

YEMEN HUMANITARIAN COUNTRY TEAM (HCT) PROTECTION STRATEGY

2018-2019

INTRODUCTION

Armed conflict, risk of famine and disease outbreaks in Yemen have resulted in the world's worst humanitarian crisis, with fighting ongoing on several frontlines, such as al-Hudaydah as well as Taizz, Nihm and al-Bayda. At the heart of this man-made humanitarian emergency is a protection crisis that threatens the life, safety and well-being of millions of civilians, not least the most vulnerable already struggling to survive. Underlying the armed conflict, collapse of the economy, basic services and institutions, are ongoing violations of international humanitarian law (IHL) and international human rights law (IHRL) that result in civilian casualties, displacement, damage to vital infrastructure and disruption and loss of livelihoods. These factors have exacerbated the vulnerabilities of the Yemeni population, leading to households and individuals resorting to harmful coping mechanisms, such as child marriage, the worst forms of child labor, including recruitment in the wake of displacement, family separation and the breakdown of community support structures, not to mention increased psychosocial and mental distress.

The Inter-Agency Standing Committee (IASC) Policy on Protection in Humanitarian Action¹ affirms that protection is the purpose and intended outcome of humanitarian action, committing Humanitarian Coordinators (HC), Humanitarian Country Teams (HCT) and Clusters to develop and implement a comprehensive protection strategy. Reflecting this responsibility and commitment in Yemen, this HCT Protection Strategy has been developed to provide humanitarian system-wide vision and guidance to ensure that protection is a collective responsibility of all humanitarian actors, including through common positions, joint responses and advocacy by the HCT, as well as defining complementary roles and responsibilities among humanitarian actors to contribute to protection outcomes throughout the humanitarian program cycle, by using all available tools and mechanisms.

KEY LINKAGES

Replacing the HCT Protection Strategy for 2016-2017, this revised and updated strategy for 2018-2019 is linked to and builds upon other efforts being pursued by the UN and humanitarian community in Yemen related to protection and human rights. These should be read alongside the HCT Protection Strategy, and include:

- **Protection Cluster Strategy:** most recently updated in September 2017, which provides a protection analysis and serves as the basis for the coordination and planning of protection activities;
- **Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (YHRP):** for 2018, which provide an overview of the most pressing humanitarian needs and estimated number of people in need of assistance;
- **Human Rights Up Front Initiative:** which seeks to ensure more effective work of the UN Country Team (UNCT) on cross-cutting issues with human rights implications;
- **Annual Report of the Secretary General on Children and Armed Conflict:** which describes grave child rights violations attributed to various parties to the conflict, including in Yemen; and

The Centrality of Protection in Humanitarian Action

The centrality of protection means more than protection mainstreaming. It includes ensuring that leadership, coordination, and engagement in protection and all sectors is more strategic, aligned and directed toward a stronger response. While protection of the rights of people is primarily the duty of member states and, in conflict, the parties to a conflict, Humanitarian Coordinators and Humanitarian Country Teams are responsible for ensuring that protection is the purpose and intended outcome of humanitarian response.

The Centrality of Protection in Humanitarian Action, Q&A, Global Protection Cluster

¹ https://interagencystandingcommittee.org/system/files/iasc_policy_on_protection_in_humanitarian_action_0.pdf

- **Reports of the Secretary General on Children and Armed Conflict in Yemen:** which describe grave child rights violations and broader child protection impacts in Yemen over a reporting time frame.

UNDERLYING PRINCIPLES

A number of principles underpin and guide the actions taken to achieve the protection objectives and ensure that the humanitarian response in Yemen maintains protection at the center of its activities, respects and reflects the respective roles of the diverse community of humanitarian actors, and is driven by the humanitarian principles of humanity, neutrality, independence and impartiality. The HCT commits to the following principles:

Protection-oriented planning and programming

For a humanitarian response to be protection-oriented, continuous analysis is required to understand and seek to prevent, mitigate or end actual and potential risks, including violations of IHL and IHRL which produce the harm that affected persons experience during a conflict. This includes threats, vulnerabilities and capacities of affected persons, the commitment and capacities of duty bearers to address risk factors, and the identification of measures to reduce those risks, avoid exacerbating risk, including to stop and prevent violations, avoid reinforcing existing patterns of violence, abuse, coercion or deprivation and restoring safety and dignity to people's lives.

Accountability to affected populations (AAP)

Accountability to affected populations is an active commitment to use power responsibly by taking account of, giving account to, and being held to account by the people humanitarian organizations seek to assist. Within their respective mandates, humanitarian actors demonstrate their commitment to this accountability by enforcing, institutionalizing and integrating AAP approaches in the humanitarian program cycle and strategic planning and establishing appropriate management systems to solicit, hear and act upon the voices and priorities of affected people, including women, older persons, adolescents and children as well as other persons with specific protection needs. This includes transparent communication about activities and consultation with communities on decisions that affect them, while respecting the confidentiality of personal information.

Non-discrimination in the context of neutral humanitarian action

In line with the humanitarian principle of impartiality, humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class or political opinions. Humanitarian action must also not discriminate, reinforce or create inequalities among affected civilians, while being inclusive of, for example, persons living with disabilities, and enhance ways to identify and address differential forms of exclusion, including those based on societal discrimination, power structures, vulnerability, age, and gender and any other process or state that prevents individuals or groups from full participation in social, economic and political life due to exclusionary relationships which result from social identity or social location.

Internal displacement and international refugee law

The Guiding Principles on Internal Displacement issued by the Secretary General of the United Nations identify internationally recognized rights and guarantees of persons who have been forcibly displaced from their homes. They provide guidance to all relevant actors regarding protection against displacement, the framework for humanitarian assistance and protection during return, local integration in the locations where the persons have been displaced and resettlement in another part of the country. International refugee law (IRL), including the 1951 Convention relating to the Status of Refugees, international instruments and customary law, deals with the rights and protection of refugees. As a mixed situation where both refugees and internally displaced persons (IDPs) are affected by the crisis, the UNHCR-OCHA Joint Note on Mixed Situations and the Refugee Coordination Model outline the accountability of UNHCR for ensuring international refugee protection and the mutual roles, responsibility and integrated humanitarian vision of the HCT.

Humanitarian access

Humanitarian access concerns humanitarian actors' ability to reach populations affected by crisis, as well as an affected population's ability to access humanitarian assistance and services. States bear the primary responsibility for ensuring that the basic needs of civilian populations under their control are met, and if unable or unwilling, humanitarian organizations may have the right to provide

assistance, to ensure the affected population's right to receive assistance, and to deliver assistance in accordance with IHL and humanitarian principles.

Human security and vulnerability

Human security, as defined in UNDP's Human Development Report 1994, is a paradigm to understand vulnerability, and which includes economic security, food security, health security, environmental security, personal security, community security and political security. Conflict and humanitarian emergencies pose multiple political, social, and environmental threats to human security, which separately and together, can affect human security and vulnerability.

PROTECTION ANALYSIS

Since the escalation of the conflict in mid-March 2015, Yemen has been devastated by a protection crisis which involves widespread and continuing violations of IHL, conflict-related forcible displacement, individual violations of human rights and weak rule of law, overall insecurity that exacerbates specific needs and vulnerabilities, resulting in resort to negative coping mechanisms and psychosocial distress, increased risks of grave child rights violations such as killing and maiming, including from explosive remnants of war (ERWs) and land mines, recruitment and use of children, and attacks against schools and hospitals significantly impeding children's access to critical health care and education, and gender-based violence. Over the course of 2017-2018, the situation has deteriorated further, with escalating offensives along the western coast into al-Hudaydah, periodic blockades of air and seaports, and cholera outbreak. The following is a summary protection analysis (*for more details, see the Protection Cluster Strategy – September 2017*):

Violations of International humanitarian law posing a threat to life and safety

The widespread lack of respect of IHL by all parties to the conflict in Yemen continues to pose a direct threat of loss of life or injury to civilians. The UN Panel of Experts found that all parties to the conflict in Yemen had violated IHL, including through airstrikes and the indiscriminate use of explosive ordnance which affect civilians and civilian infrastructure disproportionately without appropriate measures to mitigate the impact.² The Office of the High Commissioner for Human Rights (OHCHR) has verified more than 16,000 civilian casualties, with more than 6,700 killed and 10,800 injured between March 2015 and the end of June 2018. According to the Civilian Impact Monitoring Project (CIMP), 35% of civilian casualties monitored had occurred when people were in their own homes or farms, 17% while at the market or other civilian gatherings, and 12% while they were driving, compared to only 5% who were directly exposed to armed conflict. In addition to attacks on residential areas, markets, weddings/funerals, public and private infrastructure and objects benefiting from special protection, such as medical and educational facilities,³ other alleged IHL violations include restrictions on movement through sieges and blockades, use of landmines, cluster munitions and other restricted weapons, specific targeting of IDPs and the use of snipers against civilians.⁴

Conflict-related forcible displacement

Since the escalation of the conflict in March 2015, some 10% of the entire population of Yemen has been forcibly displaced, while continued fighting continues to pose a threat of further displacement. As of June 2018, there were some 2.3 million IDPs and 1 million IDP returnees, across 22 governorates.⁵ Some 79% of IDPs were estimated to be women and children. Among those displaced, those with heightened vulnerabilities include those 23% in precarious collective centers or spontaneous shelters⁶, where shelter conditions may be poor or there may be insecurity of tenure, but also those living in host communities, where lack of privacy or inter-communal tensions may lead to exploitation or abuse. Based on community assessments and focus group discussions, challenges faced by IDPs and IDP returnees have been reported to include lack of safety, discrimination, harassment, limited freedom of movement, lack of documentation, limited access to services, family separation, loss of livelihoods as well as concerns for persons with specific needs, including victims of gender-based violence and children.

² United Nations Security Council, Letter dated 26 January 2018 from the Panel of Experts on Yemen established pursuant to Security Council resolution 2342 (2017) addressed to the President of the Security Council, 26 January 2018 (S/2086/68)

³ Human Rights Council, Situation of Human Rights in Yemen: Report of the UN High Commissioner for Human Rights, 5 September 2017 (A/HRC/36/33)

⁴ See e.g. "We Lived Days in Hell": Civilian Perspectives on the Conflict in Yemen, Center for Civilians in Conflict, 2016

⁵ Report of the Task Force on Population Movement, TFPM – Yemen, 17th Report, August 2018

⁶ Report of the Task Force on Population Movement, TFPM – Yemen, 16th Report, September 2017

Violations of human rights and weak rule of law posing threats to life, safety and freedom

The conflict in Yemen has severely undermined the already weak rule of law in Yemen, with the security vacuum being increasingly exploited by armed groups and others, resulting in threats to life, safety and freedom for civilians across Yemen, particularly critics, journalists, human rights defenders and ethnic or religious minorities. According to the UN Panel of Experts, the Government of Yemen, the United Arab Emirates and Houthi-Saleh forces have all engaged in arbitrary arrests and detentions, carried out enforced disappearances and committed torture, while the Human Rights Council has also expressed deep concern at detention facilities which were overcrowded, damaged and with shortages of food and medicine, all exacerbated by the conflict.⁷ Impunity for crimes and lack of redress or remedial assistance for victims of crime and human rights violations, whether politically-motivated or not, has been reported to disproportionately impact boys, girls, women and men, minorities, such as the *al-Muhamasheen* (meaning ‘marginalized’), through intimidation or harassment, physical or other abuse, gender-based violence, and others.

Human insecurity, vulnerability and negative coping mechanisms

The combination of conflict, risk of famine, disease outbreak, and collapsing basic services and institutions present multiple threats to human security and vulnerability. Layers of vulnerability can result from the loss of heads of households, primary care givers or earning members, family separation and the breakdown of community support network structures, which can force persons to resort to adverse coping mechanisms, such as child labor, recruitment and use by armed forces/armed groups, child marriage, as well as put persons at risk of exploitation and family violence. Among those demographics identified for potential heightened vulnerability are the more than 1 million persons with specific needs among IDPs and host communities estimated by the 2017 Multi-Cluster Location Assessment, including malnourished children (27%), elderly (22%), pregnant / breastfeeding women (18%), chronically ill (8%), female heads of households (6%), minor heads of households (6%), persons with disabilities (7%) and separated and unaccompanied children (3%).⁸ In addition, with the stress and loss of the conflict mounting, 15-20% of the population can be estimated to suffer from mild-moderate and 3-4% severe mental health issues, including anxiety, depression, post-traumatic stress disorder (PTSD) and psychosis, according to WHO prevalence estimates.⁹ Children who are exposed to extreme violence are at risk of developing PTSD, while indirect effects of armed conflict, such as losing caregivers and support networks can be seriously damaging to a child’s well-being and healthy development.

Violations of the rights of children

Indiscriminate hostilities and grave violations of children’s rights have continued across Yemen since the escalation of conflict. Between March 2015 and June 2018, grave child rights violations continued and resulted in more than 6,000 children killed or maimed. More and more children under the age of 18 are victims or at risk of recruitment and use in the armed conflict, the UN Country Task Force on Monitoring and Reporting verified more than 2,500 children under the age of 18 associated with armed force and armed groups. Furthermore, schools and hospitals have been frequently attacked and used for military purposes, denying children access to their rights to basic services. At least 425 attacks on and military use of schools and hospitals have been documented and verified. Such grave violations committed against children and the continuous attacks and military use of schools and hospitals have a devastating impact on the physical and psychological well-being of children and deny them access to their basic rights of education, health and development. Children exposed to grave violations require a holistic protection response, including assistance with family tracing and reunification and interim care services for the accompanied, mine risk education to prevent harm, referral of injured children to medical services and socio-economic reintegration for children released by armed groups.

Risks of gender-based violence

Due to societal and cultural norms, women in Yemen are subjected to different forms of GBV including sexual assault, rape, psychosocial abuse, physical assaults, child / forced marriage, denial of resources, deprivation of freedom of movement, and female genital mutilation. Perpetrators can

⁷ Human Rights Council, Situation of Human Rights in Yemen: Report of the UN High Commissioner for Human Rights, 5 September 2017 (A/HRC/36/33)

⁸ Task Force on Population Movement, Multi-Cluster Needs Assessment of IDPs, Returnees and Host Communities in Yemen, February 2017

⁹ http://www.who.int/mental_health/emergencies/building_back_better/en/

include partners, family members, community members and, security personnel. The escalating conflict and displacement has continued to place women and girls at increased risk of GBV and has forced communities and families to adopt negative coping mechanisms. Disease outbreaks such as cholera in 2017 put extreme pressure on women as principal caregivers exposing the household to further risks. As a result, while remaining underreported, GBV services reported have significantly increased by 36% in 2017 compared to 2015, due in part also to increased requests and awareness of services. The significant percentage of female heads of households also face elevated GBV risks as they seek to provide for their families, while GBV survivors and at-risk groups require access to safe, confidential, multi-sectoral life-saving GBV services, and humanitarian partners – across all sectors – require training, technical guidance and support to ensure measures are in place to prevent and mitigate GBV risks and threats.

KEY PROTECTION PRIORITIES

While recognizing the multitude of serious protection concerns in Yemen, the scope of this HCT Protection Strategy is narrowed to focus on a limited number of key protection priorities in need of a comprehensive and system-wide response by the HCT. Based on ongoing protection monitoring and an analysis of risks, threats and needs, these key protection priorities for the HCT in Yemen are as follows:

- **Protection of civilians:** Promoting respect for IHL, IHRL and refugee law by all parties to the conflict in Yemen through collective advocacy and prioritization of humanitarian response activities which contribute to the protection of civilians.
- **Vulnerable groups and persons with specific needs:** Ensuring access to protection and services for the most vulnerable and people with specific needs, while mitigating the repercussions of risk of famine, disease outbreaks and collapsing livelihoods on individual and community coping capacities and the potential for violence, coercion or deliberate deprivation.
- **Protection mainstreaming and integration:** Ensuring that the response to the protection needs of affected populations is systematically put in effect through mainstreaming and integration of protection across the humanitarian response.

COLLECTIVE PROTECTION OUTCOMES

In order to address protection priorities which are so prevalent and widespread as to warrant a system-wide, comprehensive response, the following are the collective protection outcomes under this HCT Protection Strategy:

Protection Outcome #1: The expertise, mandates and capacities of the HCT are mobilized to identify and respond to protection risks and in preventing and stopping the recurrence of violations of IHL, IHRL, IRL and grave violations committed against children in conflict.

- 1.1. HCT to develop a strategic approach to advocacy on protection through: a) common messages on key protection concerns; b) issuance of quarterly position paper on protection of civilians and IHL; and c) advocacy plan to encourage parties to the conflict to abide by IHL and reinforce national advocacy efforts through engagement with regional and international stakeholders, as well as with local authorities.
- 1.2. HCT to establish a core group to guide proactive engagement with the parties to the conflict on protection of civilians and preventing, among others, violations of IHL and IHRL, grave violations committed against children, and protection of vital civilian infrastructure or objects accorded specific protection, while reaffirming the primary responsibility of national authorities for the security, safety and wellbeing of civilians and displaced persons throughout the country. Through channels agreed with the HC/HCT, HCT to commit to regularly raise protection issues with parties to the conflict.
- 1.3. In conjunction with the Human Rights Up Front Initiative and Country Task Force on Monitoring

and Reporting, HCT to initiate a strategic roadmap with parties to the conflict, taking into account political, security, human rights and humanitarian priorities, to end violence and human rights violations, including against women and children.

- 1.4. Reinforce that all HCT members have a responsibility to ensure the centrality of protection through regular reporting on protection concerns, known violations of IHL, bringing critical protection concerns to the attention of the Protection Cluster or HCT, as appropriate.
- 1.5. HCT and Yemen Humanitarian Fund to encourage strengthening the institutional capacity of national NGOs working directly with affected populations and providing protection services.

Protection Outcome #2: The humanitarian response takes all measures to ensure access to protection and services for the most vulnerable, with particular emphasis on child protection, gender-based violence (GBV) and persons with specific needs.

- 2.1. Considering the dynamics resulting from age, gender and diversity, Cluster Lead Agencies to ensure that each cluster conducts, with the support of the Protection Cluster, a sector-specific analysis of the impact of conflict and access to services for the most vulnerable and people with specific needs, including but not limited to: (a) women and adolescent girls; (b) children, (c) older persons, (d) persons with disabilities and (e) other vulnerable, marginalized or socially excluded persons with specific needs, using disaggregated data and in accordance with the Accountability to Affected Populations (AAP) Operational Framework. HCT to review sector-specific analysis and make recommendations to address these issues.
- 2.2. Cluster Lead Agencies to ensure that each cluster, with the support of the Protection Cluster, commits to implementation among cluster members of inter-agency referral mechanisms for persons with specific needs to ensure that individuals in need of specialized protection or other assistance are safely referred to available services, especially for cases of GBV and child protection.
- 2.3. HCT, Humanitarian Access Working Group, Country Task Force on Monitoring and Reporting, and other relevant actors, to develop advocacy and operational strategies to improve the delivery of humanitarian assistance and allow affected populations safe, dignified and unimpeded access to humanitarian assistance and basic services. These strategies should identify and seek to address gaps in the awareness, capacity and willingness of duty bearers to allow for meaningful access and provide recommended standards, best practices, and criteria for safe and principled delivery of assistance in conflict-affected areas.
- 2.4. HCT and Yemen Humanitarian Fund to encourage projects to strengthen community-based protection mechanisms and resilience for communities affected by the conflict to be empowered to address their priority protection and basic needs, particularly in areas with access challenges or lack of humanitarian presence.

Protection Outcome #3: Protection is mainstreamed or integrated within each agency or cluster partner's response at all stages of humanitarian programme cycle, including planning, implementation, monitoring.

- 3.1. HCT to ensure the standardized integration by Yemen Humanitarian Fund and all clusters of protection risks analysis, identification of mitigation measures, Gender and Age Marker, and AAP measures, including consultation with affected populations on the types of services needed and platforms for safe and dignified delivery of assistance, and provision of timely and relevant information on their rights and entitlements and roles and responsibilities of partners.

- 3.2. Food Security, Health, Nutrition, WASH and Shelter/CCCM/NFI clusters to be prioritized by HCT for development of projects with integrated protection components, ensuring inclusion of integrated protection programming¹⁰ in the 2019 YHRP.
- 3.3. HCT to support a dedicated resource to conduct updated assessment of the protection mainstreaming and integration in 3.1 and 3.2 above and recommend other measures and systems to ensure protection is mainstreamed and integrated in the humanitarian response, including AAP.
- 3.4. HCT to commit to regular discussions with development actors on interventions which bridge the humanitarian-development nexus with protection, including the rehabilitation of basic infrastructure and service provision.
- 3.5. Sustainable measures to prevent and respond to sexual exploitation and abuse (PSEA) and mainstream GBV implemented across the HCT, including a quarterly report to the HCT.

MONITORING AND EVALUATION

The HCT Protection Strategy covers the period of two years in order to ensure consistent and sustained approaches and mobilization of resources. In light of the dynamic nature of the conflict and humanitarian emergency in Yemen, the strategy will be considered a working document to be amended depending on developments which require high-level intervention by the HCT.

An action plan will be drafted to monitor implementation of the collective protection outcomes of the HCT Protection Strategy, including clarifying the roles and responsibilities of all humanitarian actors in the actions and outcomes of the strategy. The HCT, through a designated task force on centrality of protection, will monitor the implementation of the activities, and review the Action Plan regularly, at least on a quarterly basis and update it as required.

¹⁰ This includes integration of GBV risk reduction and response measures outlined in the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.