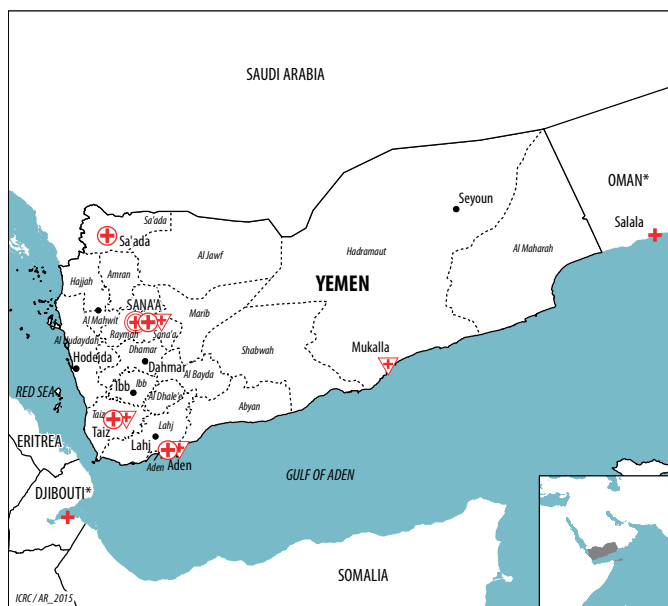


# YEMEN



⊕ ICRC delegation    ⊕ ICRC sub-delegation    ⚠ ICRC-supported prosthetic/orthotic centre  
 \*Map shows structures supporting ICRC operations in Yemen    + ICRC office

## KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Although security incidents forced it to scale down some activities in the latter part of the year, the ICRC remained committed to addressing the most pressing humanitarian needs in the country.
- ▶ Parties to the conflict were reminded that they were bound by IHL and other norms governing the conduct of hostilities, and were urged to fulfil their obligations.
- ▶ During ICRC-brokered pauses in fighting, civilians sought basic services and replenished their supplies, and Yemen Red Crescent Society/ICRC teams evacuated the wounded and retrieved human remains.
- ▶ Wounded/sick people had access to treatment at ICRC-supported health centres/hospitals; an ICRC surgical team helped the staff of two hospitals in crisis-hit areas manage the influx of patients.
- ▶ People met some of their basic needs following repairs to water facilities, distributions of food/household essentials and cash-for-work projects/cash transfers, which were scaled up to address access constraints.
- ▶ Detainees in government custody and people held by armed groups received ICRC visits; the ICRC remained without comprehensive access to all detainees, however.

## EXPENDITURE IN KCHF

Protection	4,495
Assistance	39,132
Prevention	3,366
Cooperation with National Societies	2,294
General	146
<b>Total</b>	<b>49,434</b>
<i>Of which: Overheads</i>	<b>2,978</b>

## IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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## PERSONNEL

Mobile staff	59
Resident staff (daily workers not included)	225

The ICRC has been working in Yemen since the civil war in 1962. It responds to the humanitarian consequences of armed conflicts and other situations of violence in the country by: helping secure the water supply; providing emergency relief, livelihood support and medical assistance to those in need; monitoring the treatment and living conditions of people held in relation to the situation; and enabling them, other nationals and refugees to restore contact with their relatives, including those abroad. The ICRC promotes respect for humanitarian principles and IHL, primarily among weapon bearers. The ICRC works with the Yemen Red Crescent Society.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Restoring family links</b>	
RCMs collected	4,122
RCMs distributed	2,137
Phone calls facilitated between family members	174
People located (tracing cases closed positively)	109
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	4,344
Detainees visited and monitored individually	129
Number of visits carried out	20
Number of places of detention visited	17
<b>Restoring family links</b>	
RCMs collected	12
RCMs distributed	10
Phone calls made to families to inform them of the whereabouts of a detained relative	465

ASSISTANCE	2015 Targets (up to)	Achieved	
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
<b>Economic security</b> (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	28,000	178,725
Essential household items	Beneficiaries	28,000	109,774
Productive inputs	Beneficiaries	70,000	6,090
Cash	Beneficiaries	31,200	37,261
Services and training	Beneficiaries		327
<b>Water and habitat</b> (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	1,054,000	2,543,867
<b>Health</b>			
Health centres supported	Structures	13	22
<b>WOUNDED AND SICK</b>			
<b>Hospitals</b>			
Hospitals supported	Structures	1	66
<b>Physical rehabilitation</b>			
Projects supported	Structures	4	4
Patients receiving services	Patients	60,000	67,423

## CONTEXT

Yemen continued to be severely affected by numerous armed conflicts and other situations of violence. A military coalition led by Saudi Arabia began conducting air strikes in March, with the stated aim of halting the Houthis' expansion of control. Other actors were also waging aerial and armed campaigns. By mid-August, most of Yemen had been affected by the military offensive. The structure of the government remained unclear, with many key positions unoccupied and official functions carried out by different groups.

Civilians were the hardest hit by the violence; the fighting, shelling and aerial bombardment have reportedly killed over 6,000 people, injured tens of thousands, and displaced over 2 million. As communities were ill-equipped to handle the magnitude of needs and the damage to public facilities and civilian property, people had difficulties in obtaining goods and services necessary for survival.

Difficult working conditions hampered efforts by health workers and humanitarian agencies to address the immense needs in the country. Health-care facilities, such as those supported by Médecins Sans Frontières, and offices of humanitarian organizations were bombed/shelled. Since March, eight Yemen Red Crescent Society volunteers and two ICRC staff members have been killed while carrying out their duties. In December, two ICRC staff were abducted; one remained captive as at year-end. Serious logistical constraints, such as damaged airports and sea ports, further impeded humanitarian action.

## ICRC ACTION AND RESULTS

As one of the few international organizations still in Yemen, the ICRC remained committed to addressing the most pressing humanitarian needs in the country. In view of the extreme insecurity, it adjusted its setup and activities to balance the urgency of people's needs against the risks to its personnel and the limited space for neutral, impartial and independent humanitarian action. It refocused its efforts towards addressing people's immediate concerns, suspending many activities aimed at longer-term results. Some staff were temporarily transferred to an office in Djibouti (see *Nairobi*) and tighter security measures were implemented, particularly following incidents involving ICRC staff (see *Context*). A logistics base in Oman (see *Kuwait*) supported operations in Yemen.

When the hostilities escalated in March, the ICRC reminded the parties concerned, on a bilateral level and through public statements, that they were bound by IHL and other applicable norms. It pursued dialogue with various actors who could influence the situation in Yemen, encouraging them to address the mounting humanitarian needs and seeking their support for ICRC operations. These efforts enabled National Society/ICRC teams to arrange pauses in the fighting to deliver relief items, evacuate the wounded and retrieve/transfer human remains; civilians were able to seek health/medical care, food and other basic supplies. Negotiations with actors controlling the transport routes to or within Yemen enabled the ICRC to secure approval, at times, for the entry and movement of staff and relief items.

The ICRC focused on helping to ensure people's access to health/medical care amidst supply shortages and intensified fighting. It donated surgical items, reproductive health supplies and other medical materials to primary-health-care facilities and hospitals; however, it was unable to maintain the regular, on-site support that

it was providing at the beginning of the year. To help manage the influx of weapon-wounded patients in Aden, the ICRC deployed a surgical team, first to Al Jamhouria hospital in April, and then to the Al Mansoor hospital in June; the team was forced to withdraw when the fighting intensified, but the hospitals continued to treat patients with ICRC support. Delivery of physical rehabilitation services was slowed down by the violence, but thousands nevertheless received treatment at four ICRC-supported centres.

The ICRC worked with local water authorities in urban areas to help minimize interruptions to water supply for over 2.5 million people; other projects were suspended. Thousands of people – including IDPs – were helped to cope with their conditions with donated food and household essentials. Many households, including those in hard-to-reach areas, covered their basic needs through cash transfers or cash-for-work activities. Most livelihood support projects, aimed at helping people recover some degree of self-sufficiency, were suspended or adapted.

The ICRC continued to pursue dialogue towards gaining comprehensive access to detainees; it focused on bilateral engagement with various detaining parties. Where it had access, it visited some people held by the government and by armed groups, to monitor their treatment and living conditions; it provided the actors concerned with feedback/recommendations afterwards.

Refugees, asylum seekers, people with relatives detained abroad and others separated from their families stayed in touch with their relatives using Movement family-links services. Tracing services helped some people learn the fate of their missing relatives.

The Yemeni Red Crescent coordinated its emergency response with the ICRC and other Movement partners. Its branches received support for minimizing the risks they faced – from weapon contamination, and when administering first aid, evacuating the wounded and managing human remains.

## CIVILIANS

Amid increasingly dire conditions (see *Context*), dialogue with actors who could influence the situation in Yemen was reinforced. Parties to the conflict received oral and written representations highlighting issues linked to the conduct of hostilities and the limitations on the means and methods of warfare. They were urged to address the concerns of civilians with regard to: arrests/capture and detention; safe and timely access to health/medical care; management of human remains; and weapon contamination. These concerns were based on the ICRC's monitoring of the situation and on its documentation of reported IHL violations.

Such dialogue enabled the ICRC to overcome some restrictions on the movement of its staff and aid into and within the country (see *Actors of influence*). Pauses in the fighting, brokered by the Yemeni Red Crescent and the ICRC, allowed civilians to seek health/medical care (see *Wounded and sick*) and replenish their basic supplies; these also enabled National Society/ICRC teams to deliver relief items, evacuate the wounded and retrieve/transfer human remains.

Beneficiaries shared their concerns/needs through a communication programme that enabled the ICRC to adapt its response. Yemenis learnt more about weapon-related risks and the Movement's activities relevant to them through ICRC updates on various platforms, including social media.

## People in urban areas have access to water amid the fighting

Over 2.5 million people in urban areas, mainly Aden and Taiz, retained some access to water, following the repair/maintenance of pipelines by the water authorities/ICRC, and the ICRC's provision of fuel, water treatment chemicals/equipment and financial incentives for staff. Nearly 15,000 residents had water trucked in by the ICRC to their communities. Activities in rural areas were discontinued in April when the security situation worsened; before that, some 23,000 people had been able to meet their water needs as a result of infrastructure repairs and water-saving schemes implemented by the ICRC.

## Violence-affected people cover their needs with cash transfers and other emergency aid

Particularly vulnerable people, most of them IDPs and orphans, met some of their daily needs with the ICRC's help: nearly 180,000 people received food and over 110,000 people, household essentials. Among those who received food, over 50,000 pregnant/lactating women and children under the age of five also received nutritional supplements to help them avert malnutrition. In southern Yemen, hundreds of families coped with the effects of a cyclone in November with the help of National Society/ICRC food assistance.

Projects to help people recover or improve their livelihoods were suspended in light of the extreme insecurity; some were adapted to help people cover their immediate needs and to allow the ICRC to overcome constraints in reaching certain areas. Around 3,150 IDP/resident households (nearly 22,100 people) – including those with physically disabled people or headed by women in Taiz – received cash transfers that allowed them to buy food and other essentials. Over 2,100 households (more than 15,000 people) benefited from cash-for-work projects, such as garbage collection in Aden, Sa'ada and Taiz, which also helped address health risks posed by the build-up of trash. About 890 households (6,090 people) partially restored their food-production capacities through productive inputs from the ICRC, such as potato seeds for farmers in Amran. Before the fighting escalated, over 151 women in Aden and Lahj took part in vocational training to help them run businesses.

## People receive primary health care at ICRC-supported centres, including some in crisis-hit areas

People availed themselves of services at 12 primary health-care centres that were regularly supported by the ICRC, until March, with medicines, other supplies and staff training. As the situation worsened (see *Context*), the ICRC suspended its aid to several of the centres; it managed to resume assistance by July, but with some irregularity.

In all, 22 health centres across Yemen – including the 12 mentioned above and several in the southern governorates that were among the hardest hit by the crisis – sustained their services with ad hoc ICRC donations of medicines and other supplies. More than 270,000 people, on average, had access to medical consultations at these facilities. Thousands of children were vaccinated. Pregnant women were less at risk when giving birth at home, with hundreds of home delivery kits distributed to midwives; they also received mosquito nets to protect them against malaria.

## Human remains are transferred/repatriated under ICRC auspices

Between March and December, 149 sets of human remains were transferred/repatriated by National Society/ICRC teams: some of these were retrieved during pauses in the hostilities (see above). The ICRC acted as a neutral intermediary on several occasions, including in the transfer to Djibouti of the remains of a Moroccan pilot killed in the fighting.

During briefings, authorities, and representatives of armed groups, learnt more about managing human remains properly, particularly the necessity of handling these in a manner that might facilitate future identification efforts; at their request, they were provided with some 3,650 body bags.

Plans to assess the situation of vulnerable refugees and victims of sexual violence were put on hold.

## Dispersed relatives reconnect with each other

Refugees, asylum seekers and other people separated from their families reconnected with their relatives in Yemen or abroad through RCMs, safe and well messages, phone calls and other family-links services provided by the National Society/ICRC. Yemeni families also used such services to contact their relatives detained overseas, for example, at the US internment facility at Guantanamo Bay Naval Station in Cuba; some sent parcels through the ICRC. A person formerly held at the Parwan detention facility in Afghanistan received ad hoc medical assistance from the ICRC.

Families sought help from the ICRC to locate missing relatives, including those allegedly arrested/detained (see *People deprived of freedom*); 109 tracing requests were closed positively, and 822 remained pending.

## PEOPLE DEPRIVED OF THEIR FREEDOM

### People held by different parties receive ICRC visits

Although it remained without comprehensive access to all detainees in Yemen, the ICRC pursued bilateral discussions with various detaining actors to secure permission to check on the conditions of people in their custody. In all, over 4,300 detainees in 17 places of detention were visited in accordance with standard ICRC procedures; these included 36 detainees held by armed groups in southern Yemen. A total of 129 were followed up individually.

Feedback and, where necessary, recommendations on improving the conditions of detention were shared confidentially with the parties concerned; they were urged to respect judicial guarantees and allow detainees to maintain contact with their families. Allegations of arrest/detention were raised with them, leading to the clarification of some missing persons' whereabouts (see *Civilians*). At least 14 detainees were transferred across front lines, with the ICRC acting as a neutral intermediary. The worsening security conditions, however, hampered efforts to facilitate contact between detainees and their families.

Projects for improving detention facilities in Aden and Taiz were shelved following the onset of hostilities. Before that, detainees had help in easing their living conditions; over 1,000 received donations of mattresses, water filters, and hygiene/recreational items, and some 2,500 benefited from the rehabilitation/construction of detention infrastructure. With ICRC support, two officials enriched their knowledge on health in detention at a regional seminar (see *Jordan*).

## WOUNDED AND SICK

### Wounded people obtain treatment during National Society/ICRC-brokered pauses in the fighting

As first aid and hospital-level treatment became increasingly inaccessible, the ICRC continued to emphasize – in its contact with authority figures, weapon bearers and other influential actors – the need to create conditions to make these services more available. This resulted in several pauses in the hostilities, which allowed the transfer of wounded/sick people to hospitals, and enabled civilians to obtain health/medical care.

To increase the chances of injured people receiving timely life-saving care, people who were likely to be at the scene of violent incidents were provided with first-aid training/equipment. Over 1,000 people, including health personnel and weapon bearers, enhanced their skills at first-aid training sessions, at times conducted jointly with the National Society.

### **The ICRC sets up a surgical unit at a hospital in Aden**

In Aden, weapon-wounded patients obtained surgical care at a 36-bed hospital where the ICRC set up a surgical unit in mid-June. More than 140 patients were admitted to the hospital, over 160 surgeries were performed and more than 600 people were accommodated in the outpatient department. The ICRC surgical team withdrew when the situation deteriorated in mid-August; the hospital nevertheless continued to be operational, with staff from the public health ministry and support from the ICRC.

Before this, for three weeks in April, staff at the Al Jamhouria hospital, also in Aden, dealt with an increased number of patients with the help of the same surgical team. Some 370 patients were treated, through over 110 operations and by other means. The team withdrew from the hospital when the fighting had reached its premises, but the hospital continued to treat patients with ICRC support.

### **Hospitals cope with patient influxes with the ICRC's help**

Nine hospitals across the country regularly received drugs, surgical supplies and other support from the ICRC; 57 other hospitals in 12 governorates benefited from ad hoc donations of medical supplies that enabled them to treat thousands of weapon-wounded patients. Emergency repairs by the ICRC, donations of generators and assistance with water supply helped other hospitals avert or deal with service disruptions. Over 150 medical personnel learnt more about emergency-room trauma and weapon-wound management at ICRC-organized courses.

The health ministry drew on ICRC assistance to replenish its medical supplies; upon its request, the ICRC facilitated the delivery of medicines for transplant patients and of blood-bank supplies, both donated by a pharmaceutical company.

### **Delivery of physical rehabilitation services continues, but at a reduced scale**

People with physical disabilities continued to avail themselves of services, including physiotherapy and mobility aids, at ICRC-supported rehabilitation centres; delivery of services, however, was set back by the ongoing violence. One centre each in Aden, Mukalla and Sana'a opened only intermittently; the Taiz centre suspended its work in April. In all, over 67,000 disabled people were assisted, over 28,800 of whom had physiotherapy. More than 20,000 prosthetic/orthotic devices were distributed to patients.

Five Yemeni students completed a three-year prosthetics/orthotics diploma course in India, and six others were admitted to a physiotherapy school in Sana'a, all with ICRC support. A school in Sa'ada received furnishings/equipment for taking in more students, but it had to put its courses on hold.

## **ACTORS OF INFLUENCE**

### **Dialogue with influential actors facilitates movement of humanitarian aid/workers**

Discussions with national and tribal/community leaders, representatives of armed groups, the media and civil society figures emphasized the necessity for neutral, impartial and independent

humanitarian action; influential actors abroad were also urged to step up efforts to help address the mounting humanitarian needs. These efforts were intensified when the violence escalated, and also served to foster acceptance for the ICRC's work and help the organization overcome obstacles such as clearances for its activities and delays at check points. Negotiations with and briefings for actors controlling the air space, sea ports and land routes leading to or within Yemen helped secure approval – albeit on a case-by-case basis – for the movement of ICRC staff and relief items into the country and in areas controlled by different parties.

### **Parties to the conflict are urged to respect IHL and other applicable norms**

The applicability and implementation of IHL remained a central theme of the ICRC's discussions with the parties concerned; those involved in the Saudi-led military campaign were regularly reminded of the rules governing the conduct of hostilities. They were urged to respect IHL (see *Civilians*), including through public statements.

Adapting to difficulties in pursuing face-to-face talks with beneficiaries, the ICRC increased its use of digital/online media to relay humanitarian messages to a wider audience. Communication efforts also sought to engage beneficiaries and help them avoid risks related to weapon contamination (see *Civilians*). International media outlets drew on ICRC press releases, public statements, interviews and other communication materials to bring attention to the situation in Yemen. The ICRC president's visit to Yemen helped renew international interest in the humanitarian situation in the country and the Movement's work there.

Activities for promoting IHL and its implementation were suspended because of the situation; these included IHL workshops for the authorities and support for universities. Various actors nevertheless learnt more about IHL through different means. Articles about the ICRC, for example, were featured in a magazine distributed to Yemeni military officers; a foreign ministry official attended a regional IHL course (see *Lebanon*).

## **RED CROSS AND RED CRESCENT MOVEMENT**

### **The National Society and the ICRC expand partnership in addressing needs amid security risks**

The Yemen Red Crescent Society and the ICRC worked together to expand the coverage of their emergency response activities. With ICRC support, the National Society formed more emergency response teams, expanded its ambulance fleet, and conducted training sessions on basic lifesaving skills. Through ICRC risk-awareness sessions and advice on safety measures in weapon-contaminated areas, the National Society's 17 branches received support for managing the dangers they faced when carrying out first-aid activities, evacuating the wounded and managing human remains.

The National Society and the ICRC agreed on a joint action plan for their communication activities, including skills training for National Society staff and donations of equipment, such as computers and other electronic devices.

Movement components supporting operations in Yemen coordinated their activities closely, notably through a Movement Task Force.

<b>MAIN FIGURES AND INDICATORS: PROTECTION</b>		<b>Total</b>			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SC*</b>		
RCMs collected		4,122			
RCMs distributed		2,137			
Phone calls facilitated between family members		174			
<b>Reunifications, transfers and repatriations</b>					
Human remains transferred/repatriated		149			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		822	32	28	87
<i>including people for whom tracing requests were registered by another delegation</i>		14			
People located (tracing cases closed positively)		109			
<i>including people for whom tracing requests were registered by another delegation</i>		1			
Tracing cases still being handled at the end of the reporting period (people)		822	40	32	94
<i>including people for whom tracing requests were registered by another delegation</i>		18			
<b>Documents</b>					
Official documents relayed between family members across borders/front lines		1			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		4,344	100	165	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		129			13
Detainees newly registered		114			12
Number of visits carried out		20			
Number of places of detention visited		17			
<b>Restoring family links</b>					
RCMs collected		12			
RCMs distributed		10			
Phone calls made to families to inform them of the whereabouts of a detained relative		465			
Detainees released and transferred/repatriated by/via the ICRC		14			
People to whom a detention attestation was issued		1			

\*Unaccompanied minors/separated children



MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	178,725	26%	54%
	<i>of whom IDPs</i>	94,626		
Essential household items	Beneficiaries	109,774	25%	54%
	<i>of whom IDPs</i>	86,583		
Productive inputs	Beneficiaries	6,090	25%	53%
Cash	Beneficiaries	37,261	24%	46%
	<i>of whom IDPs</i>	16,671		
Services and training	Beneficiaries	327	25%	53%
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	2,543,867	29%	42%
<b>Health</b>				
Health centres supported	Structures	22		
Average catchment population		270,204		
Consultations	Patients	194,251		
	<i>of which curative</i>		54,462	84,369
	<i>of which ante/post-natal</i>		6,608	
Immunizations	Doses	32,881		
Referrals to a second level of care	Patients	855		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	1,053		
Cash	Beneficiaries	3		
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	2,500		
<b>Health</b>				
Number of visits carried out by health staff		2		
Number of places of detention visited by health staff		2		
Number of health facilities supported in places of detention visited by health staff		1		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	66		
	<i>of which provided data</i>	37		
Patients whose hospital treatment has been paid for by the ICRC	Patients	71		
Admissions	Patients	48,083	6,982	3,958
	<i>of which weapon-wounded</i>	28,565	216	247
	<i>(including by mines or explosive remnants of war)</i>	812		
	<i>of which other surgical cases</i>	9,674		
	<i>of which internal medicine and paediatric cases</i>	6,294		
	<i>of which gynaecological/obstetric cases</i>	3,550		
Operations performed		16,600		
Outpatient consultations	Patients	177,056		
	<i>of which surgical</i>	15,246		
	<i>of which internal medicine and paediatric</i>	153,509		
	<i>of which gynaecological/obstetric</i>	8,301		
<b>Physical rehabilitation</b>				
Projects supported	Structures	4		
Patients receiving services	Patients	67,423	17,735	27,958
New patients fitted with prostheses	Patients	452	95	144
Prostheses delivered	Units	694	162	231
New patients fitted with orthoses	Patients	8,449	2,058	3,704
Orthoses delivered	Units	19,328	4,851	8,660
	<i>of which for victims of mines or explosive remnants of war</i>	1		
Patients receiving physiotherapy	Patients	28,889	7,436	13,328
Crutches delivered	Units	1,359		
Wheelchairs delivered	Units	425		