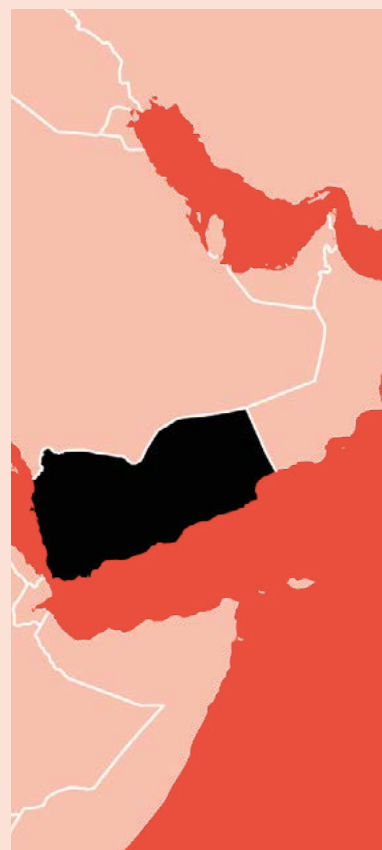




Groupe URD

Yemen: Life-saving assistance and beyond



The war in Yemen is now the world's worst humanitarian crisis, with more than 22 million people – three-quarters of the population – in desperate need of aid and protection.

UN Secretary-General Antonio Guterres, speaking at a donor conference in Geneva, April 2018.

The conflict in Yemen between Houthi rebels and forces loyal to the government of Abdrabbuh Mansour Hadi has displaced some 3 million people. It has also had a devastating impact on food security and livelihoods, the economy and the health and sanitation sectors, leading to crippling poverty and high rates of malnutrition and disease, including a cholera outbreak in April 2017 that led to almost a million cases and more than

2,000 associated deaths (WHO, 2018). Almost 2 million children (27% of the 7.3 million school-age children in Yemen) are unable to attend school, with more than 1,800 institutions affected by the conflict.

The humanitarian response

Delivering aid in Yemen is extremely challenging, with numerous constraints ranging from insecurity in frontline areas to administrative restrictions and the logistical difficulties associated with rough and mountainous terrain. All parties to the conflict have been criticised for increasing the suffering of civilians by impeding the delivery of humanitarian aid. Humanitarian workers have accused the Saudi-led coalition supporting Hadi's government of obstructing assistance, first by imposing a

blockade and then, when the blockade was partly lifted in November 2017, by excessively cumbersome procedures (UN Panel of Experts, 2018). Import restrictions and local blockages are affecting markets and hindering the delivery of critical supplies to people in need. Checkpoints and regular air strikes restrict the movements of humanitarian staff and goods. Humanitarian workers have been denied permits for internal travel, and access is impossible in areas deemed 'military zones'.

The UN Panel of Experts on Yemen has criticised all parties to the conflict for increasing the suffering of civilians by impeding the delivery of humanitarian assistance. According to the Aid Worker Security Database, between January 2015 and December 2017, 36 humanitarian staff were affected by security incidents, including 18 national staff killed and 12 aid workers kidnapped. Hospitals and other health facilities have faced repeated attacks, including airstrikes (MSF, 2016). In this context, international organisations have adopted very risk-averse policies; UN agencies are almost completely 'bunkerised', and many international organisations limit staff movements to a minimum, making proper assessments and surveys very difficult.

More broadly, efforts by governments and the EU to restrict terrorist funding have made transfers through the formal banking system extremely difficult, for national and international organisations, the private sector and the Yemeni diaspora. As well as hampering aid operations, these restrictions have contributed to the expansion of a black market,

the war economy and corruption, with serious implications for post-conflict reconstruction and economic rehabilitation.

Despite these constraints, life-saving operations have continued. Case fatality rates in the last cholera outbreak were low thanks to the combined efforts of local actors and the international community in responding to and containing the outbreak, and famine has so far been averted. Aid agencies have also engaged in active advocacy with conflict parties around IHL. This work appears to have contributed to a reduction in the number of medical facilities targeted between 2015 and 2018.

Rethinking approaches to community resilience

Basic preparedness measures are essential to cope properly in light of the multitude of risks Yemenis face, but very few resources are available for preparedness and prevention activities. As one aid worker put it in relation to the cholera outbreak: 'Because the intervention is short-term in nature, donors were not willing to continue funding the



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facilities, so they were closed. For future outbreaks, which are likely, donors will need to invest again to get these facilities working'. This conflict also highlights the need for, and relevance of, new approaches to aid in fragile situations and middle-income countries. In a context where the economy is in transition and extremely dependent on key infrastructure and institutions, the consequences of their stopping due to the war are dire. More support to the health system and for the rehabilitation of basic infrastructure, such as water pumps, electricity plants and communications infrastructure, would have a major impact on daily life.

The crisis in Yemen shows no signs of abating. With basic infrastructure no longer functioning and the risk of further health crises and famine, the humanitarian sector has managed to limit the damage, but more attention and resources are required to rehabilitate infrastructure, support preparedness and address the blockages in the banking system. However, this will be of no avail if IHL is not respected. Unfortunately, the drastic reduction of ICRC presence in June 2018 and the second bombing of MSF-supported health infrastructure in Abs do not augur well in this respect. As such, regardless of the quality of technical programmes, they will be a drop in the ocean when set against the scale of the suffering in this terrible crisis. • VÉRONIQUE DE GEOFFROY, GROUPE URD

This write-up is based on a case study conducted for the SOHS 2018 by Groupe URD. The full case study can be found at: sohs.alnap.org