The illegal targeting of healthcare in the Yemen armed conflict: A quantitative and qualitative content analysis of the experiences of humanitarian actors and the Yemeni population

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This thesis is submitted for obtaining the Master’s Degree in International Humanitarian Action and Conflict. By submitting the thesis, the author certifies that the text is from his/her hand, does not include the work of someone else unless clearly indicated, and that the thesis has been produced in accordance with proper academic practices.
Abstract

The illegal targeting of healthcare in armed conflict is nothing new but its continuance and impunity at a time when the protection of it has formally never been higher, for instance through the UNSC Resolution 2286, motivated this study. Therefore, the thesis analyses how the illegal targeting of healthcare affect humanitarian actors operating in Yemen as well as the local population. How the population and humanitarian actors perceive and interpret the violent targeting of healthcare was explored as well.

This study is based on a quantitative and qualitative content analysis of 11 media outlets and 25 documents provided by humanitarian actors. As a theoretical framework the humanitarian principles, international humanitarian law and the politicisation of humanitarian aid were addressed. Moreover, securitization theory was used in order to explain how humanitarian actors securitize the targeting through language. The results show that consequences of the illegal targeting for humanitarian organisations are limited access to the field as well as the closing of facilities and withdrawal of staff due to security issues. For the Yemeni population consequences are a limited access to healthcare as well as a loss of trust in the safety of medical facilities and therefore they often take the decision to not seek medical care. The analysis shows that humanitarian actors present the illegal targeting as a threat to the survival of beneficiaries and connect this to their own organisational survival and through that securitize the illegal targeting.

Keywords: Humanitarian action, Yemen, healthcare, international humanitarian law, illegal targeting, politicisation, security, content analysis.
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1. Introduction

1.1 Background

The increasing targeting of healthcare in armed conflicts like Syria and Yemen is alarming since the targeting continues despite efforts such as the UNSC Resolution 2286 (2016) which condemns attacks on healthcare in armed conflict (Heisler et al., 2015). These attacks clearly violate the Geneva Conventions and thus international humanitarian law (IHL), but continue with impunity. Yemen has been called the world’s largest humanitarian crisis which, despite efforts to help, continues today (UN News, 2018). Currently around 18 million people lack access to basic healthcare in Yemen due to the armed conflict (World Bank, 2019). The conflict erupted in 2015 when the Saudi-led coalition began its military operation against the Houthi movement who took over the capital and other cities. This operation took place due to President Hadi asking Saudi Arabia for help to restore the official government of Yemen (GOY) (Ruys & Ferro, 2017). Currently the US backs the Saudi-led coalition but approval is in decline and the senate voted to end the support (BBC News, 2019).

The increasing complexity of armed conflicts also affects those trying to bring relief to the suffering population, namely humanitarian organisations. Humanitarian inviolability enables humanitarian actors to carry out relief work in situations of extreme human suffering, often in violent conflicts (Anderson, 2004). This rests upon neutrality and impartiality which ensure that relief is given to civilians on all sides without distinction and according to need (ibid.). However, the increasing politicisation of aid creates doubts regarding the true neutrality of these actors (McGoldrick, 2015). An example is the destruction of a Médecins Sans Frontières (MSF) hospital in Yemen which resulted in at least 200,000 people being left without access to healthcare (McGoldrick, 2015). This clearly shows the lack of respect for IHL and the devastating effect these attacks have on the population, with long-term consequences. Thus, healthcare is also being used as a weapon in war by violently depriving people of it. This strategy denies people access to healthcare as well as targeting health facilities and health workers (Fouad, 2017).

Therefore, it is of crucial importance to analyse the impact illegal targeting of healthcare in armed conflict has on the recipients of healthcare, but also humanitarian actors. Furthermore, it is valuable to provide a better understanding of the issue in question by
looking at the recipients’ and humanitarian actors’ perceptions of these challenges. The importance of humanitarian actors is stressed by the fact that they are usually the only ones who provide information, since entering Yemen is often impossible for media representatives (Grønhaug, 2018). Thus, the gathering of documents from the perspective of humanitarian actors will add to the understanding of the conflict reality. These perspectives can be found in a number of media outlets and humanitarian reports and will be analysed through a quantitative and qualitative content analysis. The data provided in an interview conducted with an MSF humanitarian advisor will provide additional information.

1.2 Research aim and questions

The aim of the study is to explore the consequences of the violent targeting of healthcare in armed conflict for the providers, in my case humanitarian actors, and the recipients of such care. The Yemen armed conflict is a relevant choice for this study for two main reasons. It represents one of the most recent conflicts and hence can offer crucial knowledge of the current state of humanitarian action. Moreover, violent targeting of healthcare is quite common there. In 2017 alone, attacks on health workers and facilities occurred 23 times in Yemen and the denial of humanitarian access at least 76 times (Safeguarding Health in Conflict, 2018). The majority of perpetrators in these cases are the Saudi-led coalition, Houthi forces and the Yemeni government forces (ibid.). Even though Yemen faces a variety of complex issues due to the conflict, the targeting of healthcare in a time were the protection of it has never been stronger, is deeply concerning.

For this study I will follow the understanding of healthcare according to Physicians for Human Rights who include under attacks on healthcare the following: attacks on hospitals, health clinics, ambulances or other facilities via shelling or any military activity that causes physical damage. Furthermore, also included are the killing, kidnapping or other bodily harm inflicted on healthcare professionals as well as pressure or intimidation of personnel for treating all wounded and sick indiscriminately (Physicians for Human Rights, 2018). The two research questions that will lead the study are the following:
1. How does the violent targeting of healthcare in the Yemen armed conflict affect the recipients of healthcare and humanitarian actors, as the providers of such care?

2. How do the recipients of healthcare and humanitarian actors perceive and interpret the violent targeting of healthcare in Yemen?

1.3 Previous research

There is a broad spectrum of research that has been done on armed conflict and healthcare. Murray et al. (2002) focus on the consequences armed conflict has for public health and conclude that more reliable data is needed to provide accurate forecasts. These can enable health workers to prepare better and inform foreign policy. The consultancy report by Mülhausen et al. (2017) also aims at informing future policy as well as research on attacks on healthcare in armed conflict.

Other studies have focused on the challenges for women and girls, who are often heavily affected from indirect consequences of armed conflict. Chi et al. (2015) concluded in their study on Burundi and northern Uganda that attacks on healthcare are affecting access to maternal and reproductive health services and reduce its quality. Southall (2011) argues that without security, healthcare is not possible and this affects especially (pregnant) women and children. Detailed approaches are proposed which should enable health professionals to better protect healthcare in armed conflicts. For instance, to have better advocacy for the protection of healthcare and even deploying an international health protection force.

Some researchers discuss the nature of reporting and collecting data on healthcare attacks. Patel et al. (2017) explain that there is an increase in data collection but data on violence local healthcare workers are facing is often lacking. In their article, Haar et al., (2014), focused on the validation of an evaluation method that should enable local healthcare workers in eastern Burma to report incidents when providing healthcare. A comparative study of healthcare attacks in six different countries has been undertaken by Briody et al. (2018) and shows that a global standardized system of reporting attacks on facilities is missing and would lead to more accountability. However, the authors also came to the
conclusion that attacks on facilities, especially in Syria, have increased compared to earlier conflicts.

Other articles address Syria as well where healthcare attacks have occurred on a large scale. Heisler et al. (2015) argue that as long as the international community does not enforce IHL these attacks on healthcare will lead to a normalization of violating medical neutrality. The weaponization of healthcare and how this strategy affects healthcare personnel has been addressed by Fouad et al. (2017). The authors call for more research on the impact of violent events on healthcare workers as well as calling for a mobilisation of health workers worldwide. The consequences of the violent targeting for the local population has been addressed by Carmichael & Karamouzian (2014). The authors argue that the humanitarian sector needs to regain its legitimacy by reducing their dependence on governments for funding, logistics and security.

Previous research on Yemen often focuses on the reasons for the conflict and discusses ways to resolve it (see Darwich, 2018; Forster, 2017; Orkaby, 2017; Ahmed & Al-Rawhani, 2018). For instance, Forster (2017) addresses the question of legitimacy and locally and globally driven peace process and how this hinders resolving a conflict. More specific research on the violent attacks on healthcare in Yemen discuss the functionality of an already weak healthcare system (Qirbi & Ismail, 2017). The authors conclude that the current conflict has resulted in a humanitarian catastrophe and broke the already weak healthcare system in Yemen. The authors question if the healthcare workers who fled Yemen are being sufficiently replaced by alternative providers.

Even though these articles can be very informative for my topic, there is little scientific research regarding the consequences of the healthcare attacks for the providers and recipients in Yemen and their perceptions of those. My research aims at shedding light on these particular experiences.

1.4 Relevance of the research

This study is going to provide a detailed basis on how the illegal targeting of healthcare in the Yemen armed conflict affects the work of humanitarian organisations as well as the lives of the civilian population. Even though all conflicts are unique I nevertheless
argue that crucial information can be taken from the Yemen armed conflict and applied to different settings. \(^1\) Since this research is exploring the consequences the illegal targeting has, from a scientific point of view, it can provide a deeper understanding and analysis of the experiences of humanitarian actors and the Yemeni population. By emphasising their experiences and their interpretation of the issue, future research can focus on these and develop practices to increase the protection of healthcare.

Moreover, this thesis also provides crucial information for the humanitarian field since the targeting of healthcare in violent conflicts severely concerns and affects humanitarian actors. Ideally, this research will provide a new angle regarding the issue as well as a better understanding of the importance of humanitarian inviolability in armed conflicts. This study can help to provide a more nuanced understanding of contemporary security threats in armed conflict as well as inform domestic policy making and international organisation planning.

1.5 Disposition

This thesis is divided into six parts. The first part presents the aim and research questions as well as previous research and the relevance of this study. The second part will give a brief overview of the Yemen armed conflict. The theoretical background of the study will be presented in the third part followed by the data and methods. The fifth part is the analysis and will provide the results. The last part will be the conclusion which includes a final discussion and some considerations for the future.

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\(^1\) According to the Geneva academy in 2017 there were 55 armed conflicts of which 38 were non-international armed conflicts (NIACs) in which the Yemen armed conflict is included (Bellal, 2018).
2. The Yemen armed conflict

The current Yemen armed conflict began in March 2015 when the Gulf Coalition Council (GCC), led by Saudi Arabia, began its military operation called “Decisive Storm”. This operation took place due to President Abd Rabbu Mansour Hadi asking Saudi Arabia for help to restore the official government of Yemen (GOY) (Ruys & Ferro, 2017). Hadi was forced to flee Yemen due to the Houthi movement taking over the capital Sanaa and, soon after, the southern city of Aden.\(^2\) The Houthi movement comprises mainly but not entirely members from the Zaidi minority from northern Yemen which represent around 30 – 40% of the population (Świetek, 2017). Since then a bloody war between the GOY, which is supported by Saudi Arabia which in turn are supported by the US, and the Houthi movement which allegedly receive support from Iran is being fought (Ruys & Ferro, 2017). Figure 1 visualises the parties\(^3\) to the conflict and their relation with each other.

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\(^2\) A map of the division of Yemen between different forces can be found in the appendix.

\(^3\) Figure 1 includes both state and non-state actors.

\(^4\) STC = Southern Transitional Council; ISIL = Islamic State of Iraq and the Levant; AQAP = Al-Qaeda in the Arabian Peninsula; JOR = Jordan; EGY = Egypt; BHR = Bahrain; SD = Sudan; KWT = Kuwait; MOR = Morocco; UAE = United Arab Emirates; Saleh = former president of Yemen, died during the conflict.

\(^5\) Based on: UN; Orkaby (2017); Forster (2017); Świetek (2017).
The current humanitarian crisis has many layers. Among them are a cholera epidemic, a collapsed healthcare system and that 70% of the population are food insecure, with 10 million close to famine (Høvring, 2019; UN News, 2019). The reasons are manifold and include the deliberate targeting of civilian infrastructures, the blockade on commercial goods, fuel, food and medicine by the Saudi-led coalition as well as weakened public institutions and services (Høvring, 2019). It is estimated that around 17,700 civilians have died during to the conflict (ibid.). These layers and consequences are certainly interconnected. For instance, the cholera epidemic can be partly attributed to insufficient healthcare, as well as lack of medicine and clean water.

The previously already weak healthcare system is at the moment almost non-existent. The blockade of the port al-Hudaydah was supposed to prevent Iranian weapons entering Yemen but is in fact preventing necessary goods reaching the civilian population (Darwich, 2018). Moreover, people cannot afford food when it is available due to the public sectors not being paid (Feierstein, 2017). Another issue is the lack of healthcare workers since most fled Yemen, which only leaves a few with limited medical equipment (Gallardo et al., 2016). There have been negotiations in December 2018 between the Houthis and the GOY facilitated by the UN and Sweden in Stockholm. The outcome of the negotiations was a ceasefire for the al-Hudaydah region but this has been already violated by the Houthis and thus the future of peace talks seems fragile (Knights, 2019).

Humanitarian organisations in Yemen face the problem of access but also a high degree of danger to their aid workers. For instance, at least three medical centres by MSF have been bombed (Gallardo et al., 2016). The increasing danger and lack of protection was also raised by Pieter-Jan van Eggermont, a humanitarian advisor working for MSF in Stockholm in the course of our interview:

> There has also been a systematic disregard for the neutrality of healthcare [and] several actors in this conflict have strategically used [the] positioning of hospitals and healthcare centres for their military positions compromising the neutrality and affecting the protection of these facilities. (Pieter-Jan van Eggermont, 2019)

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6 By now the Saudi-led coalition has agreed to re-open the port (Wintour, 2017).
These violations are especially striking in a period of time with a strong focus on the protection of healthcare. This was affirmed by Pieter-Jan in the following words:

It’s kind of absurd because all of this happened in a period when there has never been a more intense focus of protection on medical care in modern history. There was a resolution number 2286 in [the] UN Security Council where Sweden amongst others were very active so let’s say the language on protection of medical care in armed conflict has never been stronger than today. (Pieter-Jan van Eggermont, 2019)

Furthermore, the targeting has a devastating impact: “by the end of 2017, more than 55% of the country’s medical facilities had closed due to attacks and lack of staff, medical supplies, and funding” (Safeguarding Health in Conflict, 2018: 29). Finally, another aspect that increases the complexity of the humanitarian crisis is that the biggest donors of the humanitarian response are precisely the same countries which are involved in the conflict such as the Saudi-led coalition (Financial Tracking Service, 2018).

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7 An overview of the reported attacks on healthcare in Yemen from 2015-2019 can be found in the appendix table 3.
3. Theoretical framework

This chapter is going to define important key concepts that will help me analyse my data. The four principles on which humanitarian work is based as well as international humanitarian law and the politicisation of humanitarian aid will be presented. The rationale for this is to provide the reader with a better understanding of the context since these topics are central to understanding the material. In addition to this, the securitization theory will be explained which will help examining the material provided by humanitarian actors.

3.1 Humanitarian principles

Three of the four humanitarian principles were established by the UN General Assembly in 1991 and echoed by the ICRC. In 2004 the last one, independence, followed (Rysaback-Smith, 2015). According to Walker (2009: 2-3) the core principle of humanitarian action is the principle of humanity. This entails both the desire to provide assistance to people in need as well as to seek this assistance. However, considering limited resources and conflicting agendas, assistance cannot be provided to everyone and thus the principle of impartiality is needed. This requires humanitarian organisations to address suffering without discrimination and treat people based on urgency. In order to allow the system to bring relief to people based only on severity and urgency the two operating principles of neutrality and independence evolved. These principles aim at gaining impartial access to the victims and for that trust is needed. Neutrality means that the humanitarian organisation is only driven by alleviating suffering and will not interfere in the conflict or political discourse. Independence is crucial for humanitarian organisations to enable them to make their own decisions and thus this supports both neutrality and impartiality. It means that the humanitarian organisation works without any political or military objective (Rysaback-Smith, 2015).

Neutrality and impartiality combined grant humanitarian inviolability which is “the ability of humanitarian relief agencies, to act in situations of extreme human need and suffering, (...) with the assurance that their personnel, their property, and their activities will not be made the object of attack” (Anderson, 2004: 41). This principle is under attack since humanitarian actors are not necessarily being viewed as true neutrals anymore (ibid.).
3.2 International humanitarian law

It is important to present the laws related to armed conflict and to the illegal targeting of healthcare. The provision of relief and the protection of humanitarian workers can be found in the 4th Geneva Convention, the two Additional Protocols and Common Article 3 (Gómez-Saavedra, 2017). This is the basis for the right of humanitarian actors to advocate for access and provide relief as well as the duty of states to facilitate such relief (ibid.). Especially important for this research is AP I Art. 71(2) and in internal conflicts, AP II, Art. 18(2) under which humanitarian actors are entitled to be respected and protected (ibid.). However, there are some legal grey areas in regard to humanitarian action which customary humanitarian law overcomes (ibid.). For instance, rule 31 says that humanitarian workers must be respected and protected. Rule 35 of international customary humanitarian law states that: “Directing an attack against a zone established to shelter the wounded, the sick and civilians from the effects of hostilities is prohibited” (ICRC, 2005:119).

3.3 Politicisation of humanitarian aid

This section aims at explaining what to understand under the politicisation of humanitarian aid and to highlight the resulting consequences. According to Barnett (2005: 723-25) the purpose of humanitarian action has become politicised due to its increasing collaboration with states and at times the effort to erase the root causes of conflict. Humanitarian units within governments and the increasing legitimacy of humanitarian interventions by states are examples of this transformation. This growing merging of political and humanitarian objectives contradicts the principle of independence (Gómez-Saavedra, 2017). The widening of the agenda of some organisations to include in addition to emergency relief other aspects such as human rights or economic development can be problematic and goes beyond the original idea of humanitarian relief (Barnett, 2015: 724). This clashes with the principle of neutrality if actions are oriented towards restructuring a society and thus the purpose has become politicised. The increasing collaboration with states, partly due to them being big donors for many organisations, is problematic since neutrality and independence can be undermined. Moreover, as we have seen in the chapter on the Yemen armed conflict, the parties to the conflict are often the ones contributing the most to humanitarian aid. Thus,
they hold the power to decide who to finance and who not and it also enables them to portray themselves in a positive light.

A result of this process is that organisations are more vulnerable to external control especially in the context of money and state involvement (Barnett, 2005). MSF stands out in that regard since they do not accept government funding but are entirely privately funded. This should support their neutrality and independence. However, in the field they might be viewed as just another western organisation with a specific agenda such as imposing western values. As Spiegel et al. (2010: 341) argue, combatants often perceive humanitarian aid as a way for foreign powers to interfere in the conflict. The authors argue that this in turn shrinks the humanitarian space which should be physical areas safe from attack and harm. Furthermore, the increasing involvement of states should be viewed cautiously since they define their own understanding of humanitarian action and impose administrative difficulties for organisations (Barnett, 2005). All of this leads to a restricted access for humanitarian organisations.

3.4 Securitization theory

The violation of medical neutrality in armed conflict is not a new issue but it is now a central topic for humanitarian organisations and many projects have been implemented solely for this topic. Therefore, this chapter will connect the theory of securitization with humanitarian actors in armed conflict and how they take on the role as security providers.

McDonald (2008) defines in his work on constructing security, securitization as “the positioning through speech acts (usually by a political leader) of a particular issue as a threat to survival, which in turn (...) enables emergency measures and the suspension of ‘normal politics’ in dealing with that issue” (p. 567). The Copenhagen School of security studies argues that topics can be turned into security issues through language. However, images or visual representation can also be crucial for constructing security, considering how images of suffering civilians and destroyed health facilities can have a strong impact on audiences (McDonald, 2008). Nonetheless, my material is only comprised of text and thus this will be the focus.

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8 One of the most extensive projects is the Health Care in Danger Project of the ICRC.
In comparison to the narrowness of the Copenhagen School, who mainly view states as securitizers, the Welsh School and their critical security theorist focuses on emancipating the most vulnerable by advancing their opportunities through security discourse (McDonald, 2008). Newman (2010: 85) elaborates on how consequences of securitizing an issue can be positive or negative and the Copenhagen School argues that by securitizing an issue it moves from normal politics to emergency politics. This can be misused and thus can result in negative outcomes for the rights of people. In contrast to that the Welsh Scholars argue for politicising security. One argument for this is to widen the spectrum of actors who can phrase security concerns as in the case of environmental NGOs. With this, security can be seen more globally and practised on a local level.

In armed conflicts the government can often no longer provide security, which is definitely the case in Yemen, and therefore humanitarian organisations can be viewed as providing some form of security since they should be protected from harm under IHL. Vaughn (2009: 268-69) argues that while the security threats humanitarian organisations are facing are of course materially damaging, the greater threat comes from the undermining of the principle of humanitarian inviolability. Humanitarian securitizers argue that this is due to the lack of distinctiveness from non-humanitarian actors which therefore threatens the survival of humanitarian projects.

According to Vaughn (2009: 270-72) in order to securitize successfully a humanitarian organisation needs to convince an audience that is has the right to exist and that this right can justify the use of extraordinary measures. For instance, one audience that has to be convinced are governments since increasing security measures need to be funded and states are a big part of that. By securitizing the targeting new measures could for example be “changes in policy or procedure that may inconvenience staff or initially disrupt programmes (e.g. curfews, no-go zones), controversial methods (e.g. remote management of humanitarian operations, use of armed guards, use of indigenous rather than international staff), and significant budgetary alterations (e.g. creation of posts for security officers, reallocation of funds to purchase security equipment)” (Vaughn, 2009: 278). Humanitarian organisations achieve this by associating their own survival with the survival of beneficiaries and the entire humanitarian project which has a higher legitimacy. Thus, the strong connection of organisational security and civilian survival
also supports the necessity of access for humanitarian organisations in order to meet the needs of beneficiaries.

Due to the limited of scope of this thesis more detail cannot be provided but it should be mentioned that in securitization theory a variety of dynamics are neglected (McDonald, 2008: 564). These include for instance the question why certain issues are securitized and who is the audience that grants this? Furthermore, the question regarding which actors are either empowered or marginalised by this narrative is often overlooked.
This study is based on a quantitative and qualitative content analysis of media outlets and material provided by humanitarian actors which addresses the illegal targeting of healthcare in the Yemen armed conflict from 2015-2019.

The quantitative content analysis helps to identify the most important topics in the analysed material by counting their number of appearances. The qualitative content analysis is “a set of techniques for the systematic analysis of texts of many kinds, addressing not only manifest content but also the themes and core ideas found in text as primary content” (Mayring, 2010 in Drisko & Maschi, 2015: 82). The data is then condensed into descriptive categories with the aim of highlighting the most relevant parts of the analysed material.

The data includes material in English and German. The sample consists of 36 units, i.e. 11 media outlets and 25 documents provided by humanitarian actors. Humanitarian actors include “organizations, agencies and inter-agency networks that all combine to enable international humanitarian assistance to be channelled to the places and people in need of it” (Humanitarian Coalition, 2019). The focus in this study is on international humanitarian organisations such as the International Red Cross/Red Crescent Movement as well as UN agencies (Humanitarian Coalition, 2019). The distribution of the material over the studied period is equal with the exception of 2015 when the conflict erupted and the illegal targeting started towards the end of the year.

<table>
<thead>
<tr>
<th>Year</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>3 (8%)</td>
<td>10 (28%)</td>
<td>8 (22%)</td>
<td>10 (28%)</td>
<td>5 (14%)</td>
<td>36 (100%)</td>
</tr>
</tbody>
</table>

The material used in this study represents secondary data and can be divided into two broad categories:

1. **Media outlets** - These include online newspaper editions of *BBC News* and *The Guardian* in English and *Der Tagespiegel, Spiegel Online, Deutsche Welle* and *Zeit*

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9 A complete list of my material used with title, year, author and type of source can be found in the appendix in table 1 & table 2.
Online in German. These are well established media outlets with a large readership in the English and German speaking world.\(^{10}\) During the data collection I realised that the studied issue is less discussed in German newspapers and thus I decided to include more sources. Furthermore, the number of media outlets is in general lower compared to the humanitarian material since the topic was less often found in these. This might be due to the fact that Yemen has been given a lower priority in the media, especially at the beginning of the conflict, which might be due to the irrelevance of refugee flows for Europe. This is due to Yemen’s geographical location compared to for instance Syria and therefore poses no immediate “danger” to Europe’s own interests (Gallardo et al., 2016).

Table 2: Overview of media outlets

<table>
<thead>
<tr>
<th>Media</th>
<th>Number of texts per year</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2015</td>
<td>2016</td>
</tr>
<tr>
<td>BBC</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Guardian</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Tagespiegel</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Spiegel Online</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Deutsche Welle</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Zeit Online</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3</strong></td>
<td><strong>3</strong></td>
</tr>
</tbody>
</table>

2. Humanitarian actors’ material – These include online statements, press releases, interviews, internal reviews, news articles and reports from Médecins Sans Frontières (MSF), the International Committee of the Red Cross (ICRC), CARE, Save the Children and the United Nations Fund for Population Activities in Yemen (UNFPA) as they are the ones working and reporting on the conflict from first-hand experience. UNFPA is a UN agency with a focus on population programme management and therefore a

\(^{10}\) Online Newspaper visits in January 2018: Tagespiegel: 15,169,500; Spiegel Online: 247,946,573; Zeit Online: 73,114,730 (Schröder, 2018); The Guardian is one of the most trusted and read newspapers (Waterson, 2018); The Guardian, the BBC and Mail Online account for 64% of online newsreaders in the UK (Wang, 2017).
humanitarian agency whereas the others are international humanitarian organisations. They are all western organisations and they publish in English. The majority of material is produced by MSF due to its extensive field work in Yemen as well as a high level of outspokenness compared to other organisations.

**Table 3: Overview of the material from humanitarian actors**

<table>
<thead>
<tr>
<th>Humanitarian actors</th>
<th>Number of units per year</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2015</td>
<td>2016</td>
</tr>
<tr>
<td>MSF</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>ICRC</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>CARE</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Save the Children</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>UNFPA</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>-</td>
<td>7</td>
</tr>
</tbody>
</table>

In order to provide deeper understanding of the issue in question a semi-structured interview in English was conducted with a humanitarian advisor of MSF, Pieter-Jan van Eggermont, in March 2019 in Stockholm. The interviewee received a consent sheet with information about the study and his rights beforehand.\(^\text{11}\) He was also informed that the interview would be recorded and had the possibility to withdraw at any time during the research process. However, since the interview was produced deliberately and therefore represents primary data it cannot be analysed in the same way as the secondary material which is the main focus of this study. In that regard, interview data will be used as supportive information in suitable chapters in order to enrich the study and provide deeper understanding.\(^\text{12}\)

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\(^{11}\) The consent sheet can be found in the appendix.

\(^{12}\) Excerpts of the transcribed interview can be found in the appendix.
The analysis approach in this study can be best described as conventional content analysis. This type of research is mostly used when the aim is “to describe a phenomenon” (Hsieh & Shannon, 2005: 1279), which in my case is the illegal targeting of healthcare in armed conflicts. The first step was to read the material repeatedly in order to gain an overview as well as an understanding of the material. This provided me with the main ideas and concept that are addressed in the material. I then began reading the data word by word in order to identify codes by highlighting the words in the text that capture concepts (Hsieh & Shannon, 2005). A code can be seen as a label that entails a concise meaning of a piece of text (Erlingsson & Brysiewicz, 2017). Codes are then sorted into categories based on how different codes are related regarding their content or context (ibid.). As a next step I sorted some categories which seemed to describe a similar issue into themes that express an underlying meaning of the categories (ibid.). Table 4 summarises the findings of my analysis. However, due to my limited amount of material, themes and categories did not vary much and thus I decided to merge them which makes it easier to follow. In the analysis part I will present different subcategories but this is only the case in two out of five themes.
There are different approaches to ensuring validity and one is triangulation. This means the collection of data through different sources which I am doing by including my own data from an interview, media outlets as well as reports from humanitarian actors (Zohrabi, 2013). External validity in my research is limited due to the small number of participants but the aim of this research is not to generalise (Creswell, 2014). Instead the importance belongs to the exploring of perspectives and experiences of the affected groups.
One main limitation of the study is that in both the media outlets and, to a lesser extent, humanitarian material the experiences and stories of the Yemeni population are very rare. Due to the restricted scope and time allocated for this study, as well as available resources and security concerns it was not possible to go into the field. Thus, I was forced to use the existing material in English and German. Furthermore, the reason to include only one interview is the cancellation of interviews of ICRC workers due to confidentiality reasons, but also the lack of possibilities and time to reach other humanitarian workers whose experience would be relevant for the study.
5. Results and analysis

In the following sections the different identified themes and respective categories will be presented. Moreover, differences or commonalities between the media outlets and the humanitarian perspective will be illustrated. Within that an attempt to focus on the specific humanitarian experiences in comparison to the experiences of the recipients of healthcare, namely the Yemeni population, will be made.

5.1 The systematic targeting of healthcare as a war strategy

The analysis of the results will begin with the systematic targeting of healthcare which might seem redundant since the topic of the study is the targeting of healthcare in armed conflict. However, the emphasis on the aspect of targeting occurred in 36% of the media outlets and 32% of the humanitarian material and thus represents a central narrative. I argue that this is the case since civilian causalities are not a new issue and even though the number should be kept as low as possible these “accidents” seem to be accepted as a part of the nature of war. The emphasis here is on the actual targeting of civilian infrastructures which leads to a high number of civilian deaths. For instance, the high number of cholera outbreaks is being connected to the targeting of civilian infrastructure and not only with the conflict situation:

These numbers indicate that the [cholera] outbreak is not simply an inevitable consequence of civil war. It is rather a direct outcome of the Saudi-led coalition’s strategy of targeting civilians and infrastructure in rebel-controlled areas. (Guardian, 2017)

Furthermore, when civilian infrastructure is targeted this implies that it belongs to a wider strategy of warfare as has been mentioned earlier. This was also acknowledged several times in the media outlets as well as in the quote before. In one of the media publications a Yemeni citizen who works as an independent researcher in the capital Sana’a says that they “are afraid of stupid airstrikes that target civilians more than any military targets” (Deutsche Welle, 2018). Thus, it seems to be an integral part of everyday life to be afraid of being a target. Furthermore, people feel that they themselves are being targeted more than military targets. Since people are violently deprived of their safe access to healthcare this could be seen as an indication that in the Yemen armed conflict healthcare is used as a weapon.
The humanitarian material also stressed the experiences of Yemeni citizens in relation to the targeting. For instance, an emergency room supervisor working in Taiz stated the following:

There is no respect for health facilities. Our hospital has been targeted and shelled many times; they shelled the roofs of the hospital, the fuel tank, the maternity department, and the western section of the hospital. The shelling is causing a lot of distress, both among the staff and the patients. (MSF, 2017 (4))

Here the targeting is being connected to the fear and lack of safety people are facing in Yemen. The aspect of civilian casualties and “accidents” as belonging to the nature of war also arose in the interview since Pieter-Jan van Eggermont stated that “it’s a very, let’s say, high level insecurity environment so setting up a large-scale response is bound to generate incidents” (2019). However, he continues to talk about the illegal targeting of healthcare and how these attacks are not a normal part of warfare:

So but the bombings its interesting (...) I think its systematic (...) our assessment is that they [Saudi-led coalition] basically don’t care there has not been enough concern about how to wage war at both high level and on the ground by the warring parties so the laws of war have been simply never beyond the theoretical framework being discussed by the ambassadors in Geneva or New York is has never translated into concrete action (Pieter-Jan van Eggermont, 2019)

Media and humanitarian organisations seem to frame the disposition of Saudi-led forces and its government as largely irresponsible and irresponsive to domestic and international condemnation of their acts, which is evidenced by the continued systematic targeting of healthcare facilities and personnel.

Another dimension of targeting healthcare besides attacking hospitals is the increasing attacks on ambulances which could be observed in the documents from MSF in which they stated that “clearly marked ambulances have also been attacked, forcefully taken or intruded into by armed men” (MSF, 2017 (4)). In the theoretical framework it was argued that part of the increasing security threat is the lack of distinctiveness between

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13 The number in brackets indicates the exact source of the quote and can be found in the appendix in table 1 and 2 which provides the analysed material.
humanitarian organisation and non-humanitarian organisations. However, this quote shows clearly that the ambulances have been marked as belonging to the humanitarian organisation and have nevertheless been made a target of attack. This supports the argument that it is a war strategy (at least in some cases) with the target being chosen deliberately. Thus, other measures for increasing security have to be taken since distinctiveness alone is not an assurance of protection.

5.2 The disregard of international humanitarian law and humanitarian principles

The emphasis on the illegal targeting being a violation of IHL and a disregard of humanitarian principles was very strong in both the media outlets and humanitarian material. This theme was touched upon in 45% of the media outlets which makes it the most discussed theme. In the humanitarian material it occurred in 32% of the material which makes it the third most common theme.

In media outlets it was most common to cite a humanitarian representative, for instance from the WHO or Save the Children, that would state that the targeting violates IHL. The strong collaboration between humanitarian workers and media outlets seems logical since, as has been mentioned in the introduction, access for journalists to Yemen is restricted. The stories of humanitarian workers were at times very explicit, which is obvious in the following section in which a media outlet published the story of an MSF doctor:

These are times when international humanitarian law is just another meaningless phrase. The indiscriminate attacks on hospitals and civilians – either targeted or conveniently labelled collateral damage – add an extra layer of complexity. (Guardian, 2016)

Here the criticism towards the lack of consequences stemming from violating IHL is clear and this, therefore, adds to the complexity of the conflict and makes solving it more difficult. Both quotes emphasize the illegality of the attacks and consider all parties in the conflict to be responsible. Even though all parties might be responsible they do not seem to be concerned about civilian lives and the program director of Physicians for Human Rights touched upon this which we can see in his quote in the media outlet Zeit Online:
All fighters in Syria and Yemen know that they don’t face any consequences. This is a catastrophe. Of course no one adheres to the rules. Rachel Irwin\textsuperscript{14} agrees with him: We have with the Geneva Conventions all necessary rules. To attack health personnel is a war crime and has to be penalise as such. (Zeit Online, 2017\textsuperscript{15})

The last quote addresses how the current legal framework is sufficient and should lead to punishment when violating IHL. However, no one is clearly singling out any perpetrator and instead merely mention the general impunity and how this impunity reinforces the violation of the rules of war. In the context of how it is to work under humanitarian principles in Yemen, organisations stressed the difficulties they face and why:

Partly this is due to the politicization of aid in Yemen. Parties to the conflict are very interested in where aid is delivered. As a humanitarian organization, it is absolutely essential to maintain our independence and neutrality, but it is also very difficult. (MSF, 2018 (5))

Here it is easy to observe how the politicisation of aid burdens the work of humanitarian organisations. At the same time, they stress the importance to uphold the humanitarian principles of independence and neutrality. The humanitarian organisations connect the politicisation of aid with the influence the parties of the conflict have on aid deliveries which make the organisations more vulnerable and not able to perform their work. This quote is from an MSF staff member, who should be able to work more independently due to their private funding. However, it shows that all organisations are affected by it no matter what their organisational structure is since they have to collaborate with the parties in the conflict. The increasing influence the states and armed groups have on humanitarian aid is dangerous since they clearly do not accept the humanitarian principles or otherwise there would be no attempts to impede aid.

Especially the ICRC stressed the importance to adhere with IHL which is not surprising since it is part of their mission and mandate to promote respect for it. The ICRC states that “before we talk about peace we must talk about war, and specifically how this war is being conducted“ (ICRC, 2018). It is clear that it is a priority for the ICRC to change the way war is conducted.

\textsuperscript{14} Researcher at the Stockholm Peace Research Institute (SIPRI)

\textsuperscript{15} Translated from German.
In the course of the interview the topic of IHL also occurred:

There is and this is well reported by a number of agencies and media very large amount of civilian victims in this conflict so it’s a very dirty war. The warfare is not at all in line with the IHL rules and regulations of proportionality. (Pieter-Jan van Eggermont, 2019)

This quote supports the second-hand material, namely that IHL is not being followed in Yemen. It also acknowledges the fact that there are always civilian casualties in war, but Yemen is especially horrendous in this regard and does not follow proportional warfare.

5.3 Consequences of the targeting for recipients and providers of healthcare

In the course of the quantitative content analysis I classified different categories which all addressed the consequences the violent targeting of healthcare has for the providers and recipients of healthcare. Therefore, I defined this theme which incorporates two subcategories, i.e. the closing of facilities and the decision not to seek care.

5.3.1 Closing of facilities

In around 27% of the analysed media outlets the consequences of the illegal targeting were mentioned. They did this mainly by citing humanitarian organisations and the difficult decision they had of closing facilities or in other cases withdrawing international staff. The reason for this is that the organisations can no longer provide enough security, as stated by the MSF’s head of mission in Yemen, Hassan Boucenine: “It was an extremely painful decision [...] but we couldn't let our staff be killed one after another, something had to be done” (BBC, 2016). This particular media outlet shows the great danger humanitarian workers operating in Yemen are facing. Especially the phrase “killed one after another” emphasises the contingency of these attacks as well as the danger of possible victims if the organisation would not make the difficult decision of withdrawing staff.

In the humanitarian material this category occurs in a similar frequency (28%) and also connects the closing of facilities or withdrawal of staff to the increasing security issue:
Recently, we took the difficult decision to close one of our projects in the governorate of Ad Dhale, southern Yemen. The decision was taken after a string of security issues, which culminated in a targeted attack on our staff house and a subsequent attack on our supported hospital several days after. (MSF, 2018 (2))

One noticeable difference between the media outlets and the humanitarian material is who’s lack of security is being addressed. The humanitarian material also includes the security of their patients and state that “medical facilities were unsafe for patients and staff” (MSF, 2016 (1)) whereas the media outlets only focused on staff security. Some of the humanitarian documents even provide information in numbers in order to stress the extend of consequences patients are facing:

More than 270 health facilities have been damaged as a result of the conflict and recent estimates suggest that more than half of 3,500 assessed health facilities are now closed or only partially functioning. This has left eight million children without access to basic healthcare. (Save the Children, 2016 (2))

This language can be viewed as securitizing the illegal targeting of healthcare in armed conflict. In comparison to the media outlets the humanitarian material clearly connects targeting with the survival of the patients and thus with their own survival. In this way they show that they are not in the position to meet the needs of the beneficiaries and the only way to react to the security issue is to withdraw the staff or close facilities in order to maintain their organisational security.

The topic of closing facilities due to attacks also occurred during the course of the interview but the following quote shows that also threats can lead to that decision.

We closed a few facilities after either attacks so destroying healthcare facilities which means it’s no longer operational but also a couple of times we were forced to close projects after threats. (Pieter-Jan van Eggermont, 2019)

This shows why pressure and intimidation of healthcare personnel is included in targeting healthcare since this is sufficient for causing harm for the population. In addition, the humanitarian material also presents another dimension of the consequences of the targeting, namely the loss of trust in the humanitarian organisation to provide security.
5.3.2 The decision to not seek care

One consequence which was not mentioned by the media outlets but occurred in 24% of the humanitarian material is the difficulty to rebuild trust and confidence of the patients after health facilities have been targeted. Humanitarian workers state themselves that: “repairing the physical damage was relatively simple, but rebuilding people’s confidence has been much harder” (MSF, 2017 (3)). This corresponds to Vaughn’s words stating that while the attacks are materially damaging, they more crucially undermine the principle of humanitarian inviolability (2009). This principle grants the ability of humanitarian organisation to work without becoming the target of an attack. Without it, patients cannot be sure of being safe in the medical facilities and thus the organisations have to work on rebuilding that trust.

A consequence of this fear of attacks is the decision to not seek medical care, as can be seen in the fact that humanitarian organisations report that “attendance at the hospital was significantly reduced as patients continued to feel unsafe in the facility” (MSF, 2016 (1)). In one MSF report it is explicitly stated that hospitals are seen as places that are feared:

Perhaps the most insidious consequence is that this violence makes hospitals places to be feared. (...) In Yemen, some have reported feeling safer at home than in hospital. Bombing hospitals is inherently about destroying the last havens of humanity in war. (MSF, 2016 (3))

This fear even leads people to settle far away from hospitals which seems counterintuitive since travelling to hospitals is already very dangerous and often prohibitively expensive. The rationale behind this behaviour is captured well in the following text passage:

At first, it seems surprising that some have chosen to resettle in remote locations, far from public services such as schools, health centres (...). But this is because they are afraid. They see crowded areas as places that might be targeted by violence, and so they have chosen to prioritise the safety of their families over access to services. (MSF, 2017 (3))

The humanitarian material states very clearly that the reason for this behaviour is the deep fear the targeting evokes in patients. Besides, in the case of humanitarian services the trust in them providing safety is lost. One local humanitarian worker state that:
Pregnant women prefer to give birth at home, where they are exposed to many risks and problems. They do not come to the hospital out of fear of their lives. (UNFPA, 2018)

MSF’s head of emergency programs, Laurent Sury, also confirms this by stating that “people are not traveling for care because they are afraid of using roads or they fear the hospital will be targeted” (MSF, 2016 (2)). As seen in the theoretical framework, hospitals are protected under customary IHL rule 35 in which they are protected zones since they shelter wounded, sick and civilians. It is obvious that humanitarian inviolability is not intact any longer in Yemen since there are no assurances that humanitarian facilities and personnel are not being attacked. Thus, humanitarian organisations cannot provide relief to the population if they themselves decide to not seek assistance. Humanitarian inviolability as well as IHL is there to prevent this from happening but is being disregarded. This is also a threat to the survival of the projects and work of humanitarian organisations and adds another layer to the securitization of the targeting.

5.4 Limitation of access to the field for humanitarian actors and to healthcare for the population

The overall theme of limited access in Yemen can be further elaborated by dividing it into two different categories, i.e. the access of humanitarian organisations to the field and the access for patients to healthcare. Of course, both of these are closely related since humanitarian access also means access to healthcare for beneficiaries. Nevertheless, it is relevant to observe how the issue is phrased and how the focus diverges between the different material and perspectives.

5.4.1 Limitations of access for humanitarian organisations

In 18% of the media outlets and 20% of the humanitarian material the limited access for humanitarian organisations to the field was addressed. The Tagesspiegel reports on the limited access and quotes a Yemeni doctor who says:

The access to the needy and with that the help for them is being politicized. (…) Here help is used as a weapon. (Tagesspiegel, 201816)

16 Translated from German.
Here the politicisation of aid is again being mentioned and used as an explanation for the limited access of humanitarian organisations. The Yemeni doctor even states that help is a weapon that is being used in the conflict. Parties in the conflict might want to grant access exclusively to the people in need that support their side or to their own people which, of course, violates the principle of impartiality. This is also being emphasised in the humanitarian material. For instance, MSF reports that “the warring parties have created hurdles that prevent the fair distribution of humanitarian assistance according to humanitarian needs, with obstacles including restrictions on imports, visas, and movement permits (MSF, 2019 (1)).”

This also addresses the influence the parties have on the work of humanitarian organisations which leaves them very vulnerable and unable to carry out their work. These hurdles might not be overt in the sense that humanitarian workers cannot enter a hospital but in a more administrative and subtle way that prevents them doing their work. A similar narrative arose in the conducted interview with Pieter-Jan Eggermont about the work of humanitarian organisations in Yemen who argues that “it’s not only attacking or threatening a healthcare facility, but there has been a systematic administrative hindering of humanitarian aid (2019).

Another central aspect in the humanitarian material on the topic of limited access is that they address the conflict parties and stress the need of granting them access. For instance CARE states that, “parties to the conflict need to allow aid agencies to reach those most in need caught in the fighting, and the most vulnerable to reach the services they need” (CARE, 2016). The ICRC addressed the international community with the following statement: “Third, if the international community is to respond meaningfully to the crisis, humanitarian access must be allowed and facilitated by all parties” (ICRC, 2017(2)). The statements stress the importance of the humanitarian organisations and their access for the survival of the beneficiaries. Thus, in contrast to the theoretical framework the humanitarian project might not only be threatened by a lack of distinctiveness but also a lack of access.
5.4.2 Limitations of access to healthcare for patients

The central theme for humanitarian organisations is the limited access to healthcare for patients as 36% of the material discussed it. At the same time, this theme was not addressed in the selected media outlets. Thus, more emphasis was given to the access of civilians to healthcare than the access of the humanitarian organisations themselves. The high risk patients are facing when seeking healthcare has been especially in focus:

Our patients face great difficulties in accessing healthcare. They put their lives at risks when they travel to the hospitals. Sometimes patients have been killed. (MSF, 2017 (4))

Thus, not only the targeting of the hospital is a risk for patients but to seek access to healthcare itself which is supported by the following quote:

Those who reach our facilities seeking care often spend hours travelling on extremely unsafe roads across frontlines. (MSF, 2019 (1))

As we have seen earlier, one of the consequences of the illegal targeting is the closing of health facilities which of course has a tremendous effect on the access to healthcare for patients which humanitarian organisations also address:

The majority do not have access to health services because, after several years of conflict, there are few health centres open in Abs district. Many are no longer functional or are open for only a few hours a day, with just a nurse or a small staff. (MSF, 2018 (3))

Moreover, humanitarian organisations strongly connect access to their facilities with the survival of beneficiaries. This can be observed in the following statement by MSF: “With only half the health facilities in Yemen fully functional and more than 11 million people in acute need, access to our facilities is crucial” (MSF, 2019 (3)). The argument follows the same logic that for the access for humanitarian organisations. Due to the illegal targeting a high number of healthcare facilities are destroyed or not fully functional and therefore the access to healthcare for patients is limited. The protection of healthcare and hence of the humanitarian organisations grants access for patients and thus their survival, which in turn also grants the survival of the organisation.
In the course of the interview the main focus was on the access for humanitarian organisations and to a lesser extent on the access to healthcare for patients. However, Pieter-Jan did mention that the decreasing access of the Yemeni population to healthcare is affected tremendously by the conflict and therefore his opinion entirely supports the secondary material:

Ja of course their [Yemeni population] access to healthcare has been affected tremendously it’s easy to die from (...) a simple infection in your foot (...) it’s too dangerous too expensive to reach [a hospital] and you might have to amputate your foot this thing happens all the time in Yemen. You can die of a pregnancy because you can’t reach the delivery or you deliver at home and bleed to death so all these things have happen and the access to healthcare by the population has been affected disproportionally by the war. (Pieter-Jan van Eggermont, 2019)

This quote emphasises the limited access to healthcare for the population and shows for instance the tremendous effect this has for pregnant women. Moreover, simple injuries bring serious consequences with them due to a limited access to healthcare for patients which could be preventable. Thus, the lack of access to healthcare which is partly due to the illegal targeting increases mortality excessively.

5.5 The lack of civilian protection and resulting insecurity

The last theme I analyse is the failure to protect civilians in the armed conflict and thus the resulting lack of safety. The feeling of being unsafe and exposed to danger also belongs here. This theme occurred in 48% of the humanitarian material but was not addressed in the media outlets. This might be due to the fact that in general the selected media outlets focused on the perspective of humanitarian organisations and not on the experiences of the population. In the humanitarian material the need for increasing protection for civilians was stated several times, for instance MSF stated that: “The failure to protect civilians and provide adequate support to war-wounded patients are also alarming” (MSF, 2019 (1)).

Thus, humanitarian organisations stress that increased protection for healthcare is needed: “There is a continued need for increased protection of health facilities” (MSF, 2019 (2)). Again, the parties to the conflict are the ones being reminded of providing that protection
by humanitarian organisations but this is mostly being ignored: “All parties to the conflict must ensure that civilians and civilian facilities such as hospitals are protected” (MSF, 2018 (1)).

All the quotes address the failure to protect civilians and urge the parties of the conflict to guard civilian infrastructures from harm. It is also stated that protection needs to be increased. Save the Children expresses frustration with the lack of adequate protection in the following passage:

Attacks on schools and hospitals are up – safe spaces that should never be targeted. This is a War on Children. The world seems to be accepting an outrageous disregard for the conventions of war, and children are paying the price. It’s shocking that in the 21st Century we are retreating on a principle that is so simple – children should be protected. (Save the Children, 2018)

For once the international community rather than the parties to the conflict is the subject of accusation due to its apparent indifference. The phrasing evokes the impression of frustration the organisation experiences due to the lack of protection afforded even for children. It is not clear from the gathered material what exact measures should be taken to increase protection but it is plain that increased security is needed. One quote states that parties to the conflict are the ones who should ensure this security but it might also be that humanitarian organisations themselves can increase security by new measures as has been mentioned by Vaughn (2009). Humanitarian organisations elaborate on how the security that aid should provide is being altered due to the politicisation of aid:

Bombing hospitals with one hand and writing the cheque to rebuild them with the other distorts the perception—and security—of aid and independent humanitarian organisations in Yemen like ourselves. States not linked to this conflict should further increase their humanitarian funding to respond to this crisis. (MSF, 2018(2))

This entails on the one hand the politicisation of aid again since the parties to the conflict are contributing funding to the work of humanitarian organisations but at the same time violate IHL. It was explained in the chapter on Yemen how the parties to the conflict are also the ones contributing the most to humanitarian funding. This, humanitarians argue,
changes the understanding we have of aid as being protective. On the other hand, an appeal can be found in this quote, made to states not involved in the conflict, to increase their funding in order to rebuild security and increase independence.

The insecurity the population is facing is also addressed in the humanitarian material. Nevertheless, their resilience is emphasised as well which eventually portrays them as not only helpless victims:

People don't feel safe outside their homes. You can absolutely understand how difficult it is for people to get on with their lives, to look forward, with any sort of hope, to a resolution. But in spite of all the difficulties, we do see that hope, we do see that resilience, in the patients who come to our hospitals. (MSF, 2018 (5))

Furthermore, some of the material provided an insight into the experiences of the Yemeni population. 20-year-old patient Mukhtar Ismail says that: “There is no security in Yemen now. You can’t move, you can’t even leave your house” (ICRC, 2017). Besides the limitation of movement, the fear people have to live with is captured well in the quote by an emergency room supervisor in Taiz city centre:

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 subjected to shelling. (MSF, 2017(4))

The account of an emergency room supervisor who states: “Do I feel safe working in the hospital? I never feel safe, not even one per cent” (MSF, 2017 (4)), clearly demonstrates the fear that accompanies healthcare workers as well as the population on an everyday basis. It also shows the limitation of movement they are facing which hinders their access to healthcare even more. However, together with their daily struggle a certain level of resilience is also being highlighted.
6. Conclusion

The interest in this research derived from the consequences the illegal targeting of healthcare in armed conflicts has for the civilian population as well as for humanitarian actors. In order to gain a deeper understanding of the situation the question how does the violent targeting of healthcare in the Yemen armed conflict affect the recipients of healthcare and humanitarian actors, as the providers of such care has been proposed. Moreover, to thoroughly explore the perceptions of the population and humanitarian actors the second question how do the recipients of healthcare and humanitarian actors perceive and interpret the violent targeting of healthcare in Yemen has been asked. In order to answer these questions an analysis of media outlets and documents from humanitarian actors has been undertaken. The material was chosen based on its relevance to the illegal targeting of healthcare in the Yemen armed conflict. However, the majority of the material highlights the experiences and reflections of humanitarian workers and not the Yemeni population as has been explained earlier.

The results show that the issues in focus differ among the selected material. Whereas the majority of media outlets focused on how the targeting violates IHL, the humanitarian material mainly emphasised the issue of how the targeting leads to limited access for humanitarian organisations in the field and for beneficiaries to healthcare. This could be due to humanitarian organisations securitizing the targeting and therefore connecting the survival of the beneficiaries closely with the survival of the humanitarian project itself.

To answer the first research question, the analysis showed that limited access is a central consequence of the illegal targeting and affects tremendously both humanitarian organisations and the Yemeni population. Moreover, the targeting creates fear and feelings of insecurity and thus many Yemeni people lost their trust in the safety of medical facilities. Therefore, they deliberately decide not to seek care and even relocate far away from the medical facilities in order to reduce the risk of becoming a target.

To answer the second question, both humanitarian organisations and the population interpret the targeting strongly as a violation of IHL and as a war strategy. This could be seen in the fact that both interpret the targeting as deliberate and that parties to the conflict use aid to their advantage. Moreover, the deliberate targeting of healthcare is perceived
as destroying any last resorts of security. This lack of safety accompanies Yemeni people in their daily life. As we have seen in the analysis the humanitarian material strongly connects the survival of the humanitarian project with the survival of the civilian population and therefore securitise the targeting of healthcare. The consequence of closing facilities or withdrawing staff was mentioned regularly in the humanitarian material and supports the argument of humanitarian organisations that more protection and security is needed.

Limitations of this study refer to the fact that only second-hand material was analysed while the first-hand material was simply an additional source of information. Furthermore, an extensive part of the humanitarian material derives from MSF due to aforementioned reasons but it could be fruitful to include more material produced by other actors. However, even though the material was limited, this study provided a detailed basis on how the illegal targeting of healthcare in armed conflict affects the work of humanitarian organisations as well as the lives of the civilian population and can be useful for future research. It also made an effort of including the experiences of the Yemeni population, which is something that should be researched further. Additionally, more research should focus on the instruments and language we have on the protection of healthcare in armed conflict and what is missing for increasing access for humanitarians and protect healthcare.

Concerning practices, it is important to analyse the steps that could be taken by humanitarian organisations themselves in order to increase the security and protection of their healthcare facilities and workers. The access issue is particularly critical since it relies on the collaboration with the parties to the conflict. The securitizing of the illegal targeting itself should be investigated thoroughly and, in connection with that, if this leads to an increase in atypical measures for instance such as remote management of projects. The idea of an international health protection force has already been expressed by previous research and the securitizing of the issue will most likely support this. Both media and humanitarian actors have stressed enormously how the targeting violates IHL but the consequences perpetrators face are insufficient or non-existent. Therefore, other solutions have to be found to make sure that humanitarian inviolability is secured.
References


## Appendix

**Table 1:** Overview of media outlets (The number in brackets is provided so the reader can find the source of the quotes easily)

<table>
<thead>
<tr>
<th>Media Outlet</th>
<th>Title of Source and Link</th>
<th>Year</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardian</td>
<td>Yemen conflict: sick and wounded left to suffer as health system buckles (<a href="https://www.theguardian.com/global-development/2015/oct/23/yemen-conflict-health-system-buckles">https://www.theguardian.com/global-development/2015/oct/23/yemen-conflict-health-system-buckles</a>)</td>
<td>2015 (1)</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>As doctors in Yemen, war wounds are not our only medical challenge (<a href="https://www.theguardian.com/global-development/2016/mar/16/doctors-yemen-war-wounds-medical-challenge-msf">https://www.theguardian.com/global-development/2016/mar/16/doctors-yemen-war-wounds-medical-challenge-msf</a>)</td>
<td>2016</td>
<td>Alan de Lima Pereira</td>
</tr>
<tr>
<td></td>
<td>Blame the Saudis for Yemen's cholera outbreak – they are targeting the people (<a href="https://www.theguardian.com/global-development/2017/aug/02/blame-saudi-coalition-for-yemen-cholera-outbreak">https://www.theguardian.com/global-development/2017/aug/02/blame-saudi-coalition-for-yemen-cholera-outbreak</a>)</td>
<td>2017</td>
<td>Jonathan Kennedy</td>
</tr>
<tr>
<td>Spiegel Online</td>
<td>Nach Angriff im Jemen Ärzte ohne Grenzen zieht Personal aus Kliniken ab (</td>
<td>2016</td>
<td>-</td>
</tr>
</tbody>
</table>
**Table 2:** Overview of the humanitarian material (The number in brackets is provided so the reader can find the source of the quotes easily)

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Title of source and Link</th>
<th>Year</th>
<th>Type of Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Zeit Online</strong></td>
<td>Wer auf Ärzte schießt, gewinnt den Krieg (<a href="https://www.zeit.de/wissen/gesundheit/2017-10/kriegsstrategie-aerzte-syrien-jemen-zivilisten">https://www.zeit.de/wissen/gesundheit/2017-10/kriegsstrategie-aerzte-syrien-jemen-zivilisten</a>)</td>
<td>2017</td>
<td>Jakob Simmank</td>
</tr>
<tr>
<td>MSF</td>
<td>“Some pregnant women and sick children arrive so late, we can’t save them” (<a href="https://www.msf.org/yemen-">https://www.msf.org/yemen-</a>)</td>
<td>2018</td>
<td>Interview with Gisela Vallès</td>
</tr>
</tbody>
</table>

- **MSF**
  - Health structures threatened by fighting in Hodeidah ([https://www.msf.org/health-structures-threatened-fighting-hodeidah-yemen](https://www.msf.org/health-structures-threatened-fighting-hodeidah-yemen))
  - Whether it be from the sky or on the ground, medical care is a target in Yemen. ([https://www.msf.org/whether-it-be-sky-or-ground-medical-care-target-yemen](https://www.msf.org/whether-it-be-sky-or-ground-medical-care-target-yemen))
<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some pregnant women and sick children arrive so late we can’t save them</td>
<td>published on MSF website</td>
<td></td>
</tr>
<tr>
<td>“Just living has become more difficult”</td>
<td>2017 (1)</td>
<td>Published under “voices in the field” on MSF website</td>
</tr>
<tr>
<td>Intense fighting and blockade further reduce access to healthcare</td>
<td>2017 (2)</td>
<td>MSF press release published on their website</td>
</tr>
<tr>
<td>“Some families have to choose between taking a child to hospital or feeding the others”</td>
<td>2017 (3)</td>
<td>Published under “voices in the field” on MSF website</td>
</tr>
<tr>
<td>MSF internal investigation of the 15 August attack on Abs hospital Yemen Summary of findings.</td>
<td>2016 (1)</td>
<td>Internal review published for download on MSF website</td>
</tr>
<tr>
<td>As armed conflict intensifies once again, seeking medical care is dangerous</td>
<td>2016 (2)</td>
<td>Published under “project update” on MSF website</td>
</tr>
<tr>
<td>Yemen. Healthcare under siege in Taiz</td>
<td>2017 (4)</td>
<td>Report published on MSF website</td>
</tr>
<tr>
<td>Projects in Ad Dhale close due to insecurity and threats</td>
<td>2018 (4)</td>
<td>MSF press release published on their website</td>
</tr>
<tr>
<td>MSF. Yemen: The impact of war on peoples lives</td>
<td>2018 (5)</td>
<td>Published under “News and stories” on MSF website</td>
</tr>
<tr>
<td>Destroying the last havens of humanity in war</td>
<td>2016 (3)</td>
<td>International Activity report 2016 published on MSF website</td>
</tr>
<tr>
<td>Medical admissions in Aden suspended after patient kidnapped and killed</td>
<td>2019 (4)</td>
<td>MSF press release published on their website</td>
</tr>
<tr>
<td>ICRC</td>
<td>Yemen: Conflict has catastrophic consequences for health care</td>
<td>2017 (1) Published under “ICRC Newsroom” on their website</td>
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<tr>
<td>----------------------------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
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<tr>
<td>ICRC</td>
<td>Yemen: Before we talk about peace, we must talk about war</td>
<td>2018 Published under “Statement” on ICRC website</td>
</tr>
<tr>
<td>CARE</td>
<td>Yemen: Humanitarian Agencies condemn attack on MSF hospital</td>
<td>2016 (1) Press Release from CARE published on their website</td>
</tr>
<tr>
<td>CARE</td>
<td>Yemen: Ceasefire must hold or thousands more will die</td>
<td>2016 (2) Press Release from CARE published on their website</td>
</tr>
<tr>
<td>Save the Children</td>
<td>Struggling to survive: Stories from Yemen´s collapsing health system</td>
<td>2016 (1) Report from Safe the Children published on their website</td>
</tr>
<tr>
<td>Save the Children</td>
<td>Civilian causalities soar in Hodeidah since devastating offensive that began in June</td>
<td>2018 Published under News on Safe the Children’s website</td>
</tr>
<tr>
<td>Save the Children</td>
<td>Press release: Yemen hospitals on the brink of closure as health system collapses leaving 8 million children without access to healthcare</td>
<td>2016 (2) Press Release from Safe the Children</td>
</tr>
</tbody>
</table>
“I felt I was in hell” – Escalating hostilities threaten thousands of pregnant women in Yemen’s Hodeidah

Table 3: Timeline of attacks on healthcare in Yemen, 2015-2019
(Information on attacks included in this table were obtained from: Physicians for Human Rights & Centre for Democracy and Human Rights (ECDHR))

<table>
<thead>
<tr>
<th>Year</th>
<th>Date</th>
<th>Type of attack</th>
<th>Consequences of the attack</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>26 / 10</td>
<td>Airstrikes carried out by the Saudi-led coalition destroyed a MSF supported hospital in the Haydan District in Saada Province.</td>
<td>Injured 7; Destruction of the hospital left 200,000 people without proper access to medical care.</td>
</tr>
<tr>
<td></td>
<td>8 / 11</td>
<td>Al-Thawra hospital, one of the main health facilities care in Taiz, was shelled several times.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 / 12</td>
<td>Airstrikes carried out by the Saudi-led coalition hit a medical clinic in Taiz which was run by MSF.</td>
<td>9 people wounded including two MSF staff members.</td>
</tr>
<tr>
<td></td>
<td>10 / 1</td>
<td>The MSF supported Shiara hospital in the Razeh district of Saada was hit by a rocket or a bomb.</td>
<td>Death of 6 people (including 3 staff members). 7 seriously injured.</td>
</tr>
<tr>
<td></td>
<td>21 / 1</td>
<td>An ambulance driver working for MSF was killed in an airstrike carried out by the Saudi-led coalition in the northern town of Dahyan, near Saada.</td>
<td>1 death</td>
</tr>
<tr>
<td></td>
<td>3 / 4</td>
<td>Ma’rib General Hospital in Ma’rib governorate was attacked. A government official in Ma’rib city said that rockets were fired by Houthi rebels from the Haylan mountains.</td>
<td>Killed 4 and injured 13. The intensive care unit was damaged, as were the administration buildings of the hospital.</td>
</tr>
<tr>
<td></td>
<td>15 / 8</td>
<td>MSF Abs hospital in northwest Yemen was hit by an airstrike.</td>
<td>19 deaths including one MSF staff; 24 injured</td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
<td></td>
<td></td>
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<tr>
<td>------</td>
<td>-------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 / 10</td>
<td>An airstrike hit Ibn Sinaa Clinic in Hodeidah governorate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 / 10</td>
<td>Houthis reportedly shelled Al Thawra Hospital in Taiz governorate, damaging the surgical and burn wards and health offices, and injuring at least one staff member.</td>
<td></td>
<td></td>
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<tr>
<td>4 / 12</td>
<td>Médecins Sans Frontières-supported Al Gamhouri Hospital in Hajjah governorate was damaged by an airstrike reportedly carried out by the Saudi Arabia-led coalition. The airstrike damaged the emergency room, operating theatre, and intensive care unit; 12 emergency room patients were evacuated.</td>
<td></td>
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<tr>
<td>12 / 12</td>
<td>Unknown armed assailants forcibly entered Al Thawra Hospital in Taiz governorate. At least three medical staff were killed and three injured during the attack. The assailants also reportedly forced patients out of the hospital. Following the attack, Al Thawra temporarily closed.</td>
<td></td>
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<tr>
<td>24 / 2</td>
<td>Al I-Thawra hospital in Taiz closed in protest after masked gunmen kidnapped a doctor at its front gate.</td>
<td></td>
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<tr>
<td>15 / 3</td>
<td>A mortar shell hit the military hospital Al-Askari in Taiz. Injuring 11 outpatients</td>
<td></td>
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<tr>
<td>25 / 3</td>
<td>A mortar shell hit Al-Hais hospital in Al-Hudidah. One doctor died and four people were injured</td>
<td></td>
<td></td>
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<tr>
<td>23 / 4</td>
<td>Explosion of nearby security station severely damaged the Al I-Thawra hospital.</td>
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<tr>
<td>27 / 4</td>
<td>A mortar shell hit Al-Hais hospital in Al-Hudidah again causing major damage. A missile hit the National Blood Transfusion Center at Al- Sabeen Maternal hospital in Sana’a damaging devices and putting the centre out of service.</td>
<td></td>
<td></td>
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<tr>
<td>6 / 5</td>
<td>Dozen of armed fighters entered Al I-Thawra hospital and threatened doctors and shooting a patient. 1 death</td>
<td></td>
<td></td>
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<tr>
<td>21 / 5</td>
<td>Al-Jumhori hospital in Taiz suspends services after it was hit by shells.</td>
<td></td>
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<tr>
<td>11 / 6</td>
<td>A Saudi-Emirati-led coalition bombing destroyed a Doctors Without Borders clinic in Abs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 / 6</td>
<td>Yemen’s largest hospital, Al-Thawra Hospital in al-Hudaydah, was damaged.</td>
<td></td>
<td></td>
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<tr>
<td>5 / 7</td>
<td>Mortar shells hit al-Hais Hospital in Al-Hudaydah.</td>
<td></td>
<td></td>
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<tr>
<td>Date</td>
<td>Event</td>
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<tr>
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</tr>
<tr>
<td>26 / 7</td>
<td>Mortar shells damaged Zobaid Hospital.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 / 7</td>
<td>Mortar shells damaged the water network of al-Thawra Hospital in Taizz.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Late July</td>
<td>An attack in al-Hudaydah put the Health Laboratory, the Central Pharmacy, the Tahrir Health Center, and the Emergency Delivery Center out of service.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 / 8</td>
<td>Armed militants terrorized patients and health workers in al-Jamhouri Hospital in Taizz.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 / 8</td>
<td>An attack on al-Thawra Hospital in Taizz caused structural damage, multiple deaths, and injuries.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 / 9</td>
<td>Mortar shells damaged the Aziz Medical Clinic in at-Tuhayat sub-district in al-Hudaydah.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 / 10</td>
<td>The staff house of Médecins Sans Frontières (MSF) in ad-Dhale governorate, southern Yemen, was targeted with explosives twice in less than a week. Due to these attacks and the unsafe working conditions for the staff, MSF suspended its medical programmes in ad-Dhale governorate until further notice.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 / 10</td>
<td>Several air and naval raids hit the ad-Durayhimi hospital and the nearby Children and Maternity Hospital in ad-Durayhimi district. Causing damage to an ambulance and restricting movement.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 / 11</td>
<td>Huthi militants took over the Hospital in al-Hudaydah. The gunmen positioned themselves on the rooftop of the hospital, which was filled with medical workers and civilian patients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 / 11</td>
<td>The Saudi-Emirati coalition carried out a sustained air attack on area surrounding al-Thawra Hospital in al-Hudaydah, causing the facility to be temporarily evacuated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 / 11</td>
<td>A ground shelling targeted the hospital causing severe structural damage.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 / 12</td>
<td>Houthi militias took over the House of Hope Hospital (Daral-Salam) for mental illness in al-Hudaydah, turning it into a military base, storing weapons inside the hospital, and positioning fighters on the roof.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019 26 / 3</td>
<td>A missile hit a petrol station 50m from the entrance of the Kitaf rural hospital. An eight-year-old boy was the youngest person killed. Another boy aged 10, two boys aged 12, and one boy aged 14 also lost their lives.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Figure 1: Key Fronts in Yemen in 2017
(Source: European Council on Foreign Relations. [https://www.ecfr.eu/mta/yemen])
Attacks on Healthcare in Yemen

Consent to take part in research

Contact information:
Lisa Kirschbaum
kirschbaumlisa@yahoo.de

This interview is conducted for the master thesis of Lisa Kirschbaum in the program Humanitarian Action and Conflict at Uppsala University. The research is about analysing the consequences of violent targeting of healthcare in Yemen for humanitarian actors. The aim is to talk to participants about their work in an humanitarian organisation in the context of the Yemen conflict and what limits they face.

- I............................................. voluntarily agree to participate in this research study.
- I understand that even if I agree to participate now, I can withdraw at any time or refuse to answer any question without any consequences of any kind.
- I understand that I can withdraw permission to use data from my interview within two weeks after the interview, in which case the material will be deleted.
- I have had the purpose and nature of the study explained to me in writing and I have had the opportunity to ask questions about the study.
- I understand that I will not benefit directly from participating in this research.
- I agree to my interview being audio-recorded.
- I understand that all information I provide for this study will be treated confidentially.
- I understand that in any report on the results of this research my identity will remain anonymous. This will be done by changing my name and disguising any details of my interview which may reveal my identity or the identity of people I speak about.
- I understand that disguised extracts from my interview may be quoted in the master thesis of the researcher.
- I understand that signed consent forms and original audio recordings will be retained until middle of June.
- I understand that a transcript of my interview in which all identifying information has been removed will be retained for two years.
- I understand that under freedom of information legalisation I am entitled to access the information I have provided at any time while it is in storage as specified above.
- I understand that I am free to contact any of the people involved in the research to seek further clarification and information.

Signature of research participant

-------------------------------  -------------------
Signature of participant       Date

Signature of researcher
I believe the participant is giving informed consent to participate in this study

-------------------------------  -------------------
Signature of researcher       Date
Interview Excerpt

MSF Interview
Date: 8th of March, 2019
I = Interviewer
P = Participant
--------------------------------------

I: Maybe you can begin by telling me about yourself, your position?

P: So I am working as a humanitarian adviser for MSF Sweden which is the Swedish section of an international medical humanitarian organisation called MSF we have offices branch offices in 24 countries we have operations for the moment in 69 or 70 countries depends on when you start measuring this year. I worked for MSF first time 15 years ago I started as a field worker in Angola after the civil war now since 6 years I'm a humanitarian advisor so mostly working with advocacy and analysis for MSF Sweden in Sweden.

I: And at the moment are you working with Yemen in any way?

P: Well I follow Yemen as one of several contacts in violence regarding humanitarian access. I don’t work with Yemen I haven't been in Yemen but I follow it because it’s a big focus for our advocacy towards the Swedish government because they’ve been very engaged mostly in the security council regarding humanitarian access to Yemen.

I: And can you tell me something about MSF’s work in Yemen at the moment? Like what issues they face?

P: So MSF has worked in Yemen since the late 80s more or less uninterrupted because it always been one of the poorest countries in the Middle East with a lot of political turmoil and very weak health system lot of poverty so there always has been a humanitarian need. we were present in the country before the conflict erupted in 2015 and since then we significantly scaled up our operations and today it is one of the largest MSF missions in the world. depend a bit how you measure number of staff budgets but it is ja no matter how you measure it is one of the top three you could say usually around 2000 staff in the country and we work in 11 governates around the country most of them are in the norther parts obviously because that’s where the most of the populations live and that’s where the humanitarian needs directly related to the conflict are the most intense. however we also have some projects on the other side of the border I can show you the map later if you want but you can also look at the map on our website so it’s mostly in larger cities like Taiz, Aden, Saana we opened in Mocha we work with a number of interventions all of it is medical a lot of emergency response so trauma care, surgery but also obstetric care maternity. we assisted I think we’re now up to 60,000 births we delivered 60,000 in our own facilities across Yemen and we also treated malnourished children we were very active around cholera outbreaks we also have a small HIV treatment program so it’s a wide service but most of it let’s say is directly related to the violence and the war.