

WATCH LIST ON CHILDREN AND ARMED CONFLICT



Save the Children



THE IMPACT ON CHILDREN OF
ATTACKS ON HEALTH CARE IN YEMEN

“Every Day Things are Getting Worse”

April 2017

About Watchlist

Watchlist on Children and Armed Conflict (“Watchlist”) strives to end violations against children in armed conflicts and to guarantee their rights. As a global network, Watchlist builds partnerships among local, national, and international nongovernmental organizations (NGOs), enhancing mutual capacities and strengths. Working together, we collect and disseminate information on violations against children in conflicts in order to influence key decision-makers and implement programs and policies that effectively protect children.

For further information about Watchlist, please contact: [watchlist@watchlist.org/](mailto:watchlist@watchlist.org) or visit: www.watchlist.org

About Save the Children

Save the Children believes every child deserves a future. Around the world, we work every day to give children a healthy start in life, the opportunity to learn, and protection from harm. When crisis strikes, and children are most vulnerable, we are always among the first to respond and the last to leave. We ensure children's unique needs are met and their voices are heard. We deliver lasting results for millions of children, including those hardest to reach.

We do whatever it takes for children – every day and in times of crisis – transforming their lives and the future we share.

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Acronyms

ICRC International Committee of the Red Cross

IHL International Humanitarian Law

IHRL International Human Rights Law

INGO International Nongovernmental Organization

MSF Médecins Sans Frontières

NGO Nongovernmental Organization

OCHA Office for the Coordination of Humanitarian Affairs

OHCHR Office of the High Commissioner for Human Rights

UNICEF United Nations Children's Fund

WHO World Health Organization



Executive Summary and Recommendations

The ongoing conflict in Yemen that escalated sharply in March 2015 has led to the near collapse of the country's already fragile health care system. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) reported that as of January 2017, only 45 percent of medical facilities¹ are functioning and even these face severe shortages in medicines, equipment, and staff.²

Only two out of every five functioning facilities can diagnose and treat malaria and other infectious diseases, or provide injury care and basic laboratory services.³ OCHA has reported that as of December 2016, more than 18 million Yemenis were in need of humanitarian aid—69 percent of Yemen's total population—and that almost 15 million Yemenis lacked access to adequate health care.⁴ Many medical facilities have been indirectly damaged during the conflict; however, many have also been directly attacked by parties to the conflict. Several of the attacks documented in this report fall within the definition of attacks on hospitals and related protected persons provided by the UN Guidance Note on Security Council Resolution 1998 (Resolution 1998), which protects medical facilities and personnel in armed conflict.⁵

Prompted by many reports of these attacks, Watchlist conducted a research mission to Yemen between December 2016 and January 2017. Watchlist interviewed humanitarian actors, medical personnel, and current and former patients to investigate attacks on hospitals and their impact on children's health and well-being. Watchlist also conducted a systematic desk review of UN

and other organizations' reports of attacks on health care as well as the delivery of humanitarian aid and public health. While attacks on medical facilities and personnel have occurred in several governorates throughout Yemen during the reporting period of March 2015 to March 2017, Watchlist focused its inquiry on Sanaa, Saada, and Taiz governorates.

Parties responsible for attacks on medical facilities and personnel include the Saudi Arabia-led coalition and Yemeni government forces, and the Houthis (also known as Ansar Allah) and their allies, including forces loyal to former president Ali Abdullah Saleh (commonly and hereafter referred to as 'Houthis'). At least 59 attacks were carried out against medical facilities and personnel in 2015, according to the Secretary-General's 2016 annual report on children and armed conflict.⁶ In the 2016 report, the Secretary-General listed the Houthis and the Saudi Arabia-led coalition for attacks on hospitals committed in 2015. However, following pressure from Saudi Arabia and its allies, the Secretary-General subsequently removed the Saudi Arabia-led coalition from the report's annexes,⁷ which lists perpetrators of grave violations against children. At the time of writing, the UN had not yet published the number of attacks it has verified against medical facilities and personnel perpetrated in 2016. However, according to the United Nations Children's Fund (UNICEF), between March 26, 2015, and December 31, 2016, parties to the conflict carried out 93 verified attacks against hospitals by parties to the conflict.⁸ In terms of an aggregate number, according to the International Committee of the Red Cross (ICRC), between March 2015 and March 2017, parties to the conflict carried out more than 160 attacks against medical facilities and personnel.⁹

Parties to the conflict have damaged or destroyed medical facilities through airstrikes, shelling, or using improvised explosive devices; occupied and looted medical facilities; threatened, intimidated, detained, abducted, and killed medical personnel; shot at and stolen ambulances; and denied passage at checkpoints to persons attempting to reach medical facilities to receive lifesaving treatment or deliver essential medicines and supplies. Additionally, a de facto naval blockade on Yemen imposed by the Saudi Arabia-led coalition has significantly restricted the import of food as well as supplies necessary to run medical facilities, including medicines and fuel.¹⁰ The suspension of commercial flights to Sanaa airport since August 2016 is preventing an estimated 20,000 civilians from traveling abroad to seek medical treatment for injuries resulting from the conflict, as well as for chronic diseases for which treatment in Yemen is now almost non-existent.¹¹

Attacks on medical facilities and personnel and the de facto blockade have compounded challenges to children's health, already exacerbated by 24 months of armed conflict. Senior representatives of OCHA have declared Yemen the largest humanitarian crisis in the world.¹² Yet, only 6 percent of the USD \$2.1 billion humanitarian appeal had been met as of March 2017.¹³ The country is on the brink of famine.¹⁴ More than 3 million children and pregnant or lactating women suffer from acute malnutrition, including 462,000 children under-5 suffering from severe acute malnutrition.¹⁵ Additionally, since March 2015, there has been a significant increase in the number of children directly injured by the conflict or suffering from preventable diseases, including acute respiratory infection and diarrheal disease. However, children's access to the resources needed

to treat them, partially due to targeted attacks on medical facilities and personnel and the de facto blockade, has dropped dramatically. According to UNICEF, approximately every 10 minutes a child in Yemen dies of preventable causes such as malnutrition, diarrhea, and respiratory tract infections.¹⁶ “No child should die of a respiratory tract infection,” stated a doctor interviewed for the report. “But here [in Yemen] they are, because the war is targeting the health sector.”¹⁷

Key Recommendations¹⁸

To All Parties to the Conflict

- Immediately cease attacks on medical facilities and personnel and occupation of medical facilities.
- Cooperate fully in any current Office of the High Commissioner for Human Rights (OHCHR) investigations or any future UN investigations of attacks against medical facilities and personnel.
- Allow international and national humanitarian agencies unhindered and safe access to provide assistance to civilians, particularly children, affected by the conflict.
- Publish and disseminate a military order informing all troops about the legal protections for medical facilities and personnel.
- Take concrete steps to end grave violations perpetrated against children, including attacks on hospitals pursuant to Resolution 1998, documented by UN agencies, international nongovernmental organizations (INGOs), and nongovernmental organizations (NGOs) in 2015 and again in 2016.

To the Saudi Arabia-led Coalition

- Immediately end the de facto blockade and reopen commercial airspace over Yemen.
- Relevant ministries, including the defense ministries, in coalition states, sign an action plan with the UN to stop and prevent attacks on medical facilities and personnel, and share verifiable information on their implementation.

To the Houthis

- Sign an action plan with the UN to stop and prevent attacks on medical facilities and personnel, and share verifiable information on their implementation.

To INGO and NGO Health Care Service Providers

- Report all attacks on hospitals and medical personnel to relevant monitoring and reporting bodies, including the Country Task Force on Monitoring and Reporting and the World Health Organization.

To the UN OHCHR

- Investigate alleged incidents related to attacks on medical facilities and personnel.

To the Human Rights Council

- In the event that the investigations conducted by the OHCHR into alleged violations and abuses in Yemen are unable to proceed effectively, establish an international and independent investigative mechanism to ensure accountability for violations of human rights and humanitarian law, including all grave violations against children.

To the UN Secretary-General

- In accordance with Resolution 1998, list the Saudi Arabia-led coalition as responsible for attacks on hospitals in the 2017 annual report on children and armed conflict.

To UN Member States

- Immediately cease the sale or transfer of weapons to the Saudi Arabia-led coalition where there is a risk these weapons might be used to violate International Humanitarian Law and International Human Rights Law, including attacks on hospitals pursuant to Security Council Resolution 1998.
- Step up humanitarian funding to ensure the 2017 Yemen Humanitarian Response Plan is fully funded.

To the UN Security Council and its Working Group on Children and Armed Conflict

- Adopt a resolution to condemn the violations of international humanitarian and human rights law perpetrated by all parties.
- Establish an international and independent investigative mechanism to ensure accountability for violations of human rights and humanitarian law, including all grave violations against children.
- Ensure full and unimpeded delivery of humanitarian aid, and support the political process as the only meaningful way of bringing an end to the conflict.
- Urge the relevant Security Council Sanctions Committee to include individuals and entities it determines to be responsible for grave violations against children, particularly attacks on hospitals, in the relevant Security Council sanctions list, and encourage the Special Representative of the Secretary-General for Children and Armed Conflict to continue to share information with the 2140 Sanctions Committee and Panel of Experts on the responsible parties.

Methodology

- Prompted by reports of high numbers of attacks on medical facilities and personnel throughout the country, Watchlist conducted a research mission to Yemen in December 2016 and January 2017. Watchlist interviewed more than 60 people, including medical personnel, humanitarian staff, parents of children directly impacted by the attacks, as well as children themselves. Watchlist conducted five visits to medical facilities, including two medical facilities in Hodeidah and Sanaa respectively, and one medical facility in Saada to verify the extent of the damage sustained by some of the attacks. Watchlist also collaborated with Save the Children while researching the report. Save the Children has a long history and large operational presence in the country working to meet the needs of children and their families, with a specific emphasis on health and nutrition.

The incidents included in this report are based upon both primary (e.g. eyewitness interviews) and secondary sources (e.g. interviews with health directors who were not present during attacks but who had received primary source information). Watchlist also conducted a systematic desk review of UN and other organizations' reports related to the attacks, as well as the delivery of humanitarian aid and public health.

Many of the attacks documented in the report fall within the definition of attacks on hospitals and other medical facilities and related protected persons provided by the UN Guidance Note on Security Council Resolution 1998.¹⁹ Watchlist also documented cases of military use of hospitals, which do not fall under the UN definition of an attack on a hospital,²⁰ though may constitute a violation of International Humanitarian Law (IHL) and International Human Rights Law (IHRL).

Military use can include a wide range of activities in which armed forces or groups use a hospital's space to support the military effort.²¹

In order to document both the attacks and their impact on children, Watchlist focused on three governorates: Saada, Sanaa, and Taiz. Each has been an area of active conflict, where ongoing fighting has eroded a health care system that was already fragile prior to the conflict's escalation in March 2015. In order to capture the impact of attacks over time, Watchlist focused on attacks committed in 2015 and 2016. The incidents included are representative, rather than exhaustive, of attacks that have occurred in the focus governorates and more broadly throughout Yemen during the reporting period.



Conflict Context

- Beginning in 2014, the Houthis, a Zaydi group from northern Yemen, launched a major advance against government forces and gained large swaths of territory throughout the country, including taking control of the capital Sanaa.²² In February 2015, the Houthis dissolved parliament and declared its Revolutionary Committee to be the acting authority in Yemen.²³ President Abd Rabbuh Mansour Hadi fled to Saudi Arabia on March 25, 2015.²⁴ The following day, on March 26, 2015, Saudi Arabia, spearheading a coalition of nine states,²⁵ including Bahrain, Egypt, Jordan, Kuwait, Morocco, Sudan, Qatar, and the United Arab Emirates (referred to throughout the report as the Saudi Arabia-led coalition),²⁶ began an aerial bombing campaign and imposed a de facto naval blockade on Yemen in support of the restoration of Hadi's government.²⁷

On-going airstrikes carried out by the Saudi Arabia-led coalition and ground attacks by the Houthis and other parties to the conflict have targeted numerous civilian areas, oftentimes repeatedly, including schools,

mosques, marketplaces, and hospitals—resulting in mass civilian casualties. Airstrikes have also hit major transportation and commercial hubs, including the Sanaa airport and sea ports at Aden and Hodeidah,²⁸

preventing entry and exit of persons, including, intermittently, humanitarian personnel, and the import of millions of tons of essential items, especially food, fuel, and medicines.²⁹ An airstrike that hit Hodeidah, Yemen's largest port, in August 2015 has been particularly devastating, causing continued delays for the entry of commercial items, including food, fuel, and humanitarian aid.³⁰

Prior to the conflict, Yemen imported 90 percent of its food, 90 percent of its medicines, and 70 percent of its fuel, according to MSF.³¹ However, the de facto

naval blockade has significantly restricted the imports of these items.³² Consequently, there have been, for example, acute shortages of safe water and disruptions in systems used for storing vaccines that have in part led to sharp increases in preventable diseases among children (e.g. diarrheal disease, measles). Additionally, due to intermittent availability of electricity in some areas, many medical facilities have been almost entirely reliant upon generators,³³ at the same time that fuel imports have sharply contracted and fuel prices have surged.³⁴ Many medical facilities have shut down, further limiting children's access to lifesaving treatment.

Prolonged ground fighting across multiple governorates between the Houthis and forces aligned with the Hadi government has widely occurred in civilian areas, resulting in further mass civilian casualties and the suspension of public services (e.g. waste collection). Ground fighting has also limited and in some areas prevented altogether the movement of humanitarian personnel and the delivery of humanitarian aid. In many areas, retrieval of dead bodies has been prevented due to ongoing fighting.

At the time of writing, according to the World Health Organization, at least 7,600 people had been killed and almost 42,000 people injured.³⁵ At least 1,500 of those killed and 2,450 of those injured were children.³⁶





Health Context before 2015

- Prior to the crisis, 8.4 million people—more than one-third of Yemen’s population of approximately 25 million people³⁷—lacked access to basic health care, according to OHCA.³⁸

There was one physician for approximately 3,300 people and 1 hospital bed for approximately 700 people.³⁹ Nearly 10 million people lacked access to clean water and sanitation.⁴⁰ An estimated 15.9 million people required some form of humanitarian aid.⁴¹

Child and maternal health indicators were among the lowest in the world. According to OHCA, almost half of all children under-5, nearly 1.75 million children, were chronically malnourished;⁴² 850,000 of these children suffered from acute malnutrition and 160,000 children suffered from severe acute malnutrition.⁴³ 47 percent of children under-5 suffered from stunting, 1 in 20 children died before the age of 5, and 1 in 370 women died in pregnancy, childbirth, or after.⁴⁴

While these figures indicate challenges to Yemen’s health care system, they also reflect significant improvements to Yemen’s health care system in the years preceding the escalation of the conflict. The country had been on track to meet its Millennium Development Goal to reduce the number of under-5 child deaths to 42 per every 1,000 live births by the

end of 2015;⁴⁵ however, trends have reversed in the past 2 years. According to UNICEF, in 2016 the under-5 child mortality rate stands at 63—an increase of almost 20 percent since 2014.⁴⁶

Immunization coverage was between 70 and 80 percent for a range of epidemic diseases. In 2014, coverage was at 75 percent for measles, 88 percent for polio, and 73 percent for tuberculosis.⁴⁷

The State had never contributed more than 30 percent of required costs to the health sector and the private sector covered more than 70 percent on a cost recovery basis (i.e. for pay services).⁴⁸ Several humanitarian organizations had also actively provided medical assistance in Yemen for a number of years, including Médecins Sans Frontières (MSF) since 2007,⁴⁹ and the International Medical Corps since 2012.⁵⁰ Additionally, the health care system was heavily reliant on foreign medical personnel. In 2014, more than 1,200 foreign medical personnel served in Yemen’s medical facilities⁵¹—comprising approximately 25 percent of the health workforce.⁵²



Health Context during Conflict

Rising Needs

Since March 2015, the number of people in Yemen requiring health care has skyrocketed, while the availability of health care has rapidly contracted. The numbers are revealing. At the time of writing, according to OCHA, 14.8 million people, more than half of Yemen's population, lack access to basic health care⁵³—an increase of more than 70 percent from March 2015 to March 2017. This figure includes 8.1 million children.⁵⁴ As of November 2016, there was 1 hospital bed for every 1,600 people.⁵⁵ There were no doctors in 49 out of 276 districts throughout the country, and 2 or fewer doctors in 95 districts.⁵⁶

The country is on the brink of famine.⁵⁷ An estimated 3.3 million children and pregnant or lactating women suffer from acute malnutrition. Additionally, 462,000 children suffer from severe acute malnutrition,⁵⁸ nearly triple the number pre-conflict. Global estimates provide

anecdotal evidence that a child suffering from severe acute malnutrition is 11 times more at risk of death if not treated in time compared to a healthy child of the same age.⁵⁹

19.4 million people lack clean water and sanitation.⁶⁰ As of March 2017, 22,181 suspected cases of cholera have been reported, according to the WHO;⁶¹ an estimated one-third of the suspected cases are children below the age of 5.⁶² A father of three children in Dhamar governorate described challenges his family faced obtaining clean drinking water. Before the conflict, the family could pump water to their household, but due to electricity shortages they were no longer able to do so. "When I went to work in the farm, my two young sons couldn't collect a sufficient amount of water from the spring down the valley to meet our needs, a problem all families in the village were facing. As a consequence, we were facing many health problems, like diarrhea and dehydration."⁶³

18.8 million people—more than 70 percent of the population—are in need of humanitarian aid.⁶⁴ There is an increased risk of polio, rubella, and other vaccine-preventable diseases due to the collapse of vaccination programs throughout the country.⁶⁵ A doctor interviewed for the report described some of the increasing challenges to public health, particularly malnutrition, resultant from conflict and the de facto blockade: “There are many direct and indirect reasons behind malnutrition. Direct there is the shortage of food and spread of disease like diarrhea. Indirect, there is lack of health care, lack of hygiene—it’s the general context of war.”⁶⁶

Flight and Fear of Medical Personnel

Almost 1,200 foreign medical personnel have left the country,⁶⁷ and hundreds of national staff have left their posts. Dr. Baqlawa at Al Sabeen Maternity and Children’s Hospital in Sanaa discussed staff shortages. “Many of our staff have run away and there are only three doctors left for this whole ward. Which means we have to rotate shifts and close half of the ward off completely. Every day things are getting worse.”⁶⁸ Many medical personnel who remain have reported working in constant fear. Dr. Baqlawa remarked that: “We are afraid all the time. This hospital is close to buildings that are being targeted by the coalition airstrikes. Almost all the windows have been destroyed by bombs.”⁶⁹ Another staff member at Zayad Hospital in Sanaa explained that: “The past year has been the worst year in my career. We have been working in an extremely insecure environment here as the hospital is located very close to areas targeted by airstrikes. We have often been forced to stay in the hospital when the airstrikes have been hitting the surrounding area to keep providing health care to patients who need our help the most, especially babies and children.”⁷⁰



Shortages of Medical Supplies

Decreases in supplies of essential food, fuel, and medicine are the result of a range of factors (e.g. insecurity, funding shortfalls), including the de facto blockade imposed by the Saudi Arabia-led coalition. Medical facilities that remain open face dire shortages of essential items to treat most of the trauma cases caused by aerial bombings and ground fighting, including gunshot wounds, burns, and blast injuries. The de facto blockade is contributing to the shortage of pain medication, antibiotics, vaccines, anesthetic drugs, and wound and burn dressing materials; blood transfusion materials and surgical equipment are also in limited supply.⁷¹ The UN Verification and Inspection Mechanism, designed to inspect shipments to prevent the entry of arms into the country while allowing the entry of commercial goods has been operational since May 2016.⁷² However, the de facto blockade remains in place. For example, already, in the first three months of 2017, the Saudi Arabia-led coalition prevented the entry into Hodeidah Port of Save the Children shipments carrying aid to treat thousands of children suffering from diarrhea, measles, malaria, and malnutrition.⁷³ Save the Children’s interim country director for Yemen



explained that: “With the right medicines, these [diseases] are all completely treatable—but the Saudi Arabia-led coalition is stopping them from getting in.”⁷⁴

Hospitals have also been overwhelmed by mass conflict-related casualties. In some cases, one hundred or more people have arrived at a hospital following an attack and have been met with few resources and staff to effectively treat them.⁷⁵ An emergency room doctor at the Al-Rawda Hospital in Taiz, where 50 percent of

medical facilities are not functioning,⁷⁶ explained: “We cannot offer patients with chronic diseases and the wounded what they need. Specialized medicines are not available on the market. It pains us a lot when we cannot treat the wounded and the patients.”⁷⁷

Humanitarian organizations, like MSF and Save the Children have worked beyond their traditional mandate of providing emergency health assistance and have widely supported the provision of basic health services,⁷⁸ including sometimes paying the salaries of medical personnel.⁷⁹ In this context, children are dying as a direct result of the conflict, as well as from preventable diseases due to lack of access to health care. According to Save the Children, a chronic lack of medical supplies and staff has caused an additional 10,000 preventable child deaths per year since 2015.⁸⁰

The suspension of commercial flights to Sanaa airport since August 2016 is additionally preventing an estimated 20,000 civilians from traveling abroad to seek medical treatment for injuries resulting from the conflict, as well as for chronic diseases, for which treatment in Yemen is now almost non-existent.⁸¹

Case Study: The Closure of Saana International Airport⁸²

The closure since August 9, 2016, of the country’s main airport, Sanaa International Airport, by the Saudi Arabia-led coalition has prevented tens of thousands of Yemenis from seeking medical care in other countries. Prior to the ban, an estimated one-third of passengers traveling on the two weekly commercial flights to Amman, Jordan and Cairo, Egypt were seeking urgent treatment that is not available in Yemen’s medical facilities. The only alternative is for many to risk flying from alternative airports in Aden or Hadramaut. Both airports are located far from the capital city, Sanaa; the journey to Aden is about 10 hours from Sanaa, while to Hadramaut more than 20 hours. Traveling by road, in some areas through active conflict zones, only increases the vulnerability of the sick, injured, and elderly, given the multiple checkpoints and passage through highly dangerous areas.



Case Study: Deputy Manager of Al Sabeen Hospital in Sanaa Describes the Impact on Health Care of the De Facto Blockade

The lack of medical supplies is also a huge problem. Before the crisis, 90 percent of our supplies came from Hodeidah Port and 10 percent via the airport. Now the airport is closed and Hodeidah has been attacked. New supplies are not getting into the country and the old stock is running out fast. We desperately need to stop this blockade. Drugs, IV fluid, anesthetic—none of it is available. Not even on the black market. We can't do blood transfusions anymore as we have run out of blood tests, meaning we can't check blood types. We can't treat children who are suffering from seizures as we are completely out of Valium. Our malnutrition ward has run out of ready-to-use therapeutic food and so is relying on milk and vitamins. I don't know how much longer we can function like this. Our third challenge and this will probably affect us even more than the lack of medical supplies is the lack of fuel. We are struggling to find enough fuel and enough diesel. Our generators are dying. We almost closed the whole hospital yesterday when the generators threatened to cut out. Luckily, we managed to get enough for another five days from the black market. But we don't know whether we will be able to get any after this week. If it keeps this way, we will have to close down. The situation is now absolutely critical. We don't have time to wait for stocks to come in. If this hospital closes, children and women will die. The numbers of those killed will be much higher than those being killed by the bombs and the fighting.

~Save the Children interview with Mr. Halal, Deputy Manager of Al Sabeen Hospital, 2015

Shortages of Fuel

In May 2015, the only oxygen plant supplying medical facilities ceased to function due to lack of fuel.⁸³ Additionally, due to fuel shortages, many ambulance services have been unable to provide patient transport to hospitals or transport patients who have been referred for specialized care from one hospital to another.⁸⁴ For many, this has caused considerable delay in the provision of treatment and life-threatening complications. Fuel shortages have also limited the

ability of Yemenis in need of health care to travel to medical facilities on their own. A pediatric nurse interviewed for the report explained: "When we ask them why they brought their kids in very late, they say there are no salaries, there is no money, and the fuel now is so expensive. So the problem is transportation. For cases like dialysis, the parents can't afford the money for private hospitals or the transportation to public hospitals in Sanaa. In many cases, kids die because of this."⁸⁵

While the number of people requiring urgent lifesaving care has risen, only 45 percent of medical facilities remain fully or partially functional.⁸⁶ Hundreds have shutdown, including one hundred and sixty medical facilities providing nutrition services and two of the country's six blood transfusion centers,⁸⁷ due to lack of fuel to run generators, lack of medical personnel—in

part the result of irregular payment to medical personnel (and other public sector employees)⁸⁸—and damages to facilities. Many medical facilities have sustained significant structural damage, resulting in permanent closure, when nearby buildings were shelled or hit by airstrikes.⁸⁹

Case Study: Parents Describe Son's Injuries from Blast and Challenges Accessing Health Care for Son

Stepfather: Zuhair (age 13) and myself went to offer our condolences [at a funeral] to the tribal leader because we are from the same village. Suddenly, there was an unimaginably loud blast followed by a dazzling flash and a firestorm. I found Zuhair and carried him out of the hall. Both our clothes were on fire and burning our skin. Seconds later, we heard another airstrike, then a third one. They targeted the two entrance gates and the center hall. Our pain was unbearable and we didn't know what to do. Zuhair had burns on his hands, thighs, knees, and feet. We thought they were superficial burns and did not know what to do, unable to take him to the hospital. So we applied toothpaste, honey, herbs and some ointments on them for about a fortnight. During that period, Zuhair got thin and very weak, could not walk and screamed very loudly because of the pain. Save the Children Child Protection staff heard about Zuhair's case and visited us. When they saw Zuhair, they immediately referred him to a local hospital where his wounds were cleaned and treated.

Mother: We cannot afford health care. If any of our children gets sick, we cannot do anything for them. We do not know where to go. If one of our children dies, God forbid, we would not be able to afford to buy a shroud. Two of my daughters, 5 and 3 years old, have persistent coughs, and I can't help them apart from giving them hugs.

~Save the Children interview, 2017



Compounding Health Challenges due to Attacks on Hospitals and Health Care

- Parties to the conflict, including the Saudi Arabia-led coalition, Houthis, and forces aligned with the Hadi government have attacked medical facilities and personnel.

Parties to the conflict carried out at least 59 attacks against medical facilities and personnel in 2015, according to the Secretary-General's annual report on children and armed conflict.⁹⁰ In the 2016 report, the Secretary-General listed the Houthis and the Saudi Arabia-led coalition for attacks on hospitals committed in 2015. However, following pressure from Saudi Arabia and its allies, the Secretary-General subsequently removed the Saudi Arabia-led coalition from the report's annexes,⁹¹ which lists perpetrators of grave violations against children. At the time of writing, the UN had not yet published the number of attacks it had verified against medical facilities and personnel in Yemen in 2016. However, according to UNICEF, between March 26, 2015, and December 31, 2016, parties to the conflict carried out 93 attacks against hospitals.⁹² According to the International Committee of the Red Cross (ICRC), parties to the conflict carried out more than 160 attacks against medical facilities and personnel between March 2015 and March 2017.⁹³

In 2015 and 2016, parties to the conflict have damaged or destroyed medical facilities through airstrikes, shelling, or improvised explosive devices; occupied and looted medical facilities; threatened, intimidated, detained, abducted, and killed medical personnel; shot at and stolen ambulances; and denied passage at checkpoints to persons attempting to reach medical facilities to receive lifesaving treatment or deliver essential medicines and supplies.

Medical workers have been attacked while transporting patients to hospitals via ambulance or when treating people in civilian areas. In some cases, airstrikes or explosions in quick succession have hurt medical personnel trying to help the wounded and prevented medical care from reaching those injured. For example, in September 2015, a suspected Islamic State suicide bomb detonated inside of a mosque in Sanaa.⁹⁴ Shortly after, a car bomb detonated upon the arrival of medical personnel, destroying two ambulances.⁹⁵

Since the start of the conflict between the Saudi Arabia-led coalition and the Houthis, 25 out of 131 ambulances in the country have been partially or completely destroyed.⁹⁶ In most of Yemen's 22 governorates, only a few functioning ambulances remain. For example, in Amran governorate, there is only 1 ambulance for a population of 1.3 million people.⁹⁷

Life-threatening complications have resulted due to lack of safe transport to medical facilities. An emergency room doctor from Taiz City explained: "It's difficult for the injured to find an ambulance, and most of the patients are not transported in a proper way. Some of the patients were held in their arms and legs and taken to the hospital on motorcycles. Some of the injuries are simple, but due to the way they are taken here, they arrive to the hospital with complications in the backbone and neck."⁹⁸

Following some attacks, humanitarian organizations have temporarily or indefinitely suspended their operations. For example, following the Saudi Arabia-led coalition aerial bombing on August 15, 2016, of Abs Hospital in Hajjah governorate,⁹⁹ MSF withdrew its staff including several obstetricians, pediatricians, surgeons, and emergency room specialists from two hospitals (including Abs) in Hajjah governorate and four hospitals in neighboring Saada governorate.¹⁰⁰ The bombing

killed 19 people and injured 24.¹⁰¹ At the time of the attack, 23 patients were undergoing surgery and more than 25 children were being cared for in the pediatric unit, including 13 newborns.¹⁰²



Incidents such as these have compounded challenges to children's health, already exacerbated by more than 24 months of armed conflict. Critically short supplies of essential medicines and items to treat trauma patients have been destroyed; pregnant women and parents of sick or injured children have delayed seeking treatment in medical facilities, in some cases out of fear that those facilities might be attacked; and humanitarian organizations providing basic and emergency medical services have in some areas suspended their operations following attacks—leaving tens of thousands of children (and adults) without access to any health care.

Case Study: A Woman Describes Complications to Pregnancy and Childbirth

I was one month pregnant when the war started. My pregnancy was not a healthy one. I couldn't sleep due to the sound of explosions and bombs falling. The night when I gave birth to Fouad [son] was very intense. There were many jets flying very near and we could hear explosions close by. We couldn't find a midwife to come to us because it was too dangerous. They were scared to leave their houses. Finally an old woman who had some experience came to help. I was in so much pain I thought I was dying. The old lady said I should be taken to a hospital or I might die. But this wasn't an option at that time, and all we could do was pray. It was really a miracle we both survived. I got pregnant again and five months later our street was hit at night. I was so scared. I started to bleed and the next day I had a miscarriage. They said now I can't get pregnant again.

~Save the Children interview, 2017



Focus Governorates

While attacks on medical facilities and personnel have occurred in a number of governorates across Yemen, Watchlist focused its inquiry on Sanaa, Saada, and Taiz in order to capture impacts on children in the weeks and months following attacks. Each has been an area of active conflict, where parties to the conflict have carried out frequent and sustained attacks on medical facilities and personnel and where reports shows significant decline in child health indicators.



Saada

Conflict and Public Health Context

Bordering Saudi Arabia, Saada governorate has been routinely targeted by Saudi Arabia-led coalition airstrikes since March 2015, with reports, according to Médecins Sans Frontières (MSF), of more than 140 bombs being dropped in the capital, Saada City, in a single day in 2015.¹⁰³ On May 8, 2015, the Saudi Arabia-led coalition distributed leaflets in Saada City, declaring the entire area a “military target” and giving

more than 800,000 residents until 7 pm the same day to evacuate.¹⁰⁴ While tens of thousands of people fled, the majority of the city’s residents remained due to shortages of fuel, high costs of travel, and fear of travel through active conflict zones.¹⁰⁵

According to the Office for the Coordination of Humanitarian Affairs (OCHA), in Saada governorate approximately 82 percent of the population were in acute need of humanitarian aid as of October 2016.¹⁰⁶ Also according to OCHA, as of October 2016, in Saada, 77 percent of medical facilities were partially

functioning or had closed,¹⁰⁷ caused at least in part by the flight of medical personnel and shortages of medical supplies,¹⁰⁸ and attacks on medical facilities and personnel. Most medical facilities that have remained open are unable to provide emergency trauma services due to lack of trained staff and necessary equipment and supplies.¹⁰⁹ For a population throughout the governorate of just under 1 million people, there were 6 ambulances,¹¹⁰ 1 kidney dialysis center,¹¹¹ 269 hospital beds (about 1 for every 5,000 people), and 42 doctors (about 1 for every 23,000 people).¹¹² The main hospital lacks specialists in gynecological and obstetric care, and as a result, cesarean sections cannot be performed if needed during childbirth.¹¹³ Some districts have no midwives and pregnancy is considered one of the top causes of death in the governorate.¹¹⁴ Acute respiratory infections and severe diarrheal disease—easily treatable if there is access to medical care—were the leading cause of death among children under-5.¹¹⁵

Attacks on Health Care

On October 26, 2015, Saudi Arabia-led coalition airstrikes destroyed a hospital supported by MSF in the Haydan district of Saada,¹¹⁶ leaving more than 200,000 people without access to lifesaving medical care.¹¹⁷ Prior to the attack, MSF had regularly provided the GPS coordinates of the hospital to parties to the conflict and had clearly marked the building as a hospital.¹¹⁸ The first hit damaged the operations theater and the second hit the maternity ward.¹¹⁹ There were no casualties sustained during the attack, however, the hospital was the only remaining operational facility in the district.¹²⁰ It had treated more than 3,200 patients between May and October 2015, 30 percent of whom were suffering from conflict-related trauma.¹²¹ These injuries included severe abdominal and head trauma and those in need of amputations.¹²²

Case Study: A Humanitarian Worker Describes the Impacts of Conflict and Targeted Attacks on Health Care in Yemen

There was very little access to public health care before the war. Now there is essentially no access. It's because of attacks on civilian infrastructure, [for example] bombing the electricity plant early on so that all hospitals and primary health care centers were running on generators. But there's an extremely limited amount of fuel, so a large number of facilities had to close. If you need trauma care, it's hard to access treatment, but there's probably a better chance you will be treated than if you need chronic or routine care. Dialysis, cancer treatment, it's almost impossible to get help for these issues anywhere in the country. But all of this is also because of the targeting of medical infrastructure. It's a reality that happens every day and health workers are at great risk. For example, there was a double-tap on a hospital in Saada—they bombed the hospital and then waited until health workers started responding and bombed again. It's a tactic to terrify the population.

~Watchlist interview, December 2016

On January 10, 2016, a missile struck the MSF-supported Shiara Hospital in Saada's Razeh district,¹²³ killing 6 people and wounding 10.¹²⁴ The hospital had served an area of approximately one hundred and twenty thousand people,¹²⁵ and had been set up as an advanced stabilization point or de facto emergency room near the border with Saudi Arabia to provide access to health care that patients would otherwise need to travel four to five hours along insecure roads to receive.¹²⁶ Several units collapsed, though the hospital continued to function at a limited capacity.¹²⁷ At the time of the attack, the hospital was undergoing rehabilitation after sustaining major damage following a previous attack.¹²⁸ The newly reconstructed maternity ward, lab, and emergency room were again completely destroyed.¹²⁹ On January 24, 2016, the Saudi Arabia-led coalition released a rocket that struck a corridor leading from the main gate to the main buildings of Shiara Hospital.¹³⁰ Two persons injured during the attack refused to be brought into the hospital, fearful of a second hit if they were inside the building.¹³¹ As a result, neither could be stabilized before transport to another hospital, more than five hours away by road, and one died en route.¹³² According to an MSF doctor, since MSF had begun supporting the hospital in November 2015, staff had continuously treated a large number of severely wounded.¹³³

Ambulances have also been attacked throughout the governorate. On January 21, 2016, a Saudi Arabia-led coalition airstrike hit an MSF ambulance that supported Al Gamhoury Hospital in the town of Dhayan.¹³⁴ The attack was a third strike, timed to hit when the ambulance arrived on site after two previous strikes.¹³⁵ The series of strikes resulted in at least 40 casualties, including civilian first responders;¹³⁶ the ambulance driver was killed in the third strike.¹³⁷

Impact of Conflict and Attacks on Health Care

According to a report by UNICEF, the limited number of medical facilities that have remained open in Saada governorate have been overwhelmed by the large number of casualties and in some cases have turned injured people away.¹³⁸ Vaccination programs have also been limited or in some cases suspended altogether due in part to the closure of a large number of medical facilities, according to OCHA,¹³⁹ outbreaks of preventable diseases have been reported, including a measles outbreak.¹⁴⁰ According to a report by OCHA, 90 percent of diagnosed measles cases were unvaccinated.¹⁴¹ Following the attack on Shiara Hospital, an MSF doctor reported that: "People are more afraid than ever. Since the attack, there have been no deliveries in the maternity room—pregnant women are giving birth in caves rather than risk coming to the hospital."¹⁴²

Sanaa



Conflict and Public Health Context

The capital city of Sanaa in Sanaa governorate has been a site of intense ground fighting between government forces and the Houthis,¹⁴³ and hundreds of Saudi Arabia-led coalition airstrikes have struck military targets, as well as a civilian infrastructure, including residential areas, schools, places of worship, and medical facilities in the governorate. Throughout 2015 and the first half of 2016,¹⁴⁴ electricity was at times available for between 15 minutes and 2 hours per day in Sanaa, forcing medical facilities to run on generators at the same time the entire country was facing critical fuel shortages,¹⁴⁵ according to the International Medical Corps. As a result, MSF reported that some medical facilities in Sanaa ceased operating due to lack of fuel.¹⁴⁶



However, even in facilities that remain open, lack of electricity or fuel to run generators has negatively impacted the care provided. In one case, a child died when the hospital lost power. A deputy manager at Zayad Hospital in Sanaa described the incident: “A few weeks ago a baby [in an incubator] died here because the electricity cut out for an hour. One of the members of the staff was trying his best to save the baby’s life, but within an hour the baby passed away.”¹⁴⁷

In May 2015, shockwaves from an airstrike damaged Al Thawra Hospital, the city’s main public hospital, destroying the emergency department and damaging the blood bank.¹⁴⁸ The World Health Organization (WHO) reported in October 2015 that at least 19 medical facilities had sustained damages from blasts targeting nearby areas in the preceding 6 months.¹⁴⁹ Al Sabeen Maternity and Children’s Hospital in the Sanaa City was also reportedly damaged in September 2015 by Saudi Arabia-led coalition airstrikes that hit surrounding civilian infrastructure.¹⁵⁰ In some cases, airstrikes extensively damaged hospitals in Sanaa. 514 out of 972 medical facilities in the governorate—53 percent—were partially functioning or nonfunctional as of October 2016, according to OCHA.

In addition to many medical facilities’ limited operational capacity due to damages sustained from nearby attacks, nearly all medical facilities in Sanaa have had to treat large numbers of sick and wounded with limited supplies. For example, Al Jumhori Hospital, another large public hospital and one of Yemen’s main referral centers, had by August 2015 reported critical shortages of medical personnel, particularly surgeons, anesthetists, and emergency doctors and nurses to treat the large number of emergency patients, including those presenting with severe burns.¹⁵¹ Prior to the conflict, the hospital had a 300-bed capacity, though it doubled its capacity to 600 at the outset of the conflict. According to a report by the International Medical Corps, occupancy has been at near 100 percent, though treatment for non-emergency injuries and illnesses has been limited or unavailable. Dr. Nasr Al-Qadasi, General Manager of Al Jumhori Hospital explained that: “We are stretched to exhaustion due to the ongoing crisis. Unfortunately, we have to prioritize the treatment of patients according to the critical level of their illness.”¹⁵² That same month, Al Sabeen Hospital, the main medical facility for children and pregnant women in the area, reported that it had entirely run out of IV fluid, anesthetic, blood transfusion tests, Valium to treat seizures, and prepared therapeutic food for severely malnourished children.¹⁵³

Attacks on Health Care

In April 2015, the Saudi Arabia-led coalition bombed a medical facility in the Sheeda district of Sanaa.¹⁵⁴ According to a report by the International Medical Corps, due to other attacks targeting nearby infrastructures, at least 1,000 people were trapped in the area without food or medicine for more than 2 weeks.¹⁵⁵ On June 3, 2015, the Operations Rooms of the Ministry of Health, which manages all emergency operations for the entire country, sustained heavy damages.¹⁵⁶ On September 2, 2015, two ambulances were destroyed when a car bomb detonated shortly after a suicide bomber attacked a mosque in Sanaa City.¹⁵⁷

Four days later, on September 6, 2015, Saudi Arabia-led coalition airstrikes targeting a security building located in front of Al Sabeen, the pediatric hospital, significantly damaged the hospital itself.¹⁵⁸ All patients and staff were evacuated, including women who were in labor, and 20 infants in incubators.¹⁵⁹ According to MSF, two of the infants died during the evacuation due to lack of oxygen.¹⁶⁰ The National Blood Transfusion center, housed in the same compound as the hospital, was also partially damaged during the attack.¹⁶¹ On January 5, 2016, the Saudi Arabia-led coalition bombed the Al Noor Center for Care and Rehabilitation of the Blind in Sanaa City.¹⁶² The Houthis had endangered the building by placing military personnel inside the same complex.¹⁶³

Impact of Conflict and Attacks on Health Care

Access to health care in Sanaa governorate has been impacted in a variety of ways by conflict and attacks on medical facilities and personnel. For example, according to OCHA, many public medical facilities have been overwhelmed with mass casualty management and in some cases referred patients to private medical



facilities, which charge for care—a serious burden for already vulnerable families.¹⁶⁴ Some hospitals facing shortages of trained medical personnel have had to rely on volunteers with basic training and experience.¹⁶⁵ A father who transported his son to Al Sabeen Hospital explained: “The lack of medicine is the main problem for us. My son has pertussis (a respiratory disease) and as a farmer I can’t afford the cost of treatment. I would sell anything to save his life.”¹⁶⁶ A doctor at Al Sabeen Maternity and Children’s Hospital discussed



Case Study: A Doctor Describes Treating Children at Al Sabeen Hospital in Sanaa Governorate

There are a lot of cases arriving to us from many other governorates because there aren’t close hospitals for them. For example, there is a case that came from Lahj governorate [approximately 408 kilometers away]; he needed oxygen only, just oxygen—but that’s due to the lack of basics for the emergency room that he couldn’t even get oxygen anywhere in Lahj. There are cases from other governorates because of the lack of blood in the hospitals and lack of medicines. But it’s the cases of malnutrition we have seen, also coming to us from all around the country, where children are suffering the most.

~Watchlist interview, January 2017

compounding challenges to children's health: "It is a vicious cycle at the moment. Many children get sick because there isn't enough food or because of dirty water. They come here and gradually get better. But when we send them back they face the same problems. One in five relapses."¹⁶⁷



Conflict and Public Health Context

Since March 2015, fighting has been near continuous in Taiz governorate, particularly in the capital, Taiz City, Yemen's second largest city behind the capital, Sanaa. Pro-government forces hold the city center. Houthi forces surround the city. The city's 200,000 residents have faced shelling, airstrikes, crossfire, landmines, and snipers, while access to lifesaving health care has become increasingly limited. Women and children constitute a high proportion of the war-wounded.

With limited exception, the Houthis have prevented humanitarian agencies from delivering lifesaving medical supplies into Taiz.¹⁶⁸ According to MSF, on several occasions, Houthi authorities delayed or denied the entry of humanitarian and medical aid into the center of the city or surrounding areas.¹⁶⁹

During some periods, there have been no formal rescue services as roads have been too dangerous due to the intensity of the fighting; some residents have had to dig out family members or friends from the rubble of damaged buildings and try and transport them to medical facilities.¹⁷⁰

Along with flight of medical personnel at the outset of the conflict, acute shortages of water, food, electricity, and essential medicines have led to the closure of almost all of the city's public (free) medical facilities.¹⁷¹ While some private facilities remain open, the cost

of treatment is prohibitive for the majority of the population. Three of the cost-free hospitals that remain open, Al Thawra, Al Jumhori, and the MSF-run Mother and Child Hospital have operated with severely limited staff and supplies. Al Thawra has been indirectly hit when airstrikes carried out by the Saudi Arabia-led coalition hit nearby targets, resulting in heavy damages to multiple units.¹⁷² According to Dr. Sadeq Shujaa, head of the local doctor's union, in February 2016: "Shelling hit the only cancer hospital and the children's hospital [at Al Thawra Hospital], shutting them down."¹⁷³

According to MSF, there have been significant increases in malnutrition, watery diarrhea, and dehydration—conditions that require urgent treatment.¹⁷⁴ However, since September 2015, Al Thawra and Al Jumhori have only been able to provide limited services;¹⁷⁵ the majority of Taiz's residents suffering from malnutrition or dehydration as well as those with chronic diseases such as diabetes, kidney diseases, and cancer have been without access to life-saving medical care.¹⁷⁶ Additionally, for the war wounded, many of whom require surgery for gunshot wounds, and burn and blast injuries from airstrikes and landmines, anesthesia has been in short supply;¹⁷⁷ in some cases, doctors have been forced to operate without it.¹⁷⁸

Attacks on Health Care

Parties to the conflict have repeatedly attacked medical facilities in Taiz, leading to the partial or complete closure of some medical facilities and significantly straining the already diminished capacity of the few that remain open. Some hospitals have been hit repeatedly. Al Thawra Hospital has been shelled on numerous occasions, including at least 12 times in 2015.¹⁷⁹ According to the WHO, 19 people were killed and 91 people were injured during one of the attacks on Al Thawra Hospital, on April 26, 2015.¹⁸⁰ At the time of these attacks, Al Thawra had been reportedly treating an average of 50 war-wounded people per day.¹⁸¹ The

series of attacks damaged the emergency room, medical wards, burn center, dialysis machines and treatment stores, gynecological and obstetrics departments, as well as hospital infrastructure, including water pipes.¹⁸² On August 24, 2015, armed militants stormed and subsequently occupied the Yemen International Hospital, forcing all 80 patients out of the hospital, 20 of whom had been in the Intensive Care Unit at the time of the attack.¹⁸³

Parties to the conflict have attacked or forcibly taken clearly marked ambulances. In April 2015, medical staff reported to MSF that armed men attacked an ambulance while medical personnel were en route to collect wounded; a nurse was killed and the driver was injured during the attack.¹⁸⁴ On April 25, 2015, militants reportedly looted the local Ministry of Health office in Taiz, stealing among other items, two fully equipped ambulances and two mobile clinic vehicles with supplies.¹⁸⁵ On July 23, 2015, an ambulance marked with the Yemeni Red Crescent Society emblem came under fire by unknown assailants while transporting a patient and two volunteers; bullets penetrated the ambulance, resulting in the immediate death of the patient and one of the volunteers.¹⁸⁶ In July 2016, armed men stole an ambulance from an MSF-supported hospital.¹⁸⁷ In October 2016, an armed man entered an MSF ambulance and fired shots in the air from the ambulance window.¹⁸⁸

Parties to the conflict have also kidnapped medical personnel and detained patients at checkpoints. On August 5, 2015, at least seven armed Houthi assailants kidnapped Dr. Abdul Kader Al Guneid from his home in the city of Taiz.¹⁸⁹ According to a report by Human Rights Watch, Dr. Al Guneid had stopped practicing at one of the local medical facilities due to fear of being detained, though he had remained an outspoken critic of the Houthis on social media.¹⁹⁰ He was detained until May 21, 2016, when he was released.¹⁹¹ In November 2015, soldiers stopped a medical technician at a checkpoint



after finding his hospital ID card and detained him for about one month, according to MSF.¹⁹² He was released only after relatives paid his bail.¹⁹³ In May 2016, an ambulance carrying a patient in critical condition was held at a checkpoint for more than one hour.¹⁹⁴

According to a November 2016 report by Amnesty International, at least three hospitals were shut down for varying lengths of time in Taiz governorate as a result of threats against staff by anti-Houthi forces (including local fighters and military forces in Yemen backed by the Saudi Arabia-led coalition).¹⁹⁵ For example, on November 21, 2016, anti-Houthi forces raided and shutdown Al Thawra Hospital, apparently as retribution for treating three injured Houthi fighters.¹⁹⁶ According to an administrative worker at Al Thawra interviewed by Amnesty: "Hundreds of times [anti-Houthi fighters] threatened us and interfered with the hospital's administration and our decision-making. When we stand up to them, they threaten us with being killed."¹⁹⁷ Staff at Al Thawra Hospital also told Amnesty International that anti-Houthi fighters had set up defensive positions around the hospital, including by parking tanks around the hospital compound.¹⁹⁸ According to the staff members interviewed, this has

put hospital buildings, staff, and patients at serious risk amid retaliatory fire from Houthi forces.¹⁹⁹ In October 2016, a surgeon in an MSF-supported hospital in Taiz City was forced to operate at gunpoint.²⁰⁰

Impact of Conflict and Attacks on Health Care

The closure of nearly all hospitals in the city of Taiz, and limited operations of hospitals that remain open, have resulted in the lack of access to health care for weeks, months, or years for tens of thousands of the city's residents. According to MSF, limited access to essential health care services in Taiz has increased the risk of morbidity and mortality from mass casualty events and other common diseases, such as diarrhea, respiratory infections, and vaccine-preventable diseases.²⁰¹ Many medical personnel have also reported working in an almost constant state of fear.²⁰²

Many sick and injured people have had to take extensive detours to reach medical facilities that remain open in order to avoid active frontlines and landmines, extending their travel time by hours.²⁰⁴ An emergency room nurse remarked that: "Our patients face great difficulties in accessing health care. They put their lives at risk when they travel to the hospitals. Sometimes patients have been killed or die of their injuries on their way here."²⁰⁵ Another emergency room staff member stated: "People needing care have only two options: stay in their houses and bleed to death, or take the risk and come to the hospital to save their lives. They don't feel safe."²⁰⁶

Some of the city's residents have risked traveling by road at great expense from Taiz to Sanaa to seek treatment. A father of a child suffering from an acute respiratory infection interviewed for the report explained: "Due to the war in Taiz, I had to bring my daughter here. She was suffering from a chest infection that affected her heart and kidneys. There are no hospitals in Taiz and we could not see our daughter going through hell without doing anything."²⁰⁷



Case Study: Emergency Room Supervisor in Taiz City Describes Working Amidst Insecurity

I don't feel safe. At the moment there is shelling targeting a neighborhood very close to the hospital. Moreover, there is a lack of security when we receive a war-wounded patient and we don't have the capacity to do surgical operations. We are afraid of the reactions from the gunmen and caregivers. The hospital has been targeted directly since the beginning of the war, so we are suffering from fear and panic. We don't feel safe as long as the hospital is subject to shelling. Three weeks ago, the roof of the staff building inside the hospital compound was hit by a mortar. There have also been several gunmen entering, but so far we have been able to manage their anger and solve those situations.

~MSF, October 2016²⁰³



Conclusion

- Watchlist's investigation found that the warring parties' attacks on medical facilities and personnel in 2015 and 2016 have compounded challenges to children's health, already exacerbated by the escalation of armed conflict during that time. In the past two years, in Saada, Sanaa, and Taiz, increased conflict and targeted attacks on health care have led to significantly more children directly injured, suffering, and dying from preventable causes, including malnutrition, diarrheal disease, and vaccine-preventable diseases (e.g. polio and measles).

Watchlist calls upon all parties to the conflict to immediately cease attacks against medical facilities and personnel. It also calls on concerned member states to take concrete measures to remedy impunity for violations of international law relating to the protection of medical care and the provision of humanitarian aid in armed conflict. Watchlist also recommends the UN Secretary-General, in his 2017 annual report on

children and armed conflict, list the Saudi Arabia-led coalition for attacks on hospitals in accordance with Security Council Resolution 1998. Finally, Watchlist hopes that all stakeholders will use this report to strengthen efforts to prevent attacks on medical facilities and personnel, and respond to them when they occur.

Endnotes

- ¹ The Special Representative of the Secretary-General for Children and Armed Conflict (SRSG-CAAC) interprets its mandate to list parties responsible for attacks against ‘hospitals,’ a term that refers to all medical facilities, including medical units and services, whether military or civilian, fixed or mobile, permanent, ad hoc, or temporary, aiming at the delivery of preventive and/or curative medical care. The term includes, for example, hospitals in the strict sense of the word, medical depots, maternity wards, medical transports, blood transfusion centers, and mobile vaccination and community-based services. Such medical care facilities are known to the community as such and are not required to be recognized or authorized by parties to conflict. Office of the SRSG-CAAC, United Nations Children’s Fund (UNICEF), WHO, and the United Nations Educational, Scientific, and Cultural Organization (UNESCO), “Protect Schools + Hospitals: Guidance Note on Security Council Resolution 1998,” May 2014, <https://childrenandarmedconflict.un.org/publications/AttackonSchoolsHospitals.pdf> (accessed April 2, 2017). The legal basis for this violation lies in relevant International Humanitarian Law, Rule 28, which protects all ‘medical units,’ a term which includes all facilities organized for a medical purpose and used exclusively for this purpose. International Committee of the Red Cross (ICRC), “Customary International Humanitarian Law, Rule 28 (Medical Units),” https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule28 (accessed January 31, 2017).
- ² UN Office for the Coordination of Humanitarian Affairs (OCHA), “Yemen: Cholera Outbreak, Situation Report,” January 15, 2017, http://reliefweb.int/sites/reliefweb.int/files/resources/cholera_sitrep_final.pdf (accessed February 8, 2017), p. 2.
- ³ The World Health Organization (WHO), “Health System in Yemen,” November 2016, <http://reliefweb.int/sites/reliefweb.int/files/resources/yemen-herams-infographic-november2016.pdf> (accessed February 8, 2017).
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- ⁵ OSRSG-CAAC, UNICEF, WHO, and UNESCO, “Protect Schools + Hospitals: Guidance Note on Security Council Resolution 1998,” Annex II.
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- ⁷ Somini Sengupta, “Saudis Pressure U.N. to Remove Them From List of Children’s Rights Violators,” *The New York Times*, June 6, 2016, <https://www.nytimes.com/2016/06/07/world/middleeast/yemen-saudi-arabia-children-war.html> (accessed February 26, 2017).
- ⁸ Figures shared March 26, 2017; this data has not been otherwise published.
- ⁹ ICRC, “Everyone Wounded or Sick During Armed Conflict has the Right to Health Care,” December 9, 2016, <https://www.icrc.org/en/document/everyone-wounded-or-sick-during-armed-conflict-has-right-health-care> (accessed March 31, 2017).
- ¹⁰ “Two Years of War in Yemen,” Action Against Hunger joint statement, March 22, 2017, <http://www.actionagainsthunger.org/blog/two-years-war-yemen> (accessed April 2, 2017).
- ¹¹ OCHA, “Humanitarian Bulletin, Yemen, Issue 19,” December 31, 2016, http://reliefweb.int/sites/reliefweb.int/files/resources/yemen_humanitarian_bulletin_issue_19_-_december_2016.pdf (accessed March 28, 2017), p. 1.
- ¹² “Amid Humanitarian Funding Gap, 20 Million People Across Africa, Yemen at Risk of Starvation, Emergency Relief Chief Warns Security Council,” United Nations Meetings Coverage and Press Releases, March 10, 2017, <https://www.un.org/press/en/2017/sc12748.doc.htm> (accessed March 21, 2017).
- ¹³ Ibid.
- ¹⁴ UN Office for the High Commissioner for Human Rights (OHCHR), “Civilians in Yemen Caught Between Warring Parties,” February 10, 2017, <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=21163&LangID=E> (accessed March 21, 2017).
- ¹⁵ OCHA, “Yemen Humanitarian Response Plan, January-December 2017,” January 2017, http://reliefweb.int/sites/reliefweb.int/files/resources/2017_HRP_YEMEN.pdf (accessed March 21, 2017), p. 6.
- ¹⁶ UNICEF, “Falling Through the Cracks: The Children of Yemen,” March 27, 2017, https://www.unicef.org/videoaudio/PDFs/Yemen_2_Years_-_children_falling_through_the_cracks_FINAL.pdf (accessed March 31, 2017), p. 3.
- ¹⁷ Watchlist interview (name and location withheld), doctor, January 2017.
- ¹⁸ Watchlist notes that the recommendations of the Secretary-General, pursuant to paragraph 13 of Security Council Resolution 2286 on measures to protect health care in conflict, are relevant to the situation in Yemen and ought to be implemented by all stakeholders. Many of the Secretary-General’s recommendations have been included in this report. See: UN Security Council, Recommendations of the Secretary-General, submitted pursuant to paragraph 13 of Security Council resolution 2286 (S/2016/722), http://www.un.org/en/ga/search/view_doc.asp?symbol=S/2016/722 (accessed January 31, 2017).
- ¹⁹ OSRSG-CAAC, UNICEF, WHO, and UNESCO, “Protect Schools + Hospitals: Guidance Note on Security Council Resolution 1998,” Annex II.
- ²⁰ Ibid., pp. 6-13.
- ²¹ Ibid., p. 11.
- ²² ACAPS, “Yemen Country Profile,” July 24, 2015, http://reliefweb.int/sites/reliefweb.int/files/resources/acaps_country_profile_yemen_24july2015.pdf (accessed October 4, 2016), p. 4.

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- ²⁸ OCHA, “Humanitarian Bulletin, Yemen, Issue 1,” August 2015, <http://reliefweb.int/report/yemen/yemen-humanitarian-bulletin-no-1-27-august-2015> (accessed October 4, 2016), p. 3.
- ²⁹ OCHA, “Yemen: Humanitarian Catastrophe Situation Report, No. 13,” June 30, 2015, <http://reliefweb.int/report/yemen/yemen-humanitarian-catastrophe-situation-report-no-13-30-june-2015-enar> (accessed October 5, 2016), p. 2.
- ³⁰ Security Council Report, “Meeting on the Situation in Yemen,” Post to “What’s in Blue,” March 16, 2017, <http://www.whatsinblue.org/2017/03/yemen-meeting-on-possible-attack-on-hodeidah.php> (accessed March 21, 2017).
- ³¹ Ibid.
- ³² Médecins Sans Frontières (MSF), “The Steady Bleed: MSF Briefs on the Collapse of Healthcare in War-Torn Yemen,” August 1, 2015, http://www.msf.org/sites/msf.org/files/yemen_msfbriefs-external-ok.pdf (accessed October 5, 2016), p. 2.
- ³³ Ibid., p. 30.
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- ¹⁹⁹ Ibid.
- ²⁰⁰ MSF, “Yemen: Health Care Under Siege in Taiz,” p. 14.
- ²⁰¹ Ibid., p. 35.
- ²⁰² Ibid.
- ²⁰³ MSF, “Yemen: Health Care Under Siege in Taiz.”
- ²⁰⁴ Ibid., p. 21.
- ²⁰⁵ Ibid., p. 24.
- ²⁰⁶ Ibid., p. 12.
- ²⁰⁷ Watchlist interview (name and location withheld), January 2017.

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An ambulance drives past a building destroyed during recent fighting in Yemen's southwestern city of Taiz March 14, 2016.

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Page 2 Map of Yemen, © United Nations Cartographic Section

Page 1 (Table of Contents): Boy receives treatment for malnutrition at Al Sabeen Hospital in Sanaa.

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Page 4 Photo of vaccination card amidst rubble from a damaged health center in Hajjah governorate.

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Page 9 Damaged hospital in Hajjah governorate.

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Page 10 Three boys displaced from Saada.

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Page 11 A health worker administers drops of polio vaccine to children in an outskirt of the Yemeni capital Sanaa April 7, 2014.

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Page 12 Mother and child receiving treatment at Al Thoura Hospital in Hodeidah.

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Page 13 Pediatric weighing station in Khamer Hospital, Sanaa.

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Page 14 Doctor treating infant at Al Ghomoury Hospital in Sanaa.

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Page 17 Child being treated for malnutrition.

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Page 18 Damage is seen inside a hospital operated by Médecins Sans Frontières after it was hit by a Saudi-led coalition air strike in the Abs district of Hajja province, Yemen August 16, 2016.

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Page 19 A man and a boy walk at a site hit by a Saudi-led air strike in Yemen's capital Sanaa July 3, 2015.

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Page 22 Mother grieving the death of her malnourished son at Al Thoura Hospital, Hodeidah.

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Page 23 Therapeutic peanut paste is distributed to mothers and their children.

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Page 25 Destroyed health center in Hodeidah.

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Page 27 Ali, aged 9, who was seriously injured in an airstrike in June 2016, which left him deaf and unable to speak. Now he uses a hearing aid in both ears—and after surgery and time with a speech therapist, he is slowly beginning to talk again.

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“Every Day Things are Getting Worse” The Impact on Children of Attacks on Health Care in Yemen

As the conflict continues between forces aligned with the Hadi government, the Houthis and their allies, and the Saudi Arabia-led coalition, maintaining access to health care is of vital importance. However, after two years of conflict in Yemen, many children are prevented from accessing health care because parties to the conflict have attacked medical facilities and personnel and occupied medical facilities for military purposes. The de facto blockade imposed by the Saudi Arabia-led coalition has also prevented entry into the country of lifesaving medical supplies and humanitarian aid, further hindering children’s access to quality health care.

Based on interviews conducted by Save the Children between 2015 and 2017 and *Watchlist on Children and Armed Conflict* between December 2016 and January 2017, *“Every Day Things are Getting Worse” The Impact on Children of Attacks on Health Care* documents incidents and impacts on children of attacks on medical facilities and personnel and the denial of access to humanitarian aid.

Watchlist calls upon all parties to the conflict to immediately cease attacks against medical facilities and personnel. It also calls on concerned member states to take concrete measures to remedy impunity for violations of international law relating to the protection of medical care and the provision of humanitarian aid in armed conflict.

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