

DRIVERS OF YEMEN'S HUMANITARIAN CRISIS

May 2018

Introduction

Yemen's humanitarian crisis is widely recognised as the worst in the world. The ongoing violence has resulted in thousands of civilian fatalities, the largest cholera epidemic in modern history, an outbreak of diphtheria, dire and widespread hunger, near economic collapse and mass internal displacement. 22.2 million people now need some form of humanitarian assistance or protection, an increase of 3.4 million in the space of a year.

Since August 2016, public sectors salaries across all frontline ministries in Sana'a have been cut down, paid infrequently or stopped entirely, with drastic implications for dependents of this income and the provision of services across northern governorates. The internationally-recognised government of Yemen has ceased financial support for services in areas under the control of Ansar Allah (Houthi) authorities, while Ansar Allah authorities divert the overwhelming bulk of revenue towards the war effort. As an estimated 1.2 million public servants have not been paid their usual salary, their eight million dependents have been deprived of resources to cover their own living expenses and more than 20 million people have lost access to reliable, staffed public services like hospitals, schools, and water and sanitation facilities. Reduced income combined with a lack of access to basic services has propelled more and more people into aid dependency, and left aid agencies without sufficient access to bureaucratic functions required to support effective operations.

Ongoing restrictions and delays imposed by the Saudi-led coalition on the entry of essential goods into Yemen's Red Sea ports, as well as significant access and security challenges for aid agencies working in areas administered out of both Sana'a and Aden. In the former, Ansar Allah (Houthi) leadership structures are fragmented, subject to frequent changes in personnel and involve duplicate bodies that complicate administrative processes for humanitarian organisations. In the latter, a security vacuum created by weak leadership and governance has allowed the expansion of extremist groups whose presence threatens the security of aid workers and the communities they are trying to reach.

Sustained obstructions to the delivery of aid costs civilian lives. They create disproportionately high operational costs that reduce the amount of funding available for food, water, healthcare and other humanitarian services. They are also unquestionably a driver of greater need and suffering for conflict-affected populations across Yemen. Overcoming restrictions and barriers to providing humanitarian assistance is therefore essential.

However, aid itself is no more than a stopgap. Alone, no amount of humanitarian assistance can halt or reverse the crisis in Yemen. As fewer and fewer Yemenis are left with sufficient resources to access commercial markets, more are propelled into aid-dependency. Calls for improved humanitarian access carry little meaning without parallel efforts to address the factors driving Yemen's economic deterioration, and sustained pressure to bring about a solution to the conflict.

Recommendations

All actors must take appropriate measures to press for the full and sustained lifting of the blockade of Yemen's Red Sea ports and Sana'a International Airport. Member states must take a clear and vocal position condemning the on-going blockade (actual and *de facto*) and publicly warn against any future military attack on Hodeida port by the Saudi-led coalition. Member states engaged with the UN Verification and Inspection Mechanisms for Yemen should call for an end to lengthy duplicate inspections by Saudi-led coalition and ensure existing mechanisms are operating in good faith. Member states should address concerns expressed by parties to the conflict about insufficient security at Sana'a International Airport by facilitating a full security assessment and implementable plan for the airport's reopening. Finally, member states, particularly those with influence over parties to the conflict, should outline demands for all sea and air ports to remain fully and permanently open to both humanitarian and commercial cargo and passenger travel in a new UN Security Council resolution, which should also call for an immediate ceasefire and for all sides to protect civilians and facilitate the work of aid agencies.

All humanitarian donors should undertake regular visits to Yemen to support humanitarian efforts, as a step towards re-establishing a permanent in-country presence. Several successful donor visits to Yemen by the European Union, the Netherlands and others demonstrate that it is possible to safely visit Yemen and constructively support humanitarian operations independent of political goals. These visits should seek to engage with authorities at central and local levels to help humanitarian partners navigate challenges with humanitarian access as an urgent priority.

A key member state or body should be pressured to renew efforts to bring major donors together to invest in restoring critical public services in Yemen. The resumption of public sector salary payments is critical to preventing a further deterioration in Yemen's dire humanitarian situation. This task requires a 'champion' who recognises the absolute criticality of frontline public services to the survival of millions of people in Yemen and can galvanise support from members states, donors and relevant authorities in Yemen to utilise non-humanitarian funds for salaries and basic resources across the entire country. Salary payments to frontline health, water, sanitation and education workers should be prioritised.

Humanitarian financial assistance from several donors is essential and continues to save lives, but aid alone cannot solve Yemen's crisis. Despite generous aid contributions to the UN-led humanitarian appeal for Yemen, members states including the US, UK, France, Germany and Norway continue to derive greater profit from the sale of weapons than they offer to alleviate the grave impact of conflict on civilians. Member states must be pushed to suspend the sale of all arms, ammunition and related materials to Saudi Arabia and the UAE, pending the outcome of independent investigations into possible violations of International Humanitarian Law by the Saudi-led coalition, the full lifting of import restrictions into Yemen's Red Sea and air ports, and a declaration of a ceasefire as a step towards meaningful political negotiations without preconditions. Member States with influence over parties to the conflict and key donors should continue to use the political and economic means at their disposal to pressure Ansar Allah (Houthi) leadership to uphold its responsibilities, including protecting civilians and allowing unfettered humanitarian access to populations in needs.

Drivers of Yemen's Humanitarian Crisis

1. Commercial Blockade

Yemen is almost totally reliant on imported food, medicine and fuel. Up to 80 percent of imports have historically reached the country through the Red Sea ports of Hodeida, Yemen's main port, as well as Ras Isa and Saleef. The Saudi-led coalition imposed a full humanitarian and commercial blockade in November 2017. Sana'a International Airport has been officially closed to commercial flights since 9 August 2016. While several restrictions on accessing the seaports have been eased, the blockade continues to be among the most significant drivers of the humanitarian crisis.

Humanitarian Impact

In November 2017, when the Saudi-led coalition imposed its most severe restrictions on entry to Yemen's ports, the UN Verification and Inspection Mechanisms reported that 29 vessels carrying 492,000 MT of food and fuel were denied access to Yemen, driving the price of petrol and diesel up by 70 and 62 percent respectively within less than two weeks. On 20 November 2017, the Famine Early Warning System Network released an alert declaring that "famine (IPC Phase 5) [was] likely in Yemen if key ports remain[ed] closed" and warned that "thousands of deaths [c]ould occur each day due to the lack of food and disease outbreaks".¹ During the same week, the International Committee of the Red Cross (ICRC) released a statement detailing that water and sewage systems had shut down in three of Yemen's largest cities, leaving millions without access to safe water.² Yemen's food Security Cluster also reported that the value of the riyal had dropped a further 7.5 percent while the price of basic commodities shot up. The price of cooking gas, diesel and petrol, for example, increased by 18, 71 and 99 percent respectively,³ leaving a huge number of Yemenis without sufficient resources to cover the costs of food, water and transport.

Subsequent steps to ease the blockade have not been sufficient. Only 61 shipping vessels discharged at Red Sea ports during the first three months of 2018, represented 63.5 percent of the number that discharged at these ports during the three months prior to the blockade (96 vessels between August and October 2017). This has resulted in a reduction in the quantity of food reaching the ports to only 85 percent of estimated requirements (compared to 127 percent during the months prior to the blockade), while fuel decreased from 47 to just 32 percent of estimated requirements (see Annex 1 below).⁴

Hodeida Port

Hodeida port is Yemen's lifeline. In August 2015, the control towers of Hodeida port's main gantry cranes were bombed by the Saudi-led coalition, also destroying several cranes and damaging several warehouses. Four smaller replacement cranes have since been delivered, though these mobile cranes are not suitable for offloading cargo from large container ships.

¹ Famine Early Warning System Network (FEWSNET), Yemen Food Security Alert: Famine (IPC Phase 5) likely in Yemen if key ports remain closed, 20 November 2018:

http://www.fews.net/sites/default/files/documents/reports/FEWSpercent20NETpercent20Yemen_Alert_20171120.pdf

² International Committee of the Red Cross, Yemen: Border closure shuts down water, sewage, 17 November 2018. Available at: <https://www.icrc.org/en/document/yemen-border-closure-shuts-down-water-sewage-systems-raising-cholera-risk>

³ Yemen's Food Security Cluster (Cash and Markets Working Group. Email updates containing data available at: https://www.dropbox.com/sh/dqd5hmlufdwwm11/AADgxHbgNjLpVLtd6-EltF_a?dl=0

⁴ NRC's assessment of quantity received vs estimated requirements is based on a calculation of 75 percent of the Yemen's overall requirements, the latter having been set out by the Logistics Cluster as 350,000 MT of food per month and 544,000 MT of fuel per month. 75 percent of this is a reasonably conservative estimate of the proportion of imports that have traditionally come through Red Sea ports.

Any further military attacks or administrative disruptions to the operation of Hodeida port would be a catastrophe for Yemen's civilian population. Infrastructure elsewhere in Yemen cannot provide the same amount of the berthing space, fuel storage capacity, milling facilities or container storage as the country's Red Sea ports. At the same time, the security risks associated with transporting imports from alternative ports in the south of the country are very real, particularly for fuel, and require goods to move through areas under the control of different authorities and armed groups. Finally, the cost of moving large amounts of cargo to Sana'a from Hodeida is significantly lower than it is from alternative ports, where much greater distances, double taxation arrangements and/or other payments required to facilitate movement would compound already heavy import costs.

Sana'a International Airport

Prior to the conflict, 7,000 Yemenis were reportedly using commercial flights each year to access critical medical treatment abroad (predominantly in Cairo and Amman), as many facilities and procedures are not available in Yemen. The subsequent escalation of conflict and concurrent deterioration in health services is understood to have exponentially increased demand for medical treatment abroad. By December 2015, the UN reported that 20,000 Yemenis were unable to access critical medical treatment as a direct result of the ban on commercial flights from Sana'a. A year on from the airport's closure, the Ministry of Health in Sana'a reported that 10,000 Yemenis had died while awaiting access to commercial flights to undergo critical treatment abroad.⁵

Following the closure of Sana'a airport to commercial flights, many Yemenis need to travel between 20 and 24 hours by road to an airport in Seiyun, in Yemen's Hadramaut district. The journey is highly insecure, includes multiple checkpoints and involves crossing from Houthi-controlled areas to those administered by the internationally recognised government of Yemen.

UNVIM

In May 2016, the UN put in place an independent Verification and Inspection Mechanisms (UNVIM) to prevent any smuggling of weapons via Red Sea ports. However, the Saudi-led coalition continues to interfere with port processes and impose parallel inspections on vessels. The Coalition has repeatedly claimed that weapons are being smuggled through Red Sea ports, but has not provided any evidence that the UNVIM mechanism has been ineffective.

The establishment of duplicate inspection mechanisms significantly slows the importation of critical commodities, driving up costs for shipping agents, who in turn pass these costs on to importers and thereby Yemeni consumers. During March 2018, the average time taken for commercial ships to obtain clearance from the Saudi-led coalition was eleven days,⁶ estimated to cost each ship an average of between \$15,000 and \$40,000 per day.

2. The collapse of Public Services

The protracted non-payment of civil servants⁷ is a factor both driving overwhelming humanitarian need and preventing the response to it. 1.2 million public sector workers have seen their salaries stopped or seriously delayed and reduced since 2016. More than 1 million Yemenis have seen their welfare payments suspended. The diversion of funds away from public services has left

⁵ Norwegian Refugee Council, Yemen Airport Closure Killed More People than Airstrikes. 9 August 2018: <https://www.nrc.no/news/2017/august/yemen-airport-closure-killed-more-people-than-airstrikes/>

⁶ NRC analysis of UNVIM data.

⁷ Civil servants in areas under the administration of authorities in Sana'a stopped receiving their usual salary payments in August 2016. In the period since, some report receiving sporadic and/or reduced wages, and some none at all.

hospitals, schools, and water and sanitation facilities understaffed and under-resourced. This has severely eroded the capacity of public services to respond to the needs of the population and has contributed to pushing millions more people towards ever-greater aid dependency.

The same deterioration has occurred across government bureaucratic functions, including the Ministry of Planning and International Cooperation (MoPIC) in Sana'a. This has a direct impact on aid agencies because MoPIC is one of the agencies on which humanitarian organisations are most dependent for obtaining permits and project approvals.

3. Humanitarian Access Constraints

Insecurity

Ongoing violence in Yemen continues to severely hamper aid efforts across the country. Travelling is often difficult and risky. The most direct route between Sana'a and Aden (427 kilometres) currently takes about 12 hours to drive, passing through 74 checkpoints. While Yemeni humanitarian staff would previously travel this route, harassment at checkpoints in recent months means many agencies now require staff to travel out of Yemen to Djibouti when travelling from Aden to Sana'a or Sana'a to Aden. Owing to the limitations of UN flights and visa requirements within Djibouti, this process typically takes three days each way and is very costly.

In Aden and surrounding governorates, a growing security vacuum is leaving humanitarian organisations increasingly vulnerable to attacks. In December 2017, the US State Department reported that the Islamic State group had doubled its size in Yemen,⁸ and by the end of March this year, the group had claimed responsibility for four attacks in Aden, two of which killed 24 people. Al-Qaeda in the Arabian Peninsula have claimed responsibility for a further 43 fatalities in Yemen in 2018 so far.⁹ The reported targeted killing of an International Committee of the Red Cross (ICRC) staff member in April 2018 has further evidenced the risks to humanitarian workers operating in Yemen.¹⁰

In northern governorates of Yemen, humanitarian operations face risks resulting from Saudi-led coalition airstrikes. Aid workers who wish to travel to programme sites or transport humanitarian materials need to apply for 'deconfliction'. The offices and guesthouses of aid agencies are also meant to be 'deconflicted'. However, during an intensification of airstrikes in December 2017, several aid agencies reported airstrikes hitting in or near their premises, despite having previously shared their coordinates with the Saudi-led coalition. Humanitarian staff are also frequently harassed or detained at checkpoints, directed to surrender humanitarian materials to local authorities, threatened by authorities/armed groups who demand payments or 'monitoring' fees, and face baseless accusations by authorities of bias or corruption.

When violence in Yemen directly threatens aid workers, staff are often forced to relocate or restrict movements, negatively affecting humanitarian operations. For example, in December 2017, ground fighting forced more than 130 non-Yemeni aid workers to leave Sana'a.

Bureaucratic Hurdles

Humanitarian agencies are typically required to engage with between five and ten government agencies to carry out any given aid project. These authorities are often located across different

⁸Nichols, H. and Gain, M. Pentagon confirms U.S. ground operations in Yemen. NBC News: 21 December 2017: <https://www.nbcnews.com/politics/national-security/pentagon-confirms-u-s-ground-operations-yemen-n831616>

⁹ Terrorist Attacks 2018: <https://storymaps.esri.com/stories/terrorist-attacks/>

¹⁰ INGOs in Yemen, Humanitarian Organisations in Yemen Condemn Attacks and Call for Immediate Protection of Aid Workers. ReliefWeb. 22 April 2018: <https://reliefweb.int/report/yemen/humanitarian-organisations-yemen-condemn-attacks-and-call-immediate-protection-aid>

areas of armed control or serve duplicate functions in the same area. The authority and influence of each body differs from governorate to governorate, necessitating vastly different approaches for different projects/areas.

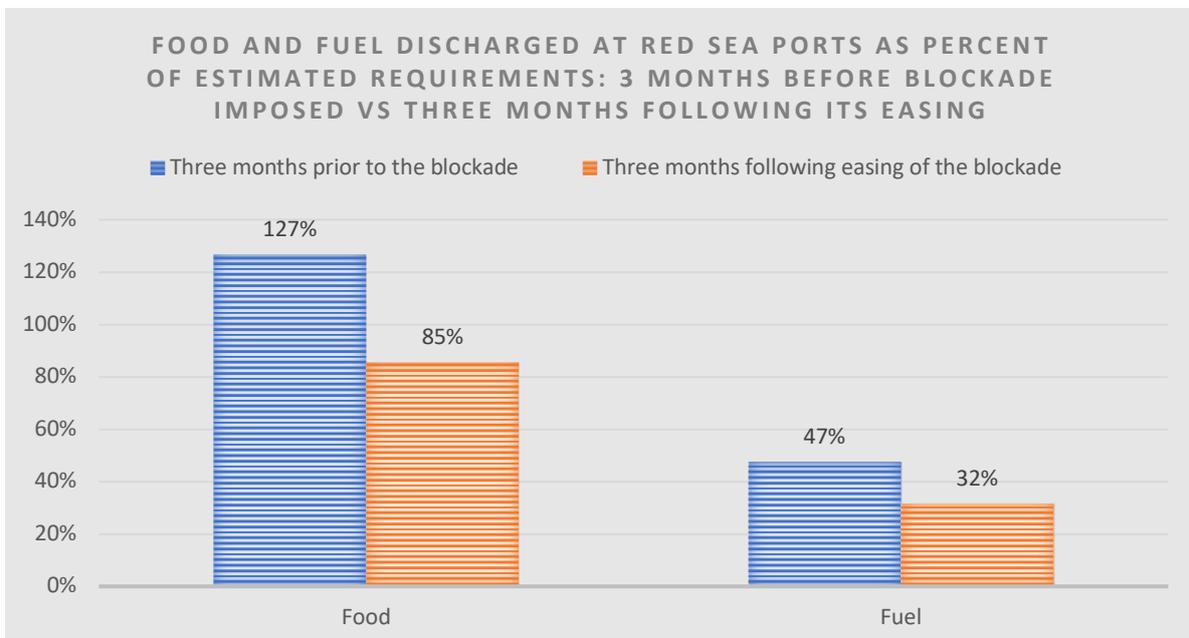
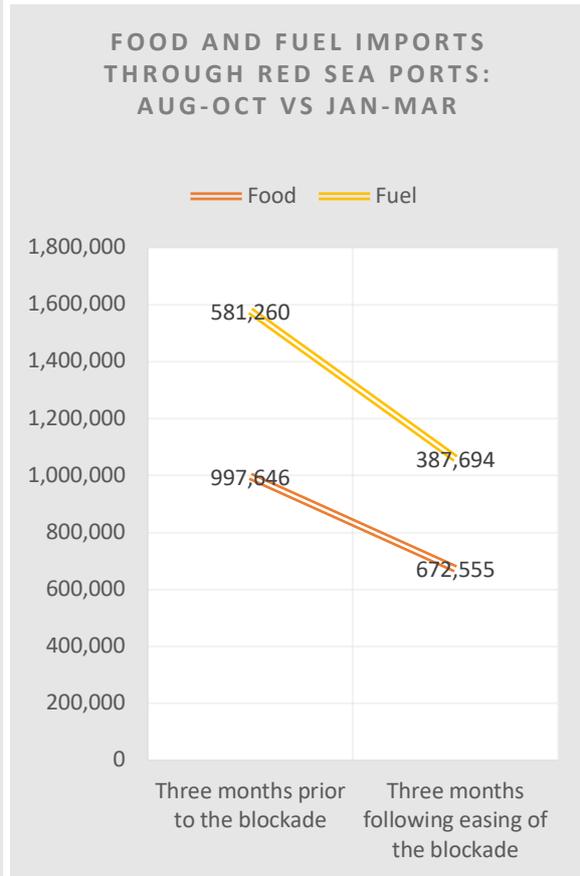
Since early December 2017, significant personnel and policy changes have occurred across authorities in both Sana'a and Aden, necessitating new relationships, repeated re-submission of documentation and often arbitrary new requirements and delays. Directives signed by senior officials are increasingly ignored by their subordinates at the governorate or district level. Official agreements and permits are often valid only for a couple of days at a time, while different authorities will often intervene, seeking access to aid agencies' procurement lists, staff CVs or program documents. These challenges are especially problematic in northern governorates.

As in most countries, aid agencies are required to apply for sub-agreements with the authorities to implement aid programmes. In Yemen, these normally take between 3 and 6 months to be approved. As noted above, separate agreements are often needed in Sana'a and in the location of implementation. In Aden, these processes have typically been far more efficient, but recent changes to leadership in key ministries and political roles may see this change.

Likewise, visa process for expatriate staff can take several months by way of a highly unpredictable system. Non-citizens travelling to Sana'a are required to have visas for both Aden and Sana'a, necessitating lengthy, parallel process that take an average of between 30 to 50 days. Some visas are denied without explanation, leaving organisations to recommence recruitment processes, often creating staffing gaps in critical technical and leadership positions. In northern governorates, all aid workers (including Yemeni nationals) wishing to travel outside Sana'a are required to obtain travel permits by way of a process that takes several days. Organisations moving medical supplies are frequently subject to inspection and changing requirements. Organisations delivering protection services, including response to gender-based violence, are regarded with suspicion and often harassed at checkpoints or prevented from implementing. All organisations invest significant resources in navigating the requisite processes and negotiating humanitarian access but continue to report frequent interference from and impediments imposed by authorities.

Combined, these different constraints mean that aid agencies can spend up to a third of their time negotiating sub-agreement required to commence humanitarian programming. A humanitarian project with an implementation period of 12 months is unlikely to actually commence until the fifth month, as procurement, recruitment or assessments often cannot be carried out in advance.

ANNEX 1 – Blockade Data



Norwegian Refugee Council Yemen



Photo: NRC/Maid Al-Shergabi

Yemen represents the country in which the highest proportion of the population are dependent on humanitarian aid. Ongoing conflict, economic deterioration and the collapse of public services have left 22.2 million Yemenis in need of aid and protection. NRC provides displacement-affected communities in Yemen with resources, services and information that enable self-reliance and preserve dignity.

Our Impact

We deliver programs in food security, shelter, education, and water, sanitation and hygiene across eight of Yemen's 22 governorates.

NRC reached 790,914 Yemeni people with humanitarian assistance during 2017. Wherever possible, we seek to integrate programs so that people in need have access to information, resources and services that ensure their survival, protection and dignity.

Our programmes promote safety and protection for displacement-affected communities and are accountable to the people with whom we work.

In 2017 NRC reached

790,914
individuals

with food, shelter, safe water, sanitation
and improved access to education.

Budget: 2017: NOK 141 million
Donor: NMFA, ECHO, SIDA, DFID, EU,
SDC, WFP, OCHA, Telethon
International staff: 14
National staff: 111
Established: 2012

NRC activities

Since 2012, NRC has been delivering lifesaving assistance to people affected by displacement in Yemen.

NRC adapted to the rapid shift in context from March 2015 to respond to new and ever-emerging needs. In 2017, we reached more than 790,000 people across Yemen with programs that reduced suffering and persevered dignity by assisting individuals and communities with safe shelter, clean water, food and opportunities for education.

Wherever possible, we provide people in need with choices that promote dignity and self-reliance. We seek to buy and employ locally, recognising skills and systems that exist within the communities we support.

Education

Education represents the most neglected sector within Yemen's humanitarian crisis. Displacement, attacks and misuse of schools have left two million children without access to education. We are committed to working with key ministries, local authorities, children and their communities to improve access to school for displaced children and host communities in hard-to-reach areas.

We restore access to education by:

- Rehabilitating and constructing classrooms and other facilities
- Training teachers and other education staff to provide quality education
- Distributing scholastic materials to children Providing sanitary kits to girls to promote their participation
- Working with communities to keep schools safe

Food security

The cost of food has close to doubled since the beginning of Yemen's conflict and is now beyond the reach of many Yemeni families. NRC responds to emergency food needs, working with communities to allow Yemenis to move back towards self-reliance.

We support improved access to safe, nutritious food by:

- Distributing food
- Providing unconditional cash transfers to families in need
- Providing start-up capital and training for youth and women entrepreneurs
- Supporting trainings on food security and agricultural production
- Providing livelihood and rehabilitation support for people to ensure sustainable income

Information, counselling and legal assistance (ICLA)

In early 2018, in recognition of the significant gap in Information Counselling and Legal Assistance (ICLA) responses in Yemen, NRC has established programs that help Yemeni people access information, identification and legal assistance.

We facilitate ICLA support to communities by:

- Informing people of their legal rights
- Assisting people to access critical identity documents
- Referring people for practical support with housing, land and property issues
- Establishing community-based protection networks
- Advocating for policy changes that affect peoples' rights

Shelter

Our shelter interventions aim at improving living conditions for conflict-affected families. We recognise that most displaced people in Yemen rely on support from extended family, friends and other community networks, and seek to ensure people can live with privacy and dignity. We invest in creating safe, appropriate living conditions by:

- Supplying basic household items including blankets, mattresses, jerry cans and kitchen utensils
- Constructing emergency temporary shelters
- Upgrading shelters for displaced people residing in existing homes
- Improving shelters to create safe space for those living in public buildings

Water, hygiene and sanitation (WASH)

The Water and Sanitation sector in Yemen continues to face enormous challenges. The conflict is placing immense pressure on water supplies and creating a breakdown in sanitation services across both urban and rural areas. We are working with communities to ensure that water is stored and managed safely.

We ensure people in Yemen can access safe water by:

- Rehabilitating water supply systems in both the urban or rural settings
- Developing water supply wells for water abstraction
- Trucking safe water communities in areas with acute emergencies.
- Conducting hygiene information dissemination for improved hygiene practices
- Improving sanitation facilities
- Constructing latrines/toilets that meet the sanitation needs of the displacement-affected households

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