

The Humanitarian Crisis in Yemen: Beyond the Man-Made Disaster

GIULIO COPPI



Cover Photo: Members of the Yemeni Red Crescent distribute aid to displaced families in the al-Saleh neighborhood north of the southern Yemeni city of Aden, June 22, 2015. Saleh al-Obeidi/Getty Images.

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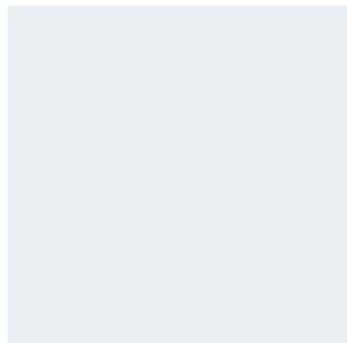
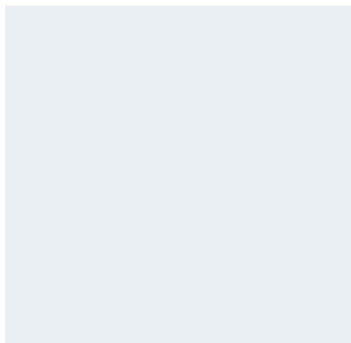
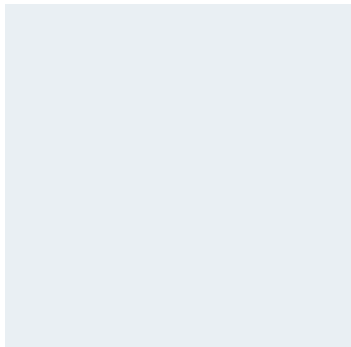
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Executive Summary

More than three years since the ongoing political crisis erupted, Yemen is torn apart by an interlinked series of conflicts. The main conflict is between Houthi rebels, who control the north with backing from Iran, and the internationally recognized government, which controls much of the rest of the country with backing from a coalition led by Saudi Arabia. The resulting indiscriminate violence has killed more than 10,000 civilians.

These conflicts have exacerbated a decades-old humanitarian crisis that has rapidly grown into one of the worst in the world. The Inter-Agency Standing Committee declared a Level 3 emergency in Yemen in July 2015; around two-thirds of the population is in need of aid, with almost 40 percent in acute need. Women, children, ethnic and religious minorities, and internally displaced persons are particularly vulnerable.

Yemen's conflicts have crippled its infrastructure, and an international embargo has blocked many humanitarian and commercial cargos. While the situation in terms of food security is grim, the greatest concern of many humanitarian organizations is the widespread lack of access to healthcare, which has led to the fastest-growing cholera epidemic ever recorded. The severity of the humanitarian crisis has also increased population movements, with repercussions all over the region.

The response to the humanitarian crisis in Yemen has involved a wide range of actors, from national and local authorities to nongovernmental and international humanitarian organizations to the private sector. These actors have confronted numerous obstacles to humanitarian access, including bureaucratic impediments, attempts to influence humanitarian operations, and security constraints, though these vary across the country. The level of humanitarian response also varies within neighboring countries to which Yemenis have fled—principally Saudi Arabia, Oman, and Djibouti.

Because of its many complex and interlocking layers, there is no easy way out of the current crisis

in Yemen. Nonetheless, there are ways to mitigate the humanitarian impact on the population while waiting for a political solution to the conflict. These include the following:

1. **Enhancing respect for humanitarian law and principles:** A strong and unified initiative aimed at enhancing respect for international humanitarian law by actors involved at all levels of the conflict could not only protect populations at risk but also ease tensions among different communities within and outside of Yemen. The UN Security Council could help in this area by playing a more proactive role. Humanitarian actors also need to strengthen the perception of their neutrality.
2. **Strengthening the humanitarian response:** The many actors involved in the humanitarian response should improve coordination at the local, national, and regional levels, adopt existing tools for publishing and sharing data, and explore innovative uses of technology to provide solutions where more traditional efforts have failed. International humanitarian actors should also directly involve local private sector actors in humanitarian action and include local humanitarian actors in coordination and decision making. In addition, humanitarian organizations could push blockade authorities to facilitate access for both humanitarian and commercial shipments.
3. **Looking beyond immediate humanitarian needs:** While starvation must be averted by all possible means, and it remains critical to invest in and deploy sufficient operational emergency response capacity, the international community also needs to invest in prevention in order to stem humanitarian needs and prevent further deterioration of the humanitarian crisis. This includes supporting Yemen's healthcare facilities to prevent their total collapse and addressing the economic and financial impact of the lack of liquidity. A gender-based approach to the humanitarian response is also needed, reflecting women's roles as potential peacemakers.

Introduction

The Arab Spring, which kicked off in Tunisia in April 2011 and rapidly spread throughout the Maghreb and Middle East, found fertile territory in Yemen, with its corrupt authorities and myriad of social tensions. A popular uprising forced President Ali Abdullah Saleh to leave power and hand over control to his vice-president, Abdrabbuh Mansour Hadi, in November 2011. The current conflict in Yemen resulted primarily from the failure of this political transition, which was supposed to bring stability to the country but failed to adequately address security and corruption. Disillusioned, part of the population withdrew its support from the Hadi government and started supporting the opposition. Worried about a potential takeover by the Salafist Islah party, the main opposition party, the Houthi tribes in the North decided to form an alliance with their former opponent, ex-President Saleh. This led to their takeover of the capital Sana'a in September 2014 and their advance from their traditional seat of power in the North into central and southern districts by February 2015.

The Houthi-Saleh intervention was also prompted by the proposal from a presidential committee established by President Hadi to introduce a new federal structure dividing Yemen into six regions,¹ and by a reform proposal affecting fuel prices that angered part of the population. The proposed administrative reform met with opposition not only from the Houthis, who feared being confined to a resource-poor and landlocked region, but also from opposition parties and armed groups in the South, who hoped for a return to a North-South dynamic.² The current conflicts in Yemen are thus the result of complex layers of tensions accumulated over decades at both the local and international levels, which progressively weakened

the previous government-by-imam system and the volatile local networks bolstered by tribal alliances.³

Three years into the current crisis, Yemen is torn apart by an interlinked series of conflicts with intricate and mobile front lines. Yemeni armed forces, under the control of the Hadi government and backed by a Saudi-led international coalition, are engaged in a non-international armed conflict with Houthi rebels (until recently allied to ex-President Saleh),⁴ as well as a separate non-international armed conflict with al-Qaida in the Arabian Peninsula (AQAP) in the South. There are also confrontations among tribal fighters, although they tend to side with either the Houthis or the Hadi government, depending on the positioning of their leaders. The Houthi rebels and AQAP are also in conflict with each other.⁵

While compounded by decades of conflict, violence, and underdevelopment, the major cause of the humanitarian crisis in Yemen remains the conflict between the two competing governments, along with the intervention of the Saudi-led coalition. The “political council” in Sana'a, led by the Zaydi Houthis (officially named Ansar Allah) with international backing from Iran, controls the capital as well as the north and northeast of the country. The internationally recognized Hadi government based in Aden is supported militarily by an international coalition led by Saudi Arabia and including Bahrain, Egypt, Jordan, Kuwait, Morocco, Pakistan, Qatar, Sudan, and the United Arab Emirates.⁶ The Hadi government is in nominal control of much of the center, east, and south of Yemen, as well as Yemen's sea and airspace.

Moreover, the front lines of the armed conflict between the Houthis and the Yemeni forces backed by the Saudi-led coalition are crisscrossed by invisible and unstable lines of confrontation. Even within the Saudi-led coalition, internal frictions

1 “Yemen to Become Six-Region Federation,” *Al Jazeera*, February 10, 2014, available at www.aljazeera.com/news/middleeast/2014/02/%20yemen-become-six-region-federation-2014210124731726931.html.

2 Nadwa al-Dawsari, “We Lived Days in Hell’: Civilian Perspectives on the Conflict in Yemen,” Center for Civilians in Conflict, 2016, available at <https://civiliansinconflict.org/publications/research/civilian-perspectives-on-conflict-yemen/>.

3 Adam Baron and Farea Al-Muslimi, “The Politics Driving Yemen's Rising Sectarianism,” Sana'a Center for Strategic Studies, May 30, 2016, available at <http://sanaacenter.org/publications/item/40-the-politics-driving-yemen.html>.

4 The alliance between Saleh and the Houthis became increasingly fragile toward the end of 2017, and in December Saleh appeared to break off the alliance, offering to enter into talks with the Saudi-led coalition. The following day, Saleh was killed.

5 All classifications are according to the Rule of Law in Armed Conflicts project of the Geneva Academy of International Humanitarian Law and Human Rights as of September 12, 2017, available at www.rulac.org/browse/conflicts/non-international-armed-conflicts-in-yemen#collapse2accord.

6 Some non-Gulf countries, such as France, Malaysia, the United Kingdom, and the United States, have also been actively providing strategic and military support to the Hadi government and the Saudi-led coalition, though with lesser engagement.

have begun to affect the unity of the military effort,⁷ and similar episodes of intra-coalition fighting have been reported in civilian areas of Aden, contributing to the overall chaos and insecurity.

Local rivalries among tribes, and the active presence of terrorist groups such as AQAP and ISIS-affiliated Ansar al-Sharia, are also affecting the humanitarian situation. As noted by the International Crisis Group, as the conflict with Houthi insurgents has further escalated and become regionalized, these groups continue to thrive in an environment of state collapse, growing sectarianism, shifting alliances, security vacuums, and a burgeoning war economy.⁸ Although for most Yemenis the presence of groups like AQAP and Ansar al-Sharia is less significant than the main civil war, their role is far from secondary, as shown by the threefold increase in US-led airstrikes targeting AQAP in 2017, often also resulting in civilian casualties.⁹

Despite a much lesser capacity to gain support or control territory, ISIS has also significantly strengthened its positions in the center and south of Yemen, benefiting from the coalition's distribution of weapons and equipment to various forces fighting against the Houthis, especially in Aden.¹⁰ Officially, ISIS has adopted an anti-Houthi position, calling them polytheists and attacking their mosques in Sana'a. However, it has also been able to infiltrate the fragmented pro-Hadi coalition to carry out a series of attacks and assassinations, highlighting the Hadi government's limited capacity to ensure control and security even in Aden.¹¹

The geopolitical roots of the conflicts in Yemen, as well as their economic, strategic, military, and grassroots-level impact, have been extensively researched and documented. Instead, this paper

focuses on the humanitarian consequences through the lens of the state of healthcare. It starts off by assessing the impact of conflict, violence, and insecurity on Yemen's healthcare system, economy, and infrastructure, as well as the resulting population movements within Yemen and to neighboring countries. It then provides an overview of the humanitarian actors responding to the crisis in Yemen, including those operating in or from neighboring countries, and the challenges they face in accessing people in need of assistance. Finally, it explores the main challenges and opportunities facing humanitarian actors in Yemen. The paper is based on interviews conducted during a visit to the region in January and February 2017 as well as desk research.

Assessing the Security and Humanitarian Situation

As of January 2018, the possibility of Yemen reaching an effective and lasting peace agreement in the foreseeable future looks very unlikely. Years of mediation and conflict-resolution efforts have produced limited results, despite agreements signed by the parties in 2011 (Agreement on the Implementation Mechanism for the Transition Process in Yemen in Accordance with the Initiative of the Gulf Cooperation Council)¹² and 2014 (The Peace and National Partnership Agreement).¹³ In 2016 the UN special envoy for Yemen, Ismail Ould Cheikh Ahmed, presented a conflict-settlement plan as a result of the Kuwait Talks, but to no avail. As a result of repeated setbacks, in January 2017 Ould Cheikh Ahmed resigned, the second UN mediator in less than three years to vacate the post in frustration.¹⁴ The difficulties facing the UN special envoy have increased the possibility of a more active role for the UN Security Council in facilitating an

7 "Sudan and the UAE Battle for Control of Yemen Airport," *Middle East Monitor*, March 7, 2017, available at www.middleeastmonitor.com/20170307-sudan-and-the-uae-battle-for-control-of-yemen-airport/.

8 "Yemen's al-Qaeda: Expanding the Base," International Crisis Group, Middle East Report no. 174, February 2017, p. I, available at www.crisisgroup.org/middle-east-north-africa/gulf-and-arabian-peninsula/yemen/174-yemen-s-al-qaeda-expanding-base.

9 Eric Schmitt and Saeed Al-Batati, "The U.S. Has Pummeled Al Qaeda in Yemen. But the Threat Is Barely Dented," *New York Times*, December 30, 2017, available at www.nytimes.com/2017/12/30/world/middleeast/yemen-al-qaeda-us-terrorism.html.

10 Rania El Rajji, "Even War Discriminates: Yemen's Minorities, Exiled at Home," Minority Rights Group International, January 2016, available at http://minorityrights.org/wp-content/uploads/2016/01/MRG_Brief_Yemen_Jan16.pdf.

11 Interviews, January–March 2017. See also International Crisis Group, "Yemen's al-Qaeda: Expanding the Base."

12 *Agreement on the Implementation Mechanism for the Transition Process in Yemen in Accordance with the Initiative of the Gulf Cooperation Council (GCC)*, May 12, 2011, available at <http://peacemaker.un.org/yemen-transition-mechanism2011>.

13 *The Peace and National Partnership Agreement*, September 21, 2014, available at <http://peacemaker.un.org/yemen-national-partnership-2014>.

14 Rick Gladstone, "U.N. Mediator for Yemen Conflict Leaving Post," *New York Times*, January 22, 2018, available at www.nytimes.com/2018/01/22/world/middleeast/yemen-un-envoy.html.

Figure 1. Map of Yemen



agreement on a cessation of hostilities and promoting a more inclusive peace process¹⁵—a role the UN special envoy himself called for in March 2017.¹⁶ As drily summarized in the latest report of the UN Panel of Experts on Yemen, however, “to date, the parties have not demonstrated a sustained interest in or commitment to a political settlement or peace talks.”¹⁷ Nonetheless, there is almost unanimous agreement on the importance of negotiation and diplomacy as the only sustainable solution for the crisis, as the armed confrontation is stalling.¹⁸

In an attempt to secure their borders with Yemen,

both Saudi Arabia and Oman have undertaken defensive projects involving the construction of fortified military posts and fences and the regular sealing of border posts. The effectiveness of these increased controls is dubious. For example, the latest report by the UN Panel of Experts noted an increase in the Houthis’ use of “battle-winning weapons, such as anti-tank guided missiles that were not in the pre-conflict Yemeni stockpile,” which were covertly shipped overland from the border with Oman.¹⁹ The tightening of border controls also has political and even humanitarian consequences. For example,

15 What’s in Blue, “Yemen: Political and Humanitarian Briefing and Sanctions Committee Meeting,” January 25, 2017, available at <http://www.whatsinblue.org/2017/01/yemen-briefing-on-political-and-humanitarian-developments-and-2140-committee-meeting.php>.

16 United Nations, “Yemen: UN Envoy Urges Security Council to Pressure Warring Parties to Discuss Peace Proposal,” March 20, 2017, available at www.un.org/apps/news/story.asp?NewsID=56460#.Wof8TWelUM8.

17 UN Security Council, *Letter Dated 27 January 2017 from the Panel of Experts on Yemen Addressed to the President of the Security Council*, UN Doc. S/2017/81, January 31, 2017, available at www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/s_2017_81.pdf.

18 Zachary Laub, “The Futility of Force in Yemen,” Council on Foreign Relations, March 13, 2017, available at www.cfr.org/yemen/futility-force-yemen/p38927.

19 UN Security Council, *Final Report of the Panel of Experts on Yemen*, UN Doc. S/2017/81, January 27, 2017, available at www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/s_2017_81.pdf.

although the agreement regulating the Saudi-Yemeni border allows for free grazing passage for cattle in a thirteen-mile strip on both sides of the frontier, the Saudis built a high-tech barrier blocking passage. This prompted opposition by the Yemeni government, as it further limited local farmers' capacity to feed their cattle in a context of already scarce resources and violated the interdiction of military construction in the buffer zone.²⁰

Conflict-related maritime attacks in the Red Sea in late 2016 have also increased the risk of the conflict spreading regionally. As confirmed by the Panel of Experts, the Houthis have demonstrated their effectiveness in attacking ships,²¹ and even in targeting neighboring cities, such as Riyadh. Attacks against Emirati, Saudi, and US naval vessels, as well as an Iranian-flagged cargo ship in the Bab al-Mandab strait of the Red Sea, using anti-ship missiles or explosive-laden suicide boats, prompted a de facto naval blockade by military vessels from the Saudi-led coalition, with support from the US Navy.²² Protecting the Bab al-Mandab strait, a narrow waterway linking the Red Sea with the Gulf of Aden, is of paramount importance for the Gulf Arab states, as it is the main gateway for much of the world's oil shipments and a vital passage for commercial cargo.²³

The new US administration has reaffirmed full political support to the coalition as part of a strategy to reduce Iran's influence in the region. Strategic and military support in the form of arms sales and counseling on tactics—which had been scaled back by the previous US administration because of widespread criticism over coalition forces' disregard for civilian casualties—was relaunched and expanded by the new presidency.²⁴ At the same time,

the US government has officially called for the indiscriminate blockade impeding aid to be lifted, but this call was not supported by the mention of any political, economic, or diplomatic consequences. It is still unclear what the official position of the United States will be with regard to the Hadi government and the future of the Yemeni peace process. As of January 2018, the only official indication of US policy points to “aggressive diplomacy” as the best way to end the crisis, without any further explication.²⁵

THE IMPACT OF CONFLICT, VIOLENCE, AND INSECURITY

As the conflict and the international blockade have dragged on, Yemeni civilians have continued to suffer from the consequences, including those related to healthcare, the economy, and infrastructure. The impact of conflict, violence, and instability in Yemen has also radiated throughout the region, affecting neighboring countries, altering migration patterns, and increasing the vulnerability of migrants and refugees.

The Largest Humanitarian Crisis in the World

Decades of instability and recurring conflict have exacted a heavy toll on the population of Yemen, a country that was already among the poorest in the world before the current conflicts broke out. The conflicts have intensified preexisting problems such as endemic poverty, weak governance, and almost nonexistent rule of law, and exacerbated a decades-old humanitarian crisis that has rapidly grown into one of the worst in the world.²⁶ The Inter-Agency Standing Committee declared a Level 3 emergency in Yemen in July 2015.²⁷ In early 2017 the UN under-secretary-general for humanitarian affairs and

20 Brian Whitaker, “Saudi Security Barrier Stirs Anger in Yemen,” *The Guardian*, February 16, 2004, available at www.theguardian.com/world/2004/feb/17/saudi-arabia-yemen.

21 UN Security Council, *Final Report of the Panel of Experts on Yemen*.

22 “Operation Golden Arrow Begins,” *Stratfor*, January 9, 2017.

23 Dan De Luce and Paul McLeary, “Yemen Is the First Battleground in Trump’s Confrontation with Iran,” *Foreign Policy*, February 3, 2017, available at <http://foreignpolicy.com/2017/02/03/yemen-is-the-first-battleground-in-trumps-confrontation-with-iran/>.

24 Jared Malsin, “The Big Problem with President Trump’s Record Arms Deal with Saudi Arabia,” *Time*, May 22, 2017, available at <http://time.com/4787797/donald-trump-yemen-saudi-arabia-arms-deal/>.

25 “US: There Is No Military Solution to End War in Yemen,” *Al Jazeera*, December 22, 2017, available at www.aljazeera.com/news/2017/12/military-solution-war-yemen-171222060356636.html.

26 Beverley Milton-Edwards, “Yemen: Ceasefires and Lost Opportunities,” Brookings Institution, November 29, 2016, available at www.brookings.edu/blog/markaz/2016/11/29/yemen-ceasefires-and-lost-opportunities/.

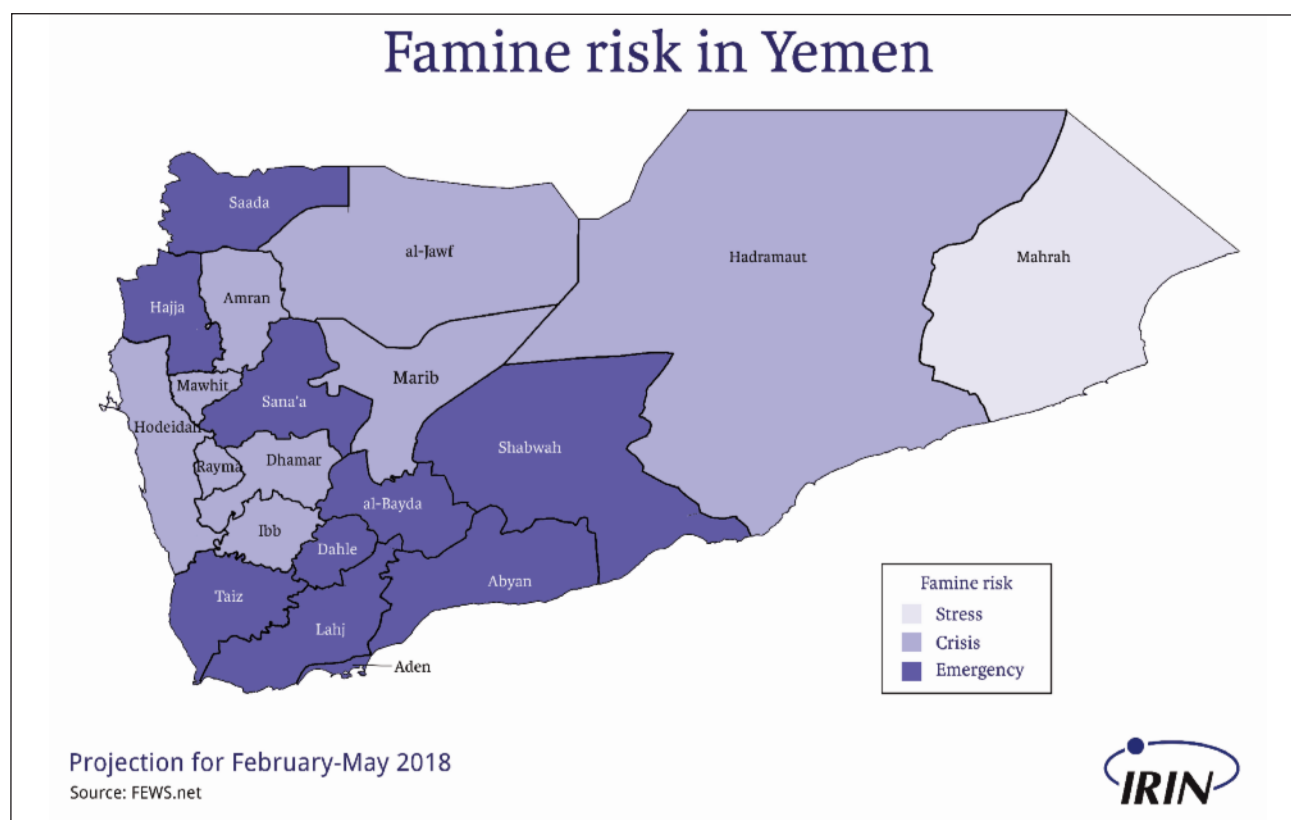
27 “Level 3” is the UN-coordinated humanitarian system’s classification for the most severe, large-scale humanitarian crises. It activates a series of measures that should, in a relatively short time, strengthen leadership, coordination, and accountability in inter-agency responses and as such ensure the system initiates the response and puts the necessary capacities in place. The aim is to return to regular methods of work as soon as possible. Currently, and in spite of the multiplication and gravity of humanitarian crises in general, only three crises have been declared to be Level 3 emergencies: Iraq, Syria, and Yemen. See UN Office for the Coordination of Humanitarian Affairs (OCHA), “Current Emergencies,” available at www.unocha.org/where-we-work/current-emergencies.

emergency relief coordinator called it the “largest humanitarian crisis in the world,”²⁸ with around two-thirds of the population (around 20.7 million people in December 2017) in need of aid.²⁹ Of the 20.7 million people in need of humanitarian assistance, slightly less than 10 million (almost 40 percent of the population) are in acute need, a 20 percent increase since 2014, and 7.3 million people are facing severe food insecurity.³⁰ Some humanitarian actors have defined the food security situation as reaching pre-famine levels.³¹

The high intensity of the fighting and its often

indiscriminate effects have been repeatedly denounced by international observers as war crimes. Indiscriminate violence has resulted in more than 10,000 civilians being killed³² and at least 1,340 children being killed or maimed since March 2015.³³ The majority of civilian casualties directly linked to the conflict has repeatedly been attributed to coalition airstrikes,³⁴ but civilians are also at risk because of the documented use of explosive weapons and various forms of artillery, sniper bullets, cluster munitions, and mines.³⁵ According to Matwana, a local nongovernmental organization

Figure 2. Famine risk in Yemen



28 Stephen O'Brien, Twitter, March 10, 2017, available at <https://twitter.com/UNReliefChief/status/840292841842712578>.

29 OCHA, “Yemen Country Overview,” available at www.unocha.org/yemen/about-ocha-yemen.

30 OCHA, “Yemen: Humanitarian Bulletin,” November 20, 2017, available at https://reliefweb.int/sites/reliefweb.int/files/resources/20%20November%202017%20Humanitarian%20Bulletin_FINAL_ENG.pdf.

31 OCHA, “Yemen on Famine Alert,” March 13, 2017, available at <https://unocha.exposure.co/yemen-on-famine-alert>.

32 International Crisis Group, “Yemen Country Update,” March 2017, available at www.crisisgroup.org/crisiswatch?utm_source=Sign+Up+to+Crisis+Group%27s+Email+Updates&utm_campaign=3b45e201fa-EMAIL_CAMPAIGN_2017_02_01&utm_medium=email&utm_term=0_1dab8c11ea-3b45e201fa-359390313#yemen.

33 UN General Assembly and Security Council, *Report of the Secretary-General on Children and Armed Conflict*, UN Doc. A/72/361-S/2017/821, August 24, 2017, available at <http://undocs.org/A/72/361>.

34 Human Rights Watch, “Yemen: No Accountability for War Crimes,” January 12, 2017, available at www.hrw.org/news/2017/01/12/yemen-no-accountability-war-crimes; Peace Direct, “PeaceWatch: Yemen,” February 2017, available at www.insightonconflict.org/media/NULL/peacewatch/yemen_peacewatch_february_2017.pdf.

35 Rania El Rajji, “Even War Discriminates.”

(NGO), landmines have killed at least fifty-seven civilians, including twenty-four children and four women, and injured another forty-seven civilians, including twenty-one children and six women, in six Yemeni governorates (Aden, Taiz, Marib, Sana'a, al-Bayda, and Lahj). Other organizations present even higher estimates.³⁶ Overall, an average of twenty people in Yemen die each day from disease or war wounds, according to officials with the International Committee of the Red Cross (ICRC).³⁷ A joint appeal for an international inquiry into attacks against civilians in Yemen by a series of prominent NGOs was launched in 2016 but went unheeded.³⁸

Children are also constantly recruited by parties to the conflict, with more than one-third of fighters estimated to be under the age of sixteen, and verified cases of child recruitment increased by 35 percent in 2016.³⁹ In March 2017 the UN updated its count of boys recruited by armed groups since March 2015 to 1,572, up from 850 in 2016.⁴⁰ Girls under the age of eighteen from displaced families are also vulnerable to child marriage, which remains legal. The practice of child marriage upon payment of a dowry by the future husband to the girl's family has soared due to most families' lack of revenue and limited access to food. According to a report by UNICEF, more than two-thirds of girls in Yemen are married off before they are eighteen, compared to 50 percent of girls before the conflict escalated. Early marriage is reported to be especially common in areas hosting large communities of internally displaced persons (IDP) such as al-Hodeidah, Hajjah, and Ibb governorates.⁴¹

Other categories of people are also vulnerable,

including Yemen's black Muhamasheen ("marginalized") community, which is often discriminated against on racial grounds.⁴² The Muhamasheen lack proper documentation, do not have equal access to resources and services, and are often displaced to the edges of cities or toward the front lines of the conflict. In April 2017 Amnesty International also denounced the persecution on religious grounds of members of the Baha'i community in Sana'a by Houthis-Saleh forces. Other minorities such as Ismailis and Yemeni Jews are also at high risk of violence and discrimination.⁴³ Migrants and refugees from the Horn of Africa and 3 million IDPs, nearly half of whom are children, are also particularly vulnerable, as many of them depend on humanitarian assistance and supplies getting in by port or air.⁴⁴

An Ailing Healthcare System

Despite the grim situation in terms of food insecurity, most experts from humanitarian organizations claim that their greatest concern is the widespread lack of access to healthcare and the abnormal lethality of noncommunicable diseases.⁴⁵

The health sector was suffering from huge challenges and limitations even before the current conflicts. According to official 2011 documents from the Yemeni Ministry of Health, some governorates were already then reporting a lack of physicians and capacity, while inequality in access to healthcare was reported throughout the country.

Two years of conflict and economic stagnation have exacted a grave toll on this already fragile system. Apart from the loss of skilled and experienced staff and the lack of domestic financial resources, making the public health sector almost entirely reliant on international aid, much of the

36 Mwatana Organization for Human Rights, "Concealed Killer," April 4, 2017, available at www.mwatana.org/en/442017610; Human Rights Watch, "Yemen: Houthis-Saleh Forces Using Landmines," April 20, 2017, available at www.hrw.org/news/2017/04/20/yemen-houthi-saleh-forces-using-landmines.

37 Stephanie Nebehay, "World Has Just Months to Stop Starvation in Yemen, Somalia—Red Cross," *Reuters*, March 22, 2017, available at http://af.reuters.com/article/topNews/idAFKBN16T14G-OZATP?utm_content=buffercefb&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer&sp=true.

38 Mwatana Organization for Human Rights, "Urgent Need for International Inquiry on Yemen," September 25, 2016, available at www.mwatana.org/en/2592016551.

39 Rasha Jarhum, "Opinion: The Humanitarian Response in Yemen Isn't Working," *Devex*, January 30, 2017, available at www.devex.com/news/opinion-the-humanitarian-response-in-yemen-isn-t-working-89540.

40 UNICEF, *Falling through the Cracks: The Children of Yemen*, March 30, 2017, available at www.unicef.org/yemen/resources_11785.html.

41 Emma Batha, "Child Marriage Soars in Yemen as Famine Looms—UN," Thomson Reuters Foundation News, March 27, 2017, available at http://news.trust.org/item/20170327152607-456zy/?cid=social_20170328_71114866&adbid=10155150470554105&adbl=fb&adbpr=168811439104.

42 Rania El Rajji, "Even War Discriminates."

43 Amnesty International, "Yemen: Baha'i Community Faces Persecution at Hands of Houthis-Saleh Authorities," April 28, 2017, available at www.amnesty.org/en/latest/news/2017/04/yemen-bahai-community-faces-persecution-at-hands-of-houthi-saleh-authorities/.

44 Regional Mixed Migration Secretariat, "Yemen Country Profile," March 2017, available at www.regionalmms.org/index.php/country-profiles/yemen.

45 Interviews, January–March 2017.

infrastructure has been destroyed during hostilities.⁴⁶ Facilities are extremely vulnerable to attacks by warring parties in spite of all precautions taken by healthcare workers and NGOs, including sharing GPS coordinates, clearly marking medical facilities, and setting up notification systems.⁴⁷

Less than 45 percent of basic health facilities remain functional,⁴⁸ lighting and other electricity-based infrastructure are frequently out of order due to shortages of generator fuel, and the few remaining doctors and other personnel are overworked and often underpaid or not paid at all. Most local health personnel have left because of violence and threats related to the conflict or to find better jobs to support their family, and conditions are not favorable to recruiting or training a new generation of professionals to replace them.

The healthcare system chronically lacks medical equipment and supplies.⁴⁹ Even when supplies are or would be available, parties to the conflict often obstruct their passage and delivery at all levels, in some cases also trying to divert them to their areas of influence.⁵⁰ Some humanitarian organizations are investing in capacity building, but the emergency response to the overwhelming level of need is absorbing most available resources and funds. As a result, 14.8 million people do not have access to basic healthcare.⁵¹

Though necessary, war surgery and prevention of epidemics are often not the most pressing concerns raised by humanitarian actors. Because of the disruption of basic healthcare services, easily treatable chronic illnesses and noncommunicable diseases have come to represent a death sentence for many.⁵²

For example, the critical state of the health sector, combined with the fact that over 2 million people live in acute need of safe drinking water and sanitation, has already led to two cholera outbreaks, in mid-October 2016 and in May 2017. The latter has been declared the fastest-growing cholera epidemic ever recorded, spreading to over 90 percent of districts across twenty-one of the twenty-two governorates. As of November 1, 2017, 895,000 suspected cholera cases were recorded (more than half in children), with nearly 2,200 associated deaths.⁵³ Children remain especially vulnerable to the disease, as seen in October 2016 when millions were declared at risk from a triple threat of malnutrition, cholera, and measles.⁵⁴ Migrants and IDPs are also particularly vulnerable.

Another reason for concern is the almost completely halted implementation of reproductive health programs after the collapse of the rural healthcare system, with implementers now facing extreme challenges in covering isolated areas because of cultural and security factors. Due to cultural expectations, sexual and reproductive health services targeting women in Yemen must be delivered by women, but most women cannot travel alone or even leave their own community.⁵⁵ The country also has the highest maternal mortality rate in the Middle East and one of the higher total fertility rates in the region, with an average of 3.77 births per woman. In rural areas, where 70 percent of the population lives, there is no access to medical contraception, and some mothers have more than ten children. Failure to allow delivery of maternal medical supplies threatens the lives of 400,000 pregnant women and their newborn children, including 53,000 at immediate

46 For an overview, see Watchlist, "Attacks on Healthcare: Yemen," May 2017, available at <http://watchlist.org/about/report/yemen/>.

47 Medical NGOs in Yemen have reported over 160 targeted attacks against health personnel or structures, often resulting in loss of life or serious injury and partial or total destruction of critical and already sparse facilities, equipment, and supplies. Interview, January 2017.

48 OCHA, *Yemen: Humanitarian Response Plan January–December 2017*, January 2017, available at https://reliefweb.int/sites/reliefweb.int/files/resources/2017_HRP_YEMEN.pdf; Stephen O'Brien, "Statement to the Security Council on Yemen," UN Verification and Inspection Mechanism (UNVIM), October 31, 2016, available at www.vimye.org/docs/ERC_USG_Stephen_O'Brien_Security_Council_Statement_on_Yemen_31Oct16.pdf.

49 OCHA, *Yemen: Humanitarian Response Plan January–December 2017*.

50 Human Rights Watch, "Yemen: Houthis Block Vital Goods into Taizz," January 31, 2016, available at www.hrw.org/news/2016/01/31/yemen-houthis-block-vital-goods-taizz.

51 OCHA, *Yemen: Humanitarian Response Plan January–December 2017*.

52 Interviews, January–March 2017.

53 OCHA, "Yemen: Fastest Growing Cholera Epidemic Ever Recorded Brings Number of Cases to 895,000," November 2, 2017, available at www.unocha.org/country/top-stories/all-stories/yemen-fastest-growing-cholera-epidemic-ever-recorded-brings-number-cases-895.

54 Save the Children, "Millions of Yemeni Children Facing Triple Threat of Cholera, Measles and Malnutrition," October 31, 2016, available at <http://reliefweb.int/report/yemen/millions-yemeni-children-facing-triple-threat-cholera-measles-and-malnutrition>.

55 Interview, February 2, 2017.

risk of complications during childbirth.⁵⁶

The disruption of the economic system and prolonged suspension of most public-sector salaries have seriously reduced many people's ability to pay for healthcare services and medication or even for the transportation needed to reach medical facilities offering free services.⁵⁷ To overcome this problem, Médecins Sans Frontières (MSF) created advanced health posts in some areas to facilitate access by local communities.⁵⁸ Without adequate investment and funding and better respect for the protected status of health facilities and personnel, a full collapse of the public-health system will be inevitable, with long-term consequences for the capacity of the national healthcare system to fully retake control of public-health programs and services.

Apart from enhancing respect for international humanitarian law and improving de-confliction arrangements with health personnel and facilities on the ground, parties to the conflict can also improve civilian access to healthcare in Yemen by allowing and facilitating the resumption of commercial flights to and from Sana'a. Quick access to international medical-evacuation systems can make the difference between life and death for many, but current conditions do not make for a speedy and efficient system, even beyond the mere possibility of landing and taking off.

Impact on the Economy and Infrastructure

Even before the war, Yemen was considered the Arab World's poorest country, a nation largely dependent on oil exports and international aid for most of its services. Following the takeover by the Houthis in November 2014, the UN Security Council imposed sanctions on former President

Saleh and Houthi leaders, and in April 2015 the council passed Resolution 2216 imposing an arms embargo on Houthi leaders and some supporters of Saleh.

However, the level of enforcement of the embargo varies, depending on determinations made by the responsible authorities in the Saudi-led coalition based on confidential intelligence and political decisions (and thus giving rise to allegations of arbitrariness). At times, the arms embargo and restrictions on entry through ports and airports were enforced so strictly that they also impeded the delivery of humanitarian assistance. To facilitate access of humanitarian aid and commercial goods to Houthi-controlled areas, the UN Security Council created the UN Verification and Inspection Mechanism (UNVIM),⁵⁹ based in Djibouti, to manage clearance requests, coordinate inspections, and monitor the ports in Djibouti, Dubai, Jeddah, and Salalah.⁶⁰

Nonetheless, tentative efforts to restore a stable lifeline to the country have mostly failed. Even when cargos are approved for landing, offloading them takes an average of thirty days due to inefficient port management, financial disputes between shippers, and limited capacity at al-Hodeidah port, which was severely damaged by air strikes.⁶¹

Air raids in 2015 against al-Hodeidah destroyed the port's four cranes and hit its warehouses, paralyzing most activities.⁶² The US funded the purchase and installation by the World Food Programme (WFP) of four large replacement cranes, two of which would have been reserved exclusively for use by WFP, a clear sign of the vital role of this entry point. However, the cranes did not reach Yemen until early 2018,⁶³ as the coalition first suspended then revoked their entry authorization for several months.⁶⁴

56 OCHA, "Yemen: Humanitarian Bulletin," November 20, 2017.

57 Interview, February 2, 2017.

58 Interview, January 2017.

59 Security Council Report, "In Hindsight: The Story of the UN Verification and Inspection Mechanism in Yemen," September 1, 2016, available at www.securitycouncilreport.org/monthly-forecast/2016-09/the_story_of_the_un_verification_and_inspection_mechanism_in_yemen.php.

60 UNVIM, "Operational Snapshot, December 2016," December 31, 2016, available at www.vimye.org/docs/Operational_Snapshot_December_2016.jpg.

61 Stephen O'Brien, "Statement to the Security Council on Yemen," October 31, 2016, available at www.vimye.org/docs/ERC_USG_Stephen_O'Brien_Security_Council_Statement_on_Yemen_31Oct16.pdf.

62 Mohammed Ghobari, Noha Browning, and Angus McDowall, "Saudi-Led Warplanes Hit Yemeni Port, Aid Group Sounds Alarm," *Reuters*, August 18, 2016, available at www.reuters.com/article/us-yemen-security-idUSKCN0QN0HX20150819; Interview, February 15, 2017.

63 "Cranes Arrive in Hodeidah to Boost Yemen Food Aid Flow: U.N.," *Reuters*, January 15, 2018, available at www.reuters.com/article/us-yemen-security-cranes/cranes-arrive-in-hodeidah-to-boost-yemen-food-aid-flow-u-n-idUSKBN1F4213.

64 In an official statement, the coalition affirmed its readiness to facilitate their installation as part of the ongoing negotiations surrounding the military struggle to take control of the port, thus making them a bargaining chip in the process. "Saudi Arabia Installing Cranes at Three Yemen Ports to Boost Aid Delivery," *The National*, August 18, 2017, available at www.thenational.ae/world/mena/saudi-arabia-installing-cranes-at-three-yemen-ports-to-boost-aid-delivery-1.620835.

Moreover, together with the security measures adopted by the Hadi government and the international coalition that have impeded commercial air and sea traffic to the country, the Central Bank's sudden move from Sana'a to Aden in September 2016 undermined the Houthi government's ability to collect taxes. This move, which caused the government to face a significant budget shortfall, has played a significant, though lesser known, role in the economic and humanitarian decline of the country.⁶⁵ The Central Bank's capacity to preserve baseline economic stability and contain some effects of the humanitarian crises was first undermined as warring parties started interfering in its operations,⁶⁶ and then shattered when the bank lost access to foreign currency reserves to finance its operations. According to the latest reports, while some public servants in areas held by the Hadi government are paid at least sporadically, many thousands of others are facing destitution as their salaries have gone unpaid for months.⁶⁷

The UN Office for the Coordination of Humanitarian Affairs (OCHA) has reported that more than 170 schools and 70 health facilities have been fully or substantially compromised. Some of the damage has been attributed to deliberate attacks—mostly by the Saudi-led coalition—aimed at crippling Yemen's already decaying infrastructure and production capacity to undermine popular support for the Houthis.⁶⁸ Data from the Ministry of Agriculture and Irrigation in Sana'a identified 357 alleged bombings of farms, animals, water infrastructure, food stores, agricultural

banks, markets, and food trucks.⁶⁹ As of August 2016, the conflict was estimated to have resulted in damages of almost \$7 billion and economic losses of over \$7.3 billion from reductions in production and service delivery, in what is likely an underestimate.⁷⁰ In October 2017 the World Bank estimated that Yemen's gross domestic product (GDP) had contracted by about 37.5 percent cumulatively since 2015.⁷¹

Before the war Yemen imported 90 percent of its food, around 70 percent of which arrived through the port of al-Hodeidah. Today ships wait weeks at sea to unload, and even if shipping companies decide to wait, some goods are close to expiration by the time they arrive.⁷² As a consequence, the price of goods is dramatically increased to cover costs from delays, which further impacts the capacity of the local population to access food.⁷³

The international airports in Sana'a and Aden are damaged but functioning, though both are closed to commercial traffic. Sporadic connections are available between Amman (Jordan) and Aden despite the frequent closures ordered by coalition authorities due to military air operations.⁷⁴ Land ports also do not offer real options to establish a stable lifeline for the population, as they play only a minor role in the import of staples to the country.⁷⁵

POPULATION MOVEMENTS

The severity of the humanitarian crises in Yemen has generated clear increases in population movements, with repercussions all over the region. Even before the war, Yemen was at the crossroads

65 Asa Fitch and Mohammed al-Kibsi, "Yemen's Houthi Rebels Face Financial Crisis," *Wall Street Journal*, Aug. 4, 2015, available at www.wsj.com/articles/yemens-houthi-rebels-face-financial-crisis-1438714980.

66 Mansour Rageh, Amal Nasser, and Farea Al-Muslimi, "Yemen without a Functioning Central Bank: The Loss of Basic Economic Stabilization and Accelerating Famine," Sana'a Center for Strategic Studies, November 3, 2016, available at www.opendemocracy.net/north-africa-west-asia/mansour-rageh-amal-nasser-farea-al-muslimi/yemen-without-functioning-central-bank-los.

67 Noha Browning, "Unpaid State Salaries Deepen Economic Pain in Yemen's War," *Reuters*, January 26, 2017, available at www.reuters.com/article/us-yemen-security-salaries-idUSKBN15A1WW.

68 Ben Hubbard, "U.S. Fingerprints on Attacks Obliterating Yemen's Economy," *New York Times*, November 13, 2016, available at www.nytimes.com/2016/11/14/world/middleeast/yemen-saudi-bombing-houthis-hunger.html?_r=0.

69 Robert Frisk, "Saudi Arabia 'Deliberately Targeting Impoverished Yemen's Farms and Agricultural Industry,'" *The Independent*, October 23, 2016, available at www.independent.co.uk/news/world/middle-east/saudi-arabia-s-bombing-of-yemeni-farmland-is-a-disgraceful-breach-of-the-geneva-conventions-a7376576.html.

70 World Bank, United Nations, European Union, and Islamic Development Bank, "Joint Social and Economic Assessment for the Republic of Yemen," *Reuters*, August 2012, available at <https://openknowledge.worldbank.org/handle/10986/11920>.

71 World Bank, "Yemen's Economic Outlook: October 2017," October 11, 2017, available at <http://pubdocs.worldbank.org/en/592801507055198056/MEM-Oct2017-Yemen-ENG.pdf>.

72 Faisal Edroos, "Saudi Easing of Yemen Siege 'No Cause for Celebration,'" *Al Jazeera*, November 22, 2017, available at www.aljazeera.com/news/2017/11/saudi-ease-yemen-siege-millions-suffer-171122173712350.html.

73 Interview, February 14, 2017.

74 "Sanaa Airport Remains Closed as Intense Saudi Airstrikes Bombard Yemen," *Al-Bawaba News*, August 10, 2016, available at www.albawaba.com/news/sanaa-airport-remains-closed-intense-saudi-airstrikes-bombard-yemen-871540.

75 Over the period 2014–2016, imports arriving via land (124,696 tons) made up only 1.16 percent of the total 10,728,442 tons of wheat grain, rice, and wheat flour imports. Ala Qasem and Brett Scott, "Navigating Yemen's Wartime Food Pipeline," DeepRoot Consulting, November 29, 2017, p. 39, available at www.deeprootconsulting/single-post/2017/11/29/Navigating-Yemen%E2%80%99s-Wartime-Food-Pipeline.

of important migration movements originating from the Horn of Africa and directed toward the Gulf Arab states. But the number of arrivals from Yemen to neighboring countries increased substantially starting in April 2015, soon after the Saudi-led coalition began its military air campaign against the Houthis.⁷⁶ According to the latest available data gathered by the UN High Commissioner for Refugees (UNHCR) and the International Organization for Migration (IOM), more than 182,000 arrivals from Yemen have been registered since 2015, which still represents the peak of the Yemeni exodus (these figures include all nationalities and populations of concern, not just Yemeni citizens).⁷⁷

The overall figures, however, are much below those from other humanitarian crises such as in Syria. This, combined with the fact that most receiving countries are not signatories to the 1951 Refugee Convention and its 1967 Protocol and thus refuse to publicly consider Yemenis seeking protection as refugees, contributes to the Yemeni refugee crisis attracting relatively little attention in global debates around refugee and migration flows.

Most people flee Yemen for Saudi Arabia, Oman, and Djibouti, with smaller numbers arriving in Egypt, Jordan, and Lebanon. Of the Gulf Arab countries, Saudi Arabia has received the most Yemeni arrivals by far, at around 30,000. These figures are consistent with a long-standing trend of regional migration toward Saudi Arabia. Djibouti currently hosts about 20,000 refugees from Yemen, Somalia, Ethiopia, and Eritrea, who are still dependent on humanitarian assistance, mainly from WFP and UNHCR.⁷⁸ Due to its location close to the richest countries in the region and farther from the front lines of the conflict, Oman has received more arrivals than its neighbors, but relatively few of these were Yemeni nationals.⁷⁹

Yemen

Violence between Houthi rebels and various pro-Hadi government forces, as well as the Saudi-led coalition airstrikes, have forcibly displaced more than 3 million Yemenis within the country since March 2015. Today almost all governorates face significant internal displacement, with the biggest populations of IDPs (around 51 percent of the total) in Sana'a and in Hajjah and Taiz governorates. Overall, more than 3 million people, or 10.3 percent of the total population, have been registered as IDPs or returnees, and over 2 million remained displaced as of January 2017, according to the Task Force on Population Movement.⁸⁰ The UN Panel of Experts on Yemen has found indications of governorate-level policies causing the forced displacement of civilians as well as violations by the Hadi government in Aden and Lahij.⁸¹

Apart from sporadic fighting, dire economic conditions, and the widespread destruction of civilian infrastructure, one of the main obstacles to the return of IDPs is weapons contamination. The Panel of Experts reported the widespread use of mines by the Houthi forces and of integrated mine and improvised explosive device (IED) barrier belts by AQAP, and more recently by the Houthi forces, a practice often preceded by the forced displacement of local communities.⁸²

Historically a gateway to the rich Gulf Arab countries, Yemen is crisscrossed by an established network of smugglers and human traffickers dealing with migrants from East Africa hoping to pass through Yemen to reach the Gulf countries or to continue onward to Europe. Perhaps surprisingly, the escalation of the conflict has not significantly deterred migrants and refugees. When the intensity of the conflict surged, there was a short lull in migration, but it restarted close to the same

76 UNHCR, "Regional Refugee and Migrant Response Plan: Arrivals from Yemen by Country," November 30, 2017, available at <http://data.unhcr.org/yemen/regional.php>.

77 Ibid.

78 Famine Early Warning System Network, "Djibouti Key Message Update, January 2017," January 31, 2017, available at <http://reliefweb.int/report/djibouti/djibouti-key-message-update-january-2017>.

79 UNHCR, "Regional Refugee and Migrant Response Plan: Arrivals from Yemen by Country."

80 Task Force on Population Movement, "Yemen: 16th Report," October 2017, available at www.iom.int/sites/default/files/country/docs/TFPM-16th-Report-Oct2017.pdf.

81 UN Security Council, *Final Report of the Panel of Experts on Yemen*, UN Doc. S/2017/81, January 27, 2017, available at www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/s_2017_81.pdf.

82 Ibid., p. 162.

intensity a few weeks after the Houthis had taken the capital.⁸³

In 2016 there was a record number of arrivals: between 10,000 and 12,000 people registered with UNHCR in Yemen, but overall undocumented figures are estimated at around 117,000, much higher than before the war.⁸⁴ Because registration with UNHCR enables protection, the demographics of these registered migrants are concerning: 90 percent are men, and 35 percent are men below the age of eighteen. Women are underrepresented, as they follow a separate, parallel itinerary completely organized by traffickers and smugglers—though not any safer because of this—who bring them to Gulf families where they remain to work.⁸⁵

Migrants and refugees, whether in transit or seeking refuge from other crises, are among the most vulnerable people in Yemen. They are stigmatized by local communities and armed groups, who accuse them of carrying viruses, or stopped and questioned by the authorities or local militias, who suspect them of planning to join enemy forces as mercenaries. If arrested, migrants and refugees can also risk becoming part of another vulnerable population: detainees. Even prior to the conflict, human rights organizations reported widespread rape and other sexual abuse, overcrowding, and lack of access to any kind of medical assistance in both men's and women's detention centers and prisons.⁸⁶ Abduction and interception by armed or criminal groups—mostly right after landing in Yemen—account for the largest proportion of protection concerns, as these groups hold migrants and refugees for ransom in smuggling dens until they are able to raise enough money for their release.⁸⁷

Yemen is among the few countries in the Arabian Peninsula that has signed the 1951 Refugee Convention and its 1967 Protocol.⁸⁸ In practice, however, as the conditions do not allow for granting asylum-seeker status (and thus protection) to foreign nationals in the country, the Yemeni authorities, in cooperation with IOM, UNHCR, and NGOs, are providing basic help and repatriation services for those who wish to register and apply for it.

According to the latest figures from the Regional Mixed Migration Secretariat, as of December 31, 2016, an estimated total of 92,603 people had fled Yemen to countries in the Horn of Africa since March 2015 (36,603 to Djibouti, 34,760 to Somalia, 14,102 to Ethiopia, and 6,838 to Sudan). An estimated 90,880 people left for Saudi Arabia or Oman.⁸⁹

Saudi Arabia

The Yemeni crisis, and especially its spillover effects, caused immediate concern within the Saudi government, which evacuated at least seventy-eight border villages to create an empty buffer zone and extended the network of fences it had begun building along the border several years earlier.⁹⁰ These forced displacements and border reinforcements affected the intense cross-border personal and commercial relationships between the two countries, as many villages on the border's western edge are half Yemeni, half Saudi.⁹¹

Saudi Arabia, which is not a signatory to the 1951 Refugee Convention and its 1967 Protocol, argues that a visa-based model is preferable to refugee status as it preserves the dignity of displaced people by facilitating access to proper housing, freedom of movement, and rights to work, education, and healthcare. On the other hand, the “worker” status

83 UNHCR, “Regional Refugee and Migrant Response Plan: Arrivals from Yemen by Country.”

84 UN News Center, “Une campagne du HCR sensibilise sur les dangers des traversées périlleuses vers le Yémen,” February 7, 2017, available at www.un.org/apps/news/story.asp?NewsID=38915#.WMiorG_yuM9.

85 Interview, February 2, 2017.

86 Ibid.; US Department of State, “2010 Country Reports on Human Rights Practices Report,” April 8, 2011, available at www.state.gov/j/drl/rls/hrrpt/2010/nea/154472.htm.

87 Regional Mixed Migration Secretariat, “Monthly Summary: January 2017,” January 2017, available at <http://regionalmms.org/monthlysummary/RMMS%20Mixed%20Migration%20Monthly%20Summary%20January%202017.pdf>.

88 Somalis receive refugee status *prima facie*, while other nationalities need to undergo registration. Regional Mixed Migration Secretariat, “Yemen Country Profile.”

89 IOM and UNHCR, “Yemen Situation: Regional Refugee and Migrant Response: Arrivals from Yemen into the Horn of Africa as of 31 December 2016,” March 31, 2017, available at <http://reliefweb.int/report/yemen/yemen-situation-regional-refugee-and-migrant-response-arrivals-yemen-horn-africa-31-0>.

90 Robert F. Worth, “Saudi Border with Yemen Is Still Inviting for Al Qaeda,” *New York Times*, October 26, 2010, available at www.nytimes.com/2010/10/27/world/middleeast/27saudi.html?pagewanted=all.

91 Ibid.; “Saudi Tribes Refuse to Leave Yemen Border Zone,” *France24*, August 15, 2016, available at <http://observers.france24.com/en/20160815-saudi-tribes-refusing-evacuate-yemen-border>.

is costly and highly restricted, it excludes any kind of financial support, legal protection, and the path to potential citizenship that is afforded to those recognized as refugees, and it leaves holders vulnerable to deportation at any time.⁹² Human rights organizations affirm that mass deportations of people on such visas, sometimes involving beatings and detainment in poor conditions, are fairly common.⁹³

Saudi Arabia temporarily suspended the deportation of Yemeni citizens in late March 2015 following the intensification of violent conflict in the country.⁹⁴ However, the government is currently reviewing a proposal to deport an estimated 5 million undocumented or irregular migrants, leaving a ninety-day grace period to correct their legal status.⁹⁵

Djibouti

Djibouti faces unique migration challenges owing to its location at the crossroads between Europe, Asia, and Africa. Since 2009, the country has become a central point on the migration route from Africa toward the Gulf Arab countries. Thousands of migrants and refugees use it as a country of both destination and transit on their journey to the Arabian Peninsula.⁹⁶

In addition to so-called economic migrants, Djibouti hosts long-term Somali, Ethiopian, Eritrean, and Yemeni refugees, as well as Djiboutian returnees from Yemen. People fleeing Yemen and south-central Somalia are granted refugee status *prima facie*, while Ethiopians are granted asylum-seeker status.⁹⁷ Arrivals peaked followed the escalation of conflict in March 2015, but the number of arrivals dwindled shortly

thereafter. The sudden attention from authorities and international organizations brought much-needed investment to increase the capacity of local services in the Obock and Tadjoura regions.

With the stabilization of the conflict in Yemen and tough living conditions in Djibouti, especially in the Markazi refugee camp, most Yemenis have returned home or have decided to continue their journey. As of January 2017, 5,212 persons of concern related to the Yemeni crisis were still officially registered with UNHCR in Djibouti, less than a third of whom (around 1,721) are still hosted in the Markazi camp. Those still in the camp are considered to be the most vulnerable, as they receive no local support and are unable to integrate into the Yemeni community in Djibouti.

The total number of refugees hosted by Djibouti is 27,555, most of whom are not Yemenis but Somalis and Ethiopians.⁹⁸ As of February 2017, there were 4,201 Yemenis registered as refugees in Djibouti, though as of November it was estimated that the actual number of Yemenis in Djibouti was over 40,000.⁹⁹ Migrants and refugees in Djibouti are highly dependent on international humanitarian assistance and are exposed to economic exploitation and abuse, physical or gender-based violence, and detention in poor humanitarian conditions, leading to significant risks of disease transmission and, in extreme cases, loss of life. Many migrants and refugees transiting through Djibouti are held against their will by smugglers and brokers until they pay an agreed amount.

Oman

According to available data, migrants and refugees made up 44 percent of Oman's total resident

92 Amira Fathalla, "Migrant Crisis: Why Syrians Do Not Flee to Gulf States," BBC News, September 2, 2015, available at www.bbc.co.uk/news/world-middle-east-34132308; Julie M. Norman, "Saudi Arabia Doesn't 'Do' Refugees: It's Time to Change That," *The Conversation*, September 23, 2015, <http://theconversation.com/saudi-arabia-doesnt-do-refugees-its-time-to-change-that-47307>.

93 For example, official Saudi statistics say that 243,000 Pakistanis were deported between 2012 and 2015 based on security concerns and 165,000 Ethiopian migrants were deported over the course of four months in 2013 and 2014. Bethan McKernan, "Saudi Arabia 'Deports 40,000 Pakistani Workers over Terror Fears,'" *Independent*, February 13, 2017, available at www.independent.co.uk/news/world/middle-east/saudi-arabia-deports-40000-pakistan-workers-terror-fears-attacks-counter-terrorism-a7578151.html; Bram Frouws, "Desperate Discrimination: A Record Number of Migrants Arrive in Yemen in 2016," Regional Mixed Migration Secretariat, December 15, 2016, available at www.regionalmms.org/index.php/research-publications/feature-articles/item/56-desperate-determination-a-record-number-of-migrants.

94 Regional Mixed Migration Secretariat, "Yemen Country Profile."

95 Interviews, January–March 2017.

96 IOM, "IOM in Djibouti," available at www.iom.int/countries/djibouti.

97 UNHCR, "Yemeni Crisis Response Factsheet," December 2016.

98 UNHCR, "Djibouti," available at www.unhcr.org/en-us/djibouti-592fde724.html.

99 UNHCR, "Djibouti: Inter-agency Update for the Response to the Yemeni Situation #51 (January–February 2017)," March 2017, available at www.refworld.org/country,UNHCR,DJI,58c7fc1a4,0.html; Mohammed Adow, "Yemenis Find Refuge in Africa's Djibouti," *Al Jazeera*, November 17, 2017, available at www.aljazeera.com/news/2017/11/yemenis-find-refuge-africas-djibouti-171117110454303.html.

population in 2015, as the country relies heavily on foreign workers.¹⁰⁰ Among the Gulf Arab states, Oman is considered historically, ethnically, and linguistically closest to Yemen, especially in the western Dhofar governorate. Thanks to its location close to the richest countries in the region but farther from the front lines of the conflict in Yemen, Oman has received more migrants and refugees than its Gulf Arab neighbors but relatively few from Yemen.¹⁰¹

Oman, like most Gulf Arab countries, is not a party to the 1951 Refugee Convention and its 1967 Protocol, nor to the 1954 Convention relating to the Status of Stateless Persons or the 1961 Convention on the Reduction of Statelessness. It also has no specific national laws or administrative regulations governing asylum seekers or refugees. With the exception of nationals from the countries of the Gulf Cooperation Council, all foreign citizens in Oman, including those who register with UNHCR, fall under national immigration laws.¹⁰²

Due to the crisis, Yemenis are currently only allowed to enter with a valid reason or invitation. Oman also accepts some carefully vetted Yemenis on a “humanitarian basis,” and although it does not publicly report how many, about 2,500 are supposed to be hosted in the country.¹⁰³ Visas for medical reasons are granted if the applicant can produce an official document from a physician, validated by both Yemeni and Omani customs authorities.

Given the limited number of humanitarian organizations active there, the major concern for Yemeni migrant and refugee populations in Oman is the absence of protection activities and programs. Another area of concern is the fate of unaccompanied or undocumented minors and women, especially girls. Interviewees highlighted a growing trend of marriages involving foreign men from Gulf countries coming to Yemen to find a young wife because of the much smaller dowry.

These arrangements, concluded under duress and because of the needs of the Yemeni family, are then formalized in front of an officer at the Omani border, allowing the husband to enter Oman with his new wife.¹⁰⁴

Humanitarian Actors and Responses

One of the immediate consequences of the volatile level of humanitarian access to Yemen is the lack of reliable and transparent information on the location and nature of the actors involved in humanitarian responses and the effective coverage of their action. The lack of a comprehensive analysis of all the actors playing a humanitarian role, regardless of whether they are traditionally considered to be “humanitarian,” makes it difficult to have an overarching vision of the capacity and effectiveness of responses at the local level or a clear vision of the challenges faced by humanitarian efforts at the regional level.

HUMANITARIAN PRESENCE AND CAPACITY IN YEMEN

The Public Sector

Due to the presence of two competing central authorities, Yemen has seen a multiplication of national public stakeholders responsible for or involved in humanitarian issues. The internationally recognized Hadi government relies on the Ministry of Planning and International Cooperation, the Ministry of Labor and Social Affairs, and the Ministry of Public Health and Population. However, the government mainly operates remotely from Riyadh.¹⁰⁵ As a result, it suffers from lack of oversight and authority and has only nominal control over the humanitarian response by state services. In Sana’a, the Houthi government has relied mainly on its own Ministry of Planning and International Cooperation, the Ministry of Interior, the Ministry of Health, and the

100 Gulf Labor Market and Migration, “Total Population and Percentage of Nationals and Non-nationals in GCC Countries,” March 31, 2015, available at <http://gulfmigration.eu/total-population-and-percentage-of-nationals-and-non-nationals-in-gcc-countries-latest-national-statistics-2010-2015/>.

101 UNHCR, “Regional Refugee and Migrant Response Plan: Arrivals from Yemen by Country.”

102 UNHCR, “Submission by the United Nations High Commissioner for Refugees for the Office of the High Commissioner for Human Rights’ Compilation Report—Universal Periodic Review: 2nd Cycle, 23rd Session,” March 2015, available at www.refworld.org/country,,UNHCR,,OMN,,56371d0f4,0.html.

103 Saleh al Shaibany, “Oman Provides Sanctuary for Yemenis Fleeing Conflict,” *The National*, March 5, 2017, available at www.thenational.ae/world/middle-east/oman-provides-sanctuary-for-yemenis-fleeing-conflict.

104 Interviews, March 2017; Emma Batha, “Child Marriage Soars in Yemen as Famine Looms—UN,” *Thomson Reuters Foundation News*, March 27, 2017, available at http://news.trust.org/item/20170327152607-456zy/?cid=social_20170328_71114866&adbid=10155150470554105&adbpl=fb&adbpr=168811439104.

105 Nadwa al-Dawsari, “We Lived Days in Hell’: Civilian Perspectives on the Conflict in Yemen.”

Executive Unit for IDPs, which in some governorates, such as al-Hodeidah, is also officially in charge of distributing access lists to those manning security checkpoints.

Across the country, however, public officials have been waiting for their salaries for months, and many have had to make a tough call between staying out of a sense of duty to their community or leaving and giving up hope of receiving past salary once the state has regained access to liquidity. Recently, Aden received at least 160 billion Yemeni riyals (approximately \$640 million) as part of a 400-billion riyal (\$1.6 billion) order from a printing company in Russia. However, the lack of transparency in the chain of distribution and the imbalance in payments made to the South and the North, where officials received far fewer resources, diminished the positive impact of the operation.

The simultaneous existence of two governments also means NGOs and international organizations face an additional burden in dealing with multiple parallel administrative, security, and logistics procedures. Humanitarian action on the ground, especially access to the most-affected areas, is hampered significantly by the need to negotiate every aspect of operations, from memoranda of understanding to access notifications, with untrained officials from parallel administrations, without clear guidelines or standard procedures, and facing an intense turnover in official interlocutors.¹⁰⁶

Governorate and district authorities have almost no control or resources, and their influence on the humanitarian situation is at best symbolic without external support. However, many authorities try to get involved in the strategic aspect of humanitarian assistance, and they sometimes have a say in the conditions of (or restrictions on) access to some areas. Some informal local authorities have appeared to fill the vacuum left by governorate and district authorities. These include the Supreme

Medical Committee, formed by the resistance forces opposing the Houthis besieging Taiz in 2016,¹⁰⁷ and the Village Cooperative Councils, aimed at promoting the construction of certified village classrooms as a priority self-help initiative.¹⁰⁸ In some cases, the local system has been weakened by the presence of international organizations, which are capable of paying their employees.

Humanitarian Actors

The presence of nongovernmental and international humanitarian organizations in Yemen continued increasing in 2017, after expanding by around 90 percent in 2015 in response to the escalation of the conflict. The increase came right after a temporary downsizing of the humanitarian presence due to the sudden violence that led most international actors to relocate or rely almost exclusively on national staff for their operations.¹⁰⁹ By the end of October 2017, the UN cluster system reported 143 different humanitarian organizations working in Yemen, including national and international NGOs and UN agencies. Of these, 100 are national NGOs. In the same period, forty-three organizations were recorded as active partners in the UN-coordinated Health Cluster,¹¹⁰ an increase from the thirty-three registered in December 2016.¹¹¹

Since July 2015, the humanitarian coordination system clustered around OCHA has revolved around six hubs covering the whole country: Aden, al-Mukalla, al-Hodeidah, Ibb, Saada, and Sana'a. Apart from al-Mukalla, where the hub operates remotely from Aden and Sana'a, all five hubs were reported to be active as of March 2017. Aden, Taiz, and Hajjah are the most crowded hubs. Food security and agriculture is the cluster (or area of focus) that has the most implementing agencies countrywide, followed by health.¹¹²

To a much greater extent than usual, ICRC, the International Medical Committee, and MSF are substituting many of the nonemergency services

¹⁰⁶ Interview, January 31, 2017.

¹⁰⁷ "Yemen: Press Conference to Discuss the Health Situation in Taiz," *Arab24*, June 25, 2016.

¹⁰⁸ UNDP, "In Abyan, Village Cooperative Council Brings Education to Boys and Girls," available at www.ye.undp.org/content/yemen/en/home/ourwork/crisispreventionandrecovery/successstories/in-abyan--village-cooperative-council-brings-education-to-boys-a/.

¹⁰⁹ OCHA, "Yemen: Conflict and Humanitarian Presence," April 21, 2015, available at http://img.static.reliefweb.int/sites/reliefweb.int/files/styles/attachment-large/public/resources-pdf-previews/336816-Humanitarian%20Presence_Conflict_22Apr2015.png?itok=997AajOa.

¹¹⁰ OCHA, "Yemen: Organizations 3W Operational Presence," October 2017, available at <https://ochayemen.org/hrp-2017/en/3w>.

¹¹¹ OCHA, "Yemen: Organizations 3W Operational Presence," October 2017, available at <https://ochayemen.org/hrp-2017/en/3w>; "Yemen: Organizations 3W Operational Presence," December 31, 2017, available at <http://reliefweb.int/report/yemen/yemen-organizations-3w-operational-presence-31-december-2016-enar>.

¹¹² OCHA, *Yemen: Humanitarian Response Plan January–December 2017*.

that would otherwise be provided by the collapsed healthcare system, including insulin and dialysis, blood banks, and referral-system management.¹¹³ As underlined by the organizations themselves, while necessary to save lives, such substitution is unsustainable and does not constitute the most efficient use of international funding intended for emergency response.

The World Bank has announced \$500 million in funding to provide emergency livelihood, health, and nutrition support for the most vulnerable people in all twenty-two governorates. Out of this total, UN agencies disbursed grants worth \$50 million in 2016 for social and health projects. Of the remaining \$450 million, \$250 million will be devoted to creating income opportunities and strengthening the Social Fund for Development and the Public Works Project.¹¹⁴ Although not traditionally considered to be part of humanitarian aid, such activities are key to at least financially enabling the population to access basic goods and services, including medical care. The other \$200 million will be managed by the UN Development Programme (UNDP), UNICEF, and the World Health Organization (WHO) to support the local health system in delivering emergency and essential health and nutrition services for an estimated 7 million Yemenis.¹¹⁵

The details of these initiatives are still unclear, but they will most likely aim to provide structural support to the crumbling national public health-care system to prevent basic services from being completely disrupted. For the international community, the first and most important step is to ensure that the salaries of doctors and nurses and other critical public-health positions are paid.¹¹⁶

In November 2017 the World Bank announced a new project, worth \$150 million, focusing on

nineteen war-affected cities around the country and to be implemented by the UN Office for Project Services (UNOPS) in partnership with three long-standing Yemeni entities that have continued working despite the conflict: the Public Works Project, the Road Maintenance Fund, and the Urban Water Project Management Unit.¹¹⁷

The list of humanitarian actors operating in Yemen compiled by OCHA is most likely an underestimate, as some organizations are not officially part of the coordination system or do not meet the criteria to enter the official count. Such actors operate fully outside the UN system and, unlike other external organizations (such as ICRC and MSF), they are not taken into account in UN-coordinated data. This makes it more difficult to have a comprehensive picture of who does what in terms of humanitarian assistance in Yemen.

Many experts are worried about the capacity of the UN-coordinated humanitarian system to answer to actual needs, considering its funding shortfall. In the last trimester of 2017, just 56 percent of Yemen's UN Humanitarian Response Plan had been met.¹¹⁸ The United States, historically the most generous donor in the Yemen Humanitarian Response Plan framework, is likely to recalibrate its Yemen strategy under the current administration. A reduction in US support would require other donors to fill the gap to ensure that humanitarian activities are not frozen.¹¹⁹

However, local observers have stressed that even the amount requested fails to accurately estimate real needs. The \$1.8 billion required in 2016 was aimed to address the needs of 13.6 million people, coming to \$11 per month per person, or around 30 cents a day.¹²⁰ Moreover, even having access to adequate funding could prove not to be enough. As one NGO recalled, having funds in its bank

113 Ibid.

114 Ibid., p. 19.

115 World Bank, "New Yemen Projects to Help 9 Million People with Basic Health and Nutrition Services and Work Opportunities," January 17, 2017, available at www.worldbank.org/en/news/press-release/2017/01/17/new-yemen-projects-to-help-9-million-people-with-basic-health-and-nutrition-services-and-work-opportunities.

116 Stephen O'Brien, "Statement to the Security Council on Yemen," October 31, 2016, available at www.vimye.org/docs/ERC_USG_Stephen_O'Brien_Security_Council_Statement_on_Yemen_31Oct16.pdf.

117 World Bank, "New US\$150 Million Project to Focus on Yemen's Conflict-Affected Cities," November 2, 2017, available at www.worldbank.org/en/news/press-release/2017/11/02/new-us150-million-project-to-focus-on-yemens-conflict-affected-cities.

118 OCHA, "Yemen: Fastest Growing Cholera Epidemic Ever Recorded Brings Number of Cases to 895,000."

119 Milton-Edwards, "Yemen: Ceasefires and Lost Opportunities."

120 Jarhum, "Opinion: The Humanitarian Response in Yemen Isn't Working."

account was made useless by the lack of cash, which made those funds inaccessible and put projects at risk.¹²¹ As of October 2015, humanitarian partners in Sana'a reportedly cannot withdraw more than 400,000 rial per day from banks (about \$1,300); in al-Hodeidah, the limit is 200,000 rial.¹²²

The Private Sector

Despite the long history of political and economic instability and the current poor state of its financial system, Yemen has a strong basis for a prosperous private sector. The country has a proven—though not exploited—energy potential thanks to important oil and gas reserves, and it is strategically positioned at one of the most important commercial transit points in the region. Yemenis have a strong vocation for business and enjoy a widespread reputation as skilled artisans and entrepreneurs.

The war and the blockade, however, have severely disrupted most local infrastructure, supply chains, and commercial capacity. According to a 2015 UNDP survey, Aden, Taiz, and Saada were the areas where businesses suffered the most damage.¹²³ But considering the latest developments, it is likely that the damage has extended to businesses in al-Hodeidah and most of the western and southern governorates. So far, the private sector in Yemen has proven to be exceptionally resilient, but without the prompt reestablishment of appropriate economic conditions, long-term damage will be almost inevitable.

According to the little information available, most of the firms still active in the country are engaging in some kind of humanitarian action, be it direct (e.g., providing aid through their charitable branch, partnering with humanitarian actors, providing free or affordable healthcare services) or indirect (e.g., controlling food prices, supporting logistics for healthcare services). Organizations such as Oxfam, the Red Cross Movement, UNDP, and even some donors such as

the UK Department for International Development (DFID) have been partnering with surviving Yemeni firms to deliver services or facilitate access to aid and assistance.

At the national level, among the most active actors are the al-Saeed Foundation for Sciences & Culture (HSA Group) and the al-Kuraimi Islamic Microfinance Bank. Private actors clearly have a role to play in the response to the crisis, but their impact is still unclear, given the lack of regulation, monitoring, or coordination of private actors in the humanitarian sphere.

The case of al-Omgy Brothers Money Exchange, a firm with ninety-five offices across Yemen that provide banking services, hold accounts, and perform inexpensive money transfers, is emblematic. When AQAP fighters took over part of southern Yemen in 2015, they looted millions of dollars from the Central Bank and pressured most banks to suspend their activities. Al-Omgy Brothers Money Exchange remained open, held accounts for the national oil company, disbursed salaries for the Yemeni government, and earned the praise of local officials for providing much-needed services.¹²⁴

But in 2016 the US Treasury Department and the United Arab Emirates accused the company of having facilitated an AQAP account used to fund operations in Yemen and to collect taxes from companies and businessmen. Al-Omgy, whose closure would further reduce financial flows in Yemen, said it had no choice but to cooperate with AQAP requests, as it held control at the time. Nonetheless, the US and United Arab Emirates added al-Omgy to their blacklists of organizations funding or supporting terrorist groups, which could severely hamper its ability to receive funds from international actors. The case of al-Omgy is a stark reminder of the complexity surrounding the replacement of basic functions by private actors in a power vacuum.

121 "Strengthening the Humanitarian Response in Yemen—Event Communiqué," Strengthening the Humanitarian Response in Yemen Conference in London, January 26, 2017, London, available at www.nrc.no/globalassets/pdf/statements/yemen-conference-communique-final-070217.pdf.

122 OCHA, *Yemen Humanitarian Needs Overview 2017*, November 2016, available at <https://reliefweb.int/report/yemen/yemen-2017-humanitarian-needs-overview-enar>.

123 Ibid.; UNDP, "UNDP SMEPS Rapid Business Survey," November 16, 2015, available at www.ye.undp.org/content/yemen/en/home/library/crisis_prevention_and_recovery/undp-smeps-rapid-business-survey.html.

124 Ben Hubbard and Saeed Al-Batati, "Yemeni Bankers Get in Trouble over a Customer, Al Qaeda," *New York Times*, November 15, 2016, available at www.nytimes.com/2016/11/16/world/middleeast/yemen-al-qaeda-bank.html.

A COMPLEX PICTURE OF HUMANITARIAN ACCESS

Official data presented in OCHA's 2017 Humanitarian Response Plan would seem to paint a positive picture of the ability of humanitarian actors to reach most of Yemen's population, but a more granular analysis offers a different perspective. According to OCHA's data, based on information shared by humanitarian actors participating in a series of field workshops in 2016, most of the country's districts (69 percent) are fully or relatively accessible.¹²⁵ However, the areas where the most need exists reportedly coincide with those that humanitarians find to be most difficult to gain access to. The 13 percent of Yemen's districts identified as having the most constraints on access is equivalent to forty-three districts, representing approximately 2.1 million people, of which 1.3 million were estimated to be in acute need of assistance in the first half of 2017.¹²⁶

The number and type of impediments to humanitarian access reported are diverse and context-specific. OCHA identified three broad categories of impediments (listed in order of perceived impact): bureaucratic impediments, attempts to influence humanitarian operations, and security constraints. As previously mentioned, the multiplication of both formal and informal public, regional, and local authorities can make coordination and operations more complex and unreliable.

An additional factor is the difficulty to adequately respond to people's needs, even when access is possible. Yemen relies on imports for more than 90 percent of its staple food and nearly all fuel and medicine, and importing life-saving medical and pharmaceutical items has become extremely challenging due to security conditions and restrictions imposed by the parties to the

conflict. In 2016 international and local actors declared that they had obtained slightly better results in negotiating access and humanitarian pauses compared to the first year of the conflict, although access conditions are still defined as critical. A platform of civil society organizations and NGOs attending an event in January 2017 complained that permissions obtained in Sana'a or Aden are often meaningless outside of those cities, where access ultimately depends on various armed groups.¹²⁷

To overcome the limited access and address the enormous needs, international organizations have been increasingly relying on remote-management techniques and on the hard work of local actors. Some have tried to tackle this challenge through innovative solutions. In July 2015 WFP started remote phone-based data collection and food-security monitoring in Yemen through the mobile Vulnerability Analysis and Mapping (mVAM) approach.¹²⁸ In 2016 WFP also piloted a new system called Commodity Voucher through Traders' Network (CV-TN) in hard-to-reach areas such as Sana'a, Aden, and Taiz. The CV-TN system, which relies on local businesses, allowed WFP to assist more than 600,000 people in July of that year compared to only 120,000 in February.¹²⁹ Since June 2015, ICRC's Yemen delegation has used WhatsApp as a dedicated hotline to enable people to report incidents or request assistance.¹³⁰

The Value and Challenges of Local Responses

The official data does not reflect the real impact that the unregulated conduct of hostilities has on the daily management of healthcare services, as it focuses on official medical activities, mainly involving international actors. With the almost total collapse of the emergency and referral system, civilians are often left to fend for themselves and

125 OCHA, Yemen: Humanitarian Response Plan January–December 2017.

126 In addition, OCHA's data was gathered before the beginning of Operation Golden Arrow in January 2017 and does not reflect the current challenges faced by humanitarians trying to access the Red Sea coast, especially the hard-hit districts between Taiz and al-Hodeidah. Interviews, January–March 2017.

127 "Strengthening the Humanitarian Response in Yemen – Event Communiqué."

128 Surveys based on mVAM are conducted through a call center. Respondents are asked a short series of questions on household food consumption, coping tools and mechanisms, and access to food assistance. See WFP, "Yemen: mVAM Monitoring," available at www.wfp.org/content/yemen-mvam-monitoring.

129 This system provides food assistance through food vouchers using a local supplier's network, based on assessments undertaken by field personnel, or through the mVAM approach. Each voucher gives a one-month supply of wheat grain, pulses, vegetable oil, salt, and sugar as well as wheat soya blend—a protein-rich blended food provided by WFP through the local supplier. The monthly entitlement is enough to cover the needs of a family of six people. See WFP, "Breakthrough as WFP Reaches Taiz Enclave Using Voucher Assistance," July 31, 2016, available at www.wfp.org/news/news-release/breakthrough-wfp-reaches-taiz-enclave-using-voucher-assistance.

130 As reports are received, the communications department manually clusters the most frequently recurring and relevant messages. The most urgent messages (such as security incidents or requests for lifesaving assistance) are immediately shared with relevant departments by phone or email. See ICRC, "Humanitarian Futures for Messaging Apps," January 2017, available at www.icrc.org/en/publication/humanitarian-futures-messaging-apps.

their communities when it comes to providing first aid to, rescuing, and transferring wounded persons.

The UN Panel of Experts on Yemen reported that in 2015 Houthi-Saleh forces used snipers positioned on top of buildings to target people seeking safety, medical care, and food.¹³¹ The panel also condemned coalition airstrikes targeting civilians, noting that treating the entire city of Saada and the region of Maran in Saada governorate as military targets violated the principles of distinction, proportionality, and precaution that are at the heart of international humanitarian law.¹³²

OCHA's presentation of access conditions in its 2017 Humanitarian Response Plan also does not sufficiently highlight the better access of local organizations compared to international ones.¹³³ OCHA's report recognizes this but does not quantify or describe it, and the access of local actors deserves more attention in the future. Alternative access strategies and techniques proposed by non-international organizations would also, at the very least, deserve to receive more attention.¹³⁴

Nonetheless, short-lived cease-fires, regardless of whether they are achieved through high-level diplomatic commitments or through grassroots negotiation and local engagement, are far from sufficient to reach millions of people or to perform more substantial activities such as rebuilding homes, health facilities, or basic infrastructure.¹³⁵

Regions of Yemen in Focus

Due to the multi-faceted nature of the conflict, the specific challenges faced by those delivering humanitarian assistance across Yemen vary widely and cannot be summarized in a few broad strokes without generalizing the situation. However, some trends and patterns exist, allowing for analysis of geographic sectors based mainly on the party in

control and the main logistical features of the area.¹³⁶

Northwestern Yemen (Houthi-Controlled)

Cross-border: Due to the spillover of the conflict and frequent fighting, the border with Saudi Arabia is mostly sealed. Cross-border humanitarian access from the port city of Jizan, logistically an ideal alternative to al-Hodeidah, would be nearly impossible due to security concerns and to avoid raising doubts on the neutrality of the operation.

Internal: Houthi authorities have tried to rebuild public administration in the territories under their control, but the result is a disrupted and disorganized bureaucracy lacking consistent rules and clearly enforced procedures. Most movements within Houthi-controlled territory require previous authorization, and the procedures depend on the specific local authority. Even when obtained, such authorizations are often ignored or contradicted by field units manning checkpoints due to security issues, bad organization, or lack of discipline. As already mentioned, bureaucratic impediments are consistently considered the most important obstacle to access.

Western Yemen (Houthi-Controlled)

Cross-border: The de facto naval blockade by the coalition and its allies, combined with the need for previous clearance by Houthi authorities, complicates commercial and humanitarian access to western Yemen through al-Hodeidah, the country's most important and best-equipped port. Some positive developments have been recorded, thanks to the introduction of the UN Verification and Inspection Mechanism (UNVIM), which offers a neutral way to monitor and verify commercial cargos to prevent violations of the arms embargo and sanctions list imposed on Houthi authorities. However, UNVIM's procedures are

131 UN Security Council, *Final Report of the Panel of Experts on Yemen Established Pursuant to Security Council Resolution 2140 (2014)*, UN Doc. S/2016/73, January 26, 2016, available at www.un.org/ga/search/view_doc.asp?symbol=S/2016/73. Similar attacks were documented by OHCHR, which identified forty-two civilians killed in Taiz during the second half of August 2015 from sniper attacks and shelling by the Houthis. See OHCHR, "Press Briefing Notes on Yemen and Chad," September 1, 2015, available at www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=16367&LangID=E.

132 UN Security Council, *Final Report of the Panel of Experts on Yemen Established Pursuant to Security Council Resolution 2140 (2014)*; "The Province of Saada Labeled as a Military Target," *Yemen Times*, May 9, 2015. The Saudi-led coalition has reportedly killed and injured civilians and destroyed public facilities, including healthcare structures, disrupting the provision of emergency healthcare services through practices such as double tapping, hitting the same spot twice after a short interval to discourage first responders. Samuel Oakford, "Double Tap Attack on Yemen Funeral Violated Humanitarian Law—UN Panel," IRIN, October 20, 2016, available at www.irinnews.org/news/2016/10/20/exclusive-double-tap-attack-yemen-funeral-violated-humanitarian-law-un-panel.

133 OCHA, *Yemen: Humanitarian Response Plan January–December 2017*; Interviews, February–March 2017.

134 Sometimes local actors suggest unorthodox tactics such as taking advantage of "gat breaks," when most Yemenis pause their activities to consume the narcotic plant, to increase chances of accessing isolated areas. See Jarhum, "Opinion: The Humanitarian Response in Yemen Isn't Working."

135 Milton-Edwards, "Yemen: Ceasefires and Lost Opportunities."

136 For a granular analysis of the state of Yemen's transport system and road network and the impact on the cost of and markups on the port-to-shop route, see Qasem and Scott, "Navigating Yemen's Wartime Food Pipeline."

cumbersome and slow, with authorized vessels sometimes having to wait weeks outside al-Hodeidah before receiving further authorization to dock. This represents an unacceptable cost for most carriers, which often refuse to wait to offload their containers, preferring to order their vessels to continue their journey.

Even exclusively humanitarian cargos, although officially exempt from the UNVIM procedures, suffer from delays, as they are required to get authorization from the coalition's humanitarian de-confliction cell in Riyadh, which also involves further potential delays, before being allowed to proceed to the port. Those cargos that manage to get to the port then face the logistical challenges resulting from the deliberate and repeated damage done to the biggest cranes and to some infrastructure by shelling and airstrikes. Recently, the coalition's Operation Golden Arrow cut off inland access to the port, further impeding its use by humanitarian organizations.

Internal: Humanitarian organizations face massive challenges in gaining and maintaining access to over 2 million people at risk and in dire need of humanitarian assistance in western Yemen.¹³⁷ Apart from facing security concerns due to active fighting in several districts, humanitarian movements in the al-Hodeidah governorate and neighboring areas are subject to a complex system of authorizations. The governorate, Executive Unit for IDPs, and Ministry of Interior are all involved in the authorization process, with the Executive Unit in charge of telling the governorate and Ministry of Interior to give the greenlight to units manning the checkpoints. These units, however, do not always receive the communication of authorization or refuse to respect it for alleged security reasons. According to ACTED, a French NGO operating in the area, the organization schedules at least one hour of delay per checkpoint as a default.¹³⁸

Suspicion by Houthi authorities toward international organizations is widespread and deeply rooted. In late 2016 the Norwegian Refugee Council had some of its staff detained by Houthi

authorities in the Hali district of al-Hodeidah after some of their aid kits were found to contain Saudi-branded relief items. The organization denied that it received Saudi funding, claiming that local providers had recycled boxes used in the past by the coalition,¹³⁹ but the accusation received significant coverage as it was seen as confirmation that international NGOs did not deserve to be trusted.

The western front line is also among the few areas where humanitarian actors have indicated that security is the major source of concern, mainly due to the risk of sudden gunfights, kidnapping, and especially air attacks. The humanitarian de-confliction cell based in Riyadh is coordinated by OCHA and is tasked with liaising with Saudi-coalition military authorities to ensure the inclusion of humanitarians in the tactical “no-strike” list. The cell requires humanitarian managers to submit a three-page request containing detailed information about the vehicles and traveling personnel and including pictures of each vehicle taken from all sides. Although some organizations call this process cumbersome and time-consuming, it was reported to have improved substantially recently, with OCHA staff confirming inclusion on the “no-strike” list within twenty-four hours of submission.

Humanitarian actors feel that inclusion in the no-strike list reduces the risk for small vehicles or stationary operations involving containers and other easily identifiable infrastructure, as they are less likely to be confused with military activities. However, large convoys of trucks or similar heavy transportation vehicles on the move remain vulnerable and less protected by this system than they might be by one based on GPS references.

Southern Yemen (Hadi-Coalition-Controlled)

Cross-border: Aden port is open to international cargo and is not burdened by the same administrative and logistical procedures imposed on al-Hodeidah. The airport, although seriously damaged during fighting between Houthi and coalition forces and among coalition forces, is

137 Insight on Conflict, “Peacewatch: Yemen—March 2017,” March 1, 2017, available at www.insightonconflict.org/blog/2017/03/peacewatch-yemen-march-2017/.

138 Interview, March 2017.

139 “Norwegian Refugee Council Staff Detained in Yemen,” *Al Jazeera*, February 20, 2017, available at www.aljazeera.com/news/2017/02/norwegian-refugee-council-staff-abducted-yemen-170220070436551.html.

receiving humanitarian flights and even some commercial flights from Amman, Jordan.

Internal: In districts controlled by the Saudi-led coalition, movements are hindered less by security concerns than by bureaucracy and tolls or fees. As the Hadi government lacks the strength to enforce control and authority over the whole territory it nominally manages, local stakeholders, militias, and tribes impose their own rules and prices.

In areas close to the front lines, and especially in Taiz, access is much more complicated and security conditions more volatile. In some areas, including the city of Aden, there is a concrete risk of being affected or directly targeted by AQAP or ISIS militants, which limits the possibility of moving in these areas or staying for more than a few hours.

Eastern Yemen (Hadi-Coalition-Controlled)

Cross-border: Oman's border with Yemen remains open at two points, al-Mazyuna and Sarfait, with traffic allowed in both directions. Humanitarian convoys from these land ports, although theoretically possible, are extremely complex, time-consuming, and expensive, making them a last resort when the Yemeni sea ports are not a viable option.¹⁴⁰ Yemeni citizens can access the border crossings with a visa provided at the border, upon invitation, or for health reasons supported by valid medical certificates. Humanitarian access to Yemen is allowed to the few organizations authorized to operate in Oman, such as ICRC and the Omani Charity Organization.

Internal: Movement in eastern Yemen is hindered mostly by bureaucracy and tolls or fees. According to estimates by humanitarian actors, a convoy of humanitarian relief entering Yemen from Oman would have to budget the approximate equivalent of its total value for tolls and passage fees for traveling between the first posts on the Yemeni side and the conflict-affected districts in the west. In addition, some areas in eastern Yemen are considered to be still controlled by AQAP, which represents a security concern for most interna-

tional humanitarian organizations.

HUMANITARIAN RESPONSES OF NEIGHBORING COUNTRIES

Saudi Arabia

Together with other Gulf Arab countries, Saudi Arabia has assumed a leading role on the international stage, including in the Yemeni crisis. Divided between its active military role in support of one of the parties to the conflict and its desire to appear as a major humanitarian player, Saudi Arabia is facing tough decisions. Two years into the conflict, the Saudi economy is struggling with the consequences of the decline in global oil prices (oil revenues make up 80–90 percent of fiscal earnings) and the rising costs of the military intervention in Yemen. Riyadh's decision to support and host the exiled Hadi government is now being questioned by key allies in the coalition, and the military and humanitarian investments made in Yemen are becoming more politically and financially difficult to justify.

Internally as well, Saudi Arabia is struggling with the consequences of its migration policy. The country hosts around 30,000 Yemenis who, like all other foreigners, are on visas as Saudi Arabia does not recognize refugee status.¹⁴¹ These numbers are lower than those of several other refugee-hosting countries in the region. However, they add to the 30 percent of the total population composed of immigrants, who by law have access to the same services as Saudi citizens, including complete health coverage, and thus need to be absorbed by the national public services system.¹⁴²

State of Saudi Arabia's Healthcare System

Saudi Arabia's Ministry of Health is the main provider of healthcare services in the country, but it mainly relies on foreign professionals for its workforce, which leads to high turnover rates and instability. This situation is slowly changing as the country invests in building its national workforce, but so far only limited advances have been achieved. It is estimated that in 2020 Saudi Arabia will still need to hire 32,660 doctors from outside

140 Qasem and Scott, "Navigating Yemen's Wartime Food Pipeline"; OCHA, "Ensuring Yemen's Lifeline: The Criticality of All Yemeni Ports," November 2017, available at <https://reliefweb.int/map/yemen/ensuring-yemen-s-lifeline-criticality-all-yemeni-ports-13-nov-2017-enar>.

141 Norman, "Saudi Arabia Doesn't 'Do' Refugees: It's Time to Change That"; UNHCR, "Regional Refugee and Migrant Response Plan: Arrivals from Yemen by Country."

142 Interview, February 2, 2017.

the country.¹⁴³

Saudi nationals (working in the private or public sector), foreigners working in the public sector, and (presumably) foreigners with a visa from Saudi authorities, including those on “humanitarian visas,” are entitled to a package of benefits sponsored by the government providing preventive, diagnostic, and curative healthcare services, as well as free pharmaceutical coverage. Therefore, while some Yemenis in Saudi Arabia officially have access to comprehensive healthcare services, it is becoming increasingly expensive for the Saudi authorities to finance and maintain that system, and the limited capacity of the healthcare system forces authorities to make difficult choices in terms of investment and priorities.

Although Saudi authorities do not report any undocumented migrants, it is widely known that many people overstay their visas or have their documents taken by former employers, raising serious concerns in terms of access to healthcare services. Similar concerns are raised over stateless residents, estimated in 2015 at over 70,000.¹⁴⁴ However, due to the lack of transparent reporting and available data, the impact on the access of at-risk populations—in particular, the Yemeni population—to basic services is unclear.

Mapping the Humanitarian Actors and Response in Saudi Arabia

Filling the increasing gaps in the healthcare and social services system is made even more complicated by the absence of external actors in Saudi Arabia. Like most other Gulf countries, Saudi Arabia does not allow national or international NGOs to operate freely on its territory, and their operations are subject to strict controls and enhanced administrative procedures. WHO is supporting the government in developing strategies and policies, but it appears from publicly available data that the cooperation agreement does not cover the issue of health and migration.

At the operational level, the Saudi Red Crescent Society and especially the King Salman Humanitarian Aid and Relief Centre (KSRelief) are the only major humanitarian organizations allowed to operate in and from Saudi Arabia. Both organizations, though to a different degree, are under the direct influence of the Saudi government and operate as the humanitarian and social arms of the executive, limiting their capacity to provide neutral and impartial assistance to all the parties and regions affected, in particular when operating outside of the country. In Yemen, KSRelief reports having made grants of over \$821 million on 175 projects, 80 of which are related to health, nutrition, water, sanitation, and hygiene.¹⁴⁵

However, the lack of transparency and detailed reporting does not allow for greater understanding of these organizations’ specific technical or programmatic areas of intervention, or of the districts and populations these interventions target. In light of this, it is impossible to assess whether there are any gaps in the response to needs.

Most international humanitarian organizations, such as UNHCR, UNDP, OCHA, OHCHR, ICRC, UNAIDS, and others, are present in Saudi Arabia. None of them are allowed to be operational in the country, however, and they do not have any programs to respond to the health and humanitarian needs of Yemenis in Saudi Arabia, as the kingdom maintains an absolute monopoly over such interventions on its territory. The presence of such a relatively high number of organizations in a country that does not allow implementation of projects by foreign actors and is not considered in need is justified in terms of liaising on the Yemeni and Syrian crises and for fundraising purposes.

Saudi Arabia is one of the largest donors in the Arab and Muslim worlds,¹⁴⁶ donating almost \$300 million in 2016 just for the Yemeni crisis.¹⁴⁷ In the first trimester of 2017 Saudi Arabia contributed \$22 million toward the Yemeni crisis, just consid-

¹⁴³ Ibid.

¹⁴⁴ US Central Intelligence Agency, “The World Factbook: Saudi Arabia,” available at www.cia.gov/library/publications/the-world-factbook/geos/sa.html. In 2015, the General Directorate of Passports issued special cards, similar to the residency permits given to expatriates but including features that allow their holders to be treated like Saudi nationals. Habib Toun, “Saudi Arabia’s Stateless Given Special Cards,” *Gulf News*, August 12, 2014, available at <http://gulfnews.com/news/gulf/saudi-arabia/saudi-arabia-s-stateless-given-special-cards-1.1371299>.

¹⁴⁵ KSRelief, “KSRelief’s Projects Statistics: Yemen,” December 31, 2017, available at [www.ksrelief.org/English/DataAndResult/Documents/Statistics%20for%20KSRelief%20Projects%20for%20Yemen%20\(31%20Dec%202017\).pdf](http://www.ksrelief.org/English/DataAndResult/Documents/Statistics%20for%20KSRelief%20Projects%20for%20Yemen%20(31%20Dec%202017).pdf).

¹⁴⁶ Adhwan Alahmari and Jordan Dakamseh, “U.N.: Saudi Arabia Major Donor of Humanitarian Aid,” *Asharq Al-Awsat*, June 21, 2016, available at <http://english.aawsat.com/adhwan/news-middle-east/saudi-arabia/u-n-saudi-arabia-major-donor-humanitarian-aid>.

¹⁴⁷ OCHA, “Financial Tracking System: Yemen 2016,” available at <https://fts.unocha.org/countries/248/donors/2016>.

ering public assistance channeled through the UN Financial Tracking Service.¹⁴⁸ The country is also collecting charitable donations through the Saudi National Campaign structure, including *zakat* (mandatory) and *sadaqa* (encouraged). These funds, however, are for the humanitarian response in Yemen and other affected countries, not for operational programs attending to humanitarian needs of Yemenis and other refugees and migrants in Saudi Arabia.

Another major reason for UN organizations to be present in Riyadh is that Saudi Arabia is leading the international coalition involved in the armed conflict in Yemen. Officially, Saudi military officials insist they are scrupulous in their targeting, abide by the rules of war, and are constantly improving procedures to avoid civilian casualties (which they say are lower than indicated by UN figures).¹⁴⁹

Humanitarian organizations, notably OCHA, are also in Riyadh to form the so-called humanitarian de-confliction cell, which is responsible for making sure that humanitarian-related facilities and movements are on the no-target list used by the coalition to avoid civilian or humanitarian casualties. This coordination is done in the Joint Targeting Cell, located in the Saudi Ministry of Defense, where topographic maps are constantly updated based on coordinates shared with the authorities by the humanitarian actors themselves.¹⁵⁰ According to the operational guidelines, when a static target is within 500 meters of a “no-strike” point, either the attack will be called off or a less powerful weapon will be used. No additional details were given to specify how the system applies to moving targets, such as convoys.

When accidents occur, the Joint Incidents Assessment Team, formed by experts from the Gulf Arab countries, is tasked with investigating and reporting on alleged violations of international humanitarian law by coalition forces. Despite the

claims of the authorities, the humanitarian community is unanimous in considering this an internal investigation that keeps details about panel members and full reports confidential. The UN has also called for independent investigations, to no avail.

Humanitarian organizations in Riyadh also try to facilitate the access of humanitarian cargos to Yemen by sea. Officially, purely humanitarian cargos, when properly identified, announced, and authorized, should be able to access the ports of al-Hodeidah and Aden without being submitted to the lengthier procedures and protocols the UN Verification and Inspection Mechanism (UNVIM) uses for commercial or mixed cargos. The WFP is in charge of the logistics in most cases,¹⁵¹ although some organizations such as ICRC and MSF—in line with their standard practice—use their own vessels.

In practice, however, the coalition (notably Saudi authorities) enforce regular controls over these ships and can order them to be diverted to the port of Jazan in southwestern Saudi Arabia for inspection. In one of these cases, a vessel that was supposed to offload humanitarian items in al-Hodeidah and UN material in Aden was seized by Saudi authorities who allegedly found undeclared communications equipment similar to that used by the Houthis. The UN claimed that it was part of the material to be delivered to Aden as UN logistics equipment.¹⁵² Other organizations experienced similar episodes, whose consequences ranged from heavy delays to temporary confiscation.

Oman

Since the beginning of the Yemeni crisis, Oman has invested significant energy and resources in maintaining a delicate balance between showing solidarity and support to the Yemeni people and adopting a solidly neutral approach to the conflict.¹⁵³ This position, explicitly reaffirmed by

148 OCHA, “Financial Tracking System: Yemen 2017,” available at <https://fts.unocha.org/countries/248/donors/2017>.

149 Annie Slemrod, “Inside Saudi Arabia’s Yemen War Rooms,” IRIN, September 8, 2016, available at www.irinnews.org/special-report/2016/09/08/exclusive-inside-saudi-arabia%E2%80%99s-yemen-war-rooms.

150 Ibid.

151 “Iran Aid Cargo Boat for Yemen Offloaded in Djibouti—UN,” *The National*, May 23, 2015, available at www.thenational.ae/world/middle-east/iran-aid-cargo-boat-for-yemen-offloaded-in-djibouti-un.

152 “UN Yemen Aid Ship Stuck in Saudi over ‘Undeclared’ Cargo,” *Middle East Eye*, February 18, 2016, available at www.middleeasteye.net/news/un-yemen-aid-ship-stuck-saudi-over-undeclared-cargo-529279004.

153 Leon Goldsmith, “Oman: The Silent State?,” *Le Courrier Du Maghreb et de l’Orient*, June 2015, available at <http://lecourrierdumaghrebetdelorient.info/oman/oman-the-silent-state/>.

the highest officials and members of the government,¹⁵⁴ is reflected in its permissive border policy, significant humanitarian funding, and active role as a facilitator of the tentative peace process.

Oman's critics look with skepticism at these claims, recalling the many documented cases of Houthi weapons introduced into Yemen in breach of the sanctions and embargo that the UN Panel of Experts on Yemen has traced back to the Omani border. According to these observers, Oman is more of a broker than a neutral actor.¹⁵⁵

State of Oman's Healthcare System

The Omani healthcare system, despite notable improvements in the last decade, still has ample space for further development. The government has planned and implemented a series of long-term initiatives aimed at strengthening the quantity, quality, and accessibility of medical attention, supported by international partners, particularly WHO. The inhabited regions of Oman are covered by a solid network of primary and secondary healthcare structures supported by a number of private institutions. To date, however, the only hospital capable of dealing with complex or specialist services is the University Hospital in Muscat, which is at the center of the country's referral system. It is quite common for Omanis to fly out of the country, mainly to other Gulf states, to Europe, or to Asia, to seek specialized medical care. Health coverage in Oman is legally guaranteed to everyone in the country regardless of nationality or visa status. As such, it is accessible to Yemeni and other refugees and migrants in Oman.

Despite the population's continuous display of support to and solidarity with their neighbors in Yemen, Omanis have started to resent the increased burden that Yemen's crisis is putting on their healthcare system. This is especially true in Muscat, where the ties with Yemen are weaker, and where the government's decision to receive and treat around 500 war-wounded from Yemen resulted in delays and rescheduling of similar

services for the local population. While the available data does not give a clear idea of the post-crisis trends compared with the pre-conflict baseline, it is relatively safe to affirm that the healthcare system would benefit from a calibrated needs-based approach that takes into consideration different future scenarios.

Mapping the Humanitarian Actors and Response in Oman

The government of Oman is the only authority in the country responsible for responding to emergencies at both the national and international levels. Apart from the central role played by the Ministry of Health and relevant departments, the Omani government implements its activities through the Oman Charitable Organization, a state-funded organization engaged in supporting and financing social care programs and humanitarian emergencies. The Oman Charitable Organization also delivers aid in Yemen's territory when needed, in particular by providing humanitarian assistance in al-Mahara, Hadramout, and Soqatra governorates and facilitating voluntary returns.¹⁵⁶ In May 2015, according to the little official information available, the Oman Charitable Organization assisted 4,500 families, including about 25,000 people, through its humanitarian activities in Yemen.¹⁵⁷ Oman is one of the few countries not to have a National Red Crescent Society, with all the relevant information and requests passing through the Oman Charitable Organization. Due to the lack of transparency, it is difficult or even impossible to identify any gaps in the response.

There are almost no international or nongovernmental actors present in Oman. Even those few actors that have a stable presence in the country, such as the UN Population Fund and UNICEF, do not directly undertake crisis-related activities but rather offer strategic development support and capacity building to national programs.¹⁵⁸ The same applies to the health sector. Emergency health

154 Becky Anderson, "Oman Foreign Minister Confident of Iran Nuclear Deal," CNN, February 3, 2015, available at www.cnn.com/videos/tv/2015/02/03/exp-ctw-oman-foreign-minister-talks-iran.cnn.

155 Ashraf al-Falahi, "Just How Neutral Is Oman in Yemen War?" *Al-Monitor*, October 12, 2016, available at www.al-monitor.com/pulse/originals/2016/10/oman-neutral-saudi-war-iran-houthi.html.

156 "Oman Taking Care of over 25,000 Yemeni Refugees," *Oman Daily Observer*, May 31, 2015, available at <http://2016.omanobserver.om/oman-taking-care-of-over-25000-yemeni-refugees/>.

157 Ibid.

158 Interviews, February 23–25, 2017.

response relies entirely on that basic internal capacity, as no medical NGOs, either national or international, are currently authorized to provide medical services inside Omani territory.

ICRC is the only international organization currently doing humanitarian work and allowed to operate outside of the capital Muscat through its logistics center in Salalah in the Dhofar region. Its presence, however, is allowed under the condition that its programs be implemented only on Yemeni territory. All other parties willing to provide assistance to Yemen through Oman are officially invited to respect a series of regulations and to operate under the coordination of ICRC.¹⁵⁹

At the beginning of the war in Yemen, due to the blockade imposed on all Yemeni ports, the port of Salalah was intensively used by ICRC to deliver life-saving assistance from the Red Cross and Red Crescent Movements to the affected populations in Yemen through Oman. Modern, large, and well-equipped, the Salalah port is a viable option, especially when the Yemeni ports in the northwest are not accessible or operational. It is still used—as demonstrated by the continued active presence of the ICRC logistical center in Salalah—and has allowed ICRC to ship approximately 11 million tons of humanitarian assistance to Yemen since 2015.

Djibouti

Djibouti plays a complicated but important role in the region in terms of humanitarian assistance. It is a key interlocutor for Chinese commercial interests seeking to expand in the region and a vital partner for the international community's fight against pirate groups endangering nearby trade routes. Djibouti is also the ideal logistical hub to respond to crises in the Horn of Africa and Yemen, despite being a difficult host for most humanitarian organizations. The country suffers from a dearth of official statistics and data, and even when these are collected, they are rarely shared externally.

The government has adopted an “open door” policy toward refugees in the region, automatically recognizing Yemenis as refugees without any need

for screening beyond verification of nationality. This is consistent with the country's history as a center for commercial exchange and international cohabitation. It also reflects the fact that around 30 percent of the population is considered to be not from Djibouti,¹⁶⁰ which is especially noteworthy as the country is among the smallest in terms of territory, growth, and population. However, this openness toward regional migrants and refugees is accompanied by a complicated relationship with international humanitarian actors, which the government often perceives negatively and treats in a hostile fashion when they criticize it. Most international organizations fear suddenly losing visa rights, access to the territory, or information due to real or alleged criticism as a constant threat.¹⁶¹

Heavily dependent on external aid, and with an economy closely intertwined with crisis and war economies in neighboring countries, the Djiboutian state is vulnerable to corruption and lack of transparency in the management of resources and is resistant to external scrutiny. Djibouti's centralized style of governing has also led to serious inequality in the development of rural areas compared to the capital, where most of the wealth and population are concentrated.

Historical tensions have also contributed to this inequality. For example, the Obock region, historically hostile to Djibouti's ethnic-Somali-led government, has been mostly excluded from development activities or public investment. As a result, locals turned to Yemenis on the other side of the strait, building a symbiotic commercial relationship that strengthened with the conflict. The level of local development in Obock was so low that, when Yemeni refugees poured in from relatively wealthy cities, living conditions and market access actually improved in a relatively short time.¹⁶²

State of Djibouti's Healthcare System

Djibouti's healthcare system is extremely vulnerable, faced with both limited resources and capacity even as health expenditures per inhabitant rose by

¹⁵⁹ Ibid.

¹⁶⁰ Interviews, February 14–17, 2017.

¹⁶¹ Ibid.

¹⁶² Interviews with members of local communities, February 2017.

11 percent between 1995 and 2014 (among the biggest increases in the region).¹⁶³ The only advanced healthcare services are concentrated in the capital, Djibouti, while some communities are up to eight hours away from medical centers.¹⁶⁴ Because of the poor state of the referral system, many emergencies that are not treatable by the limited provincial healthcare structures can become life-threatening.

Public authorities have swung between requesting international assistance and threatening to expel organizations perceived as critical of the national healthcare system. For example, while President Ismaïl Omar Guelleh asked for international support to implement universal health insurance that could help extend access to health services to poor, undocumented migrants,¹⁶⁵ the Ministry of Health has been refusing WHO access to national health data over several months.¹⁶⁶

Nonetheless, cooperation between local and international actors is possible and has already produced significant results, especially in the early days of the crisis in Yemen.¹⁶⁷ Recent international budget cuts, however, have raised concern among experts about the potential medium- and long-term impact well beyond health programs, including those preventing child marriage and sexual violence.¹⁶⁸

Mapping the Humanitarian Actors and Response in Djibouti

Despite the difficulties in coordinating with the government and the end of the emergency response linked to the arrival of refugees from Yemen, Djibouti is among the countries in the region with the largest presence of humanitarian actors, especially considering its size. This is mainly due to the country's historical role in hosting

refugees and migrants, its ideal location as a maritime hub, and the unstable security conditions affecting some of the countries around it.

The UN country presence in Djibouti, led by UNDP, includes UNICEF, UNHCR, WFP, the UN Population Fund (UNFPA), the UN Office for Project Services (UNOPS), IOM, and WHO. UNOPS is responsible for the UN Verification and Inspection Mechanism (UNVIM) established by the Security Council to reestablish trust with the commercial cargo sector and facilitate the arrival of goods in Yemen. ICRC is also present, mainly to support Yemeni relief operations, help refugees and migrants restore family links, and provide remote support to its team in Yemen.

The NGO world is less crowded. Several international humanitarian NGOs have a presence, including the Danish Refugee Council, Norwegian Refugee Council, International Children's Action Network, and Lutheran World Federation. There are very few national NGOs. While international NGOs find it difficult to obtain and maintain authorization to operate in Djibouti, local organizations confront even greater obstacles in completing the registration process. The biggest group of national NGOs sits under an umbrella organization, the National Union of Djiboutian Women (*Union nationale des femmes Djiboutiennes*), which is led by the wife of the president. Most of the aid sector is managed directly by the government through its appointed agency, the National Office of Assistance to Refugees and Affected Populations (*Office national d'assistance aux réfugiés et sinistrés*), in coordination with other ministries and agencies. While this is a government office, its functions and is governed like an NGO.

163 World Bank and WHO, "Universal Health Coverage (UHC) in Africa: A Framework for Action," 2016, available at <http://documents.worldbank.org/curated/en/735071472096342073/Main-report>.

164 Interviews, February 14–17, 2017.

165 Embassy of Djibouti in Ethiopia, "Djibouti—MAP: Historical Speech of the President of the Republic," February 1, 2016, available at www.ambassadedjibouti-eth.net/index.php?l_nr=index.php&l_nr_c=aeb764a6a854dd20beb97ec048c4ac14&l_idpa=479&langue_id=1.

166 Interviews, February 14–17, 2017.

167 Thanks to international funding, the UN Population Fund provided the Ministry of Health with a surgical unit dedicated to maternal health in Tadjourah, halfway between Obock and the capital. Prior to this, women requiring urgent surgery due to complications while giving birth had to be transferred to the capital. Because of the long journey and delays, once in the hospital the main objective was to save the mother's life. Since the surgical unit became operational, no maternal deaths have been recorded, and only one newborn has died. But with the decrease in refugees from Yemen, resources have also decreased. Until 2016, the unit had a surgeon gynecologist, an anesthetist, and a nurse supported by the UN Population Fund. When the funding was withdrawn, the Ministry of Health struggled to maintain the same level of support. The minimum services necessary have only been maintained thanks to a bilateral agreement with Cuba that ensured the presence of a pool of Cuban doctors in various parts of the country. Official statistics received from the UN Population Fund, December 2016.

168 Interviews, February 14–17, 2017.

Most humanitarian organizations have their main offices in the capital city and their field offices in the regions of Obock, Holl-Holl, and Ali Addeh, where the majority of migrants and refugees arrive. UNHCR, IOM, the Norwegian Refugee Council, and the Lutheran World Federation have a stable presence in Obock, which hosts the most Yemeni refugees, apart from the capital. In the Markazi refugee camp, these organizations operate under the leadership of the National Office of Assistance to Refugees and Affected Populations. Directly across the street from the Markazi refugee camp is the IOM migrant center, mostly hosting Ethiopian and Somali migrants and refugees who were evacuated by humanitarian organizations from Yemen after they were trapped by the conflict during their journey.

The complicated relationship between the government and humanitarian actors undermines the potential for a more efficient and high-quality early-warning and response system in Djibouti. Early-warning systems are hindered by the lack of reliable baseline data and statistics and the complex system of communication and coordination among national and international actors. For example, the government's reluctance to call a cholera outbreak by its name led to a slower and less robust response, as humanitarian actors had to justify their intervention based on reports of "acute watery diarrhea." This creates a climate of mistrust that has resulted in conflicts between public and international actors, such as when the Ministry of Health refused to grant WHO access to national health data for six months.¹⁶⁹

Refugees in the three camps have access to internal health centers provided by international organizations and their implementing agencies, which are treating an average of 850 refugees per

week.¹⁷⁰ The health centers offer family health services, family planning, and antenatal services. In Markazi camp, until 2016 medical care was provided by the King Salman Centre for Humanitarian Aid's health center and Africa Humanitarian Action's outpatient clinic, which also provided house-to-house visits to chronically ill patients and reproductive-health services. A new organization has recently been appointed to take over the activities of Africa Humanitarian Action, but its accreditation is still ongoing.¹⁷¹ A medical clinic is also available in the nearby town of Obock for more technical assistance¹⁷² but health personnel in the camp reported that even people from nearby communities have sometimes sought medical attention from the clinics in the camp.¹⁷³

UNDP is currently leading the interagency efforts in Djibouti. This speaks to the fact that, since March 2016, the humanitarian coordination system in Djibouti has had a more development-oriented approach.¹⁷⁴ The frequency of and attendance to coordination meetings have faded since 2015, when all humanitarian actors feared a massive displacement from Yemen that never happened. With the number of Yemeni refugees dwindling as conditions improve in their place of origin or because of the hard conditions of life in Djiboutian refugee camps, coordination meetings started to be called less often. In 2017 coordination meetings have been called on an ad hoc, exceptional basis. Most actors expressed concern about this, feeling that coordination is still needed to preserve advances made during the emergency response. It is widely believed that humanitarian and development actors could be losing the opportunity to launch an energetic early-recovery process that could ensure the sustainability of improved resilience, health, and economic security in Obock and the capital.¹⁷⁵

169 Ibid.

170 UNHCR, "Yemeni Crisis Response Factsheet," December 2016.

171 Interviews, February 14–17, 2017.

172 UNHCR, "Djibouti: Inter-Agency Update for the Response to the Yemeni Situation #50," December 31, 2016, available at <http://reporting.unhcr.org/sites/default/files/Djibouti%20Inter-Agency%20update%20for%20Yemen%20Situation%20-%20December%202016.pdf>.

173 Interviews, February 14–17, 2017.

174 Ibid.

175 Ibid.

Challenges and Opportunities for the Humanitarian Response

Because of its many complex and interlocking layers, there is no easy way out of the current crisis in Yemen. Nonetheless, there are ways to mitigate the humanitarian impact on the population while waiting for a political solution to the conflict. The following paragraphs present some of the challenges and opportunities facing humanitarian responses in Yemen.

ENHANCING RESPECT FOR HUMANITARIAN LAW AND PRINCIPLES

Ensure the Parties to the Conflict Respect International Humanitarian Law

Among the Yemeni population and the main humanitarian actors in Yemen, there is a widespread sense that the conflict is not an internal power struggle requiring international intervention but that the country is being used to play out regional geopolitical struggles. This perception is strengthened by widespread and blatant disregard for international humanitarian law by some international actors that indiscriminately target civilian areas rather than enemy armed forces.

A strong and unified initiative, ideally put forth by the UN Security Council, aimed at enhancing respect for international humanitarian law by actors involved at all levels of the conflict could not only protect populations at risk but also ease tensions among different communities within and outside of Yemen. Yemenis are resentful of what they perceive to be attacks against them motivated by purely political reasons. This, together with preexisting tensions caused by ongoing instability and chronic poverty, are wearing down the social fabric of a region based more on tribal identity than national unity.

Create a New Role for the Security Council

The recent decision by the UN Security Council to adopt a more active role in the Yemeni crisis comes as good news, especially in light of the setback of

the peace process sponsored by the UN special envoy for Yemen. There are even rumors that a UK-sponsored proposal for a Security Council resolution could be presented for discussion in the near future. The adoption of Security Council Resolution 2286 (2016) and the related recommendations provided to the council by Secretary-General Ban Ki-moon on measures to prevent and end violence against medical care and ensure accountability for violations are also an encouraging step in the right direction.¹⁷⁶

However, as of January 2018, the Security Council has not yet approved any resolution dedicated to humanitarian access or protection of healthcare. The only mention in official documents comes from statements or single paragraphs in Security Council resolutions renewing the sanctions regime.¹⁷⁷ If the Security Council is really engaged in a quest to find a new proactive role to mitigate the impact of the conflict in Yemen, this is an essential first step. Humanitarian actors, though inevitably skeptical of the real impact of Security Council decisions and recommendations, especially on humanitarian access or protection of humanitarian personnel, would still welcome any action to strengthen international humanitarian law and remind armed actors of their duties and responsibilities.

Ensure Humanitarian Actors Adhere to Humanitarian Principles

Most actors involved in the Yemeni crisis perceive it as a display of ethical weakness by the humanitarian world, which is incapable of imposing respect for core humanitarian principles in the face of the interests of some of its major donors. The complexity of the power struggle, the number of stakeholders playing an active role in the crisis, and the multifaceted alliances among armed actors make it hard for any actor to remain purely humanitarian. Despite being dependent on external aid and thankful for any support they receive, Yemenis have learned to be suspicious of the role of some international humanitarian organizations, considering them at best as incapable of stopping violence and abuse and at worst as having hidden agendas. This feeling is even stronger among

¹⁷⁶ UN Security Council, *Letter Dated 18 August 2016 from the Secretary-General Addressed to the President of the Security Council*, UN Doc. S/2016/722, August 18, 2016. See also Oakford, "As the Saudis Covered Up Abuses in Yemen, America Stood By."

¹⁷⁷ United Nations, "Unanimously Adopting Resolution 2342 (2017), Security Council Grants One-Year Renewal of Sanctions on Yemen, Extends Expert Panel's Mandate," February 23, 2017, available at www.un.org/press/en/2017/sc12731.doc.htm.

Yemenis who are parties to the conflict.

Some organizations, particularly the UN and smaller or lesser-known NGOs, are more vulnerable to skepticism than others. As recalled by a representative of ACTED, access restrictions due to negative perceptions and suspicion are not a matter of “if” but “when.” The response of most NGOs is therefore to wait for the storm to pass and then restart work with as low a profile as possible. However, this is often at the expense of the next organization, which can become the target of unwarranted and undesired criticism from communities or authorities. Much greater effort is thus required, especially from major international organizations and NGOs, to strengthen the perception of their neutrality as humanitarian actors and to intervene in favor of smaller organizations with less capacity to fend for themselves.

The ambiguous relationship of some international actors with warring parties does not help their capacity to access remote areas where perception is more important than authority. The most blatant example is the ambiguous relationship between Saudi Arabia and the UN. The UN has been reluctant to denounce the behavior of Saudi Arabia, which UN reports and investigations have considered to have caused the overwhelming majority of civilian casualties, because it is also the UN’s most important donor in the region.¹⁷⁸ These negative perceptions are worsened by other instances in which international actors operate under the guise of NGOs when in fact they are entirely funded and managed by parties to the conflict, such as the King Salman Centre for Humanitarian Aid.

STRENGTHENING THE HUMANITARIAN RESPONSE

Coordinate Responses at the Regional Level

Although the regional nature and regional repercussions of the Yemeni conflict are clear to all actors involved, the humanitarian response seems to be more nationally or cluster-driven than it should be. While some international humanitarian actors seem to have developed a regional approach internally, they remain unaware of the activities,

potential, and plans of other actors in the region. Moreover, the regional offices of different major international organizations are not necessarily in the same location, which further undermines coordination, communication, and efficiency.

In Yemen itself, OCHA’s coordination of humanitarian responses faces significant obstacles, and many actors seem not to be fully aware of the plans, activities, and results of their colleagues in the same country or sometimes even the same area. Some use the overwhelming needs and the chaotic nature of the Yemeni crisis to justify this lack of coordination, even though the crisis has now been going on for three years. This gap in coordination seems to result less from a lack of global leadership or vision than from most actors’ individualistic approach to assisting populations in the way they perceive as most effective. Local humanitarian actors—while delivering most of the operational response on the ground—are also absent from coordination and decision making. These local actors deserve more attention in coverage of the humanitarian presence and more involvement in identifying priorities and deciding where to channel funds.

Facilitate Access to Data

If there is something uniting the humanitarian situation in Yemen, Oman, Saudi Arabia, and Djibouti, it is the dearth of data and statistical analysis. The reasons for this vary from context to context, ranging from internal chaos (Yemen), to lack of transparency (Oman and Saudi Arabia), to institutional inefficiency (Djibouti). The final result, however, is similar. Political, humanitarian, and private actors rely on short-term, rapid assessments based on small sample sizes. As a result they waste time, resources, and energy trying to collect, process, and analyze data, often duplicating their efforts because of lack of communication, coordination, and agreed baseline standards.

This leads to conflicting assessments, partial or contradictory analyses, and overall confusion in communicating the Yemeni crisis to stakeholders and the general public. It also makes it difficult to understand the regional dimensions of the crisis’s impact on healthcare systems and to plan appropriate countermeasures or initiatives aimed

¹⁷⁸ The UN, under the threat of Saudi Arabia pulling its funding from vital humanitarian programs, suspended the coalition from a list of violators of children’s rights. See Samuel Oakford, “As the Saudis Covered Up Abuses in Yemen, America Stood By,” *Politico Magazine*, July 30, 2016, available at www.politico.com/magazine/story/2016/07/saudi-arabia-yemen-russia-syria-foreign-policy-united-nations-blackmail-214124.

at providing structural support to struggling systems. Despite all the global discussions on the importance of open data for accountability, transparency, and inclusive governance, the Yemeni crisis is a concrete testimony to the skeptical and suspicious way most international actors still look at open access to information.

There is a clear need, therefore, for a collective effort to adopt existing tools for publishing and sharing data, such as the International Aid Transparency Initiative, Humanitarian Data Exchange, and Humanitarian Exchange Language (HXL). In July 2017 OCHA announced a partnership with both iMAPP and REACH, two NGOs providing information-management and analysis services, to expand and improve knowledge of the humanitarian situation at the regional, governorate, and district levels and capacity to communicate about it.¹⁷⁹ However, little to no information is available on the final outcomes of this partnership and its impact. Looking at how bad the situation is in regards to data and how difficult it is for the actors involved to spontaneously adopt open and common platforms, donors could consider conditioning their funding on the adoption of data-transparency and data-sharing practices.

Use Technological Innovations

Innovative uses of technology in Yemen could provide solutions where more traditional efforts have repeatedly failed. While some humanitarian actors claim that the overwhelming operational concerns are an obstacle to the sharing of good practices, technology is already playing a role in enhancing humanitarian responses. WFP, for example, is applying its mobile Vulnerability Analysis and Mapping approach to conduct remote phone-based data collection and food-security monitoring and successfully implemented a Commodity Voucher through Traders' Network (CV-TN) system in many hard-to-reach areas. As early as 2015, UNDP was internally discussing the potential application of block-chain technologies to

assistance activities in Yemen.

Remote monitoring and assistance techniques and even the use of cryptocurrencies or distributed ledger technologies could be useful to add to the humanitarian toolbox in Yemen, considering its cash liquidity and access challenges. Aid organizations reached over 100,000 households with cash assistance in 2015 through the Humanitarian Pooled Fund and plan to scale up the use of multi-purpose cash programming to help up to 1 million people in the near future.¹⁸⁰ A more tech-savvy approach could help achieve and surpass this goal.

In addition, although the use of information and communication technologies (ICT) is hindered by some parties to the conflict that do not want those on the "other side" to benefit, network coverage is still quite good in Yemen, and the use of handsets or mobile phones is fairly common. ICT thus has enormous potential to facilitate humanitarian action in Yemen.

Despite commercial blockades, solar panels are also now a common sight in most parts of Yemen and have reportedly even been used on electric wheelchairs.¹⁸¹ Once the supply chain has been sufficiently restored, solar-powered refrigerators in particular could prove useful for transporting vaccines and pharmaceuticals requiring a cold chain.¹⁸²

Telehealth, mHealth, and eHealth initiatives could overcome some of the contextual and logistical obstacles that impede the provision of quality healthcare services to the Yemeni population. Some small private companies such as TeleMedical Yemen Centre are already trying to offer basic services related to telehealth, but their capacity is mostly symbolic. Humanitarian actors seem not to have explored this option yet, even though similar projects already exist in the region and have been tested in similar crises. In Idlib, Syria, for example, a subterranean hospital has been evaluated to start a telemedicine initiative with support from the Humanitarian Innovation Initiative at the Watson Institute for International

179 OCHA, "Strengthening Humanitarian Coordination and Advocacy in Yemen—Project Proposal," July 4, 2017.

180 OCHA, "Yemen: The Benefits of Cash Assistance," June 9, 2016, available at www.unocha.org/story/yemen-benefits-cash-assistance.

181 Kareem Fahim, "Yemen's War Becomes the Mother of Reinvention," *New York Times*, May 18, 2016, available at www.nytimes.com/2016/05/19/world/middleeast/yemen-war-solar-power-economy.html.

182 WHO, "National Polio Immunization Campaign Launched in Yemen," February 20, 2017, available at <http://reliefweb.int/report/yemen/national-polio-immunization-campaign-launched-yemen-0>.

and Public Affairs.¹⁸³ In the besieged city of Madaya, the only two remaining doctors are connected through mobile phones and WhatsApp encrypted communications to Madaya Medical Consultants, a group composed of over two dozen mostly Syrian-American doctors whose specialties include pediatrics, obstetrics, and pulmonology. The project, promoted by the Syrian American Medical Society, also covers other cities in Syria.¹⁸⁴

Unfortunately, even when they materialize, these practices remain isolated examples instead of becoming mainstream operational practices, as shown by the extremely low and slow rate of crosspollination and replication across crises and actors. Such practices are also not sustainable and do not spread unless they involve not only major international humanitarian players but also local actors. Overall, donors need to adopt a bolder and less risk-averse approach to technology, and humanitarian agencies need to coordinate better on the innovative approaches they adopt by ensuring ownership of the solutions by local counterparts.

Engage the Private Sector

The private sector could play a key role in expanding access to basic services across the country, as shown by the persistent capacity of some microfinance and cash-transfer institutions to continue operating in all the governorates.¹⁸⁵ At the same time, however, there are questions related to the strategic role of private sector institutions and their compatibility with existing international legal frameworks such as antiterrorism regulations and policies. The case of al-Omgry Brothers Money Exchange presented above is a clear testimony of the risks run by local private companies trying to provide vital services in such a context.

So far, the private sector in Yemen has been isolated and unsupported by the international community and the humanitarian sector, making it more vulnerable to manipulation and infiltration by authorities, armed actors, or terrorist groups. Directly involving local private sector actors in

humanitarian action, eventually by developing shared codes of conduct, ethical guidelines, and accountability measures, could allow more people in remote or isolated communities to access the resources they need.

Facilitate Access for Humanitarian and Commercial Shipments

Despite numerous obstacles, commercial actors continue working to bring goods into and through Yemen. Imports, however, are impeded by international prohibitions and restrictions, financial controls, bureaucratic procedures, formal and informal fees and tolls, and, most importantly, uncertainty about the possibility and cost of distribution. The stalled restoration of the al-Hodeida port and the arbitrary closure (followed by only a partial reopening) of all air, sea, and land ports in November 2017 show the extent to which the entire humanitarian system is vulnerable to the whims of the parties to the conflict.¹⁸⁶

In this context, it is also important to ensure the UN Verification and Inspection Mechanism (UNVIM) is recognized as an effective authority to issue clearances to commercial and humanitarian ships to enter Yemeni waters,¹⁸⁷ to consider increasing the use of purely humanitarian cargos while defending the access of commercial shipments, and to exclude all humanitarian supplies from the “dual use” blacklists used by coalition forces to identify and scrutinize international shipments. At the same time, stronger engagement and leadership is required from the headquarters of humanitarian organizations and from those in lobbying positions to push blockade authorities to facilitate access for both humanitarian and commercial cargos. More effort is also required to lobby for humanitarian priorities such as access to life-saving health equipment and pharmaceuticals, even when the obstacles are posed by a major donor such as Saudi Arabia.

Moreover, some surviving commercial routes, such as the eastern route from Oman, need to be

183 Eli Binder, “Barred from United States, Almilaji GS Builds Underground Hospital in Syria,” *Brown Daily Herald*, April 24, 2017, available at www.browndailyherald.com/2017/04/24/barred-u-s-almilaji-mph-builds-underground-hospital-syria/.

184 Avi Asher-Schapiro, “The Virtual Surgeons of Syria,” *The Atlantic*, August 24, 2016, available at www.theatlantic.com/international/archive/2016/08/syria-madaya-doctors-whatsapp-facebook-surgery-assad/496958/. See also Anas Moughrabieh and Craig Weinert, “Rapid Deployment of International Tele-ICU Services in War-torn Syria,” *Annals of the American Thoracic Society* 13, no. 2, February 1, 2016.

185 OCHA, “Yemen Humanitarian Needs Overview 2017.”

186 Oxfam International, “Yemen: Reopening of Ports to Aid Only Is Pitiful Bartering with People’s Lives,” November 22, 2017, available at www.oxfam.org/en/pressroom/reactions/yemen-reopening-ports-aid-only-pitiful-bartering-peoples-lives.

187 Qasem and Scott, “Navigating Yemen’s Wartime Food Pipeline.”

strengthened and supported, including through agreements with tribal leaders or local powerholders, to facilitate the passage of goods and supplies. This, in turn, would decrease the cost of transportation and reduce the final price of imported goods until the fighting around al-Hodeida ends and the port becomes operational again.

LOOKING BEYOND IMMEDIATE HUMANITARIAN NEEDS

Address the Root Causes of the Crisis

Yemen is under threat from regional political actors that, despite each promising its own recipe for stability (mostly through military means), increasingly look incapable of delivering it. In some ways, and despite good intentions, some humanitarian actors are distracting attention from these big-picture political agendas by calling for attention to be focused on the humanitarian disaster without raising a united critical voice against the actors causing the problem. Nonetheless, on December 20, 2017, which marked the thousandth day since the escalation of the conflict, hundreds of scholars, experts, and public figures called for taking a united stand against abuses to international humanitarian law and the Yemeni people committed by all parties to the conflict.

Because Yemen relies on 90 percent of its food being imported, sanctions, as well as the restrictions, blockades, and hostilities around major air and seaports, are key problems that need to be addressed for any response to be sustainable and effective. Aid officials have been ringing “warning bells of looming famine”¹⁸⁸ for around a year now, but the ritual repetition of such claims risks sounding hollow. If humanitarians are serious in their allegations of impending nationwide famine, they should invest the same energy in documenting and calling out obstacles to the delivery of humanitarian aid by the parties and to the access of purely commercial (non-dual-use) goods as they do in calling on all parties to donate more and to facili-

tate the access of food.

Yemen’s war economy has resulted in limited access to cash, high inflation, price increases, lack of liquidity to pay salaries, absence of basic services, and reduced commercial capacity, all of which are strengthening the elite-based patronage system revolving around armed actors and their proxies. Considering that basic commodities remain at least sporadically available on the market, multisector cash assistance could help ease the short-term needs of the population and help Yemenis cope.¹⁸⁹ In particular, loosening the broad blockade imposed on Yemen, ensuring steady access to banking services, and removing external and internal limitations on financial transactions could revitalize salary payments and small commerce, increase access to basic services including health-care, and reduce humanitarian needs. This would also allow humanitarian actors to focus on the direct consequences of the conflict and reduce their role in substituting basic but essential public services.

Some ongoing initiatives, such as the one currently under discussion by DFID, Action Contre La Faim, and al-Kuraimi Bank to develop voucher-based unconditional cash transfers, seem to point in the right direction.¹⁹⁰ However, local interventions alone will not remove major systemic constraints. The Yemen Humanitarian Response Plan for 2016 was criticized for being “a package of short-sighted reactive measures—instead of proactively trying to tackle the problems Yemen faces.”¹⁹¹ According to critics, programs with more sustainable impact, such as emergency employment for income generation, were allocated only 3 percent of the funding.¹⁹² While starvation must be averted by all possible means, and it remains critical to invest in and deploy sufficient operational emergency response capacity, the international community also needs to invest in prevention in order to stem humanitarian needs and prevent further deterioration of the humanitarian crisis.

188 Qasem and Scott, “Navigating Yemen’s Wartime Food Pipeline.”

189 OCHA, “Yemen Humanitarian Needs Overview 2017.”

190 World Bank, *The Republic of Yemen: Unlocking the Potential for Economic Growth—A Country Economic Memorandum*, report no. 102151-YE, October 2015, available at <http://documents.worldbank.org/curated/en/673781467997642839/pdf/102151-REVISED-box394829B-PUBLIC-Yemen-CEM-edited.pdf>.

191 Jarhum, “Opinion: The Humanitarian Response in Yemen Isn’t Working.”

192 OCHA, “Humanitarian Response Plan(s): Yemen Humanitarian Response Plan 2016,” available at https://ftsarchive.unocha.org/onlineReport/onlineReport.aspx?RepID=&Param=&Year=&Type=PDF&rparams=ocha_r32sum_a1132&URL=daily/ocha_r32sum_a1132.pdf&Refer=ftsarchive.unocha.org.

Rebuild and Protect Healthcare

As stated by a community leader in Saada governorate, “Here, people die in silence.”¹⁹³ Yemen’s healthcare system, which was already struggling to provide basic healthcare before the current conflicts, is on the brink of collapse.

The humanitarian response is stretched beyond capacity, trying to support the remnants of a deteriorating national healthcare system while at the same time trying to fill in the gaps and providing emergency and war-related healthcare services. MSF, which has treated more than 60,800 trauma patients, including those wounded by war and other types of violence, since the beginning of the crisis, has had to constantly expand its operations, reaching a budget of \$110 million for 2015 and 2016.¹⁹⁴ The same trend has been reported by all other organizations, including ICRC, which announced plans to scale up its intervention, provide medical structures and equipment, and build capacity for emergency health response and for treating noncommunicable diseases. Nonetheless, aid has so far been insufficient to meet the full spectrum of humanitarian needs in terms of access to and provision of healthcare.

One positive step would be the activation of the \$200-million plan proposed by the World Bank, to be managed by UNDP, UNICEF, and WHO, to support the local healthcare system in delivering emergency and essential healthcare and nutrition services to an estimated 7 million Yemenis, largely within the scope of the UN Humanitarian Response Plan.¹⁹⁵ However, even this could prove insufficient, as financial channels have been severed, there is a shortage of liquidity, and the extent of humanitarian needs in the health sector is impossible to quantify due to security, financial, administrative, and logistical obstacles that hinder access to many communities. The gap is so wide that “silent deaths” has become the commonly used term to refer to the countless people dying without healthcare.¹⁹⁶

Assistance to Yemen’s healthcare facilities is necessary to prevent their total collapse. This includes ensuring that fuel, drugs, and medical materials and equipment are not only available but also easily deployable. This calls for increasing the number of purely humanitarian shipments instead of commercial ones and ensuring that no medical materials are included in the “dual use” list of items with potential military uses, which are subject to increased scrutiny. In addition, more resources should be directed to subsidize the salaries of public health workers, eventually including reserve funds to guarantee that overdue salaries are paid as soon as financial channels are reestablished, and to ensure payment channels are protected.

Avoid Adding a “War on Drugs” to the Crisis

There is mounting pressure to address the thriving business of qat, the narcotic leaf whose market remains steady even in wartime. Some have suggested that qat is diverting time, water resources, and land from much-needed crops. As shown by several other cases (Afghanistan and Colombia in particular), rural communities in volatile areas often cultivate illicit crops to cope with the market disruption provoked by prolonged conflict. Requiring low initial investment, these crops ensure relatively high returns and are a safe sell. The quick turnover comes with little risk from law enforcement (sometimes even facilitating protection through bribes) and ensures a minimal but safe revenue stream. At the same time, apart from contributing to illicit markets, qat also fuels the war economy and represents a source of funding for local armed actors.

Looking at the consumers’ side, others have raised concern about the sustainability of the cost of qat for families that already struggle to meet their minimum needs. In a context where food is hard to come by, health services have completely transitioned to a for-fee system, and prices are increasing exponentially, the habit of chewing qat

193 Florian Seriex, “Yemen: The Invisible Dead,” Médecins Sans Frontières, April 25, 2017, available at www.msf.org.uk/article/yemen-invisible-dead.

194 MSF, “Statement on the Humanitarian Crisis in Yemen,” April 25, 2017, available at www.doctorswithoutborders.org/article/msf-statement-humanitarian-crisis-yemen.

195 Details on how these beneficiaries will be selected, where, and by whom are yet to be disclosed.

196 MSF, “Yemen: Obstructed Aid and Crumbling Healthcare System,” March 2017, available at www.doctorswithoutborders.org/sites/usa/files/attachments/yemen_crisis_obstructed_aid_and_crumbling_healthcare_system.pdf. See also Florian Seriex, “Yemen: The Invisible Dead.”

risks being a life-costing luxury.

There is no doubt that the role of qat in the current economic, societal, and even humanitarian system needs to be confronted. However, this should not be addressed as a stand-alone issue to avoid opening yet another front in the multifaceted conflict that could negatively impact the civilian population. Instead, it should be addressed as a structural problem that needs to be dealt with in a context-aware, holistic, and sustainable manner.

Understanding and Enhancing Women's Impact

An assessment by Partners Yemen demonstrated that women are not passive actors in the conflict but can play roles as instigators of conflict, as peacemakers, and as humanitarian actors.¹⁹⁷ While this has been highlighted at the international level,¹⁹⁸ the same holds true inside Yemen.¹⁹⁹ Many women are active in resolving family and community conflicts, and respected older women may intervene in settling violent disputes. Although the culture has been influenced by increasingly conservative social norms, some women leverage tribal rules that give women access, protection, influence, and respect to arbitrate violent conflicts.²⁰⁰ According to tribal traditions, it is a “black shame” to harm a woman or a man who is accompanying a woman. This gives women the ability to move in and out of conflict zones to provide supplies or evacuate the injured with less risk of being targeted. The potential cost of harming a woman according to tribal traditions can also act as a deterrent; the blood money for harming a woman can be up to

forty-four times that for harming a man.²⁰¹

However, while in some contexts women are deterring youth from enlisting and fighting, in others they are manning checkpoints, or even actively recruiting fighters. Despite women's capacity to negotiate and mediate across conflict lines, the disintegration of central power and the strengthening of local authorities have increased threats and obstacles to women's participation in the public sphere. Therefore, as highlighted in a recent report, “Gender analysis of conflict dynamics should...underpin effective peace-building and conflict mitigation interventions.”²⁰²

In addition to a lack of adequate understanding of the role and impact of women, engagement of women has been affected by the increase in funding for the internationally led humanitarian response, which has diverted resources from efforts to strengthen local capacity.²⁰³ A gender-based approach to determining funding priorities could, for example, offer an opportunity for increasing access to household revenue for vulnerable families. Currently, women business owners struggle to raise capital through formal and informal sources and are sometimes not allowed to use assets as collateral. When tangible collateral is not required, as for microfinance services, women account for nearly 90 percent of the customers. As noted by a World Bank study conducted before the crisis, entrepreneurship, including home-based entrepreneurship, can provide economic opportunities for women in Yemen and may be compatible with local conservative norms and the volatile security context.²⁰⁴

197 Partners for Democratic Change International and Partners Yemen, “Conflict Assessment: Mareb, Aljawf, Shabwa and Albaidha,” 2011. See also Marie-Christine Heinze and Marwa Baabbad, “Women Nowadays Do Anything: Women's Role in Conflict, Peace and Security in Yemen,” Saferworld, Center for Applied Research in Partnership with the Orient, and Yemen Polling Center, June 2017, available at www.saferworld.org.uk/resources/publications/1125-awomen-nowadays-do-anything-womenas-role-in-conflict-peace-and-security-in-yemen.

198 See, for example, the peacebuilding efforts supported by UN Women since 2015 bringing together female leaders representing different political parties and including civil society activists and development workers. UN Women, “Yemeni Women Call for Their Inclusion in Peace Efforts,” October 27, 2015, available at www.unwomen.org/en/news/stories/2015/10/yemeni-women-call-for-their-inclusion-in-peace-efforts. More recently, see the effort of leaders such as Radhya Almutwakel, representing the Mwatana Organization for Human Rights, who also provided a testimony and recommendations to the UN Security Council in May 2017. Radhya Almutwakel, “UN Security Council Briefing on Yemen,” May 30, 2017, available at www.womenpeaceandsecurity.org/peacebuilder-resource-un-security-council-briefing-yemen-radhya-almutwakel-may-2017/. Despite this, only seven women were invited to participate in the 2016 UN-led talks on Yemen in Kuwait, and only as observers. “Open Letter to Permanent Representatives to the UN: Recommendations on the Security Council Open Debate on Women, Peace and Security (WPS),” October 16, 2017, available at www.womenpeaceandsecurity.org/resource/open-letter-unscc-anniversary-october-2017/.

199 Heinze and Baabbad, “Women's Role in Conflict, Peace and Security in Yemen.”

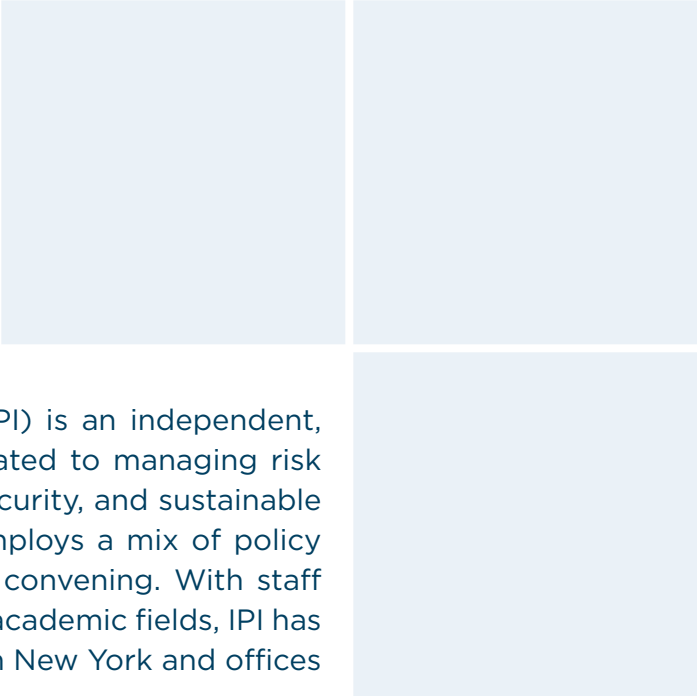
200 Partners for Democratic Change International and Partners Yemen, “Conflict Assessment: Mareb, Aljawf, Shabwa and Albaidha.”

201 Nadwa Al-Dawsari, “Case Studies on Women and Conflict in Tribal Yemen: Al-Jawf,” Yemen Tribal Voices, April 19, 2014, available at <http://yementribalvoices.blogspot.com/2014/04/font-face-font-family-arialfont-face.html>.

202 Heinze and Baabbad, “Women's Role in Conflict, Peace and Security in Yemen.” In this regard, Saferworld's “Gender Analysis of Conflict” toolkit is useful. See www.saferworld.org.uk/resources/publications/1076-gender-analysis-of-conflict.

203 Heinze and Baabbad, “Women's Role in Conflict, Peace and Security in Yemen.”

204 World Bank, *The Republic of Yemen: Unlocking the Potential for Economic Growth*.



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