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UPDATE: NIGERIA, SOUTH SUDAN, SOMALIA, AND YEMEN

SPECIAL IN-FOCUS ON YEMEN

Ongoing conflicts continue to give rise to serious protection challenges in northeast Nigeria, Somalia, South Sudan, and Yemen. Conflicts in all four countries have created humanitarian crises of monumental proportions. They have triggered wide scale displacement, civilian casualties, and severely eroded coping mechanisms of the civilian population as well as threatened the lives of more than 20 million people. As conflicts continue unabated, the length of displacement is increasing, and the loss of livelihoods is particularly affecting the most vulnerable who face difficulties paying rent, food and basic health services.

Yemen is fighting a triple threat of cholera, famine, and conflict. The protection and humanitarian needs of people affected by the conflict in Yemen are staggering due to serious and widespread violations of International Humanitarian Law (IHL) and International Human Rights Law (IHRL), absence of the rule of law and limited access to justice, as well as massive gaps in accessing the most basic services. In South Sudan, insecurity and conflict restricts movement and aid delivery, particularly in northern and southern states. In Somalia, despite political progress, the conflict has rendered more than half of the population in need of life-saving protection and humanitarian assistance, with 360,000 children suffering acute malnutrition. Tackling the root causes, promoting human rights and the rule of law, strengthening governance and institutions are key to ending the crises in the four countries.

Denial of access to deliver life-saving protection and humanitarian assistance is reportedly used as a weapon of war, as much as its consequence, demonstrating how tactics imposed by parties to the conflict have increased risks of famine and contributed to the spread of the cholera endemic. While the conflict situation in each of the four countries is different with varying funding and access challenges, analyses show:

- non-adherence to IHL and IHRL coupled with a long history of instability, underdevelopment, poverty, poor governance and the rule of law are risking the lives of millions of civilians;
- the current food and cholera crises are largely the result of conflict as well as unaddressed underlying causes; and
- the need for more humanitarian financing and renewed efforts to bring these conflicts to a sustainable end.



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PROTECTION IS AT THE HEART OF THE HUMANITARIAN RESPONSE IN ALL FOUR COUNTRIES

Protection Clusters and Sectors in the four countries are doing their utmost in ensuring a predictable and adequate response, publicising and advocating the situation of populations in danger, as well as working with the Humanitarian Country Teams in the four respective operations to mobilise the necessary resources, in order to work effectively towards the overall objective of protecting life, health, and ensuring respect and dignity for the crisis-affected people.

While considerable work is being done into context and needs analysis by the four protection clusters and sectors in the four countries, in order to bring necessary analysis on protection issues and guide decision-making including that of Humanitarian Coordinators and Humanitarian Country Teams, the recognition of conflict, long-standing structural factors such as poor governance, and blatant violations of IHL and IHRL as immediate contributing factors to the famines and cholera crises need to be strengthened.

The underfunding of the protection clusters and sectors from humanitarian pooled funds continues to be a key challenge and an obstacle to the delivery of targeted protection services. Another immediate contributing factor to the shortfalls in funding is the perception of other clusters, such as food, shelter, water, sanitation and hygiene, as well as health, to be more life-saving. Against a backdrop of dire humanitarian needs and a precarious security environment, the imperative to consider protection as a life-saving intervention and fully fund protection needs across the affected countries needs to be prioritised and recognised as urgent.

Nonetheless, despite enormous funding challenges, field protection clusters in the four countries are delivering a coordinated response and scaling up where they are able. In order to effectively address these crises, more political will is required to end these conflicts that are risking the lives of millions of people. Likewise, in order for protection and humanitarian assistance to reach those who need it most, there must be unhindered and sustained humanitarian access. Additionally, funding to back a robust protection oriented response is critically needed.

The Global Protection Cluster (GPC) has issued a briefing note, available at http://www.globalprotectioncluster.org/assets/files/alerts/gpc_briefing-note_four-famines.pdf, in April 2017, which sets out the concerns and the protection priorities in the four countries. The current update that features the four countries starts with the publication of a special in-focus on Yemen, and will continue over the next weeks with special in-focus on Nigeria, South Sudan, and Somalia. The in-focus editions aim to provide an update of the situation with a focus on underlying causes that perpetuate the food and cholera crises in each of the four countries.

SPECIAL IN-FOCUS ON YEMEN



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YEMEN IS FACING A TRIPLE CRISIS: CONFLICT, FAMINE AND CHOLERA

55,000 CASUALTIES AS A RESULT OF THE CONFLICT INCLUDING 8,000 DEATHS

2 MILLION INTERNALLY DISPLACED + **0.9 MILLION** RETURNEES

20.7 MILLION* PEOPLE IN NEED OF LIFE-SAVING PROTECTION AND HUMANITARIAN ASSISTANCE

KEY FACTS ABOUT YEMEN

THE POPULATION OF YEMEN IS 27 MILLION PEOPLE. AN ESTIMATED:

- **About 11.3 million people** need assistance to protect their safety, dignity or basic rights, including 2.9 million people living in the most acutely affected areas.
- **Sixty percent of the population** is in food crisis or in emergency phase, as a result of the surge in violence. **6.8 million** are in a stage of food emergency and **10.2 million** are in a stage of food crisis.
- **At least 8.2 million people** currently lack access to clean drinking water and sanitation.
- **1.8 million children** in Yemen are severely malnourished, and they make up a significant number of the country's cholera cases.
- **14.8 million people** lack access to basic healthcare, including 8.8 million living in severely under-served areas.
- As a result of hostilities, **more than half** of health clinics in the country are damaged or destroyed. A mere 45 percent of health facilities are functioning.

* The number of people in need of life-saving protection and humanitarian assistance has increased by almost two million since the publication of the 2017 Yemen Humanitarian Needs Overview (HNO).

KEY MESSAGES

- Yemen remains the largest humanitarian crisis in the world, and a clear example of how the on-going conflict has exacerbated the country's long history of instability, underdevelopment, poor governance and the rule of law;
- The conflict in Yemen is characterised by grave and repeated violations of International Humanitarian Law (IHL), International Human Rights Law (IHRL), and disregard for the civilian population. Deliberate policies and tactics of all parties to the conflict have pushed the country to the brink of famine, caused an alarming cholera outbreak, and is rapidly pushing the county towards social, economic and institutional collapse;
- All parties to the conflict should uphold their obligations under International Humanitarian Law and International Human Rights Law; facilitate and allow unhindered humanitarian access into and across Yemen, as well as take measures that will allow the revival of economic activity in the country;
- The need for humanitarian funding is crucial to avert a humanitarian catastrophe, as well as the need for renewed efforts by the international community to bring these conflicts to a sustainable end;
- The work of the Protection Cluster in Yemen is focused on enhancing the prevention and mitigation of protection risks, responding to protection needs through supporting a protective environment in the country, by promoting International Humanitarian Law, International Human Rights Law, and through quality principled assistance.

OVERVIEW

Yemen remains the world's largest humanitarian crisis in the world with 20.7 million people in need of life-saving protection and humanitarian assistance. The crisis is a clear example of how the ongoing conflict has created a man-made famine, as well as the world's largest cholera outbreak, which has, in turn, caused new or exacerbated pre-existing protection vulnerabilities.

Before the conflict broke out in 2014 between the internationally recognised Yemeni government and the Houthi-Saleh forces, Yemen was already grappling with meeting the immense humanitarian needs of its population stemming from a long history of poverty, underdevelopment, weak rule of law and poor governance. The escalation of the conflict in March 2015 following the intervention of the Saudi Arabia-led coalition¹ on behalf of the Yemeni government, has exacerbated these vulnerabilities and has had a devastating impact on the civilian population.

The conduct of hostilities by all parties to the conflict, characterised by widespread violations of International Humanitarian Law (IHL), International Human Rights Law (IHRL), and disregard for the civilian population is exacerbating an already grave protection situation that threatens the life, safety and well-being of millions of civilians, including the most vulnerable already struggling to survive. On-going air strikes and fighting has so far resulted in more than **55,000 casualties, including 8,000 deaths,² and displaced approximately 2 million persons across twenty one governorates within the country.**

Furthermore, the Saudi Arabia-led coalition's blockade of Yemen coupled with heavy bombing of bridges, ports and roads in Houthi territories to block supplies is having a disproportionate impact on the civilian population. The naval blockade on the main sea-ports, which keeps 85% of imported supplies out of the country, is denying vital goods and services indispensable for the survival of the civilian population. Unwarranted import restrictions are resulting in fuel shortages essential for the civilian population's access to water, food, and the functionality of hospitals. The blockade is also hampering the delivery of life-saving protection and humanitarian assistance within and across the country, causing a protection and humanitarian crisis of immense proportion. The closure of Sanaa's International Airport, one year ago, is further exacerbating the situation. The decision to close the airport has slowed down commercial and humanitarian goods, restricted freedom of movement, and impacted the lives of thousands of Yemeni people who are prevented from seeking life-saving medical treatment abroad. The Yemen Ministry of Health estimated 10,000 people had died because they could not receive specialist treatment inside the country, nor could they fly abroad for medical care.

Deliberate policies and tactics of all parties to the conflict have pushed the country to the brink of famine, caused an alarming cholera outbreak, exacerbated chronic vulnerabilities and is rapidly pushing the county towards social, economic and institutional collapse. Adding to the protection scenario is the rise in food insecurity and dire nutrition situation. According to the latest Emergency Food Security and Nutrition Assessment (EFSNA), 17.1 million people, sixty per cent of the population, is in food crisis or in emergency phase, as a result of the surge in violence – 6.8 million are in a stage of food emergency and 10.2 million in a stage of food crisis.³

¹ The Saudi Arabia-led coalition launched Operation Decisive Storm on 26 March 2015, with the objective of returning President Hadi to power.

² UN OCHA, Yemen – Crisis Overview, available at: <http://www.unocha.org/yemen/crisis-overview>. According to the protection cluster, these figures significantly undercount the true extent of casualties given diminished reporting capacity of health facilities and people's difficulties accessing healthcare.

³ WFP, Yemen – State of Food Insecurity in Yemen based on the Emergency Food Security and Nutrition Assessment (EFSNA), April 2017.

In addition to widespread loss of life, rising unemployment, interruption in public sector payments, higher commodity prices and loss of urban and rural livelihoods caused by the conflict, the damage to public infrastructure has left hundreds of thousands of people without adequate access to food and other services, including electricity, clean water and quality healthcare, contributing to not only the food crisis but the spread of the cholera endemic across the country, with more than 440,000 suspected cholera cases. Not only are the vulnerable at greater risk of death from cholera and hunger, but those with specific needs may also face greater challenges in accessing critical protection and humanitarian assistance. Further, the spread of cholera and hunger may have consequences on households that result in additional protection concerns.

It is clear that **there is a direct correlation between conflict, the food crisis, and the cholera outbreak in the country.** People who are weakened by hunger are more susceptible to contract cholera and less able to survive it. In the situation of Yemen, the scale of the food crisis and cholera outbreak are direct consequences of the two-year conflict characterised by repeated violations of International Law by all parties to the conflict.

VIOLATIONS OF INTERNATIONAL HUMANITARIAN LAW AND INTERNATIONAL HUMAN RIGHTS LAW

The UN Panel of Experts found that all parties to the conflict in Yemen had violated IHL, IHRL and human rights norms, including the principles of distinction, proportionality and precaution, particularly through their use of heavy explosive weapons in, on and around residential areas and civilian objects.⁴

As also documented by the UN Human Rights Council,⁵ widespread violations of IHL by parties to the conflict include attacks on residential areas, markets, weddings, funerals, public and private infrastructure; as well as attacks on objects benefiting from special protection such as schools and health facilities; blocking humanitarian access; the use of children under 18 in combat; aerial bombing and artillery shelling on villages, use of anti-personnel landmines in civilian areas; as well as taking civilians hostage.

Clinics and hospitals are unlawfully shelled, attacked with gunfire or hit by airstrikes. In August 2016, the Saudi-Arabia led coalition airstrikes hit a Medecin Sans Frontiers (MSF) supported hospital in Hajja that killed 19 people and resulted in the withdrawal of MSF staff from six hospitals in northern Yemen.⁶ Similarly, military operations conducted by the Houthi and allied forces around Aden and Taizz exposed health facilities and health workers to serious risks.⁷ As a result of hostilities since 2015, over 160 health structures were attacked and more than half of health clinics and facilities in the country are damaged or destroyed. Further due to the Saudi-led coalition blockade, hospitals are shutting down as a result of fuel shortages, lack of electricity, and dwindling medical supplies and equipments.

The absence of a central government or a consistent state authority has also undermined the already weak rule of law in the country and resulted in further deterioration of the human rights situation. Human rights violations and abuses are rampant and include arbitrary arrests and detentions; poor prison conditions; the use of excessive force and torture by security forces and various militant groups; limited freedom of expression, assembly, association, and movement; attacks on journalists and human rights defenders; kidnappings; and enforced disappearances.⁸

Given the power vacuum, crimes are committed with impunity, in contravention of the Yemen Constitution, Yemen Criminal Code, and International Law, with no redress or remedial assistance for victims of crimes and IHL/IHRL violations.

The situation is further deteriorating as the pace and scale of airstrikes and armed clashes in Yemen is much higher in 2017 than 2016, exacting a more severe toll on the civilian population, prompting mass internal displacement, and causing the overall economic and institutional collapse of the country.

FORCED DISPLACEMENT

Since the escalation of the conflict in March 2015, some 10% of the entire population of Yemen has been forcibly displaced. On-going fighting continues to pose a threat of further displacement. To date, there are 2 million internally displaced persons (IDP) and 0.9 million IDP returnees, across 21 governorates.

⁴ United Nations Security Council, Letter dated 22 January 2016 from the Panel of Experts on Yemen established pursuant to Security Council resolution 2140 (2014) addressed to the President of the Security Council, 26 January 2016 (S/2016/73).

⁵ Office of the High Commissioner for Human Rights (OHCHR), Reports of the Human Rights Situation in Yemen, 2016, available here: <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20411&LangID=E>

⁶ Yemen – World Report 2017: Yemen | Human Rights Watch.

⁷ *Ibid.*

⁸ US State Department, Bureau of Democracy, Human Rights, And Labour, 2016 Country Reports on Human Rights Practices Report, March 3, 2017.

Continuous fighting in Sa'ada, Hajjah, Taizz and Amanat Al Asimah has produced 74% of all IDPs in Yemen, with the most recent large-scale displacement occurring along the Western Coast of the country. It is estimated that 43% of IDPs remain displaced within their governorate of origin and that the overwhelming majority of internally displaced persons are women and children, accounting for 79% of those displaced.

The internally displaced face enormous challenges including limited freedom of movement, lack of documentation, family separation and loss of livelihoods. They are subject to heightened vulnerability and are at high risk of physical attack, sexual assault and abduction, and frequently face limited access to services.

Precarious shelter conditions such as poor collective or spontaneous shelters, place them at risk of exploitation and abuse. IDPs living in host communities often lack privacy or face inter-communal tensions. They can be expelled from communities or compelled to return to their areas of origin where they may face problems re-integrating given mass restitution claims pending since 2013 and that have been aggravated by the on-going conflict.

CRUMBLING ECONOMY

Prior to the conflict, Yemen was already the poorest country in the Middle East. The World Bank estimates that since the escalation of the conflict, "the poverty rate in Yemen has doubled to 62 per cent."⁹

Policies pursued by parties to the conflict are contributing to the collapse of the economy, social services, as well as public and private institutions. The targeting of key economic infrastructure such as ports like Al Hudaydah [Hodeida] Port – the major lifeline for imports into Yemen – roads, bridges, and factories as well as markets, schools, and hospitals with shelling, air strikes, and gunfire coupled with import restrictions imposed by the coalition forces on goods, movements and financial transactions is not only hindering the delivery of crucial protection and humanitarian assistance but is also strangling the economy and severely crippling the commercial sector.

As a result of the conflict, the public budget deficit has nearly doubled compared to 2016, the Central Bank foreign exchange reserves suffered a sharp drop limiting the import of commercial goods, and the GDP per capita has contracted by about 35% and inflation has risen to 30 percent. Further, millions of public sector employees no longer receive their salaries – a fact that contributes to the decline of public and social services in the country.

This situation has negatively impacted the coping strategies of the crisis-affected population, including their ability to purchase food and other essential goods and services, exacerbating pre-existing and new vulnerabilities, and forcing some individuals and families to resort to negative coping mechanisms (see below).

AN AGGRAVATED HUMANITARIAN SITUATION: FOOD AND CHOLERA CRISIS

Before the conflict, Yemen was completely dependent on imports of food, medicine, and fuel to meet the basic needs of its population¹⁰ – more than 90 per cent of food¹¹ and nearly 100 percent of all fuel and medicine were imported.¹²

Violations of IHL and IHRL by parties to the conflict, including the naval blockade set-up by the coalition forces caused severe import restrictions and resulted in fuel scarcity. Alarming fuel shortages have adversely affected people's access to water, given Yemenis' heavy dependence on water trucks and pumps. It has also impacted people's mobility, the distribution of food, and the functionality of hospitals that no longer have fuel to keep generators running or diesel to transfer the sick and wounded to hospitals.

The end result is a situation in which famine levels reached crisis levels this year, particularly in governorates where active fighting and airstrikes continue, impeding people's access and ability to purchase food; and a cholera outbreak caused by people's inability to access clean water due to conflict. The break-down of water and sanitation systems due to lack of fuel is further aggravating the situation. To date, at least 8 million people lack access to clean drinking water.

⁹ 2017 Humanitarian Needs Overview, <http://reliefweb.int/report/yemen/yemen-2017-humanitarian-needs-overview>, [accessed 17 April 2017].

¹⁰ Office for the Coordination of Humanitarian Affairs, Reliefweb, "Yemen: Reduced Imports Worsen Crisis", 23 June 2015.

¹¹ WFP, "WFP Alarmed At Growing Rates Of Hunger And Malnutrition In War-Torn Yemen," 25 October 2016.

¹² 2017 Yemen Humanitarian Response Plan.



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Further, with more than half of the country's health facilities closed due to being damaged or destroyed due to the conduct of hostilities or as a result of lack of financial support to maintain medical supplies and provide health workers' salaries,¹³ coupled with the crippled health, water and sanitation sectors; the cholera epidemic is sweeping fast across the country. According to the Yemen Ministry of Health, the epidemic has so far infected 440,000 people and killed more than 1,900.

There are fears that cholera and other health related risks will continue to spread at an unprecedented rate, bringing a new sense of urgency to an already acute situation. And despite international efforts to help Yemen, projections show that over 300,000 people at risk of contracting the disease in the coming months.

In Yemen, it is clear that the escalation of the conflict is the primary driver of the famine and health crisis in the country. The destruction of social and health services coupled with the desperate shortage of food, water and medical supplies as a result of conflict and tactics employed by parties to the conflict render goods and essential services expensive or unavailable.

HUMANITARIAN ACCESS SEVERELY RESTRICTED

The crisis is compounded by the fact that getting aid into and across Yemen has proven to be challenging.

Factors obstructing humanitarian access vary and highly contextual. Bureaucratic impediments, conflict-related security constraints and the imposition of conditions by parties to the conflict to influence the distribution of aid are severely delaying or preventing humanitarian access. The delivery and distribution of critical humanitarian assistance within and across the country is continuously blocked or restricted by parties to the conflict in areas under their control, deepening the country's humanitarian crisis and endangering the lives of millions of civilians.¹⁴ The destruction of infrastructure including airports, bridges and seaports by air strikes coupled with the closure of Yemen's Sana'a airport is also impeding the delivery of crucial relief and commercial supplies from reaching millions of Yemenis.

¹³ Some 30,000 health workers have not been paid in more than 10 months.

¹⁴ ICRC, ICRC President leaves Yemen, issues urgent plea, July 27, 2017.

VULNERABLE POPULATION

The impact of this triple crisis has taken a devastating toll on the Yemeni people. The two – year conflict has exacerbated pre-existing vulnerabilities. Women, children, older persons, minorities, persons with disabilities, as well as others with specific needs have been particularly affected. Displacement, family loss and separation, and the breakdown of community support structures have increased needs for psychosocial and mental health support, as well as interventions for harmful coping mechanisms, domestic and family violence.

Yemeni children, are subjected to disproportionate suffering. 1.8 million children in Yemen are severely malnourished, and they make up a significant number of the country's cholera cases. Forced from their homes and their schools, at times separated from their families, their future is marked by fear and uncertainty. About 63,000 children under the age of five died from preventable diseases related to malnutrition, and an additional 460,000 children are suffering from acute malnutrition.¹⁵

As noted above, attacks affecting schools in the context of hostilities have endangered children's safety, violated their right to life, and restricted their right to education. There are also reports of significant increase in the abduction, recruitment and use of children in conflict by different groups.

Women and girls in Yemen continue to face entrenched gender inequalities existent before the conflict. These include limited access to services and livelihood opportunities due to societal norms. Conflict, displacement and the breakdown of community protection mechanisms have drastically increased their vulnerability. As a result, incidents of sexual and gender-based violence have significantly increased since the conflict erupted, two years ago. In 2016 alone, more than 10,000 cases were reported. This means an increase in rape, domestic violence, sexual exploitation and abuse, child and forced marriage. The situation of female headed households is also of grave concern, left alone to fend for themselves and their children, they face serious protection risks. Reports also reveal other extreme acts of violence against girls, boys, women and men.

Conflict and protracted displacement coupled with the collapse of the economy, break down of the health system, and the food crisis have depleted individual and family households, exhausted their coping capacities, resulted in new vulnerabilities, and forced many to resort to negative coping strategies. Selling household assets, entering debt, begging, reducing food intake and skipping meals, domestic violence, removing children from school, child labour and child marriages are steadily increasing placing vulnerable families and individuals at increased risk of exploitation and abuse.

PROTECTION CLUSTER INTERVENTIONS

The Protection Cluster is working through five strategic operational hubs that cover Sana'a, Sa'ada, Al Hudaydah, Taizz/Ibb, and Aden.

Recognising that protection needs to be at the center of the humanitarian response in the country, the Yemen Protection Cluster in coordination with UN and international agencies, local and national partners is relentlessly working to deliver a targeted and coordinated response to the displaced and vulnerable population across the country.

The cluster, provides the overall platform for protection coordination, including setting priorities, data collection and analysis and the delivery of specialised protection services as well as technical advice to the Humanitarian Coordinator and Humanitarian Country Team to ensure a protection oriented humanitarian response.

Underpinned by five objectives, the cluster aims to ensure informed and targeted interventions that respond to the needs of the displaced and crisis-affected population. As such, the cluster and its partners are monitoring displacement and rights violations on a broad range of issues to identify, document, and respond to various IHL and IHRL violations; address the needs of the crisis-affected population; and inform the entire humanitarian response in the country.

The cluster is also delivering a range of life-saving protection services across the country including psychosocial care, cash and legal assistance to victims of IHL and IHRL violations, children and gender based – survivors, and other vulnerable individuals.

In order to secure a favourable protection environment conducive to the realisation of rights, the cluster and its partners are supporting the establishment of community-based protection networks and is focused on developing the capacity of protection and other humanitarian actors, especially local actors. The cluster is also working with other clusters and partners to mainstream and integrate protection into all sector and cluster specific humanitarian responses.

¹⁵ 2017 Humanitarian Needs Overview, Yemen.

ADVOCACY

Amidst rapid deterioration of the humanitarian situation, the ongoing restrictions on imports and the collapse of basic services throughout the country, the Yemen Protection Cluster continues to call on all parties to the conflict to uphold their obligations under IHL and IHRL; allow for unhindered and safe humanitarian access; lift the blockade for basic necessities such as fuel, food, and medicines to enter the country as well as re-open Sanaa's airport commercial air-traffic in order to avert a human catastrophe.

FUNDING

Despite early warning, the protection cluster's response remains limited as funding has been woefully short. To date, the protection cluster received 10 per cent of the funding requested. Further, of the US\$2.1 billion required for the Yemen Humanitarian Response Fund, only 18.2 per cent has been received so far, despite the High Level Pledging Event that took place in Geneva in April 2017. This leaves a funding gap of \$1.4 billion to support emergency assistance in the priority areas of protection, food, health, nutrition, water, sanitation and hygiene; and shelter.

CONCLUSION

- The Protection Cluster in Yemen calls on all parties to the conflict to allow critical protection and humanitarian assistance to reach the Yemeni people, in line with their obligations under International Humanitarian Law and International Human Rights Law;
- The Protection Cluster also calls on lifting the aerial and naval blockade imposed on Yemen including re-opening Sanaa's International Airport to commercial air-traffic to help alleviate the suffering; and the immediate implementation of measures that will allow the revival of economic activity in the country;
- In order to save the lives of millions of Yemeni people, the need for funding for the Protection Cluster to scale up response is crucial to avert an impending protection and humanitarian catastrophe.

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