2016 YEMEN CRISIS APPEAL FINAL REPORT

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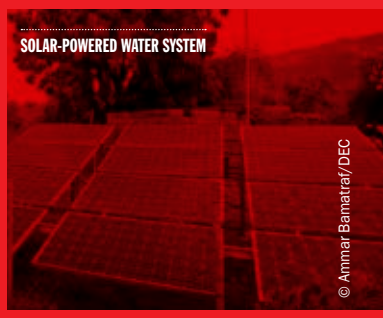

Cover image: An internally displaced person collecting water from a distribution point in Hajjah governorate, where Oxfam delivers water by truck while it completes a water network project.
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OVERVIEW

By December 2016, Yemen was on the brink of collapse after 19 months of brutal civil war in which civilians, hospitals and schools were targeted. More than 20 million people were in need of urgent humanitarian assistance. Some 17 million people – more than half of the population – did not have enough to eat, and seven million were at risk of famine. Public services had broken down and an estimated 14.8 million people could not access basic health care. More than three million people had fled their homes in search of safety and were living in makeshift accommodation or sheltering in public buildings.

On 13 December 2016, the Disasters Emergency Committee (DEC) launched the Yemen Crisis Appeal to the UK public, requesting funds for its member charities to address wide-ranging needs across the country. A total of £30 million was raised, with £20 million channelled to the DEC, including £5 million from the UK Government's Aid Match scheme, and the remaining £10 million donated directly to DEC member charities. This report provides an overview of how funds that were donated directly to the DEC were spent between December 2016 and December 2018.

DEC-funded activities were managed in two phases. During the first phase (December 2016 to June 2017), and despite ongoing conflict which made access to parts of the country extremely challenging, DEC member charities were able to get food, cash, clean water and medical treatment to people living in some of the hardest-hit areas. Damage to water and health systems was causing an emergency within an emergency, with more cases of cholera and acute watery diarrhoea reported every day. In response, DEC charities repaired water infrastructure, for example by mending damaged transmission lines and constructing solar-powered water systems in remote parts of the country. They also provided water purification tablets to families, and helped with water chlorination in public buildings and at large water distribution points. DEC funds were used to distribute oral rehydration sachets and to train health workers to prevent and treat cholera. With the health system barely functioning, DEC charities focused on renovating health facilities such as hospitals, and training community health workers and volunteers to identify, refer and treat people with malnutrition and communicable diseases. When a malaria outbreak began in Lahj governorate, one DEC charity quickly adapted its programme in two districts to support both the people who had recently fled into these areas as a result of conflict in their own region, and the host communities. It distributed mosquito nets to prevent the spread of malaria, and trained community volunteers to pass on key information about the cause, treatment and prevention of malaria.

When the second phase of DEC-funded activities began (July 2017 to December 2018), a second wave of cholera was sweeping the country, so DEC member charities continued to prioritise the provision of clean water and sanitation, installing or repairing water systems and toilets, and promoting good hygiene to prevent its spread. In Hudaydah governorate, DEC funds were used to upgrade a diarrhoea treatment centre to a permanent cholera health facility, providing a clean water supply, sanitary toilets and a waste management system. Oral rehydration therapy corners were also set up in particular hotspots or integrated into health and nutrition programmes, where affected people could receive life-saving oral rehydration therapy. Support continued for a range of health facilities around the country, including mobile health services to reach remote areas. As well as supplying medicines, medical equipment and hygienic delivery kits in hospitals and clinics, DEC member charities provided refresher training for midwives and other health workers. To reach people in remote areas, trained volunteers were given basic medical supplies to treat children for malaria, pneumonia and diarrhoea.

With access to many parts of the country extremely difficult and the humanitarian supply chain restricted, providing cash to affected communities proved a suitable alternative in areas where markets were working. When nutrition supplies were delayed at the port of Aden, for example, one DEC member charity targeted 600 malnourished families in Abyan with three rounds of cash per month. Cash-for-work schemes provided temporary employment for vulnerable families and were designed to benefit the wider community too, for example by clearing blocked culverts or repairing roads. As the economy plunged further into crisis, food prices continued to rise, so food vouchers and parcels were still an integral part of the response. Families helped to choose the contents of food parcels and were given a hotline number to call in case any items were missing at distribution points. Food shortages affected children in particular and rates of malnutrition continued to rise, exposing children to the risk of stunting and life-long cognitive impairment. With DEC funds, volunteers and parents were given colour-coded arm circumference tapes and trained how to take measurements to identify and refer cases of malnutrition for treatment.

Despite enormous operational, access and security challenges, DEC member charities succeeded in bringing life-saving assistance to thousands of Yemeni women, men and children. However, the crisis in Yemen remains the largest in the world and humanitarian assistance will be needed for the foreseeable future and at least until the conflict ends.

KEY ACHIEVEMENTS

Phase 1

(December 2016 to June 2017)

34,300
people, including 22,600 children, treated for communicable diseases and conflict-related injuries

755,800
people can access clean drinking water through repaired water infrastructure

47,000
hygiene kits distributed, including body and laundry soap

112,300
people reached with food parcels or vouchers for food

48,100
children screened for acute malnutrition

56,100
people received multi-purpose cash or vouchers to address immediate needs

Phase 2

(July 2017 to December 2018)

228,100
people can access improved health facilities

1,400
people trained in protection, including prevention of gender-based violence

11,200
children and pregnant and breastfeeding mothers treated for malnutrition

15,700
people took part in cash-for-work schemes or received grants to restore their livelihoods

55,400
people received treatment for cholera

72,300
people reached with food parcels or vouchers for food

A note on figures: A highlights box in each section of this report includes net figures for the number of people reached across the entire DEC-funded programme. Where sector totals have been provided across the entire programme duration, the highest net number of people reached in either Phase 1 or Phase 2 has been used to avoid potential double-counting across the phases, as some people might have received DEC-funded assistance in both. Where numbers are provided for Phase 1 and then Phase 2, some of the same people might have received DEC-funded assistance in both. All figures reported have been rounded down.

BACKGROUND

By the time the DEC launched its appeal for the people of Yemen in December 2016, more than 19 months of conflict had pushed the country towards social, economic and institutional collapse and left more than 20 million people in need of urgent humanitarian assistance. This aggravated an already dire humanitarian situation, brought on by years of poverty, poor governance and ongoing instability. With a GDP per capita of just US$2,700 per annum (2015 estimate), Yemen is ranked 185 out of 228 countries, and 160 out of 188 countries on the UNDP Human Development Index.

An estimated 17 million people – more than half of the population – were facing hunger every day, and seven million were at risk of famine. Yemen's malnutrition rates, already among the highest in the world, rose alarmingly, with an estimated 4.5 million children and pregnant and breastfeeding mothers acutely malnourished, including 462,000 children under five suffering from severe acute malnutrition. More than 15 million people could not access safe drinking water and sanitation, increasing the risk of communicable diseases. A cumulative total of 10,148 suspected cases of cholera were reported by mid-December 2016, with more expected.

Public services had broken down. An estimated 14.8 million people could not access basic health care, only 45% of the country's health facilities were still functioning, and medicines, equipment and staff were in short supply; 49 of the country's 276 districts had no doctors at all. At least two million children – more than a quarter of the school-age population – were out of school, with almost 1,700 schools either damaged by the conflict, hosting homeless families or occupied by armed groups.

More than three million people had fled their homes and were sheltering in any public building or space they could find, resulting in overcrowded facilities which lacked sanitary conditions. Eight million Yemenis were estimated to have lost their livelihoods or were living in communities with minimal to no basic services.[1]

> "I have recently returned from Sana'a and Hudaydah. . . I saw the desperation, fear, and resignation in the deep-sunken eyes of people I met who have lost all hope – either moved to anger or powerless despair."
>
> Stephen O'Brien, United Nations Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, 31 October 2016


FOOD AID

© Ammar Bamatraf/DEC

[1] Yemen humanitarian indicator sources used throughout this report: UNDP, Human Development Reports; OCHA, 'Humanitarian Needs Overview 2017'; WHO, 'Weekly update – Cholera cases in Yemen', 13 December 2016, available at: http://www.emro.who.int/pandemic-epidemic-diseases/cholera/cholera-update-yemen.html; OCHA, 'Crisis Overview,' available at: http://www.unocha.org/yemen/crisis-overview; OCHA, 'Humanitarian Needs Overview 2019'; OCHA, 'Yemen Humanitarian Update', Issue 3, 2019.

HOW WE HELPED

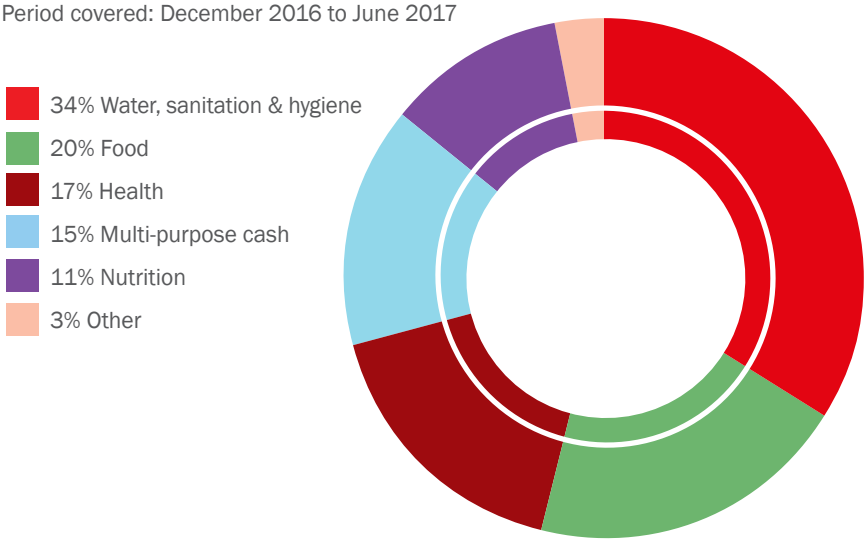
The Yemen Crisis Appeal raised a total of £30 million, with £20 million channelled to the DEC, including £5 million from the UK Government's Aid Match scheme, and the remaining £10 million donated directly to DEC member charities. Ten DEC member charities used DEC funds in Yemen during the two-year response. This report is on funds raised directly by the DEC and allocated to its members.

Despite ongoing conflict, which made access to parts of the country extremely challenging, DEC members and their partners provided some form of assistance to almost 1.4 million people with £7.9 million from DEC appeal funds during the first phase of the DEC response (December 2016 to June 2017). More than a third of expenditure was on water, sanitation and hygiene assistance to people living in some of the hardest-hit parts of the country, while food parcels, vouchers and multi-purpose cash accounted for another third. The majority of the remaining funds in this phase provided medical treatment and nutrition programmes for affected people.[2]

While the conflict continued and a second wave of cholera started to spread in May 2017, DEC member charities and their partners reached more than 986,000 people with some form of assistance with the remaining £10.4 million from DEC appeal funds between July 2017 and December 2018.[3] They continued to prioritise the provision of clean water and sanitation, installing or repairing 22 water systems and 378 toilets. Together with campaigns on cholera prevention run by locally recruited volunteers, this type of work accounted for 36% of expenditure. Providing cash proved an effective way for people to quickly access what they needed most, as well as supporting local markets where these were functioning, and accounted for 14% of expenditure. Food prices continued to rise, so providing food vouchers and parcels remained an integral part of DEC activities during the second phase, accounting for a further 14% of expenditure. DEC funds were also used to provide health and nutrition support.

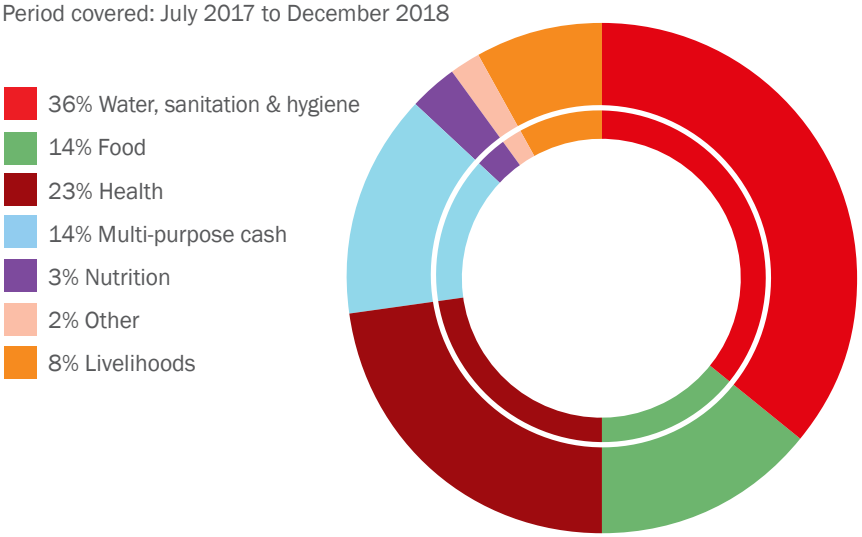
Phase 1 expenditure by sector

Period covered: December 2016 to June 2017



Phase 2 expenditure by sector

Period covered: July 2017 to December 2018



[2] A detailed report on the first six months of the DEC Yemen Crisis Appeal is available at: https://www.dec.org.uk/article/2016-yemen-crisis-appeal-six-month-report.
[3] Total costs for running the DEC Yemen Crisis Appeal were £1.7 million.

Clean water, sanitation and hygiene

By the time the DEC Yemen Crisis Appeal was launched, more than 15 million people needed support to meet their basic water, sanitation and hygiene needs. Across Yemen – already the world's seventh most water-scarce country – water networks had reduced services or had stopped functioning altogether, as a result of conflict-related damage and fuel shortages to run pumps. Limited access to safe drinking water, overflowing sewage and a lack of means to maintain personal hygiene contributed to one of the worst outbreaks of cholera in the world. Large-scale and prolonged displacement of thousands of people had put an additional burden on scarce water sources and access to drinking water for people who had been forced to leave their homes was a major priority. Consequently, the largest proportion of funds across the whole DEC-funded response was used to provide clean water and functioning sanitation services and to educate people about good hygiene practices.

The escalation of conflict in Hudaydah drove thousands of families to nearby Taizz and Lahj governorates to seek refuge, and the already precarious water and sanitation situation worsened, including an increase in cases of cholera and acute watery diarrhoea. In the second phase of DEC-funded activities, one DEC member charity overhauled six water points, along with three rainwater harvesting systems in Taizz, following discussions with the Yemeni authorities. This reduced the distance that people – mostly women – had to travel to collect water, and shortened queueing times for 31,900 people. It also set up nine water management committees to manage these water sources, and trained 73 women and men on basic plumbing and maintenance, to ensure long-term sustainability. To reduce the prevalence of water-borne diseases, the DEC member also distributed water filters in these areas, reaching 11,000 people, and installed new toilets for 75 families.

Another member charity used DEC funds to rehabilitate and install solar-powered pumps for four water supply systems in Hudaydah governorate, where water infrastructure had been badly damaged by conflict, and in neighbouring Amran, where 11 water supply systems were overhauled, including six rainwater harvesting tanks, which are used by 41,700 people. Before new water systems were installed, chlorine tablets were distributed to targeted families for three months. In Hajjah in the north, eight rainwater cisterns were dug and lined with bricks and cement. They provide communities with water for months and the cisterns can last for up to 10 years. Local communities and authorities were consulted on the sites for water schemes, taking into account ease of access for women and children, as they bear the primary responsibility for collecting water. For people far away from water points, chlorinated water was delivered by truck.

In consultation with the Education Department, three schools in Lahj and three in Taizz were connected to the water system and supplied with filters, bringing clean water to 3,300 children and teachers.

Each school was given a plumbing kit and school staff were trained in maintenance and repair. Children were targeted with messages about the importance of good hygiene practices, for example through colouring books and drawing competitions, and took part in Global Handwashing Day. The schools also received cleaning materials to organise clean-up campaigns.

Overflowing toilets, or a complete lack of them, led to contamination of water supplies. DEC funds were used to build, repair, desludge and clean toilets in villages, camps for displaced people, schools and health facilities, improving sanitation for 171,000 people in total.

Practising good hygiene is key to preventing the spread of disease. DEC funds were used to train volunteers to raise awareness of good hygiene practices to members of their communities, for example in Lahj and Taizz during the second phase of DEC-funded activities, where 60 volunteers, half of them women, provided information to 150,900 people.

Though the project specifically targeted women and children as the most vulnerable, it was essential to include men in this work as in Yemen they are often the family decision-makers. Leaflets and posters in Arabic giving information on hygiene were displayed in communities, using illustrations to reach those with limited literacy skills. In Hajjah, 30 community awareness groups reached 5,500 people through house-to-house visits and in schools and mosques. They also organised clean-up campaigns to collect and dispose of rubbish on the streets. In total, with DEC funds, member charities reached 488,700 people with information about good hygiene.[4] As many families could not afford to buy soap, hygiene kits containing buckets as well as personal and laundry soap were distributed to 16,200 families.

Between December 2016 and June 2017, 1.06 million people were reached with water, sanitation or hygiene support from DEC funds; and 647,300 people between July 2017 and December 2018.

HIGHLIGHTS

- **998,800** people gained access to safe drinking water through repaired infrastructure
- **155,200** people have access to improved sanitation services in health facilities and schools
- **99,200** hygiene kits were distributed, including to people at high risk of cholera

RESPONDING TO CHOLERA

By the end of 2017, there were 900,000 suspected cholera cases and more than 2,000 deaths. On 14 May 2018, a state of emergency was declared.

To help prevent further spread of the disease, DEC funds were used to improve community awareness on cholera prevention, repair water systems to provide clean water, repair or build community toilets and provide health facilities with medical supplies. In Hudaydah governorate, where continued fighting had severely disrupted water and sanitation services, a diarrhoea treatment centre inside one of the country's main referral hospitals was upgraded to a permanent cholera health facility with DEC funds, including a clean water supply, sanitary toilets and a proper waste management system. In all, 14,400 people received treatment at this centre during the reporting period, 17% of whom were children under the age of five.

Without prompt treatment, cholera can kill even healthy adults within hours. To reach affected communities quickly and effectively, 35 oral rehydration therapy corners were also set up as part of this DEC-funded project in particular hotspots and remote areas in Hudaydah and neighbouring Hajjah so affected people could receive life-saving oral rehydration therapy and advice on good hygiene and adequate nutrition. Water supplies in these units were also upgraded, and toilets repaired or installed. In all, 37,400 people were treated as part of this one intervention, including 10,400 children under the age of five.

DEC funds also supported five epidemic blocking teams in cholera hotspots in Al Hali and Al Hawak districts of Hudaydah, who travelled door-to-door providing 54,000 people with information on chlorinating water, managing mild cases of dehydration and what to do with more severe cases. To reduce the risk of the disease spreading, the teams also visited families who had been in contact with known cholera cases and referred them for treatment.

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[4] The majority of these individuals were also reached with other forms of assistance and are included in the overall total of people reached with DEC funds; i.e. 165,800 of 1.4 million people were reached with hygiene promotion activities in Phase 1; and 322,900 of 986,000 people in Phase 2.

Providing food

Protracted conflict disrupted agriculture, markets and trade and destroyed livelihoods, reducing families' ability to grow or buy food. When the DEC Yemen Crisis Appeal was launched in December 2016, an estimated 17 million people did not have enough to eat, including seven million who did not know where their next meal was coming from.

DEC member charities made use of local products wherever possible when providing food. In Taizz city during the first six months of DEC-funded activities, for example, 87,300 vulnerable people received vouchers which they exchanged for fresh bread every day for a month in a network of 42 local bakeries. Families selected to receive food parcels helped to choose the items to be included. In the second phase of DEC-funded activities, for example, 1,200 families in Lahj and Taizz governorates received 25kg of white flour, 10kg of rice, 10kg of lentils, and five litres of cooking oil a month for four months through a DEC member's intervention. Each family was given a ration card, listing the items and quantities that would be in each food parcel, so that they knew what they were supposed to receive. If anything was missing, they were able to call a hotline number, which was also printed on the ration card.

Hadramaut governorate in the east of the country is home to thousands of Somali refugees, but monitoring showed that the area had received very little support. In the second phase of DEC-funded activities, a member charity worked closely with an organisation of Somali refugees and provided 600 families with three monthly food parcels.

As DEC member charities were sometimes able to procure food at a lower price than anticipated, they were able to reach more families than initially planned – for example, in one area, 1,480 families were reached with monthly food parcels, far exceeding the planned target of 750 families. Another DEC member's partner overachieved its target for food vouchers during the first phase of the DEC-funded response by 189%, reaching 984 families, and by 28% during the second phase, when it reached 1,120 families with three rounds of monthly food vouchers in Abyan and Aden governorates. These families were also enrolled onto a DEC-funded nutrition programme to provide a more comprehensive and impactful response. In household surveys in Abyan, 99% of respondents said they understood the selection criteria for receiving food vouchers (families with severely or acutely malnourished children, and female-headed families). Most (88%) said the food they received through the voucher scheme was enough to meet their basic needs for a month, though larger families found this a struggle.

Between December 2016 and June 2017, 112,300 people benefitted from some form of food assistance with DEC funds; and 72,300 people between July 2017 and December 2018.

HIGHLIGHTS

- **88,800** people reached with food parcels
- **95,700** people reached with vouchers for food

FOOD FOR VULNERABLE FAMILIES

As fighting erupted near their home in Aden governorate, Aioosh and her family were forced to flee. When eventually they returned, Aioosh's seven-year-old granddaughter, Aaraya, was diagnosed with malnutrition, and the family was selected to take part in a DEC-funded food programme, along with 1,000 other families. Experience has shown that targeting the whole family – rather than just the malnourished child – delivers the best outcomes for all. Aioosh's family received monthly food vouchers for three months, which they could exchange for food in locally approved stores.


© Ammar Bamatraf/DEC

Aioosh, aged 60, is head of the family. "I feel responsible for keeping the family safe and fed. The war has affected us all. This area became a battleground – we had to flee our homes to save our lives. By the time we came back, there was no electricity, no water, and homes had been badly damaged. Some lost their homes completely. May God protect those that have helped us with distribution of this food. We are much better now thanks to that help – thank you!"

Omar, 25, and his family were also chosen to take part in the programme. "My father died in a road traffic accident and my brother was killed in the war," he says. "To survive I sold a camel and bought a motorcycle with a trailer. I use this to collect plastic bottles that pollute the area and sell them for recycling. It barely keeps us going but it's all I have and so it's what I do. The food basket helps us so much. I wouldn't be able to afford to buy this food. It should last us around a month and a half."

HEALTH CARE FOR SICK CHILDREN

When Amal couldn't breastfeed her son, Mohammed, she began to use formula instead. Unfortunately, because she wasn't able to sterilise the bottles properly, he contracted an intestinal infection and developed acute diarrhoea, which for a six-month-old baby can be life-threatening.

"I was so worried about him but there was nothing to do," says Amal. "I had no money. I couldn't afford to get to the health clinic 45 minutes away, nor could I afford hospital fees and the cost of medicine." Amal's husband is a handyman, but has rarely been able to find work over the past three years because of the conflict, and the family struggled to make ends meet.

As Mohammed's condition deteriorated, Amal's aunt advised her to take Mohammed straight to the Al Heab health facility, supported with DEC funds, where her baby could receive free treatment. "As soon as I reached the health facility, doctors did a medical check-up on Mohammed and gave him ORS [oral rehydration solution] and antibiotics. They also advised me to breastfeed him again."

Thanks to DEC funds, Al Heab health facility was rehabilitated and reopened after 15 years of closure, one of 96 such facilities renovated with DEC funds across Yemen.

Amal is relieved that her son quickly made a full recovery. "If we had to pay, God knows what would have happened to Mohammed."


© Hadil Saleh/Save the Children

Health

Months of continuous conflict had brought the country's health system to the verge of collapse. By the time the DEC launched its appeal for Yemen in December 2016, an estimated 14.8 million people did not have access to basic health care. Only 45% of health facilities were functioning and even these experienced severe shortages of medicines, equipment and many staff had not been paid for months. This, along with the collapse of many public water and sanitation services, contributed to the unprecedented scale of the 2017 cholera outbreak, which had claimed more than 2,000 lives by November 2017 (see **Responding to cholera**, page 6).

DEC funds supported a range of health facilities around the country, including mobile health services to reach remote areas. In Lahj and Taizz governorates, for example, a DEC member charity supported two referral hospitals, two rural hospitals, 10 health centres and three health units. DEC funds were used to pay a stipend to 78 health workers, as well as to provide medicines, equipment and other medical supplies, and to support running costs such as cleaning materials and cleaners. To ensure safe births, hygienic delivery kits and equipment were supplied, along with three days of refresher training for 34 midwives, who provided ante and postnatal care as well as family planning and counselling services. DEC funds were also used to distribute 4,682 baby kits at these health facilities, to encourage women to deliver their babies there, where help was on hand, as well as 8,300 mosquito nets to protect mothers and newborn babies.

To extend the reach into communities, health volunteers were recruited, including 68 in remote areas of Lahj and Taizz governorates. They were trained on integrated community case management, given essential medical supplies and equipment to treat children under five for malaria, pneumonia and diarrhoea, and referred more complicated cases for further treatment, reaching a total of 12,000 children. A measles vaccination campaign was also conducted in these areas during the second phase of DEC-funded activities, in coordination with the Ministry of Public Health and Population.

In Hadramaut, a vast and sparsely populated governorate in the east of the country, a DEC member charity set up and ran three mobile clinics to provide health services in remote, under-served districts, in partnership with the Ministry of Public Health and Population. The clinics delivered integrated health and nutrition services, such as managing communicable and non-communicable diseases, vaccination, deworming, antenatal and postnatal services, and nutrition and health education sessions. Three district hospitals were also supplied with drugs, and community health volunteers were trained on first aid and community mobilisation. All staff were recruited from the same districts, creating an environment of confidence and easy acceptance from the target communities. In all, this project reached 84,000 people, including families who had fled to Hadramaut to escape conflict, and the communities hosting them.

A DEC member charity supported 27 primary health care centres in Sana'a, Sada'a, Taizz and Aden with DEC funds, including those near front lines. Support included monitoring visits, monthly provision of drugs, equipment such as an incubator and pulsometer, and training and financial incentives for staff. These centres provided services such as vaccinations and antenatal consultations. Three were badly damaged during fighting, but DEC funds helped them to continue functioning, and also allowed 19 centres to set up cholera treatment units during the cholera outbreak, which managed roughly 86,000 suspected cases.

In Hajjah city, where pregnant women had little access to health care, DEC funds supported an emergency obstetrics centre in a health facility. However, a strong preference for giving birth at home, because of cultural taboos and the cost of travel from remote areas, meant it was difficult to encourage women to give birth in the centre. Nevertheless, skilled medical staff assisted in the birth of more than 200 babies during the second phase of DEC-funded activities, though most women who came to the centre were complicated cases that traditional midwives were hesitant to deal with. The obstetrics centre also provided general reproductive and mother and child health consultations, but a widespread lack of awareness among Yemeni women about reproductive health services meant it was difficult to persuade many to invest the time and money required to reach the centre. In total, 11,770 women accessed the centre's general reproductive health services and 4,300 benefitted from gynaecological services.

In many locations, health services were integrated with activities to prevent malnutrition – for example, women visiting a health centre for advice on infant feeding could also access family planning services; and health volunteers who visited families in their homes were trained to identify cases of malnutrition, enabling more vulnerable people to be reached with vital services.

DEC member charities funded training on managing mobile and fixed health clinics, such as setting up surveillance systems to inform disease prevention and control measures, and case management. Insecurity made access to some of the rural health centres extremely difficult, so DEC member charities supported them via phone using WhatsApp to receive reports and communicate with the Ministry of Public Health and Population coordinator, who was able to conduct supervision and follow-up visits when DEC member charities could not.

To help ensure these services continued after DEC-funded activities came to an end, various measures were put in place, such as implementing project activities in line with existing government or traditional systems and protocols, using local services and suppliers as much as possible, and employing local community mobilisers to increase coverage and act as the link with communities.

Between December 2016 and June 2017, 154,400 people accessed some form of health assistance with DEC funds; and 436,700 people between July 2017 and December 2018.

HIGHLIGHTS

- **58,500** people received cholera treatment
- **25,439** women received reproductive health care including ante/postnatal services
- **2,800** community health volunteers trained in public health surveillance and first aid

© Mohammed Awadh/Save the Children

SUPPORT FOR HOSPITALS

In August 2018, a school bus was bombed in an airstrike in Dahyan, Sada'a governorate, killing 50 people, most of them children. Twelve-year-old Khaled survived with burns to his face, damage to his leg and fragments of shrapnel in his skull. A passing motorist picked him up and took him to Al Thawra hospital, which is supported with DEC funds. "I passed out," he says. "I was unconscious for 25 days. I didn't know who was coming and going. I just lay there."

As well as treatment, training for health staff and medical supplies, DEC funds also provided intensive psychosocial support sessions to help children like Khaled to overcome the trauma they have suffered. Khaled is now slowly recovering, thanks to the prompt care he received.

Cash support

Providing cash ensured people in need had quick access to what they most urgently required and proved an effective way to overcome logistical challenges. When nutrition supplies became stuck in the port of Aden during the second phase of DEC-funded activities, for example, one DEC member charity targeted 600 malnourished families in Abyan with three rounds of cash per month instead. As well as giving families more choice, flexibility and dignity in meeting their food needs, it also supported local markets.

As fighting intensified around Hudaydah, more families fled to neighbouring governorates, arriving with few possessions and their finances already exhausted. As part of one intervention during the second phase of DEC-funded activities, 600 families who had recently arrived in Lahj received a monthly cash grant for five months, and 400 families in Taizz received three rounds, as well as hygiene kits. Surveys showed that 50% of the cash was used to buy food, 17% was spent on clothes and 9.2% on medical expenses, while fuel accounted for 7.6%, water 4.8%, and debt repayments 5%. A total of 96.3% of respondents had an acceptable food consumption score compared with the baseline (47%). Village committees helped to select the families who would take part, based on agreed criteria such as women-headed families, displaced people, widows, orphans and other vulnerable people.

Between December 2016 and June 2017, 56,100 people received multi-purpose cash from DEC appeal funds; and 14,900 people between July 2017 and December 2018.

HIGHLIGHTS $

- **71,000** people received multi-purpose cash or vouchers to meet their immediate needs
- Surveys showed that **50%** of the cash was used to buy food

Improving nutrition

By December 2016, a combination of food scarcity, poor childcare practices and collapsing public water, sanitation and health systems meant that 4.5 million children and pregnant and breastfeeding mothers needed services to treat acute malnutrition – a 148% increase since late 2014. Of these, approximately 2.1 million were acutely malnourished children, who were consequently more susceptible to diseases such as cholera, measles and diphtheria, and at risk of life-long stunting and cognitive impairment.

DEC funds targeted those most at risk, including children under five and pregnant and breastfeeding women, providing treatment for those already malnourished and preventing malnutrition, for example by supporting better infant and young child feeding practices and providing micro-nutrient supplementation.

As part of the second phase of the DEC-funded response in Lahj and Taizz governorates, a DEC member charity supported 17 health facilities which served both newly-arrived families and host communities. The facilities were provided with nutrition supplements for cases of severe acute malnutrition, as well as cleaning materials, water and stationery, and health workers were given a monthly incentive to provide good-quality nutrition services. A referral system was also activated for more complicated cases. Skilled staff were in short supply, so DEC funds provided a three-day refresher course for over 70 health workers and midwives in these governorates on managing acute malnutrition and on healthy infant and young child feeding. Eighteen mother leaders, who were also trained on improved infant feeding, set up and counselled 75 mother-to-mother support groups in Lahj and in Taizz, each with 15 members. To widen the reach, community volunteers were trained and given monthly incentives to deliver important information about infant and young child feeding and nutrition to their communities, reaching a total of 98,000 people. A positive, unintended impact of this project was its contribution to developing Yemen's first ever strategy on infant and young child feeding practices, which addressed the capacity of health workers and the challenges and malpractices related to infant formula. The process was led jointly by a DEC member charity, the Ministry of Public Health and Population, and UNICEF.

In Abyan and Aden, targeted families were given information on the nutritional value of different types of food for children and the importance of breastfeeding for infants. A survey conducted during the final months of the project revealed that 83.2% of respondents were able to mention at least three optimal infant and young child feeding practices that promote better growth and development, and 41.6% breastfed their babies exclusively (above the national rate of 10%).

Between December 2016 and June 2017, 141,700 people benefitted from some form of nutrition support with DEC funds; and 139,600 people between July 2017 and December 2018.

HIGHLIGHTS

- **114,400** children screened and 6,910 treated for malnutrition
- **4,290** pregnant and breastfeeding mothers treated for malnutrition
- **185,500** people received information on good nutrition practices

LIFE-SAVING NUTRITION SUPPORT

Nabil is eight months old and suffering from severe acute malnutrition. He weighs only 4kg – less than half the average weight for a baby his age. “In all the years I’ve worked on malnutrition, I’ve never seen anything as bad as this,” says Dr Adel, the nutritionist who is treating him. “Skin on bones.”

Nabil and his family left Hudaydah when fighting reached the city and now live in a tent in a camp for internally displaced people in Lahj. Nabil’s mother, Hanifa, is unable to breastfeed because of an operation, but formula is expensive, and they have very little money, as Naser, her husband has been unable to find work. Eventually, they sold their mattresses, so they could buy milk for Nabil. When he developed diarrhoea, he quickly became malnourished, so his parents have brought him to a DEC-funded clinic where he is now receiving free treatment.

DEC funds have supported health facilities like this throughout Yemen, distributing nutrition supplies and medical equipment, and repairing damaged water and sanitation systems.

Livelihoods

With the Yemeni economy on the verge of collapse, an estimated eight million people had lost their livelihoods by the end of 2016. More than half of rural Yemenis were employed in the agriculture sector, which declined dramatically due to insecurity, high costs and limited availability of seeds, fertiliser, tools and animal feed. Around a quarter of businesses suspended operations in Yemen, leading to further unemployment. Civil servants and pensioners in northern Yemen had not been paid for years.

DEC funds targeted vulnerable women-headed households to help them improve their income. Families received grants to start new businesses such as dress-making, producing incense and perfume, beekeeping, selling groceries, keeping livestock, and growing crops. Those taking part were given practical training on topics such as rearing livestock and beekeeping, as well as advice on business management, developing business plans, and marketing their products. In Amran, for example, 130 women received competitive grants to start up or restart small businesses. In a survey, 90% of respondents said their income had improved as a result, as had their food consumption. In Taizz governorate, 200 families received grants, benefitting 1,400 people.

With few opportunities to find employment, cash-for-work schemes were also an important way to help families access food and other essentials quickly. In the first six months of DEC-funded activities, skilled construction workers were hired to rehabilitate wells as part of a cash-for-work scheme in Abyan and Amran, which not only benefitted their families but also provided opportunities for the young people working alongside them to learn new skills. Because of exchange rate savings, DEC funds were able to reach 470 families in Dhale with a cash-for-work scheme, 170 more than originally planned.

As well as providing temporary work for vulnerable families, cash-for-work schemes were also designed to bring benefits to the whole community. In Lahj, for example, trees that harboured snakes were removed from the roadside in one area, providing local people with safer passage, and a culvert that was cleared of rubbish now channels water to nearby agricultural land.

Between July 2017 and December 2018, 15,700 people benefitted from some form of livelihoods support with DEC funds.

HIGHLIGHTS

- **8,770** people took part in cash-for-work schemes
- **6,930** people received grants to restore their livelihoods

HOW DEC MEMBERS PERFORMED

DEC member charities are committed to improving the way in which they respond to humanitarian crises, working closely with and for affected communities, including the most vulnerable groups, and following international standards on delivering aid.

Working in partnership and building community capacity

Building local skills, expertise and ownership was an integral part of the DEC-funded response and a key part of ensuring that interventions were sustainable. Many DEC member charities already had long-standing partnerships with Yemeni organisations, who were able to learn from member charities' experience of previous crises worldwide and apply this to the Yemeni context. To boost skills, local partners also received training on a variety of topics, such as awarding contracts and procurement, data collection, monitoring and evaluation, human resource management and governance.

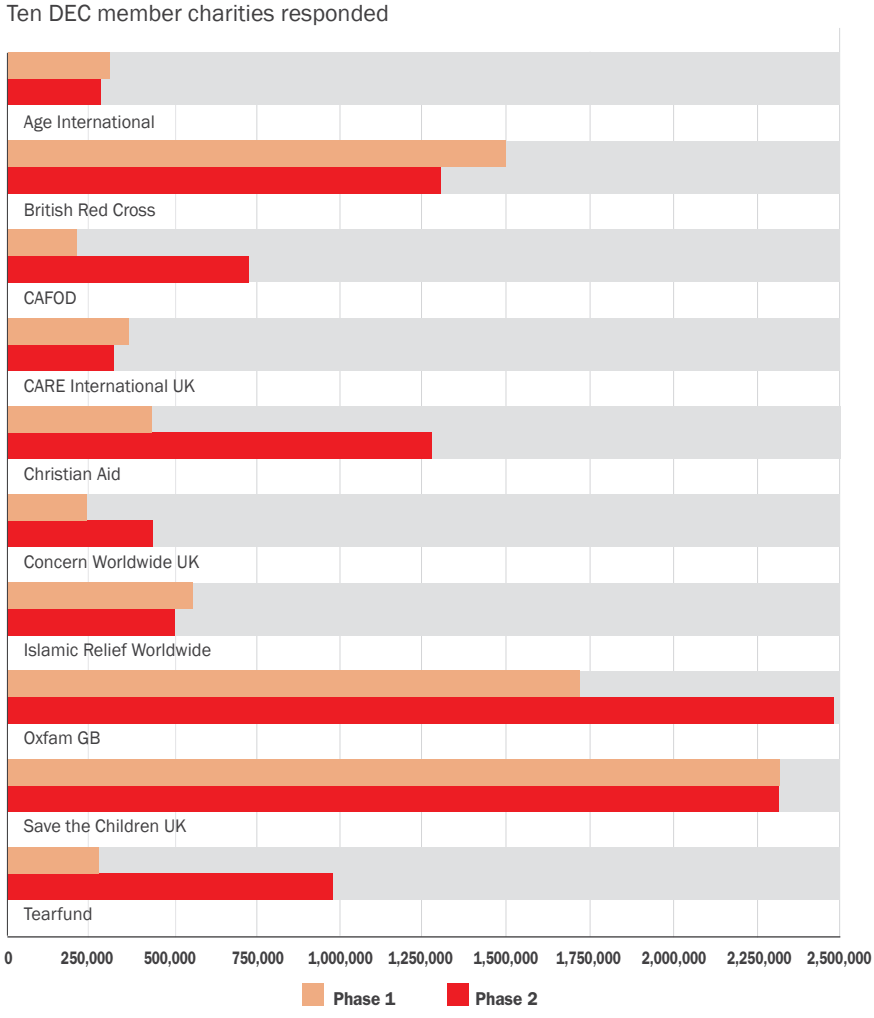
DEC member charities worked closely with national and local government authorities, for example training existing staff to ensure they were in a position to take over the management of cholera treatment sites or water supply networks. Where possible, they worked through existing structures, for example integrating outpatient case management for cholera within primary health care facilities, both to make use of available skills and resources and to ensure skills and knowledge were transferred and retained within targeted communities.

Local people were given practical training so that they could continue to play a stronger role in the response and to help them strengthen their resilience. It also helped to extend the reach of DEC funds. For example, information on topics such as optimal infant feeding, cholera prevention and the availability of local health services was shared with communities – sometimes door-to-door – by networks of newly recruited and trained health and nutrition volunteers. Thousands of cases of child malnutrition that might otherwise have been overlooked were identified by these volunteers and referred for treatment. Local water committees were a key way to ensure the sustainability of clean water points and sanitation services. In many cases, DEC member charities linked these local committees to their district authority for help in keeping water safe. Local community structures were also used, for example recruiting community leaders to work on awareness campaigns on hygiene and sanitation in targeted villages. However, cultural attitudes meant there was resistance to involving women in many activities, though DEC member charities recruited women volunteers and ensured that water management committees, for example, were gender-balanced where feasible.

To foster community resilience, local leaders in Amran governorate were oriented on how to engage with district authorities on decisions about mainstreaming community priorities across their work. As a result, local leaders in Al Madan district were able to request that governorate officials consulted them during approval processes around providing urgent relief.

Total expenditure of DEC funds (£)

Ten DEC member charities responded



Following sector standards and being accountable to people affected by the crisis

HUMANITARIAN STANDARDS AND CODES

- **Code of Conduct for the International Red Cross and Red Crescent Movement** – outlines ethical standards of how organisations and individuals involved in humanitarian work should perform
- **Core Humanitarian Standard on Quality and Accountability** – covers the essential elements of principled, accountable and high-quality humanitarian action
- **Sphere Technical Standards** – define standards for aid work in areas such as shelter, food, water and health care and technical indicators, to be adapted based on context

All DEC member charities have made a commitment to a number of standards that set out principles and guidelines of good practice in humanitarian response (see **Humanitarian standards and codes**, above). An important way to meet these standards is to ensure that those affected by the conflict play an active role in informing how DEC funds are used to meet their needs. DEC member charities and their partners used a variety of mechanisms to ensure a high level of transparency and accountability in their humanitarian work, and to understand needs more fully so that activities could be adapted accordingly.

Interventions usually began with a project inception meeting, involving targeted communities and their representatives, such as such as elders and imams, where information was shared on project duration, the number of people it intended to reach and the criteria for selecting them, and the types of activities planned. Communities were updated throughout the project cycle through community meetings, focus group discussions, information boards, banners, posters and leaflets, all in local languages. Local radio and online news sites were also used to disseminate information more widely. Some information sessions and surveys were conducted digitally, to better reach remote communities. WhatsApp groups were set up by some community leaders to share updates where phones and the network allowed.

Targeted communities were actively involved in project design, from the initial needs assessment and prioritisation of needs to determining where water points or toilets should be sited, or identifying who in the community should receive support. Following discussions with a community in Hudaydah, for example, one project switched from building emergency toilet blocks made of zinc sheets to installing fewer, permanent structures made of durable local bricks.

To provide feedback or make complaints, suggestions boxes, help desks and toll-free phone numbers were provided. Complaints were regularly analysed and feedback provided.

Coordination

To minimise the risk of duplicating activities, DEC member charities worked closely with UN agencies, government departments and other charities in Yemen to share information on the ground. They also looked for synergy between their programmes; for example, one charity integrated its work on nutrition into another charity's food and livelihoods programme at the same location. Many worked closely with rural water and public health authorities, arranging staff training, for example, or planning water trucking and making joint supervision visits to health units. DEC member charities were all active members of working groups that coordinated work on specific areas, such as health, nutrition and water and sanitation. One DEC member charity is the co-lead of the national health and child protection clusters; another chairs the cash and markets working group. These forums provided an invaluable platform to exchange information, discuss challenges, advocate for priority needs, and ensure there were no gaps on the ground. There were some challenges: sometimes, the presence of multiple authorities and confusion over roles made it time-consuming to reach a consensus; and mechanisms for coordination, and the relevant stakeholders, were subject to change without prior notice, causing delays.

Understanding vulnerabilities and including people with special needs

In times of extreme stress, people with specific needs are the most at risk of being left behind or excluded from receiving aid, and are often given the least say in how emergency aid should be used. DEC-funded work therefore particularly took account of the needs of older people, people with disabilities, pregnant women and breastfeeding mothers, orphaned children, people living in camps for displaced people and families headed by children or women. Support included cash grants to child-headed households, specially adapted toilets that were sited close to the homes of people with disabilities, and installation of clean water supplies in schools.

It was sometimes a challenge to ensure that women became actively involved because of cultural attitudes towards them. Nevertheless, many women contributed to and often led activities, such as helping to identify community needs, selecting those eligible for assistance, joining water management committees or training as community health volunteers.


RECEIVING AID

© Ali Ashwal/Save the Children

Women and girls were also specifically targeted for interventions, for example by installing gender-segregated toilets, and supplying hygiene kits containing sanitary pads and delivery kits for pregnant women in their last trimester. As well as providing counselling on infant nutrition, mother-to-mother support groups were also set up to help identify vulnerable women who might otherwise have been overlooked.

Studies have shown that older people's needs are often overlooked in humanitarian responses, and in Yemen, cultural biases mean that the care of children is prioritised over the needs of older people. For this reason, specific efforts were made to target older people, for example in three mobile care units set up in Hadramaut governorate. By the end of the project, it was revealed that older people made up 15% of patients, whereas this age group makes up only 3% of the Yemeni population.

DEC funds also supported physical rehabilitation services for people with disabilities in five centres run by the Ministry of Public Health and Population. They received equipment such as assistive devices, and staff incentives and monthly donations of fuel helped them to remain functional.

New approaches

Malnutrition, especially in young children, needs to be be diagnosed and treated quickly to be sure of a good outcome, but many parents have to travel very long distances to clinics or health posts to get their children checked. As well as training volunteers to identify malnutrition in the community, one DEC member charity gave colour-coded arm circumference tapes to the parents and caregivers of children under five, and taught them how to take measurements themselves. The colours indicated the nutritional status of the child – if the tape showed yellow or red, parents were told they must take their child to the nearest health facility. Caregivers readily accepted the tapes and assumed responsibility for checking their children as soon as they had been trained, which may have contributed to an increase in early detection and self-referrals.

Social media provides an easy, affordable and effective way to communicate with large numbers of people. One DEC member charity used it to reach local and international media, other charities, and the public in Yemen with an accurate picture of its work in the country and to share the personal stories of those who had received assistance, as well as press releases and situation reports. It quickly became many local news agencies' main source of information about the charity, and its Yemen posts attracted hundreds of likes across the country.

ICT was also used to improve data collection and reporting from mobile clinics in remote locations. A DEC member charity and its local partner adopted a mobile data collection system based on Open Data Kit, using smartphones to transmit data from the field to a secure online server, which improved both data accuracy and reporting turnaround. It could also be used to remotely monitor the daily activity and precise location of mobile teams by just logging onto the server, which is vital in high-risk, insecure areas. The system is simple, user-friendly, easy to redesign to meet changing needs and relatively cheap.

In parts of Yemen, gunshots are traditionally fired from a high point to warn of impending flood or other natural disasters, but in the context of ongoing conflict, this is no longer appropriate. After discussions with three local communities to identify a better early warning system, megaphones were procured with DEC funds, along with stretchers, ropes and life vests as part of community early warning and emergency response. As local people had been part of the discussions, this was readily accepted.

CHALLENGES TO PROVIDING HUMANITARIAN ASSISTANCE

The humanitarian response in Yemen is one of the world's largest and most logistically complex. Multiple factors, such as ongoing conflict and insecurity, restricted access to some parts of the country, fuel shortages and damaged road infrastructure severely constrained DEC member charities' ability to deliver high-quality, accountable and timely interventions.

Insecurity and lack of access

The overall security situation remained volatile and unpredictable throughout the period of DEC-funded activities. The threat of car-jackings and kidnappings created a very difficult working environment for DEC member charities' staff and partners on the ground. At times, access to project sites was impossible and operations had to be suspended, sometimes for several months. In early 2018, for example, violence erupted on the border between Lahj and Taizz, where several DEC-funded projects were being implemented, and even after the violence subsided, many areas were still inaccessible to project staff. In Hudaydah, military escalation from June 2018 caused disruption to travel and foreign workers were forced to leave the city because of security concerns; access to field sites was also disrupted. In some instances, local partners were able to deliver services to these locations, enabling partial support of affected communities, though this had a significant impact on DEC member charities' ability to reach the most vulnerable. Badly damaged roads and mountainous terrain compounded these issues.

Bureaucracy and interference of authorities

Activities were delayed by several layers of authorities at both national and governorate levels, each of which needed to approve plans before they could be rolled out. However, DEC member charities were able to use their existing relationships with authorities, as well as acceptance from the community, to fast-track this process. International workers were required to obtain two separate visas, based on their location, and travel permits to visit project sites were often difficult and time-consuming to obtain. New, lengthy coordination requirements demanded by the National Authority for the Management and Coordination of Humanitarian Affairs and Disaster Recovery placed a wide range of restrictions on the work of some DEC member charities at every stage of the project cycle, including rejection of visas for international staff, and so delayed work.

In some instances, local authorities tried to interfere with the lists of people who should benefit from interventions, staff movements and project progress.

Substantial negotiations were needed at all levels of national and local authorities in order to protect humanitarian principles.

Unstable supply chain

Buying and transporting supplies from abroad was a major logistical challenge. Damaged port infrastructure restricted the import of essential medicines, medical equipment, nutrition supplies and fuel. Along with the rapid depreciation of the Yemeni rial in 2018, import restrictions pushed up the price of fuel by 137–261% compared to pre-crisis costs, and increased the cost of delivering project supplies, especially water.

LESSONS LEARNED

Advance planning and flexibility

Many aid agencies were not sufficiently prepared for the scale of the challenges they encountered in Yemen, for example the difficulty of getting staff and supplies to project sites, which caused serious delays. Detailed contingency procurement plans need to be constantly revised, and flexibility must be maintained in particular to prevent shortages of internationally sourced supplies. Though the scale of the cholera outbreak could not have been anticipated, past experience shows that numbers increase at the start of the rainy season, and DEC member charities could have stocked up on more vaccines, medicines and cholera prevention kits to enable a rapid response. In the second phase, when it became apparent that lengthy timescales were required for national and local government project approvals and travel permits, DEC member charities applied for them well in advance.

Involving Yemeni people in the response

Yemen's vast geography, devastated health system, scarcity of resources and ongoing conflict made it difficult to get medical help to all those who needed it. Local volunteers, recruited and trained by DEC member charities, played a key role in delivering vital assistance to communities, for example providing information on preventing and treating disease and accessing health services. It was found that recruiting volunteers who came from the same location as their place of work helped to ensure ongoing assistance, as they were less likely to drop out when the project ended and they no longer received incentives that enabled them to pay for transport. Working with local people, respecting the local community's culture and adopting community-based solutions that fitted their specific needs and context was also found to have a powerful impact on achieving the desired changes in a community and enhanced community acceptance. This is also very much in line with the Core Humanitarian Standard.

Adapting the response

A continuous influx of people who had been driven from their homes into project locations meant DEC member charities needed to be prepared to scale up their operations very quickly, and even change geographical locations. Programmes also had to be adaptable to help contain the spread of cholera and respond to outbreaks of diphtheria and measles. Given limited funding, responding to these new needs meant that other response areas had to be de-prioritised. Lack of access to project sites also meant many staff had to be remotely managed, but with severely disrupted telecommunications and internet services, this was very challenging.

Being sensitive to tensions when working with displaced people

Helping people who have been forced to flee their homes and settle elsewhere is particularly fraught with challenges and can sometimes exacerbate existing community tensions. As these families often arrive with very little, charities have targeted them with cash, food and other basic essentials. However, host communities may also have very little themselves, which can strain relations with the newcomers and even stir up conflict. Aid agencies need to undertake Do No Harm assessments to make sure their work does not have unexpected negative consequences and that their actions ameliorate, rather than exacerbate, any existing tensions, for example by involving the host community in the planning of their work.

Integrated programming and household targeting

In many cases, integrating different activities together was found to produce better results for targeted communities, as well as being more cost-effective. For example, volunteers were trained to deliver key messages about health, nutrition, and safe water, a more cost-effective solution than having individual volunteers for each sector. Combining education about the nutritional value of food and child development with cash interventions can also help to ensure that families use their grants to buy nutritious local foods.

It was found that ready-to-use therapeutic food such as peanut paste, used to treat severe acute malnutrition in young children, was being used as a basic foodstuff for the wider family because of severe food shortages. A better strategy is to also target the family of a malnourished child with food parcels.

THE TASK AHEAD

The humanitarian crisis in Yemen remains the worst in the world, with 24 million people requiring some kind of humanitarian or protection assistance. Conflict has killed or injured tens of thousands of people since 2015, and an estimated 3.3 million people cannot return to their homes. More than 20 million people across the country do not have enough to eat, of whom half are just one step away from famine.

Extensive damage and years of underdevelopment have left the country's water and sanitation system struggling to cope, fuelling the spread of water-borne diseases such as cholera. Although the World Health Organization reported in January 2019 that the weekly trend of suspected cholera cases remained stable, the threat remains as two-thirds of districts in Yemen reported suspected cholera cases at the beginning of 2019. The conflict has devastated the health care system and there are now only 10 health workers per 10,000 people in the country. Immunisation coverage has dropped, leaving children vulnerable to preventable diseases.

Children have been disproportionately affected by the conflict. Grave child rights violations have been documented, including killings and maiming, with boys in particular at risk of being recruited into armed groups. A third of child protection incidents reported to social workers in 2018 were related to mental health issues as a result of the conflict.

In the context of enormous operational, access and security challenges, DEC member charities' ability to reach thousands of women, men and children with life-saving assistance has been a remarkable achievement. Nevertheless, until there is a lasting peace settlement, millions of Yemenis will continue to need humanitarian assistance for the foreseeable future.

> "If there is any good news . . . it is that humanitarian assistance – especially food aid or money to buy food – is having a major impact. It shows that millions of Yemenis are less hungry than they would be without aid help."
>
> Mark Lowcock, United Nations Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, 14 December 2018

HOW THE DEC WORKS

The DEC brings together some of the UK's leading charities to raise funds at times of significant humanitarian need overseas. It allocates appeal funds to its members and ensures that the generous donations of the UK public are spent on emergency aid needed by communities devastated by humanitarian crises, as well as on longer-term support to rebuild the lives of people in these communities and strengthen their resilience. Donating through the DEC is simple and effective. It removes unnecessary competition for funding between aid charities and reduces administration costs.


CHOLERA RESPONSE

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MEDICAL CHECK

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DEC MEMBER CHARITIES

ACTION AGAINST HUNGER

actionaid

ageInternational

BritishRedCross

CAFOD
Catholic Agency for Overseas Development

care

christian aid

CONCERN worldwide

ISLAMIC RELIEF

OXFAM

PLAN INTERNATIONAL

Save the Children

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