

Special feature

The crisis in Yemen

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Cover photo: Child inspects their destroyed house due to the war in Yemen.
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Editorial



This edition of *Humanitarian Exchange* focuses on the crisis in Yemen. Since the war there began in 2014, thousands of civilians have been killed or injured and air strikes and ground operations have destroyed hospitals, schools and critical infrastructure. An estimated 80% of Yemenis need humanitarian assistance.

In the lead article, Laurie Lee highlights the critical role Yemenis and Yemeni organisations are playing in addressing the humanitarian challenges in the country, and how NGOs can better support them. Genevieve Gauthier and Marcus Skinner reinforce this point with reference to two local organisations, the Yemen Women's Union and Al Hikma. Warda Saleh, the founder of another Yemeni grassroots organisation, discusses the increased risk of gender-based violence facing women and girls, while Ibrahim Jalal and Sherine El Taraboulsi-McCarthy focus on internal displacement and the opportunities for a more effective humanitarian response. Reflecting on child protection programming in Yemen, Mohammed Alshamaa and Amanda Brydon conclude that multisectoral approaches with local authorities result in better and more sustainable outcomes. Padraic McCluskey and Jana Brandt consider the ethical dilemmas Médecins Sans Frontières (MSF) faced in trying to balance quality and coverage in a mother and child hospital in Taiz. Lindsay Spainhour Baker and colleagues reflect on the challenges involved in gathering and analysing information on the humanitarian situation while Lamis Al-Iryani, Sikandra Kurdi and Sarah Palmer-Felgate discuss the findings from an evaluation of the Yemen Social Fund for Development (SFD) Cash for Nutrition programme. An article by Kristine Beckerle and Osamah Al-Fakih details Yemeni and international organisations' efforts to document and mitigate harm to civilians caught up in the conflict. The edition ends with a piece by Fanny Pettibon, Anica Heinlein and Dhabie Brown outlining CARE's advocacy on the arms trade.

Finally, readers will note that this edition is shorter than usual, largely because it was very difficult to persuade potential authors to write on the Yemen crisis. Many of the individuals and organisations we contacted were either too busy responding or were concerned that writing frankly about their work could negatively affect their operations. HPN has covered many similarly sensitive contexts in *Humanitarian Exchange* over the last 26 years, but this is the first time we have experienced such reluctance to engage. A worrying sign.



Editorial photos:

Left: Young girls in Amran City gather at water tank provided by CARE.

© Thana Farooq/CARE

Top: Dhamar, Wusab Assafil district. Hameed, 60 year-old grandfather, poses with some women and children of his big family of 34 members.

© ICRC

Bottom: Sana'a, Ali, 13 years old, stands in the middle of destroyed buildings in his neighbourhood.

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As always, we welcome any comments or feedback, which can be sent to

hpn@odi.org.uk or to the **HPN Coordinator**,
203 Blackfriars Road, London SE1 8NJ.

The crisis in Yemen

The Yemen crisis and civil society: surviving despite the odds

Laurie Lee

In his October 2019 briefing to the UN Security Council, Under-Secretary-General Mark Lowcock warned of slow progress in addressing the humanitarian emergency in Yemen. September 2019 was the deadliest month for civilians, with nearly 400 people killed or injured – 13 a day. The tragic death of four children in Al Hudaydah, killed by unexploded weapons from previous shelling, all from the same family, illustrates how acute the crisis is.

The data paints a grim picture. Around eight in 10 Yemenis are in need of humanitarian or protection assistance, and 14.4 million of the country's 30.5 million people are in acute need. Some 3.5 million are displaced and 20 million food-insecure, nearly half of whom are in extreme hunger. Nearly 18 million Yemenis lack access to safe water and sanitation, and close to 20 million have no access to adequate healthcare. In 2018, Yemen was ranked 178th out of 189 countries on the UN Human Development Index.

CARE's gender and conflict analysis in Taiz and Aden Governorates, released in September 2019, shows that the top five concerns of Yemenis in the communities we work with are: difficulties in getting a job; not having enough income for basic needs; not knowing how to get help; the inability to move across conflict areas; and the inability to move safely and securely in mass shelters or within host community areas.¹ What women, men and their families tell us they want is to become resilient. Earlier this year, I visited Yemen and what stayed with me was the grit of Yemenis and their determination to rebuild their country. The global community owes them the chance to recover, through sustainable aid and a path towards a political solution to the crisis.

CARE has been in Yemen since 1992. Its operations, and those of other international organisations in the country, would be impossible without the efforts of Yemenis themselves, who are working, volunteering and organising at home and abroad to resolve the crisis. As Under-Secretary-General Lowcock noted, this is the world's largest humanitarian relief operation, and most of the 250 aid agencies operating in the country are Yemeni. Many are small grassroots operations funded by local community members, one-off UN and private foundation grants and other sources, like the organisation Hand in Hand, run by Warda Saleh. Despite the tiny funding pool for local

humanitarian organisations, these groups have an outsized impact on the ground and among the media and public.

Gender and protection issues at the forefront of the Yemen crisis

CARE reported in 2018 that more than 3.25 million women of reproductive age faced heightened health and protection risks, including gender-based violence (GBV). According to the UN Population Fund (UNFPA), more than three million Yemeni women and girls are at risk of GBV and at least 60,000 at risk of sexual violence, including rape. The UN Office for the Coordination of Humanitarian Affairs (OCHA) notes that incidents of GBV, including rape, sexual assault, intimate partner violence (IPV) and early and forced marriage of girls, has increased by more than 60% since the conflict began. CARE's gender and conflict analysis reveals heightened anxiety, fear, emotional stress and deteriorating mental health for both women and men.

CARE's gender and conflict analysis mirrors lessons from 'What works to prevent violence against women and girls' (VAWG) in humanitarian settings. The conflict and humanitarian synthesis brief of the DFID multi-year 'What works' programme notes that women are more likely than men to be victims of sexual exploitation during conflict. Conflict also increases poverty, and economic stresses on households also increase VAWG, especially IPV – with economic deprivation and income levels predictors of GBV. The normalisation of rape and sexual violence inside the home is exacerbated by the sustained presence of violence outside of the home.² This accords with CARE's analysis in Aden and Taiz Governorates, where recorded GBV incidents reveal an upward trend since March 2015, and women are more acutely affected by declining living conditions and services due to the war.³

The recommendations of 'What works', a unique multi-million-pound five-year programme on the evidence of prevalence and prevention of VAWG apply to Yemen:

- Allocating sufficient resources to meaningfully respond to VAWG, and using those resources to ensure that:

¹ CARE Gender and conflict analysis, Taiz and Aden Governorates, Republic of Yemen, September 2019.

² 'What works to prevent violence against women and girls, Conflict and Humanitarian Synthesis Brief, 2019.

³ CARE Gender and conflict analysis.



A camp for internally displaced people in a school called Ammar Bin Yasser in Aden

© Ammar Bamtraf/CARE

VAWG risk mitigation is integrated across funding and field assessment; barriers to accessing GBV services are broken down; and social norm change is tackled to address the root causes of VAWG and reduce survivor stigma. Survivors of GBV in Yemen often lack access to support services or knowledge of where existing services are.⁴

- Addressing multiple forms of VAWG in conflict and humanitarian settings, including IPV and child, early and forced marriage (CEFM). CARE's gender and conflict analyses reveal multiplicities of GBV experienced by focus group discussants, including verbal abuse of women and physical abuse of children.⁵
- Prioritising VAWG prevention and gender equality efforts in humanitarian response, alongside access to services. Poverty, gender equality and mental ill health, must be addressed as structural drivers and consequences of VAWG.
- Meeting the specific needs of adolescent girls living in fragile settings via age-appropriate prevention and response programmes, and an integrated response across education, health and protection sectors. Girls are more likely to be taken from school and subject to

CEFM. The acute risks to displaced Yemeni rural girls, for instance, intersect with health and protection needs when their traditional task of collecting water takes place in urban host accommodation.⁶

The need for sustainable, long-term aid to (re)generate resilience

CARE's priorities include actively integrating gender concerns into humanitarian response and sustainable development. While I was in Yemen, it became clear to me – and was articulated by the women and men I met – that rebuilding the country's economy is essential. CARE-commissioned research released in May 2019 on the gender aspects of multi-purpose cash assistance in the context of Yemen's food crisis shows the importance of sustainable, long-term aid. This research shows the downside of short-term cash (whether conditional on work or multi-purpose) as well as short-term food aid. In addition to age (being above 65) and significant disability, illness or health concerns being barriers to building resilience, gender differentiation from the research in Abyan and Amran directorates shows that women use cash assistance to build their own and their households' income. Women were more

⁴ Ibid.

⁵ Ibid., p. 14.

⁶ Ibid., pp. 13, 15.

likely than men to invest in livelihoods and participate in skills training and savings activities.⁷

Without such interventions, women and children in particular may resort to negative coping strategies including begging (placing them at risk of sexual exploitation) to sustain themselves and their families and households. CARE's research in Yemen showed that 10 months of multi-purpose cash programming resulted in:

- Increased savings and investment in livelihoods and reduced borrowing from neighbours and merchants (debtors) in times of crisis.
- More debt repayment and significant investment in livelihoods, especially in livestock.
- Reduced negative coping behaviours (by around 70% in Amran and 43% in Abyan Governorates).
- Transformative approaches to seeking help, with 48% of households from key informant interviews turning to their community when times were hard.
- Up to a 150% increase in women's dietary diversity in Amran in the most under-served areas. In Abyan, 64% of households have acceptable food consumption scores.

In addition to providing households with assets such as medium- and long-term cash and/or livestock to begin micro-enterprises, sustainable aid programming to build resilient economies and societies in Yemen would include:

⁷ CARE and Action Contre La Faim for the European Union, 'The gendered dimension of multi-purpose cash supporting disaster resilience', May 2019 (www.cashlearning.org).

- Roads built by cash for work programmes to link remote villages to urban centres.
- Farming rehabilitation, including supporting women's inclusion in formal agricultural jobs.
- Providing sustainable water sources and pipes to homes, rather than trucking in water.
- Repairing urban water and sewage systems for cities, and investing in gender-responsive water, sanitation and hygiene (WASH) systems (by consulting and actively engaging women and girls in creating WASH systems).

Ultimately, it is Yemenis themselves who will be crucial to rebuilding Yemen, and the role of the humanitarian community, including organisations like CARE, is to help create the space for positive change through medium- and long-term interventions. To do this, we need more flexible and more medium- and long-term funding – from governments, the United Nations, the private sector and foundations. Rehab Alkhoulja, CARE Yemen field officer for women's economic empowerment, offers a glimpse of the challenges many Yemenis face every day. 'When I started my job at CARE ... I realised we hear so many stories of women in Yemen, and about how societal gender roles are changing. Many have started to work for the first time as a way of earning extra income for their families, but we don't hear so much of their struggles to make this happen.' CARE International is committed to working with Yemeni women and men, and their organisations, to secure a sustainable future.

Laurie Lee is Chief Executive of CARE International UK, based in London.

Addressing violence against women and girls: the role of national organisations

Genevieve Gauthier and Marcus Skinner

For over four years the people of Yemen have been at the mercy of war, compounding decades of insecurity. Expert assessments, situation reports and media portrayals tend to tell a similar story of the human toll the war has exacted – the largest humanitarian crisis in the world; 80% of the country's population in need of aid; over 20 million living with food insecurity; collapsed health services; and limited access for humanitarian actors due to insecurity. Women and girls face particular hardship: the war has exacerbated patriarchal, tribal and religious discrimination, and gender-based violence (GBV) has increased dramatically. The UN Population Fund (UNFPA) reports that three million women and girls are at risk of violence.¹ Forced early marriage has increased three-

fold.² This violence, and the patriarchal norms and attitudes it stems from, further constrains women and girls' access to services.

While shocking and deserving of attention, the statistics and stories also obscure the courage and resilience of Yemeni women and girls and the vital work of women-focused and women-led organisations. Recognising the critical role national women's organisations play, the International Rescue Committee (IRC) sought to listen to and amplify their perspectives and their experiences of responding to the needs of women and girls. Specifically, we wanted to know how these long-standing responders understood the opportunities

¹ See <https://yemen.unfpa.org/en/publications/unfpa-humanitarian-response-yemen-2018>

² See for example www.rescue.org/report/protection-participation-and-potential-women-and-girls-yemens-war

for and barriers to the delivery of programming for women and girls, and their perceptions of how the international humanitarian community has engaged with national civil society.

In-depth interviews were conducted with two partners, the Yemen Women's Union (YWU) and Al Hikma. Established in 1968, the YWU operates across Yemen delivering psychosocial support, health services, shelter and livelihoods opportunities to women and youth. Al Hikma, established in 1990, delivers a multi-sectoral programme including protection and GBV services, alongside shelter, nutrition and health activities. This article also draws on partner and IRC experiences of programming (IRC has been operational in Yemen since 2012, and has provided services for women and girls specifically since 2017).

Community acceptance

Reflecting documented trends in Yemen, YWU and Al Hikma stressed the increased burden the conflict has placed on the large number of women and adolescent girls who have become heads of households, and corresponding exposure to risks of GBV for those taking on roles outside the home. Staff from Al Hikma told us that 'when women access income opportunities instead of men it creates a switch in power and backlash from men which can lead to intimate partner violence ... the security situation also impacts on women's lives. Movement restrictions were part of their reality but it is now exacerbated as men want to protect women from the risks of GBV at checkpoints in order to preserve their honour'. Finally, concerns were raised that the fear of GBV and limited livelihoods opportunities have led to increased rates of depression and suicide among women.

Evidence from national and international NGO programmes illustrates how the increasing and complex needs of women and girls, and the efforts of NGOs and women's organisations, have in some sectors resulted in a parallel rise in levels of community acceptance for programming designed to address these needs. For example, YWU told us that 'providing shelter to IDPs has been a good opportunity to gain acceptance as community members got to see what we were doing was good for the population'. Recognising changing gender dynamics, the YWU, Al Hakim and IRC all work with men and boys to increase acceptance of support to women and reduce the risks facing women and girls. National partners noted the importance of vocational training as an entry point to discuss and transform men's behaviour and attitudes towards the new roles women are playing.

In contrast to increasing acceptance of general programming for women, and despite clear evidence of rising GBV, community resistance to addressing sensitive topics such as rape, forced marriage of girls and sexual violence remains high. Al Hikma staff told us that 'the situation in many rural areas is worse now than before the war ... our work is perceived as efforts to break up families or encouraging women to seek divorce'. This challenging social and cultural environment demands long-term engagement with communities to establish dialogue,

shift attitudes towards programming for GBV survivors and women's rights, and reinforce the role of national NGOs and women's organisations. Al Hikma also stressed the important role that women's centres can play as both a point of service delivery and an entry point for raising awareness of women's and girls' needs.

In 2017 and 2018 IRC sought to establish women-friendly spaces in three governorates. Although it took seven months of engagement with communities and community leaders before the programme could begin, this is now delivering positive results. These spaces provide confidential case management to survivors of GBV and psychosocial support to women and girls, and community outreach has resulted in increasing recognition of the risks of forced marriage of girls. IRC has seen examples of families seeking support when adolescent girls want to get married or when a family is organising a marriage of a very young girl. Through dialogue with the community it has been possible in some cases to negotiate agreements of early engagement rather than early marriage, delaying pregnancy and protecting young girls from the risk of maternal death, violence and disability, loss of education and employment and compromised reproductive health.³

The YWU also highlighted the implications of an overall decline in the quality and capacity of national-level governance for GBV survivors. Staff told us that 'There is a general mistrust [by women] of police forces because of the impunity of perpetrators of GBV. The fear of retaliation from perpetrators and their families is a constant threat for women and girl's security and dignity'. YWU staff stressed the importance of international partners prioritising efforts to work with local security forces, police and legal actors to increase their understanding of GBV risks and acceptance of the role of national authorities in addressing the risks facing women and girls.

Supporting national capacity

The acute nature of the crisis has prompted an expansion of international assistance and pledges of financial support. Newly formed national NGOs have received international funding to deliver humanitarian assistance, and have sought support and guidance from longer-standing national partners. A recent report by the Sana'a Centre suggests that the expansion of national NGOs is increasing employment and leadership roles for women. The report notes that 'women are more likely to work for national NGOs than men [and] have been involved in ... managing projects on gender-based violence ... as well as providing psychiatric support'.⁴ However, YWU and Al Hikma were concerned that much of the available funding is heavily focused on short-term relief. Current structures were seen as missing opportunities to support national NGOs and

3 See www.unfpa.org/publications/adolescent-pregnancy

4 See http://sanaacenter.org/files/Rethinking_Yemens_Economy-policy_brief_13.pdf



Adeeyah and her daughter at a mobile clinic in the suburb of Enma in Aden, Yemen

© Will Swanson/IRC

women's organisations to participate in the response, and lay the groundwork for more effective national response to the needs of women and girls.

In a context where GBV programming is still a relatively new area of expertise, and recruiting specialised and skilled national staff is an ongoing challenge, it is crucial that both national and international partners can access funding that allows the time and space for capacity strengthening to support and nurture Yemeni staff and civil society responses to the needs of women and girls. A commitment to comprehensive capacity development of GBV specialists is a key indicator of the Call to Action, and provides an accountability framework for donors and agencies alike.⁵

Funding cycles pose a key challenge in this regard. Many humanitarian projects are funded for less than 12 months, and national partners often find it difficult to secure the longer-term funding open to some international partners. Furthermore, the time required to secure sub-agreements from the authorities for project implementation, combined with the time required to engage local communities, often leaves limited space within a project grant to invest in comprehensive training opportunities for national staff.

Reflecting trends in many humanitarian responses, local partners report the exclusion of national agencies from co-ordination meetings, and that assessments overlook national

expertise and knowledge and the community connections that can play critical roles in supporting acceptance and providing the local and sub-local contextual understanding critical for the delivery of effective and efficient assistance.

While this is not specific to Yemen, it is clear from our consultations that national NGOs do not feel the international humanitarian community is fulfilling the commitments it has made to itself and those it seeks to support. The Inter-Agency Standing Committee (IASC)'s 'Reference Module for Cluster Coordination at Country Level' defines the objective of the cluster approach as being to 'make the international humanitarian community better organized ... so that it can be a better partner for affected people, host Governments, local authorities, [and] local civil society'.⁶ Such commitments are reinforced by the Call to Action, which argues for 30% of national GBV coordination mechanisms to be co-led by a national partner by 2018, with a target of 50% by 2020.⁷

Conclusions and recommendations

Analysis of the impact of the war in Yemen illustrates the acute and specific needs of women and girls. This article has sought to highlight the role that national NGOs and women's

⁵ See www.calltoactiongbv.com/what-we-do

⁶ See www.who.int/health-cluster/about/cluster-system/cluster-coordination-reference-module-2015.pdf

⁷ See www.calltoactiongbv.com/what-we-do

organisations play in meeting immediate needs, and how, through more effective collaboration, the international community, working alongside women's organisations, can contribute to improved well-being for Yemeni women now and in the future. It is clear that, without the knowledge, expertise and long-term presence of such organisations, these objectives cannot be met. However, despite commitments to capacity strengthening, for example in the Charter for Change,⁸ the current structures of the response and humanitarian partnerships do not allow for the depth and longevity required. This analysis leads us to a number of conclusions and areas of learning.

1. While attitudes towards programming for women and girls are shifting, targeted service provision for women in sectors including livelihoods and shelter remains critical to meet women's changing needs, and to provide an entry point for dialogue with communities to establish trust and support women's protection and GBV programming.
2. When seeking to expand services for women and girls, international partners should work closely with established national women's organisations who often have long-term relationships with target communities and more in-depth understanding of community dynamics and priorities. These partnerships should establish regular opportunities for capacity strengthening and two-way learning that maximise local organisations' understanding of the local context and communities and international actors' technical expertise and resources.

8 See <https://charter4change.files.wordpress.com/2019/06/charter4change-2019.pdf>

3. Donors should support national and international partners through multi-year funding agreements that allow the time for capacity strengthening that contributes to improved service provision, and further establish the role of women-led organisations and Yemeni civil society in maintaining the provision of services when international funding ends.
4. International partners, working in partnership with national organisations, should seek opportunities to engage national authorities in efforts to build awareness and understanding of GBV and the vital importance of addressing impunity. These efforts are critical to global commitments to preventing sexual violence and exploitation and to the delivery of UNSCR 2267, which calls for Member States and the United Nations to support affected countries to 'enhance the capacity of military structures to address and prevent sexual violence'.⁹
5. Reflecting learning from across global humanitarian responses, proactive steps should be taken to better include national women's organisations and NGOs in response coordination. Through the provision of financial and technical support, priority should be given to identifying and supporting national partners to co-lead clusters and sub-clusters, and participate in Yemen's Strategic Advisory Group (SAG), thereby addressing commitments made in the Call to Action.

Genevieve Gauthier is Senior Program Coordinator and **Marcus Skinner** is Senior Policy Advisor at the International Rescue Committee. With special thanks to the Yemen Women's Union (YWU) and Al Hikma.

9 See <http://unscr.com/en/resolutions/2467>

Addressing gender-based violence and child marriage: a grassroots approach

Warda Saleh

Yemen is the world's worst humanitarian crisis. Millions are hungry and at risk of starvation and the health infrastructure has practically collapsed. Across Yemen, 3.6 million people are internally displaced and often do not know where they will end up. Taiz Governorate on Yemen's west coast has seen some of the most relentless fighting in the last four years, with thousands of families forced from their homes.

While international humanitarian organisations are working country-wide to address people's basic needs, organisations like mine are working at the grassroots level to address extremely serious protection concerns. I set up the Hand in Hand foundation to work with internally displaced people (IDPs) in Aden. We help vulnerable women find shelter when

they have fled their homes; we connect them with organisations that can support them; and we provide vocational training such as sewing. We help women understand local political structures and how they can be decision-makers alongside men.

In this article I discuss the widespread rise of gender-based violence (GBV) and child marriage since the start of the conflict, and the coping mechanisms Yemeni families are employing to survive – especially the displaced.

A child with a child

In my many years of working with vulnerable women I have come across two key issues: early marriage and physical



Bushra Abdullah, 12-years-old, Displaced from Alwasha District, Hajja Governorate, Yemen

© CARE

violence. Both are extremely problematic during peacetime, but during a conflict they are dramatically worse, even if data is difficult to obtain.

Before the conflict the rate of early marriage in Yemen was already very high, with 9% of girls married before the age of 15 and 32% before they reach 18, according to UN figures.¹ Due to a lack of understanding of their own bodies and the physical changes they go through, young girls are especially at risk during pregnancy and childbirth. Many women and girls die during childbirth through loss of blood or because they are malnourished. In 2018 up to 410,000 pregnant and breastfeeding women were admitted to health facilities with acute malnutrition, an increase of 87% since 2016.² While the

statistics are shocking, the personal stories of the women I meet are even more impactful.

One woman I met left her home in Taiz and fled to Aden – she was a widow with three teenage daughters aged 14, 15 and 16. When the family arrived in Aden they were living in a very basic shelter without doors or windows, leaving the girls extremely exposed and at risk of sexual violence. A neighbour harassed them while their mother was out begging for money and food. In such a dangerous situation, the woman's only defence was to get her girls married. Her eldest daughter's husband, a 40-year-old man who worked for the military, was killed shortly after the girl became pregnant, leaving her widowed – essentially she is now just a child with a child. Her two young sisters are also married, to men 20 years older than them.

Aside from protection, a key reason for early marriage is money, particularly in a precarious conflict-affected context in which so many people are looking for any way to make ends meet. Another woman I know married off her 15-year-old daughter to a much older man to access the money to be able to flee from Taiz to Aden. She came to Aden in 2016 with her daughter, but the husband is still in Taiz and is pressuring her to return.

With early marriage comes protection and income for mothers and fathers – in many ways it is a logical decision. Child marriage is not reported because it is seen as a protection mechanism to guard against a greater threat. The issue is of course cultural, and a lot of families are not educated enough to know that it is not good for their girls. I have seen cases of families marrying their young daughters – and in some cases, young sons – even when they have no need for money or protection.

Sexual violence and harassment are other serious issues facing the women and girls I meet. There are cases of rape, but they are not reported officially. When I speak with women they say they have been attacked many times, but no one mentions rape. I suspect there are countless cases of very serious sexual violence, but they are not reported because women are afraid of the social stigma attached to rape, and because of ongoing risks to their safety. In IDP camps, those who have been abused are forced to live side by side with their attackers. If they report an attack it can take a long time to get a response, and they are fearful of retribution and anger. Married women are also frequently harassed and abused by their husbands; because they are married they do not believe this is wrong. Sexual harassment including touching and cat-calling is seen as an inevitable part of life. Communities need to be educated and empowered to understand why sexual violence and harassment are *always* wrong, whatever the circumstances.

Building trust

Yemeni attitudes and beliefs are often rooted in where people live. Like many countries around the world, in cities people are more progressive and more flexible, and much more closed-

¹ See www.girlsnotbrides.org/child-marriage/yemen/

² See <https://reliefweb.int/report/yemen/conflict-yemen-devastating-toll-pregnant-women-and-new-mums-becomes-clear-malnutrition>

minded in remote rural villages. While it is not easy to open conversations about sexual harassment and early marriage, a good starting-point is to speak to imams and religious elders. Many are well-educated and open-minded and have the respect of their communities – people will listen to them. Community members, including fathers, mothers, teachers and girls themselves, must be brought together for education sessions. It takes time to change attitudes and perceptions, but it can be done as long as trainers and facilitators are from the same communities and are trusted figures. Here I highlight some of the key ways in which we can address these issues in Yemen.

Economic empowerment for women is vital in enabling them to express themselves and – crucially – protect themselves. Although it's a difficult idea for extremely conservative communities to accept, there are some men – for example fathers – who will listen and accept this because they want the best for their daughters. For other men – often husbands – it is not acceptable, which is why it is so important to include boys and young men in these conversations.

There is also a lack of information and support regarding reporting and healthcare. Women do not know where to go or who to speak to, and are often surrounded by abuse including from their own family members, from uncles or cousins living in the same house. This is a particular problem in IDP camps and shelters. To encourage women to report abuse and seek help, they must feel safe and trust that they will not be put at further risk. I've come across many women who are initially very reluctant to speak to me and tell me what they have experienced. After several visits they trust me enough to open up and share their stories. Services that address the

needs of these women must be confidential and anonymous, to encourage women to use them and to eliminate or at the very least minimise the risk to those seeking services. One recommendation is to establish clinics where large numbers of women can go at the same time – there is safety in numbers, and if they feel safe they will speak out and seek help.

Despite the difficulty in addressing these deep-rooted attitudes and beliefs, there are inspiring stories of survival and improvement. One woman, an IDP from Hodeidah, was married at 14 and experienced all types of violence, from rape to being locked up and forced to take medicines against her will. She was married for 16 years and has three daughters, all of whom suffer from heart disease. It took many visits to build her trust so that she would talk to me. I found her a lawyer who helped her to get a divorce, and now after years of unimaginable violence and sexual abuse she is free. She is a strong woman who now works with my organisation and shares her story with other women going through similar experiences.

I have countless such stories of the suffering of women and girls, but also the hope that our assistance is giving them. I will continue to fight for them, to support them to live stable lives free of violence. I myself am not married and I give all my time and energy to these women. I often feel depressed about the constant stories of abuse and the incredibly hard lives so many people in Yemen have to live. But every time there is even a small success it gives me renewed energy and motivation to keep going for the women of Yemen, who have suffered enough for several lifetimes.

Warda Saleh is a Yemeni women's rights activist working on GBV issues in IDP camps in Yemen.

'The host community is as vulnerable as we are': insights into the IDP crisis in Hodeida and the humanitarian response

Ibrahim Jalal and Sherine El Taraboulsi-McCarthy

Since the Houthi takeover of Sana'a in September 2014 and the subsequent military intervention by the Saudi-led coalition, the number of internally displaced people (IDPs) in Yemen has increased eight-fold, from 430,000 in 2012 to 3.65 million in 2019. This article explores the realities of internal displacement in Yemen, the challenges faced by internally displaced people (IDPs) and the communities hosting them in accessing assistance and the opportunities for a more effective humanitarian response. It calls on the humanitarian sector to develop more robust community engagement mechanisms and a more holistic approach that takes into account local conditions, and the increasing pressure on both those internally displaced and the communities hosting them.

The humanitarian situation

Four Governorates – Marib, Taiz, Hajjah and Hodeida – were housing around 53% of IDPs in late 2018, according to the International Organisation for Migration (IOM)'s Displacement Tracking Matrix (DTM).¹ Hodeida has been a favoured destination for internally displaced Yemenis because of the presence of active humanitarian organisations there, and because most IDPs are unable to finance the difficult journey to other locations. With the intensification of fighting for the city in June 2018, more than half a million people, mostly women

¹ IOM DTM, 'Yemen Area Assessment Round 37', March 2019.

and children, were displaced.² Many headed north to Sana'a or to safer areas along the west coast and the southern port city of Aden. Despite the UN-sponsored Stockholm Agreement between the Yemeni government and the Houthis, which was supposed to bring a halt to the fighting in Hodeida, another 8,000 families were displaced between January and June 2019, most relocated to Sana'a, Amanat al-Asimah, Taiz, Aden and rural Hodeida.³ The situation in Hodeida remains tense.

The psychological trauma of displacement is being compounded by perceptions of IDPs as a 'burden' on host communities. IDPs interviewed for this article described how they limited interactions with people in host communities in order to minimise feelings of distress. One respondent referred to the shame they felt at their situation: 'I'd never thought I'd live under these conditions. How can I live in such misery and face people I know under such drastic life changes?' Conversely, IDPs can be isolated in remote areas, again exacerbating the negative psychological effects of displacement and war. There are, though, examples of social solidarity in the relationship

2 Norwegian Refugee Council, 'On-the-record update on situation in Hodeidah, Yemen', 28 September 2019.

3 Relief Web, 'Yemen fact sheet', 30 June 2019.

between displaced people and surrounding families, exemplified for instance in inter-marriage between the two communities. Respondents generally called for psychosocial support from international organisations to reduce tensions between IDPs and host communities and address the trauma associated with displacement.

The humanitarian response

Only about 50% of the 24.1 million Yemenis in need of assistance are actually receiving it.⁴ While under-funding is one reason for this shortfall – the Yemen Humanitarian Response Plan (YHRP) is more than \$1.5 billion short – there are also other factors, including the time it takes to confirm aid eligibility and limited operational capacity, contributing to delays; according to one humanitarian worker in al-Zaydah, it can take three months for emergency aid to be delivered. Coordination among international NGOs in delivering assistance remains limited, their engagement with local actors has been inadequate and ad hoc and communication with IDPs has been limited and ineffective. Feedback mechanisms such as hotlines and WhatsApp groups used to communicate with recipients seem

4 European Civil Protection and Humanitarian Aid Operations, 'Yemen: factsheet', 60 July 2019.



Yemen. Displaced in Sana'a's Old City. 33 year old Mohammed Ali unloads jerry cans from his wheelbarrow in the Old City of Sana'a which will supply his family with safe water

© UNHCR/Mohammed Hamoud

to have raised expectations among affected populations without actually resolving the problems they face. While the UN High Commissioner for Refugees (UNHCR) has recently begun in-kind distributions to host communities, targeting of assistance seems to have focused on IDPs. According to one interviewee for this article in Mae'n district in Sana'a: 'A major shortcoming is failing to acknowledge our existing needs. Seeing my neighbour from Hodeida receive aid for forced relocation makes me feel confused about my situation and less compassionate. I have no money and I cannot afford a family meal but I am yet to be identified by NGOs as eligible for assistance'. As one IDP put it: 'The vulnerability of the host community could be as much as ours'.

Cash assistance has proved an effective tool in giving Yemen is some sense of normality despite the humanitarian crisis. In 2018, more than a million IDPs received in-kind or cash interventions, according to UNHCR.⁵ In October alone, 28,000 families in 14 governorates benefitted from direct UNHCR cash assistance through Bank al-Amal.⁶ Multi-purpose cash transfers enable recipients to determine their own priorities, especially in the absence of an income source, and there is an opportunity to sustain and scale up the Social Development Fund (SDF) and Small and Micro Enterprise Promotion Services (SMEPS), which have supported community-based

5 ACTED, 'Finding safe shelter for displaced families in Yemen'.

6 Ibid.

business development and invigorated the entrepreneurial ecosystem in Yemen. SMEPS has created over 189,000 job opportunities in the agricultural sector, including for IDPs, by micro-financing, training and/or providing modern technology to farmers, and agri-businesses more broadly.⁷ These efforts demonstrate that, while cash grants offer beneficiaries more freedom, they also generate short- and long-term job opportunities that partly offset state dysfunction and reduce economic insecurity.

Concluding remarks

Interviews for this article demonstrate the need for more locally owned humanitarian response in Yemen, with engagement with local communities put at the heart of the response. Respondents pointed to the need to deepen the level of engagement of local NGOs and IDPs throughout the process of aid delivery, and not just as implementing partners. A stronger focus on IDPs and host communities could also help ensure that the social fabric in Yemen is maintained, and that local grievances are not amplified.

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7 SMEPS, 'SMEPS annual report 2018/2019'.

Dynamic approaches to child protection in the humanitarian response in Yemen

Mohammed Alshamaa and Amanda Brydon

The human cost of the conflict in Yemen has been devastating. The situation remains grim, with needs increasing sharply across all sectors, exacerbating pre-existing vulnerabilities, degrading community resilience and accelerating the collapse of public institutions.¹ Children have been acutely affected, both by the fighting and by the harmful coping strategies families have been forced to adopt, including early and sometimes forced marriage and engagement of children in child labour, including military recruitment.

This article assesses the challenges to meeting the protection needs of children and their families and communities in Yemen. Key to successfully responding to these challenges has been

the adoption of diversified approaches that build on the idea of the centrality of protection. Additional important features include taking a multi-sector, integrated approach, ensuring that programmes can adapt to the challenges posed by the fluid context, seeking to embed participation and capacity-building to ensure sustainability and fostering positive engagement with local authorities and other stakeholders.

Context

Despite humanitarian organisations' attempts to respond to high levels of acute malnutrition across Yemen, the nutritional status of children under five and pregnant and lactating mothers continues to deteriorate.² Displacement by ongoing fighting, the collapse of the healthcare system and a lack of livelihoods opportunities are massive barriers to ensuring that families are able to get enough to eat or can afford transport to

1 In 2014, prior to the outbreak of the conflict, 14.7 million people required assistance. In 2015, this number increased to 15.9 million; in 2016 to 21.2 million; and in 2018 to 22.2 million. In 2019, 24.4 million people needed assistance to survive. See Yemen Humanitarian Response Plan 2019 (www.humanitarianresponse.info/en/operations/yemen/document/yemen-humanitarian-response-plan-january-december-2019).

2 Yemen Humanitarian Needs Overview 2019.

treatment centres when family members fall ill. For those able to afford treatment, there is no guarantee a hospital will have the equipment and supplies to provide care.

Communities and families are also having to grapple with grave violations against children³ and growing protection needs. Families have been increasingly forced to resort to negative coping mechanisms to survive, with children and adolescents most affected. Girls in particular often find themselves forced into early marriage, a means by which families try to reduce expenses and obtain a dowry to support the rest of the family. According to UNICEF, more than two-thirds of girls in Yemen are forced to marry before they are 18 years old, an increase from the already high rate of 50% before the conflict.⁴

Operational challenges

Access constraints, including from the deteriorating security situation, hinder staff movements. Negotiating passage through checkpoints and efforts to ensure that humanitarian operating areas are not targeted are particularly time-consuming, and operating on both sides of the front line can exacerbate these issues. Large, fluid and unpredictable population movements mean that humanitarian staff and programmes must be agile and adaptable to ensure that essential needs are met. Attempts to do this – even for planned activities – are hindered by ever-increasing requests from local authorities for information on initiatives and the need to obtain travel permits even to meet staff at project locations. These constraints make it difficult to reach children and their families on time and as often as is needed, and the resulting unpredictability of visits means that families can never be sure when staff will be able to reach them again.

A further challenge relates to negative perceptions of protection services that may have been inherited, particularly where people are reluctant to discuss issues of violence such protection concerns are associated with. As such, extra suspicion can arise from engagement by humanitarian workers where their work spotlights sensitive protection issues. Aside from allowing the case management of children with key protection needs, authorities are reluctant to approve and engage in initiatives to strengthen preventive action, such as child protection community groups that meet to identify and mitigate key protection challenges. This is largely because they do not produce the tangible infrastructure that accompanies other projects, such as water, sanitation and hygiene (WASH) facilities, and are therefore harder to justify to the authorities. Measures to strengthen child protection, such as training community-based advocates, can also contain more complex elements of

behavioural change. This involves establishing relationships, building trust and fostering understanding, all of which require time and regular engagement.

What's worked?

Four approaches have been key to reaching Yemeni children and their families. First, Save the Children designs activities to reflect the centrality of protection, where protection is a core intended outcome of all humanitarian action. This means that protection needs and priorities are included in all discussions around the response, in individual organisational priorities, and in all ongoing country coordination and funding allocations. Above all, it recognises that different sectors can contribute in various ways to mainstream protection governed by a coherent protection strategy to guide and support actors. For example, needs assessments for protection identify vulnerable children and mothers at health centres where Save the Children runs feeding programmes, supports breastfeeding and promotes hygiene awareness. Through such integration, these assessments can identify whether there are additional protection needs for this section of the community.

Protection awareness sessions can also be centred around a clinic or health centre. Several projects have recently been implemented where protection activities or approaches are integrated into health or education activities and in outreach to communities. Ensuring appropriate and gender-sensitive WASH facilities and positive parenting education at schools are two examples of this integration, and a way to ensure that protection needs are mainstreamed into other core humanitarian programming. Challenges remain, however, with some integrated proposals requiring review by more than three ministries before being approved. This causes significant delays in programmes, and staff changes can add layers of complexity to programme delivery.

The second approach is ensuring that programmes and staff can meet rapidly changing needs by adapting the response. While flexibility is often highlighted as an essential factor in any humanitarian response, it can be harder to execute in practice. Longer-term funding to allow enough time to address the inevitable bureaucratic challenges in getting established and flexibility in donor reporting are essential to meet changing contexts and needs. This approach has worked well in Yemen, when protection results can be achieved indirectly through delivering other activities. A good example of this adaptation has been decisions to prioritise women- and child-headed households in food and cash distributions. Targeting out-of-school children for such distributions while also encouraging them to return to school reduces their vulnerability to risk and helps them feel more protected. The challenges here are around the scope of coverage and whether such interventions will contribute to address the root causes of protection issues.

Third, the sustainability of protection programming is best achieved through participation and partnership, building

3 These include the killing and maiming of children, abductions of children, rape and other forms of sexual violence against children, attacks on schools and hospitals, military recruitment and use of children and the denial of humanitarian access to children. For more information see <https://childrenandarmedconflict.un.org/six-grave-violations/>.

4 UNICEF, *Falling through the cracks: the children of Yemen*, March 2017 (http://files.unicef.org/yemen/Yemen2Years-children_falling_through_the_cracks.pdf).



Dhamar, Wusab Assafil district. Hameed, 60 year-old grandfather, poses with some women and children of his big family of 34 members

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on local initiatives. Such an approach, including integrating capacity strengthening into the delivery of humanitarian aid, directly contributes to the sustainability of programmes. This is increasingly important as the conflict becomes protracted. Save the Children has, for example, seen community members engage more and start to report on child protection concerns, including regarding children's safety on the way to school, and where parents, teachers and community members become part of the system for referring protection concerns to relevant support services, engaging them in the solutions to improve child protection and building community mechanisms to address concerns.

Establishing community committees and investing in local social workers within communities and schools has strengthened capacity to deal with protection concerns. Joint efforts to raise awareness and report challenges, while also helping to break the ice on sensitive issues, has helped normalise talking about and reporting on protection issues that may have been considered shameful to raise in the past. The capacity of local actors, cultural background and the economic situation of people who might not find it easy to volunteer for these efforts are ongoing challenges that staff and communities are working to address on a case-by-case basis.

Fourth, while an ongoing challenge, working with authorities and addressing perceptions of protection is a fundamental component to success. It takes time to build understanding and trust. Core to this is understanding the needs and wishes

of authorities, but also building their own understanding of humanitarian interventions. Key enablers for this approach include leveraging the efforts of the protection cluster, the Humanitarian Country Team and UN agencies, other INGOs, the ICRC and other partners with a protection mandate. A critical lesson in working together has been the need for a common approach to provide clarity to all actors involved and avoid approaches that divide and complicate a response through complicated referral pathways or doubling up of services.

Challenges and ways forward

There is always scope to improve. Processes of critical and honest reflection that are built into implementation frameworks and donor reporting are fundamental to development and evolution internally. Building on successful initiatives is also a key way forward. Forums to share lessons and good practice generate meaningful peer-to-peer learning and strengthen networks across the response. There is no one-size-fits-all solution, and as such, as a humanitarian community, there is a need to further explore local approaches and encourage innovations to build understanding of protection with local authorities and affected populations, enable the joint design of protection strategies and facilitate advocacy to engage decision-makers at all levels, including nationally.

Initiatives centring around empowerment and capacity-building offer opportunities to make significant impacts. Save the Children is working to develop its community-based

child protection structures and mechanisms to provide greater support to community mobilisation, awareness and identification of protection issues and support for and referral of children with protection needs. Such dialogue allows community members to voice their thoughts and concerns regarding protection interventions – not only picking the issues to tackle that are relevant to them, but also empowering them to find ways to strengthen child protection in their communities.

Conclusion

It can be easy to lose sight of opportunities to positively affect a crisis as large and complex as Yemen's – not only when seeking

to influence key decision-makers, but also in humanitarian organisations' own plans to respond. Moments to stop, take stock of challenges, determine common elements of success across interventions and ensure that such thinking feeds into future programmes are, at a macro level, fundamental to improving impact in any response. At the micro level, it is individuals' brave efforts and personal stories that motivate us to do all we can to change the situation in Yemen for the better and ensure a safe future for children.

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When the needs are overwhelming: balancing quality and coverage in a hospital in Yemen

Padraic McCluskey and Jana Brandt

This woman came from some distance away and had spent a lot of money on transport to reach MSF's mother and child hospital – money that the family had to borrow from neighbours. When they reached the hospital, we had so many women giving birth that we had to close our maternity admissions. The 130-bed hospital was at full capacity. It's heart-breaking for our staff to have to turn away pregnant women who are desperately in need of medical care. In the end, we were able to find space for the woman to give birth, but it isn't always possible.¹

This is the daily reality for Médecins Sans Frontières (MSF)'s staff, nearly four years after the organisation set up a mother and child hospital outside Taiz in Houban district. Thousands of babies have been born in the hospital since it opened, and the number grows every year.² In the first four months of 2019, 3,514 babies were born in the hospital – well over one every hour since the start of the year. The numbers are high, and so is the complexity of needs. Around 70% of women treated at the hospital suffer from life-threatening complications, and hundreds of newborns and children have died at the hospital in recent years.³

MSF's Yemeni and international staff face a seemingly unending and increasing demand for healthcare, but they cannot treat

everyone. Limits have had to be set, posing a host of ethical dilemmas for MSF's operational decision-making.

Steps taken

These dilemmas have revolved around how MSF can treat more patients while maintaining a high standard of medical care. This involved a series of measures and decisions, including restricting admissions, referring patients to other hospitals, moving patients more quickly through the hospital and deciding not to expand the project's activities. While the physical dimensions of the hospital building are the main limiting factor in being able to treat more patients, these decisions have further restricted MSF's response. These decisions are rigorously debated, sometimes disagreed with, but in the end implemented by hundreds of staff in the hospital, with life and death consequences for thousands of women and children and their families.⁴

One of the key measures to manage excessive demand has been to restrict access to maternity and child services. When the hospital opened, the admission criteria were restricted to pregnant women and children under 10, but as demand for services has grown the criteria have narrowed to exclude children over five. Growing demand was the key driver behind the change, but what is not clear is how much of the increased demand has been a result of growing needs, or improved acceptance and awareness of MSF.

In the hospital's 36-bed neo-natal ward, which is reserved for serious cases, admission criteria are restricted to those

¹ MSF, 'Complicated delivery: the Yemeni mothers and children dying without medical care', 2019.

² In 2016, 4,100 babies were born in the Taiz Houban hospital. This jumped to 7,923 in 2017 and 8,443 in 2018.

³ This contributed to the deaths of 17 women, 242 children and 601 newborns at the hospital between 2016 and 2018.

⁴ The hospital employs around 470 national and nine international staff.

born in the hospital. Deciding who can be admitted to the ward has posed one of the most serious dilemmas for staff. Previously, only newborns weighing more than 1.5kg were eligible, the rationale being that those meeting this threshold stood a greater chance of survival than those who weighed less. Subsequently, a more scaled criteria has been implemented where babies older than 32 weeks can be admitted if they weigh 1–1.5kg, while those younger than 32 weeks still have to reach the 1.5kg threshold. These criteria are more nuanced, but retain a degree of subjectivity in implementation, meaning that it is still extremely difficult to explain to families why one child was admitted and theirs was not.

Even with restricted admission criteria, there are still thousands of patients MSF does not have the capacity to treat. MSF refers some to a network of four private hospitals and another MSF hospital in Ibb Governorate, to the north of Houban.⁵ Patients who are referred might be suffering from life-threatening gynaecological/obstetrical conditions that MSF cannot treat, acute renal failure or life-threatening congenital abnormalities.⁶ As healthcare demand has increased so too have referrals, from 203 in 2016 to 3,322 in 2018. The referral system offers a way to address the needs of more patients, but like the other measures it also presents a dilemma. MSF assesses the quality of the facilities it refers patients to, but it cannot control the quality of care provided. This is a dilemma anywhere MSF conducts referrals, but due to the high number of people MSF refers in Taiz the question has taken on greater relevance in this context.

There have also been instances where the maternity ward has had to be closed to new admissions until sufficient beds became available. Pregnant women arriving at the hospital at these times have travelled long distances along insecure roads, through multiple checkpoints, but there might not be the space to treat them. Some women have even given birth at the gates of the hospital. During these closures, patients arriving at the hospital and who meet the admission criteria might be referred to another hospital if they cannot be admitted. In April 2019, for example, the maternity ward had to close for 35 hours over the course of several days, each closure averaging just over three hours. During this time between 20 and 30 women could not be admitted, six of whom MSF had to urgently refer to another facility.

With these measures in place, one of the last steps is improving the flow of patients through the hospital. This means trying to free up beds and space for new patients as safely and quickly as possible by moving patients between wards; this is one of the reasons why the hospital has been able to increase the number of deliveries it handles. Women giving birth to their second or

third child and who have an uncomplicated pregnancy might now be discharged as soon as three hours after giving birth.

For everything that has been done, a much longer list has been debated and tested. One idea that was trialled but quickly scrapped was to restrict admissions to geographic areas closer to the hospital, thereby barring access to people who had travelled the furthest. It proved difficult to ascertain exactly where people had travelled from, and more importantly those who had travelled longer distances were often most in need of medical attention. Given the context, it is difficult to identify any additional measures that could enable more patients to be treated while maintaining standards of care. When the boundaries are pushed too far in the direction of quantity over quality, the risk of increased infection and cross-contamination increases, and staff have to spread their time across a larger number of patients, invariably threatening the quality of care.

Primary healthcare

The demand for healthcare raised the question of whether MSF should start supporting primary healthcare centres in more rural districts, to help address the health problems that give rise to complicated pregnancies. In many ways, this was a logical development in that it would hopefully reduce the number of women arriving with life-threatening complications. However, there were several arguments against the idea. One was that the project was already very large, not only in Yemen but globally for MSF, and it was unclear how expanding the project could be justified when there were so many other areas in Yemen with unmet healthcare needs, and even fewer actors responding.⁷ An additional increase in the size of the project would have opened MSF up to questions about its neutrality – activities increasing on one side of the frontline while remaining static on the other – and would have made MSF vulnerable to contextual changes in Taiz if nearly all of its resources were invested in a single project.

It also proved difficult to definitively argue that supporting primary healthcare centres would decrease demands on the hospital as the current acceptance or ‘popularity’ of the service MSF provides there might be a greater pull factor for people compared to a newly supported primary healthcare centre closer to home. These arguments collectively played the largest role in the decision not to expand the project’s activities.

Advocacy

In deciding not to support primary healthcare centres, advocacy took on added importance. Advocacy was aimed at pushing health actors, including UN agencies and NGOs, to increase the provision of primary healthcare and sexual and reproductive health services. The hope was that this would help reduce

5 The closest hospital is a ten-minute drive, and the furthest is 45 minutes away.

6 For comprehensive referrals, MSF will provide transport for the patient and cover the expense of medical care at the agreed referral hospital. Two other levels of referral are provided: partial and non-comprehensive. For partial referrals, MSF supports transport costs and the costs of outpatient consultations or diagnostics. For non-comprehensive referrals MSF only supports transfer costs.

7 Within the MSF movement five operational centres run MSF’s medical activities around the world, located in Amsterdam (OCA), Barcelona and Athens (OCBA), Brussels (OCB), Geneva (OCG) and Paris (OCP). The Taiz Houban project within OCA is financially the second largest globally.



3-year-old Hassan, suffering from Thrombocytopenia Anaemia and malnutrition, is seen playing with his aunt on a bed inside the Inpatient Therapeutic Feeding Center, inside the MSF run Mother and Child Hospital in Taiz Houban, Yemen

© Matteo Bastianelli

the maternal, neo-natal and child mortality MSF was seeing by providing more options to address complications with pregnancies at an earlier stage.

The measurable impact of these efforts has been slow to materialise. The outcome of many local advocacy meetings has been an acknowledgement by other health actors of the needs MSF was witnessing, and to highlight health interventions in the governorate that were helping address these needs, such as the provision of incentive payments to health workers or donations of medical supplies to health facilities.

The tangible impact of these interventions is difficult to see, though, and it is hard to know how effectively they are working given the difficulties every organisation is facing in accessing districts to conduct independent monitoring and evaluation. The effort it takes to assess the quality of other actors' health interventions makes it harder to conclusively argue that the health response needs to improve. All MSF can say is that it is seeing increasing numbers of patients, but this does not necessarily prove that other health interventions are failing.

MSF also did not always complement its local advocacy with sustained advocacy towards more senior UN, NGO or donor officials. The turnover of international staff in key positions likely

contributed to this, and to a broader stop-start approach to advocacy. In addition, given the large number of operational priorities MSF has to deal with in Yemen, there was often limited time and resources to focus on advocacy, and there is as yet no sufficiently coordinated, sustained and focussed effort. Efforts to date have possibly also not dedicated enough time to calling on local and national authorities to increase the scope and quality of their own health response. This can be seen as risky, for fear of losing access, and unrealistic, because of the challenges involved in convincing a warring party to dedicate more resources to healthcare.

Conclusion

MSF staff in Taiz have gone to great lengths to address healthcare needs, but within the constraints of the current project set-up they are reaching their limits. Aside from continued discussions as to whether certain departments within the hospital could be reconfigured or handed over to other health actors there is little left to pursue internally.

How the project will cope with increasing demand in the future and successfully advocate with other actors to increase their health interventions remain open questions for now. The solutions will not be ideal, but hopefully decisions will be made

‘consciously and in consideration of ethical principles such as minimizing harm, maximizing benefits, equity and fairness’.⁸

A local NGO is due to start providing basic and emergency obstetric care in the same catchment area as MSF, and it will be interesting to see whether this intervention will decrease the number of patients coming to the MSF hospital. Such evidence could be an important tool in trying to push other actors to increase or adapt their interventions.

8 Schopper Doris, ‘An ethics framework for MSF: medical ethics and beyond’, 2009.

To date, the decisions and measures that have been taken in response to the dilemmas MSF has faced have made sense from a distance, including to the authorities and the community. However, on an individual level they have been extremely difficult, first and foremost for the women and children turned away from the hospital gates, but also for staff who have to make these judgement calls every day. Unless the health response improves across the governorate, these scenes will continue to play out well into 2020.

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The challenges of humanitarian information and analysis: evidence from Yemen

Lindsay Spainhour Baker, Peter Hailey, Jeeyon Kim and Daniel Maxwell

By the end of 2018, the UN believed that the situation in Yemen had deteriorated to the point of possible famine. Estimates for December 2018 noted that 15.9 million people (53% of the population) were facing severe acute food security – Integrated Phase Classification (IPC) Phase 3 or higher, despite ongoing humanitarian assistance. Famine analysis in Yemen is conducted nearly exclusively through the IPC, and so maintaining and operating a current-status needs assessment system through the IPC is a high priority. But the IPC and other humanitarian information and analysis systems in Yemen face significant challenges. This article summarises some of those challenges, based on a recent case study of famine analysis in Yemen.¹

Data challenges and constraints

Data transparency, data sharing and independent checks

A major concern regarding the analysis of food security, malnutrition and famine in Yemen is around data transparency. Most data is collected either by, or in close collaboration with, authorities (either the internationally recognised government in Aden or the de facto Houthi authorities in Sana’a). Data on food security, nutrition and mortality cannot be taken out of the country, and there are extreme limits on the extent to which data is shared even within the country. Independent, routine checks are limited or not allowed on certain types of data. In the absence of data sharing, there are questions about its quality and independence. In many cases, data is missing or very limited. SMART surveys are undertaken only very occasionally and are often out of the timeline of IPC analyses. Data is often not available or is as much as a year old by the time analysis is conducted. Data on sectors other than food security and nutrition is limited.

Data quality

Data on nutrition for the November 2018 analysis had been collected as much as a year earlier, with the most recent data collected in March 2018. Data on humanitarian food assistance is constantly changing, meaning that results for the impact of food assistance also change. Many analysts believe that data on mortality badly under-estimates actual death rates. Working with two separate authorities complicates data collection.

Early warning and hotspots

Gaps in geographic coverage and different levels of coverage make it difficult to identify ‘hotspots’ or emerging areas of concern due to a rapid deterioration in humanitarian conditions. An initiative from the Nutrition, Food Security and Agriculture, Health, Water, Sanitation and Hygiene and Protection clusters in Yemen identified 107 districts for closer monitoring, but none has been added or removed since 2018.

Analysis challenges and constraints

The central conundrum of the analysis in Yemen is that indicators of food insecurity have looked very severe for a long time but malnutrition figures have stayed fairly low, and official mortality figures are very low – even zero in some cases. The main question concerns what could explain nutritional resilience in the face of such a serious, widespread and long-lasting food security crisis. Most of the other causal factors that might be expected to explain the nutrition figures (health, WASH) are also bad. Aside from the fact that the nutrition data was out of date for the 2018 analysis, no comprehensive explanation emerged.

Analytical process

Two different analysis processes – in Aden and Sana’a – are necessary before a national analysis can be completed. The analysis is based mostly on food security data and nutrition teams have their own analytical meetings and are often not

1 The full study report including methodology can be found at <https://fic.tufts.edu/wp-content/uploads/2019-Evidence-from-Yemen-final.pdf>

involved in the IPC analysis. This compounds the central conundrum noted above.

Technical capacity and participation

Although the IPC analysis has been conducted in Yemen for the past five years, as is often the case in many famine-risk countries turnover in the personnel involved in the analysis is high. The Yemen analysis in 2018 was the first time that updated guidance² was used, which introduced very different means of doing projections, and different people in the process interpreted the changes differently. Participation in terms of numbers is reported to be good, but local NGOs felt intimidated by the process. It is not entirely clear that the authorities, particularly in Sana'a, trust the process, viewing it as outside their control. At the same time, several respondents noted that there is no verification or voice independent of the authorities. As a result, judgements about the independence of the analysis depend very much on the perspective of individual stakeholders.

Causal analysis

Finally, there is the question of what is being analysed. Most IPC analysis is concerned with current status outcomes for food security and malnutrition (and, in theory, mortality). In Yemen, however, mortality data is often missing, and food security and nutrition data is only about outcomes. There is little specific analysis of causes, in particular conflict, even

though conflict is clearly the major driver of the humanitarian crisis. The situation is much the same for other information that is not collected at the household level. For example, much was made in the analysis of the strong social links among Yemenis, with the resulting observation that sharing resources – including food – provides a strong informal safety net that mitigates much of the negative impact of the food crisis. Yet there is little in the way of data to support this claim.

Influences on food security analysis in Yemen

Independence of data collection and analysis

Although many respondents noted that data collection processes had improved in recent years, a number of constraints on the independence of the analysis remain. Nutrition data is viewed as very political. Examples were cited where SMART surveys and enumerator training were disrupted by national security officials, making further collection and assessment of information very difficult. Incidents were reported where 'minders' accompanied field teams and told people how to answer questions. Combined with concerns about the lack of data transparency and sharing, this has led to a situation where many respondents suspect the independence of the data. While some respondents suggested that pressure from the authorities is at the root of the issues, others blame it on the limited courage on the part of the humanitarian community and in particular, a fear of some of the major donors, including Saudi Arabia and the United Arab Emirates, who are major actors in the conflict.

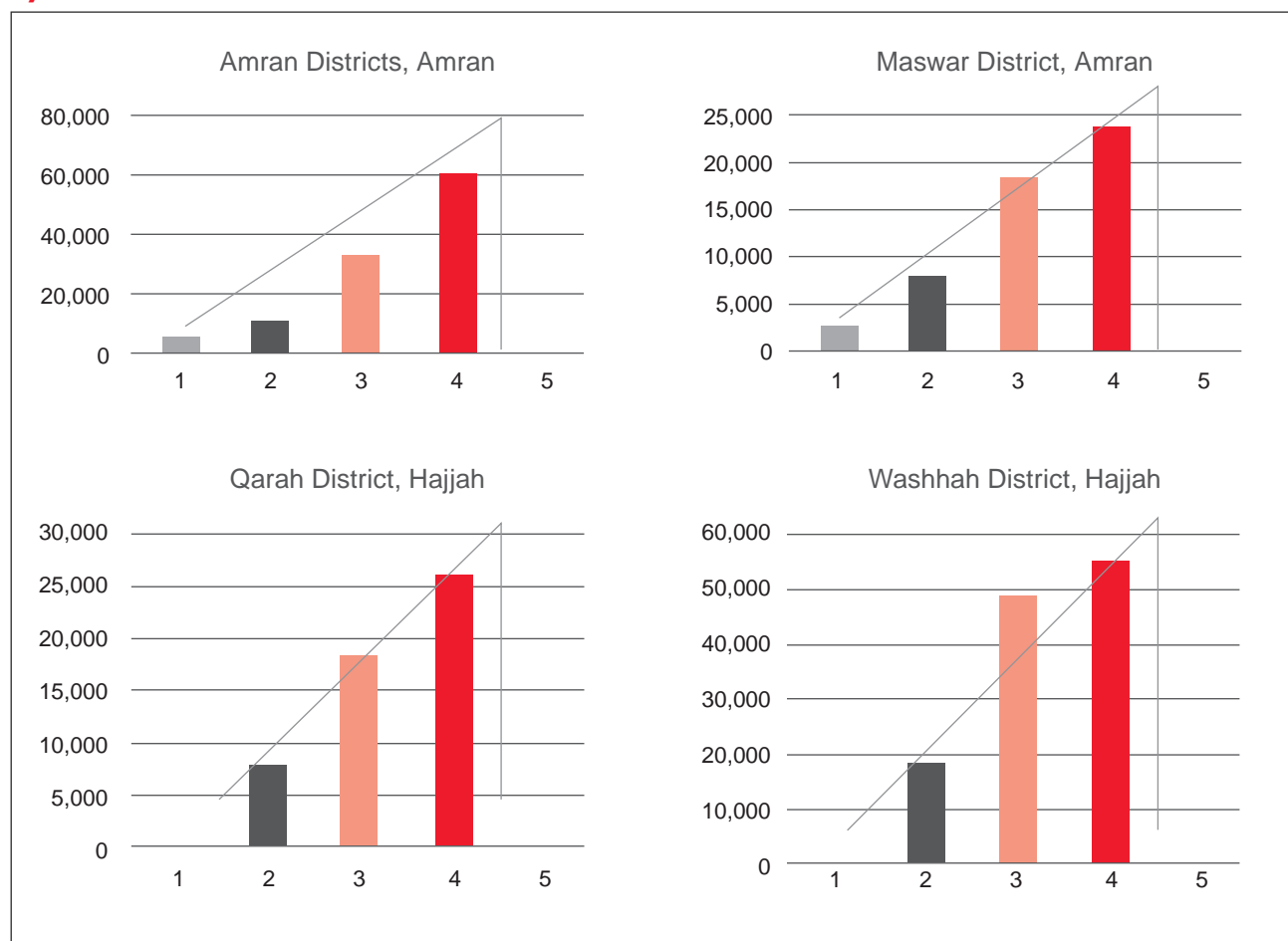
² IPC Manual Version 3.0.



In the Aldoosh Village in Yemen, Ayesha and her children, are beneficiaries of a Mercy Corps project funded by FFP and prepare food for dinner.

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Figure 1: ‘Right-skewed/truncated’ distributions of populations of selected districts by IPC Phase Classification, Yemen, 2018



Source: IPC Technical Working Group-Yemen.

In terms of the analysis, disagreements have been reported on how final numbers of people in need are determined, but no clear, overall pattern emerges from the interview evidence for this study. Some respondents suggested that numbers might be inflated to attract more resources; others suggested that numbers are downplayed to avoid annoying one party or another. Numbers can be downplayed and exaggerated at the same time, as Figure 1 shows. A ‘right-skewed but truncated’ population distribution classifies increasing numbers in IPC Phases 2, 3 and 4, with very high numbers in Phase 4, but no one in Phase 5. There is no a priori expected distribution of population across phases, but this is a highly unlikely distribution.

This type of distribution at once highlights – and perhaps overestimates – the number of people in crisis and emergency, while indicating that no one is in Phase 5, or famine conditions. Nearly half of the districts (158 out of 333) in the most recent Yemen analysis showed this kind of (highly improbable) distribution of population, with increasing proportions of the population respectively in Phases 2, 3 and 4, and no population whatsoever in Phase 5. Furthermore, these figures were for a scenario in which there was no humanitarian food assistance.

Other forms of influence were more subtle. Agencies directly involved in data collection and analysis were extremely careful

about what they said in public, effectively amounting to self-censorship. Failure to do so could make access more difficult for future assessments, resulting in difficulties in registration, authorities withholding visas or work permits or perhaps even the expulsion of agencies.

Access constraints

The second major way in which the results of the analysis are potentially distorted concerns populations that are accessible and those that are not. An estimated 1.4 million people are living in inaccessible areas, and the extent to which available data accurately reflects their conditions is not known. Obtaining the necessary permissions to collect data can be very time-consuming due to security concerns or bureaucratic constraints, such as lack of coordination between different levels of government in granting permissions. Access constraints may be driven by concerns for the physical safety of the enumeration teams, may result from attempts to distort what the data shows or may simply be a result of bureaucratic obstacles.

When this results in missing information, analysts face three choices: extrapolate from out-of-date data (collected when access was possible); use data that is believed to be biased (such as extrapolating from accessible areas); or simply delete inaccessible areas from the analysis (leave them blank both in

terms of numbers and mapping classification). All three of these choices have consequences for the independence and quality of the data, and the accuracy and validity of the analysis. For the most part, even inaccessible areas are still classified, but it is not always clear to users on what basis classifications are made.

Influences on the process

Several respondents reported instances where they knew that data had been deliberately manipulated, albeit more likely for the purposes of ensuring resource flows than to influence assessments of the severity of the crisis. Others noted that the issue was not so much about the actual numbers being changed, but that constraints on access, refusal to share the data, the banning of some surveys and the use of others to extrapolate to unreachable areas and difficulties in cross-checking, all meant that the door was open to all kinds of influences on – and varying interpretations of – the evidence.

Finally, there is the issue of how the ‘technical consensus’ is formulated. Several respondents referred to the consensus being driven by the ‘loudest voice in the room’. A ‘consensus’ outcome is essentially driven by the most powerful individual members of the analysis team.

Lessons and recommendations

Data concerns. A clear and urgent issue regards data transparency and data sharing. Missing data, data that is extremely out of date or data that is not representative of the specified unit of analysis all constitute significant challenges to rigorous and independent analysis of food security and nutrition in Yemen. Data on mortality in particular is frequently missing. Better early warning information is needed to help identify hotspots where resources (both for assessment and response) can then be concentrated. As a result, the humanitarian community has some major decisions to make related to advocacy for good-quality and optimum coverage of evidence collection and develop strong protocols for data transparency and data sharing.

Analytical concerns. Yemen presents an analytical conundrum that so far has defied full explanation: extremely high levels of reported food insecurity, the collapse of the public health system, a WASH-related crisis – and yet low levels of reported malnutrition and extremely low levels of reported mortality. The fact that this conundrum remains unresolved, and that there are so many counter-narratives, undermines faith in the analysis. Confusion persists between current status (empirical) and early warning (probabilistic) or between current status reporting and projections. In addition, the periods between analyses are often very long, and too long for trend extrapolation to provide reliable results for decision-making.

If the IPC is to be the sole measure of classification for famine, then all agencies involved should ensure that the analyses are more frequent (ideally two or three times per year in a crisis of this severity and magnitude) and more timely in terms of data

analysed (no more than two or three months old is the usual standard), the risk of false negatives is significantly reduced and projections are of much greater quality. A more flexible approach to the timing and coverage of each analysis is also needed. This will require the mobilisation of and support from the highest management level of agencies and their full support for the IPC process.

Influences. The data collection and analysis process may be influenced in several ways. One of these is access and, when access is blocked, how agency leadership can take up concerns with the authorities. Some respondents mentioned intimidation as a real deterrent to this kind of support. At the same time, there is persistent pressure, at least at a high level, for positive publicity from donors which are also direct belligerents in the war that is driving the humanitarian crisis. Some agency directors, and at times the Humanitarian Coordinator, engage with the Yemeni authorities to ensure access. This process needs to be regularised, and pressure needs to be maintained until better access is achieved. This requires strong and sustained advocacy with the authorities. Donors can help as well.

Many institutions of government are under the control of de facto authorities in Sana’a, and in some cases technical staff have been replaced with political appointees, resulting in a loss of technical capacity and independence. Continuing to build strong technical capacity is one of the safeguards against undue influence on the process. The politics of information may differ from one period to the next, calling for vigilance and mitigation of the factors that influence the analysis through a system of governance that is as transparent, participatory and inclusive as possible. The arguably unique political environment in Yemen is testing the limits of the IPC governance system. More attention to governance of the system is required at the most senior levels of the UN and donors in Yemen.

Numerous incidents were reported of ‘the loudest voice in the room’ swaying the analytical consensus. The very high proportion of districts analysed as having a ‘right-skewed but truncated’ distribution of population by IPC phase classification is strongly suggestive of this phenomenon. This results in funding decisions having to be made in the absence of reliable assessment results. The further potential result is that resources are not targeted impartially, undermining the very purpose for which these data collection and analysis processes were invented. Building broader participation and an empowered multi-stakeholder analysis without fear or intimidation are probably the best guarantees of independent analysis, particularly if they are strong enough to mitigate potential sources of influence.

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Yemen's 'Cash for Nutrition' programme

Lamis Al-Iryani, Sikandra Kurdi and Sarah Palmer-Felgate

Yemen is the world's largest humanitarian crisis, with 24 million out of 30 million Yemenis needing assistance and 1.8 million children acutely malnourished. The civil war has led to price increases, lost income and reduced public health provision, exacerbating already high levels of poverty and child malnutrition.

With rising humanitarian needs, continued access challenges and funding shortfalls, national institutions are playing an increasingly important role in providing humanitarian aid. At the World Humanitarian Summit in 2016 the long-standing divide between humanitarian and development interventions was challenged, with a call for new collective responses that both meet humanitarian needs and protect human and social capital. As the Yemen response shifts towards more protracted crisis programming, the need for a social protection system that provides a reliable, predictable, effective response to the country's poorest and most vulnerable people is becoming increasingly urgent.

The Yemen Emergency Crisis Response Project (ECRP) was the first World Bank project to test this approach before developing a full emergency response package. Approved in 2016, the ECRP works through UN agencies, national social protection institutions, the private sector and local communities. It is also increasingly driving transformational policy reform to improve nexus programming and build local governance capacity for social assistance delivery.

The Social Fund for Development 'Cash for Nutrition' intervention

One key Yemeni institution supported under the ECRP is the Social Fund for Development (SFD). Established in 1997, the SFD is a quasi-governmental organisation with a strong reputation as an independent and neutral actor able to operate across the country. Its objectives are to improve basic services, enhance economic opportunities and reduce the vulnerability of poor Yemenis through a community-led development approach.

SFD's 'Cash for Nutrition' intervention is an example of how local agencies in countries affected by protracted conflict can successfully blend models from the development world with the flexible implementation a crisis context requires. The programme was originally designed as a reaction to high levels of child stunting and poverty, but after the conflict broke out it was rapidly expanded and incorporated into the Yemen ECRP supported by the World Bank. As of mid-2019, 88,000 impoverished mothers in 21 districts across Yemen had received cash transfers and nutritional training through the programme, and more than 115,000 malnourished women and children had received treatment. A new wave

of implementation planned for 2020–2021 will include an additional 17 districts.

The programme provides beneficiary women with children under five with one year of monthly cash transfers and nutritional training sessions led by locally recruited Community Health Volunteers trained and employed by the programme. Beneficiaries also receive help to access treatment centres if their children are diagnosed with malnutrition.

Impact evaluation findings

An impact evaluation of the 'Cash for Nutrition' programme was designed and initiated prior to the conflict and completed by the SFD in collaboration with the International Food Policy Research Institute in 2018.¹ The evaluation showed the decline in household welfare between the start of the pilot programme in 2015 and the second-round of survey collection in 2017, as well as significant positive impacts of the programme on both immediate consumption and more long-term indicators of well-being.

Rather than increasing consumption of the types of staple foods usually distributed in food baskets, households in the programme used the cash to maintain the nutritional quality of their diets. In the poorest households in the sample, the evaluation found that, relative to non-beneficiaries, households receiving the cash transfer bought significantly more milk, fruits and vegetables and eggs, and were more likely to report having consumed meat at least once a week. Relative to non-beneficiary households, child dietary diversity for participating households was 0.8 food groups higher at the follow-up, partially making up for the background decrease of 1.3 food groups seen between the pre-conflict baseline and 2017 follow-up.

The evaluation also found that the nutritional training improved some key practices targeted by the Community Health Volunteers. Relative to non-beneficiaries, beneficiaries were more likely to report early initiation of breastfeeding and exclusive breastfeeding for infants under six months, both of which are associated with lower child mortality. They were also more likely to treat their drinking water and to give infants formula or breastmilk more frequently.

Finally, among the poorest third of households, the evaluation found substantial and statistically significant impacts on height-for-age z-scores, indicating an improvement in children's long-term nutritional status.

¹ See Sikandra Kurdi, Yashodhan Ghorpade and Hosam Ibrahim, *The cash for nutrition intervention in Yemen: impact evaluation study*, MENA RP Working Paper 19 (Washington, DC and Cairo: International Food Policy Research Institute (IFPRI), 2019) (<https://doi.org/10.2499/p15738coll2.133219>).



A mother feeding her daughter in the malnutrition hit Aldhahi district h gov after nutrition awareness session for preparing nutritious food

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Policy lessons for protracted crisis contexts

The conflict affected not only the welfare of the population being served by the 'Cash for Nutrition' programme, but also the implementation of the programme itself. The programme has reacted to the challenges presented by the security situation by becoming more flexible. In areas of active conflict where there is a risk of air strikes, group nutritional training sessions have been replaced with home visits and cash transfers are distributed at less frequent intervals. The programme also opened a telephone hotline to respond to questions about the changing situation, and allowed women who were forced to leave their homes due to the conflict to participate in training sessions and receive cash transfers in other districts where the programme is active.

In general, cash transfers are easier to deliver and generally perceived to be preferable to food distributions, but they rely on functional markets.² While conflict may destabilise markets and mean that in-kind aid delivery is preferable in the short term, in countries in protracted conflict cash transfers may often be feasible, reflecting the resilience of economic activity even in the face of increased transportation and transaction costs. For the districts where data was collected, the evaluation confirmed that there were no significant changes in the availability of key food items, although the average price level increased. (The evaluation did not find that the cash transfers themselves had affected prices.)

This study offers some important findings that further the evidence base on cash and nutrition programming. Com-

pared to the conditional cash transfer programmes popular in development circles in stable countries, the 'Cash for Nutrition' programme demonstrated the effectiveness of a flexible approach labelled 'soft conditionality'. Beneficiaries were formally required to attend the training sessions, but the programme did not withhold the cash transfers in the case of non-attendance. Nevertheless, attendance at the training sessions was high and the programme succeeded in increasing awareness and changing behaviour. The evaluation also helped to map the pathway from cash and training to improved nutrition outcomes.

Strengthening national institutions

The success of the 'Cash for Nutrition' programme also highlights the importance of local institutions for sustainability. The ability to implement the programme in the unstable and constantly changing political conditions in Yemen relied on the local connections and trust built up by the SFD. The programme benefitted from the recruitment of highly motivated local women as community health educators. Their effectiveness is evident in their ability to convince beneficiaries of the value of the information shared at nutritional training sessions. There is also anecdotal evidence that the community health volunteers continued to promote the programme's goals in their community after their contracts ended. Building on the evidence of this study and strengthening national social protection systems through trusted national institutions such as the SFD will be critical to addressing the complex and protracted humanitarian challenges facing Yemen.

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² S. Bailey and K. Hedlund, *The impact of cash transfers on nutrition in emergency and transitional contexts: a review of evidence* (London: ODI, 2012).

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Civilian harm and protection in Yemen

Kristine Beckerle and Osamah Al-Fakih

Since the outbreak of the current war in Yemen in 2014, thousands of civilians have been killed or injured. Air strikes and ground operations have destroyed hospitals, schools and critical infrastructure. Millions more suffer and die from hunger and disease due to restrictions on humanitarian access, commercial imports and access to essential services. This is not, as UN Secretary-General Antonio Guterres explained, a natural disaster, but a ‘man-made’ crisis. While the warring parties have it within their power to minimise civilian suffering resulting from hostilities, they have, to date, failed to do so, and urgent action is needed. Civil society, international organisations and third-party states have tried to get the warring parties to improve civilian protection, with varying degrees of success.¹

Civilian harm in the war in Yemen

The current conflict began in 2014, when the Ansar Allah armed group (the Houthis) and forces loyal to former Yemeni President Ali Abdullah Saleh took up arms against the government. Hostilities escalated significantly when a coalition led by Saudi Arabia and the United Arab Emirates (UAE) intervened on the government side. The coalition has been supplied and supported by a number of Western governments, including the United States, the UK and France, while the Houthis have received support from Iran.

Parties to the conflict have caused harm to civilians in multiple ways. The below presents merely a snapshot.

Airstrikes

In March 2015, the Saudi/UAE-led coalition began a devastating air campaign. Concerns were quickly raised regarding the scale of civilian harm resulting from airstrikes, with the UN Human Rights Office reporting thousands killed and injured by September 2015. Despite repeated and sustained reporting on the civilian impact, airstrikes causing significant civilian harm have continued. In October 2016, the coalition hit a funeral. In April 2018, a wedding. In August 2019, more than four years after the air campaign began, a Houthi detention facility

holding civilians and detained combatants on the coalition side was hit. Each of these attacks killed or injured more than 100 people.

The air campaign has had a far-reaching impact on civilian life. Schools, hospitals, markets, mosques and homes have all been hit. The coalition hit a Médecins Sans Frontières (MSF)-run cholera treatment centre in June 2018. MSF said they had shared the coordinates with the coalition a dozen times, and there were clear markings on the roof.² According to MSF, the airstrike left more than a million people with no recourse to treatment during a cholera outbreak.

Mortar and artillery shelling and landmines

Fierce ground fighting between the Houthis, Saudi- and UAE-backed proxy forces, Yemeni armed forces and other armed groups has resulted in large numbers of civilian casualties. Taiz in particular has been extremely badly affected. Fighters (primarily Houthis) have used heavy weaponry in attacks on the city in densely populated areas, killing and wounding civilians.³ Shelling by the Houthis and Yemeni government and coalition-aligned forces has also been a major cause of civilian harm during the battle for Yemen’s western coast.⁴ Landmines and other remnants of war, with their indiscriminate impacts, pose a major threat to civilians. The Houthis have used landmines – including banned anti-personnel mines – which have killed and wounded scores. The coalition used widely banned cluster munitions until at least 2017, but appeared to cease their use in Yemen in the face of public and allies’ objections.

Detention, enforced disappearances and torture

The Houthis, Saudi Arabia, the UAE, UAE-backed proxy forces and Yemeni government forces have all engaged in serious detention-related abuse, ranging from arbitrary detention

¹ This article addresses civilian harm, civilian protection and civilian harm mitigation broadly, not just conduct resulting in civilian harm that may be unlawful under international law.

² Ryan Goodman, ‘Saudi Arabia’s misleading email to Congress after bombing of MSF cholera hospital’, *Just Security*, 25 June 2018 (www.justsecurity.org/58437/saudis-deceptive-email-congress-bombing-msf-cholera-hospital/).

³ Mwatana for Human Rights, ‘Withering Life’, July 2019 (<http://mwatana.org/en/withering-life/>); Mwatana for Human Rights, ‘The Woes of Arabia Felix’, December 2018 (<http://mwatana.org/en/the-woes-of-arabia-felix/executive-summary/>).

⁴ Ibid.; Civilian Impact Monitoring Project, *Annual Report 2018*, March 2019.

and enforced disappearance to cruel, inhuman and degrading treatment and torture.⁵ Yemeni and international human rights groups, as well as UN investigators, have documented hundreds of cases of detention-related abuse since 2014,⁶ including death in detention as a result of abuse and hostage-taking for the purpose of extracting money from families or using the person in a prisoner exchange.⁷ Detainees have been transferred outside Yemen to Saudi Arabia, and possibly elsewhere, including Eritrea. People, primarily men and boys, have disappeared across the country.

5 The Houthi armed group (along with Saleh-aligned forces, their then-allies) quickly began cracking down in areas under its control, including arbitrarily detaining and disappearing perceived opponents. In the south of Yemen, UAE-backed proxy forces ran informal detention facilities, and arbitrarily detained, disappeared and abused dozens, often in the name of counter-terrorism. The US works closely with the UAE in southern Yemen. Yemeni government forces and loyalist armed groups have also arbitrarily detained and abused people. Saudi Arabia has transferred fishermen from Yemen to a detention facility in southern Saudi Arabia, where former detainees have alleged torture.

6 In 2018 alone, Mwatana documented about 500 such cases and, while no accurate count exists, it is estimated thousands have been arbitrarily detained or disappeared since the conflict began (see <https://mwatana.org/en/withering-life/>).

7 Human Rights Watch, 'Yemen: Houthi hostage-taking', 25 September 2018 (www.hrw.org/news/2018/09/25/yemen-houthi-hostage-taking).

Blocking, obstructing, delaying and otherwise impeding humanitarian access

The coalition has impeded the delivery of humanitarian and commercial imports through its control of Yemen's land, air and sea ports. A complete shutdown of Yemen's most important entry points, including Hodeida port, in November 2017 after the Houthis fired a ballistic missile towards Riyadh airport led to millions of Yemenis being deprived of clean water and sanitation at a time when the country was just emerging from the world's worst cholera outbreak.⁸ Although the total shutdown was eventually lifted, severe restrictions remained. The challenges the Yemeni population face in accessing essential services such as healthcare were compounded by the coalition's closure of Sana'a airport in August 2016. The Houthis have also limited the supply of essential humanitarian aid to populations in need. Houthi forces have stolen aid, blocked it from reaching areas outside their control and imposed arbitrary and excessive delays on humanitarian work, movement and access. The cumulative impact of these restrictions has been significant.

8 ICRC, 'Yemen: border closure shuts down water, sewage systems, raising cholera risk', 17 November 2017 (www.icrc.org/en/document/yemen-border-closure-shuts-down-water-sewage-systems-raising-cholera-risk?amp); Human Rights Watch, 'Yemen: coalition blockade imperils civilians', 7 December 2017 (www.hrw.org/news/2017/12/07/yemen-coalition-blockade-imperils-civilians).



Sana'a Ali, 13 years old, stands in the middle of destroyed buildings in his neighbourhood

© ICRC

Efforts to improve protection of civilians in Yemen

It became clear relatively early on in the conflict that the warring parties were not only causing extensive civilian harm, but also failing to take credible steps to significantly reduce that harm. A range of actors, including civil society, international organisations and third-party states, have worked to increase civilian protection. Their tactics have included direct engagement with or technical support to the warring parties, monitoring and reporting on compliance with international law and advocacy and campaigning.

The restrictions imposed by the warring parties – including through the coalition’s blockade and Houthi obstruction – have meant a prominent focus on ensuring aid and critical life-saving commercial imports are allowed into the country and reach their destinations. A number of humanitarian actors, including the UN and humanitarian NGOs, have sought to deliver aid and commercial goods, including coordinating clearance for humanitarian movements (into and around the country) and providing technical support to warring parties related to supply chains.

States have also sought to engage on civilian protection, including through direct engagement with or technical support to the warring parties. US advisors have trained coalition forces on the laws of war, tracking civilian harm and how to develop systems to learn from past ‘mistakes’.⁹ As civilian harm has continued, however, the US has been reluctant to take steps such as withholding material support (including weapons or other assistance), even as former officials have pointed out that more robust measures were the most promising avenue for positive change.¹⁰

States pointedly and publicly criticising coalition members have had an effect. For example, the US, the UK and others raised significant concerns after the bombing of a crowded funeral hall in Sana’a, prompting an almost immediate pledge by the coalition to investigate. In some cases, the coalition has admitted that attacks were the result of ‘mistakes’, and has promised a variety of measures to better protect civilians, including tightening rules of engagement, but the fact that airstrikes continue to harm civilians, and that overall patterns of harm remain similar, indicates that these have not been sufficiently effective.

Throughout the conflict, Yemeni groups, international NGOs and UN bodies¹¹ have monitored, investigated and documented civilian harm. The focus is often on conflict parties’ international legal obligations, publishing reports into apparent abuses and violations and putting forward recommendations on ways to minimise civilian harm. Some civil society groups

have also started to build an evidence base to lay the foundation for future efforts at accountability and redress. In 2017, the Human Rights Council – after three years of advocacy by civil society – created the Group of Eminent Experts, an independent inquiry into abuses. The Group’s second report, published in September 2019, attracted significant attention, particularly for its listing of individuals and units engaged in the military campaign, its highlighting of the warring parties’ role in exacerbating the humanitarian crisis and its recommendation to states to stop arming parties to the conflict.

Arguably most success in garnering attention and action on civilian harm in Yemen has come through a focus on potentially complicit actors. Civil society groups expanded their work to include research, advocacy and campaigning, highlighting those that contribute to abuse – primarily through arms sales or other forms of military and security assistance to Saudi Arabia and the UAE. As a result of this work, a number of countries have suspended weapons sales to members of the coalition, and pressured the coalition to create an investigative mechanism. These measures, while insufficient, are meaningful.¹² Efforts to encourage change with armed groups has proved more difficult. Activists and other actors have struggled to develop concrete tactics for pushing civilian protection with non-state actors, notably the Houthis. While Yemeni lawyers and activists have secured important successes (for example on individual detention cases), clear routes to effective levers of influence have been less apparent or effective.

Essential measures to improve civilian protection in Yemen

The warring parties could significantly and immediately improve the situation for civilians by simply abiding by the rules already defined by international humanitarian law and international human rights law. Accountability and better lesson-learning mechanisms are sorely needed. The repetition of the same types of abuse throughout the conflict underscores the real need for thorough and effective investigations into allegations of abuse, processes to punish perpetrators or hold them to account, mechanisms to offer meaningful redress and amends to civilians for harm caused, and effective feedback loops to ensure that lessons are properly learned.

9 Larry Lewis, ‘Promoting civilian protection during security assistance: learning from Yemen’, *CNA Analysis and Solutions*, May 2019.

10 International Crisis Group, *Ending the Yemen quagmire: lessons for Washington from four years of war*, 15 April 2019 (www.crisisgroup.org/united-states/003-ending-yemen-quagmire-lessons-washington-four-years-war).

11 The two most relevant UN bodies are the UN Human Rights Council Group of Eminent Experts and the UN Security Council Sanctions Panel of Experts on Yemen. The UN Security Council established a panel of experts to monitor the implementation of a sanctions regime set up in 2014. The panel’s annual reports have included detailed sections on human rights and humanitarian law compliance, as well as aid obstruction. Sanctions could theoretically be imposed on individuals and entities engaged in abuse, but politics within the UN Security Council have stymied these efforts.

12 After significant public pressure, the coalition created an investigative mechanism, the Joint Incidents Assessment Team, but the body is significantly flawed; it operates non-transparently, often whitewashes coalition violations, fails to provide public assessments of civilian harm and has focused exclusively on airstrikes, rather than including other coalition-side practices causing civilian harm. Human Rights Watch, ‘Yemen: coalition blockade imperils civilians’.

The warring parties have proved unwilling to make these changes in the absence of pressure or incentive. In order to ensure that changes are not only undertaken, but are also credible and effective, states should set clear benchmarks: for example an end to indiscriminate and disproportionate attacks; improvement of conditions (including release of the arbitrarily held) in detention sites; observable facilitation of humanitarian aid flows and commercial imports; and the start of credible investigation, accountability, redress and lessons learned and mitigation processes.¹³ Halting arms sales and other forms of military

13 In and of itself, monitoring ensures that civilian protection is on the agenda, and creates a structure for repeated interactions and discussions on how to achieve it. Monitoring itself, however, is not enough, given the severity of the crisis in Yemen and the egregiousness of the parties' conduct.

support to the warring parties, including Saudi Arabia and the UAE, would be an effective way of pressuring the coalition to make real changes to minimise civilian harm.

Given the civilian harm intrinsic to conflict, the single most important thing the warring parties and their supporters could do to increase civilian protection would be to take concrete steps towards peace.

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Ending arms sales to parties to the conflict in Yemen: exploring CARE's advocacy in France, Germany and the United States

Fanny Petitbon, Anica Heinlein and Dhabie Brown

Since 2015, nearly 250,000 Yemenis have died as a result of the ongoing war between Houthi-led forces and the internationally recognised government backed by the Saudi- and Emirati-led coalition. All parties to the conflict have repeatedly breached international humanitarian law, mounted indiscriminate attacks against civilians and obstructed humanitarian aid.

As a humanitarian organisation, protecting civilians caught up in armed conflict is at the heart of CARE's mandate. As such, we consistently advocate for governments to use their political influence to urge warring parties to halt violations. Yet as the crisis in Yemen rages on, the diplomatic efforts of influential countries such as France, Germany and the United States are being undermined by the sale and transfer of weapons to parties to the conflict.

With the Yemeni population having been constantly under fire and no end to the crisis in sight, CARE determined that joining forces with civil society actors to call on these influential nations to stop putting civilian lives at risk and undermining peace by selling weapons to the parties waging war in Yemen was integral to upholding the humanitarian imperative of saving lives and alleviating suffering.

France: challenging the system of export controls and building on public mobilisation

CARE France is an active member of a coalition of human rights and humanitarian organisations advocating for increased transparency around arms sales and the suspension of arms transfers to parties to the conflict. A permanent parliamentary committee of enquiry ensures that France meets its international

commitments under the Arms Trade Treaty and the European Union common position on arms exports. Although the French government submits an annual report on arms exports to parliament, French parliamentarians do not have the mandate or resources to control government action in an opaque system with little transparency around arms sales.

In 2018, 26 members of parliament demanded the creation of a committee of enquiry, resulting in a fact-finding mission by a Ministry of Foreign Affairs Commission on the control of arms exports. French arms sales are being publicly debated thanks to increased media interest, visits from Yemeni activists, the broadcast of two in-depth documentaries¹ and petitions that have received over 250,000 signatures. Currently, three in four French citizens support the suspension of French arms exports to Saudi Arabia and the United Arab Emirates and would like to see increased parliamentary control over the French arms trade.

Despite this, and the recent release of an official French military intelligence document² and pictures³ proving that French military equipment purchased by Saudi Arabia and the United Arab Emirates is being used in the Yemeni conflict, there

1 Anne Poirer, 'Mon pays fabrique des armes', documentary, October 2018; Alexandra Jousset, 'Crimes de guerre au Yémen, les complicités européennes'.

2 Disclose, 'Cartographie d'un mensonge', April 2019 (<https://made-in-france.disclose.ngo/fr/chapter/yemen-papers/>).

3 Disclose, 'Blocus au Yémen: les preuves de la complicité de la France', September 2019 (<https://disclose.ngo/fr/article/blocus-au-y%C3%A9men-les-preuves-de-la-complicit%C3%A9-de-la-france>).



Stunt on November 19, 2019 with the street artist Murad Subay in collaboration with Action contre la Faim, ACAT, Amnesty International France, CARE France, Médecins du Monde, Oxfam France and SumOfUs.

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are no signs that the French government intends to suspend arms transfers. In fact, in its most recent report to parliament, released in June 2019,⁴ the government noted a 30% increase in arms orders between 2017 and 2018, including key contracts with Saudi Arabia – one of France’s top customers, along with the UAE.

Germany: keeping the German arms export stop in place

The agreement establishing the new coalition government in Germany in 2018 stated that arms control and disarmament should be priorities for German foreign and security policy. Signatories also agreed that no German military equipment should be supplied to parties actively involved in the conflict in Yemen. Yet in 2019 the German authorities approved arms deliveries worth more than €1 billion to Saudi Arabia and the UAE. In the first half of 2019 more arms exports from Germany were approved than in the whole of 2018.⁵

Germany’s arms export policy draws on the Foreign Trade Act, the federal government’s principles for the export of arms and military equipment, and is guided by EU regulations. The

Federal Security Council, which meets in secret, is the supreme decision-making body when it comes to arms sales, though the government has considerable discretion in approving arms exports. Decisions are taken on a case-by-case basis, and are communicated to the German parliament. Critics claim that, in addition to the non-transparent way in which the committee works, the legal framework and regulations underlying arms exports are so complex that effective control by parliament is impossible.

In 2018 CARE Germany joined civil society actors in advocating against the sale of German arms to parties to the Yemen conflict and others. In late autumn, Chancellor Angela Merkel announced a complete ban on all German arms exports to Saudi Arabia, including exports that had already been approved. The moratorium was subsequently renewed three times, before pressure from European partners led to the partial lifting of the export ban in March 2019. Germany has still stopped direct exports, but continues to contribute German parts to joint European arms sales. Germany and France agreed in October 2019 on a so-called ‘de minimis rule’ for joint projects, under which Berlin will not hinder the export of French military equipment where German components account for less than a certain percentage of parts (unofficially there was talk of 20%).⁶

⁴ ‘Rapport au Parlement 2019 sur les exportations d’armement de la France’, Ministère des Armées, June 2019 (www.defense.gouv.fr/actualites/articles/exportations-d-armement-le-rapport-au-parlement-2019).

⁵ ‘Germany’s arms export approvals headed for record high’, DW.com, 7 October 2019 (www.dw.com/en/germanys-arms-export-approvals-headed-for-record-high/a-50730209).

⁶ ‘France and Germany strike deal over arms exports’, dpa international, 16 October 2019 (www.dpa-international.com/topic/france-germany-strike-deal-arms-exports-urn%3Anewsml%3Adpa.com%3A20090101%3A191016-99-326030).

The decision to keep most of the moratorium in place is due at least in part to the commitment of CARE and other humanitarian agencies, which advocated with parliamentarians and spoke out publicly. A recent survey shows that 81% of Germans are against exporting military equipment to countries involved in the war in Yemen, and three-quarters oppose Germany supplying weapons to European countries which in turn supply parties to the conflict.

The arms export ban will need to be extended in March 2020, and CARE will continue to push for a sustained ban.

The United States: aligning US policy in Yemen with the will of Congress and the American people

The United States' role in the Yemen conflict is complex. The country provides generous humanitarian funding as the largest aid donor, yet is simultaneously fuelling the crisis by providing military support to Saudi Arabia and the United Arab Emirates, including billions of dollars' worth of weapons.⁷ This has continued despite the documented diversion of US weapons to third parties and their use in Saudi and UAE airstrikes that have injured and killed Yemeni civilians.⁸ Not only does this military support contribute to civilian deaths and injuries – it also undermines the diplomatic role of the US in holding parties to account for their conduct and pushing for a resolution of the conflict.

US involvement began in 2015 when, under then President Barack Obama, the US provided weapons and military support to the Saudi- and Emirati-led intervention. Although Obama later suspended the sale of precision-guided munitions to Riyadh due to concerns over mounting civilian casualties, the Trump administration resumed weapons sales in 2017. After years of catastrophic casualties and harm and impeded humanitarian access, in 2018 humanitarian organisations came together to urge the United States to end its military involvement and lead a diplomatic effort to bring hostilities to an end.⁹

In 2019, momentum to curb US involvement in the conflict began to catalyse when Congress put forward multiple pieces of bipartisan legislation to end US involvement in the conflict, including invoking the War Powers Resolution and blocking an \$8 billion arms deal that Trump tried to force through without

Congressional oversight. Trump used his veto authority to prevent the legislation from becoming law – in fact, four of the five presidential vetoes that Trump has issued to date have related to US engagement in Yemen. The year ended with a notable lack of progress, as several proposed provisions addressing the US role in Yemen, including a one-year export suspension of precision-guided munitions, were excluded from the annual defence authorisation act.

Despite these setbacks, the humanitarian community continues to look for other legislative avenues to mitigate civilian harm and promote peace in Yemen. In 2020, CARE USA and peer organisations will continue to engage with members of Congress in Washington and mobilise citizens nationwide to call on their representatives to address the root causes of Yemen's humanitarian crisis and end military support for the war.^{10, 11}

Conclusion

For CARE, advocacy involves a delicate balance: speaking truth to power(s) without compromising our ability to safely reach people in need. This requires a constant negotiation of humanitarian principles, weighing risks to our independence and neutrality while also considering the humanitarian imperative.

The case of Yemen starkly illustrates the reality that aid alone cannot end the suffering of a population subjected to years of war. Yet continuous pleas for parties to the conflict to uphold the laws of war have yielded little change in the conduct of hostilities, and there is minimal incentive to prioritise a diplomatic solution despite the clear link between arms sales to parties to the conflict and the loss of countless lives, immeasurable suffering and decades-long impacts on Yemen's development.

CARE's advocacy on the arms trade in Yemen, like that of other civil society actors, has amplified calls from Yemenis themselves, as well as the global public and citizens in arms-trading countries. In this case, the principle of humanity became our collective imperative: to address human suffering wherever it's found, protect life and health and ensure respect for all human beings.

Fanny Petitbon, CARE USA, **Anica Heinlein**, CARE Germany and **Dhabie Brown**, CARE USA.

⁷ 'Sold to an ally, lost to an enemy', [cnn.com \(www.cnn.com/interactive/2019/02/middleeast/yemen-lost-us-arms/\)](http://cnn.com/interactive/2019/02/middleeast/yemen-lost-us-arms/).

⁸ 'Made in America', [cnn.com \(https://edition.cnn.com/interactive/2018/09/world/yemen-airstrikes-intl/\)](https://edition.cnn.com/interactive/2018/09/world/yemen-airstrikes-intl/).

⁹ 'Humanitarian CEOs to US government: please act now to save civilian lives', CARE, 26 November 2018 (www.care.org/humanitarian-ceos-to-us-government-please-act-now-to-save-yemeni-lives).

¹⁰ 'Commentary: Yemen needs US help, not bombs, to stop humanitarian crisis', Post and Courier, 23 June 2019 (www.postandcourier.com/opinion/commentary/commentary-yemen-needs-us-help-not-bombs-to-stop-humanitarian/article_b29adc98-9422-11e9-a7fd-6f6b4ba7d878.html).

¹¹ 'Tell Congress: end the war in Yemen' (Fanny Petitbon, Anica Heinlein and Dhabie Brown).