the recipients to forward the email to others if relevant. These snowballing invitations were copied to us as per our instructions, so we have evidence that some of the initial invitees did forward the invitation to others. We had the survey live from 17 November to 30 November 2021 and send two reminder emails in between.

Respondent profile

We took a methodological decision to ask the respondents to focus on the last year they worked on Yemen when responding to the questions on the intervention. This was mainly for recall reasons and to allow us to get a clearer idea about the period of the intervention they were referring to. As illustrated in Figure B. 1 nearly all of the respondents (81.79 per cent) were currently working on Yemen. Since they were asked to focus on the most recent year, it meant that, overall, the survey had captured the aid worker perceptions about the intervention in 2021. In what follows, we will use data from all respondents (297), meaning that the respondents may be referencing any year between 2015–2021. However, the results are primarily about 2021.

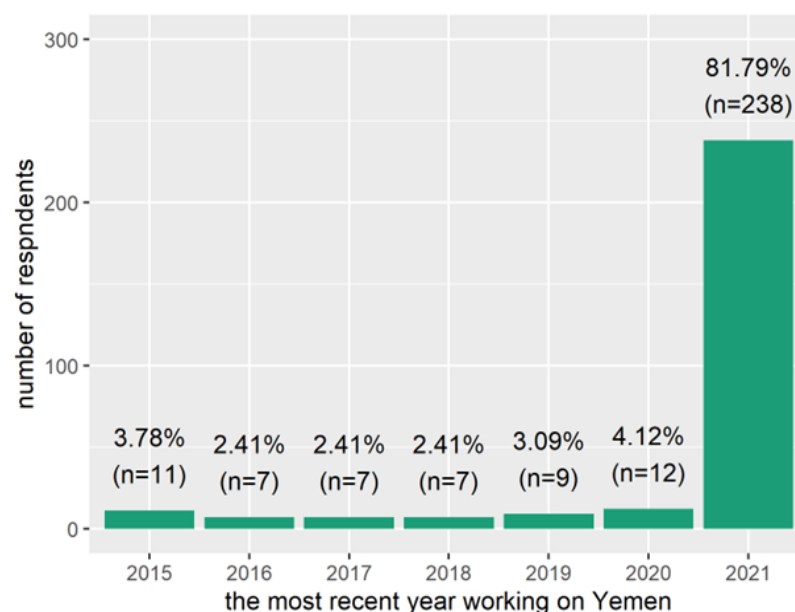


Figure B. 1: The respondents’ most recent year working on Yemen

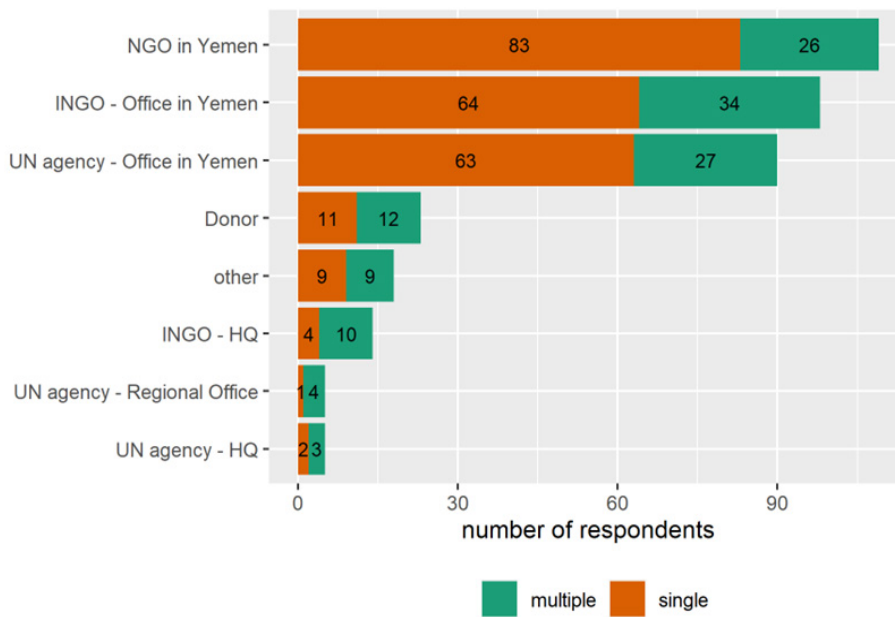


Figure B. 2: Respondents by type of organization

The figure above identifies the organizations of the respondents during the intervention. Some were in multiple organizations during the time they worked on Yemen, which is why the total (362) frequency of respondents in Figure B. 2 is higher than the total number of respondents (297). For example, there were 109 respondents who had worked in an NGO in Yemen. Of these 83 had worked only in NGOs in Yemen while 26 had also worked in other organizations. Later, we will compare and contrast the responses from those who worked only in NGOs in Yemen (83 respondents), only in INGOs with offices in Yemen (64 respondents) and only in UN agencies with offices in Yemen (63 respondents). We could not focus on other organization types as not enough respondents worked exclusively in those organizations.

Meeting the needs

Following figure illustrates the overall aid worker perceptions about whether the intervention met the needs. This analysis is separated according to the year of reference used by the respondents. It shows that the overall results (considering any year in the 2015–2021 period) is nearly the same as the results for 2021. In all the analysis that follows, we will consider all results with the caveat that they in fact mainly reference 2021.

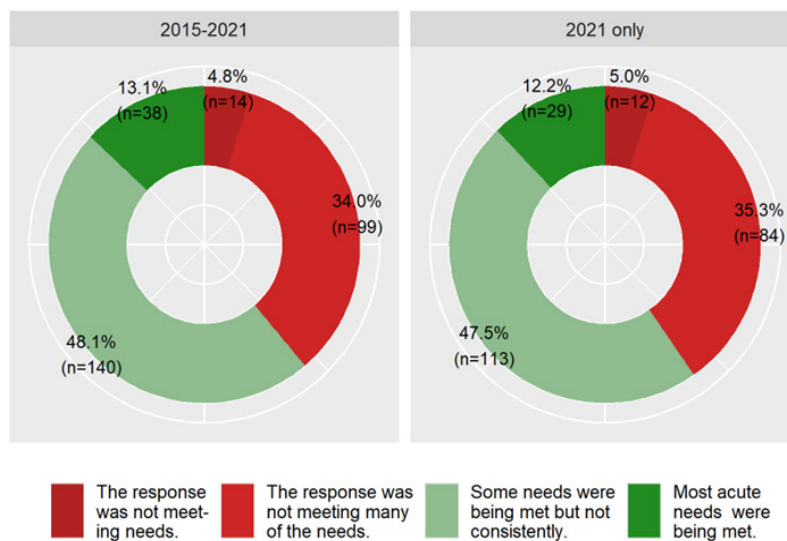


Figure B. 3: Perception on needs

Figure B. 4 analyses the previous overall results (i.e. the results for 2015-2021) by the type of organization. As noted above, considered only those respondents who had worked exclusively in three types of organizations. The figure suggests that NGO workers have significantly different perceptions about whether the response met the needs compared to workers in other organizations.

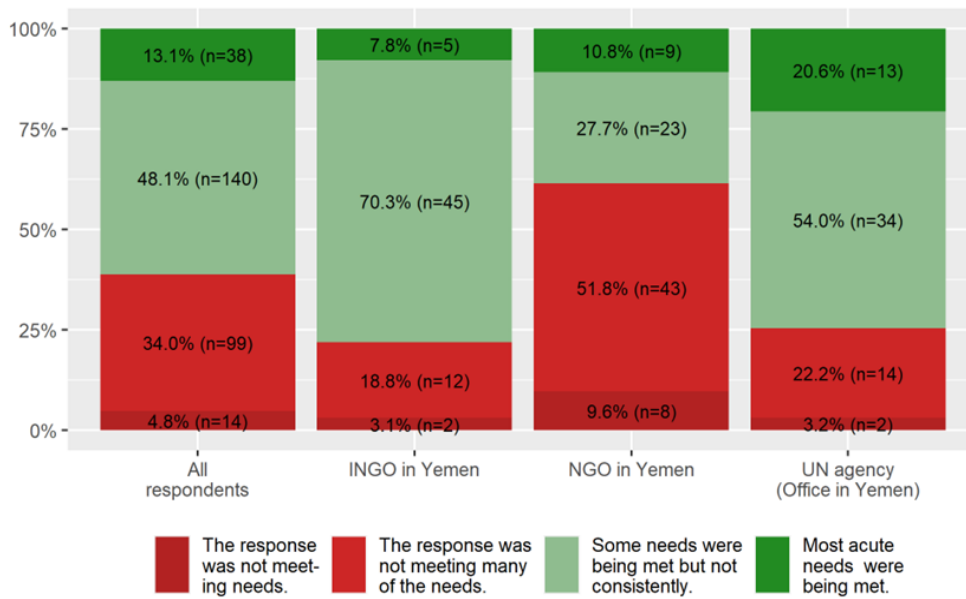


Figure B. 4: Perception on needs by organization type

Did the response consider equally, girls, women, men, boys?

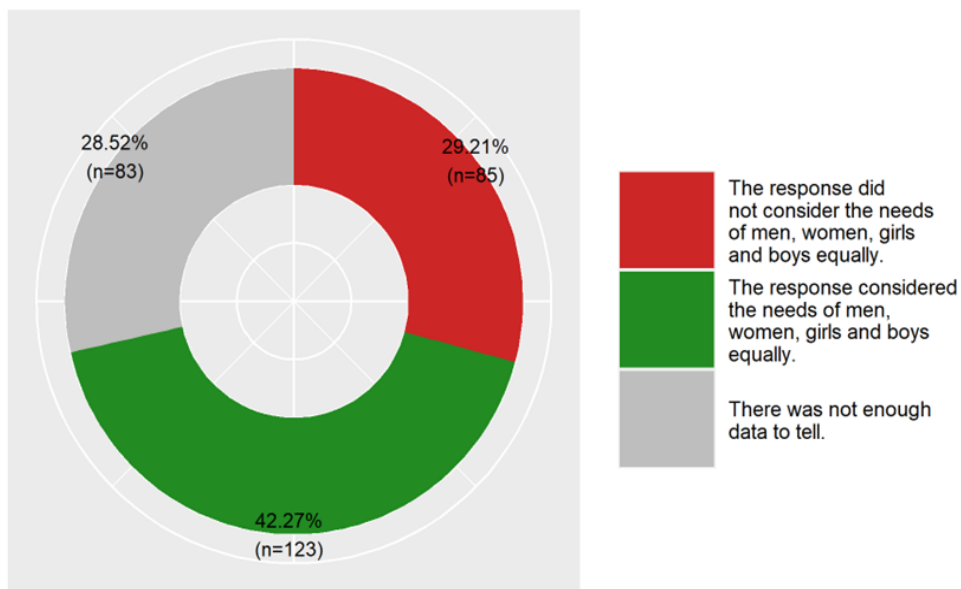


Figure B. 5: Did the response consider equally, girls, women, men, boys?

The figure below separated the previous analysis by organization.

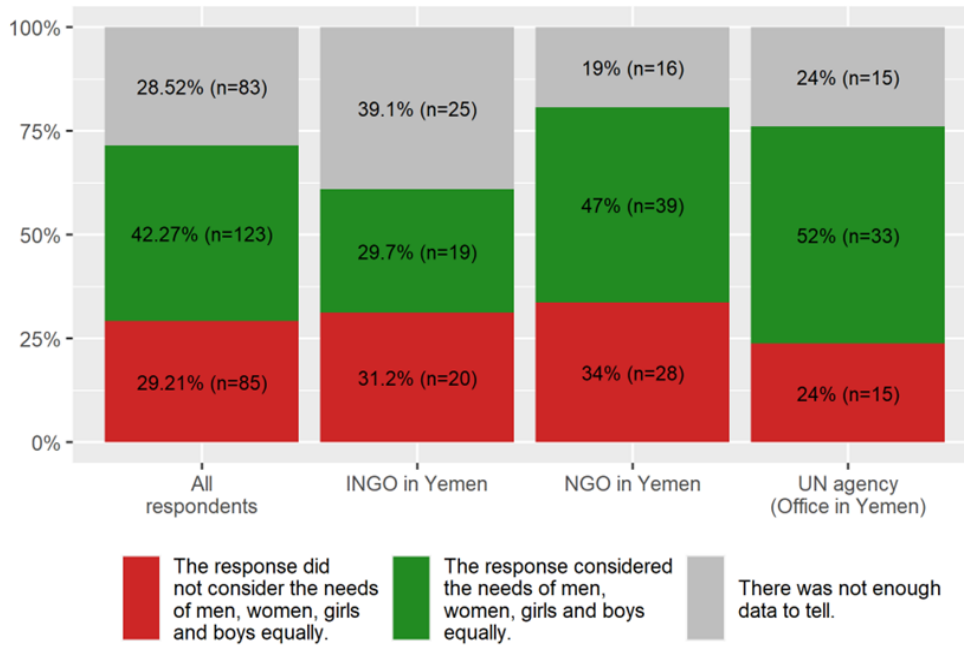


Figure B. 6: Perception on equality by organization type

The following graph analyses the perceptions on whether the response served the most vulnerable.

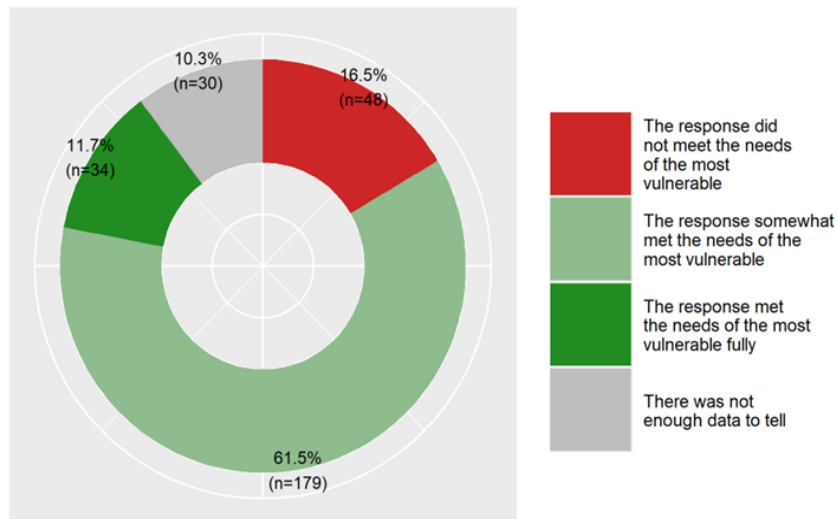


Figure B. 7: Did the response serve the most vulnerable?

The figure below separated the previous analysis by organization type.

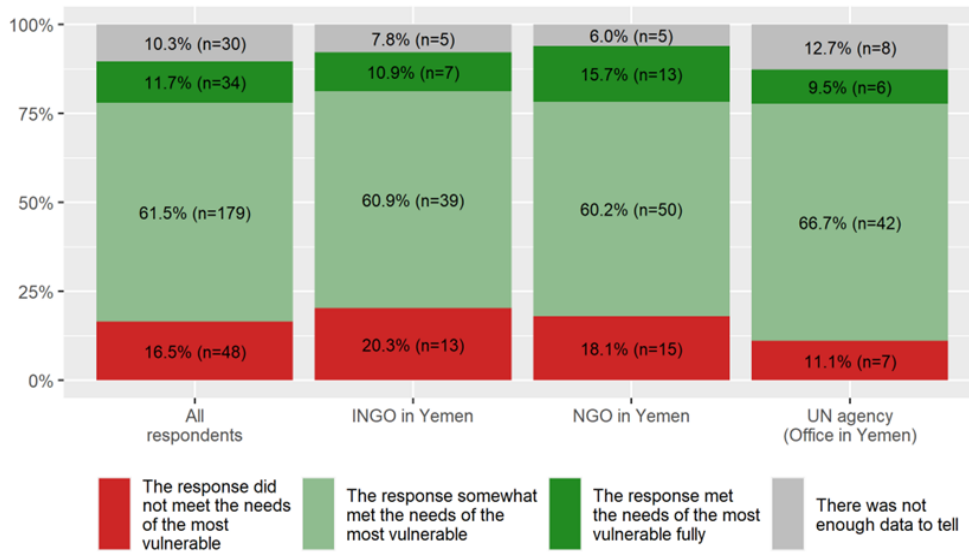


Figure B. 8: Perception on serving the vulnerable by organization type

Did the response adequately meet the needs of groups such as persons with disabilities and the elderly?

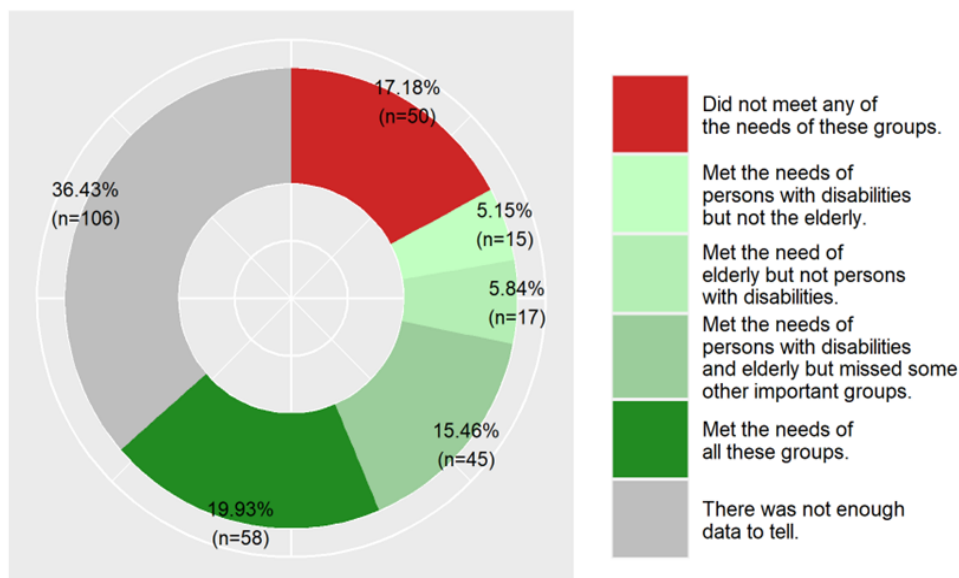


Figure B. 9: Needs of groups such as persons with disabilities and the elderly

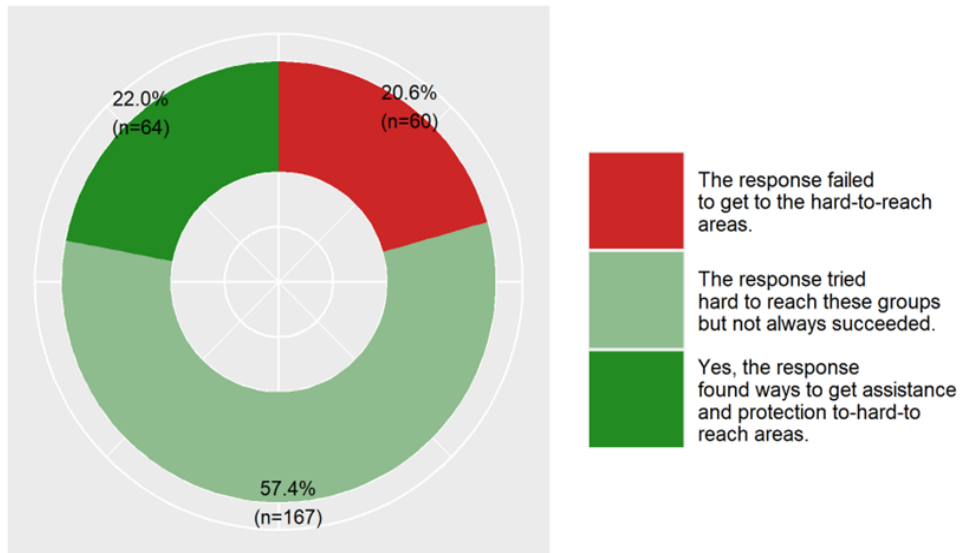


Figure B. 10: Did the response serve the hardest-to-reach?

Context

This section analyses the perceptions of aid workers on how the response adapted to the context. The first is an analysis of whether the context was adequately understood and accounted for by the response.

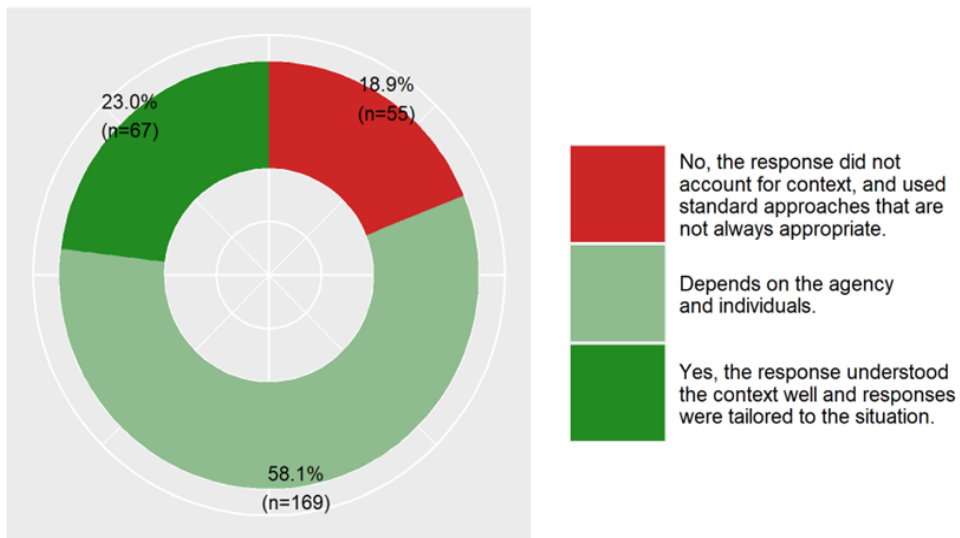


Figure B. 12 Understanding and accounting for context.

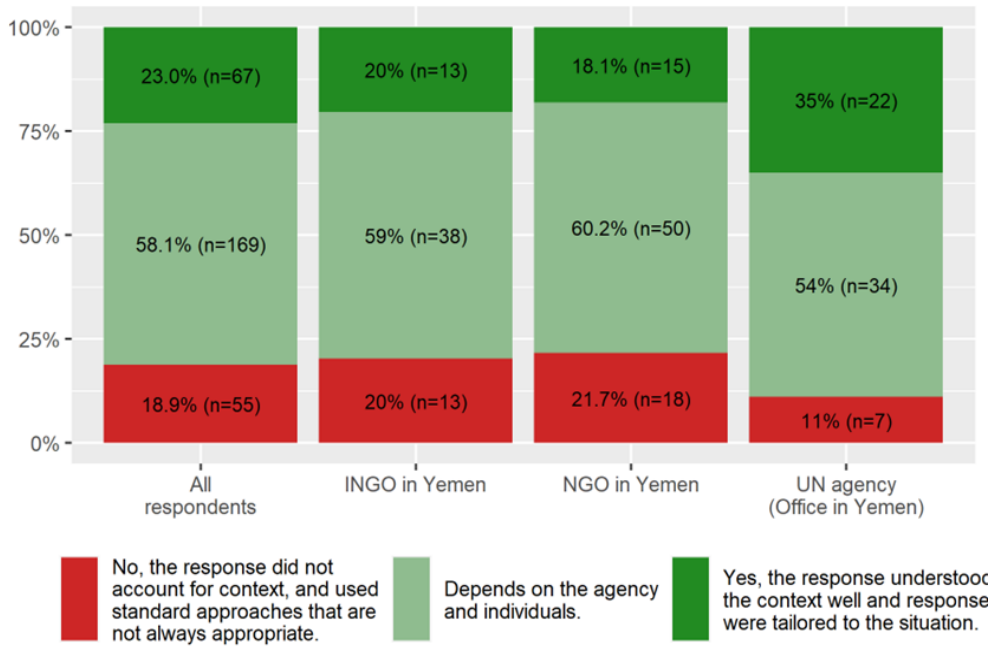


Figure B. 12: Understanding and accounting for context by organization type

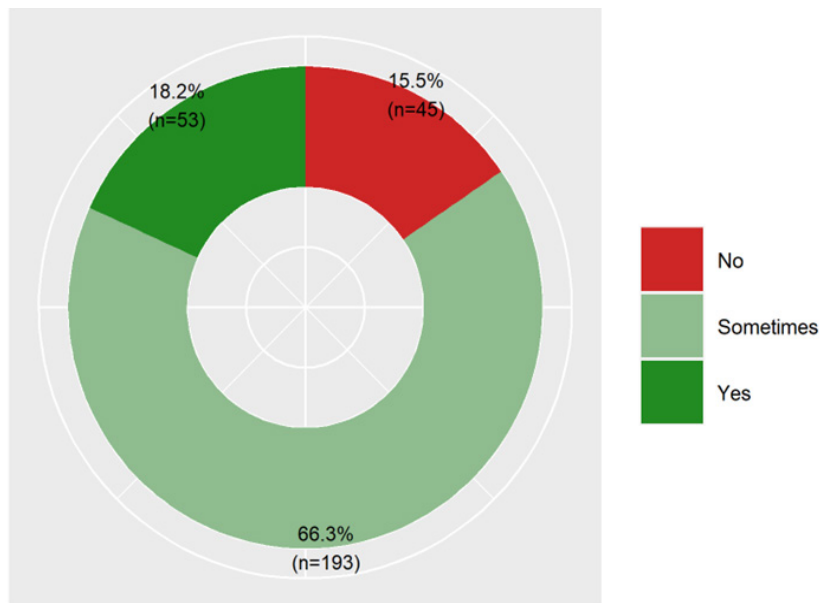


Figure B. 13: Did the response adapt well to the changing situation?

Did the UN-led humanitarian system work well collectively to overcome difficulties and take advantage of opportunities?

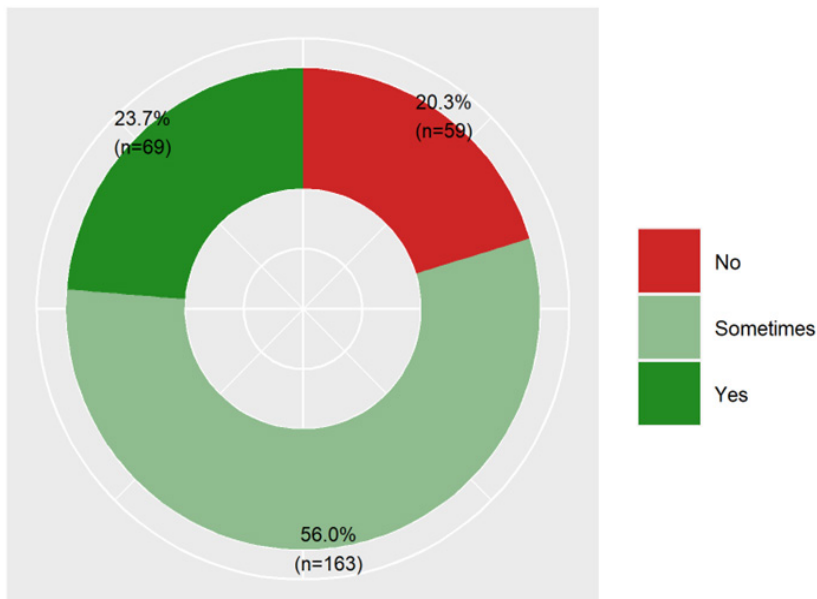


Figure B. 14: Working well collectively

Did the UN-led humanitarian system have the right strategies for securing access?

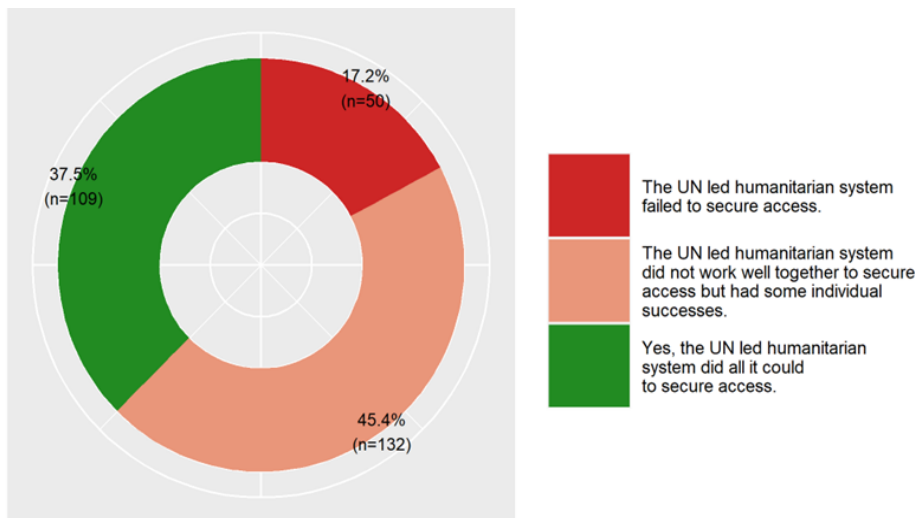


Figure B. 15: Had the right strategies for securing access?

Humanitarian development peace (HDP) nexus

This section analyses a set of questions on HDP nexus. The first of these is on whether there were effective links between humanitarian, development and peace partners.

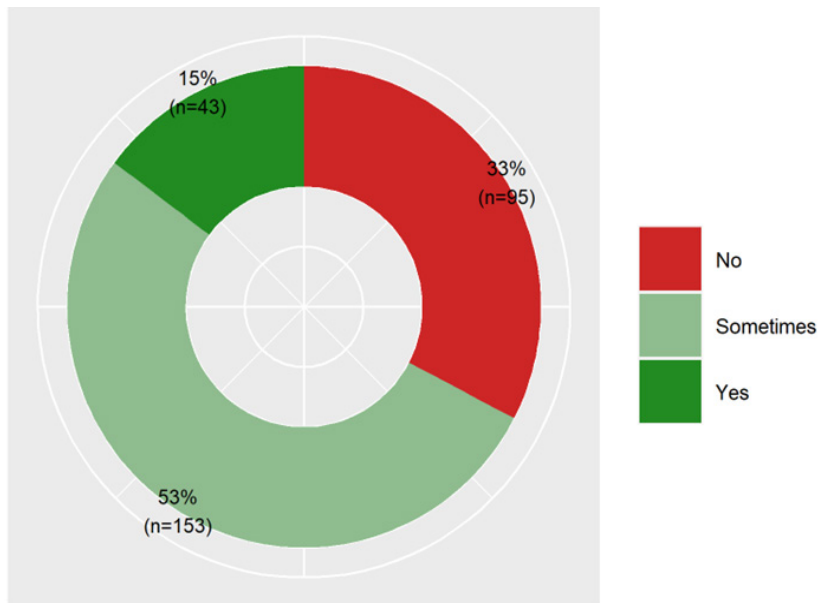


Figure B. 16: Effective links between HDP partners

The following graph analyses the same according to the organizational affiliations of the respondent.

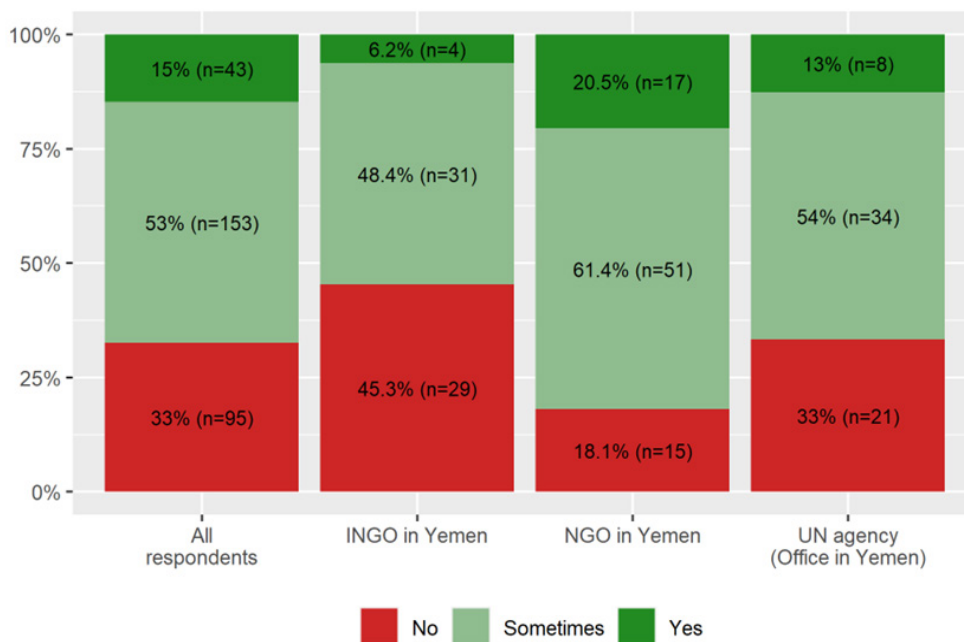


Figure B. 17: Effective links between HDP partners

Was the humanitarian operation supportive of peace efforts, longer term development, recovery and resilience?

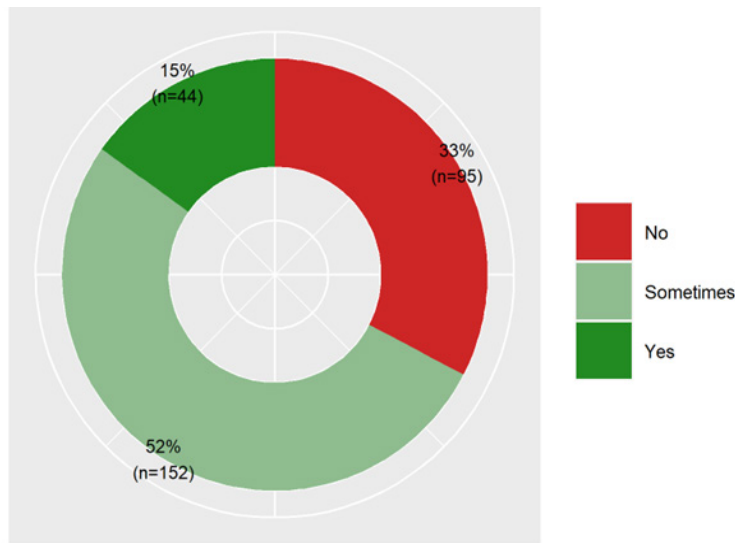


Figure B. 18: Supportive of peace efforts, longer term development, recovery and resilience?

The following graph analyses the same according Local capacity

This section analyses the following three questions:

- Has the international response enhanced local humanitarian capacities?
- Are strategies and plans informed by consultation with affected population?
- Did the humanitarian response work effectively with local authorities?

First, we examine the answers to the question of whether the response enhanced local humanitarian capacity. The following graph analyses this according to the organizational affiliations of the respondent.

g to the organizational affiliations of the respondent.

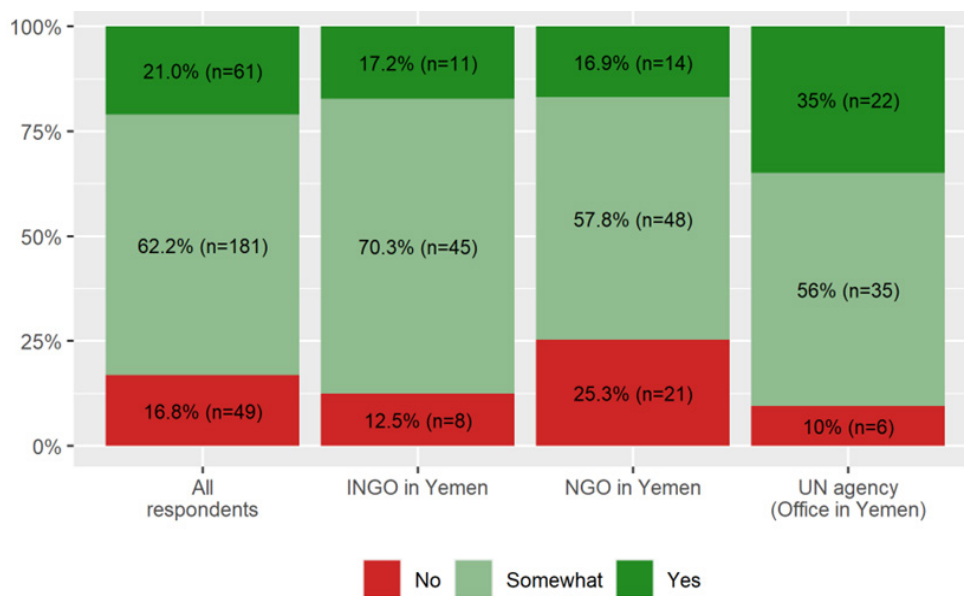


Figure B. 19: Enhanced local humanitarian capacities?

Next, we examine the answers to the question on whether the affected populations were consulted. The following graph analyses this according to the organizational affiliations of the respondent.

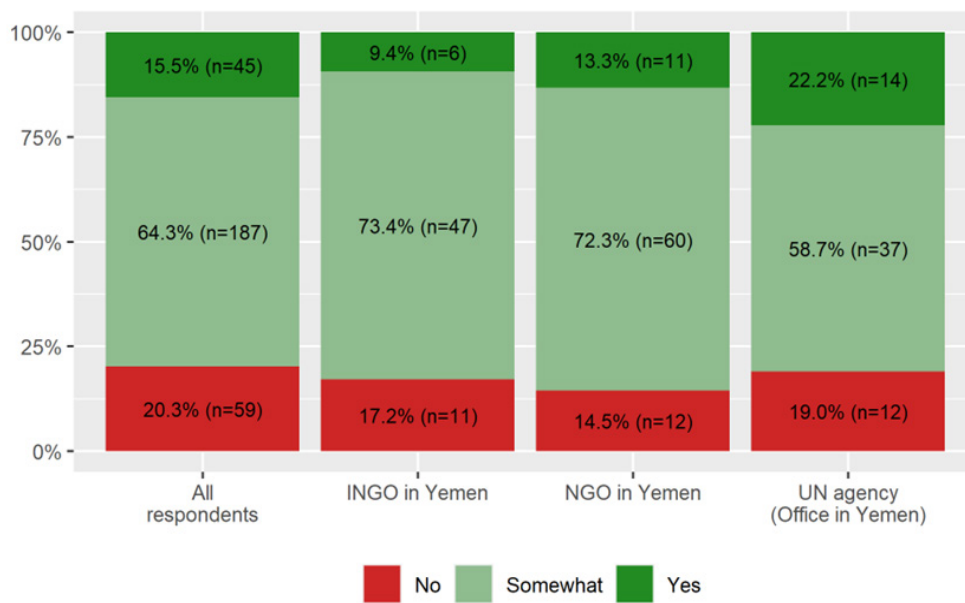


Figure B. 20: Are strategies and plans informed by consultation with affected population?

The answers to the question on whether the response worked effectively with the local authorities are analysed below. The graph analyses this according to the organizational affiliations of the respondent.

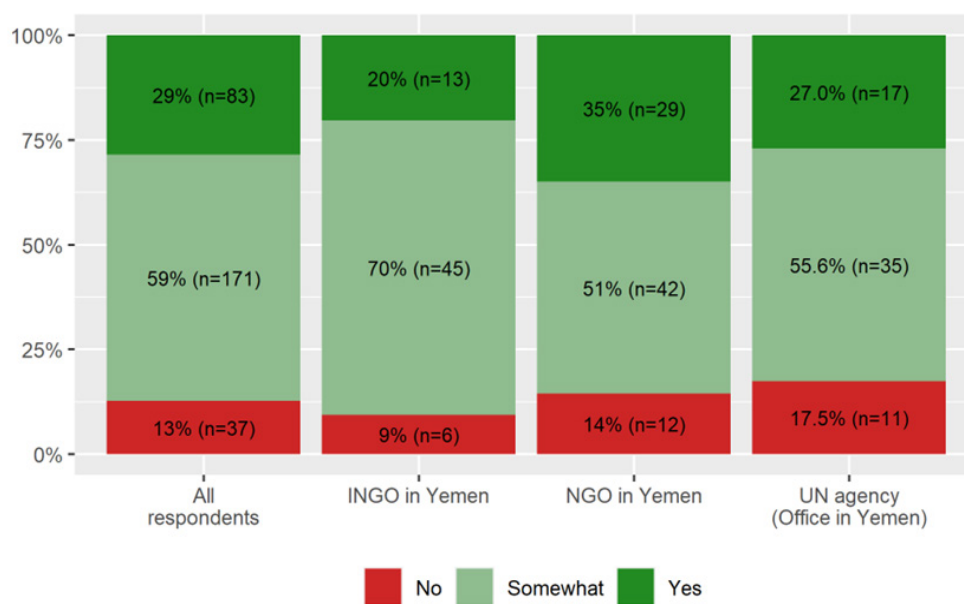


Figure B. 21: Worked effectively with local authorities?

The figure below summarizes the three questions analysed in this section.

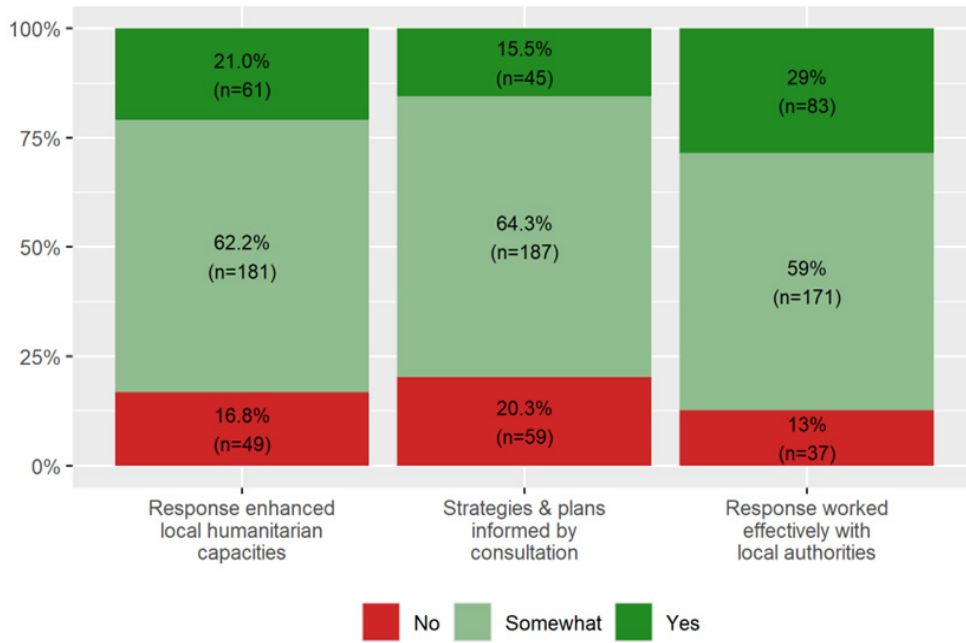


Figure B. 22: Local capacity

Coordination

This section analyses the seven questions on coordination:

- Did the coordination of humanitarian assistance work to reduce gaps and duplication?
- Were coordination mechanisms inclusive of government/national authorities?
- Were coordination mechanisms inclusive of local and national civil society groups?
- Was leadership timely and strategic?
- Were humanitarian principles (humanity, neutrality, impartiality and independence) respected?
- Was accountability to affected populations (AAP) adequately incorporated into response decision-making?
- Was protection adequately mainstreamed in the response?

The figure below summarizes those variables in a single bar graph.

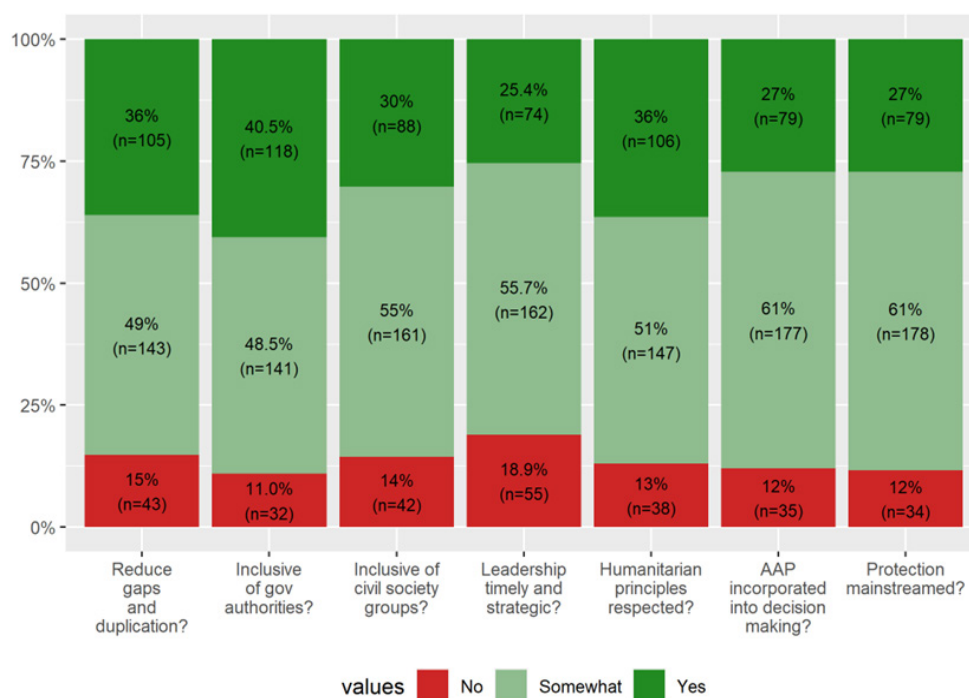


Figure B. 23: Coordination

Efficiency and monitoring

The aid worker survey asked three questions about efficiency and monitoring:

- In your opinion is the response good value for money?
- Does the response make good use of evidence and data?
- Does the response adequately monitor implementation and quality?

These are summarized below.

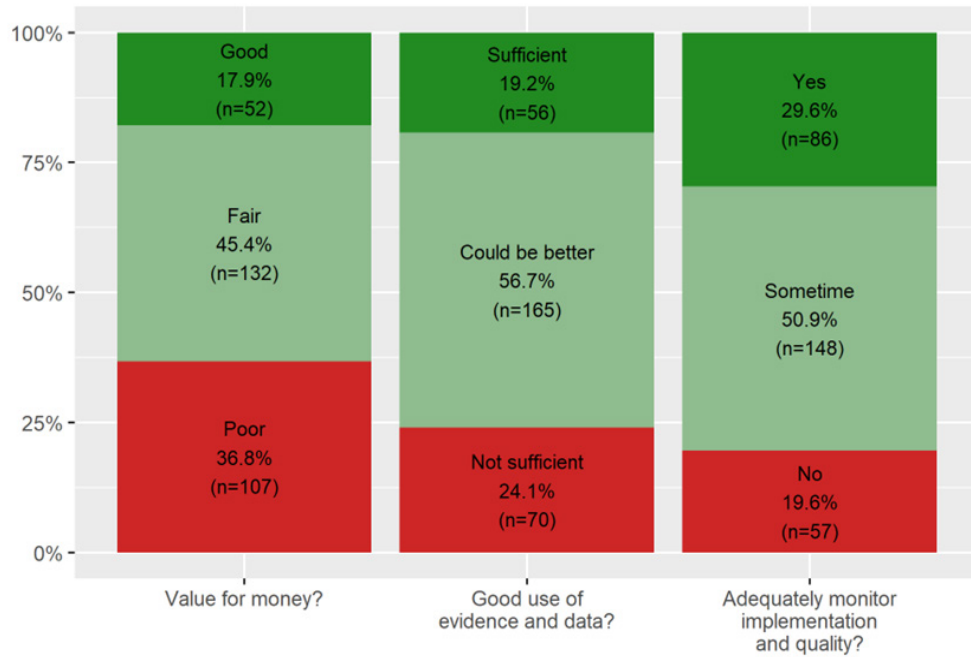


Figure B. 24: Efficiency and monitoring

Quantitative aid worker survey, IAHE 2021, format and questions (English version)

Introduction

1. The UN is currently conducting an Inter-Agency Humanitarian Evaluation (IAHE) of its operations in Yemen since 2015. The IAHE of Yemen is an independent assessment of the results of the collective humanitarian response by member organizations of the Inter-Agency Standing Committee (IASC). Valid Evaluations and the Institute of Development Studies (IDS) in the UK, who are contracted by UN OCHA, is conducting this online survey of aid workers as part of the evaluation. You have been selected randomly by the UN to be part of this important survey. We would like to ask you a few questions to gauge your perceptions of the response in Yemen since 2015. If you agree to participate, you can change your mind at any time during the survey and exit the survey by closing the web browser. We will make sure that you or your organization cannot be identified from the information that we collect. We will use the information to write an evaluation report – but it will not be possible to identify you in the report. If you refuse to participate, that will not in any way lead to potential loss of funding. This survey will take 15 minutes to complete and is available in English or Arabic (please choose your preferred language from the header section of this web page). If you have any questions about this survey you can contact the evaluation team leader Lewis Sida by email (iaheyemen_team@ids.ac.uk).

Would you be willing to participate in the survey?

- a) Yes.
 - b) No.
2. Have you worked on Yemen any time after July 2015?
If you have not worked on Yemen or have only done so before July 2015 then you are not eligible to participate in this survey.
 - a) Yes.
 - b) No.

Respondent profile

3. Please indicate the years you worked on the humanitarian response in Yemen?

Select the relevant year or years as appropriate.

- a) before 2015
 - b) 2015
 - c) 2016
 - d) 2017
 - e) 2018
 - f) 2019
 - g) 2020
 - h) 2021
4. Which best describes your role at the time you worked on Yemen?
If there were multiple roles please select as appropriate.
 - a) UN agency - HQ
 - b) UN agency - Regional Office
 - c) UN agency - Office in Yemen
 - d) INGO - HQ

- e) INGO - Office in Yemen
- f) NGO in Yemen
- g) Donor
- h) Other (specify)

For the rest of this survey please answer for the **most recent** year (e.g. 2020) you worked on Yemen.

Needs in 2020

5. Were needs being met by the response?

Answer for 2020, the most recent year you worked on Yemen.

- a) Most acute needs were being met.
- b) Some needs were being met but not consistently.
- c) The response was not meeting many of the needs.
- d) The response was not meeting needs.

6. Did the response consider equally, girls, women, men, boys?

Answer for 2020, the most recent year you worked on Yemen.

- a) The response considered the needs of men, women, girls and boys equally.
- b) The response did not consider the needs of men, women, girls and boys equally.
- c) There was not enough data to tell.

7. Did the response serve the most vulnerable?

Answer for 2020, the most recent year you worked on Yemen.

- a) The response met the needs of the most vulnerable fully.
- b) The response somewhat met the needs of the most vulnerable.
- c) The response did not meet the needs of the most vulnerable.
- d) There was not enough data to tell.

8. Did the response adequately meet the needs of groups such as persons with disabilities and the elderly?

Answer for 2020, the most recent year you worked on Yemen.

- a) The response met the needs of persons with disabilities, elderly and other vulnerable groups.
- b) The response met the needs of persons with disabilities but not the elderly.
- c) The response met the need of elderly but not persons with disabilities.
- d) The response met the needs of persons with disabilities and elderly but missed some other important groups.
- e) The response did not meet any of the needs of these groups.
- f) There was not enough data to tell.

9. 9) Did the response serve the hardest-to-reach?

Answer for 2020, the most recent year you worked on Yemen.

- a) Yes, the response found ways to get assistance and protection to hard-to reach areas.
- b) The response tried hard to reach these groups but not always succeeded.
- c) The response failed to get to the hard-to-reach areas.
- d) Any comments on whether and how needs were met by the response?

Context in 2020

10. Did the response adequately understand and account for context?
 Answer for 2020, the most recent year you worked on Yemen.
- Yes, the response understood the context well and responses were tailored to the situation.
 - Depends on the agency and individuals.
 - No, the response did not account for context, and used standard approaches that are not always appropriate.
11. 11) Did the response adapt well to the changing situation?
 Answer for 2020, the most recent year you worked on Yemen.
- Yes.
 - Sometimes.
 - No.
12. Did the UN-led humanitarian system work well collectively to overcome difficulties and take advantage of opportunities?
 Answer for 2020, the most recent year you worked on Yemen.
- Yes.
 - Sometimes.
 - No.
13. Did the UN-led humanitarian system have the right strategies for securing access?
 Answer for 2020, the most recent year you worked on Yemen.
- Yes, the UN-led humanitarian system did all it could to secure access.
 - The UN-led humanitarian system did not work well together to secure access but had some individual successes.
 - The UN-led humanitarian system failed to secure access.
14. Any comments on the response and the context

Humanitarian development peace nexus in 2020

15. Were there effective links between humanitarian, development and peace partners?
 Answer for 2020, the most recent year you worked on Yemen.
- Yes.
 - Sometimes.
 - No.
16. Was the humanitarian operation supportive of peace efforts, longer term development, recovery and resilience?
 Answer for 2020, the most recent year you worked on Yemen.
- Yes.
 - Sometimes.
 - No.

17. Any comments on the response and the connectedness between humanitarian, development and peace action.

Local capacity in 2020

18. Has the international response enhanced local humanitarian capacities?

Answer for 2020, the most recent year you worked on Yemen.

- a) Yes.
- b) Somewhat.
- c) Not at all.

19. Are strategies and plans informed by consultation with affected population?

Answer for 2020, the most recent year you worked on Yemen.

- a) Yes.
- b) Somewhat.
- c) Not at all.

20. 20) Did the humanitarian response work effectively with local authorities?

Answer for 2020, the most recent year you worked on Yemen.

- a) Yes.
- b) Somewhat.
- c) Not at all.

21. Any comments on how the response worked with local actors and affected populations.

Coordination in 2020

22. Did the coordination of humanitarian assistance work to reduce gaps and duplication?

Answer for 2020, the most recent year you worked on Yemen.

- a) Yes.
- b) Somewhat.
- c) Not at all.

23. Were coordination mechanisms inclusive of government/national authorities?

Answer for 2020, the most recent year you worked on Yemen.

- a) Yes.
- b) Somewhat.
- c) Not at all.

24. Were coordination mechanisms inclusive of local and national civil society groups?

Answer for 2020, the most recent year you worked on Yemen.

- a) Yes.
- b) Somewhat.
- c) Not at all.

25. Any comments on the response and coordination mechanisms.

26. Was leadership timely and strategic? Answer for 2020, the most recent year you worked on Yemen.

- a) Yes.
- b) Somewhat.
- c) Not at all.

27. Any comments on the leadership. Answer for 2020, the most recent year you worked on Yemen.

28. Were humanitarian principles (humanity, neutrality, impartiality and independence) respected? Answer for 2020, the most recent year you worked on Yemen.

- a) Yes.
- b) Somewhat.
- c) Not at all.

29. Was accountability to affected people (AAP) adequately incorporated into response decision-making? Answer for 2020, the most recent year you worked on Yemen.

- a) Yes.
- b) Somewhat.
- c) Not at all.

30. Is protection adequately mainstreamed in the response?

Answer for 2020, the most recent year you worked on Yemen.

- a) Yes.
- b) Somewhat.
- c) Not at all.

Efficiency and monitoring in 2020

31. In your opinion is the response good value for money?

Answer for 2020, the most recent year you worked on Yemen.

- a) Good value for money.
- b) Fair value for money.
- c) Poor value for money.

32. Does the response make good use of evidence and data?

Answer for 2020, the most recent year you worked on Yemen.

- a) Yes, there is sufficient data collected to understand progress, and the response uses this well.
- b) The response collects data, and it helps with decision-making, but could be better.
- c) No, the response does not collect data systematically, and does not use what it has for decision-making.

33. Does the response adequately monitor implementation and quality?

Answer for 2020, the most recent year you worked on Yemen.

- a) Yes.
- b) Sometimes.
- c) No.

34. Any comments on how monitoring was used in the response.

Thank you

Annex 7: SMS survey

Introduction

The evaluation team carried out a short SMS survey targeted at affected populations to understand how they viewed aid in Yemen. This annex provides the complete analysis of this SMS survey.

Methodology

The evaluation team secured permission from the Supreme Council for the Management and Coordination of Humanitarian Affairs (SCMCHA), and with their recommendation partnered with New Vision, which is licensed to operate in Yemen to provide value-added telephone services, including SMS surveys. This section covers the sampling approach, the survey questions, and some relevant technical details.

Sampling

The survey covered six governorates (Al Hudaydah, Amran, Dhamar, Hajjah, Sa'ada, and Taizz). The respondents for the SMS survey were selected from among Sabafon users in these governorates. The initial sample of 15,000 comprised of mobile users from all six governorates, randomly sampled proportional to the 2019 population in those governorates. Table C.1 captures the governorate level distribution of those who were invited to participate in the SMS survey. The survey was launched on 5 February 2022 and remained open until 20 February 2022.

Table C.1: Sample selection

Governorate	2019 population	number of invitees
Al Hudaydah	2,985,122	3,465
Amran	1,205,960	1,400
Dhamar	2,176,229	2,526
Hajjah	2,510,327	2,914
Sa'ada	981,401	1,139
Taizz	3,065,034	3,557
Total	12,924,073	15,000

SMS survey questionnaire

The nature of SMS surveys is such that only a small number of questions can be used in them. Ours used the following seven questions.⁸

1. UN is conducting an evaluation of its operations in Yemen. This survey is part of the evaluation and aims to collect information about your perceptions regarding humanitarian assistance in Yemen. Your participation is voluntary and is not in any way linked to provision/loss of services. The survey will take 5 minutes. Are you willing to participate? (1 = Yes; 2 = No)
2. Did you or someone you know receive humanitarian assistance in the last six months? (1 = Yes; 2 = No)
3. On a scale from 1 (Very poor) to 5 (Very good), how would you/they rate the humanitarian aid you received?
4. Were you/they consulted on the type of humanitarian aid delivered? (1 = Yes; 2 = No)
5. On a scale from 1 (Never) to 5 (Always), does humanitarian aid meet your/their priority needs?
6. On a scale from 1 (Never) to 5 (Always), does humanitarian aid go to the people who need it most?
7. What is your gender? (1 = Male; 2 = Female)

Figure C.1 illustrates logical flow of the survey. It illustrates that while most respondents would be sequentially presented with seven questions, two types of respondents were asked fewer than that. First were the ones who did not consent and as a result had answered only Q1.⁹ Second were the ones that did not know any aid recipients and indicated this by answering “no” to Q2.¹⁰ These were not asked Q3-Q5, as those required first-/second-hand experience of having received aid. The logical flow diagram also shows that an invalid response or being dormant for more than 24 hours would trigger reminder message prompting the respondents to answer that question again.

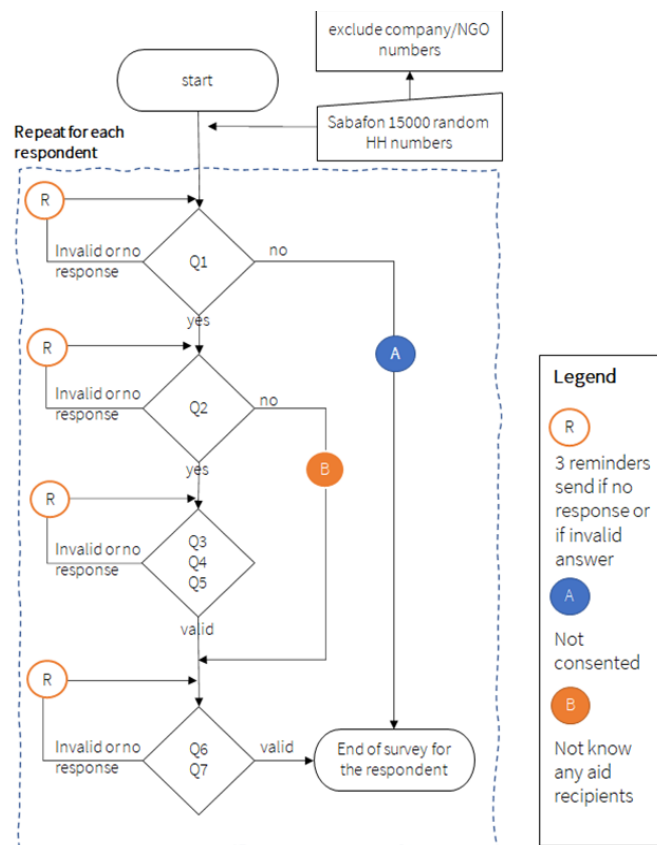


Figure C.1: The logical flow of the questionnaire

⁸ In what follows these will be reference as Q1, Q2, etc.

⁹ These were identified by blue 'A' in the figure.

¹⁰ These were identified by orange 'B' in the figure.

The figure also shows that all NGO and corporate users using the numbers shared by Sabafon were excluded when selecting 15,000 users. The SMS survey used a two-way response number with a short code (5995) so that both incoming and outgoing SMSs can be charged to this number. As a result, the users were not charged to participate in the survey.

Technical organization of the survey

The SMS flow diagram in Figure C.1 explains how the SMS transaction was organized. New Vision SMS gateway was the main application which received and sent SMS messages from and to Sabafon. The connection to the operator was through the internet using a static IP address. The servers and platforms are allocated in Yemen at New Vision premises. The database server illustrated in the figure contained all the data related to the survey, including the participant mobile numbers. The mobile operator’s (Sabafon) SMS centre was responsible for delivering the messages.

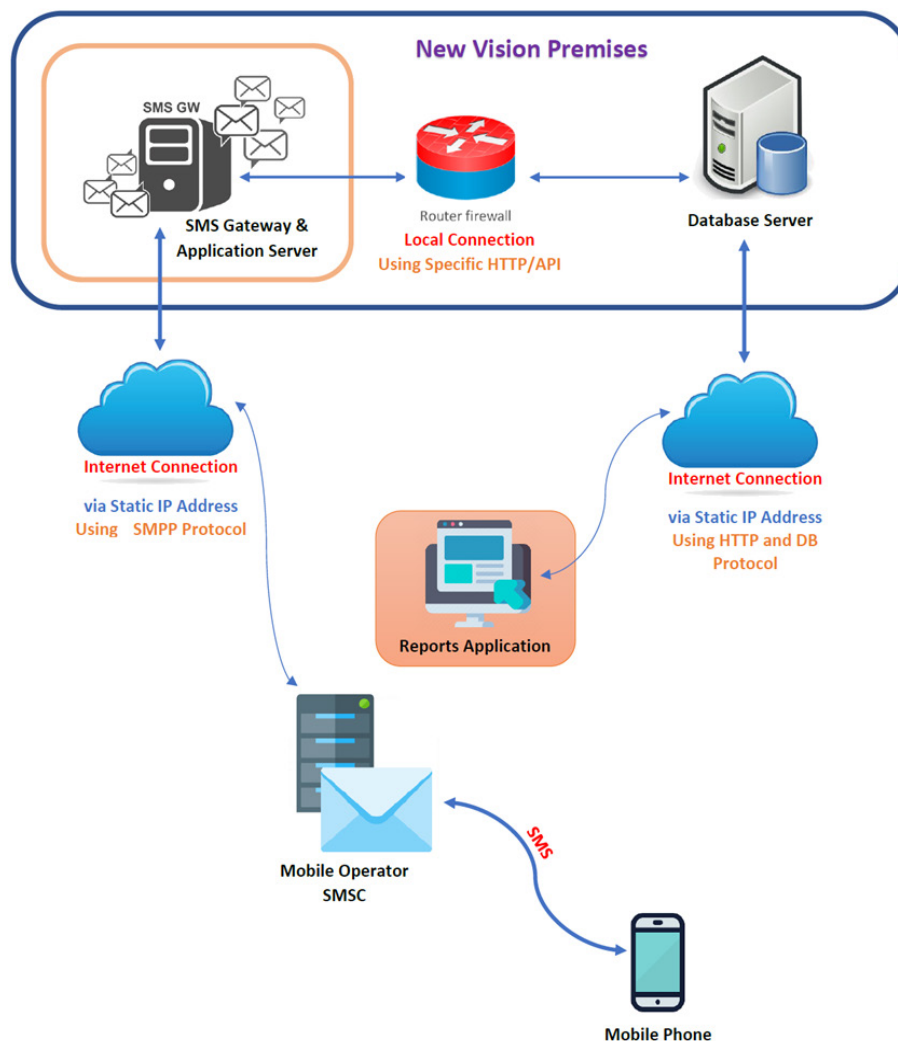


Figure C.2: The technical organization of the SMS data flow

The ‘report application’ mentioned in the above figure was a custom designed application to securely deliver the data to IDS researchers. A secure connection was established from this application to the database server using the public internet connection. Figure C.1 shows a screenshot of this application. It shows the data export feature and the organization of the data at this stage:

1. Each SMS received had one record in this database. For example, at the time this screenshot was taken, the report contained details about 1,621 SMS messages. This is the number in blue at the bottom.
2. Mobile numbers (which is the only way to identify the SMSs received from the same user) were replaced with a unique ‘user ID’ to ensure the protection of personal data.

3. The variable 'status' indicated if the respondent had successfully completed the survey. Only those who had not completed (Status=0) were sent reminders.
4. We did not have a question on the governorate. However, Sabafon was able to identify the governorate from where the phone was being used at the time of the invitation and supplied us with that information.

Id	User ID	Question Number	Response	Status	Governorate Code
113	100038	1	1	1	Hodaidah
144	100078	1	1	1	Hodaidah
164	100103	1	1	1	Hodaidah
216	100166	1	1	1	Hodaidah
230	100180	1	1	0	Hodaidah
286	100252	1	1	0	Hodaidah
362	100339	1	1	1	Hodaidah
462	100452	1	1	1	Hodaidah
550	100558	1	1	1	Hodaidah
587	100600	1	1	0	Hodaidah
590	100078	2	1	1	Hodaidah
591	100452	2	2	1	Hodaidah
592	100078	3	3	1	Hodaidah
593	100452	3	1	1	Hodaidah

Statistics
No Of Results: **1621**

Figure C.3: The report screenshot

Summary statistics

The purpose of dividing the sample of 15,000 according to governorate population was to ensure that the final sample was distributed across these governorates in a way that reflected the governorate level population. However, as illustrated by the summary statistics in Table C.2, this did not happen because the response rate varied significantly across the governorates. For example, even though Sabafon users in Taizz were sent the largest number of initial invitations to participate in the survey (3,557), the highest number of valid responses was not in Taizz. The table also shows that 404 participants responded to the initial invitation, which is a response rate of 2.69 per cent.¹¹ Of these, only 374 consented to participate in the survey, while the rest declined. Moreover, those who agreed to participate did not always fully complete the survey. Only 271 respondents fully completed the survey, while others had not done so despite three reminders mentioned in Figure C.1.

¹¹ This is much lower than we initially expected based on what is suggested in the literature on SMS surveys.

Table C.2: Summary statistics

	Male	Female	All ¹²
Consent statistics			
Not consented			30 (7%)
Consented	232 (100%)	39 (100%)	374 (93%)
Outcome of consented surveys			
Fully completed			271 (67%)
Partially complete	232 (100%)	39 (100%)	103 (25%)
Fully completed survey types			
Know aid recipients (self or other)	101 (44%)	17 (44%)	118 (29%)
Do not know aid recipients	131 (56%)	22 (56%)	153 (38%)
Fully completed surveys - by Governorate			
Al Hudaydah	44 (19%)	10 (26%)	54 (13%)
Amran	29 (12%)	3 (8%)	32 (8%)
Dhamar	41 (18%)	7 (18%)	48 (12%)
Hajjah	66 (28%)	5 (13%)	71 (18%)
Sa'ada	17 (7%)	2 (5%)	19 (5%)
Taizz	35 (15%)	12 (31%)	47 (12%)

Findings

The rest of this annex will present the findings of the SMS survey. This will be presented as analyses of the seven questions contained in the SMS survey, starting with the consent question and filtering/profiling questions.

The consent question and the filtering question

As noted above, a large proportion (97.31 per cent) of the SMS survey invitees did not respond to the invitation. The first panel in Figure C.4 maps the proportion of the respondents who consented to participate in the survey in each governorate. The highest proportion of consenting respondents was recorded in Hajjah, while the lowest was recorded in neighbouring Amran. Q2 was an important filtering question. It allowed us to identify respondents with first-hand or at least second-hand experience as aid recipients. Al Hudaydah has the lowest proportion of respondents with first-/second-hand aid receipt. Only those who had such experience/knowledge were asked Q3, Q4 and Q5 of the survey. The last panel of the figure maps the proportion of females who fully completed the survey in the six governorates. While the female participation was low across all governorates, it ranged from the highest proportion in Taizz to the lowest in Sa'dah.

¹² The numbers in this column is not equal to the total of the columns 'Male' and 'Female'. This is because some respondents did not answer Q7 on respondent sex. Note that the percentages reported in this column is in relation to the total respondents, including those that did not consent.

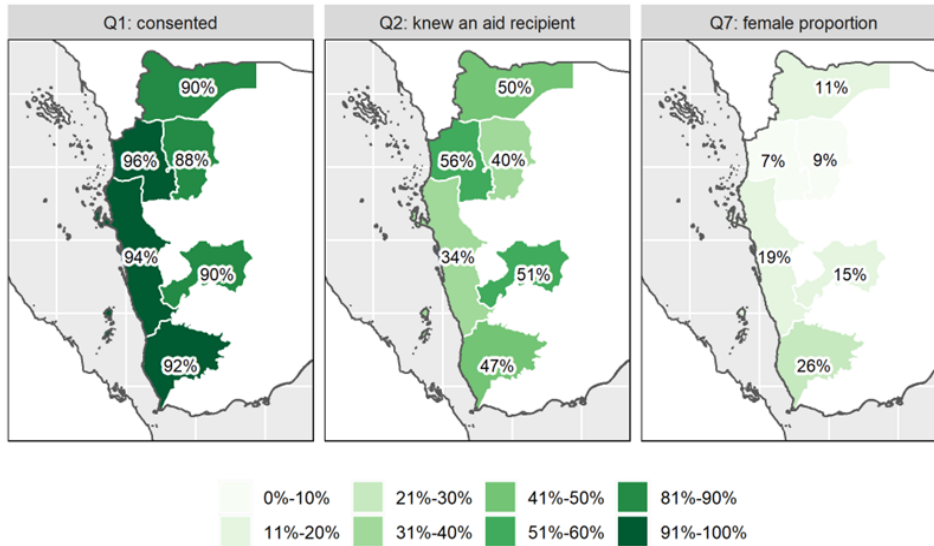


Figure C.4: The proportion of respondents who consented or knew aid recipients

Rating the humanitarian aid

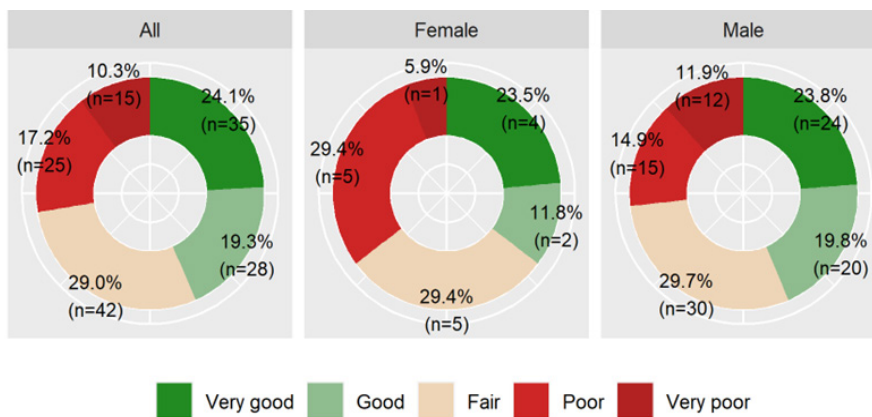


Figure C.5: Respondents' rating of humanitarian aid - by respondent sex

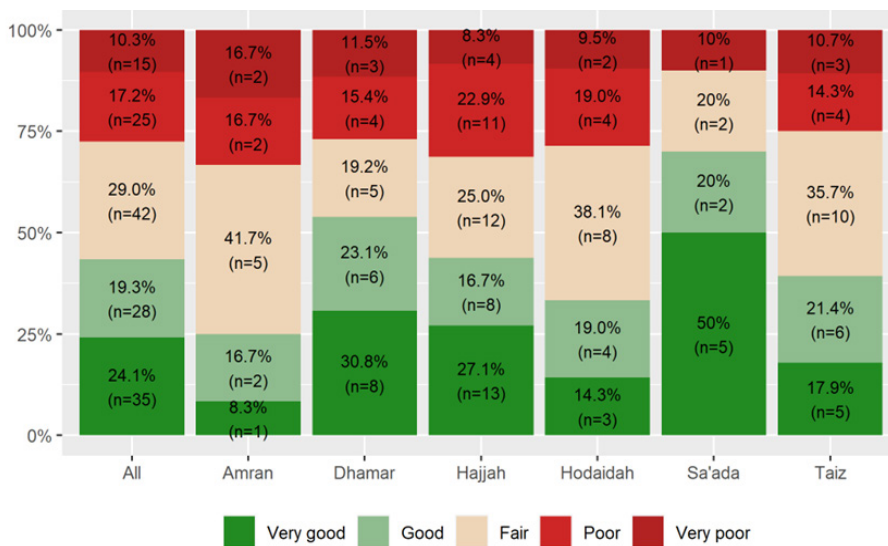


Figure C.6: Respondent's rating of humanitarian aid - by governorate

Were the recipients consulted

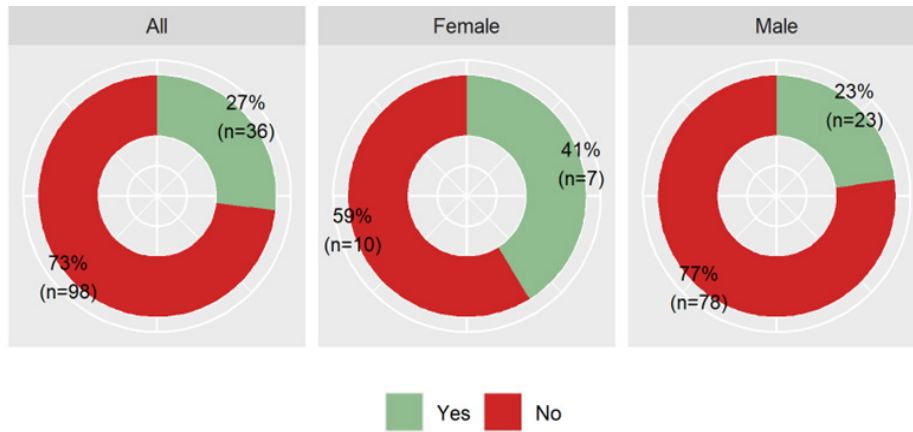


Figure C.7: Level of consultation by respondent sex

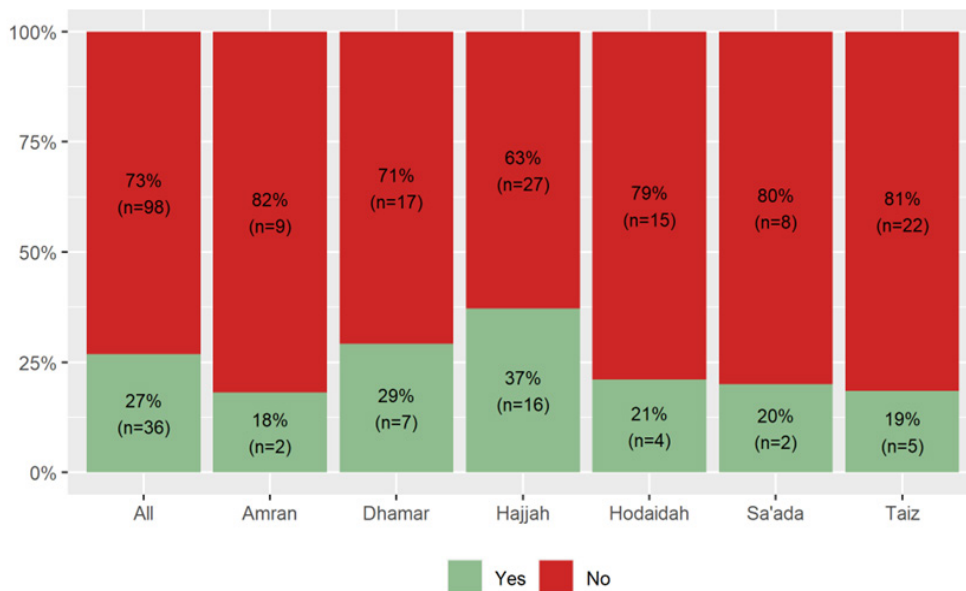


Figure C.6: Respondent's rating of humanitarian aid - by governorate

Is humanitarian aid meeting your priority needs

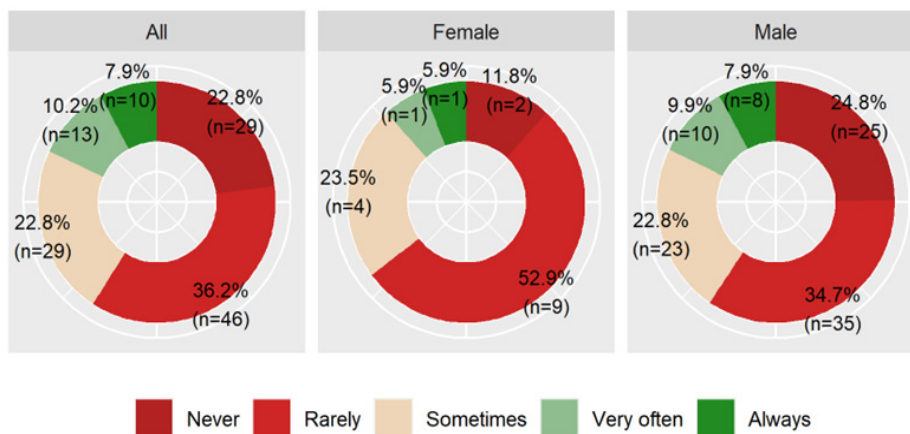


Figure C.9: Is aid meeting your priority needs? by respondent sex

Is humanitarian aid targeting those who need it most

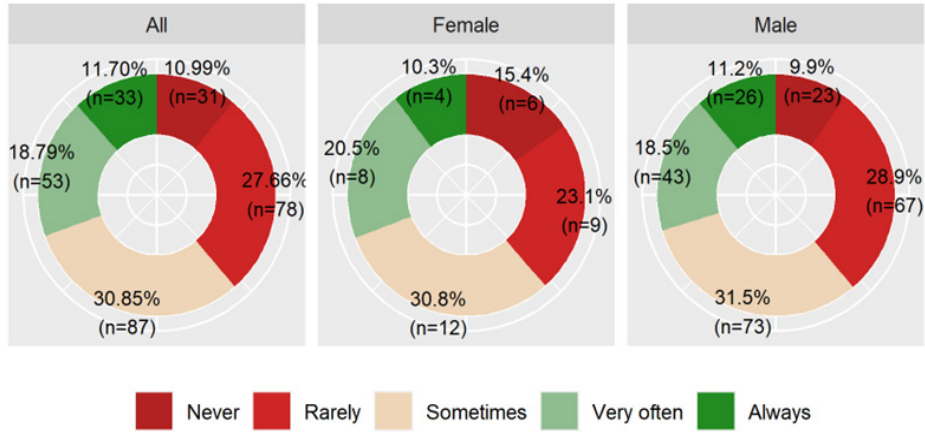


Figure C.11: Is aid targeting those who need it most? by respondent sex

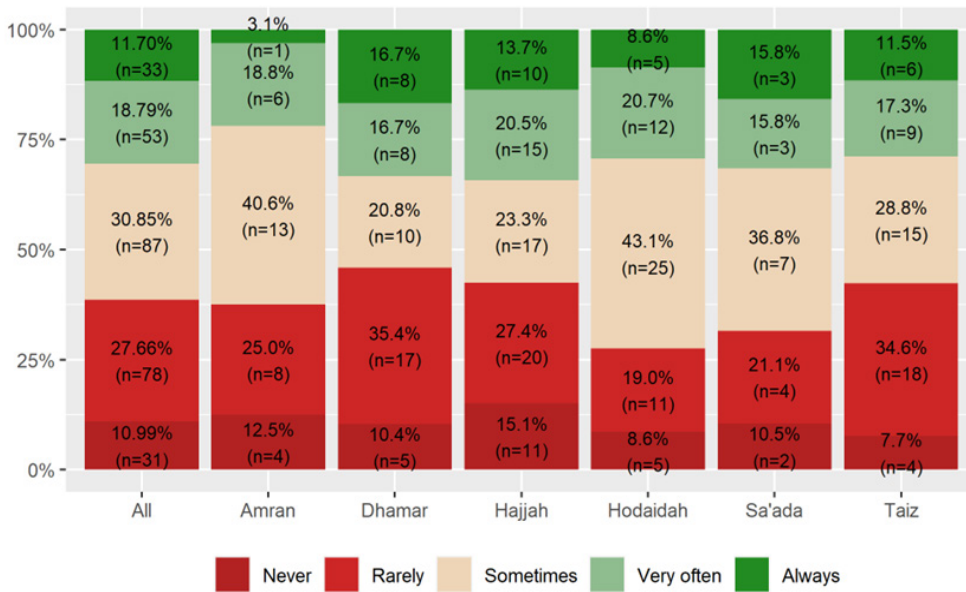


Figure C.12: Is aid targeting those who need it most? by governorate

Geographic spread of perceptions on aid: A summary

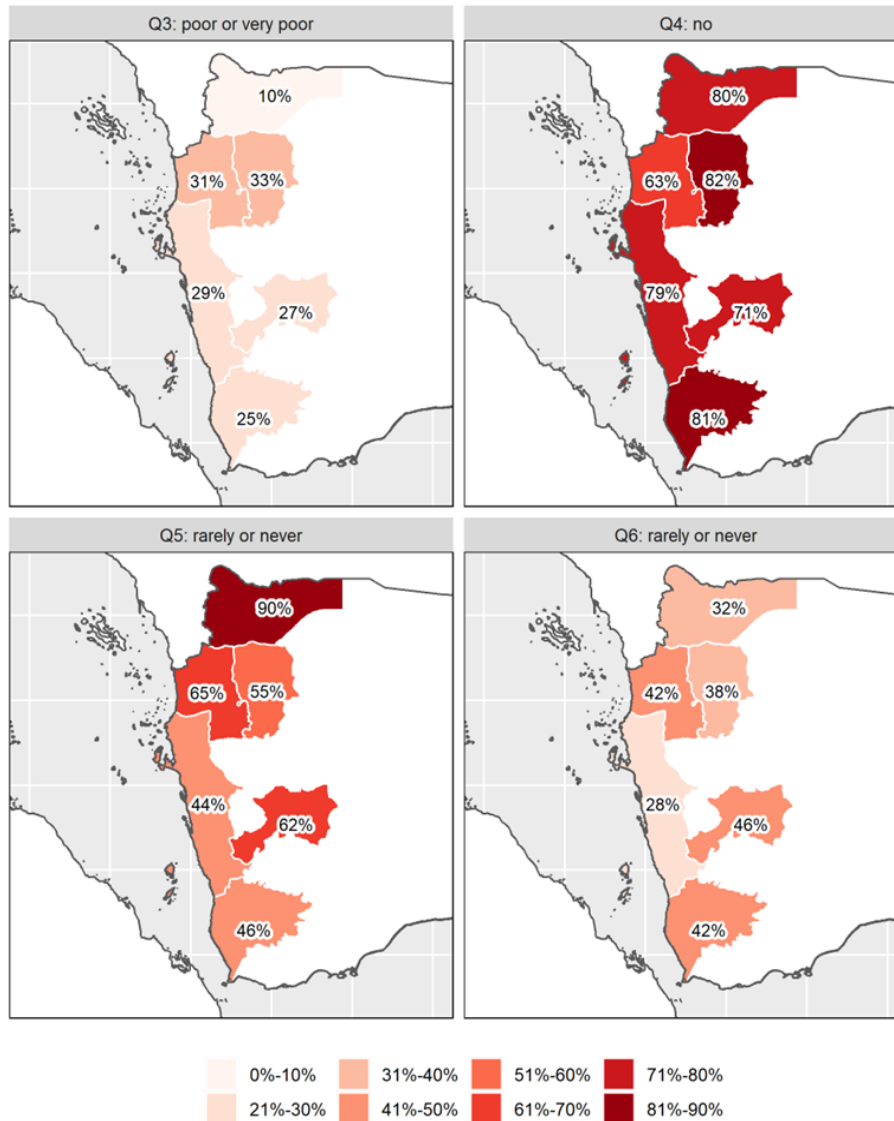


Figure C.13: The proportion of respondents who has negative perceptions about aid in Yemen

Figure C.13 maps the proportion of respondents who expressed negative perceptions on aid. These proportions were calculated from the responses to Q3, Q4, Q5 and Q6 in the SMS survey.

Comparison between different levels of experience as aid recipients

As explained in the section on methodology, some of the respondents had first-/second-hand experience as recent (last six months) aid recipients. The rest of the respondents were asked only part of the questionnaire. Both groups were asked Q6 on whether they thought that the humanitarian aid went to the people who needed it most. Figure C.14 analyses this question by these two categories of respondents. The figure suggests that those who had no recent experience with aid have more negative perceptions about whether aid went to those who needed it most.

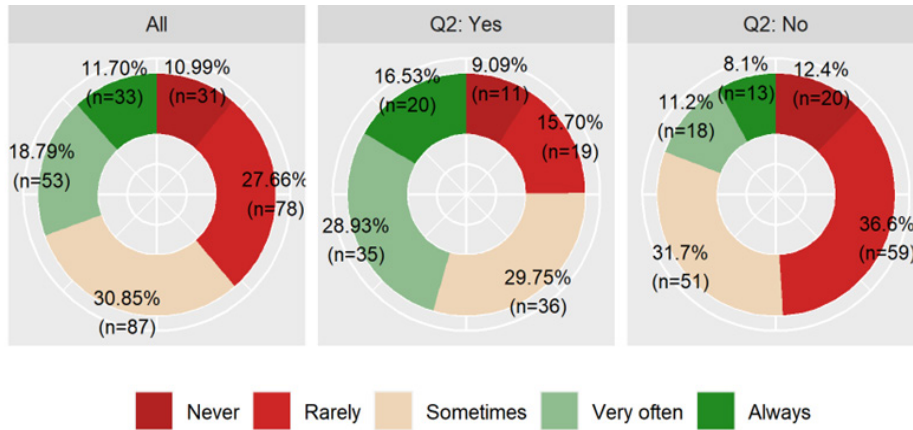


Figure C.14: Is aid targeting those who need it most? by recent aid experience

Annex 8: Ethical principles

This document sets out the ethical principles that will guide the work of the Valid/IDS team.

This Statement of Ethical Principles sets a standard to which all VALID/IDS staff, consultants and partners aspire when working on this contract. VALID/IDS team members will operate in accordance with international human rights conventions and covenants. They will also take account of local and national laws.

The VALID/IDS team takes responsibility **for identifying the need for and securing any necessary ethics approval for the work they are undertaking**. This may be from national or local ethics committees in countries in which the study will be undertaken, or other stakeholder institutions with formal ethics approval systems.

The conduct of all those working on VALID/IDS is characterised by the following general principles and values:

- **Principle 1: Independence and impartiality of the researchers**

Valid/IDS evaluators are independent and impartial. Any conflicts of interest or partiality will be made explicit and raised with UN OCHA human rights of individuals and groups with whom they interact are protected. This is particularly important with regard to vulnerable people.

- **Principle 2: Child protection**

The VALID/IDS team will follow the code of conduct established by Save the Children (2003) which covers awareness of child abuse, minimizing risks to children, reporting and responding where concerns arise about possible abuse.

VALID/IDS team members will obtain informed consent from parents or caregivers and from children themselves. Children will not be required to participate even if their parents consent.

It should be noted that the VALID/IDS team does not expect to interact with children during the course of this contract.

- **Principle 3: Treatment of participants**

The VALID/IDS team is aware of differences in culture, local customs, religious beliefs and practices, personal interaction and gender roles, disability, age and ethnicity, and will be mindful of the potential implications of these differences when planning, carrying out and reporting on evaluations.

- **Principle 4: Voluntary participation**

Participation in research and evaluation will be voluntary and free from external pressure. Information will not be withheld from prospective participants that might affect their willingness to participate. All participants have a right to withdraw from research/evaluation and withdraw any data concerning them at any point without fear of penalty.

- **Principle 5: Informed consent**

The VALID/IDS team will inform participants how information and data obtained will be used, processed, shared, disposed of, prior to obtaining consent.

- **Principle 6: Ensuring confidentiality**

The VALID/IDS team will respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. They will also inform participants about the scope and limits of confidentiality where these exist.

- **Principle 7: Data security**

Valid/ IDS are both registered under the UK Data Protection Act 1998, and IDS has a Data Protection Policy which includes procedures on data retention and confidentiality. The VALID/ IDS team will guard confidential material and personal information by the proper use of passwords and other security measures. Team members have an obligation to protect data and systems by following up-to-date recommendations to avoid damage from viruses and other malicious programs. Plus, there is a duty to state how data will be stored, backed-up, shared, archived and disposed.

- **Principle 8: Sharing of findings**

Valid/ IDS evaluators are responsible for the clear, accurate and fair written and/ or oral presentation of study limitations, findings and recommendations.

IDS Research Ethics Policy 2020

1. Introduction

The Institute of Development Studies is committed to promoting and upholding the highest ethical standards in our research as part of our commitment to engaged research excellence. This policy sets the principles of ethical conduct expected of all our staff and elaborates how they are put into practice. It updates the previous research ethics policy, in recognition of continuing change in our research environment, and in line with updates to the University of Sussex Code of Practice for Ethics, the UK Economic and Social Research Council Framework for Research Ethics, the UK Medical Research Council, the UK Natural Environment Research Council and other key research bodies in UK and overseas.

Research in this policy is taken to include all IDS activities involving organized inquiry, data collection and storage, analysis, synthesis, communication, convening, teaching and consulting.¹³ The policy encompasses our engagement with research participants/subjects, co-researchers, partners/clients, students and funders, as well as with those affected by our research results in our work to influence policy and practice.

This document outlines how research ethics is approached and conducted. It addresses the need for ethical approaches that work across a range of different social research methodologies, at multiple levels from local to global, in ways that are respectful of the ethical position of partners, colleagues, participants and affected parties in different social cultural contexts, on issues that are dynamic, often contested and sometimes sensitive. The policy is reviewed annually to reflect our experience, developments in our field and in research ethics for the social sciences and more generally.

This research ethics policy relates to particular aspects of IDS Institutional risk, concerning ethical standards and reputational risk, with the Risk Management Policy covering mitigation of overall physical, mental, legal or financial risk to the Institute and its members, partners or participants. It complements policies covering other aspects of risk e.g. the Fundraising Ethics Policy, the Travel Risk Policy and the Whistle Blowing Policy, and is aligned with others e.g. the Safeguarding and Data Protection Policy. As such this policy does not cover ethics of research funding, safeguarding in research and data protection issues. Neither is research integrity within the remit of this policy, but is covered by the IDS Code of Practice for Research, and the RCUK Policy and Guidelines on Governance of Good Research conduct, although these complement this policy.

2. Responsibilities

Responsibility for the ethics policy lies with the IDS Directorate. People taking responsibility for delivery of the policy are:

- a) Research Ethics Convenor reports to the Research Strategy Committee with an annual report. Takes lead on procedures, guidance and support, training and engagement, and resource development including chairing the Research Ethics Committee (15 days per year).
- b) Research Ethics Committee (REC) – Appointed by Research Strategy Committee, chaired by the Convenor, and supported by the Fundraising & Development Office, the committee reviews and updates the research ethics policy. Members undertake ethical reviews and monitoring of higher risk projects and contribute to refresher input and mentoring support. The committee consists of 5-10 research and support staff from IDS (and can include one external member). It represents a range of different research methodologies and norms. The committee meets a minimum of twice a year. Additional meetings may be convened if urgent need arises. (Participation is understood to

¹³ Ethical review for student research projects is governed by the University of Sussex. The IDS PhD Convenor is a member of the University of Sussex C-Research Ethics Committee.

be part of staff member's collegial contribution to IDS). Members of the Committee, including the Convenor, are encouraged to serve on the Committee for a period of at least 3 years. They should not serve for more than 5 years.

- c) The Research Ethics Committee Secretary supports the committee with organizing and minuting meetings, directing ethics queries to appropriate committee members and maintaining online resources.

3. Objectives and principles

The objective is to cultivate, maintain and advance the good and trusting relationships at the heart of engaged excellence, by acting fairly and justly, with virtue and care, by taking others' needs and wishes into account, and by using moral deliberation imaginatively and with good effect. The IDS research ethics policy aims to provide a framework for supporting this objective.

Essential principles are that our research:

- avoids doing harm, and aims to do good
- seeks informed and voluntary consent from those taking part
- respects confidentiality and anonymity
- shares the benefits/burdens of research justly, and ensures mutual access to results
- where there are risks, takes adequate steps to minimize them

In putting these principles into practice, alongside commitments to co-construction, people's choice, inclusion, appropriate attribution, and project impact, IDS creates an environment in which our researchers are supported to go beyond prudence and engage in active and accountable deliberation on the ethical dilemmas they inevitably face. IDS recognizes that researchers' needs and norms may clash with the needs and norms of those they encounter in their research work. Respecting the autonomy and integrity of our researchers, IDS acts in support of their ethical conduct.

4. Elements of provision

IDS promotes and supports ethical research through:

- a) **Ethics training and engagement** (section 5) - Raising researcher and staff awareness, stimulating reflection and debate, considering issues, sharing dilemmas, exploring contingencies, generating understanding of and contributing to resources and procedures;
- b) **Confidential support** (section 6) - Peer-based mentoring from ethics committee advisory board members before, during and after the project life cycle to raise concerns, discuss possible avenues for risk mitigation, and provide guidance and support;
- c) **Resources** (section 7) - Checklists and formats, guidelines from different disciplinary/professional bodies, case studies and examples);
- d) **Mandatory procedures** (section 8-14) This policy, approval processes, systematic responses to proposals and problems, progress reporting and monitoring.

5. Engagement, debate and training

Fundamentally, the research project leader (PI) bears the primary responsibility for research ethics for any given research project. Nevertheless, IDS is responsible for providing the right environment (guidance and procedural safeguards) for ethical research to flourish. As social research in a multitude of different cultures and contexts is always going to generate unexpected ethical challenges and dilemmas, ethical choices to mitigate risk necessarily involves reflection, responsiveness and imagination, as well as knowledge and adherence to essential principles and basic procedures. Engagement in debate and

training input are thus essential for raising awareness about ethical challenges and approaches to navigating them.

IDS will aim to provide thought-provoking and practically useful input, awareness raising and support. Whilst the PI holds responsibility for research project ethics, this should equip all staff to act ethically in their various research, teaching and support roles. The aim is to build commitment to:

- understand research ethics as central to research excellence;
- act effectively on research ethics issues;
- conduct their work according to IDS requirements and procedures;
- know how to source additional help, both internal and external to IDS.

As appropriate to needs, this may include:

- d) **Concrete training input** available for staff in short sessions as introduction or refresher - to identify core principles, to ensure understanding of mandatory responsibilities and procedures, to clarify guidance and support processes, to point to useful resources, and to discuss courses of action from proposal preparation through adaptive responses, and monitoring requirements,
- e) **Workshops and discussions** on navigating ethics in reality – to create safe space for staff members to share ethical experiences, questions and dilemmas and explore ways of approaching risk mitigation, safeguards and solutions. Sessions will identify crucial ethical moments, and debate dilemmas and approaches to particular contextual and methodological issues.
- f) **Stimulating seminars** - inviting internal and external researchers to pose ethical questions and provoke discussion on ethical practice

Training or other input will be organized, designed and delivered by the Convenor or by REC members. As part of their commitment to engaged research excellence, clusters will be expected to discuss how they approach research ethics, and may decide to nominate particular members to take part in ethics development activities, or they may request tailor- made input for their particular research theme and methodological paradigm.

Responsibility for training IDS students in research ethics lies with IDS Teaching and the Master’s and PhD conveners. In addition, student research proposals are subject to a separate University of Sussex ethics review process, which falls outside the remit of this policy. Nevertheless, IDS ethic principles should inform the teaching programme, and the ethics convener will liaise with conveners to ensure joined up thinking and clarity on responsibilities, cross over and process differences. If resources are available the ethics convener and the REC can contribute to ethics teaching design and delivery.

6. Confidential support

The ethics convenor and REC members provide peer-based mentoring and support for researchers at different stages of research design, proposal writing, project preparation and research delivery as detailed in the mandatory procedures (section 8). This is either:

- a) Email support to researchers preparing research proposals, or faced with ethical dilemmas during research processes, or
- b) Face-to-face guidance and mentoring for those who request more detailed input.

To arrange please contact S.Bartlett@ids.ac.uk. In addition, IDS researchers and staff are welcome to approach the ethics convenor for support on research ethical questions.

7. Resources

Over time, the Research Ethics Committee plans to develop a bank of materials accessible through the intranet. The aim would be to support people in planning ethical approaches, preparing for ethics review, and responding to ethical realities.

Current Intranet resources include the IDS research ethics policy and procedures, links to ESRC, UoS and other relevant guidelines, and checklists and formats for research proposals. During the next two years this will be expanded to include a range of other materials such as prompts to aid thinking about ethical practice for different research contexts or methods (e.g. with vulnerable people, in complex or conflicted contexts, or using visual and digital methodologies), case examples of how researchers have navigated ethical challenges, notes and insights from seminars and training sessions, and ethics papers and resources. The Ethics convenor will develop resources in relation to expressed and surveyed needs, and progress in developing resources will be reviewed each year.

8. Research project ethical review procedures

The aim of the ethical review is for researchers to be prepared to address ethical issues that may arise during the research process. Ethics review begins with self-assessment by the researcher. Staff are expected to write clear ethical statements in proposals, agree ethical approaches and procedures with partners, conduct research using ethical principles and share experience with colleagues. The IDS awareness-raising, refresher training and online resources are designed to support this expectation. The researcher leading on a project (here called the Principal Investigator or PI, but also including others such as lead convenors, communication project leaders, and consultancy team leaders) is responsible for research ethics approval, without which the project may not proceed.

All proposals should include a research ethics checklist with simple yes/no answers, accompanied by a narrative statement that addresses how the research will be planned and organized to mitigate ethical issues that have been identified, or could arise during the project. This includes appropriate methods for training field researchers, achieving informed consent, respecting confidentiality and avoiding harm at any stage from planning to dissemination. Although covered by other policies, the checklist also prompts responses on data protection and safeguarding (see sections 10 and 11 below) to provide additional institutional assurance that risks will be considered, identified and addressed. Research proposal submissions should be accompanied by appropriate attachments (forms and information sheets) where relevant.

For small projects (including consultancies) below £20K, the PI or project lead should complete the ethics checklist and statement and file it in the project file on CRM. For research projects between £20K and £100K, which do not go through the IDS Proposal Review Group (PRG), the PI should discuss the ethical approach with one senior researcher or relevant senior member of the IDS professional staff. Where they come to agreement the senior staff member gives ethics approval. In cases where they find the plan for minimizing risk insufficient, they submit the proposal to the Research Ethics Convenor, who may involve members of the REC in helping the PI to ensure ethical procedures are in place. If plans are approved, the process is completed by uploading the relevant documents to the project file on CRM.

For projects over £100K the checklist, narrative and attachments are included in papers submitted to the PRG, as part of the process of research proposal review. If the PRG gives approval for the proposal to proceed, it must include an agreed ethical submission. If the proposal is funded, when the PI designs the detailed research plan, the ethics narrative should be extended as necessary, and a copy submitted to a senior member of the PRG for discussion and approval. In cases where the PI and PRG member find the plan for minimizing risk insufficient, they forward the documents to the Research Ethics Convenor, who may involve members of the REC in supporting the PI to ensure ethical procedures are in place. This is done in liaison with the PRG member. The approval is completed by uploading the relevant documents to the project file on CRM and checking the relevant box.

In accordance with standard procedures in the UK university sector, the ethics review takes account of the level of risk with any project in order to ensure that the review process is proportionate. IDS recognizes three levels of risk: low, medium and high. The first stage of review involves the PI filling in a checklist that identifies the level of risk, and then following the procedure associated with it:

- i) **Low Risk:** Answering NO to all the questions on the checklist means that the project is low risk and can be approved by the PI her/himself (see ethics checklist).
- ii) **Medium Risk:** Answering YES to any of the checklist questions will trigger the procedure for higher risk. This involves provision of a narrative explaining how harm will be avoided, informed consent achieved, confidentiality and anonymity respected and risk minimized. The person making the approval with the PI (senior staff member or PRG, depending on project size) identifies whether the project has included appropriate inquiries, safeguards and contingency considerations to be signed off as medium risk. The narrative should demonstrate that the PI has understood the guidance, held discussions with advisors, local colleagues and partners, or has experience of an effective ethical approach, and has proposed relevant approaches and protocols (see ethics checklist).
- iii) **High Risk:** If the PI, senior staff member, or PRG member(s) consider the project ethics are high risk, or need additional support in drawing up the ethical research narrative, then the project proposal should be deliberated with the REC. In this case, at least 2 members of the Research Ethics Committee will review the project. If it is a complex case the Research Ethics Convenor will be asked to review, and may decide to call in external advice. REC members are required to declare if they have any professional or financial interest and thus exclude themselves from performing the independent review (see ethics checklist). If the Ethics Convenor is involved in the proposal or project then other members of the committee should review the statements (if need be), and the project should be signed off by Research Director. If no members of the Research Ethics Committee are able to review the project proposal, then it should be referred to the Research Director.

A project that does not achieve research ethics approval must not go ahead. For a project not to achieve REC approval, at least two members of the REC must oppose its approval. Appeals are addressed to the IDS Director.

Once research ethics approval has been given, the approval is recorded by the Research Ethics Administrator. At a minimum, a high-risk project should be reviewed mid-term and at the end of the project, and a narrative produced on how the ethical approach is working, any unforeseen risks that have arisen, and any necessary adjustments made in response to emerging issues. This narrative should be agreed between the PI and the REC, and uploaded to the CRM. Lessons on ethical approaches or navigating issues may be anonymised and contribute towards the development of resources.

9. Working in multiple cultures and jurisdictions

Almost all IDS research presents dilemmas where different norms of ethical behaviour pertain. We all come from and work with people of different cultures, nationalities, gender identities, ages, statuses, religions, philosophies and many other fundamental differences of perspective and power. The PI must consider how the principles of IDS ethics norms can be followed with integrity in the local circumstances.

We also work in a wide variety of jurisdictions. The PI must establish whether local ethics review is required, and ensure that it is acquired before proceeding with the research. Researchers are also responsible for understanding the laws to which research and researchers are subject in all the different jurisdictions in which they may operate.

Researchers should collaborate with local colleagues and partners to work through what is to be done about legal requirements and ethical issues, including inequities of resources and power, political risks, differences of cultural norms, gatekeeping, vulnerability, confidentiality and notions of informed consent.

Where multiple institutions are involved in a research proposal, and where the institutions adhere to the same principles of ethics, only one ethical review is required. In most cases, the institution at which the Principal Investigator is based is the one to undertake ethics review. Where IDS is not the lead institution,

such as in consortium projects, once ethics review has been approved at the PI's institution, the ethics approval should be recorded on CRM by the IDS lead. In this case, the PI on the project should get in touch with Research Ethics Administrator who will be able to review the proposed mitigation measures and, in collaboration with the Research Ethics Conveyor, will be able to provide an Institutional letter of support if agreed. CRM should also show the leading institution and which projects are consortium projects or proposals.

10. Safeguarding

There is a question on the ethics checklist to ensure researchers consider any safeguarding issues. If safeguarding risks have been identified through this, or during the ethics review, a safeguarding risk assessment should be completed and action taken to address the risks. (Please refer to the IDS Safeguarding Policy for further information). The project or issue would be referred to the Head of HR, who would ensure that this is carried out and actions agreed to address and remove or adequately reduce risks. The head of HR would also provide guidance and support, and involve additional IDS management or external advisors if necessary.

11. Data protection

Researchers are responsible for working with partners to make sound practical arrangements to maintain the integrity and security of research data, with support from the Institute. Researchers and research material are subject to the GDPR 2018 (see IDS Data Protection policy). Data management plans must be robust and demonstrate that care has been taken to anonymize, store and protect data effectively and in line with the regulations. If the ethical review identifies potential issues then the PI will be referred to the data protection officer for additional compliance support.

12. Monitoring ethical conduct of research

While the initial ethical review process at the start of a research project receives much attention, it is also vital that the researcher maintains ethical conduct throughout, especially as circumstance can often change as a project evolves. Principal investigators are responsible for monitoring that ethical processes are being adhered to, and for adapting responsively as research progresses. For projects of a year or longer, the PI should agree with the REC a date for reviewing how the ethical procedures are playing out in practice. Where new ethical issues arise, PIs should return to the review procedure in section 5 above. Monitoring should be proportionate to the nature and degree of risk entailed in the research.

The PI or her/his supervisor must report any adverse (undesirable) events arising out of or during the research, as soon as reasonably possible. In the case of a serious adverse event, such as public unrest or danger to participants, the PI must immediately stop the research and alert the IDS Ethics Convenor, Director of Research or Director within 24 hours. In case of doubt mentoring support can be provided.

13. Procedures in the case of complaint

IDS takes allegations of research misconduct very seriously. Our procedures in the case of complaint are based on those of the University of Sussex. Where formal investigation of a complaint or allegation is warranted (as established by the IDS Director of Research and one other senior member of staff), the case will be handled by the IDS Director.

14. Monitoring the policy

The Research Ethics Committee will make an annual report to the Research Strategy Committee (RSC). The Director of Research who chairs the committee will, in turn, take a short report to the Strategic Leadership Group (SLG). The report will include information on ethics reviews carried out and a short narrative report on training and resources and on how IDS staff members have dealt with issues arising. The report will also include any recommendations for amendment to the IDS Research Ethics Policy. The Director of Research monitors the performance of the ethics convenor and the ethics committee.

Issue Number	Date	Changes Made	Owner	Approved By
4	June 2020	Updated	Research Ethics Committee	<i>Julie Shaw</i>
3	2018	Updated	Research Ethics Committee	<i>Julie Shaw</i>
2	November 2015	Updated	Research Ethics Committee	
1	August 2014	First Issue	Research Ethics Committee	Research Strategy Committee

Annex 9: IDS Data Protection Policy 2020



IDS DATA PROTECTION POLICY

Introduction

This is a statement of data protection policy adopted by the Institute of Development Studies (IDS).

IDS is required to collect and use certain types of information about people with whom it deals in order to operate. These include current, past and prospective employees and students, clients/customers, the subjects of research, authors of publications, CCTV footage of the building, etc.

In addition, it may occasionally be required to collect and use certain types of personal information to fulfil its legal obligations. This personal information must be dealt with properly by whatever means it is collected, recorded and used – whether on paper, digitally, on video, or recorded on any other media.

There are safeguards to ensure this in the UK Data Protection Act 2018.

We regard lawful and correct treatment of personal information as important to the successful operation of IDS and to maintaining confidence between those with whom we deal and ourselves. To this end, we fully endorse and adhere to the Principles of data protection as enumerated in the Act.

Data Protection Principles

“Personal information” means information about an identifiable living individual.

“Processing” includes all aspects of collecting, editing, viewing, using, and disposal of information. The principles require that such information:

1. Lawfulness, fairness and transparency. Shall be processed fairly and lawfully, and shall not be processed unless specific conditions are met;
2. Purpose limitation. Shall be processed fairly and lawfully, and shall not be processed unless specific conditions are met;
3. Data minimisation. Shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with the purpose(s);
4. Accuracy. Shall be accurate and, where necessary, kept up to date;
5. Storage limitation. shall not be kept for longer than is necessary for that purpose or those purposes;
6. Integrity and confidentiality (security). Appropriate technical and organizational measures shall be taken against unauthorized or unlawful processing of personal data;
7. Accountability. Shall be processed in accordance with the rights of data subjects under the Act.

IDS Policy

Therefore IDS will, through appropriate management and strict application of criteria and controls:

- Observe fully conditions regarding the fair collection and use of information;
- Meet its legal obligations to specify the purposes for which information is used;
- Collect and process appropriate information, and only to the extent that it is needed to fulfil operational needs or to comply with any legal requirements;
- Ensure the quality of information used;
- Remind staff each year to remove personal information that is no longer needed;
- Ensure that the rights of people about whom information is held can be fully exercised under the Act. (These include: the right to be informed that processing is being undertaken; the right of access to one's personal information; the right to prevent processing in certain circumstances; the right to correct, rectify, block or erase information which is regarded as wrong.)
- Take appropriate technical and organizational security measures to safeguard personal information;
- Ensure that personal information is not transferred abroad without suitable safeguards.

In addition, IDS will ensure that:

- There is someone with specific responsibility for data protection in the organization. Currently the Data Protection Officer is Gary Edwards (dpo@ids.ac.uk). Any new kinds of personal data being processed or new uses of existing data should be notified to him to ensure that they are included in the terms of our notification to the Information Commissioners Office (ICO). (It is not necessary to notify individual databases provided that they are held only for purposes already notified).
- New products or systems that will potentially hold personal data will be reviewed by the data protection officer before being deployed
- Everyone managing and handling personal information understands that they are contractually responsible for following good data protection practice;
- Everyone managing and handling personal information is requested to attend appropriate training on data protection;
- Everyone managing and handling personal information is appropriately supervised;
- Queries about processing personal information are promptly and courteously dealt with.
- Subject access requests will be dealt within 40 calendar days of the access request being received.

Contact details

Gary Edwards, Data Protection Officer,
dpo@ids.ac.uk

Institute of Development Studies, Brighton, East Sussex, BN19RE, UK

T: + 44 (0) 1273 606261.

Annex 10: List of stakeholders interviewed

Key Informant Interviews

UN Agencies	Role	Male / Female	Organization
	Resident Coordinator / Humanitarian Coordinator	M	UN
	Deputy Humanitarian Coordinator	M	UN
	Former Humanitarian Coordinator	M	UN
	Food Security Cluster Coordinator	M	FAO
	Senior Programme Officer	M	FAO
	Food Security Analyst	M	FAO
	Senior Protection Adviser Inter-agency Protection Capacity (ProCap)	F	ProCap
	Regional Programme Coordinator – Humanitarian advisor	F	UN Women
	Chair Gender Network Co-managed by OCHA and UN Women	F	UN Women
	Deputy Chief of Mission	M	IOM
	Head, Project Development and Programme Support Unit	M	IOM
	Programme Coordinator	F	IOM
	Aden Office	M	IOM
	Rapid Response Mechanism (RRM) - MPCA	M	IOM
	Field Programme Coordinator	M	IOM
	Head of Office	M	OCHA
	Deputy Head of Office - Policy	M	OCHA
	Deputy Head of Office, Sana'a – Operations	F	OCHA
	Deputy Head of Office, Sana'a – Policy	M	OCHA
	Head of the Aden Sub-Office	M	OCHA
	Deputy Head of Office, Amman	M	OCHA
	OCHA-SCMCHA Liaison	M	OCHA
	Field Coordinator	F	OCHA
	Security Focal Point	M	OCHA
	Head Coordination and Planning Unit	F	OCHA
	Gender Analyst, Gender Network	F	UN Women
	Regional Coordinator	F	UN Women, Amman
	Resident Representative	M	UNDP
	Protection: Mine Action AoR Coordinator	F	UNDP
	Former – Director Political Affairs Section Yemen	M	Office of the UN Special Envoy for Yemen

Country Representative	M	UNFPA
Acting Head of Aden Office	M	UNFPA
Protection: GBV / Women Protection Coordinator	F	UNFPA
Gender Based Violence (GBV) Sub Cluster	F	UNFPA
Rapid Response Mechanism (RRM) - Coordinator	M	UNFPA
Reproductive Health Coordinator	M	UNFPA
Country Representative	M	UNHCR
Deputy Representative	F	UNHCR
Head of Donor Relations	F	UNHCR
Senior Protection Adviser (Inter-Agency Protection Capacity - ProCap)	F	UNHCR
Protection Assistant Representative	F	UNHCR
Cash-Based Interventions Officer	F	UNHCR
Information Management Officer	M	UNHCR
Camp Coordination and Camp Management (CCCM) Senior Cluster Coordinator	M	UNHCR
Camp Coordination and Camp Management (CCCM) Officer	F	UNHCR
Protection Cluster Coordinator	F	UNHCR
Protection Officer	F	UNHCR
Assistant Representative Protection	F	UNHCR Yemen
Country Representative	M	UNICEF
Chief of Field Operations	M	UNICEF
Nutrition Cluster Coordinator (former)	M	UNICEF
Protection: Child Protection Area of Responsibility Coordinator	F	UNICEF
WASH Cluster Coordinator	M	UNICEF
WASH Cluster Roving Coordinator	M	UNICEF
WASH Cluster Coordinator Aden Hub	M	UNICEF
Education Cluster	F	UNICEF
Country Representative	M	WFP
Deputy Head of Programme	F	WFP
Programme Officer	F	WFP
VAM Officer	M	WFP
Head of Operations, Aden	M	WFP
Logistics Officer	M	WFP
Logistics Cluster Coordination Officer	F	WFP
Logistics Cluster Deputy Coordinator	M	WFP
M&E Officer	M	WFP
Country Representative	M	WHO

Health Cluster Coordinator	M	WHO
Head of Office / Hub, Aden	F	WHO
Health Cluster Coordinator Aden	M	WHO
Head	M	Yemen Humanitarian Fund (YHF)

INGO	Role	Organization
	Team Leader, Yemen Analysis Hub	ACAPS
	Country Director	CARE
	Country Director	Civilians in Conflict
	Country Director	Danish Refugee Council (DRC)
	Protection Manager	Danish Refugee Council (DRC)
	Country Representative	Diakonie Katastrophenhilfe
	Outgoing Manager	ICRC
	Incoming Manager	ICRC
	Country Director	International Rescue Committee (IRC)
	Medical Coordinator	IRC
	Nutrition Manager	IRC
	Country Director	InterSOS
	Regional Humanitarian Affairs Advisor	Médecins Sans Frontières
	Section Head	Médecins Sans Frontières, Holland
	Section Head	Médecins Sans Frontières, Spain
	Section Head	Médecins Sans Frontières, Belgium
	Section Head	Médecins Sans Frontières, France
	Country Director	Norwegian Refugee Council (NRC)
	Area Programme Manager	Norwegian Refugee Council (NRC)
	WASH Cluster Coordinator	Qatar Charity
	Country Director	Save the Children International
	Education Cluster	Save the Children

National NGO	Role	Organization
	Executive Manager	Family Counselling and Development Foundation (FCDF)
	Project Coordinator	Family Counselling and Development Foundation (FCDF)

Executive Director	M	National Foundation for Development and Humanitarian Response (NFDHR)
Founder and Director	F	Hodeidah Girls Foundation (HGF)
General Director	F	Sustainable Development Foundation
Head Associate Executive Director	M	Yemen Family Care Association (YFCA)
Chairperson	F	Yemen Women's Union

Government / Authorities (Central)	Role	Organization
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Head of Executive Unit	M	Executive Unit, Aden
General Manager	M	Executive Unit, Marib
Deputy General Manager	M	Executive Unit, Marib
Deputy Minister	M	MOPIC
NGO Unit	M	MOPIC
Head of Sub-Branches	M	MOPIC
Deputy Head of SCMCHA Saada	M	SCMCHA
Secretary-General	M	SCMCHA
Head of SCMCHA Saada	M	SCMCHA
Minister of Agriculture	M	SCMCHA
Under-Secretary of Education	M	SCMCHA
Director of the Coordination Unit	M	SCMCHA
Deputy Minister of Water and Environment	M	SCMCHA
Head of SCMCHA	M	SCMCHA
Project Manager	M	SCMCHA
Head of SCMCHA Hajjah city	M	SCMCHA
M&E Manager	M	SCMCHA
Head of SCMCHA Dhamar	M	SCMCHA

Government / Authorities (Local)	Role	Organization
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Governor of Saada	M	
Head of National Water Authority	M	National Water Authority, Aden
Head of National Water and Sanitation Authority	M	National Water and Sanitation Authority (NWSA), Marib
Officer	M	Water Authority, Taiz
Head of General Authority for Rural Water Supply Projects	M	General Authority for Rural Water Supply Projects (GARWSP), Marib

Donor	Role		Organization
		F	Switzerland
		M	ECHO
		F	Finland
		F	Sweden
	Head of Yemen Team	M	UK
	Deputy Head of Yemen Team	M	UK
	Humanitarian Affairs Officer	M	UK
	Health	F	UK
	Food Security	F	UK
	Yemen Team Leader	F	US
	Yemen Deputy Team Leader	F	US
	Programme Coordinator	F	US
	Senior Operations Officer	F	World Bank
	Operations Officer	M	World Bank
Consultants / Academic / Researcher	Role		Organization
	IPC Analyst	M	Independent Consultant
	Researcher	M	Middle East Institute
	Researcher	F	Overseas Development Institute (ODI)
	Independent Consultant	F	Sana'a Center for Strategic Studies
	Co-Founder and Chairman	M	Sana'a Center for Strategic Studies

Focus Group Discussions

Name	Organization	Date of interview	Location
Lahj general hospital <ul style="list-style-type: none"> • 4 males • 2 females 			Lahj
Hodeida general hospital <ul style="list-style-type: none"> • 4 males • 2 females 			Hodeida
Hajjah general hospital <ul style="list-style-type: none"> • 4 males • 2 females 			Hajjah
Bajal general hospital <ul style="list-style-type: none"> • 4 males • 2 females 			Bajal, Al Hodeidah
Amran general hospital <ul style="list-style-type: none"> • 4 males • 2 females 			Amran
Saada district hospital <ul style="list-style-type: none"> • males • 2 females 			Sa'ada
Aden water authorities <ul style="list-style-type: none"> • 8 males 	Aden Water Authorities	26/08/2021	Aden
WFP cash distribution <ul style="list-style-type: none"> • 10 males 			Aden
IDP camp. Al Masqafa <ul style="list-style-type: none"> • 5 males • 3 females 	NRC		Al Masqafa, Tuban district, Lahj
Al Dhale Camp <ul style="list-style-type: none"> • 5 males, 4 females, more joined later 	ACTED		Al Dhale
Al Dhale Camp <ul style="list-style-type: none"> • 4 males • 3 females 	WFP SHS		Al Dhale

Name	Organization	Date of interview	Location
Al Mokha • 5 males, 5 females, Al Khair Foundation	Al Khair Foundation		Al Mokha
IDP community centre Two FGDs • 5 males • 5 females, JAAHD Foundation	UNHCR supported JAAHD Foundation	07/09/21	Hodeida
Main girls' school • Headmistress • 5 females several staff			Hodeida
WASH project in Al Qanawis district, Hodeida • 22 male villagers in attendance, including the rural water engineer and local NGO rep.	DRC		Al Zuhra District, Hodeida
UNICEF-supported water project, Hajjah. Bani Qais district. (Chicken farms). • 4 males	UNICEF supported		Bani Qais District, Hajjah
IDP camp, Kharif Two FGDs (Male, sheikhs + SCMCHA). Walk-about tour + impromptu FGD • 8 males – FGD1 • 2 males – FGD2 • 2 females – FGD2	NRC CCCM		Kharif, Amran
IDP camp, Ex-Salafi site Two FGDs • 5 males • 5 females	Not clear		Outside Sa'ada City
Almosymeer host community • 8 males aged 27-50 years		18/09/21	Almosaymeer, Lahj
Allakamah Alsawdah IDP Camp • 8 males aged 45-75 years		14/09/21	Al Dhale District, Al Dhale Gov.
Al-Sadafen IDP Camp • 7 males aged 30-60 years		14/09/21	Qatabah District, Al Dhale Gov.
Alamal (Hope) IDP Camp • 6 males aged 19-68 years		06/09/21	Alhawtah District, Lahj Gov.

Name	Organization	Date of interview	Location
Albaytarah-Alfoyosh IDP Camp • 6 males aged 25-60 years		06/09/21	Khor Maksar District, Lahj Gov.
Alqatae neighbourhood IDP Camp • 12 males aged 20-75 years		02/09/21	Crater District, Aden Gov.
Customs (Aljamarik) IDP Camp • 7 males aged 25-60 years		15/09/21	Al Dhale City, Al Dhale Gov.
Zahra Khalil IDP Camp • males aged 27-55 years		01/09/21	Dar Saad District, Aden Gov.
Doctors' neighbourhood IDP Camp • 8 males aged 23-60 years		02/09/21	Khor Maksar District, Aden Gov.
Ras-Alarah IDP Camp • 7 males aged 25-60 years		05/09/21	Al-Madaribah Wa Ras-Alarah District, Lahj Gov.
Al Dhale Customs IDP Camp • 11 females aged 15-50 years		14/09/21	Al Dhale, Al Dhale Gov.
IDP Camp Lahij Al-Houta Governorate • 10 females aged 19-49 years		06/09/21	Houta District, Lahj Gov.
Host community in Al-Musaimir • 6 females aged 25-50 years		18/09/21	Al Musaimir District, Lahj Gov.
Al-Sadafen IDP Camp • 9 females aged 20-55 years		14/09/21	Qatabah District, Al Dhale Gov.
Host community • 9 females aged 22-36 years		02/09/21	Cruter District, Aden Gov.
IDP Camp in Khor Maksar District (next to Emirates Sky Hotel) • 10 females		02/09/21	Khor Maksar District, Aden Gov.
Tariq bin Ziyad school and the home of a displaced person • 9 females aged 19-55 years		05/09/21	Ras Al Ara District, Lahj Gov.
Veterinary camp Tuban • 12 females aged 19-55 years		06/09/21	Tuban District, Lahj Gov.
Zahra Khalil IDP Camp • 14 females aged 19-75 years		01/09/21	Dar Saad District, Aden Gov.
Hajjah city FGD with local authorities on conditions IDP camps / settlements • 6 males		26/09/2021	Hajjah

Name	Organization	Date of interview	Location
Outskirts Hajjah city - Beni Qais FAO project • 3 males (local farmers)		27/09/2021	Beni Qais, Hajjah
FAO/UNDP/ILO/WFP project • 2 males (local farmers)		27/09/2021	Beni Qais, Hajjah
Deir Al Sarh camp, Abs – Hajjah FGD on camp conditions • 5 males • 7 females	DRC	27/09/2021	Abs, Hajjah
Abs – Titame Region IDP rights, lists • 4 females	Not clear	27/09/2021	Abs, Hajjah
Abs – UNHCR-managed camp Focus on medical supplies for children • 2 females in health clinic	UNHCR	27/09/2021	Abs, Hajjah
Abs – DRC-managed camp • 6 females	DRC	27/09/2021	Abs, Hajjah
Project – Promoting resilience and social cohesion Activity - Digging well for Dhamar public hospital • 6 males (at hospital) (ACTED, hospital management, local authorities)	ACTED, hospital management, local authorities	29/09/2021	Dhamar
UNHCR welcome centre DEEM Community Centre FGD on registration issues, entitlements, lists, protection • 6 females (+ quick hand-raising survey with approximately 60 females)		30/09/2021	Hawban District, Taiz Gov.
Project site: Akamat Alkabsh settlement • 7 males • 6 females		30/09/2021	Al Hawban, Taiz
Alnaderah district – Ibb governorate • 6 male workers (on road)		02/10/2021	Alnaderah District, Ibb
Building Foundation for Development NNGO on overall services, relations with UN etc. • 4 males • 2 females		03/10/2021	Sana'a

Name	Organization	Date of interview	Location
Family Counselling and Development Foundation Protection, SGBV, mental health <ul style="list-style-type: none"> • 8 females 		03/10/2021	Sana'a
Women's Union <ul style="list-style-type: none"> • 7 females Protection, economic resilience, impact of training <ul style="list-style-type: none"> • 35 females 		03/10/2021	Sana'a
Al Salam IDP Camp Focus on medical supplies for children <ul style="list-style-type: none"> • 1 male • 2 females 	UNHCR		Jahran District, Dhamar Gov.
Al-Jufinah Camp Two FGDs <ul style="list-style-type: none"> • 26 males • 10 females Aged 23-38 years		17/01/2022	Marib
Al-Swayda Camp <ul style="list-style-type: none"> • 14 males aged 22-35 years 		22/01/2022	Marib
Fulaifel Camp <ul style="list-style-type: none"> • 6 males • 1 female Aged 24-36 years		31/01/2022	Marib
Old Marib Camp <ul style="list-style-type: none"> • 9 males • 4 females Aged 20-40 years		31/01/2022	Marib
Asdas Camp <ul style="list-style-type: none"> • 5 males • 1 female Aged 25-35 years		06/02/2022	Marib

Notes:

1. IDP Camps / Host Communities: FGDs covered a broad range of services and sectors
2. Sector is only mentioned when only 1 sector was being covered in the FGD
3. FGDs included direct beneficiaries or local authorities or NNGOs

Name	Organization
• YMACC	YMACC
• Dr plus staff	ACF
• 2 x Drs plus hospital staff	WHO
WFP food distribution, Sa'ada City	SRHRP, Education Department
• Local education authority, headmaster etc.	UNICEF
Hospital Staff, Bajil district, Hodeida Governorate	
Al Fala school, Bajil	
WFP warehouse Bajil. (Included SCMCHA from Bajil)	
Dr, MD plus staff at hospital, Hodeida	
Port Manager	
Hospital general manager and staff, Hajjah	
Project Manager (Italian), emergency hospital	
Deputy manager and chief technician, Amran cement factory	
Director, Relief International and WHO, 22 May Hospital	
PM, MoH, International Nurses at MSF hospital and TFC	
School, Haidan	
UNICEF sewage system. IDP camp/host	
Sewage system, Saada Old City	
Ad Dhale Camp	WFP, SHS
UNICEF-supported water project, Hajjah. Bani Qais District. (Chicken farms).	UNICEF
WFP food distribution, Saada City	SFHRP, Education Department
IDPs Community Center, RADF and UNHCR (tour of centre and spoke with 2 staff members), Abs	
FAO agricultural project, Beni Quais	
FAO/UNDP/ILO/WFP project in support of farmers, Beni Quais	
IDP site - Bani Thawab, Al Hajjah, Abs – DRC-managed	
IDP site - Al Malaka site, Abs	
IDP site - Al Kharazah site, Abs	
IDP site - Al Salam site, Dhamar (SDF-managed on behalf of UNHCR)	
ACTED water project, Dhamar (spoke with 3 ACTED staff members)	
Hospital visit (linked to the ACTED water project), Dhamar - spoke with 3 hospital staff)	
Water Fields Power station, Taiz	
Deem Community Center, Taiz Hawban	

Name	Organization
Al Qubbah IDP site, Taiz Hawban	
IDP site – Akama, Taiz	
Cash for Work WFP, Wadi Bena	
Water well, Sheb Al Rayhan - ibb	DRC
IDP site - Al Qubbah, Hawban district - Ibb	
Women's Shelter, Sana'a	Protection Services
Psychosocial Support Clinic, Sana'a	Protection Services
Women Vocational Training Centre, Sana'a	Productive / Economic Assets
Visit to mobile health clinic with doctor and nutritionist, Lahj district	Basic Services Facilities Outside IDP Camps

**Some FGDs were also site visits and counted as such in the main report*

Annex 11: Bibliography

1. ACAPS (2022) Global Risk Analysis, March 2022, Geneva: ACAPS.
2. ACAPS (2021) Humanitarian Access Overview, December 2021, Geneva: ACAPS.
3. ACAPS (2021) Yemen: The Impact of Remittances on Yemen's Economy, Thematic Report, 15 October 2021, ACAPS.
4. ACAPS (2021) Yemen Risk Overview: Outlook for December 2020 – May 2021, ACAPS.
5. ACAPS (2021) Yemen Risk Overview: Outlook for December 2020 – May 2021 (March Update), Risk Update April 2021, ACAPS.
6. ACAPS (2021) Yemen Crisis Impact Overview: Key Humanitarian Developments in 2020 and Outlook for 2021, 10 May 2021, ACAPS Analysis Hub: Yemen.
7. ACAPS (2020) The Houthi Supervisory System, Thematic Report, 17 June 2020 ACAPS.
8. ACAPS (2020) Volatility of the Yemeni Riyal: Drivers and Impact of Yemeni Riyal's Volatility, Thematic Report, January 2020.
9. ACAPS (2019) Yemen: Drivers of Food Insecurity: 45 Districts with Pockets of Population Facing IPC 5 (Catastrophe), 12 April 2019.
10. ACAPS Analysis Hub (2022) Yemen: Areas of Control as at 19 February 2022, Humanitarian Data Exchange - <https://data.humdata.org/dataset/yemen-areas-of-control?>
11. AFP (2021) UN Experts Backpedal on Yemen Corruption Claims, France 24, 1 April 2021 – <https://www.france24.com/en/live-news/20210401-un-experts-backpedal-on-yemen-corruption-claims>.
12. Al-Hamdani, R. and Lackner, H. (2020) War and Pieces: Political Divides in Southern Yemen, European Council on Foreign Relations - https://ecfr.eu/publication/war_and_pieces_political_divides_in_southern_yemen/.
13. Al-Arhabi, A. I.; Al-Hawri, M. A. and Al-Batuly, A. A. A. (2010) The Second National Millennium Development Goals Report, Yemen Millennium Development Goals Report 2010, Ministry of Planning and international Cooperation and the United Nations Development Programme.
14. Al-Deen, M. S. (2021) Yemen's War-Torn Rivalries for Religious Education, Carnegie Endowment for International Peace - <https://carnegieendowment.org/2021/06/07/yemen-s-war-torn-rivalries-for-religious-education-pub-84651>.
15. al-Hamdani, R. and Lackner, H. (2020) Talking to the Houthis: How Europeans can Promote Peace in Yemen, European Council on Foreign Relations (ECFR) Policy Brief October 2020 – https://www.ecfr.eu/publications/summary/talking_to_the_houthis_how_europeans_can_promote_peace_in_yemen
16. al-Hamdani, R. and Lackner, H. (2020) War and Pieces, Political Divides in Southern Yemen, European Council on Foreign Relations (ECFR) Policy Brief January 2020 – https://www.ecfr.eu/publications/summary/war_and_pieces_political_divides_in_southern_yemen?utm_source=newsletter&utm_medium=email&utm_campaign=ecfr_press_release
17. al masdar (2019) "Where's our money" .. A Campaign Seeks the Fate of 20 Billion Dollars in International Aid to Yemen, 21 April 2019 المصدر أونلاين . <https://almasdaronline.com/articles/166832>.
18. Al-Mowafak, H. (2021) "Yemen's Water Crisis: A New Urgency to an Old Problem", 6 April 2021, PeaceLab - <https://peacelab.blog/2021/04/yemens-water-crisis-a-new-urgency-to-an-old-problem>.
19. Al-Mowafak, H. (2020) "The Time to Act on Yemen's Water Crisis is Now", November 2020, Yemen Policy Centre - <https://www.yemenpolicy.org/the-time-to-act-on-yemens-water-crisis-is-now/>.
20. Alexander, J. (2021) 25 Years of Aid Accountability, The New Humanitarian – <https://www.thenewhumanitarian.org/feature/2021/4/27/then-and-now-25-years-of-aid-accountability>, 27 April 2021.
21. ALNAP (2018) State of the Humanitarian System, ALNAP: London.

22. Alterman, J. B. (2018) Aid and Conflict: Pitfalls in Yemen, Center for Strategic & International Studies, 16 August 2018 – <https://www.csis.org/analysis/aid-and-conflict-pitfalls-yemen>.
23. Amnesty International (2020) Yemen War: No End in Sight, updated 24 March 2020 - <https://www.amnesty.org/en/latest/news/2015/09/yemen-the-forgotten-war/>.
24. Ardemagni, E. (2021) Yemeni Soldiers and the Battle for Pay, 30 April 2021 – <https://agsiw.org/yemeni-soldiers-battle-for-pay/>.
25. Ardemagni, E.; Nagi, A. and Transfeld, M. (2020) Shuyyukh, Policemen and Supervisors: Yemen’s Competing Security Providers, Italian Institute for International Political Studies (ISPI).
26. Basha, Z. A. (2022) ‘The Agrarian Question in Yemen: The National Imperative of Reclaiming and Revalorizing Indigenous Agroecological Food Production, The Journal of Peasant Studies: 8. <https://doi.org/10.1080/03066150.2021.2002849>.
27. BBC (2020) Yemen War: Coalition Ceasefire to Help Combat Coronavirus Begins, 9 April 2020 - <https://www.bbc.co.uk/news/world-middle-east-52224358>.
28. Beaumont, P. (2019) Yemen: Houthi rebels’ food aid theft only tip of iceberg, officials say, The Guardian, 2 January 2019 – <https://www.theguardian.com/global-development/2019/jan/02/aid-officials-aware-for-months-of-widespread-food-aid-theft-in-yemen>.
29. Beltrami, S. and Symington, A. (2020) No Time to Look Away ; Conflict, Economic Collapse and Coronavirus are pushing Yemen to the Edge of Famine, 21 September 2020, WFP - <https://www.wfp.org/stories/no-time-look-away-conflict-economic-collapse-and-coronavirus-are-pushing-yemen-edge-famine>
30. Bowcott, O. (2015) “UK Fuelling Yemen Civil War With Arms Sales to Saudi Arabia, Says Amnesty”, The Guardian, 17 December 2015 - <https://www.theguardian.com/world/2015/dec/17/uk-yemen-civil-war-arms-sales-saudi-arabia>.
31. Browning, N. (2017) Unpaid State Salaries Deepen Economic Pain in Yemen’s War, Reuters, 26 January 2017 - <https://www.reuters.com/article/uk-yemen-security-salaries-idUKKBN15A1X3>.
32. Cash Consortium of Yemen (n/d) Cash Consortium of Yemen.
33. CARE (2017) Addressing Food Crisis in Yemen: Executive Summary of Evaluation, Brief, CARE and ACF.
34. Caye, M (2020) “The Weaponization of Water Amidst Yemen’s Humanitarian Crisis”, 18 August 2020, Crossfire KM - <https://www.crossfirekm.org/articles/the-weaponization-of-water-amidst-yemens-humanitarian-crisis>.
35. Camacho, A.; Bouhenia, M.; Alyusfi, R.; Alkohlani, A.; Naji, M. A. M.; de Radiguès, X.; Abubakar, A. M.; Almoalmi, A.; Seguin, C.; Sagrado, M. J.; Poncin, M.; McRae, M.; Musoke, M.; Rakesh, A.; Porten, K.; Haskew, C.; Atkins, K. E.; Eggo, R. M.; Azman, A. S.; Broekhuijsen, M.; Saatcioglu, M. A.; Pezzoli, L.; Quilici, M-L.; Al-Mesbahy, A. R.; Zagaria, N. and Luquero, F. J. (2018) ‘Cholera Epidemic in Yemen, 2016-2018: An Analysis of Surveillance Data’, Lancet Global Health 6: e680-690.
36. Campbell, L. (2014) Overcoming obstacles: Inter-Cluster Coordination in Yemen, London: ODI.
37. Carter, B. (2017) Social Capital in Yemen. K4D, IDS: Brighton.
38. CCCM Cluster, IDP Hosting Site Monitoring Dashboard - https://reach-info.org/yem/cccm_sites/, REACH.
39. CCCM Cluster (2021) CCCM Cluster Yemen IDP Hosting Sites Overview Map, September 2021 - <https://reliefweb.int/map/yemen/cccm-cluster-yemen-idp-hosting-sites-overview-map-september-2021>.
40. CEWG (2017) Yemen 2017 YHRP Accountability Framework, OCHA – <https://reliefweb.int/report/yemen/yemen-2017-yhrp-accountability-framework-enar>.
41. Dalglish, S. L.; Khalid, H. and McMahon, S. A. (2020) ‘Document Analysis in Health Policy Research: The READ Approach’, Health Policy and Planning 35.10: 1424-1431.
42. Darcy, J. and Valingot, C. (2018) Evaluation of the UNICEF Level 3 Response to the Cholera Epidemic in Yemen: A Crisis Within a Crisis, New York: UNICEF.

43. Davies, G. (2021) Can a New Legal Case Stop UK Arms Sales to Yemen? - <https://odi.org/en/insights/can-a-new-legal-case-stop-uk-arms-sales-to-yemen/>.
44. Delahais, T. and Toulemonde, J. (2012) 'Applying Contribution Analysis: Lessons from Five Years of Practice' *Evaluation* 18.3: 281–293. 10.1177/1356389012450810
45. Development Initiatives (2020) *Global Humanitarian Assistance Report 2020*, Bristol: Development Initiatives.
46. Doucet, L. (2020) 'In the Rubble of Taiz, All Roads to a Normal Life are Blocked', 15 March 2020, *The Guardian* - <https://www.theguardian.com/world/2020/mar/15/taiz-yemen-roads-to-normal-life-blocked-houthi>.
47. DRC (2020) *For Us but Not Ours: Exclusion from Humanitarian Aid in Yemen*.
48. Easterly, G. (2018) 'Before 2014: Yemen's Economy Before the War', *The Yemen Peace Project*, 16 July 2018 - <https://www.yemenpeaceproject.org/blog-x/2018/7/16/before-2014-yemens-economy-before-the-war>].
49. Ecker, O.; Breisinger, C.; McCool, C.; Diao, X.; Funes, J.; You, L. and Yu, B. (2010) *Assessing Food Security in Yemen: An Innovative Integrated, Cross-Sector, and Multilevel Approach*, IFPRI Discussion Paper 00982, May 2010.
50. El Taraboulsi-McCarthy, S.; Holloway, K., and Al Jeddawy, Y. (2020) *Accountability Dilemmas and Collective Approaches to Communication and Community Engagement in Yemen*, London: ODI – <https://odi.org/en/publications/accountability-dilemmas-and-collective-approaches-to-communication-and-community-engagement-in-yemen/>.
51. Emergency Operations Center (2018) *Yemen: Diphtheria & Cholera Response Situation Report 26 (as of 17 March 2018)*.
52. European Commission (2011) "Worsening Humanitarian Situation in Yemen Triggers a €5 million Boost in European Assistance", Press Release, European Commission, 12 December 2011 - https://ec.europa.eu/commission/presscorner/detail/en/IP_11_1529.
53. FAO World Food Situation: FAO Food Price Index (FPI), release date 02/12/21 - <https://www.fao.org/worldfoodsituation/foodpricesindex/en/>.
54. FAO (2021) *Yemen: Shocks, Agricultural Livelihoods and Food Security, Monitoring Report, December 2021*, Rome: FAO.
55. Favari, E.; Geiger, M.; Krishnaswamy, S. and Tandon, S. (2021) *The 2020 Food Security Crisis in Yemen, Report*, Rome: World Food Programme and World Bank.
56. Federspiel, F. and Ali, M. (2018) 'The Cholera Outbreak in Yemen: Lessons Learned and Way Forward', *BMC Public Health* 18.1338: 1-8.
57. FEWS NET (2020) *Yemen Food Security Outlook Update, December 2020*.
58. FEWS NET (2019) *Yemen Food Security Outlook, December 2018 to May 2019*.
59. Gharib, M. (2018) *Why Sex Scandals Persist In The Humanitarian Aid World*, NPR. <https://www.npr.org/sections/goatsandsoda/2018/02/15/586135767/why-sex-scandals-persist-in-the-humanitarian-aid-world>, 15 February 2018.
60. Ghorpade, Y. and Ammar, A. (2021) *Social Protection at the Humanitarian-Development Nexus: Insights from Yemen*, Social Protection and Jobs Discussion Paper 2104, World Bank: Washington, DC.
61. Global Network Against Food Crises and Food Security Information Network (2021) *Global Report on Food Crises* – <https://www.wfp.org/publications/global-report-food-crises-2021>
62. Global Protection Cluster (2016) *The Centrality of Protection: Practical Steps for Humanitarian Coordinators and Humanitarian Country Teams*, November 2016.
63. GRFC (2020) *2020 Global Report on Food Crises: Joint Analysis for Better Decisions*, GRFC.
64. Hanania, R. (2021) *US Concerned about Houthis Stealing Humanitarian Aid*, Arab News, 13 March 2021 – <https://arab.news/cmzz>.

65. Health Workers in Yemen Fight for the Lives of COVID-19 Patients - <https://express.adobe.com/page/6WRK7L7ekvkeq/>
66. Heath, J. B. (2014) 'Managing the Republic of NGOs: Accountability and Legitimation Problems Facing the UN Cluster System' *Vanderblit Journal of Transnational Law* 47.239.
67. HeRAMS (2019) Yemen: Health Resources and Services Availability Mapping System 2018 (HeRAMS), https://www.google.com/search?q=2018+HeRAMS+Yemen&rlz=1C1GCEA_884&oq=2018+HeRAMS+Yemen&aqs=chrome..69i57j0i22i30j0i390.4145j0j4&sourceid=chrome&ie=UTF-8.
68. Human Rights Watch (2021) *World Report 2021: Events of 2020*, Human Rights Watch: USA.
69. Human Rights Watch (2017) *World Report 2017: Events of 2016*, USA: Human Rights Watch.
70. Human Rights Watch (2017) *Yemen: Coalition Blockade Imperils Civilians*, 7 December 2017 - <https://www.hrw.org/news/2017/12/07/yemen-coalition-blockade-imperils-civilians>
71. Humanitarian Exchange (2020) *Special Feature: The Crisis in Yemen*, HPN, ODI: London.
72. Humanitarian Outcomes (2021) *Aid Workers Security Database* – <https://aidworkersecurity.org/incidents/search?detail=1&country=YE>.
73. IASC. (no date) *Accountability to Affected Populations (AAP): A Brief Overview* – https://interagencystandingcommittee.org/system/files/iasc_aap_psea_2_pager_for_hc.pdf.
74. IASC (no date), *Humanitarian System-Wide Scale-Up Activation* - <https://interagencystandingcommittee.org/humanitarian-system-wide-scale-activation>.
75. IASC (2021) *IASC Humanitarian System-Wide Scale-Up Activations and Deactivations*, 30 October 2021 - <https://interagencystandingcommittee.org/humanitarian-system-wide-scale-activation>.
76. IASC (2016) *Response to the Yemen Crisis: An Operational Peer Review*.
77. ICRC (no date) *Rule 56. Freedom of Movement of Humanitarian Relief Personnel*, IHL Database: Customary IHL, ICRC - https://ihl-databases.icrc.org/customary-ihl/eng/docindex/v1_rul_rule56.
78. *Integrated Food Security Phase Classification (2021) IPC Acute Malnutrition Analysis – January 2020 – March 2021*, Issued in February 2021.
79. *Integrated Food Security Phase Classification (2020) IPC Acute Malnutrition Analysis: January – December 2020*, Issued in October 2020.
80. *Integrated Food Security Phase Classification (2020) IPC Acute Food Insecurity Analysis: October – June 2021*, Issued in December 2020.
81. *Integrated Food Security Phase Classification (2020) Yemen: Integrated Food Insecurity Phase Classification Snapshot – October 2020 – June 2021*, Issued December 2020.
82. International Crisis Group (2020) *Rethinking Peace in Yemen*, Middle East Report 216, international Crisis Group: Belgium.
83. International Organization for Migration (2021) *Ma'rib Response – 28 April-15 May 2021*.
84. International Rescue Committee (2020) *COVID-19 Testing and Cases Among Women in Conflict Settings May be Underreported*, New IRC Analysis Finds, 24 June 2020 - <https://www.rescue.org/press-release/covid-19-testing-and-cases-among-women-conflict-settings-may-be-underreported-new-irc>.
85. IOM (2019) *Accountability to Affected Populations* – <https://www.iom.int/accountability-affected-populations>.
86. IPC (2020) *IPC Acute Malnutrition Analysis: January – December 2020, Yemen: Partial Acute Malnutrition Analysis for 133 Districts in 19 Zones of Yemen*, Issued October 2020.
87. IPC (2020) *Yemen: Integrated Food Insecurity Phase Classification Snapshot, October - Yemen IPC acute food insecurity analysis October 2020 – June 2021*.

88. Jansen, M. (2021) Economic Fallout from Yemen Conflict Deepens Humanitarian Crisis, 18 October 2021, The Irish Times. <https://www.irishtimes.com/news/world/middle-east/economic-fallout-from-yemen-conflict-deepens-humanitarian-crisis-1.4703919>
89. Kiley, S.; El Sirgany, S. and Lainé, B. (2019) “CNN Exposes Systematic Abuse of Aid in Yemen”, CNN World - <https://edition.cnn.com/2019/05/20/middleeast/yemen-houthi-aid-investigation-kiley/index.html>.
90. Kim, J.; Humphrey, A.; Elsamahi, M.; Kadasi, A. and Maxwell, D. (2021) “I Could Not Sleep While They Were Hungry”: Investigating the Role of Social Networks in Yemen’s Humanitarian Crisis, Mercy Corps: USA.
91. Lackner, H. (forthcoming/2023) Yemen, Poverty and Conflict, Routledge.
92. Lackner, H. (2021) “The Future of Yemeni Agriculture and Water” in A. Alsoswa and N. Brehony (eds.) Building a New Yemen: Recovery, Transition and the International Community, London: I. B. Tauris.
93. Lackner, H. (2020) “Community-based Water Practices in Yemen” in M. Dubois King, (Ed.), Water and Conflict in the Middle East, Hurst: Oxford University Press: 121-150.
94. Lackner, H. (2020): ‘Global Warming, The Environmental Crisis and Social Justice in Yemen’, Asian Affairs 51.4: 859-874. <https://doi.org/10.1080/03068374.2020.1835327>
95. Lackner, H. (2020) How Yemen’s Dream of Unity Turned Sour, Jacobin, 22 May 2020 – <https://www.jacobinmag.com/2020/05/yemen-unity-anniversary-civil-war>
96. Lackner, H. (2020) “No Security Without Development in Yemen: A Community Based Approach Towards Long-Term Sustainable Peace’ in A. Vogt and S. Schmid (Eds.), Navigating the Regional Chessboard: Europe’s Options to Address Conflicts in the MENA Region, Lebanon: Friedrich-Ebert-Stiftung.
97. Lackner, H. (2020) “South Yemen after the British” in N. Brehony and C. Jones (Eds.), Britain’s Departure from Aden and South Arabia: Without Glory but Without Disaster, Germany: Gerlach: 185-200.
98. Lackner, H. (2020) “The Role of the United Nations in the Yemen Crisis” in S. Day and N. Brehony (Eds.), Global, Regional and Local Dynamics in the Yemen Crisis, Palgrave/Macmillan.
99. Lackner, H. (2020) Yemen’s Hopes and Expectations – Part 4: A Looming Environmental Disaster, Open Democracy, 14 February 2020 – <https://www.opendemocracy.net/en/north-africa-west-asia/yemen-hopes-and-expectations-part-4-looming-environmental-disaster/>
100. Lackner, H. (2020) Yemen’s Hopes and Expectations – Part 3: Living Conditions and Humanitarian Aid, Open Democracy, 7 February 2020 – <https://www.opendemocracy.net/en/north-africa-west-asia/yemens-hopes-and-expectations-part-3-living-conditions-and-humanitarian-aid/>
101. Lackner, H. (2020) Yemen’s Hopes and Expectations – Part 2: Can Saudi Arabia Leave Yemen? Open Democracy, 31 January 2020 – <https://www.opendemocracy.net/en/north-africa-west-asia/yemens-hopes-and-expectations-part-2-can-saudi-arabia-leave-yemen/>
102. Lackner, H. (2020) Yemen’s Hopes and Expectations – Part 1: The Stockholm Agreement, Open Democracy, 24 January 2020 – <https://www.opendemocracy.net/en/north-africa-west-asia/yemens-hopes-and-expectations-part-1-the-stockholm-agreement/>
103. Lackner, H. and Al-Eryani, A. (2020) ‘Yemen’s Environmental Crisis Is the Biggest Risk for its Future’, The Century Foundation – <https://tcf.org/content/report/yemens-environmental-crisis-biggest-risk-future/>
104. Lackner, H. (2019) Yemen in Crisis: The Road to War, London: Verso.
105. Lackner, H. (2016) Understanding the Yemeni Crisis: The Transformation of Tribal Roles in Recent Decades, Working Paper, Institute for Middle Eastern and Islamic Studies, Durham: University of Durham.
106. Lackner, H. (2016) Yemen’s ‘Peaceful’ Transition from Autocracy: Could it Have Succeeded?, Sweden: International Institute for Democracy and Electoral Assistance (International IDEA).
107. Lackner, H. (2014) Why Yemen Matters: A Society in Transition, London: Saqi Books.
108. LaGuardia, D. and Alabsi, A. (2021) Gender Equality, Women’s Empowerment & Social Inclusion: Why Are We So Far Behind in Yemen? July 2021, Foreign, Commonwealth and Development Office.

109. Lemire, S. T.; Bohni Nielsen, S. and Dybdal, L. (2012) 'Making Contribution Analysis Work: A Practical Framework for Handling Influencing Factors and Alternative Explanations', *Evaluation* 18: 294-309. [10.1177/1356389012450654](https://doi.org/10.1177/1356389012450654).
110. Levine, S. and Kusnierek, A. (2019) *Assessing the Cost of Ill-Health in North Kivu, Eastern Democratic Republic of Congo*, Humanitarian Policy Group Report, London: Overseas Development Institute.
111. Levine, S. and Kusnierek, A. (2019) *Counting the Cost: Assessing the Cost of Ill-Health in West Darfur, Sudan*, Humanitarian Policy Group Report, London: Overseas Development Institute.
112. Levine, S. and Sida, L. with Gray, B. and Venton, C. C. (2019) *Multi-Year Humanitarian Funding: A Thematic Evaluation*, Humanitarian Policy Group Report, London: Overseas Development Institute.
113. Levine, S.; Kusnierek, A. and Sida, L. (2019) *Early Response and Resilience Investments: The Case of Drought in Eastern Ethiopia in 2015-16*, Humanitarian Policy Group Report, London: Overseas Development Institute.
114. Mwatana for Human Rights (2020) *Undermining the Future: Attacks on Yemen's Schools, March 2015 – December 2019*, August 2020.
115. Maxwell, D.; Hailey, P.; Baker, L. S.; and Kim, J. J. (2019) *Constraints and Complexities of Information and Analysis in Humanitarian Emergencies: Evidence from Yemen*, Feinstein international Centre, Tufts University: Boston, USA.
116. Mayne, J. (2012) 'Contribution Analysis: Coming of Age?' *Evaluation* 18.3: 270–280.
117. Mayne, J. (2011) "Addressing Cause and Effect in Simple and Complex Settings through Contribution Analysis" in R. Schwartz, K. Forss, and M. Marra (Eds.), *Evaluating the Complex: Attribution, Contribution, and Beyond*, Transaction Publishers: Oxon.
118. Mayne, J. (2008) *Contribution Analysis: An Approach to Exploring Cause and Effect*, International Learning and Change (ILAC) Brief 16.
119. MCLA (2018) *2018 Yemen Multi-Cluster Location Assessment*.
120. Médecins Sans Frontières (2021) *Seeking Healthcare in Taiz, A City Split by a Frontline*, 24 August 2021 - <https://www.msf.org/seeking-healthcare-yemen-city-split-frontline>.
121. Médecins Sans Frontières (2019) *Yemen Cholera Early Upsurge in 2019*, May 2019.
122. Michael, M (2019) "UN Probes Corruption in its Own Agencies in Yemen Aid Effort", AP News, 5 August 2019 - <https://apnews.com/article/yemen-ap-top-news-theft-middle-east-international-news-dcf8914d99af49ef902c56c84823e30c>.
123. Middle East Monitor (2021) *Yemen Calls for 'Urgent' International Support as Economy Collapses*, 2 November 2021, Memo Middle East Monitor - <https://www.middleeastmonitor.com/20211102-yemen-calls-for-urgent-international-support-as-economy-collapses/>
124. Montemurro, M. and Wendt, K. (2021) *Principled Humanitarian Programming in Yemen: A "Prisoner's Dilemma"?*, Geneva: HERE-Geneva.
125. Moyer, J. D.; Bohl, D.; Hanna, T.; Mapes, B. R. and Rafa, M. (2019) *Assessing the Impact of War on Development in Yemen*, UNDP: Yemen.
126. Mundy, M.; Hakimi, A. and Pelat, F. (2014) 'Neither Security nor Sovereignty: The Political Economy of Food in Yemen' in Z. Babar and S. Mirgani (eds) *Food Security in the Middle East*, London: Hurst Publishing.
127. Nimkar, R. (2020) *Humanitarian cash and social protection in Yemen*, CaLP case study, Meraki Labs.
128. OCHA (no date) – See: <https://www.humanitarianresponse.info/programme-cycle/space/page/assessments-overview>.
129. OCHA (2021) *2021 Humanitarian Response Plan Monitoring Report: Yemen*, Humanitarian Programme Cycle January-June 2021, Issued October 2021.

130. OCHA (2021) Humanitarian Needs Overview: Yemen, Humanitarian Programme Cycle 2021, Issued February 2021.
131. OCHA (2021) Humanitarian Notification System (HNS): Standard Operation Procedure, March 2021, OCHA.
132. OCHA (2021) Humanitarian Response Plan: Yemen, Humanitarian Programme Cycle 2021, March 2021.
133. OCHA (2021) Humanitarian Update 6, June 2021.
134. OCHA (2021) Humanitarian Update 5, May 2021.
135. OCHA (2021) Yemen Commodity Tracker, January – March 2021.
136. OCHA (2021) Yemen: Humanitarian Access Snapshot, September – October 2021, OCHA.
137. OCHA (2021) Yemen: Humanitarian Access Snapshot, March – April 2021.
138. OCHA (2021) Yemen Humanitarian Fund Annual Report 2020, Yemen Humanitarian Fund.
139. OCHA (2021) Yemen: Ma’rib Situation Update, Situation Update No. 1, 27 February 2021.
140. OCHA (2020) Yemen: Humanitarian Access Snapshot – 2019 Yearly Review, OCHA.
141. OCHA (2020) Humanitarian Response Plan 2019: End-of-year Report, June 2020.
142. OCHA (2020) Humanitarian Response Plan: Extension June-December 2020, June 2020, OCHA.
143. OCHA (2020) Yemen: Cash and Voucher Assistance (CVA), January – December 2020, OCHA.
144. OCHA (2019) Yemen: Humanitarian Access Severity Overview, January 2019, OCHA.
145. OCHA (2019) Humanitarian Response Plan 2018: End-of-year Report, August 2019.
146. OCHA (2019) Humanitarian Response Plan: January-December 2019, February 2019.
147. OCHA (2018) Yemen: Humanitarian Access Severity Overview, February 2018, OCHA.
148. OCHA (2018) Humanitarian Needs Overview 2019, December 2018, OCHA.
149. OCHA (2018) Humanitarian Response Plan: January-December 2018, OCHA.
150. OCHA (2018) Yemen Humanitarian Update, Covering 19-25 February 2018, OCHA.
151. OCHA (2017) Ensuring Yemen’s Lifeline: The Criticality of All Yemeni Ports, as of 13 November 2017, OCHA.
152. OCHA (2017) Humanitarian Needs Overview 2018, December 2017.
153. OCHA (2017) Humanitarian Response Plan: January-December 2017, OCHA.
154. OCHA (2017) Humanitarian Response Plan: Revision, OCHA.
155. OCHA (2016) Humanitarian Needs Overview 2017, November 2016, Sana’a: OCHA.
156. OCHA (2016) Humanitarian Response Plan: January-December 2016, OCHA.
157. OCHA (2015) Humanitarian Response Plan 2015 Yemen: Revision, OCHA.
158. OCHA (2012) OCHA on Message: Humanitarian Principles – What are the Humanitarian Principles? – https://www.unocha.org/sites/dms/Documents/OOM-humanitarianprinciples_eng_June12.pdf.
159. Office of the Special Representative of the Secretary-General for Children and Armed Conflict (2019) Briefing to the UN Security Council on Yemen, 15 April 2019 – Briefing – <https://childrenandarmedconflict.un.org/2019/04/briefing-to-the-un-security-council-on-yemen/>.
160. Olielo, J. and Hofmann, C.-A. (2019) Yemen: Setting up a Common Service in a High-Risk Environment, Humanitarian Practice Network – <https://odihpn.org/magazine/yemen-setting-common-service-high-risk-environment/>, February 2019.
161. OSEYGY (2019) A Year After the Stockholm Agreement: Where are We Now?, December 2019 - <https://osesgy.unmissions.org/year-after-stockholm-agreement-where-are-we-now>
162. Oxfam (2019) UK Aid and Arms in Yemen, Oxfam Media Briefing.

163. Parker, B. (2020) UN Pulls Half Its Foreign Aid Staff Out of Yemeni Capital as COVID-19 Spreads, *The New Humanitarian* – <https://www.thenewhumanitarian.org/news/2020/05/20/un-yemen-pullout-staff-safety-covid-19>.
164. Peace Agreements Database, Yemen Timeline, Edinburgh: The University of Edinburgh - <https://www.peaceagreements.org/yemen-timeline>.
165. Press, A. (2021) Officials in Yemen: Houthi Blockade Restricts Aid, Movement, VOA, 17 October 2021 – <https://www.voanews.com/a/officials-in-yemen-houthi-blockade-restricts-aid-movement/6274697.html>.
166. Protection Cluster (2020) Yemen – Response and Gap Analysis, as of December 2020.
167. Political Settlements Research Programme (2020) Yemen’s Response to COVID-19: Part II - <https://www.politicalsettlements.org/2020/07/29/yemens-response-to-covid-19-part-ii/>.
168. Political Settlements Research Programme (2020) Yemen’s Response to COVID-19: Part I - <https://www.politicalsettlements.org/2020/07/27/yemens-response-to-covid-19-part->
169. Reardon, M. (2015) “Saudi Arabia, Iran and the ‘Great Game’ in Yemen”, *Al Jazeera*, 26 March 2015 - <https://www.aljazeera.com/opinions/2015/3/26/saudi-arabia-iran-and-the-great-game-in-yemen/>.
170. Reliefweb (2018) Oral Cholera Vaccination Campaign in Yemen Falls Short 2018 – Available from: <https://reliefweb.int/report/yemen/oral-cholera-vaccinationcampaign-yemen-falls-short>.
171. Robinson, K. (2021) Yemen’s Tragedy: War, Stalemate, and Suffering, Backgrounder, 5 February 2021, Council on Foreign Relations - <https://www.cfr.org/backgrounder/yemen-crisis>.
172. Sana’a Center for Strategic Studies (2020) Yemen’s Accelerating Economic Woes During the Covid-19 Pandemic, October 2020, Sana’a: Sana’a Center for Strategic Studies.
173. Sana’s Center for Strategic Studies (2019) Inflated Beyond Fiscal Capacity: The Need to Reform the Public Sector Wage Bill, Policy Brief 16, 23 September.
174. Shepherd, A.; Scott, L.; Mariotti, C.; Kessy, F.; Gaiha, R.; da Corta, L.; Hanifnia, K.; Kaicker, N.; Lenhardt, A.; Lwanga-Ntale, C.; Sen, B.; Sijapati, B.; Strawson, T.; Thapa, G.; Underhill, H. and Wild, L. (2014) *The Chronic Poverty Report 2014-2015: The Road to Zero Extreme Poverty*, Chronic Poverty Advisory Network, London: ODI.
175. Slim, H. (2015) *Humanitarian Ethics: A Guide to the Morality of Aid in War and Disaster*, London: Hurst & Company.
176. Smith, T. (2012) *Real time Monitoring for the Most Vulnerable: Yemen Social Protection Monitoring Survey 2011-2012*, IDS Special Bulletin, IDS: Brighton.
177. SOM Meetings in February 2020, November 2020, June 2021. <https://reliefweb.int/report/yemen/yemen-eu-co-hosts-humanitarian-community-meeting-famine-looms>
178. StatCounter (2021) Social Media Stats Yemen: June 2020 – June 2021, StatCounter GlobalStats - <https://gs.statcounter.com/social-media-stats/all/yemen>.
179. *Strengthening Collaboration Across the Humanitarian, Development and Peace Nexus in Yemen*, Options Paper, 1 December 2019
180. Tandon, S. and Vishwanath, T. (2021) ‘How Well is Humanitarian Assistance Targeted in Fragile Environments? Evidence from the Announcement of a Food Emergency in Yemen’, *Food Policy* 102.
181. Taylor, G. (2019) *Review of Yemen Humanitarian Fund Reserve Allocation 1: Final report*, Humanitarian Outcomes and OCHA.
182. The Cash Learning Partnership (2021) *Humanitarian Cash and Social Protection in Yemen, CaLP Case Study* – <https://reliefweb.int/report/yemen/humanitarian-cash-and-social-protection-yemen-calp-case-study>
183. *The Centrality of Protection: Practical steps for Humanitarian Coordinators and Humanitarian Country Teams*, November 2016. Retrieved from: <https://www.globalprotectioncluster.org/2016/11/10/centrality-of-protection-practical-steps-for-humanitarian-coordinators-and-humanitarian-country-teams/>.

184. Tshiband, S. A. (2019) 'Qat, War and the Political Economy of Aid in Yemen' in Tomorrow People Organization (ed.) Proceedings of International Conference: Peace and Conflict Resolution Conference 2019, Belgrade: Tomorrow People Organization, pp. 117-134.
185. UN (2021) Letter dated 15 July 2021 from the Chair of the Security Council Committee pursuant to resolutions 1267 (1999), 1989 (2011) and 2253 (2015) concerning Islamic State in Iraq and the Levant (Da'esh), Al-Qaida and associated individuals, groups, undertakings and entities addressed to the President of the Security Council, UN Security Council, 21 July 2021, S/2021/655 - https://www.securitycouncilreport.org/atf/cf/%7B65BF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/S_2021_655_E.pdf.
186. UN (2021) October 2021 Monthly Forecast: Middle East – Yemen, 30 September 2021, Security Council Report - <https://www.securitycouncilreport.org/monthly-forecast/2021-10/yemen-35.php>.
187. UN (2021) UN Yemen Economic Framework. Phase 1: Addressing Food Insecurity in Yemen, October 2021.
188. UN (2003) Guidelines on the Use of Military and Civil Defence Assets to Support United Nations Humanitarian Activities in Complex Emergencies, March 2003. https://www.unocha.org/sites/unocha/files/01.%20MCDA%20Guidelines%20March%2003%20Rev1%20Jan06_0.pdf
189. UNDP (2021) Fighting the Fear: Clearing Mines from Yemen's Rural Communities, 5 April 2021, Medium - <https://medium.com/@UNDPArabic/fighting-the-fear-clearing-mines-from-yemens-rural-communities-ae99fced29bd>.
190. UNDSS (2018) Safety and Security of Humanitarian Personnel and Protection of United Nations Personnel, Report of the Secretary-General (2018) A/73/392, 24 September 2018.
191. UNEG (2020) Ethical Guidelines for Evaluation, New York: UNEG.
192. UNEG (2016), Norms and Standards for Evaluation, New York: UNEG.
193. UNHCR (no date) Yemen CCCM Overview, Operational Data Portal - https://data2.unhcr.org/en/situations/yemen_cccm.
194. UNHCR (2021) UNHCR Operational Update, Covering the Period 3-13 May 2021.
195. UNHCR (2021) UNHCR Operational Update, Covering the Period 16-22 April 2021.
196. UNHCR (2020) Yemenis Displaced by Conflict Now Face Threats of Looming Famine, 11 December 2020 - <https://www.unhcr.org/uk/news/briefing/2020/12/5fd337994/yemenis-displaced-conflict-face-threats-looming-famine.html>.
197. UNICEF (2021) "Acute Malnutrition Threatens Half of Children Under Five in Yemen in 2021: UN", 11 February 2021, Press Release, UNICEF - <https://www.unicef.org/press-releases/acute-malnutrition-threatens-half-children-under-five-yemen-2021-un>
198. UNICEF (2021) Education Disrupted: Impact of the Conflict on Children's Education in Yemen.
199. UNICEF (2021) Remarks on the Situation in Yemen by UNICEF Executive Director Henrietta Fore at the 8840th Meeting of the UN Security Council, 23 August 2021 – <https://www.unicef.org/press-releases/remarks-situation-yemen-unicef-executive-director-henrietta-fore-8840th-meeting-un>.
200. UNICEF (2021) Yemen Country Office: Humanitarian Situation Report, Reporting Period 1-31 March 2021.
201. UNICEF (2021) Yemen Country Office: Humanitarian Situation Report, Reporting Period 1-31 January 2021.
202. UNICEF (2020) Country Office Annual Report 2020: Yemen.
203. UNICEF (2020) Yemen Country Office: Humanitarian Situation Report, Reporting Period 1-31 March 2020.
204. UNICEF (2019) Country Office Annual Report 2019: Yemen, UNICEF.
205. UNICEF (2019) Yemen Country Office: Humanitarian Situation Report, March 2019.
206. UNICEF (2018) Yemen Country Office: Humanitarian Situation Report, March 2018.
207. UNICEF (n/d) Yemen Crisis: What You Need to Know - <https://www.unicef.org/emergencies/yemen-crisis>.

208. United Nations Human Rights Council (2020) UN Group of Eminent International and Regional Experts on Yemen Briefs the UN Security Council Urging an End to Impunity, an Expansion of Sanctions, and the Referral by the UN Security Council of the Situation in Yemen to the International Criminal Court - <https://www.ohchr.org/EN/HRBodies/HRC/Pages/NewsDetail.aspx?NewsID=26563&LangID=E>
209. UN News (2018) “‘Stealing’ Food From Hungry Yemenis ‘Must Stop Immediately’, Says UN Agency”, 31 December 2018 - <https://news.un.org/en/story/2018/12/1029542>].
210. UN News (2018) Yemen: as cholera surges again, UN and partners double down on vaccination efforts 2018 – Available from: <https://news.un.org/en/story/2018/10/1022062>.
211. UN Security Council (2021) Final Report of the Panel of Experts on Yemen, 25 January 2021 – <https://digitallibrary.un.org/record/3898851?ln=en>
212. UN Security Council (2021) Letter Dated 22 January 2021 from the Panel of Experts on Yemen Addressed to the President of the Security Council, Distr.: General, 25 January 2021, S/2021/79.
213. Vuylsteke, S. (2021) A Centralized Response is a Slow, Ineffective Response, Sana’a: Sana’a Center for Strategic Studies.
214. Vuylsteke, S. (2021) To Stay and Deliver: Security, Sana’a: Sana’a Center for Strategic Studies.
215. WASH Cluster (2021) Yemen – WASH Cluster Bulletin, November 2021.
216. Wehrey, F.; Brown, N. J.; Al-Saif, B.; Fakir, I.; Boukhars, A. and Al-Deen, M. S. (2020) Islamic Authority and Arab States in a Time of Pandemic, April 2020, Carnegie Endowment for International Peace: Washington, DC.
217. WFP (2022) Yemen: Acute Hunger at Unprecedented Levels as Funding Dries Up - <https://www.wfp.org/news/yemen-acute-hunger-unprecedented-levels-funding-dries>
218. WFP (2021) Crisis Response Revision of Yemen Interim Country Strategic Plan (2019-2021) and Corresponding Budget Increase, WFP - https://docs.wfp.org/api/documents/WFP-0000135423/download/?_ga=2.124582986.1536051978.1648809013-1431578322.1648208359.
219. WFP (2021) Emergency Dashboard, May 2021 –https://api.godocs.wfp.org/api/documents/dc009e118b434d219a502c84f2e5adf3/download/?_ga=2.216769238.1383772141.1624630183-1444649707.1624196960
220. WFP (2021) WFP Yemen: Monthly Monitoring Update, September 2021, WFP.
221. WFP (2021) WFP Yemen Situation Report 5, May 2021, WFP.
222. WFP (2021) Yemen Food Security Update, October 2021. WFP
223. WFP (2021) Yemen Food Security Update, July 2021. WFP.
224. WFP (2021) Yemen Food Security Update, June 2021, WFP.
225. WFP (2020) Yemen Annual Country Report 2020: Country Strategic Plan 2019-2020, WFP.
226. WFP (2020) Yemen Annual Country Report 2019: Country Strategic Plan 2019-2020, WFP.
227. WFP (2020) Yemen: M&E Findings Overview 2020, WFP.
228. WFP (2019) World Food Programme Begins Partial Suspension of Aid in Yemen, 20 June 2019 – <https://www.wfp.org/news/world-food-programme-begins-partial-suspension-aid-yemen>.
229. WFP (2017) WFP Yemen Emergency Food Assistance: Prioritization and Targeting Strategy, June 2017, WFP - <https://docs.wfp.org/api/documents/95fe64a88e6f448ca07b03c6b91baf83/download/>.
230. WFP (2017) World Food Programme: Nutrition Activities in Yemen, June 2017, WFP - <https://docs.wfp.org/api/documents/d37016ed35bf40028295f5c0cff22f7e/download/>.
231. WFP (2016) Yemen- Special Focus: What Does the Conflict-Induced Public Sector Crisis Mean for Food Security in Yemen? Report, World Food Programme, Sana’a, Yemen.

232. WHO (n/d) Children aged <5 years stunted; Data by country 2021 [Available from: <http://apps.who.int/gho/data/node.main.CHILDSTUNTED?lang=en>].
233. WHO (2021) Situation Report, March 2021, Issue no. 3. Yemen Update, WHO.
234. WHO (2021) WHO Health Emergency Dashboard: Yemen, WHO - <https://covid19.who.int/region/emro/country/ye>.
235. WHO (2020) Yemen: Therapeutic Feeding Centres (TFC), October 2020 - http://www.emro.who.int/images/stories/yemen/therapeutic-feeding-centres-october_2020.pdf?ua=1.
236. WHO (2020) Yemen Update, Situation Report, Issue no. 7, July 2020.
237. WHO (2017) Statement by UNICEF Executive Director, Anthony Lake, WFP Executive Director, David Beasley and WHO Director-General, Dr Tedros Adhanom Ghebreyesus, following their joint visit to Yemen 2017 [Available from: <http://www.who.int/en/news-room/detail/26-07-2017-statement-byunicef-executive-director-anthony-lake-wfp-executive-director-david-beasleyand-who-director-general-dr-tedros-adhanom-ghebreyesus-following-theirjoint-visit-to-yemen>].
238. WHO (2013) Saving the Lives of Mothers and Children: Rising to the Challenge in Yemen, EMRO.
239. WHO, WASH Cluster and Health Cluster (2019) Joint Cholera Response Plan Yemen: July 2017, Integrated Response Plan: Yemen Cholera Outbreak (29 June 2017).
240. Wintour, P. (2021) Humanitarian System Not Listening to People in Crises, says UN aid chief. The Guardian, 21 April 2021 - <https://www.theguardian.com/global-development/2021/apr/21/humanitarian-failing-crisis-un-aid-relief>.
241. Wood, T. (2021) Abuse Scandals Still Rock the Humanitarian Aid World. Why is Progress So Slow? Prospect Magazine - <https://www.prospectmagazine.co.uk/world/abuse-scandals-humanitarian-aid-oxfam-who-congo-core-humanitarian-standard>, 19 May 2021.
242. Working Together for Yemen's Future. A Strategy for Strengthening Humanitarian, Development and Peace (PDP) Efforts in Yemen, 2020-2021, Draft of 27 November 2019.
243. World Bank (2021) Health Sector in Yemen, Policy Note, September 2021 - <https://www.worldbank.org/en/country/yemen/publication/health-sector-in-yemen-policy-note>.
244. World Bank (2021) Personal remittances, received (current US\$) - Yemen, Rep, World Bank Open Data. Washington, DC: World Bank - <https://data.worldbank.org/indicator/BX.TRF.PWKR.CD.DT?end=2016&locations=YE&start=1990&view=chart>.
245. World Bank (2021) The World Bank in Yemen - <https://www.worldbank.org/en/country/yemen/overview>
246. World Bank (2021) Yemen Macro Poverty Outlook, October 2021 - <https://www.worldbank.org/en/country/yemen/publication/economic-update-october-2021>
247. World Bank (2020) Digital 2020: Yemen, Datareportal, 18 February 2020 - <https://datareportal.com/reports/digital-2020-yemen>.
248. World Bank (2020) Yemen Dynamic Needs Assessment: Phase 3, 2020 Update, Washington: World Bank.
249. World Bank (2020) Yemen Macro Poverty Outlook, October 2020.
250. World Bank (2019) Yemen's Economic Update - April 2019 - <https://www.worldbank.org/en/country/yemen/publication/economic-update-april-2019>.
251. World Bank (n/d) GDP Per Capita (Current US\$) - Yemen, Rep. - <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?end=2019&locations=YE&start=2014>.
252. World Bank (n/d) Population Growth (Annual %) - Yemen, Rep. - <https://data.worldbank.org/indicator/SP.POP.GROW?locations=YE>.
253. Yemen Data Project (n/d) Yemen Data Project - <https://yemendataproject.org/index.html>.
254. Yemen Education Cluster and REACH (2021) Overview of Gaps in Education Service Delivery in Yemen and the Drivers of Poor Educational Outcomes.

255. Yemen Health Cluster (2021) Health Cluster Bulletin, July and August 2021 - https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/yemen_health_cluster_bulletin_-_july_august_2021_1.pdf.
256. Yemen Health Cluster (2021) Yemen Health Cluster – Achievements Dashboard -<https://app.powerbi.com/view?r=eyJrljoiMTEwN2EwNjUtNGI1My00ZDRiLWE4NzItMDJmNGFhY2QzODIhliwidCI6ImI3ZTNlYmJjLTE2ZTctNGVmMi05NmE5LTVkODc4ZDg3MMDM5ZCIsImMiOjI9&pageName=ReportSection4e69ebfee6a04d852853>.
257. Yemen Humanitarian Country Team (HCT) Protection Strategy 2018-2019, endorsed September 2018 – <https://www.globalprotectioncluster.org/wp-content/uploads/FINAL-Yemen-HCT-Protection-Strategy-Endorsed-2-Sep-2018-.pdf>.
258. Yemen Humanitarian Fund, Yemen Humanitarian Fund: 2018-2019 Stakeholder Survey Results –
259. https://www.unocha.org/sites/unocha/files/dms/YHF_2019%20survey_published.pdf
260. Yemen Nutrition Cluster (2021) Yemen Nutrition Cluster Bulletin, Jan-Dec 2020, Issue 10.
261. Ziegler, M. Manchester City Wage Bill Rises to English-Record £351m, The Times, 9 April 2021 – <https://www.thetimes.co.uk/article/manchester-city-wage-bill-rises-to-english-record-351m-rkqqhghhc>.

Data sources for secondary data analysis

- Integrated Food Security Phase Classification (IPC, <https://www.ipcinfo.org/>)
- Yemen Nutrition Cluster (<https://www.humanitarianresponse.info/en/operations/yemen/nutrition>)
- World Food Programme (WFP)
 - o mobile vulnerability analysis and mapping (mVAM) (<https://data.humdata.org/dataset/fc614ca0-210f-4094-92ac-fe29e49f9d44>)
 - o Food security and agriculture cluster (FSAC) data on coverage of food assistance programmes in terms of beneficiary numbers for the period 2018-2021.
 - o Generalized food distribution (GFD) tonnage data for 2015-2021
 - o Commodity vouchers through trader’s network (CVTN) cash-based transfers (CBT) food assistance for assets (FFA) amounts for 2015-2021
- Survey data on malnutrition (SMART, EFSNA)
- Financial tracking service (FTS) data (<https://fts.unocha.org/>)
- UNHCR
 - o UNHCR protection monitoring assessment dashboard
 - o UNHCR activities for IDPs and refugees