

Older people in crisis in Yemen: an urgent call for action



Key messages

- **The food, fuel and finance crisis has exacerbated an already dire situation facing older people in Yemen.**
- **The crisis was initially sparked by the country's armed conflict and since then has been seriously compounded by the COVID-19 pandemic, climate change, economic decline and the war in Ukraine.**
- **As the rising cost of essential food stuffs meant older people bought less food, cut down their daily meal intake, and reduced the size of their meals.**
- **As a result of fuel price hikes, transport costs have significantly increased. This affected older people's ability to access work and services, including healthcare facilities.**
- **Older people often resorted to selling household items and valuables to sustain their livelihoods and medical needs, and many found themselves in debt.**
- **The rising cost of health services and medications has meant they are often out of reach of older people.**
- **Urgent action is needed to enhance older people's access to food, transport and health care.**

The food, fuel and finance crisis in Yemen has been described as the worst humanitarian crisis in the world, according to the UN World Food Programme (WFP).¹ WFP estimates that two-thirds of Yemenis are hungry, and nearly half do not know when they will eat next.² “Nearly 17 million people in Yemen will likely experience high levels of acute food insecurity, driven by conflict, climate change and economic decline”³, according to the Integrated Food Security Phase Classification (IPC) Update from November 2022. According to the UN Office for the Coordination of Humanitarian Affairs (OCHA), the total number of Yemeni people in need is estimated at 23.5 million, out of which only 10.5 million were reached as of November 2022.⁴

In addition, the recent war in Ukraine has had a severe impact on the economy, disrupting exports of wheat and other crops and thus reducing their availability and increasing their price. This was particularly hard felt as Yemen is one of the largest importers of wheat in the world, relying heavily on grain exports from Russia and Ukraine.⁵

According to WFP, in November 2022 the cost of the minimum food basket (MFB) was 21 percent above 2021 levels in the Internationally Recognized Government of Yemen (IRG) areas and 18 percent above 2021 levels in the areas controlled by the Sanaa Based Authority (SBA).⁶ Although between August and October 2022, local fuel prices declined, they remain higher compared to the same time period in 2021. Other factors that drive poor people further into poverty are tight government finances, the inability to pay workers' salaries and pensions for retirement. In addition, the Russia-Ukraine armed conflict and the emergence of a new humanitarian crisis, have meant that international donor funds have become scarcer, while the basic needs of millions of Yemeni people remain unmet.

Older people are among the groups who have most acutely felt the impacts of the food, fuel and finance crisis. The proportion of people above the age of 60 in Yemen is 4.7 percent⁷ and is projected to increase.⁸ Older people live either in poverty or at risk of poverty because they often lack income and have limited access to social protection and social services. They rely on their extended families for survival, but in the context of armed conflict and economic insecurity, most families are struggling to provide adequate support to older members of the family. Older people also lack any reliable form of state social support. In Yemen there are four pension schemes, mainly covering formal sector workers in the public, private, security and military sectors. However, with the exception of pensions for public sector employees, these schemes had low coverage even before the armed conflict.⁹ Since the armed conflict, public servants' salaries have significantly dropped and payments are not reliable. Many people employed in the private sectors have lost their jobs. In addition, the lack of housing grants and shelters as well as limited availability of nursing homes has left many older people homeless and destitute.

According to HelpAge International, 1.65 million older people in Yemen are at risk of starvation and exposure to disease, such as cholera and COVID-19, and are in dire need of humanitarian assistance.¹⁰

Little research has been conducted on the welfare needs of older people in Yemen, including those related to the recent impacts of the food, fuel and finance crisis. A study conducted by HelpAge International in collaboration with Life Makers Meeting Place Organization (LMMPO) aimed to fill this gap. This policy brief summarises the

results of the study and provides several key policy recommendations to address the huge challenges facing older people in Yemen.

Impact of the food, fuel and finance crisis on older people

To assess the impacts of the food, fuel and finance crisis on older people in Yemen, in October-November 2022, HelpAge International and the Life Makers Meeting Place Organisation (LMMPO) conducted a qualitative study in Sheikh Othman district in Aden. Sheikh Othman is one of the most populous districts in Aden and has a nursing home for older people. Specific data collection methods included 40 in-depth interviews, including 30 individual interviews with older people and 10 interviews with related third parties (e.g., family members of the interviewed older people), three focus group discussions (FGD) (one for women, one for men and one with participants from the Older People's House in Aden City), and six key informant interviews (KII) with national and local policy/decisionmakers working on older people's welfare issues.

Most participants agreed that the armed conflict in Yemen is the main driver of the current crisis that has resulted in widespread poverty and famine. One of the participants says: *"The longer the conflict continues, the more the current crises grow in size and scale, and the people's conditions worsen, especially poor ones"* (FGD2, Sheikh Othman, 8 November 2022). Some female participants suggested that in addition to the expansion of the conflict, the crisis was affected by other factors, such as the insecurity of government work and the limited responsibility assumed by some government officials. A female FGD participant highlighted that it is not possible to rely on financial support from the government. Some participants suggested that the responsible authorities did not exercise control over traders' tampering with prices.

The study highlighted both direct and indirect adverse impacts of the crisis on older people, which exacerbated their already difficult plight. All FGD participants agreed that their living conditions were very poor. They also said they were affected by the high prices of foodstuffs, fuel and its derivatives, and their reduced ability to buy goods. Female FGD participants suggested that the price hikes are accompanied with interruption of basic services and limited salaries. As a result, they struggled to buy essential food items. A male participant stated, *"I cannot buy food from my income for more than 500 rials (YER) (less than 50 USD cents) per day"* (FGD2, Sheikh Othman, 8 November 2022).

As a coping mechanism, FGD participants agreed that they had to reduce their food purchases, limit the frequency of daily food intake, and reduce the size of their meals. Female FGD participants reported that they had to reduce their food purchases and other basic necessities. Study participants commented that they could not afford to buy in bulk; they bought food items on a daily basis. Some participants mentioned that they had stopped buying meat and fish, as they tend to be more expensive compared with other food items: *"In the past, we could buy meat or fish, but now we could not."*

Most female participants reported limiting their food intake to benefit children: *"We buy bread and cheese and feed the children while we do not eat"* (FGD1, Sheikh Othman, 8 November 2022). Some older women revealed that they would fast one day and the next day would eat an average of one meal per day. Similarly, male participants reduced their food intake to two meals or even less per day. A male participant said: *"We do not eat more than two meals per day"* (Respondent B and Respondent C, Sheikh Othman, November 2022). As another male participant put it: *"We are no longer able to buy food every day. If we eat food in the morning, we do not eat at noon"* (FGD1, Sheikh Othman, 6 November 2022). Two women revealed

that they went out to beg for money because of they could not afford to buy food. An older person stated: *"We have to beg in order to eat and provide food for our children"* (FGD1, Sheikh Othman, 6 November 2022).

Food insecurity and poor nutrition had an adverse effect on people's health and wellbeing. Seven (out of 12) older women suffered illnesses due to continuous hunger and not enough nutritious food. *"Our health has been affected, due to insufficient food, especially since we suffer from chronic diseases,"* one female respondent noted (Respondent D, Al-Hubaishi and Al-Hashemi District, 5-6 November 2022).

Regarding fuel prices, the study participants confirmed that the crisis has significantly affected the availability and price of oil products and derivatives. Fuel was already expensive to begin with, but the COVID-19 pandemic and Russia-Ukraine conflict caused spikes in global oil prices and shipping costs. In Yemen, in particular, the government lifted subsidies on oil and its derivatives, which led to even higher price increases.

As a result of this, transport costs have also increased. One of the FDG participants observed: *"Prices of everything have risen, and the salary is not sufficient for the needs of the house at all, even for transportation. I do not go to work because of the high costs of transportation"* (FGD2, Sheikh Othman, 8 November 2022). During an in-depth interview, a male respondent noted that: *"[he] can no longer visit his sisters and relatives due to the high transportation costs"* (Respondent E, Al-Hubaishi District, 6 November 2022).

Regarding the impact of the crisis on household finance, including savings and debt, most FGD participants agreed that they had to sell household items and valuables to support their incomes. Fifteen (out of 23) FGD female participants said they sold items such as gold, gas bottles, furniture, or any household items to cope. One woman said, *"Because of this crisis, I sold a bottle of gas to provide my husband with treatment"* (FGD1, Sheikh Othman, 6 November 2022). Similarly, a male participant said: *"I had to sell what my wife owned so she can receive medical treatment, and now I am in debt"* (FGD2, Sheikh Othman, 8 November 2022). Eight men (out of 24) indicated that they had no savings in the first place; three of them sold a piece of land or real estate; and five participants (out of 24) said they were unable to borrow more money due to non-payment of past debts.

Older women identified the accumulation of debt as a result of the crisis: money owed to the pharmacy, for groceries, and to friends and relatives. One female respondent said, *"My husband owes YER600,000 (around USD 600) to establish his own business, but he died and did not pay this debt. My son managed the project (of raising and selling sheep) but failed. I am now unable to pay such debt, as everything I earn is spent on the house and does not cover our needs"* (Respondent E, Al-Mahariq district, 5 November 2022). Another older woman mentioned that her family no longer had assets to sell but still have debts to repay. She recounted: *"I don't have any savings now. To the contrary, we have debts and we don't know how to cover them"* (FGD2, Sheikh Othman, 8 November 2022).

The crisis hits older people particularly hard as they receive little financial support from the state nor humanitarian actors. Most male FGD participants felt that due to financial deficits, they were being deprived of basic services that the state should provide, such as electricity, water, healthcare and education. One participant remarked, *"To get your pension salary you need to have a broker inside the authority"* (FGD2, Sheikh Othman, 8 November 2022) implying that the system lacks transparency. Several participants referred to the delay or sometimes the lack of humanitarian assistance from civil society and international organisations. It is often difficult to prove and/or retain eligibility for humanitarian assistance. One older person recounted how he lost his eligibility: *"I used to receive flour from an*

[humanitarian] organisation for a certain period of time, and now I stopped because they followed the fingerprint system and my name has been dropped" (FGD2, Sheikh Othman, 8 November 2022).

In terms of healthcare, FGD participants reported that the high costs of medical treatments, medications, as well as the cost of transport compromised their health. Unable to pay for medications, they resort to buying low cost, poor-quality medicines. Some said that they had no choice but to borrow money to cover the cost of medications. Several participants explained that sometimes they could not even find the medications in the market. Some female participants noted that using cheap medications of inferior quality led to some patients dying.

As one older woman explained, accessing health services can be challenging: *"I cannot walk for long distances, I do not have money to take a bus or a taxi, and I cannot wait in healthcare centres for a long time. Sometimes, doctors do not show up. While in theory, the cost of medical examinations in public hospitals and healthcare centres is relatively low, the overall cost of treatment is high. Because of this, I do not take the needed medications for diabetes and blood pressure on a regular basis"* (FGD1, Sheikh Othman, 6 November 2022).

One female key informant from the local council, however, indicated that the local council provides some assistance to older people in the form of free examinations at clinics, distribution of free medications, and construction of healthcare centers. Unfortunately, this assistance does not meet the actual needs of older people. A key informant from the local government (KI1, Aden, 6 November 2022) said they seek to identify needy families, including older people and refer them to relevant entities to help them with food, health and financial needs. Overall, however, the situation of older people has not substantially changed.

There were diverse opinions and suggestions from respondents on policies and programmes. Several FGD participants indicated their desire to find alternative sources of income by starting small entrepreneurial projects such as sheep breeding, sewing machines, and running a sales kiosk. Some participants identified the need to restore law and order and pay attention to neighborhoods while providing basic services such as water and sewage. They also highlighted the importance of raising pensions for older people and providing a monthly salary for those without salaries.

Recommendations

The study found that the food, fuel and finance crisis has had a profoundly negative impact on older people in Yemen. As the testimonials of older people show, availability and access to food and fuel were hit hard, and they have no income security to fall back on. To improve this dire situation, specific actions are needed at all levels - international, central government, local government and community.

Actions to be taken by the central government and at the governorate level:

1. Older people must be the focus of government programmes designed to address vulnerability and associated insecurities resulting from the crisis. Such efforts must improve older people's access to food and medicine as a matter of priority. This can be achieved through the following:
 - a. Form a government committee under the guidance of the Council of Ministers with responsibility for studying the conditions and needs of older people among other vulnerable groups, and propose concrete steps for line ministries to take, to help integrate older people into future support programmes.
 - b. Introduce specific mandates, measures and programmes for specific departments in the Ministry of Public Health and Population. This should

include providing mobile clinics or at least assigning specific clinics in each neighbourhood to be accessible to older people who are unable or have difficulty accessing health centres.

- c. The Ministry of Social Affairs and Labour should issue a circular memoranda to charities and civil society organisations (CSOs) instructing them to include specific support programmes for older people as a key vulnerable group in their humanitarian and development work. Such programmes could include the establishment and provision of financial and technical support to nursing homes for older people. This can be done in close cooperation with local and international CSOs and other international organisations, each in their specific areas of specialisation.
2. The Social Welfare Fund should make targeted and adequate budget allocations for the most-at-risk older people, especially with regard to the provision of medical assistance and medications for those older people with chronic diseases. Currently the Social Welfare Fund provides basic financial support to the poorest households, without specifically addressing the needs of older people.

Actions to be taken by local councils and authorities:

1. Local councils and authorities need to provide space for older people's voices and concerns to be heard, ensuring that their concerns are addressed. They should work in coordination with the specialised line ministries at local level.
2. Some aid programmes need to earmark certain programme components and budgets to support older people and include them among the most vulnerable segments of the population being supported by humanitarian and development programmes.
3. The 'Cash Plus' programme model—which has proven to be an effective integrated service delivery model for supporting multiple needs—should be expanded to specifically address the needs of older people.

Actions to be taken at the community level:

1. Encourage the establishment of associations and community partnerships that include programmes to care for and support older people and provide appropriate financial and logistical support and services for them.
2. Provide community guidance - through the media, social media and other communications channels, mosques, or public engagement in schools and universities - on ways to improve the lives of older people and their families, highlighting the increased life-threatening risks faced by older people.

Actions to be taken at the international level:

1. Relief and development agencies need to develop a common global strategy and vision for older people, guiding and focusing development agendas in support of this highly vulnerable group.

2. The Yemeni government can liaise/advocate with international humanitarian and development agencies to highlight the concerns of vulnerable groups in Yemen, including older people, and the importance of addressing the specific conditions caused by the crisis.
3. Specific programmes and strategies must be designed and implemented as part of post-conflict reconstruction and development, alongside peace-building programmes that consider the needs of older people.



Endnotes

¹ World Food Programme (WFP) (2022). *Yemen - The world's humanitarian crisis. Saving Lives changing lives*. <https://www.wfp.org/yemen-crisis>

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³ Integrated Food Security Phase Classification, (2022). *Yemen: Acute Food Insecurity Projection Update October - December 2022*. <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1156028/>

⁴ OCHA, (2022). *Humanitarian Action Analysing Needs and Response*. <https://hum-insight.info/plan/1077>

⁵ The Observatory of Economic Complexity OEC World, (n.d.). *Wheat in Yemen 2020*.

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⁶ World Food Programme (WFP) (2022). *Yemen Food Security Update November 2022*, available at:

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<https://openknowledge.worldbank.org/bitstream/handle/10986/35421/Insights-from-Yemen.pdf>

¹⁰ HelpAge International. (2018). *Older people's lives at risk as war in Yemen leaves them struggling for food, income and medication*. <https://www.helpage.org/newsroom/press-room/press-releases/older-peoples-lives-at-risk-as-war-in-yemen-leaves-them-struggling-for-food-income-and-medication/>

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

Life Makers Meeting Place Organization (LMMPO) is an NGO based in Yemen, pioneering in humanitarian work and sustainable development through implementation of high-quality programmes with values of transparency and accountability directed to armed conflicts and most at risk groups of people with disabilities, older people, women and children.

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This study was produced for HelpAge International. It was prepared by Life Makers Meeting Place Organization (LMMPO). Thanks go to DevPro Consulting—a specialised consultancy firm in Yemen—for technical supervision and production of the final study report.

Published by HelpAge International and LMMPO
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Front page photo by Amro Quraish.



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