

YEMEN



ICRC delegation ICRC sub-delegation ICRC-supported prosthetic/orthotic centre

KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ as access constraints and surges in violence saw the ICRC reconsider its planned activities, thousands more people than had been targeted benefited from emergency relief, while fewer received livelihood support
- ▶ despite year-round dialogue with the authorities aimed at gaining comprehensive access to detainees, no progress was made in securing the agreement proposed by the ICRC
- ▶ networking with authorities, weapon bearers, tribal/religious leaders and beneficiary communities created space for humanitarian action in previously inaccessible areas, Al-Jawf and Mareb
- ▶ with the ICRC acting as a neutral intermediary, government forces and Al-Hirak exchanged custody of 21 people, while families/community representatives received the remains of some of those killed during fighting
- ▶ health staff, Yemen Red Crescent Society personnel, weapon bearers and other people honed their first-aid skills, increasing the likelihood of wounded people receiving life-saving care
- ▶ twenty-two hospitals across the country received ad hoc ICRC support, consisting of dressing material and kits to treat the weapon wounded, helping these facilities manage patient influxes

EXPENDITURE (in KCHF)	
Protection	2,716
Assistance	19,685
Prevention	2,429
Cooperation with National Societies	625
General	-
	25,456

of which: Overheads 1,554

IMPLEMENTATION RATE	
Expenditure/yearly budget	98%

PERSONNEL	
Mobile staff	44
Resident staff (daily workers not included)	212

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
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	3,944
RCMs distributed	2,495
Phone calls facilitated between family members	281
People located (tracing cases closed positively)	82
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	8,630
Detainees visited and monitored individually	67
Number of visits carried out	35
Number of places of detention visited	18
Restoring family links	
RCMs collected	4
RCMs distributed	2
Phone calls made to families to inform them of the whereabouts of a detained relative	34

ASSISTANCE	2014 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 21,000	51,078
Essential household items	Beneficiaries 21,000	50,304
Productive inputs	Beneficiaries 260,400	90,018
Cash	Beneficiaries 25,900	13,371
Vouchers	Beneficiaries 35,217	
Water and habitat activities	Beneficiaries 786,500	1,141,227
Health		
Health centres supported	Structures 15	11
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 1	22
Water and habitat		
Water and habitat activities	Number of beds 30	319
Physical rehabilitation		
Centres supported	Structures 4	4
Patients receiving services	Patients 45,000	65,131

CONTEXT

Yemen continued to be besieged by multiple armed conflicts and other situations of violence, with the insecurity escalating in many parts of the country and between different groups, as in the case of the Houthis and the Al-Qaeda in the Arab Peninsula (AQAP). After months of intense fighting in Dammaj, Sa'ada, the Houthis and Salafi supporters reached a tenuous ceasefire in January; however, clashes persisted intermittently. In the south, Ansar al-Sharia (AaS) and AQAP carried out targeted killings, and US-backed air strikes against the two groups continued. Security/military forces were involved in the fighting throughout the country.

The country's political situation, likewise, remained precarious. The parliament approved a new cabinet in December, after the president dismissed the government in September following Houthi-led protests over the removal of oil subsidies, among other issues. The Houthis also expanded their control over several areas, including Sana'a, the country's capital.

The lack of basic goods and services such as water and electricity, as well as the alleged mismanagement of national resources, continued to cause protests countrywide.

ICRC ACTION AND RESULTS

Amidst shifting conflict dynamics and insecurity in Yemen, the ICRC reminded all actors with bearing on the conflicts/unrest or holding influence within the community to abide by their obligations under IHL and/or to heed humanitarian norms. It emphasized the need to protect civilians, particularly humanitarian workers, health/medical personnel and those seeking medical care. In tandem with these efforts, it increased its public and targeted communication initiatives so as to foster awareness of its mandate and to gain acceptance for its activities.

Taking account of the prevailing situation, access difficulties and restrictions on its work, the ICRC redirected some of its efforts. For instance, while security threats necessitated the closure of the Amran sub-delegation, the organization stepped up its emergency operations in response to a surge in violence in mid-2014. It provided tens of thousands of people – over twice the number initially planned – with food rations and household items, and trucked in water for several hundred people in Amran.

The organization also sought to increase the likelihood that people wounded during emergencies would receive immediate first aid; to this end, it worked with Yemen Red Crescent Society branches to provide training and some first-aid material to hundreds of weapon bearers, health staff, National Society personnel and other volunteers. ICRC negotiations with all parties involved enabled several people injured during fighting in Dammaj to be evacuated to Sana'a, where they received urgent medical treatment. Hospitals in violence-stricken areas received ad hoc support for managing patient influxes and treating the weapon-wounded.

Whenever possible, the ICRC strove to aid communities to recover from the consequences of violence. Struggling households – albeit fewer than intended – received various forms of livelihood support (cash grants, cash-for-work projects, agricultural inputs, improved veterinary services) that helped them broaden their sources of income.

Improvements to water storage/distribution facilities were made in partnership with local water boards, to foster community

ownership of the projects. Over a million people, mostly in urban areas, acquired access to water through these projects. Regular provision of drugs and equipment for primary-health-care centres and training for their staff, as well as support for immunization campaigns, helped raise the quality of preventive/curative care; women and children notably stood to benefit from these initiatives, with health staff undergoing dedicated training on reproductive health care.

Hospital services in and around Abyan were buttressed by the regular donation of medical supplies to Al-Razi hospital and by on-site training for its staff.

At four ICRC-supported physical rehabilitation centres, people with disabilities, including conflict amputees, continued to have access to suitable treatment, physical rehabilitation and assistive devices.

Despite the ICRC pursuing comprehensive access to detainees in the country, its proposed framework agreement remained at a standstill. Nonetheless, it managed to visit, in line with its standard procedures, thousands of detainees under the authority of the Ministry of Interior and, on an ad hoc basis, some people held by armed groups. It provided these actors with confidential feedback, aimed at helping improve the detainees' treatment and living conditions. At the same time, it engaged with the authorities on the need to improve the health care available to detainees.

ICRC family-links services helped separated family members – including refugees, asylum seekers and people with relatives detained abroad – to stay in touch; tracing services enabled others to learn the fate of their missing relatives. With the ICRC acting as a neutral intermediary, the remains of some people who died during the fighting in Dammaj were turned over to their relatives or community representatives.

The National Society received support for responding to some emergencies, particularly with regard to administering first aid during violence/conflict.

CIVILIANS

The ICRC strove to develop its dialogue with the various authorities and weapon bearers and other actors of influence across the country, to remind them of their obligation to protect civilians and allow humanitarian workers safe access to vulnerable groups/people. It backed up its dialogue with documented and reported cases of violations collected on the basis of its monitoring of the situation; thus, oral and written interventions focused on the conduct of hostilities, arrest and detention, human remains management, and the issues covered by the Health Care in Danger project, as well as on the importance of humanitarian action (see *Actors of influence*).

However, as the dynamics of the violence continued to shift and security concerns and other restrictions hampered the ICRC's implementation of its activities, many projects had to be delayed, reduced in scale or adapted to address the most urgent needs. In particular, there were fewer beneficiaries of livelihood support activities than had been targeted, while emergency relief distributions were stepped up.

IDPs, residents weather hardship through distributions of food and household items

Tens of thousands of vulnerable people, IDPs among them, received emergency relief, enabling them to meet their basic needs. Over

7,200 households (51,100 people) supplemented their diet with ICRC food rations; donated household items helped some 7,100 households (50,300 people) – many of which had also received food – to cope with the harsh conditions. Among these beneficiaries were 20,265 people who received both food and essential items in Al Jawf and Mareb, areas that had been inaccessible to the ICRC for several years.

In July, around 450 people in Amran relied on ICRC water trucking for their daily consumption.

Vulnerable households work to recover their livelihoods

Some 14,800 households (103,400 people) took part in livelihood support activities, helping them pursue some measure of self-sufficiency. They benefited from various forms of ICRC assistance: agricultural inputs, improved veterinary services for their livestock, rehabilitated community infrastructure and cash grants. Notably, in Sa'ada, 5,964 livestock owners (with a total of 35,810 dependents) had their animals vaccinated during a campaign run with the Ministry of Agriculture and Irrigation, which resulted in healthier and more productive herds. More than 1,800 people earned extra income (benefiting a total of 12,700 household members) by participating in community-improvement projects, such as cleaning wells in Sa'ada and irrigation canals in Abyan. Some 90 households headed by people with disabilities (in all, 630 people) received cash grants for income-generating activities.

Health staff receive training in mother-and-child care

On average, an estimated 220,000 people had access to affordable health care at 11 ICRC-supported primary health centres: six in Sa'ada, two in Abyan and one each in Amran, Al Dale and Sana'a. Regular provision and monitoring of supplies and drugs, on-the-job training for staff and, when necessary, donations of furniture helped these centres ensure the quality of their services.

Women and children, in particular, benefited from this assistance – 29,000 consultations were carried out for children under the age of five, and some 10,000 ante/post-natal sessions for women. More than 950 home delivery kits were distributed, which helped to reduce the dangers of giving birth at home; 450 mosquito nets were given to pregnant women at risk of malaria. Having learnt more about reproductive health at training sessions organized in cooperation with an international partner, 28 midwives helped boost the long-term availability of care for pregnant women in the south and in Sana'a. Vaccinations conducted through the centres benefited mainly children; in all, some 118,000 polio and 42,000 measles vaccines were administered to children under the age of five. An immunization campaign against measles was conducted in Amran, for which the ICRC provided logistical support.

Thousands of people were served by continued health services at eight centres and three rural hospitals, owing to rehabilitation work carried out by the ICRC.

In tandem with better health care services, over 1,093,000 people in urban areas and 46,400 in one rural community had access to clean and safe water, as a result of the joint efforts of local water authorities and the ICRC to improve water supply/distribution infrastructure. Such cooperation created space to remind the authorities of the need to regularly maintain existing infrastructure.

Families make video calls to relatives detained abroad

Refugees and asylum seekers and other migrants contacted relatives throughout Yemen or elsewhere via RCMs and phone calls. Yemeni residents with relatives detained/interned abroad, including Afghanistan and the US internment facility at Guantanamo Bay Naval Station in Cuba, used these services; those with relatives in the latter facility made particular use of phone/video calls. Families also sent food parcels to their detained relatives. One former Guantanamo Bay internee received ad hoc medical assistance after his release; the ICRC monitored the situation of two other repatriated former internees.

Families approached the ICRC for help in locating missing relatives, including those allegedly arrested but whose whereabouts remained unknown (see *People deprived of their freedom*); 82 cases were resolved. During the fighting in Dammaj, the remains of 37 people were handed over to their relatives or community representatives.

With a view to sparing families the anguish of relatives going missing in the future, the authorities and some weapon bearers were briefed on the importance of proper human remains management and given 600 body bags. Three local interlocutors attended an ICRC forensics course abroad (see *Iran, Islamic Republic of*).

PEOPLE DEPRIVED OF THEIR FREEDOM

Regular access to detainees still elusive to the ICRC

Despite year-round dialogue aimed at securing comprehensive access to all detainees, the ICRC's proposed framework agreement made no further progress since its preliminary approval by the government in September 2013. Nonetheless, the ICRC visited – in line with its standard procedures – over 8,600 detainees held under the responsibility of the Interior Ministry, and monitored their treatment and living conditions; afterwards, it reported its findings confidentially to the authorities concerned. Similarly, 20 people held by armed groups in northern and southern Yemen received ICRC visits; such people, however, remained accessible only on occasions where the detaining actors recognized the ICRC's distinct mandate.

As applicable, the detaining authorities/bodies were also reminded of their obligation to respect judicial guarantees and to ensure that those held in their custody were able to maintain contact with their families. In particular, instances of alleged arrest/detention were raised with the parties concerned, leading to the clarification of the fates of some people (see *Civilians*).

With the ICRC acting as a neutral intermediary, government forces and the Al-Hirak movement exchanged 21 people in their custody.

Detainees stand to gain improved access to health care services

Whenever possible, detaining authorities were engaged in discussions on detainees' access to health care. Notably, prison directors and health staff learnt more about health in detention at various seminars, and at a regional course that covered medical ethics (see *Jordan*).

Health posts were constructed at four remand prisons in Sana'a; the prison staff also received technical advice and donations of anti-scabies supplies.

Over 960 people, including migrants awaiting deportation at a centre in Sana'a, and detainees at prisons in Ibb, Sa'ada and Taiz, had improved water access and sanitation conditions after additional washrooms were built. Mothers and children also benefited from the construction of a playground at the deportation centre. Food distributions were no longer conducted, as another actor assumed responsibility for doing so.

At the Ibb and Taiz prisons, 300 detainees benefited from the donation of mattresses and, in many cases, blankets and hygiene items.

WOUNDED AND SICK

As people continued to face obstacles in accessing first aid and higher-level medical care during the violence, dialogue with the authorities, weapon bearers and the health/medical community emphasized the importance of ensuring safe health-care delivery (see *Actors of influence*). During fighting in Dammaj, 35 injured people were evacuated to Sana'a, where they received urgent medical treatment; this was made possible by ICRC negotiations with all the parties involved and by their acceptance of the organization's role as a neutral intermediary.

Trained and equipped first-aiders increase availability of life-saving treatment

Wounded and sick people were likelier to receive emergency treatment in a timely manner, following National Society/ICRC training sessions for over 100 health personnel and 300 combatants. Owing to the surge in violence during the second half of the year, first-aid training sessions were intensified. Potential first-responders also received first-aid supplies, such as dressing kits and stretchers.

Comprehensive support for Al-Razi hospital helps improve higher-level care

People in need of advanced hospital services benefited from regular donations of medical equipment/drugs to Al-Razi hospital, on-the-job training for its staff, and maintenance work on the building. Moreover, 45 staff members honed their emergency room management capacities at a thirty-week training programme developed by the ICRC and a local institute.

Twenty-two hospitals around the country coped with patient influxes during bouts of violence, with the help of donations of dressing material and treatment kits for the weapon wounded.

Disabled persons improve mobility after treatment

More than 65,000 disabled persons, including conflict amputees, received quality treatment, physical rehabilitation and other services at the four ICRC-supported physical rehabilitation centres in Aden, Mukalla, Sana'a and Taiz. Patients also received mobility devices or had old ones repaired. A local group promoting sports for people with disabilities received 15 specially-adapted wheelchairs.

Fifteen Yemeni technicians continued to build their skills at a specialist school in India, while others at the Aden and Taiz centres reinforced their capacities through ICRC on-site coaching. A teaching institute in Sana'a also underwent a structural upgrade, enabling it to offer an additional course in 2015.

Patients at the Aden and Taiz physical rehabilitation centres benefited from consistent service delivery, thanks to the continued rehabilitation/maintenance work at both facilities. Plans to set up a centre in Sa'ada faced delays; however, an agreement signed by the Health Ministry and the Yemeni authorities signalled some progress in this regard.

ACTORS OF INFLUENCE

Contact with community leaders facilitates humanitarian assistance

In view of the volatile security situation and government set-up, the ICRC kept up efforts to engage with the authorities and the *de facto* authorities, armed forces and other weapon bearers, and key civil society figures, in a bid to secure respect for and access to violence-affected groups or people. Over 100 religious leaders from across central and south Yemen gathered in Aden and Sana'a to discuss the links between Islam and IHL. Around 60 military officers from Aden learnt about the use of the emblems and the ICRC's activities and its neutral approach, as well as some key components of IHL and international norms on law enforcement. These efforts were complemented by communication initiatives targeting the

	YEMEN	ARMED GROUPS
ICRC visits		
Detainees visited	8,610	20
	<i>of whom women</i>	213
	<i>of whom minors</i>	249
Detainees visited and monitored individually	48	19
	<i>of whom women</i>	3
	<i>of whom girls</i>	1
	<i>of whom boys</i>	1
Detainees newly registered	41	19
	<i>of whom women</i>	3
	<i>of whom girls</i>	1
	<i>of whom boys</i>	1
Number of visits carried out	32	3
Number of places of detention visited	16	2
Restoring family links		
RCMs collected	4	
RCMs distributed	2	
Phone calls made to families to inform them of the whereabouts of a detained relative	34	
Detainees released and transferred/repatriated by/via the ICRC	21	
People to whom a detention attestation was issued	1	

wider public – potential beneficiaries learnt about ICRC activities through increased online/broadcast media coverage, including audio-visual material detailing various religious/tribal leaders' experiences with the ICRC.

On several occasions (see above), such contact directly led to the ICRC being able to conduct its activities. At the organization's encouragement, the country's officials convened at a national round-table to discuss measures to address health-care security; this followed up on a similar session in Sana'a during the first part of the year.

Activities to promote IHL implementation encounter difficulties

Efforts to disseminate and implement IHL ran aground because of the prevailing situation. Nonetheless, senior officers took part in an advanced course in San Remo. Reference documents and other materials, including ICRC-produced articles published in the armed forces' monthly magazine, gave military officials the opportunity to increase their knowledge of IHL.

Judges become more adept at teaching IHL

A number of government officials also participated in regional and national IHL sessions. Notably, Yemeni officials contributed to the discussions at a course for Arab government experts (see *Algeria*),

and seven persons affiliated with political parties, Islamic groups or the academe attended a regional course on IHL and international human rights law (see *Egypt*).

At a workshop for trainers, 11 judges, who also taught at the judicial institute, strengthened their ability to instruct others in IHL. Elsewhere, students at several law and journalism faculties took part in talks and round-tables on IHL.

RED CROSS AND RED CRESCENT MOVEMENT

Yemeni Red Crescent branches continued to respond to some emergencies in parts of the country, particularly by administering first aid to the wounded, transferring the seriously injured to hospital, training future first-responders, and contributing to proper human remains management – activities for which they received some support from the ICRC, in line with an emergency response agreement between the two organizations.

Amidst security and procedural concerns, Movement components met regularly to coordinate activities and promote adherence to the Fundamental Principles. However, the ICRC and the National Society were unable to conclude a broader partnership framework agreement for 2014.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SCs*		
RCMs collected		3,944			
RCMs distributed		2,495			
Phone calls facilitated between family members		281			
Reunifications, transfers and repatriations					
People transferred/repatriated		35			
Human remains transferred/repatriated		37			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		156	36	24	17
	<i>including people for whom tracing requests were registered by another delegation</i>	9			
People located (tracing cases closed positively)		82			
	<i>including people for whom tracing requests were registered by another delegation</i>	11			
Tracing cases still being handled at the end of the reporting period (people)		187	40	20	11
	<i>including people for whom tracing requests were registered by another delegation</i>	13			
Documents					
People to whom travel documents were issued		198			
Official documents relayed between family members across borders/front lines		1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		8,630	213	249	
			Women	Girls	Boys
Detainees visited and monitored individually		67	3	1	1
Detainees newly registered		60	3	1	1
Number of visits carried out		35			
Number of places of detention visited		18			
Restoring family links					
RCMs collected		4			
RCMs distributed		2			
Phone calls made to families to inform them of the whereabouts of a detained relative		34			
Detainees released and transferred/repatriated by/via the ICRC		21			
People to whom a detention attestation was issued		1			

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children	
CIVILIANS (residents, IDPs, returnees, etc.)					
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)					
Food commodities		Beneficiaries	51,078	26%	52%
	<i>of whom IDPs</i>	Beneficiaries	40,003		
Essential household items		Beneficiaries	50,304	27%	52%
	<i>of whom IDPs</i>	Beneficiaries	45,248		
Productive inputs		Beneficiaries	90,018	26%	55%
Cash		Beneficiaries	13,371	25%	55%
Water and habitat activities		Beneficiaries	1,141,227	29%	42%
	<i>of whom IDPs</i>	Beneficiaries	1,370		
Health					
Health centres supported		Structures	11		
Average catchment population			219,828		
Consultations		Patients	152,918		
	<i>of which curative</i>	Patients		43,382	61,794
	<i>of which ante/post-natal</i>	Patients		10,372	
Immunizations		Doses	196,881		
	<i>of which for children aged five or under</i>	Doses	196,073		
Referrals to a second level of care		Patients	474		
Health education		Sessions	121		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
Economic security, water and habitat (in some cases provided within a protection programme)					
Essential household items		Beneficiaries	300		
Water and habitat activities		Beneficiaries	963		
Health					
Number of visits carried out by health staff			10		
Number of places of detention visited by health staff			9		
WOUNDED AND SICK					
Hospitals					
Hospitals supported		Structures	22		
	<i>of which provided data</i>	Structures	13		
Admissions		Patients	3,779	800	906
	<i>of whom weapon-wounded</i>	Patients	1,290	32	104
	<i>(including by mines or explosive remnants of war)</i>	Patients	5		
	<i>of whom other surgical cases</i>	Patients	1,463		
	<i>of whom medical cases</i>	Patients	686		
	<i>of whom gynaecological/obstetric cases</i>	Patients	340		
Operations performed			1,768		
Outpatient consultations		Patients	4,452		
	<i>of which surgical</i>	Patients	530		
	<i>of which medical</i>	Patients	2,947		
	<i>of which gynaecological/obstetric</i>	Patients	975		
First aid					
First-aid posts supported		Structures	17		
Water and habitat					
Water and habitat activities		Number of beds	319		
Physical rehabilitation					
Centres supported		Structures	4		
Patients receiving services		Patients	65,131	16,666	27,401
New patients fitted with prostheses		Patients	514	112	154
Prostheses delivered		Units	826	187	261
	<i>of which for victims of mines or explosive remnants of war</i>	Units	57		
New patients fitted with orthoses		Patients	8,677	2,140	3,825
Orthoses delivered		Units	20,839	5,141	9,346
	<i>of which for victims of mines or explosive remnants of war</i>	Units	1		
Patients receiving physiotherapy		Patients	33,236	8,190	15,963
Crutches delivered		Units	1,882		
Wheelchairs delivered		Units	348		