



Urgent Action Needed to Avert Famine in Yemen

IRC Situational Briefing – 20 April 2017

The humanitarian crisis in Yemen is not an accident or a natural phenomenon. Breaches of International Humanitarian Law (IHL) and International Human Rights Law during the two-year old conflict have precipitated the largest humanitarian crisis in the world, affecting 18 million people. All parties to the conflict have shown disregard for civilian lives and infrastructure and have impeded the timely and effective delivery of humanitarian relief to civilians in need. At the same time, the international community has failed to mobilize its funding to meet the overwhelming need or its sustained attention to facilitate a political settlement. Critical funding and adjustments to import restrictions and barriers are required to facilitate importation of humanitarian supplies and safeguard vital transport installations and services, otherwise a famine may follow. A political settlement to the ongoing conflict remains the only means to avert famine. In the meantime, the single greatest barrier to easing the suffering of Yemen's people remains humanitarian access.

Civilians continue to bear the brunt

Two years of unrestrained conflict between coalition forces loyal to the internationally-recognized government of President Abdrabbuh Mansour Hadi, and the Houthi-Saleh rebel movement, have created the largest humanitarian crisis in the world affecting 18 million people. Blatant violations of International Humanitarian Law and International Human Rights Law and deliberate tactics of sabotage against the economy, by both sides of the conflict, have precipitated pre-famine conditions.

Heavy casualties have followed ceaseless targeting of civilians, including in hospitals, schools, ports, roads, bridges, factories and markets.¹ By October 2016, health facilities had reported almost 44,000 casualties, and to date close to 10,000 people have died, an average of 75 people killed or injured every day. The attacks have led to massive displacement of civilians, with over 3 million internally displaced persons (IDPs).²

The resulting humanitarian crisis has been exacerbated by an economic fallout, characterized by scarcity of almost all basic commodities. Critical economic activities, particularly the production and export of oil and gas which, before the war, accounted for 65% of government revenue and 90% of foreign earnings, have been severely compromised. Since 2015, oil and gas exports have declined by about 86%, causing a drop in foreign exchange reserves, and destabilizing the local currency – which in January 2017 reached higher than YER330/USD, compared to YER214/USD in October 2014. The Central Bank foreign exchange reserves have dropped from \$4.7 billion in late 2014, to less than \$1 billion in September 2016, and the public budget deficit has grown by more than 50 per cent to \$2.2 billion.³

This economic disruption has created shocks including an acute energy shortage that has crippled basic services and industry—leading to high unemployment rates and extreme poverty. In July 2016, a liquidity crisis forced the Central Bank to suspend all public sector expenditure and the payment of salaries for health facility staff, teachers and other public sector workers. Erratic payment of salaries continues, leaving 1.25 million state employees and their 6.9 million dependents – nearly 30 per cent of the population – without a regular income.⁴

¹Yemen Humanitarian Outlook 2017 http://reliefweb.int/sites/reliefweb.int/files/resources/YEMEN%202017%20HNO_Final.pdf

²Task Force on Population Movement (TFPM) report (January 2017)

³Integrated Food Security Phase Classification IPC March to July 2017

⁴UNOCHA Yemen Humanitarian Response Plan 2017

Even before the war, the majority of the Yemenis lived in dire economic and social conditions. The conflict has deepened pre-existing economic and social vulnerabilities, with the economic status of 78% households in Yemen now worse than in the pre-crisis period.⁵ Roughly 70% of Yemen's 26 million people contributed just 10% of GDP, engaging in subsistence agriculture in rural communities, in one of the world's most water stressed countries.⁶ As 60% of crop cultivation and 90% of livestock-tending labor was carried out by women — who earned 30% less than men — conflict-driven disruptions to the agricultural sector have taken a particularly heavy toll on women.⁷

With only 1% of Yemen's oil needs currently allowed to enter the country, scarcity of water has become a serious issue as virtually all water in Yemen is pumped from deep underground wells using diesel pumps.⁸ More than half of the population do not have access to enough clean water to drink, a factor that has led to recurrent outbreaks of water-borne diseases including cholera.⁹ Women and girls — who are primarily tasked with water and firewood collection — are forced to spend more time traveling further away from their families and communities in search of water and firewood, putting them at greater risk of violence, particularly in areas where armed actors are present. As clean water is also essential for sanitation and hygiene, women and girls bear yet another burden of the crisis due to a lack of safe and functional sex-segregated latrines and appropriate materials for menstrual hygiene.

Meanwhile, an estimated three million women and girls of reproductive age are at-risk of gender-based violence (GBV) as a direct result of the deteriorating conditions in Yemen. In just the first six months of the conflict from March to September 2015, reported GBV incidents increased by 70%.¹⁰ Severe food insecurity has only exacerbated the already high levels of gender inequality and GBV that have characterized the ongoing conflict and economic decline,¹¹ resulting in an increase in sexual exploitation and abuse, intimate partner violence, and sexual harassment and assault while searching for food and water. In addition, women and girls and their families are resorting to negative coping mechanisms such as survival sex, child labor, and early and forced marriage in an effort to withstand the compounding shocks of the conflict and the largest food security emergency in the world.¹²

Yemen's vulnerability to conflict-induced shocks is a well-documented phenomenon. In 2012, political turmoil and civil strife brought the country to the brink of famine, with 44% of the population requiring emergency food assistance. Less than five years later, the same scenario is unfolding on a wider scale. Yet parties to the conflict remain unrelenting, and interventions by the international community are disproportionately low compared to the magnitude and scale of humanitarian needs.

Pre-famine conditions

Near famine conditions have been created by widespread and systematic use of tactics that violate the international prohibition on the use of starvation as a method of warfare.¹³ As a result, close to 60% of Yemen's population are food insecure and require urgent humanitarian assistance. Among those, by March

⁵ Integrated Food Security Phase Classification IPC March to July 2017

⁶ http://sanaacenter.org/files/yemens_economic_collapse_and_impending_famine_en.pdf

⁷ CARE, Oxfam, and GenCap, From the Ground Up: Gender and Conflict Analysis in Yemen, October 2016, <http://reliefweb.int/report/yemen/ground-gender-and-conflict-analysis-yemen>

⁸ Yemen Humanitarian Need Overview http://reliefweb.int/sites/reliefweb.int/files/resources/YEMEN%202017%20HNO_Final.pdf

⁹ World Health Organization <http://www.emro.who.int/surveillance-forecasting-response/surveillance-news/weekly-update-cholera-cases-in-yemen-29-december-2016.html>

¹⁰ CARE, Oxfam, and GenCap, From the Ground Up: Gender and Conflict Analysis in Yemen, October 2016, <http://reliefweb.int/report/yemen/ground-gender-and-conflict-analysis-yemen>

¹¹ For the decade prior to the conflict, Yemen already ranked last among 142 countries in the World Economic Forum's Global Gender Gap Index, marked by the inability of women to marry (or move about freely) without the permission (or accompaniment) of a male guardian; unequal rights to divorce, inheritance or child custody; and a lack of legal protection for intimate partner violence or sexual violence. In addition, in the 2013 Demographic and Health Surveys, 92% of women stated that violence against women was common in the home. Ibid.

¹² Global Protection Cluster Briefing Note, April 2017 http://www.globalprotectioncluster.org/assets/files/alerts/gpc_briefing-note_four-famines.pdf

¹³ UNSC final report of the Yemen Panel of Experts. SC/2016/1035

2017, approximately 6.8 million people are in the 'emergency' phase, which is a 20% increase compared to June 2016, and indication of rapid deterioration.

The situation is characterized by widespread acute malnutrition (wasting), with the Global Acute Malnutrition (GAM) prevalence above the World Health Organization (WHO) critical threshold of 15% in at least four governorates. Consequently, 1.2 million infants and young children require emergency nutrition services, while pregnant and lactating women also require malnutrition treatment or preventive services. Female-headed households are particularly at-risk of food insecurity given their lack of access to food distributions and their willingness to sacrifice their own nutrition in order to provide for their children. Moreover, continued scarcity of safe water and adequate sanitation and hygiene facilities has placed close to 2.5 million children at risk of diarrhea, compared to 1.5 million in 2014.

Despite pre-famine conditions and escalating needs, basic public service delivery has become even more severely impaired. Less than half of the 3,507 health facilities in 16 governorates are fully functional due to the lack of adequately trained staff, basic medical equipment and essential drugs and supplies.¹⁴ Over 1,200 health professionals have left the country, and less than 30% of the needed medicines and medical supplies are now entering Yemen. As of late 2016, routine immunization coverage was only 64% for pentavalent vaccines and 59% for measles and rubella.¹⁵ Even where services do exist, however, restrictions on mobility and lack of female health workers make it extremely difficult for women and girls to seek support when they need it, especially if they are unaccompanied by a male relative. This is particularly troubling given the fact that Yemen already had a high maternal mortality rate prior to the conflict,¹⁶ a rate which will only continue to worsen as the crisis escalates and as access to family planning becomes even more limited.

The IRC is working to reduce disease and prevent death through integrated health, nutrition, Water Sanitation and Hygiene (WASH) and protection interventions. IRC supports treatment of malnutrition, including severe malnutrition and related medical complications, and the improvement of access to safe drinking water, hygiene and sanitation. Most recently, IRC is initiating the creation of safe spaces for women and adolescent girls to access support to prevent and deal with increased risk of GBV, including psychosocial support and case management services; risk reduction measures such as dignity kit distributions, safety audits, and awareness-raising; and strengthening inter-agency GBV response and coordination through service mapping, establishment of GBV referral pathways, and capacity-building trainings for local and national actors.

Barriers and threats to humanitarian aid

Humanitarian assistance is based on the right to receive essential goods such as food, water, medicine, medical help and shelter, as enshrined in IHL.¹⁷ The right to humanitarian assistance consists of the right to receive relief supplies from third parties, including humanitarian organizations. It also entitles victims to demand that their right to receive such aid be given effect.¹⁸ Both sides to the conflict have raised barriers and threats to the import and supply of basic commodities – like food, medicine, and fuel – upon which Yemen's population depends. This has driven food insecurity – Yemen imports 90% of its staple foods - and the spread of disease. The air and sea blockades, in particular, have created a severe scarcity of basic commodities by blocking commercial suppliers. Despite the rising needs and imminent threat of famine, the United Nations

¹⁴ WHO Health Resources Availability Mapping System (HeRAMS), October 2016.

¹⁵ OCHA Humanitarian needs overview 2017

¹⁶ In 2016, UNFPA estimated that 2.6 million women of reproductive age have been affected by the conflict in Yemen, including 257,000 pregnant women. An estimated 15% of the pregnant women suffer maternal or obstetric complications which could become life-threatening without access to professional medical care. Moreover, respondents in a household survey stated that maternal health services are not available or rarely available for 32% of rural women and 23% of urban women. CARE, Oxfam, and GenCap, From the Ground Up: Gender and Conflict Analysis in Yemen, October 2016, <http://reliefweb.int/report/yemen/ground-gender-and-conflict-analysis-yemen>

¹⁷ Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II) of 8 June 1977 (hereinafter "Additional Protocol II")

¹⁸ International Committee of the Red Cross ICRC Legal regulation of humanitarian assistance in armed conflict: achievements and gaps https://www.icrc.org/eng/assets/files/other/irrc_855_stoffels.pdf

Security Council renewed the Yemen Sanctions Regime on 23rd February 2017, with no concessions to mitigate its adverse impact on supply of humanitarian commodities. While the IRC and other humanitarian actors continue to import large quantities of essential nutrition and medical supplies to meet the growing humanitarian needs, a combination practical, bureaucratic and administrative barriers are impeding a more robust response.

Direct attacks on vital transport infrastructure

From the start of the conflict, both sides have deliberately targeted and destroyed key transport infrastructure, including ports, bridges and roads. From March 2015 to January 2016, ten ports, fourteen airports, and 512 roads and bridges were destroyed, which has diminished options for importation and inland transportation of goods.¹⁹ Such tactics are a major contributing factor to the pre-famine situation.²⁰ At the same time continued threats of maritime attacks on shipping vessels²¹ as well as seizure, detention and diversion of some commercial vessels continues to have a negative impact on supplies, by discouraging private sector operators through high operating costs, including high maritime insurance.²²

The ongoing clashes on the West Coast of Yemen pose a direct threat to humanitarian supply chains at a time of critical need.²³ Hodeida, the largest port in Yemen and the preferred entry point for cargo destined for the northern governorates, faces an imminent threat of attack, as both sides plan to escalate the conflict for control of the port.²⁴ The United States, which has to date avoided direct engagement in the conflict, is reportedly considering a direct attack to support coalition forces to take control of the port. Hodeida contributes to almost 70-80% of humanitarian supplies through both charter & liner services. In 2016, 70% of all Yemeni imports passed through the port.²⁵

This threat of an attack on Hodeida has led to a considerable decline in port activities and closure of the port remains likely.²⁶ Most container shipping liners are reluctant to accept bookings for Hodeida, and cargo has already been diverted to Aden or trans-shipment ports. The United Nations Office for Coordination of Humanitarian Assistance (OCHA) has defined the threat to Hodeida port as the biggest issue affecting humanitarian operations in Yemen.

Bureaucratic and Administrative barriers

The sea and air blockade continues to impede the flow of humanitarian and commercial goods into the country. In its resolution 2216 (2015), the United Nations Security Council called upon Member States to inspect all cargo to Yemen, in their territory, including seaports and airports, for the purpose of ensuring the strict implementation of a targeted arms embargo on the country. This has been done through the United Nations Verification and Inspection Mechanism (UNVIM).²⁷

Through this procedure the coalition has maintained both maritime and air blockades of areas controlled by Houthi-Saleh forces with an inspection regime whereby ships and airplanes are obliged to obtain clearance from the Evacuation and Humanitarian Operations Cell within the Ministry of Defense of Saudi Arabia, in Riyadh.²⁸ The commercial air and sea blockades have inevitably led to scarcity of essential goods. IRC and other humanitarian organizations have to import large quantities of essential supplies to meet the growing

¹⁹ <https://yemen-news-today.org/category/effects-of-the-war/>

²⁰ www.un.org/apps/news/story.asp?NewsID=52638#.Vm3DHjalw6

²¹ <http://insurancemarineneews.com/insurance-marine-news/two-merchant-ships-attacked-off-yemen/>

²² <http://www.reuters.com/article/us-yemen-oil-exclusive-idUSKCN11K2BQ>

²³ <http://country.eiu.com/article.aspx?articleid=915176275&Country=Yemen&topic=Politics>

²⁴ <https://english.alarabiya.net/en/News/gulf/2017/03/27/White-House-considering-potential-attack-to-liberate-al-Hudaydah-port.html>

²⁵ Yemen Logistics Cluster <http://www.logcluster.org/document/yemen-operation-overview-january-march-2017>

²⁶ <http://www.logcluster.org/document/yemen-operation-overview-january-march-2017>

²⁷ http://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/s_res_2216.pdf

²⁸ United Nations Security Council http://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/s_2016_73.pdf

needs. However, a combination of strict procurement guidelines demanded by donors, sheer scarcity of domestic supply options and erratic bureaucratic barriers are creating excessive delays for importation of essential commodities, particularly medical supplies.

Essential medicine and medical supplies, which are defined by the World Health Organization (WHO), range from medicines used on surgical procedures to therapeutic food used in the treatment of acute malnutrition. All are typically subject to stringent procurement conditions imposed by donors and the WHO to control for product safety and origin. Consequently, essential medicines and medical supplies may only be purchased, based on various donor requirements, from either accredited Humanitarian Procurement Centers (HPCs) none of which are present in Yemen, or IRC Pre-qualified suppliers. So far, IRC has two, but these can only be used where there are no donor restrictions in regards to the suppliers.

IRC and other humanitarian agencies have to procure essential medical supplies from HPC located in the Europe, before repackaging into smaller consignments and airlifting the items to Djibouti, from where they are shipped to the port of Aden, a lengthy and laborious process. In 2015, IRC sought to avoid delays by leasing an aircraft in Djibouti to fly into Sana'a, but the authorities imposed onerous administrative and clearance barriers that rendered the effort too expensive and time consuming. Yemen's main airport, Sana'a International, is open to humanitarian flights through United Nations Humanitarian Air Services (UNHAS). However, a prohibition against commercial flights prevents commercial supply of emergency goods, which greatly undermines the logistical capacity. Humanitarian actors alone do not have the capacity to provide for the large amounts of food, medicine and fuel required for an effective response.

IRC currently imports essential supplies through chartered ships based in Djibouti which deliver supplies to Yemen four times each month. It takes an average of two weeks to obtain entry clearance for a single shipment. In addition to the slow and complicated logistical processes, the unpredictability of import restrictions also remains a critical challenge.

In July 2016, IRC chartered a ship to transport an assortment of essential medical supplies from Djibouti to Yemen via the port of Hodeida. After a month of sailing, the ship arrived but was turned back, because authorities had introduced new restrictions that prohibited the importation of controlled drugs. The regulations came into force shortly before the ship docked. IRC had to divert the ship to Dubai, where the cargo was sorted to remove the controlled drugs, before it was allowed to deliver the remaining cargo to Yemen. The entire process took six months, as opposed to the normal one month. Similarly, other humanitarian organizations have had shipments diverted from Hodeida to Aden for various administrative restrictions. In addition to significant delays, the ships have been forced to cross active war zones, putting staff and cargo at risk.²⁹

What has to change?

Too often in the past months, international policy makers have turned a deaf ear to warnings of impending disaster in Yemen or have been consumed by the other unfolding crises in the world. A reluctance to heed these warnings, and the resulting impunity by both sides of the conflict, have contributed to the worsening of the situation. Averting a possible famine in Yemen now requires accountability on the basis of IHL and IHRL, which must be characterized by bold policy action. While more funding is needed, removing barriers to humanitarian access is most urgent in order to spend money effectively. The international community must take all necessary steps to prevent destruction of key infrastructure, and push for humanitarian-friendly policies that enable life-saving imports as well as in-country transport (humanitarian corridors) that allows these vital supplies to reach the millions of Yemenis in need.

²⁹ <http://blogs.savethechildren.org.uk/2017/03/saudi-arabia-delaying-medical-aid-to-yemen/>

Recommendations

1. Fund the Yemen Humanitarian Response Plan

The international community must make urgent and adequate contributions to bridge the huge deficit in the financing of the Yemen Humanitarian Response Plan 2017. Currently only 14% of the USD 2.1 billion required is in place. Moreover, despite the direct links between food insecurity and elevated protection risks, only 15% of the USD 70.3 million required to meet protection concerns has been funded.³⁰ Funding must be availed impartially, without regard to locations and populations to be served. Aid must be purely based on need, and take into account the unique situation in Yemen, where majority of the supplies must be imported at great expense. Furthermore, all humanitarian actors must respect do no harm principles, including minimum standards for child protection and protection against GBV.³¹

2. Urgently review the current UNVIM procedures on importation of humanitarian supplies

The United Nations Security Council must urgently review the current UNVIM procedures, with a view to eliminating impediments to importation of humanitarian supplies. The continued enforcement of the Yemen Sanctions Regime must be coupled with sufficient investment to prevent the delays in the processing of imports of basic commodities. While States can impose permissible import restrictions under IHL, these must not compromise the rapid supply of humanitarian consignments. Having sanctioned UNVIM, the United Nations Security Council has the responsibility to prescribe and facilitate the creation of technical arrangements under which such passage of humanitarian consignments is allowed without delay.³²

Given the extent of needs and scarcity of basic commodities, it may not be possible for humanitarian actors to supply all the required commodities from external sources. It is therefore essential for the passage of basic commodities by commercial actors be allowed. This also calls for international financial institutions to support the private sector to access trade instruments, including Letters of Credit and Insurance, and other measures necessary to mitigate the escalated cost of doing business in Yemen.

Humanitarian donors should also adapt their funding conditions and procurement guidelines to suit the unique situation in Yemen. Donors should encourage HPCs to establish a presence in the country, and to provide advisory and support services regarding procurement, tender procedures, custom clearance, and quality assurance of essential goods. Donors should also make provisions for the pre-qualification of local suppliers, IRC pre-qualification processes, and allow for the local sourcing of essential supplies, where possible. This calls for flexibility in prequalification of suppliers, and greater willingness to permit stocking and prepositioning of stocks.

³⁰ Global Protection Cluster Briefing Note, April 2017 http://www.globalprotectioncluster.org/assets/files/alerts/gpc_briefing-note_four-famines.pdf

³¹ See Minimum Standards for Child Protection in Humanitarian Settings at https://www.unicef.org/iran/Minimum_standards_for_child_protection_in_humanitarian_action.pdf. See also IASC Guidelines on Implementing Gender-Based Violence Interventions in Humanitarian Action www.gbvguidelines.org.

³² [Convention \(IV\) relative to the Protection of Civilian Persons in Time of War. Geneva, 12 August 1949](http://www.unhcr.org/refugees/article/1949-08-12-convention-iv-relative-to-the-protection-of-civilian-persons-in-time-of-war-geneva-12-august-1949.html). Commentary of 1958

3. Safeguard vital transport installations and services from attacks

The establishment of UNHAS flights into Aden, replacing the sea travel into Aden from, which is both lengthy and costly, is a welcome development and will greatly enhance the efficiency of humanitarian operations. However, restoration of air services between Sana'a and Aden, would significantly enhance the efficiency of humanitarian actors, and contribute to the lowering of high operating costs.

The threat of military action that looms over the port of Hodeida remains a critical concern. An attack would lead to all shipping vessels being be diverted, overwhelming the capacity of remaining ports. This would undoubtedly hasten the onset of famine – especially when coupled with the continued air blockade in the north. Given the pre-famine situation, a direct attack on remaining ports, or intentional disruption of supply channels for basic commodities may amount to use of starvation as a method of war, a violation of IHL, and must be avoided.

4. Prioritize a political settlement

Ultimately, a political settlement to the situation on Yemen is the only means to resolve the conflict, protect civilians and avert famine. Millions of civilians in Yemen are suffering, and thousands of women and children may die if parties to the conflict do not re-engage in the United Nations Peace process. The effects of the current pre-famine conditions are bound to have an adverse and lasting legacy on future generations in Yemen, and must be stopped at the earliest opportunity.