



ICRCAR, 2016
 ICRC delegation ICRC sub-delegation ICRC mission ICRC-supported physical rehabilitation project
 ICRC regional logistics centre *Map shows structures supporting ICRC operations in Yemen

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Through confidential, bilateral discussions, the ICRC urged parties to the conflict to respect IHL, especially the provisions protecting civilians – including those seeking or providing medical care – during hostilities.
- ▶ Humanitarian space was still limited, and violence, widespread, but the ICRC slowly redeployed mobile staff in some areas after an employee who had been abducted in 2015 was released and certain actors renewed security guarantees.
- ▶ Conflict-affected people met some of their needs after the ICRC repaired or installed water facilities, and distributed food and household essentials; the organization reached more people than planned, as it gained access to some areas.
- ▶ The ICRC resumed livelihood-support projects that it had put on hold in 2015: agricultural households were thus able to maintain herds with ICRC-supported veterinary services or grow crops with ICRC-donated seed and tools.
- ▶ Weapon-wounded and other patients were treated at ICRC-backed facilities; these included a hospital in Aden, where an ICRC-supported surgical team was stationed, and a newly reopened physical rehabilitation centre in Taiz.
- ▶ The ICRC visited detainees held by government authorities, including migrants, to monitor their well-being; visits to security detainees at the Amran central prison, who had been inaccessible since August 2015, resumed.

EXPENDITURE IN KCHF

Protection	5,062
Assistance	35,170
Prevention	3,608
Cooperation with National Societies	1,889
General	192
Total	45,920
<i>Of which: Overheads</i>	<i>2,787</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	52
Resident staff (daily workers not included)	249

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 migrants 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 RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION

	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	3,648
RCMs distributed	3,320
Phone calls facilitated between family members	114
Tracing cases closed positively (subject located or fate established)	314
People reunited with their families	2
<i>of whom unaccompanied minors/separated children</i>	<i>2</i>
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	5,890
Number of visits carried out	8
Number of places of detention visited	6
Restoring family links	
Phone calls made to families to inform them of the whereabouts of a detained relative	5

ASSISTANCE		2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	105,000	274,108
Essential household items	Beneficiaries	70,000	120,960
Productive inputs ¹	Beneficiaries	455,000	219,765
Cash	Beneficiaries	43,400	56,812
Services and training ¹	Beneficiaries		20
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	2,258,420	3,388,943
Health			
Health centres supported	Structures	21	21
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	10	72
Water and habitat			
Water and habitat activities	Number of beds	285	1,345
Physical rehabilitation			
Projects supported	Projects	5	4
Patients receiving services	Patients	65,000	73,599

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

Armed conflicts and other situations of violence – characterized by heavy fighting, shelling and air strikes – persisted throughout Yemen, notably in Sa'ada, Sana'a and Taiz. Hostilities between a Saudi Arabia-led military coalition and the Houthis, which began in March 2015, continued despite UN-mediated ceasefire agreements. The Al-Qaeda in the Arab Peninsula and other armed groups were active in different parts of the country. The structure of the government remained fragmented and unclear.

The violence reportedly caused thousands of civilian casualties and displaced millions. Damage to public infrastructure and restrictions on the movement of goods and people made it difficult for both IDPs and residents to obtain basic commodities and services.

Few humanitarian organizations were active in Yemen, owing to the insecurity. Health-care facilities, such as those supported by Médecins Sans Frontières, and offices of humanitarian organizations were directly attacked. Between March 2015 and the time of writing, seven Yemen Red Crescent Society volunteers and two ICRC staff members were killed while carrying out their duties. The ICRC staff member abducted in December 2015 was released in October 2016.

Despite the situation, migrants passed through the country to Saudi Arabia and elsewhere. Many were reportedly arrested upon reaching Yemen; this contributed to overcrowding in places of detention.

ICRC ACTION AND RESULTS

The ICRC's Yemen delegation maintained its efforts to address the humanitarian needs of conflict-affected people in Yemen, with the support of a logistics base in Oman (see *Kuwait*) and an office in Djibouti (see *Nairobi*). Given the limited space for humanitarian action and the widespread violence, including incidents involving ICRC staff (see *Context*), it continued to adjust its operational approach, balancing the urgency of people's needs against its duty to protect its personnel. For instance, mobile staff were initially relocated to the Sana'a delegation or the Djibouti support office, but were gradually redeployed to subdelegations after the release of the abducted ICRC employee, and after various actors renewed security guarantees. Amid these challenges, the ICRC reached more people than planned with its economic-security and water-and-habitat initiatives, as it gained access to some areas; however, other projects – particularly initiatives to mitigate weapon contamination and support to the authorities for constructing a school for physical rehabilitation professionals – were postponed because of the insecurity.

Through confidential, bilateral discussions, the ICRC urged the parties to the conflict to respect IHL, especially the provisions regulating the conduct of hostilities and protecting civilians, including those seeking or providing medical care. It pursued dialogue with actors in Yemen and elsewhere, urging them to address humanitarian needs in the country and seeking their support for ICRC operations. These discussions enabled the ICRC to obtain security guarantees from various actors, which allowed the National Society and other first-responders to recover and transfer human remains.

Weapon bearers and health staff learnt more about the goals of the Health Care in Danger project through dissemination

sessions, at times conducted alongside first-aid courses. People obtained medical care at clinics and hospitals that the ICRC provided with equipment, supplies, and support for repairing their facilities; the ICRC also supported a surgical team at the Al-Mansoura hospital in Aden. People with disabilities accessed physical rehabilitation services at ICRC-backed centres, including one in Taiz, which reopened in May. The ICRC began constructing a centre in Sa'ada.

The ICRC continued to help conflict-affected people meet their needs. It worked with local authorities to improve access to water for over 3.3 million people, including thousands trapped in a besieged area in Taiz. Thousands received food, household essentials and cash grants; some households earned money through cash-for-work projects – renovation of markets and other public facilities, for instance. Farming households maintained their herds with the help of ICRC-supported veterinary services or grew crops with ICRC-donated seed and tools, as the ICRC resumed livelihood-support projects that it had suspended in 2015.

Through dialogue with various actors, the ICRC sought access to all detainees. It visited people in government custody, including migrants, to monitor their treatment and living conditions, and conveyed its findings and recommendations confidentially to the authorities concerned. Visits to security detainees at the Amran central prison – to which the ICRC last had access in August 2015 – resumed. Donations of essential items and medical supplies helped to ease the conditions of detainees, including those held by an armed group, and to prevent disease outbreaks.

Families dispersed by conflict, migration or detention reconnected through the Movement's family-links services; some of them learnt their missing relatives' fate via the ICRC.

The National Society coordinated its activities with the ICRC and other Movement partners. It drew on the ICRC's support to bolster its capacity to respond to emergencies and to promote neutral, impartial and independent humanitarian action.

CIVILIANS

The ICRC pursued bilateral, confidential dialogue with different authorities and weapon bearers to remind them to respect IHL – particularly the provisions protecting civilians during hostilities, including those seeking or providing medical care – and other norms; it paid special attention to the situation of migrants, who were referred to IOM and UNHCR for assistance, where possible. Such dialogue included oral and written representations – for instance, on how hostilities in densely populated areas affected civilians and their access to essential goods and services – based on documented allegations of IHL violations. The ICRC also monitored the use of remotely piloted aircraft, with a view to sharing its findings with the authorities concerned.

Through the above-mentioned efforts, the ICRC obtained security guarantees from various parties, which enabled it and the National Society to conduct or facilitate humanitarian activities, such as the recovery of human remains (see below).

Amid operational challenges, the ICRC sustained its activities to assist vulnerable people; it reached more people than planned with its economic-security and water-and-habitat initiatives, as it gained access to some areas. Other projects, however, were postponed because of the insecurity.

People in a besieged area in Taiz have a steady supply of potable water

In Aden, Sana'a and other urban areas, local water boards addressed water-supply interruptions using generator parts, fuel and other materials from the ICRC. People in a besieged area in Taiz had relied on distribution points supplied with water by the ICRC, until ICRC-donated generators for wells and water-purification supplies reached them in March, following negotiations with local authorities. People in rural areas regained access to water after the ICRC repaired their systems. In all, over 3.3 million people had access to water through the ICRC's initiatives.

Community health workers were trained by the ICRC to install solar-powered lights, which helped provide light for emergency workers at night.

Herders make use of free veterinary services to improve the health of their livestock

IDPs – including a few thousand people displaced by floods in April – and residents of conflict-affected communities met some of their needs with National Society and ICRC assistance: over 39,100 households (274,100 people) received food and some 17,200 households (120,900 people), blankets, kitchen sets, hygiene kits and other items. Over 8,100 households (56,800 people) bought food and other supplies with cash provided by the ICRC through distributions or cash-for-work projects, such as garbage collection and the renovation of markets and other public facilities – which also eased communities' living conditions.

The ICRC resumed livelihood projects that were suspended in 2015: over 27,500 households (193,100 people) had their livestock vaccinated and treated by the agriculture ministry and the ICRC, and some 3,800 farming households (26,800 people) grew crops with ICRC-donated seed and farming tools.

At ICRC-organized training courses, agriculture ministry and National Society staff bolstered their ability to assess and respond to people's economic needs.

Women and children have access to antenatal and immunization services

People in six governorates had access to primary-health-care services at 19 centres regularly supported by the ICRC with medicines and other supplies; two other centres began receiving such support in July and August, respectively. Staff received training to run pharmacies and manage childhood illnesses. These centres conducted some 368,800 consultations, of which 13,800 were antenatal; thousands of children were vaccinated by the health ministry, using ICRC-donated vaccines. Over 2,800 patients were referred to facilities providing higher-level health care.

The ICRC provided medical supplies for several other centres, including some near front lines, on an ad hoc basis; this helped them deal with mass casualties. It also repaired three centres damaged during the conflict.

Ex-detainees resettled in third countries receive family visits

Yemenis and migrants, including refugees, separated by conflict, migration or detention kept in touch via RCMs, phone calls and other family-links services provided by the ICRC, in coordination with the National Society, ICRC delegations elsewhere, and other organizations. A total of 27 family visits were organized for relatives of Yemeni ex-detainees resettled in third countries after

their release from the US internment facility at Guantanamo Bay Naval Station in Cuba.

Two minors formerly associated with armed groups rejoined their families, with help from the National Society and the ICRC. Migrant minors, including victims of sexual violence, were referred to the appropriate organizations for assistance. A total of 63 Somali refugees received ICRC travel documents that helped them resettle in a third country, with the help of IOM and/or UNHCR. The families of 314 missing people, including those allegedly arrested or detained, learnt their relatives' fate via the ICRC's tracing efforts.

National Society and ICRC volunteers promoted family-links services along the migration route and, at ICRC-organized workshops, discussed suggestions from beneficiaries and community leaders on ways to improve these services.

Security guarantees from relevant actors enable the recovery of human remains

In its capacity as a neutral intermediary, the ICRC obtained security guarantees from various actors, which allowed the National Society and other first responders to retrieve and/or transfer human remains from conflict-affected areas.

Authorities, weapon bearers and National Society personnel learnt more about managing human remains at ICRC-organized training sessions; they also received body bags and other supplies from the ICRC. Three hospitals set up mortuaries with ICRC support.

Yemeni mine-action authorities refine their standard operating procedures with ICRC support

Some activities to tackle weapon contamination were suspended. Nevertheless, pertinent organizations received technical support from the ICRC, through mine-risk education sessions and first-aid training for: doctors and nurses of the Yemen Executive Mine Action Centre (YEMAC), National Society staff, community leaders and others. YEMAC enhanced its technical capacities, notably in conducting mine-risk education sessions and developing its standard operating procedures, with the ICRC's backing.

PEOPLE DEPRIVED OF THEIR FREEDOM

Security detainees receive ICRC visits anew

Through dialogue with various detaining actors, the ICRC sought comprehensive access to all detainees. It visited, according to its standard procedures, 5,890 people in government custody, to monitor their well-being, particularly their access to health care. These people included security detainees at the Amran central prison, whom the ICRC last had access to in August 2015, and migrants.

Based on these visits, it provided confidential feedback and recommendations regarding: ensuring respect for judicial guarantees; facilitating contact between detainees and their families; easing migrants' treatment and living conditions; and addressing overcrowding in prisons. The ICRC also continued discussions with pertinent organizations on strengthening efforts to address the needs of detained migrants. Owing to the insecurity, the ICRC was unable to sponsor prison health officials' attendance at a regional conference on medical ethics.

The ICRC followed up allegations of arrest, including of foreigners, with some detaining actors; the fate of 56 people was ascertained through the ICRC's efforts.

Thousands of detainees receive hygiene kits and other essential supplies

The ICRC gave mattresses, blankets, hygiene kits and other items to various detaining actors; this helped ease the living conditions of some 10,000 detainees, including those held by an armed group. People at three facilities benefited from ICRC-donated medical supplies, at times accompanied by hygiene promotion campaigns that helped prevent disease outbreaks. Inmates at the Amran central prison used ICRC-donated filters to purify their drinking water.

WOUNDED AND SICK

In its discussions with various actors (see *Civilians* and *Actors of influence*), the ICRC emphasized the protection afforded by IHL to people seeking or providing medical care. Weapon bearers and front-line health staff learnt about the goals of the Health Care in Danger project during ICRC dissemination sessions, at which the Yemen Red Crescent Society occasionally conducted first-aid training.

Al-Mansoura Hospital offers surgical services with comprehensive support from the ICRC

Wounded people continued to be treated by an ICRC-supported surgical team working at Al-Mansoura Hospital's emergency unit, which the ICRC helped set up in 2015. Some 3,000 people – over 2,200 of whom received surgical care – were admitted to the hospital, which also received medicines, funding for staff incentives and other support.

Six other hospitals were regularly given supplies and equipment for treating weapon-wounded patients. Some enhanced their intensive-care services using ICRC-donated ventilators, defibrillators and other equipment. Sixty-five other hospitals, especially in violence-affected areas, received medicines and equipment – such as insulin for patients with diabetes – on an ad hoc basis, often at the authorities' request. The ICRC also helped several damaged hospitals (total capacity: 1,345 beds) sustain their services by funding infrastructure projects, including repairs to electrical and water systems. In the 46 ICRC-supported hospitals that provided data, medical staff treated over 33,200 weapon-wounded patients and performed around 40,900 surgeries.

Nearly 60 surgeons from 13 governorates honed their skills at ICRC-organized weapon-wound surgery seminars in Sana'a and Djibouti.

Persons with disabilities receive services at a reopened physical rehabilitation centre in Taiz

Some 73,600 persons with disabilities obtained physical rehabilitation services at four ICRC-supported centres, including one in Taiz that reopened in May after being closed for months because of the violence. Over 10,400 of them were fitted with prostheses/orthoses; others received crutches or wheelchairs donated by the ICRC, including through a government-run organization. Three centres were provided with a monthly supply of fuel for their generators, which helped them avoid service interruptions. The ICRC began constructing a new centre in Sa'ada in late 2016.

To help improve the quality and availability of physical rehabilitation services in Yemen, 19 people received ICRC assistance in pursuing prosthetics, orthotics and wheelchair-technology courses in Yemen or overseas. They included staff from a local institute, which the ICRC provided with equipment for

physiotherapy training and guidance for its training programmes. The construction of a training school in Sana'a remained on hold.

Some 100 persons with disabilities were provided with cash grants for starting or resuming small-scale businesses. Local organizations were supported by the ICRC in promoting the social inclusion of persons with disabilities, such as through sports and commemorative events.

ACTORS OF INFLUENCE

The applicability and implementation of IHL remained a central theme of the ICRC's discussions with parties to the conflict in Yemen, who were regularly reminded of the provisions governing the conduct of hostilities (see *Civilians*). Weapon bearers learnt more about IHL at ICRC dissemination sessions, for example, at a workshop in Switzerland on international rules governing military operations (see *International law and policy*). More systematic dialogue and activities to promote IHL implementation were not pursued, however, owing to the prevailing security and political conditions.

Influential actors were urged to step up their efforts to help address humanitarian needs; regular interaction with them also led to the release of an ICRC staff member abducted in 2015 (see *Context*).

Dialogue with influential actors highlights the need for access and security guarantees for aid workers

The ICRC sought contact with local authorities, community leaders, armed groups, the media and civil society, with a view to broadening awareness of its mandate and activities and of the importance of neutral, impartial and independent humanitarian action. These efforts – which included 35 workshops and a visit from the ICRC's director of operations – served to foster acceptance for the ICRC's work, facilitate its access to vulnerable people, and help it overcome obstacles, such as difficulties in getting clearance for its activities. These matters were highlighted in updates posted on online platforms, through which messages on IHL, the goals of the Health Care in Danger project, and the overall humanitarian situation in Yemen were also relayed to the public.

As part of its community-engagement efforts, the ICRC regularly sought people's concerns and their feedback on its activities, to help the organization better understand their needs and tailor its response accordingly. This was done mainly through digital means, especially in areas that were difficult to reach, owing to the insecurity; face-to-face interaction with vulnerable communities continued, where possible.

Local and international media outlets drew on ICRC press releases, public statements, interviews, audiovisual productions and other communication materials to report on the situation in Yemen. Four round-tables were organized with local journalists, to emphasize the importance of covering the situation in the country.

Staff from 14 National Society branches strengthened their public communication capacities – particularly in promoting neutral, impartial and independent humanitarian approach – at ICRC-organized workshops.

RED CROSS AND RED CRESCENT MOVEMENT

The Yemeni Red Crescent and the ICRC continued to cooperate in addressing humanitarian needs in the country (see *Civilians* and *Wounded and sick*); they signed an agreement on this in April 2016. The National Society worked to enhance its capacity to respond to emergencies, through various forms of ICRC support for 18 of its branches. This included technical and financial assistance, and the donation of ambulances, first-aid training materials, body bags and information technology equipment.

Movement components in Yemen coordinated their activities through regular meetings and bilateral agreements.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact		UAMs/SC		
RCMs collected	3,648			
RCMs distributed	3,320			
Phone calls facilitated between family members	114			
Names published in the media	577			
Reunifications, transfers and repatriations				
People reunited with their families	2			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	425	27	15	54
<i>including people for whom tracing requests were registered by another delegation</i>	57			
Tracing cases closed positively (subject located or fate established)	314			
<i>including people for whom tracing requests were registered by another delegation</i>	35			
Tracing cases still being handled at the end of the reporting period (people)	854	52	23	101
<i>including people for whom tracing requests were registered by another delegation</i>	37			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	2			2
UAMs/SC reunited with their families by the ICRC/National Society	2			2
Documents				
People to whom travel documents were issued	63			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	5,890	3	43	
		Women	Girls	Boys
Number of visits carried out	8			
Number of places of detention visited	6			
RCMs and other means of family contact				
Phone calls made to families to inform them of the whereabouts of a detained relative	5			
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	274,108	69,812	148,724
	<i>of whom IDPs</i>	124,397	32,381	66,393
Essential household items	Beneficiaries	120,960	31,521	64,506
	<i>of whom IDPs</i>	72,104	19,306	37,635
Productive inputs ¹	Beneficiaries	219,765	54,943	120,870
Cash	Beneficiaries	56,812	13,570	28,917
	<i>of whom IDPs</i>	30,990	7,748	17,044
Services and training ¹	Beneficiaries	20	5	11
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,388,943	982,793	1,423,356
Health				
Health centres supported	Structures	21		
Average catchment population		408,841		
Consultations		368,796		
	<i>of which curative</i>	354,921	99,505	163,784
	<i>of which antenatal</i>	13,875		
Immunizations	Patients	90,044		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	58,017		
Referrals to a second level of care	Patients	2,828		
	<i>of whom gynaecological/obstetric cases</i>	439		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	10,000		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	460		14
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	72		
	<i>of which provided data</i>	46		
Admissions	Patients	92,211	23,416	15,057
	<i>of whom weapon-wounded</i>	33,230	485	524
	<i>(including by mines or explosive remnants of war)</i>	2,037	162	141
	<i>of whom surgical cases</i>	22,458	6,091	4,183
	<i>of whom internal medicine and paediatric cases</i>	25,861	6,310	10,218
	<i>of whom gynaecological/obstetric cases</i>	10,662	10,530	132
Operations performed		40,977		
Outpatient consultations	Patients	503,733	190,701	123,076
	<i>of whom surgical cases</i>	85,316	16,835	12,827
	<i>of whom internal medicine and paediatric cases</i>	366,521	123,240	108,979
	<i>of whom gynaecological/obstetric cases</i>	51,896	50,626	1,270
Water and habitat				
Water and habitat activities	Number of beds	1,345		
Physical rehabilitation				
Projects supported	Projects	4		
Patients receiving services	Patients	73,599	18,702	31,898
New patients fitted with prostheses	Patients	730	143	200
Prostheses delivered	Units	1,057	214	296
	<i>of which for victims of mines or explosive remnants of war</i>	234	8	14
New patients fitted with orthoses	Patients	9,699	2,376	4,189
Orthoses delivered	Units	21,108	5,207	9,473
	<i>of which for victims of mines or explosive remnants of war</i>	307	6	
Patients receiving physiotherapy	Patients	36,511	9,604	16,094
Walking aids delivered	Units	1,805	417	754
Wheelchairs or tricycles delivered	Units	622	156	269

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.