



Protection Cluster Yemen

YEMEN PROTECTION BRIEF

January 2021



YEMEN - Administrative Divisions



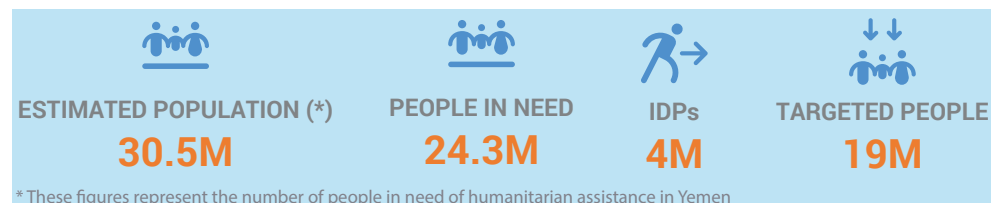
Operational Context

Almost six years ago, Yemen slipped into a deadly conflict that provoked the worst humanitarian crisis in the world. Since its escalation in 2015, at least 7,825 civilians have been killed including 2,138 children and 933 women and more than 12,000 have been injured,¹ and over 4 million people are estimated to have been internally displaced.² Indiscriminate attacks and the repeated use of explosive weapons continue to be the distinguishing features of the conflict. Almost all types of explosive weapons are believed to have been used in Yemen.³ These weapons are notorious for failing to precisely hit intended military targets and for causing damage hundreds of meters away from their original target.⁴ The use of explosive weapons in densely populated areas has been particularly alarming, with civilians reportedly making up 95 percent of casualties caused in such incidents.⁵

In 2020, more than 2,000 civilians were killed or injured,⁶ and over 172,000 people were displaced (DTM, Yemen). The proximity of fighting to residential areas has resulted in widespread damage to civilian property, with over 4,600 houses and farms damaged, mostly in Al Hudaydah and Taizz governorates.⁷ In a country that struggles with already weakened infrastructure, armed attacks have damaged critical infrastructure including transport, health, education, water and telecommunications. In disregard of International Humanitarian Law, the parties to the conflict are often accused of placing military objectives near civilian population,⁸ which likely contributed to the devastating impact on civilians.

The conflict continues to impede physical and economic access to food, leaving an estimated 13.5 million people in food crisis, which is expected to rise to 16.2 million in the first half of 2021.⁹ Flooding caused casualties, displacement and destruction of property, while the Covid-19 pandemic, with an already overstrained health system, worsened existing protection risks. Meanwhile, years of conflict combined with other factors has led to the collapse of public institutions and diminished their capacity to prevent and respond to violations and abuse of rights.

Amid a deepening crisis with multiple driving factors, restricted humanitarian access and lack of funding remain a significant challenge, disrupting life-saving response to the plight of millions of Yemenis. In 2020, more than 4,200 access related incidents were reported, affecting the unimpeded delivery of humanitarian aid for up to 7.8 million people in need.¹⁰ As of December 2020, 58 percent of the requested funding under the Humanitarian Response Plan (HRP) was received,¹¹ and the Protection Cluster remains critically underfunded. In view of the funding situation, ongoing conflict, Covid-19, and threats emanating from the safer tanker, for consecutive years, Yemen is ranked among the worst humanitarian crises to watch in 2021.



Protection Environment

The protection situation in Yemen remains extremely volatile. Violations and abuse of rights, which may “amount to war crimes” have been reported.¹² In 2020, new frontlines emerged and existing hotspots such as in Al Hudaydah and Taizz governorates witnessed increased hostilities that killed, injured and displaced civilians. In January 2020, Marib Governorate descended into large scale military escalation, which persists to endanger the lives of civilians including nearly 1 million IDPs. While years of conflict, natural hazards and recurring disease outbreaks including Covid-19 have caused widespread devastation to all civilians, persons with specific needs such as **children, Descendants of Bilal colloquially referred to as the Muhamasheen, people with disabilities** and older persons have been disproportionately impacted. This protection brief will focus on the protection situation of these four population groups.



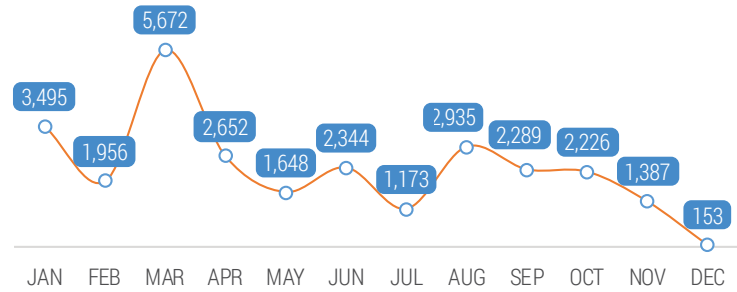
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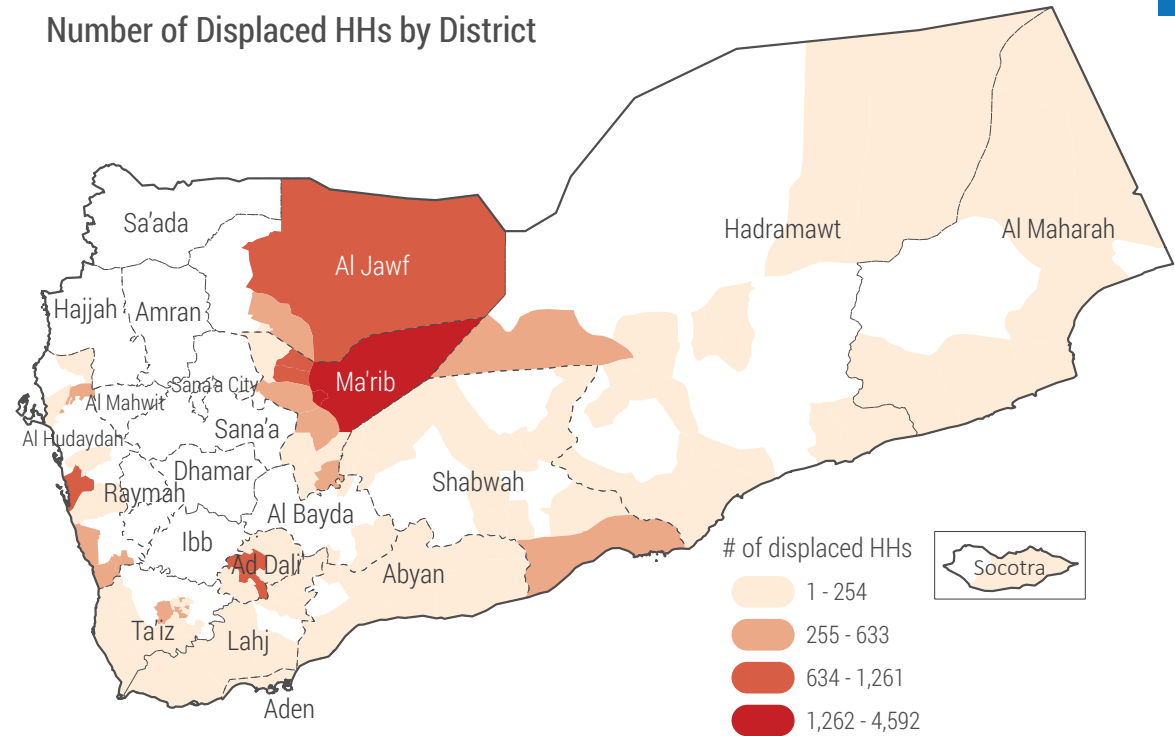
Displacement Highlights (*)



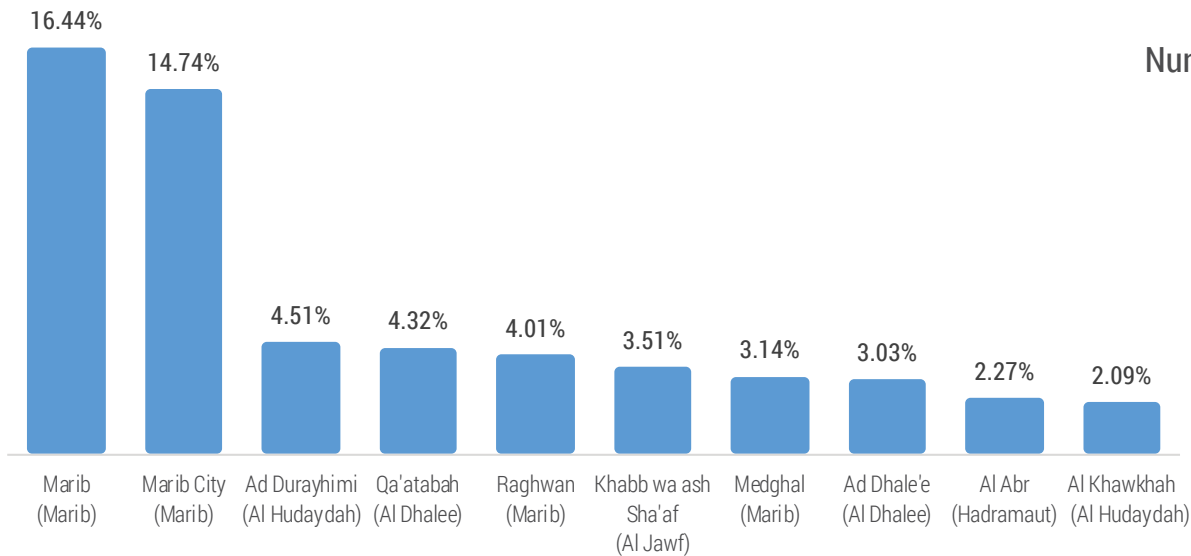
Number of Displaced HHs by Month



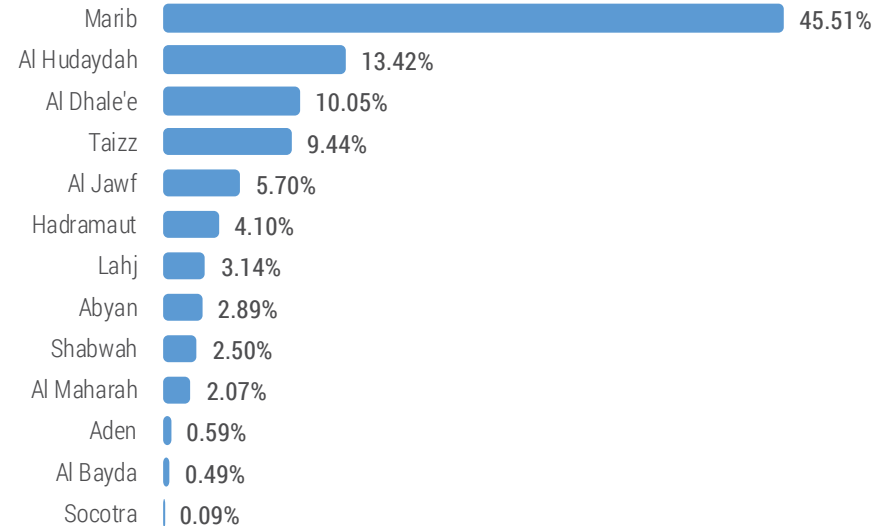
Number of Displaced HHs by District



Top 10 Districts with Displacement



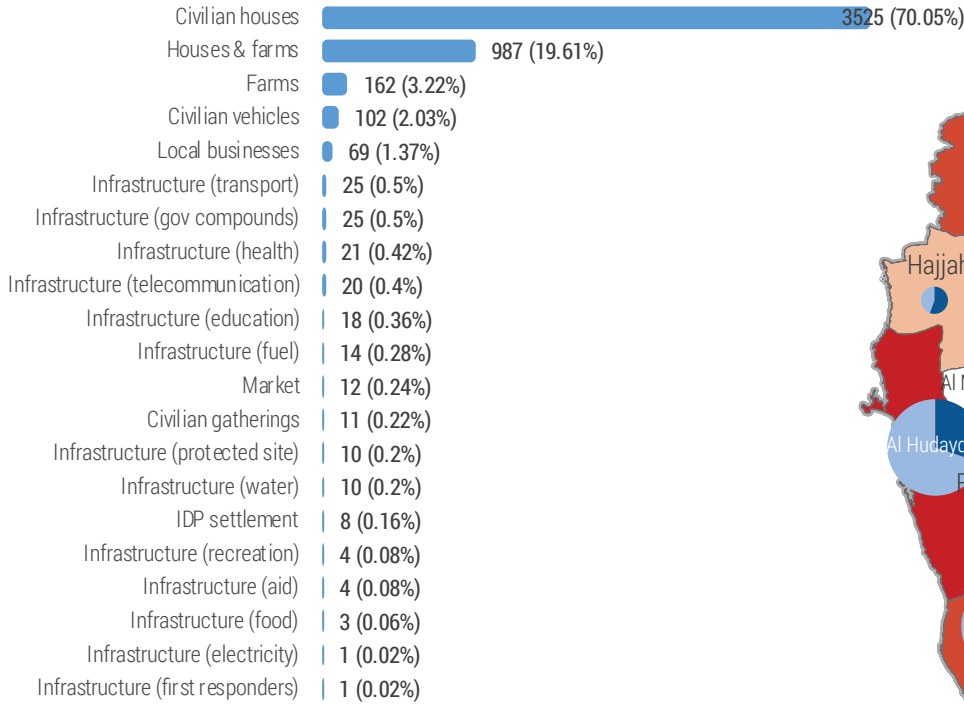
Number of Displaced HHs by Governorate



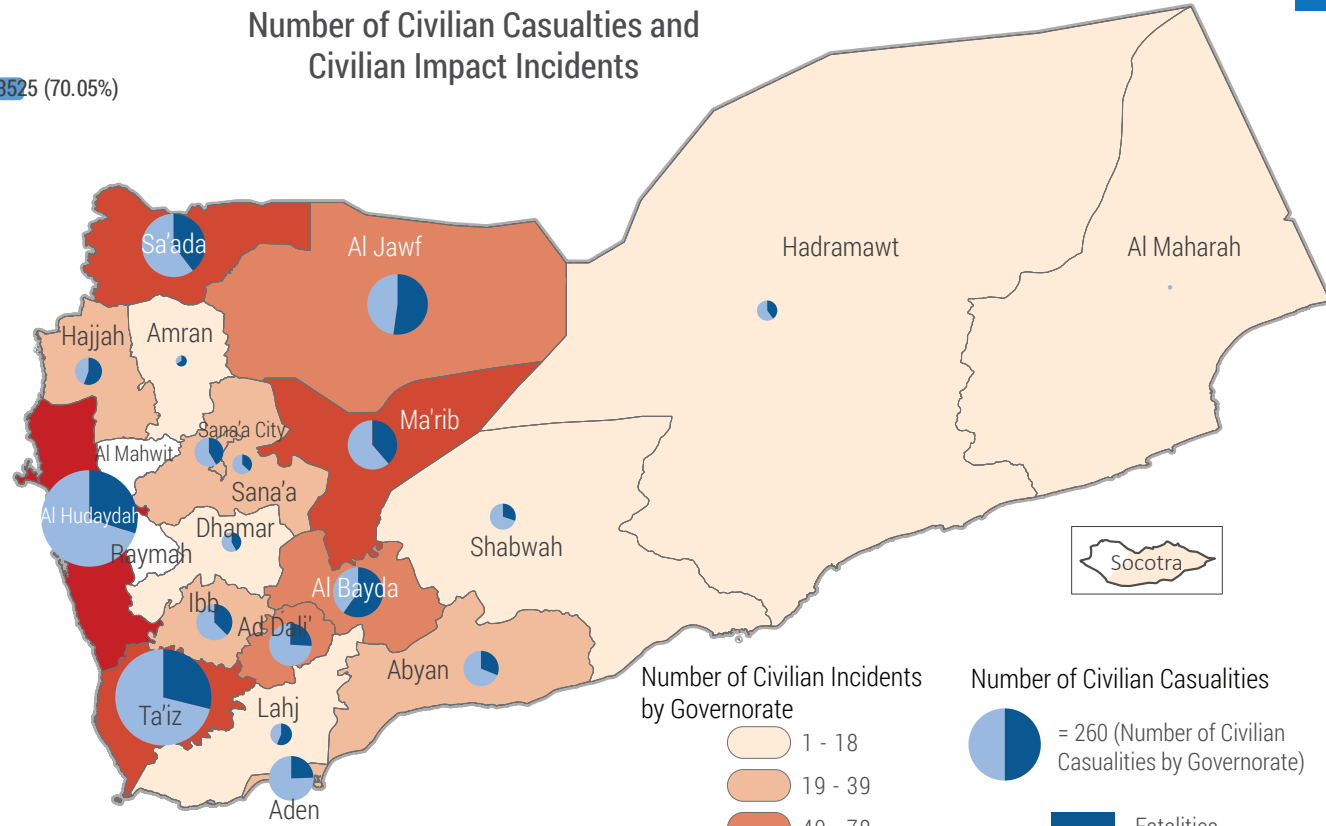
* Data Source: DTM Yemen (as of 05 December, 2020)
 Only 13 Governorates have been covered by DTM in 2020



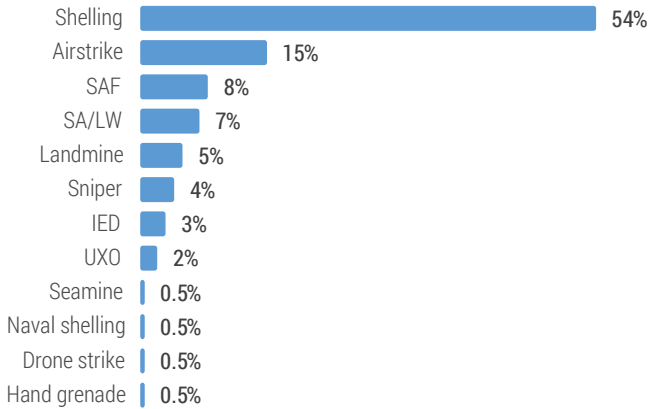
Damaged Civilian Structures



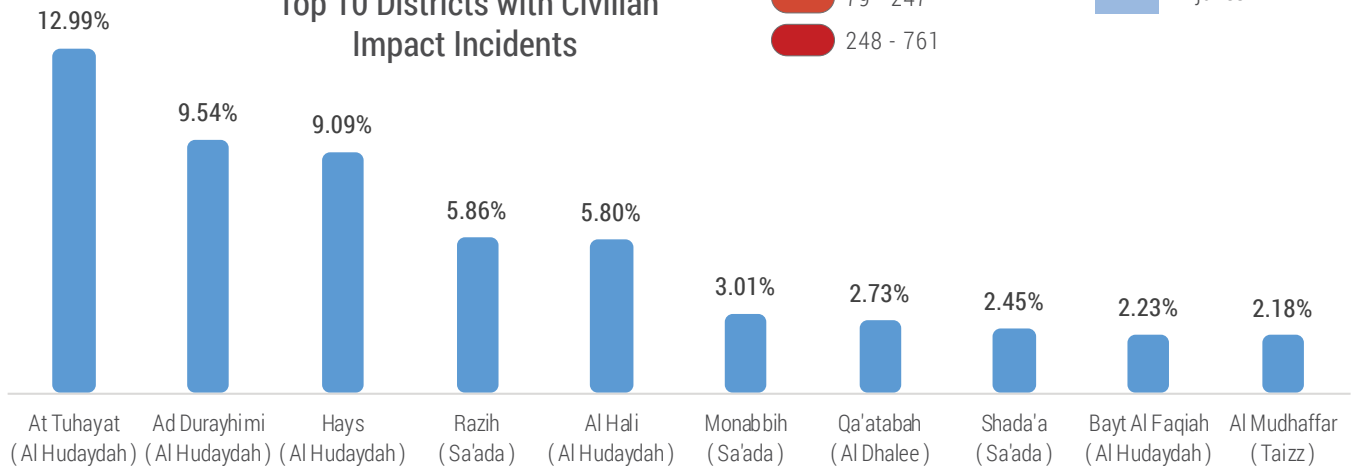
Number of Civilian Casualties and Civilian Impact Incidents



Number of Civilian Impact Incidents by type of armed violence



Top 10 Districts with Civilian Impact Incidents



* Data Source: Civilian Impact Monitoring Project (Protection Cluster)
The data reflected covers the whole 2020

Protection of Children

Protracted armed conflict, widespread economic collapse and breakdown of national systems and services have left over 4 million children at risk and in severe need. It is estimated that boys and girls under 18 make up approximately 55 percent¹³ of the affected population in Yemen. They continue to be exposed to serious risks including, family separation, displacement, maiming, killing and forced recruitment.

Since the escalation of the conflict in 2015, more than 13,000 grave violations against children have been recorded¹⁴, with killing and maiming being the most prevalent (3,256 killed and 5,559 maimed). Forced recruitment and use of children by armed forces and groups remains considerably underreported, 3,513 children (3,452 boys, 61 girls), some as young as 12, have been recruited and used by parties so far. Moreover, hundreds of children have been arbitrarily detained or abducted while 7,270 children (3,066 boys, 4,204 girls) have been separated from their families. Although sexual violence against children is believed to be recurrent, it is largely underreported due to fear of stigmatisation and lack of safe and appropriate specialised services. Years of conflict marked by serious violations is believed to have significantly affected the psychological wellbeing of children. Almost one third of children in Yemen exhibit signs of psychological distress.¹⁵

Schools and hospitals continue to be hit or used for military purposes (229 schools and 148 hospitals).¹⁶ In addition to physical safety risks, this severely affects access to education for children, continuity of their protected learning environment and future development, as well as access to healthcare for children and adults. An estimated two million children, 20% of school aged children,¹⁷ are out of school leaving them at a heightened risk of child labour and forced recruitment. Limited access to school and other services is compounded by lack of birth certificates. Around one million children in Yemen need birth certificates per year.¹⁸ Children's access to birth certificates remains limited due to lack of awareness, bureaucratic procedures and conflict, especially for children in IDP sites. Without birth certificates, children are prevented from attending schools, which exposes them to child labour or other forms of exploitation and violence. Furthermore, in the absence of a certificate to prove their age or their family origin, family reunification can be more complex and longer. Likewise, they are more vulnerable to forcible recruitment and risk of being treated as adults in the justice system.¹⁹

Women and children make up 75 percent of the displaced population.²⁰ Displaced children, particularly in IDP sites face grave risks including exploitation and abuse. Out of nearly 1 million IDPs residing in IDP sites and camp like settings, 55 percent are estimated to be child heads of households.²¹ Child heads of households are left with the difficult responsibility of caring for their family members, which often puts them at increased risk of exploitation and abuse, as well as psychological distress. Many are also at risk of exclusion from humanitarian assistance and humanitarian response should focus on the most vulnerable, such as persons with disabilities or households headed by women and children.

In 2020, ongoing conflict coupled with Covid-19 has worsened the already fragile protection situation. Owing to economic downturn exacerbated by Covid-19, an increasing number of children are forced to resort to harmful coping mechanisms such as child labour, child marriage, begging and sexual exploitation. Suicide attempts have been reported among children and caregivers especially in areas affected by conflict and as a result of lack of livelihood opportunities.

In 2020, child protection actors reached 298,402 children (150,396 boys 148,006 girls) with psychosocial support which aims in particular at developing resilience at community level and 16,463 have been assisted through case management services including 550 victims of unexploded ordnance.²² More than 2,889 separated children including 1,260 girls have been supported with family tracing and reunification (FTR) while 517,600 children have been supported with the issuance of birth certificates. Furthermore, the Child Protection Area of Responsibility (AoR) actively collaborates with other sectors to ensure that boys and girls, particularly child heads of households, are included in humanitarian programming and have access to critical humanitarian assistance including food, health and WASH services.

Child protection response remains severely constrained, mostly due to funding gaps and restricted humanitarian access. Although the provision of specialised protection services and support with livelihood activities to children and their caregivers have proven to reduce protection risks, the lack of funding has led to a significant decrease of these interventions. Furthermore, children encounter limited physical access, social and cultural barriers while attempting to access services. The absence of robust national child protection systems exposes children to serious risks and hampers the realisation of their rights.



Protection of the Descendants of Bilal / Muhamasheen

To ease the sense of marginalisation surrounding the group, the de facto authorities in Sana'a recently renamed the Muhamasheen ('the marginalised') to the "Descendants of Bilal", after a highly respected historical figure in the Muslim world, a former African slave and close companion of the Prophet Mohammed, who led the first call to prayer.

The Descendants of Bilal / Muhamasheen are among the most if not the most deprived people in Yemen. Sitting at the bottom of Yemen's social hierarchy, they experience deeply seated discrimination. Often distinguished by their non-tribal roots,²³ they are often viewed as outcasts. In Yemen, tribal affiliation is considered fundamental, with reportedly 80 percent of the population possessing membership.²⁴ Falling outside of this structure, the Descendants of Bilal / Muhamasheen face extreme levels of abuse and discrimination, severely exacerbated by the ongoing crisis. The number of Descendants of Bilal / Muhamasheen in Yemen is estimated to be between 500,000 and 3.5 million.²⁵ Most of them are concentrated in Al Hudaydah, Taizz, Ibb, Lahj, Mahawet, Hajjah and Hadramout governorates,²⁶ often residing in vacant buildings, slums and near garbage sites²⁷, or segregated in informal settlements.

In displacement situations, they are often prevented from renting places especially in urban centres or residing in collective centres, compelling them to live on open land or in informal settlements, which deprives them of direct access to public services and exposes them to serious risks including abuse, exploitation and evictions. Prior to evictions, Descendants of Bilal / Muhamasheen rarely receive notice to collect their belongings, and in some instances, landlords had reportedly started fire to forcefully dislodge them.²⁸ These circumstances have forced them to move to unsafe locations including areas of active hostilities, with some expressing they "preferred the bombs" than the mistreatment and abuse they experience in host communities and IDP sites.²⁹ Despite enduring severe forms of abuse and exploitation, violations and abuse committed against the Descendants of Bilal / Muhamasheen are largely left ignored.³⁰ Whilst no Yemeni law discriminates against them, they face systematic prejudice within the justice system in accessing recourse to discrimination.³¹

The overwhelming majority of the Descendants of Bilal / Muhamasheen are illiterate and unemployed. It is estimated that 98 percent never graduate, with most dropping out before finishing 3rd grade.³² Most children withdraw from school because of harassment, bullying or to provide for their families.³³ Moreover, only one in ten have access to livelihood opportunities.³⁴ Without formal education, most of them work in the informal sector often taking low-paid jobs such as cleaning and collecting garbage.³⁵ Since the crisis, these jobs have become scarce, with other Yemenis increasingly taking over.³⁶ This will likely have a devastating impact on people with extremely limited alternatives. Unsurprisingly, the Descendants of Bilal / Muhamasheen are among the most impacted population groups by food insecurity.³⁷

Further undermining their access to education, employment and essential services, most Descendants of Bilal / Muhamasheen lack identification documents, with only nine percent registering at birth.³⁸ Lack of identification document also hinders their freedom of movement across checkpoints and family reunification during displacement.

At the same time, they are often excluded from humanitarian aid. Apart from repeatedly voicing their marginalised status, the humanitarian community needs to take stronger steps to ensure their inclusion. In a recent study, 70 percent of the surveyed Descendants of Bilal / Muhamasheen reported feeling excluded from humanitarian aid.³⁹ Their exclusion is also linked to the involvement of community leaders in identifying beneficiaries, as many are accused of diverting aid meant for Descendants of Bilal / Muhamasheen.⁴⁰ Because of their social status, community leaders take little interest in ensuring their inclusion.

Limited humanitarian assistance and absolute poverty have forced Descendants of Bilal / Muhamasheen to adopt dangerous coping measures. Many are reportedly engaged in child marriage and young boys are often forcibly recruited into armed groups.⁴¹ Men often force women and children to beg, which could leave them at heightened risks of abuse.

The Protection Cluster continues to provide cash assistance for the most vulnerable including the Descendants of Bilal / Muhamasheen, to prevent and reduce protection risks. In 2020, more than 670,000 people have been assisted with cash. Moreover, legal assistance which encompasses support with issuance of identification documents is regularly provided. In 2020, 42,375 people including Descendants of Bilal / Muhamasheen have been provided with legal assistance. In addition, with the aim of improving their living conditions, the CCCM Cluster in collaboration with other clusters are making significant efforts to upgrade IDP hosting sites, where many Descendants of Bilal / Muhamasheen reside.



Protection of People with Disabilities

Without a countrywide assessment, the accurate figure of people with disabilities (PWDs) remains undetermined. Based on World Health Organisation's global estimates, more than 4.6 million people in Yemen live with some form of disability.⁴² Considering the continuing occurrence of conflict-related injuries, malnutrition and the severe impact of the conflict and displacement on mental wellbeing, the number is believed to be higher.⁴³ In the first year of the conflict alone, approximately 6,000 people reportedly became disabled, mostly due to explosive hazards, blasts and gun shots.⁴⁴ Even after fighting ends, remnants of war will continue to pose a threat, heightening the risk of disability in Yemen.⁴⁵

In the ongoing conflict, PWDs are among the most affected population groups. Many of them face difficulty fleeing violence, putting them at amplified risks of injuries and death. Some civilians have reported leaving behind their family members with disabilities, including in areas of active hostilities, due to the abrupt nature of armed attacks and logistical challenges.⁴⁶ In extreme cases, they were abandoned while chained.⁴⁷ PWDs who managed to flee are often forced to undertake taxing journeys, in most cases without assistive devices. In certain instances, the journey worsened their condition, or led to disability.⁴⁸ In the event of secondary or further displacement, which is a common occurrence in Yemen, PWDs are forced to repeat these journeys.⁴⁹

In situations of displacement, particularly in IDP sites, PWDs face tremendous challenges. Most without assistive devices struggle to go out or access latrines. Latrines in nearly all IDP sites lack handles or chairs rendering them inaccessible for persons with physical disability.⁵⁰ Moreover, substandard living conditions coupled with lack of security in IDP sites magnifies their exposure to diseases, abuse or exploitation. Due to their condition, many PWDs experience discrimination, in part due to a lack of understanding of what it means to be a PWD, their needs and failure to recognise their capacities. This is compounded by lack of hygiene materials restricting their ability to maintain cleanliness.⁵¹ To avoid ostracization from the community, families often confine PWDs at home or inside tents, creating feelings of isolation,⁵² which in turn affects their mental wellbeing and limits their access to information, participation in needs assessments and ultimately access to assistance.

For women, children and Descendants of Bilal / Muhamasheen with disabilities, the difficulties are far more severe. Women and girls with disabilities are at higher risk of gender-based violence,⁵³ and disabled Descendants of Bilal / Muhamasheen are frequently deprived of access to services.⁵⁴ Meanwhile, disabled children have very limited access to education, facing barriers particularly if schools are not equipped to accommodate the needs of children with disabilities e.g. specialised teachers, braille or sign language experts. Even when enrolled most drop out because of bullying and harassment.⁵⁵

In addition to facing serious risks, PWDs lack access to vital services including health and education. For more than 28 million people, there are only 40 psychiatrists, four specialised hospitals,⁵⁶ and one underequipped prosthetic center in southern Yemen.⁵⁷ Generalised hospitals are largely inaccessible for PWDs, owing to high costs and long distances, as most facilities are located in urban areas,⁵⁸ and most are ill equipped to address the needs of PWDs. In addition, due to Covid-19, PWDs requiring frequent medical check-ups could not access hospitals, while those suffering from respiratory issues lack access to ventilators, as they are only reserved for Covid-19 patients.⁵⁹

At the same time, PWDs are mostly absent from the labour force and other income generating activities. Although the Yemen labour law obliges employers, depending on their resources, to allocate five percent employment to PWDs, it largely remains unimplemented.⁶⁰ Moreover, PWDs are mandatorily required to provide disability certificates to gain access to employment, which most are unable to produce due to lack of means to cover associated costs.⁶¹ In this context, PWDs struggle to meet their most basic needs, including food, housing and medical care. Further, few organisations supporting PWDs are currently operating.

Following the escalation of conflict in 2015, more than 300 organisations working on people with disabilities ceased functioning,⁶² drastically reducing the assistance provided to PWDs. Disability organisations have also come under direct armed attack. For instance, an airstrike reportedly destroyed the Illumination Center for the Protection and Rehabilitation of Persons with Visual Impairments, which assisted the most vulnerable, including orphans.⁶³ The breakdown of institutions dedicated to support PWDs, means that they receive little to no external support.

Despite lacking adequate support and facing multiple challenges, PWDs are among the most excluded groups from humanitarian assistance. An assessment of 40 humanitarian agencies in Yemen found that 95 percent neither disaggregate data by disability nor integrate the needs of PWDs in their programming,⁶⁴ which clearly demonstrates the minimal attention given to their plight. Even when assistance is provided, it often fails to meet their specific needs. For instance, some food items provided are not suitable for people who have difficulty chewing.⁶⁵ This is in part attributed to the lack of consultation with PWDs. In a recent study, 70 percent of respondents including PWDs reported the near absence of consultation about their needs and service delivery modality.⁶⁶ Moreover, people with disabilities are often absent from community groups, IDP site management and other decision-making forums,⁶⁷ which contributes to the lack of decisions that factor in their special needs and vulnerabilities. Significant efforts are underway by humanitarian actors to ensure the inclusion of PWDs and enhance response to their specific needs, including through highlighting their needs and required response in the 2021 HNO and HRP, and strengthening the capacity on PWD, including through trainings and hiring specialised staff.

Limited or no access to income and severely constrained access to humanitarian assistance have forced PWDs and their family members to adopt harmful coping measures such as begging.



To prevent and reduce the risks faced by PWDs, the Protection Cluster's partners provide cash assistance. In 2020, more than 670,000 people including PWDs were provided with cash assistance. With the objective of mitigating the damaging impact of the crisis in Yemen, Cluster's partners continue to provide psychosocial support. In 2020, over 35,000 people were assisted with psychosocial support. To avoid injuries, thereby reducing disability caused by explosive hazards, the Mine Action Area of Responsibility clears/surveys contaminated land and provides mine risk education. In 2020, 394,794 people benefitted from mine risk education and 2.9 million square meters of land was surveyed or cleared of landmines and other explosive ordnances. In 2021, a YHF protection project will be implemented in Al Mokha district, Taizz Governorate, providing specialised protection services for 3,600 vulnerable adults and children with disability, including through the provision of assistive devices.

Moreover, the Protection Cluster is continuing efforts to ensure the inclusion of persons with specific needs, including PWDs in humanitarian programming.



With the help of his wife and his crutches, Abdo walks around IDP hosting site in Aden. Abdo fled his home in Taizz with his family when fighting escalated in their area.

Protection of Older Persons

In Yemen, over 1.3 million people are 60 years of age and older.⁶⁸ Due to their age and specific vulnerabilities, the crisis has had a disproportionate impact on older people. They often face difficulty fleeing conflict, become disabled while attempting to escape,⁶⁹ risk worsening their health conditions, get separated from their families, and in some cases are intentionally left behind to manage property. When left in unsafe locations, including areas of active hostilities, they are exposed to serious risks such as injury and death.

In displacement situations, older persons struggle to access basic services, in part due to limited mobility and difficulty in communicating needs, lack of information on the services available, cost of services with older people often being financially worse off, and higher needs for specific items (e.g. medication for chronic diseases and mobility aids) which are not available or are too expensive. Older persons who are separated from their families often suffer from depression, and are more susceptible to abuse, exploitation and sexual violence. According to an assessment covering eight districts in Lahj, Taizz and Sana'a governorates, 51 percent of older women and 48 percent of older men consider isolation and neglect as serious safety risks.⁷⁰ Even if not separated, older people can be more susceptible to abuse or confinement by family members which can go unseen or unchallenged.

An estimated 65 percent of older people (70 percent women and 61 percent men) do not have an income and 67 percent of older people (62 percent women and 71 percent men) have had to borrow since the conflict began.⁷¹ Meanwhile, they often assume the demanding responsibility of caring for large families. Per the aforementioned assessment, 59 percent of older women and 51 percent of older men, many of whom are in their 70's, care for seven to eight dependents.⁷² At the same time, 69 percent of older persons rely on others to meet their needs.⁷³ This often takes a heavy toll on their psychological wellbeing, with many forced to adopt harmful coping measures such as selling their property and begging. In such cases, dependents are also at risk of being deprived from receiving assistance, for example if their elderly carer has mobility issues, is a single female head of household and cannot go to a registration or distribution site unaccompanied by a male, or lacks identification document.

Moreover, older persons have severely restricted access to services. Despite making up 31 percent of cholera related deaths in 2018,⁷⁴ nearly 50 percent of older persons did not have access to medical care. This is further compounded by the Covid-19 pandemic.⁷⁵ To allay misconstrued fears of contracting Covid-19, older persons mostly avoid going to hospitals, which in some cases worsened their condition.⁷⁶ The limited access to services is exacerbated by lack of documentation, which remains to be a critical barrier.

Moreover, older persons struggle to access humanitarian assistance. About 90 percent of older persons who took part in a survey reported feeling excluded from humanitarian assistance, including older women who felt 100 percent excluded.⁷⁷ Older people can tend to be overlooked by humanitarian agencies with an assumption that they are taken care of by families who can 'speak for them'. The last major assessment done in 2019 showed that only 22 percent of older people had been consulted by humanitarian agencies and only nine percent of older people (seven percent women and 12 percent men) knew how to make a complaint or provide feedback on humanitarian services. Of older people with a disability, only 19 percent had been consulted about their needs (18 percent women and 19 percent men) and 91 percent said they did not know how to provide their opinion or make a complaint about the services provided.⁷⁸

The Protection Cluster's partners continue to provide older persons with vital services including cash assistance, psychosocial support and legal assistance. Protection partners have also conducted assessments to better understand and inform the wider humanitarian community about the needs of older persons.



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Protection Response

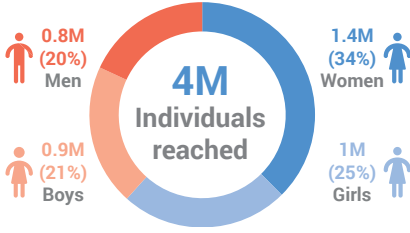
Response Includes Child Protection, Women Protection, and Mine Action Areas of Responsibility (AoR)

Jan - Dec 2020

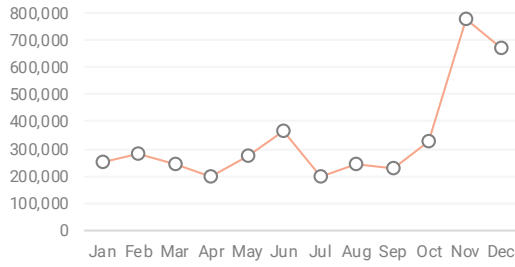
RESPONSE



AGE AND GENDER



ASSISTANCE MONTHLY TREND



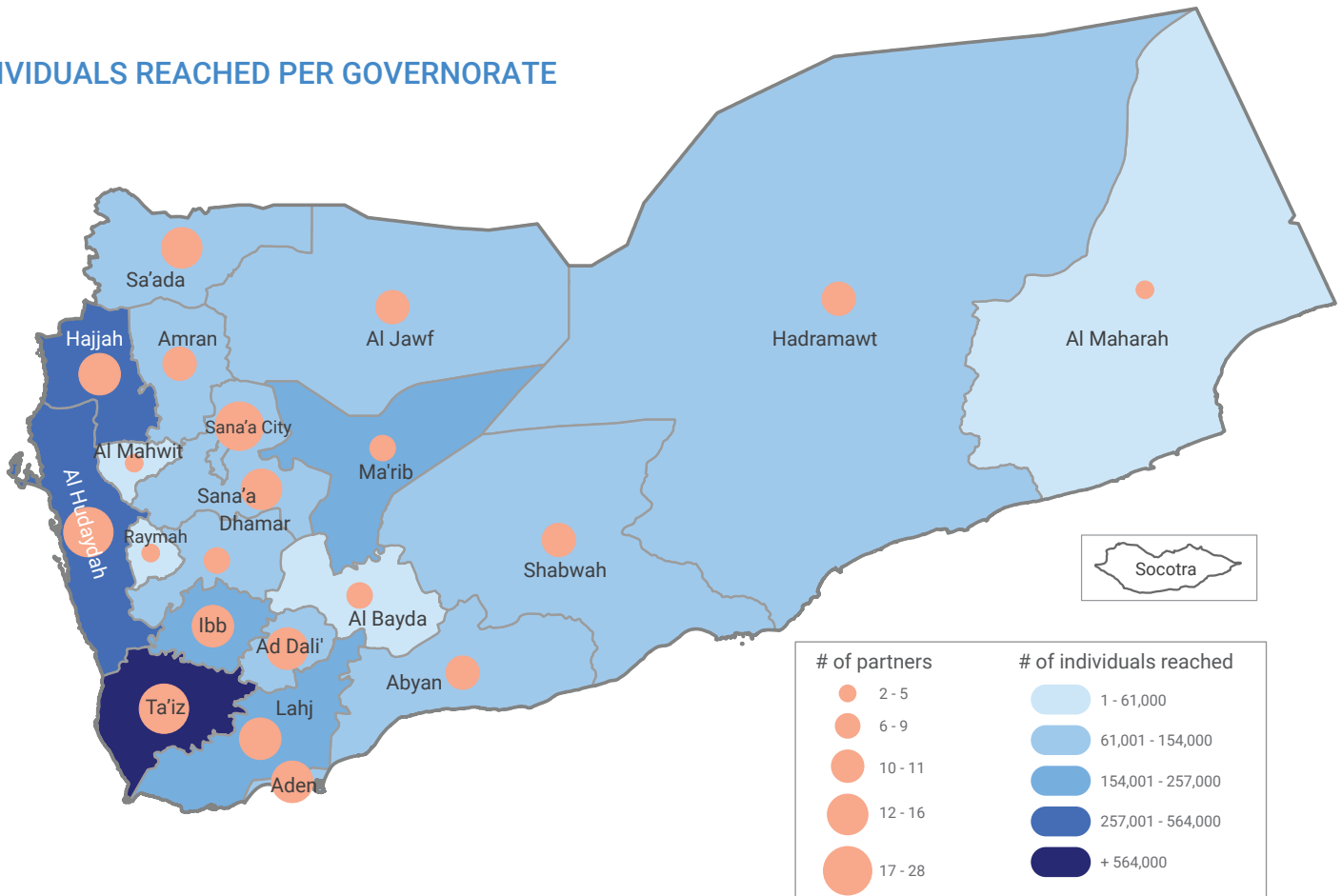
PARTNERSHIPS



INDIVIDUALS REACHED PER ACTIVITY



INDIVIDUALS REACHED PER GOVERNORATE



TO PARTIES TO THE CONFLICT

- All parties to the conflict are urged to fully fulfil their obligations to respect International Humanitarian Law, in particular the principles of distinction, proportionality and precaution and all provisions concerning the protection of civilians, including children, and the prevention of forced displacement.
- All parties to the conflict should cease indiscriminate attacks against residential areas, resulting in casualties, forcible displacement and risks to the safe passage of civilians, particularly older persons and people with disabilities; including against civilian infrastructure, such as health and education structures, which are essential to the daily life of the civilian population.
- All parties to the conflict are urged to protect children (below 18 years of age) from forced recruitment in accordance with IHL and the UN Convention on the Rights of the Child (CRC) provisions.
- All parties to the conflict are urged to respond favourably to the UN Secretary General's call of 25 March 2020 for a nation-wide ceasefire.

TO HUMANITARIAN ACTORS

- All humanitarian actors are strongly urged to disaggregate data by disability, gender and age.
- All humanitarian actors should adopt child safeguarding and safe programming in their response and an inter-sectoral approach to child protection.
- Humanitarian actors are strongly encouraged to address the specific needs of people with disabilities, older persons and the Descendants of Bilal / Muhamasheen.
- Humanitarian actors are urged to consult people in need, particularly the Descendants of Bilal / Muhamasheen, older persons and people with disabilities to better integrate their needs in their response.

TO DONORS

- Ensure funding for multi-sectoral programming that recognises the centrality of protection and the need for specialized child protection, GBV and other programmes supporting the inclusion of the Descendants of Bilal / Muhamasheen, PWDs and older people.
- Donors are encouraged to scale up funding for protection programs in general.

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- ⁴⁴ ICRC, The scars of war: Yemen's disabled. Retrieved December 2020, from <https://www.icrc.org/en/document/scars-war-yemens-disabled>
- ⁴⁵ Humanity and Inclusion
- ⁴⁶ IREX. (n.d.). Disability Inclusion Among Refugees in the Middle East and North Africa page, Page 7 and 8
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- ⁵⁶ Sana'a Center, The Right to Mental Health Amidst Conflict in Yemen, Statement by Dr. Fawziah Al Ammar, page 2
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General Protection



Child Protection



Women Protection



Mine Action

Protection Cluster - Yemen

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