

UNHCR IDP PROTECTION REPORT
January – April 2016

Executive Summary

This report highlights UNHCR’s protection response to the humanitarian crisis in Yemen, which are conducted within the scope of the Yemen Humanitarian Response Plan (YHRP) under the umbrella of the Protection Cluster¹. As part of its involvement in the IDP response, UNHCR is engaging in a number of protection activities in Yemen including displacement tracking at the community level, two-way communication with Persons of Concern through a humanitarian call centre, protection monitoring at the household level, targeted protection services such as legal assistance, psychosocial support and cash assistance and awareness raising and sensitization.

UNHCR is a co-lead of the Task Force on Population Movement (TFPM), which is a technical working group of the Protection Cluster and the authoritative source for displacement statistics in Yemen. Since its inception in April 2015, UNHCR has contributed to 8 TFPM displacement reports and has produced 12 related information products. In April 2016, UNHCR commenced dedicated displacement tracking completing in excess of 7,000 mapping assessments through interviews with approximately 8,000 key informants. To foster two-way communication and promote accountability, UNHCR established the ‘Tawasul’ humanitarian call centre, the first of its kind in Yemen, which is available as a common-service to the Yemen Humanitarian Operation. Tawasul has generated 3 reports and 3 information products covering over 1,900 calls received in relation to 3,000 plus needs representing in excess of 35,000 individuals. Under its Protection & Basic Assistance Mechanism (PBAM), UNHCR has conducted protection monitoring for over 6,000 individuals with targeted assistance provided to 5,000 individuals and awareness raising, sensitization and training provided to close to 4,000 individuals including through 29 teams of Community-Based Protection Networks (CBPNs) composed of 215 members.

Through these activities, UNHCR has identified a number of protection trends and issues, which include the following:

- In the context of population movement there is tendency towards rapid large-scale displacement as well as return.
- Most IDPs are residing with host communities or are renting accommodation.
- There is a clear need amongst IDPs for basic necessities, however, there is also a need for targeted assistance for non-tangible assistance such as psychosocial counselling.
- There is a major need for health assistance and this has exposed the weakness of the current referral pathway in Yemen.
- There is scope for cash assistance for Extremely Vulnerable Individuals (EVIs) with the implication that such assistance needs to be scaled-up based on a clear objective of what is to be achieved through the approach.
- Cash needs may relate to other sectors such as shelter to the extent that cash assistance as a modality to meet cross-sectorial needs must be given additional focus.
- There is an emerging need for documentation both for the purpose of accessing assistance and services but also to facilitate movement. A linked concern is that the prevalence of documentation amongst females is low in comparison to males.
- The situation of muhamasheen IDPs warrants specific attention as they count amongst the more vulnerable persons of concern in Yemen.
- The ‘no-camp’ policy that has been adopted by the Yemen Humanitarian Country Team (HCT) impacts on the development of a strategic approach to shelter solutions for IDPs and access to services, especially those with infrastructural implications.
- This point links with the issue of competition over resources as the needs of non-displaced host communities also remain high.
- The lack of a legal framework to implement the National IDP Policy of 2013 presents a challenge to defending the rights of IDPs as has been exposed in relation to eviction of IDPs.

¹ This report does not touch on UNHCR’s work as the Protection Cluster lead agency.

1. Introduction

In order to respond to the needs of Internally Displaced Persons (IDPs) and persons with specific needs amongst non-displaced host communities in Yemen, UNHCR is implementing a number of protection activities. Some of these are focused on generating information to inform the humanitarian response, while others are aimed at identifying protection trends and risks and individuals with specific needs requiring targeted services offered by UNHCR or referral to specialised service providers.

All activities are implemented on behalf of UNHCR through partners under formal partnership project agreements. Some activities have a country-wide scope, while other activities are implemented in specific locations. The activities, partners and locations are reflected in the below table:

Activity	Partner	Locations	Target
Population Movement Tracking (PMT)	YWU	<ul style="list-style-type: none"> • Amant Al Asimah • Amran • Dhamar • Hajjah • Hodaydah • Mahwit • Mareb • Raymah • Sa'ada • Sana'a 	21,888 monitoring visits conducted
Humanitarian information service through a call centre (Tawasul)	AMIDEAST	Country-wide ²	48,000 individuals reached through information services
Protection & Basic Assistance Mechanism (PBAM): <ul style="list-style-type: none"> • In-depth protection monitoring at household level • Psycho-social counselling • Unconditional cash assistance • Legal assistance • Referrals to specialised service • Establishment and support to Community-Based Protection Networks (CBPNs) • Awareness raising by CBPNs • Training & capacity development 	ADRA	Amant Al Asimah	<ul style="list-style-type: none"> • 165,500 individuals monitored • 17,120 individuals provided with psycho-social counselling • 6,385 individuals provided with unconditional cash assistance • 3,780 individuals provided with legal assistance • 127 CBPN teams established and supported • 17,500 individuals reached through CBPN services
	Al Bena	Sa'ada	
	CSSW	Hajjah Hodaydah	
	DRC	Al Dhalee Amran	
	INTERSOS	Aden, Hadramaut Taiz	

2. Overview of the protection climate in Yemen

The situation in Yemen deteriorated dramatically following the escalation of the conflict in late March 2015. Deepening insecurity and violence has taken a heavy toll on civilian lives, triggering large-scale internal displacement and some degree of cross-border population movement. The Office of the High Commissioner for Human Rights (OHCHR) has reported that 3,316 civilians have been killed and 5,948 injured since 26 March 2015³. OHCHR has identified that the protagonists to the conflict have engaged in indiscriminate and disproportionate

² Tawasul is located in Amant Al Asimah.

³ OHCHR, 'Update on violations of international humanitarian law and human rights situation in Yemen', 25 March – 30 April 2016.

attacks against civilians and civilian infrastructure and has received reports of summary executions, arbitrary arrests and targeted attacks, evidence of the extent to which the Rule of Law in Yemen has been undermined.

The National Dialogue process that had led to the adoption in January 2014 of an outcome document establishing the foundations for a new federal and democratic Yemen, guaranteeing the Rule of Law and good governance, could not be carried forward owing to the outbreak of hostilities in 2014 and then a full-scale war in March 2015. A consequence of this has been that progress could not be made on implementing the National IDP Policy that was developed in 2013, meaning that measures to protect IDP rights could not be entrenched through concrete legislation and government regulations. Furthermore, with the country now in heightened conflict there lacks a central authority that is capable of effectively and coherently managing and controlling the institutions of government and enforcing the laws of Yemen. In addition, the judicial system has all but ceased to function with the result that the opportunities to seek legal remedies and redress are minimal. In this climate, violations of human rights and humanitarian law occur regularly in the conduct of the conflict and an environment of lawlessness has been generated owing to the deterioration of the Rule of Law.

In the current environment, the protection space has continued to shrink. Owing to the conservative nature of Yemeni society, it already is a major challenge to touch subjects such as Gender-Based Violence (GBV). In addition, it has now become challenging to engage in protection monitoring of the situation of IDPs and persons amongst the non-displaced host community, coupled with data collection and analysis, because these activities are considered sensitive by the authorities.

3. Population Movement Tracking (PMT)

Objective	Output description	Performance indicator
Protection from effects of armed conflict strengthened	Situation of persons of concern monitored	# of monitoring missions conducted and recorded

UNHCR engages in displacement tracking in 10 governorates in North and Central Yemen under the banner of the Task Force on Population movement (TFPM), which is a technical working group of the Protection Cluster (PC). UNHCR co-leads the TFPM along with IOM, which implements its Displacement Tracking Matrix (DTM) for the same purpose in the 10 governorates in South and Central Yemen that are not covered by UNHCR⁴.

To-date, the TFPM has published **8 reports** and several information products to inform the humanitarian response. TFPM reports are endorsed by the Humanitarian Country Team (HCT) and the Humanitarian Coordinator (HC) and therefore the TFPM is the authoritative source on internal displacement numbers in Yemen. As of the 8th report, the number of conflict-displaced persons in Yemen stands at **2,755,916** with **1,813,574** present in UNHCR's area of operation (AOR).

In the reporting period, UNHCR jointly contributed with IOM to the production of the 7th TFPM report (plus 5 annexes and an Arabic version of the report) and the 8th TFPM report (plus 5 related annexes). In addition, UNHCR produced **1 profile** on displacement in Sa'ada and **1 density map** showing IDP populations in Hajjah governorate in response to requests from the Shelter/CCCM/NFI Cluster as well as **10 dashboards** reflecting data collected through location assessments⁵ completed by UNHCR through its partners, the Yemen Women's Union (YWU) and the Humanitarian Forum Yemen (HFY), in December 2015.

Further to the provision of displacement statistics, the TFPM provides information pertaining to the multi-sectorial needs of IDPs and of non-displaced host communities living in the vicinity of IDP locations (sites). The data collected through the location assessments have been particularly illuminating in this regard. Among the top

⁴ The governorates covered by UNHCR are Amant Al Asimah, Amran, Dhamar, Hajjah, Hodaydah, Mahwit, Marib, Raymah, Sa'ada and Sana'a.

⁵ The TFPM adopts a two-step process to displacement tracking: a) displacement mapping through Area Assessments and b) assessment of cross-sectorial priority needs through Location Assessments.

priorities for IDPs feature basic needs such as food, shelter/housing and safe drinking water. Nevertheless, there is also a need for less tangible assistance such as providing safety, psycho-social support and education. Based on the data collected there is a clear need for a variety of NFIs, which change from location to location and which seem to be influenced by the local availability of items in the market. Significant problems are raised across the board in relation to access to water and WASH facilities with some variation between governorates and between districts. The majority of IDPs indicate that their consumption of food has decreased since the commencement of the crisis in March 2015. Access to health assistance varies greatly according to location with a greater range of facilities and services available in urban centres with options reducing in outlying districts. A stark finding was that the percentage of adults and children indicated to be experiencing nervous disorders and depression is extremely high. Where non-school attendance is a factor, the main reasons cited include the security situation and distance to schools. The presence of persons with specific needs has been consistently identified in all governorates such as pregnant women and girls, unaccompanied and separated children, persons with disabilities, female-headed households as well as child-headed households. The main factors affecting livelihoods linked to the crisis are the high cost of tools, equipment and commodities to engage in activities such as farming and trade, as well as insecurity. The data consistently shows that the majority of IDPs are residing with host families, while the next highest percentage of IDPs are renting accommodation. A key consideration that emerges from this data is that there is a large percentage of the non-displaced host community that is equally impacted by internal displacement, particularly where households are hosting IDPs⁶.

UNHCR commenced implementation of dedicated displacement tracking in April through YWU⁷. This data will feed the TFPM 9th report, which is to be published in May. In conducting the activity, **7,936** Area Assessment forms were completed following monitoring missions during which **7,792 male key informants** and **152 female key informants** were interviewed by **304 field enumerators**. These achievements have been made despite some difficulties in agreeing with local authorities in some governorates on the value and use of data collection and analysis including in relation to displacement tracking. Another challenge that has been faced is in managing the expectations of Key Informants⁸. While the primary objective of PMT is to inform the humanitarian response through data collection, it is not an activity designed to result in the immediate provision of direct humanitarian assistance but rather to raise up data for use by humanitarian actors to inform response activities.

Moving forward, in coordination with IOM, UNHCR is planning to conduct location assessments commencing in June in order to develop a baseline of multi-sectorial needs of IDPs and non-displaced host communities, which will provide a solid evidence-base for the 2017 Humanitarian Needs Overview (HNO) that will be produced in the late 3rd quarter of 2016.

4. Tawasul

Objective	Output description	Performance indicator
Community mobilisation strengthened and expanded	Community self-management supported	# of community awareness and sensitisation campaigns/individuals benefitting from information services

⁶ The 8th report of the TFPM and related annexes can be accessed through: <https://www.humanitarianresponse.info/en/operations/yemen/protection> and the dashboards for the location assessments can be accessed through:

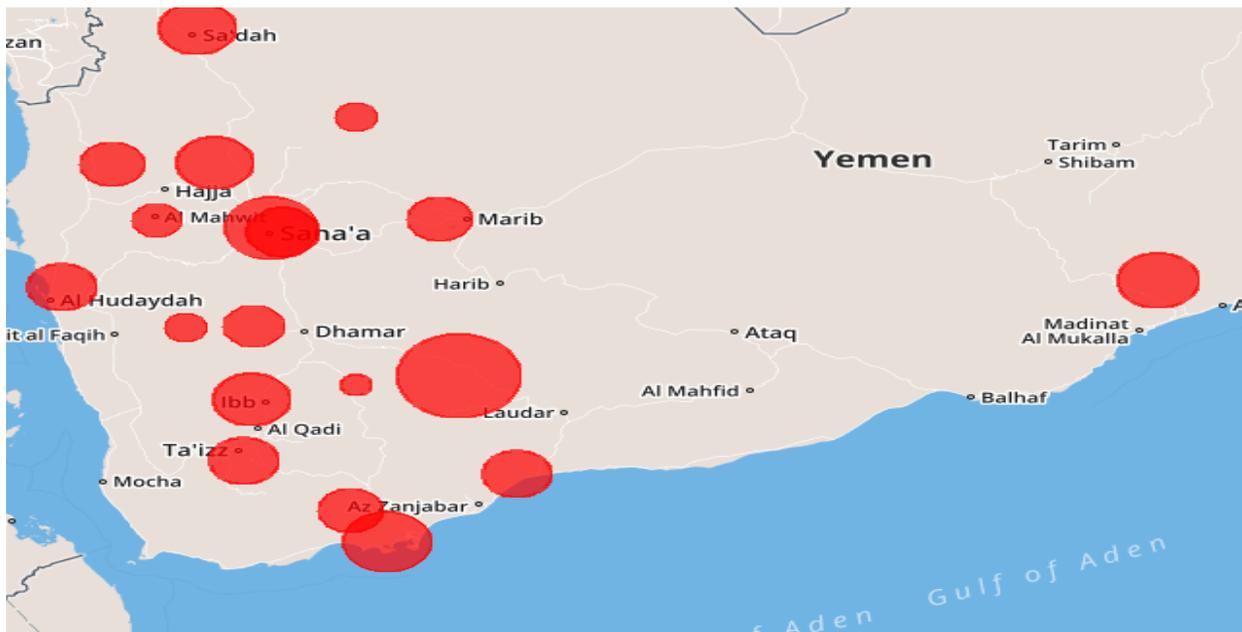
https://www.humanitarianresponse.info/en/system/files/documents/files/location_assessment_-_all_goves.pdf

⁷ Prior to this, data collection was done through analysis and cross-verification of displacement statistics submitted by operational partners as well as data collected through a pilot round of dedicated displacement tracking conducted by UNHCR's partners in December 2015.

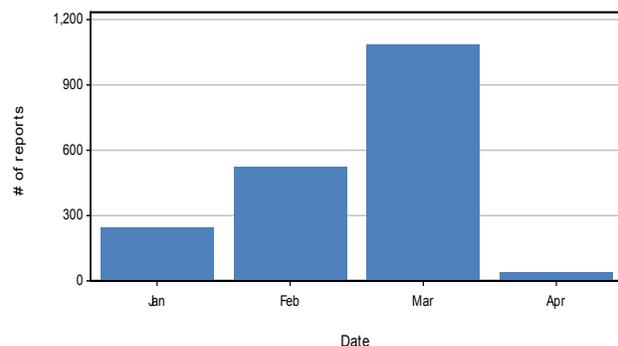
⁸ A Key Informant (KI) is an individual from across the social spectrum that is considered a trustworthy source of information and a point of contact at the community level. A KI could be: tribal sheikh, mosque's imam, local official, community leader, government officer, social worker, NGO member, school teacher or manager, health officer, security officer, etc.

Tawasul ('to connect' in Arabic) was set up by UNHCR, under the Protection Cluster, to promote two-way communication directly between Persons of Concern (POC) and humanitarian actors. As Tawasul works with the entire humanitarian community to collect data about available services, it functions as an information and referral service for POC, but in addition also provides an avenue for observations and complaints to be made in relation to provision of humanitarian services. The issues and needs that callers make to Tawasul are stored in a database and analysed. For this reason, Tawasul is a valuable source of information on the needs of POC and therefore represents another method of assessment. In the reporting period, Tawasul has published **3 narrative reports** on trends and **3 monthly statistical reports**, as well as Arabic versions for March. These reports have been disseminated through the Protection Cluster, the Inter-Cluster Coordination Mechanism (ICCM) with briefings regularly provided at the meetings of the Steering Committee of the Community Engagement Working Group (CE WG) and at the HCT on behalf of the CE WG.

Owing to these factors, Tawasul is the corner-stone of the OCHA-led Community Engagement process that has as a primary objective the enhancement of accountability by humanitarian actors to POC. As such, Tawasul is a common service that benefits the entire humanitarian response and is the first such initiative in Yemen underscoring UNHCR's leadership of the Protection Cluster and in the field of Community Engagement. After piloting the project in three governorates in December 2015, Tawasul expanded activities in January to cover the entire country as reflected in the map presented below.



During the period between 1 January and 31 March 2016 a total of **1,905 calls** were received by Tawasul. As shown in the adjacent chart, there was a steady increase in the number of calls to Tawasul (and consequently in the number of persons receiving information assistance) with **243 calls** received in January, **531** in February and **1,091** in March. The number dropped sharply in April (**40 calls** received) as Tawasul was suspended from operating by the authorities at the end of March. As callers contact Tawasul not only in relation to themselves but also in relation to communities, calls have represented **6,728 households/35,021 individuals**.



Based on data collected through January to March, **62%** of callers are male while **38%** are female. **95% were adults between 18 – 59 years of age**, with **4% of callers over 60** and **1% below 18**. Of the total calls received, **64%** of calls were in relation to information requests with **30%** accounting for follow-up calls and **4%** of calls relating to complaints. The majority of callers have been from Amant Al Asimah with the largest number of callers belonging to the category of IDPs. However, calls have also been received from members of the non-displaced host community.

The calls received through January to March 2016 logged **3,080 needs** with food, Non-Food Items (NFIs) and financial assistance consistently registering amongst the top three categories (**30%, 26% and 20% respectively of total needs**). While shelter needs did not figure highly amongst the needs expressed, a large percentage of the requests for financial assistance were in relation to rent. These findings support the data collected through the location assessments conducted in the context of PMT in December 2015, which revealed that the highest needs are for basic necessities, including food, and that the largest percentage of IDPs are residing with host families or in rented accommodation. The fact that cash assistance requests for paying rent was high according to the Tawasul data is potentially linked to the fact that the largest number of callers were from Amant Al Asimah, leading to the assumption that there is a high need for rental assistance amongst IDPs in urban areas. This however, serves to underscore another point gleaned through the locations assessments, which is that the needs vary from governorate to governorate and location to location to the extent that response activities must be tailored to the specific context.

Some other key trends gathered through an analysis of the Tawasul March statistical data include the following:

- Following Amant Al Asimah, the governorates from which the second and third highest number of calls were received were Hadramaut and Amran followed by Aden and Ibb with the fourth and fifth highest number of calls.
- After Amant Al Asimah and Sana'a, requests for financial support, medical and health-related needs, were highest in Hadramaut.
- Following Amant Al Asimah, callers located in Ibb reported the second highest number of requests for Food and Non-food Item (NFIs) assistance.
- Following Amant Al Asimah the second highest shelter and WASH requests were received from Marib.
- WASH and nutrition requests were reported at a higher level by female callers compared to male callers. Women conveyed more than 55% of the needs in these sectors and they were mainly located in Amant Al Asimah, followed by the governorates of Marib and Lahij.
- Females represent a significantly higher percentage of child and youth callers than older adults.

Tawasul was suspended by the de facto authorities in mid April 2016 as the information exchanged with callers was considered too sensitive and representing a security liability. Other challenges have been experienced in conducting the activity. While Tawasul has data from a number of service providers⁹ in its database, the network of collaborating partners has to be significantly enhanced. Another factor that have emerged from the work conducted to-date is that referral pathways need to be clearly demarcated and entrenched, especially for individual cases, as most service providers are set up to respond to the needs of communities. A case in point is in relation to individual callers who request health assistance. Tawasul was referring such cases to a local charity that had set up a medical clinic and was receiving individually referred cases. This service was provided for a duration of time but has ended owing to a lack of funds. The finding that it is difficult to link individual cases with service providers is corroborated by UNHCR's own findings through its protection monitoring activity¹⁰. As a result of these constraints, as of March, **72% of cases/calls lodged with Tawasul remain pending** (unresolved) meaning that Tawasul has not been able to provide concrete information to the caller or refer the case to a service provider. The

⁹ Including UN agencies, international and national NGOs, and local civil service and charitable organisations.

¹⁰ This is elaborated on in the section on PBAM.

issue presents a major challenge but the finding is an important one in terms of identifying gaps in the humanitarian response in Yemen.

5. Protection & Basic Assistance Mechanism (PBAM)

Objective	Output description	Performance indicator
Services for persons with specific needs strengthened	Assessment and analysis undertaken (Protection Monitoring)	# of PoC assessed for specific needs
	Sectoral cash grants or vouchers provided	# of PoC receiving cash grants
	Specific services for persons of concern with psycho-social needs provided	# of PoC with psycho-social needs receiving psycho-social support
Access to legal assistance and legal remedies improved	Legal assistance provided	# of POC receiving legal assistance
Community mobilisation strengthened and expanded	Community leadership and decision-making supported	# of persons trained/# persons benefitting from CBPN activities
	Community self-management supported	# of community groups supported

The PBAM concept incorporates UNHCR's activities to provide direct, targeted protection assistance to vulnerable persons of concern. PBAM is being implemented by **5 partners** in **9 governorates**. Activities are implemented based on a work-plan with location priorities determined between UNHCR and the Partner organisations with reference to the local context and situation.

At the time of writing, implementation of PBAM commenced in January 2016 in Sa'ada, February in Hajjah and Hodaydah and in March in Aden, Amant Al Asimah, Hadramaut, Sa'ada and Taiz while activities in Amran and Al Dhalee were yet to commence.

5.1 Protection Monitoring

PBAM is underpinned by protection monitoring, which is conducted at the household level through structured in-depth assessments. The objectives of the activity are twofold:

- a) Identify protection trends and risks through the collection of multi-sectorial data, based on a protection perspective, to inform the humanitarian response and uncover topics for advocacy, and
- b) Identify POC with specific needs to benefit from targeted protection assistance by UNHCR and/or referral to specialised service providers.

In addition to the structured assessment through dedicated protection monitoring teams, protection monitoring is also conducted through members of Community-Based Protection Networks (CBPNs) and through complementary Focus Group Discussions (FGDs). CBPNs are composed of POC drawn from IDP and host communities and include both men and women.

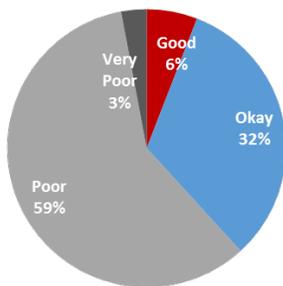
To-date **6,396 individuals** have been assessed through a combination of protection monitoring and focus group discussions with **10%** amongst the total assessed through FGDs. While the majority of POC assessed were IDPs, **20%** were from amongst the non-displaced host community.

Indicator	Feb	Mar		Apr		Total	Sex/age %
	IDPs	IDPs	HC	IDPs	HC		
Protection monitoring - Men - 18 and above	22	807	145	313	114	1,401	24%
Protection monitoring - Women - 18 and above	47	1,154	235	337	167	1,940	34%
Protection monitoring - Boys - 0 to 17	2	725	133	246	83	1,189	21%
Protection monitoring - Girls - 0 to 17		771	139	209	80	1,199	21%
Protection monitoring total	71	3,457	652	1,105	444	5,729	
FGDs - Men - 18 and above		111	45	93	46	295	44%
FGDs - Women - 18 and above		143	45	109	42	339	51%
FGDs - Boys - 0 to 17				15	6	21	3%
FGDs - Girls - 0 to 17				10	2	12	2%
FGDs total	0	254	90	227	96	667	
Grand total	71	3,711	742	1,332	540	6,396	

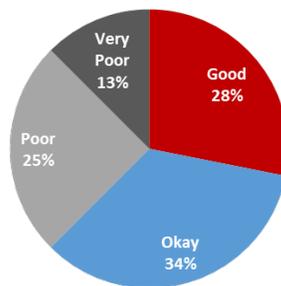
5.1.1 Findings of in-depth protection assessment conducted in March 2016

In March, UNHCR’s partner conducted an in-depth assessment of IDPs residing in two collective centres in Amant Al Asimah that had been rehabilitated by UNHCR and which host IDPs, the majority of whom are from Sa’ada. In total **35 households/202 individuals** were assessed with 20% of the households found to be female-headed. 46% of the population were male and 54% female with 51% of the male population between the ages of 0 to 17, 46% between 18 – 59 years and 3% above 60 years of age. 42% of the female population was found to be between the ages of 0 to 17, 34% between 18 and 59 and importantly, 25% 60 years and above.

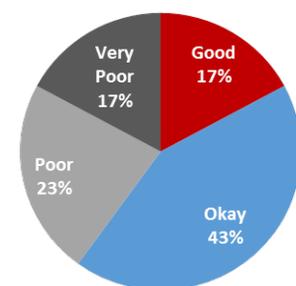
In relation to the quality of the shelter, respondents indicated that there was sufficient protection from the elements and that they felt secure in their current place of residence but gave low ratings for protection from hazards such as fire, level of privacy and sufficiency of space as depicted in the the below charts.



Protection from fire



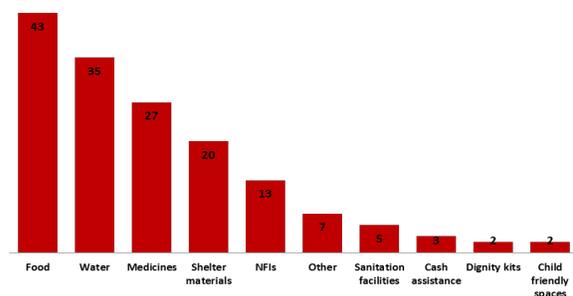
Level of privacy



Sufficiency of space for family and household activities

The majority of IDPs indicated that they were forced to flee owing to the fact that their houses or property were damaged as a result of the conflict in addition to insecurity as a consequence of the generalised conflict situation. Nevertheless, the majority of IDPs indicated that their intention is to return, however, citing that the lack of housing and continuing insecurity remain impediments to return. These findings are correlated by the fact that the majority of respondents are from Sa’ada with 14% originating from urban locations. The majority of respondents (16) indicated that they had been internally displaced between 2 to 3 times.

As with the data collected through PMT and Tawasul, the respondents indicated that their main needs are in



relation to basic necessities, as shown in the above chart. Respondents confirmed that humanitarian assistance has been provided to them, but indicated that there was a continuing need for food, water and medicines, adding that shelter materials, NFIs, sanitation facilities, dignity kits, child-friendly spaces and cash assistance had not been provided or had been made available in insufficient quantities.

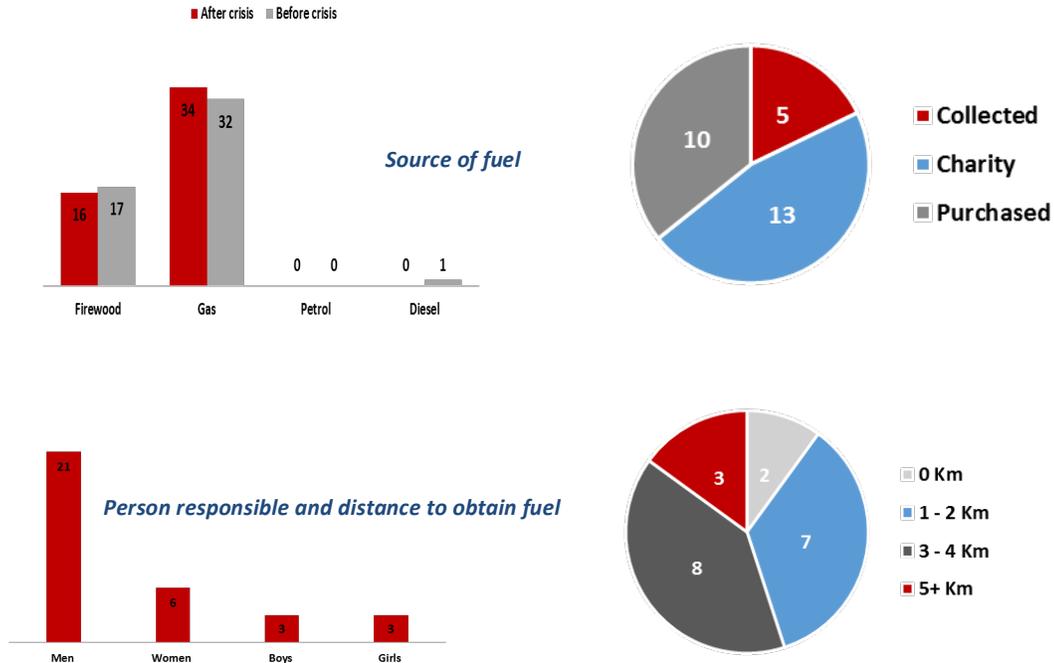
Persons with Specific Needs (PWSNs) were identified amongst the assessed population, as reflected in the below table and provides indicative data on prevalent vulnerabilities¹¹:

Specific needs	Male	Female	% of the assessed population
Unaccompanied and separated children	1	2	3% of a total of 93 male and female children between the age range of 0 – 17 years
Children not attending school	2	4	7% of a total of 69 male and female children between the age range of 6 – 17 years
Pregnant women and girls without access to health care		3	4% of a total of 70 females between the age range of 6 – 59 years
Adults with chronic/critical medical conditions	8	6	13% of a total of 109 male and female adults between the age range of 18 – 60+ years
Children with chronic/critical medical conditions	26	3	31% of a total of 93 male and female children between the age range of 0 – 17 years
Adults exhibiting signs of psychological conditions	7	5	11% of a total of 109 male and female adults between the age range of 18 – 60+ years
Children exhibiting signs of psychological conditions	14	3	18% of a total of 93 male and female children between the age range of 0 – 17 years
Adults with disabilities	1	1	2% of a total of 109 male and female adults between the age range of 18 – 60+ years
Child survivors of direct violence	3	3	6% of a total of 93 male and female children between the age range of 0 – 17 years
Total	62	30	45% of the total assessed population identified with a specific need of which 15% are female

Based on the findings of the assessment, a particular concern has been over the situation of those individuals with health issues and women amongst the group who are pregnant. One of the collective centres is located far from the urban centre and therefore the IDPs residing at the location have not had easy access to health facilities. This problem is aggravated by the fact that 50% of the total number of 92 persons identified as having a specific need are those with a chronic/critical medical condition and/or are pregnant. A further point of note is that 38% of the total number of persons with specific needs are exhibiting signs of psychological stress and/or have been exposed to direct violence. Based on these factors, UNHCR has arranged with IOM to provide health services at the collective centres through mobile clinics, but if future data through these assessments elsewhere reveal similar patterns, the lack of health service providers, who are able to receive and respond to individual medical cases, as also identified through Tawasul, is a major concern.

The IDPs residing in the collective centres are reliant on water that is delivered through water trucking to the centre. The main sources of fuel that are being used are gas and firewood. While all the age groups are involved in the collection of fuel, men are the highest category indicating having to travel between 1 – 4 kilometers to obtain fuel. This information is represented in the below charts.

¹¹ The percentages of persons with vulnerabilities needs to be confirmed through subsequent assessments.

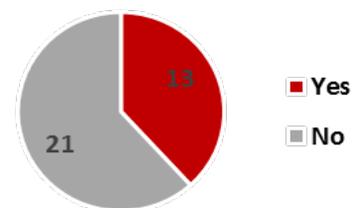


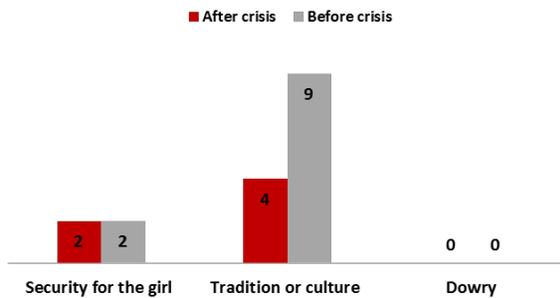
Other key points identified in relation to access to basic services and general protection risks include the following:

- Impediments to accessing health services include poor quality services/poorly trained personnel, distance and costs.
- Boys that do not go to school do not occupy their time with any constructive activity.
- The same applies to girls, except that girls that do not go to school assist with household chores.
- Fewer men are able to work than those that do as a result of lack of employment opportunities and insecurity related to the generalised conflict situation.
- Even fewer women are able to work than those that do with the additional factor being that women are prevented from working owing to cultural and social norms.
- A large number of women do not possess identification documentation, while almost all men do. The reasons why many women do not possess identification documentation include a lack of resources to obtain identification documentation, a belief that identification is not necessary, lack of knowledge on how to obtain identification documentation, no presence of authorities to issue identification documentation.

Owing to the conservative nature of Yemeni society and political considerations, it is difficult to collect data pertaining to sensitive topics such as gender-based violence, political violence and (forced) recruitment. However, through the assessments, some level of data has been collected to a limited array of protection challenges.

34 families responded to a question on whether violations to the dignity of the person had occurred as shown in the adjacent pie-chart. 38% indicated that incidents had occurred, the majority of which included insults directed at men (5 incidents), women (4 incidents) and boys (1 incident), threats of violence directed only at men (4 incidents) and physical attacks directed at men (1 incident) and women (1 incident).





While no girls were found amongst the group who were married and/or pregnant, 20% of 35 respondents confirmed that there was a tendency for families to marry girls early with the reasons indicated in the adjacent chart. Interestingly, dowry was not indicated as a reason for early marriage, although the predominant factor was cultural and social norms. Based on the data, a noteworthy point is that early marriage was not shown to have increased with the onset of the crisis.

5.1.2 Situation of Muhamasheen

IDPs from the marginalised ‘muhamasheen¹²’ community have faced significant challenges in relation to shelter while in displacement. These problems have emerged mainly in Amran governorate, where the muhamasheen have been prevented from occupying collective centres despite other non-muhamasheen IDPs being allowed to do so. Where muhamasheen IDPs have settled on open land, they have faced hostility from members of the local community, as well as the landowners, who in some cases have resorted to violence in order to evict them.

This situation has exposed a major gap in terms of legal protection from eviction for IDPs. Although a national policy was adopted in 2013, applying equally to the muhamasheen, many of its provisions remain unimplemented. The genesis of the policy was the recognition that IDPs, being amongst a segment of the population with the most critical needs in Yemen, required protection through policy and legislation to address their specific needs. A step in this direction was taken with an explicit mention of the situation of internally displaced people in the draft Constitution that was finalised on 15 January 2015 by the Constitutional Drafting Committee. The draft failed to progress to a vote by key members of the National Authority for monitoring the implementation of the National Dialogue Conference (NDC) and therefore could not proceed to a referendum. The specific provision¹³, although vague, would have represented a first legal safeguard for IDPs in Yemen¹⁴. The lack of dedicated legal remedies for IDPs in Yemen is compounded by the erosion of the Rule of Law in the country. Within this context and amidst ongoing conflict, legal institutions have ceased to function or have been significantly compromised. Owing to these factors there is no room to seek legal redress for those IDPs who are faced with eviction.

Given the foregoing, UNHCR’s attempts at addressing the problems of muhamasheen IDPs in Amran have been through advocacy on the basis of the 1998 IDP guiding principles, which have been largely replicated in the 2013 National Policy, and basic humanitarian principles but with limited success. While some authorities have been receptive, others have not, leading to an impasse to finding a practical and workable solution to the shelter situation of these IDPs, such as through finding alternative sites to host them or land on which to settle them, even temporarily. The stance of the authorities highlights another aspect concerning muhamasheen IDPs, which is related to the public perception of the group. As the name given to them suggests (marginalized), the muhamasheen have not been integrated into mainstream society and as such they are seen as apart. This is reinforced by the fact that in consequence of their separation from mainstream society, they live in abject poverty making a living through menial jobs, such as cleaning, and through hand-outs.

¹² For information regarding the muhamasheen see: <https://www.irinnews.org/feature/2016/03/24/life-gets-crowded-bottom-rung-yemen>

¹³ Article 121: Internally displaced persons as a result of natural disasters or conflicts have the right to protection and humanitarian aid. The State shall ensure decent life, education and appropriate healthcare without discrimination and shall compensate them. The State shall act to end the causes of displacement.

¹⁴ In 2014, the Ministry of Legal Affairs prepared draft IDP legislation to codify a number of key elements of the National IDP policy but failed to reach Parliament.

For these reasons, the specific needs of the muhamasheen have inevitably been exacerbated during internal displacement and there is evidence that the problems they have faced in Amran are not unique. In January 2015, following a report from a Protection Cluster member, UNHCR initiated a rapid assessment of muhamasheen IDPs, who had been pressured into leaving a school, where they had sought shelter in Taiz governorate. The group totaled 50 households and included few non-muhamasheen families. Through the assessment, it was found that the local community had blocked the muhamasheen from accessing basic necessities such as collecting water and firewood and had resorted to detonating stun-grenades and firing weapons at night in order to intimidate them. The main findings of the assessment included the following points:

- The IDPs had succumbed to the pressure and moved to nearby abandoned and unfinished buildings but had already been notified by the owners of those sites to leave.
- Those that had erected make-shift tents had also been told by the land owners to leave.
- Owing to their living conditions, the IDPs had no privacy.
- They had significant needs for basic items such as clothing, mattresses and blankets, as well as basic necessities such as food and water.
- Owing to a lack of basic sanitation facilities, the IDPs had no option but to resort to defecation in open areas. As a result, females would wait until late evening/night-time to be able to use the open spaces for defecation, putting women and girls at risk of gender-based harm.
- The IDPs had severe complaints about diarrhea and scabies due to lack of clean water, both for drinking and washing. What water they had was kept in open storage with little or no option to boil the water before drinking.
- Access to water was a major challenge and this was a source of tension between the IDPs and the local host community.
- Women and children were tasked with collecting firewood for cooking and heating, but this had brought them into conflict with the local community, and therefore they had to pay amounts of YER 300 per family for the privilege of collecting firewood.
- Pregnant and lactating women had no access to health facilities owing to the remoteness of their location.
- More than 55% of the IDP children had no access to schools. Where attempts had been made to enroll children in school, admission had been refused ostensibly owing to lack of space.
- The location where the IDPs were residing was close to a conflict zone.



Picture courtesy of INTERSOS

5.1.3 Competition over scarce resources

An important point of note is that the pressure placed on IDPs to vacate buildings and land in Taiz was not targeted only at muhamasheen IDPs, but also at non-muhamasheen IDPs as well. This was primarily owing to a competition over scarce resources and a perception that IDPs were receiving preferential treatment through humanitarian assistance over non-displaced host communities. The stark reality is that the needs are great in Yemen across the board, impacting not only IDPs and groups with specific needs such as the muhamasheen, but also host populations and that assistance provided is nowhere near enough to meet these needs and least of all the expectations of the population at large. This has several implications for the strategic directions to be taken in the Yemen operation, some of which include the following and which may be considered from the perspective of mainstreaming protection:

Where should be the major investment in humanitarian assistance in Yemen?	Assessment data repeatedly reinforces the finding that the major needs are in relation to basic necessities with major protection implications to life, welfare and wellbeing of POCs owing to needs
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	not being met. In addition, there is competition for scarce resources and negative perceptions persist related to notions of favourable treatment accorded to certain groups. There may be a need to narrow the scope of, or further prioritize, the Yemen Humanitarian Response Plan (YHRP) with the recognition that not all needs can be met and yet, there are some specific needs that must necessarily be met.
Is the non-camp policy that has been adopted in Yemen viable in the context of Yemen?	Notwithstanding the policy, IDPs and people in need congregate in communities and spontaneous settlements through occupation of a variety of buildings and vacant land. Services are provided in these locations sporadically or on an <i>ad hoc</i> basis meeting needs temporarily and/or ignoring the needs of the surrounding host communities. In addition to the division that this creates between displaced and host communities, there is a major gap left in relation to camp coordination and camp management and particularly deprives groups with specific needs such as the muhamasheen from tailored shelter options. The solution is not necessarily a reversal of the non-camp policy but there is a clear need for a flexible approach and more thought to be given to how services, especially those that have infrastructural implications (such as water, sanitation and health), are provided to the extent that all POC are able to make use of these services.
While access to POC is a major concern, has there been sufficient thought given to how target populations may access services?	The current emphasis is on taking services to target populations. However, it is clearly not possible to reach all populations owing to an array of factors, including logistical and bureaucratic challenges. Innovative thinking is therefore needed on how services can be located so that they may be accessible by larger numbers of target populations and to find means to capacitate these populations to access those services. In this regard, livelihoods programming in the context of the Yemen L3 emergency has been less of a priority but an aspect of such programming, which may include Quick Impact Projects (QIPs) for transport, delivery of items, etc., may need to be applied in order to enable target populations to access concentration points, where assistance and/or services can be provided.

5.1.4 Freedom of movement

In April 2016, UNHCR staff in Aden reported that due to intense fighting in Alwazeiyah district in Taiz governorate, a large movement of IDPs was being tracked towards Aden governorate. Some of these IDPs were stopped at a check-point manned by personnel of the Popular Resistance¹⁵ and prevented from entering Aden. Although an initial concern was that these IDPs had been prevented from entering Aden due to perceived political views, it was subsequently clarified that it was owing to a lack of documentation or possession of non-recognised documentation, such as voting cards or military identification cards, which did not count as official civil status documentation. The stance was later eased and female-headed households, families with persons injured as a result of the fighting and families that were able to provide identification documentation were allowed to enter Aden.

This example sheds light on the importance of documentation in the current context of Yemen, where however, the prevailing notion is that there is not a high level of civil status documentation amongst the public. As the

¹⁵ Paramilitary armed groups loyal to the government in exile.

UNHCR in-depth assessment conducted in Amant Al Asimah has shown, this is particularly the case amongst women.

5.2 Cash assistance

With virtually the entire population of Yemen affected by the security and humanitarian crisis, UNHCR's one-time, unconditional cash assistance programme for protection reasons focuses on persons with specific critical needs representing an immediate risk to life and health, for which there are no immediate alternative solutions and where a specific cash injection can address or mitigate the risk of the need at hand. Cases are identified through protection monitoring and by CBPNs and decisions to assist are based on an identified need linked to three broad categories: Basic Needs, Shelter and Health. Assistance is provided on a one-time basis but without conditions. The base amount is USD 150 corresponding to 1 unit but as the aim is to meet the actual need a maximum amount of USD 750 may be paid corresponding to 5 units as a one-off payment.

To-date **1,052 individuals** have been assisted through cash grants. While the majority of POC assisted were IDPs, **11%** were from amongst the non-displaced host community. Reports from the partners indicate, however, that thorough scrutiny is required in order to determine which target populations may benefit from cash grants owing to the fact that resources for the activity are limited.

Indicator	Feb	Mar		Apr		Total	Sex/ age %
	IDPs	IDPs	HC	IDPs	HC		
Cash grants - Men - 18 and above	1	213	41	232	2	489	46%
Cash grants - Women - 18 and above		167	68	254	2	491	47%
Material grants using cash - Boys - 0 to 17				49		49	5%
Material grants using cash - Girls - 0 to 17				23		23	2%
Grand total	1	380	109	558	4	1,052	

Cash assistance has been provided mainly for purposes of access to health care and addressing basic needs of those living in extreme poverty. On average, 2 units were provided per case. This fact indicates the poor state of health response capacity in Yemen, as well as the impact of the conflict on internally displaced people. The identification of persons, who are facing acute poverty, is a major concern as it opens a pathway for adverse coping strategies.

Based on the empirical evidence of implementing the unconditional cash assistance activity during the reporting period, it is clear that there is a scope for this type of assistance, although it remains a challenge to select those to receive cash assistance given the limitations in funding for the activity in comparison to the needs. A further challenge is that the purpose of the assistance is to act as a stop-gap until such time as the person/household in question can be linked up with a longer-term solution for the particular problem that is sought to be addressed. As noted previously, the referral pathways remain unclear and there is difficulty in finding service providers, who are able to respond to individual cases, particularly those with health challenges. Given that IDPs that have been mostly assisted to-date are those with serious health conditions or those suffering from acute poverty, the prospects for finding longer-term solutions for them are extremely limited. This presents a dilemma for the objective of the project, as the aim of the activity is to provide an injection of cash on a one-off basis only. This therefore raises the question of whether the activity should be continued on a one-off basis or conducted based on the provision of a multi-allowance over a longer period.

At the time of writing, UNHCR had not yet engaged in post-assistance monitoring to evaluate the cash assistance project. However, preparations for this are under-way and a survey has been developed, which will be rolled out at the end of May 2016, to be conducted by UNHCR staff. In addition to assessing whether there was a utility to the cash assistance that was provided and whether it was used for the purpose provided, the survey will also cover the topics of notification, collection/receipt of cash, and related challenges. This data will help inform the evolution of the project and the development of Standard Operating Procedures (SOPs) as these have not yet been developed owing to the fact that the context in which the activity is presently conducted varies greatly from location to location. The feedback received from partners thus far has shown that while making payments through authorised

money-transfer agents, such as Al-Kuraimi, would ensure more security and propriety, agents do not necessarily always have the required level of liquidity, which then affects timely payments, particularly to priority cases. Furthermore, not all IDPs have identification documents with the result that an intended recipient may not be able to prove his/her identity in order to be able to collect the cash grant. It is evident, therefore, that some flexibility is required in applying payment criteria, while ensuring that the necessary safeguards are in place to preserve the integrity of the money transfer process.

5.3 Psychosocial support

Even prior to the present crisis in Yemen, it was often reported that the level of need for psychosocial support was high. This was particularly the case in Sa'ada governorate, which had experienced six successive conflicts before the current round of hostilities that commenced in late March 2015. For these reasons, there remains a gap and with limited possibilities for the provision of clinical assistance related to mental health challenges, UNHCR and partners provide counselling, which amounts to social rather than psychological therapy with referral to specialised services where such possibilities exist.

To-date, **3,268 individuals** have been assisted through psychosocial counselling. The majority of POC assisted are IDPs, with just **1.6%** from amongst the non-displaced host community. Out of the total of 6,396 who were monitored during the reporting period, **51%** were provided with psycho-social assistance. This highlights the need for this kind of intervention and corroborates the findings made through the UNHCR location assessments that the need for psychosocial assistance is high across all governorates in Yemen.

Indicator	Jan	Feb		Mar		Apr		Total	Sex/ age %
	IDPs	IDPs	HC	IDPs	HC	IDPs	HC		
Psychosocial Counselling - Men - 18 and above	77	62		1,321	51	395		1,906	58%
Psychosocial Counselling - Women - 18 and above	114	63		714		288		1179	36%
Psychosocial Counselling - Boys - 0 to 17	8	7		6		76	1	98	3%
Psychosocial Counselling - Girls - 0 to 17	5	5		0		75		85	3%
	204	137	0	2,041	51	834	1	3,268	

The above statistics show that the highest number of POC assisted are men with lower numbers of women and quite small numbers of children. In Yemen, the Protection Cluster has two Sub-Clusters for Gender-Based Violence (GBV) and Child Protection (CP) with their own dedicated coordinators. UNHCR's protection work falls within the main Protection Cluster umbrella and therefore is open to all gender and age groups without a specific focus on one or another group. Several of UNHCR's partners work in collaboration with other organisations that implement activities under the GBV and CP Sub-Clusters and for this reason would cater to, for instance, GBV cases and report on related activities separately and not under the UNHCR project. Nevertheless, further examination is required as to how to increase access to this particular service by women as the percentage reached to-date (35%) is low in comparison to men.

The reasons for the provision of psycho-social assistance correspond to a number of issues, including the conflict, GBV, loss of family members, various social and cultural issues and domestic problems. When encountered in the course of the activity, cases displaying signs of clinical mental health conditions are referred to specialised service providers.

5.4 Legal assistance

There is limited understanding of the scope for legal assistance among humanitarian actors in Yemen. As noted, the judicial structures are currently not functioning or doing so imperfectly meaning that options for legal recourse are few, reducing prospects for direct legal representation. Furthermore, the protection offered to IDPs, for instance from eviction, is non-existent, which further limits the option for direct legal intervention through the courts. The issue of Housing, Land & Property Rights (HLP) has not been flagged thus far as a major issue, although it is one to be monitored, especially in the context of IDP returns to places of origin or habitual residence. Detention may be an issue, but there is an inherent problem in identifying such cases as they may not be readily

reported and in any case, recourse for release may be sought through tribal structures. Nevertheless, UNHCR and partners have retained a capacity to engage in direct legal representation, if required.

Through this activity **758 individuals** have been provided with legal assistance to-date. The majority of POCs assisted are IDPs with only **8%** from amongst the non-displaced host community. Out of the total population reached through these activities, **55%** were female with the number of adult women assisted higher than the number of adult men assisted.

Indicator	Jan	Feb		Mar		Apr		Total	Sex/ age %
	IDPs	IDPs	HC	IDPs	HC	IDPs	HC		
Legal assistance - Men - 18 and above	43	74		68	14	93	3	295	39%
Legal assistance - Women - 18 and above	73	18		165	26	94	13	389	51%
Legal assistance - Boys - 0 to 17	10			25		8	1	44	6%
Legal assistance - Girls - 0 to 17				25		2	3	30	4%
	126	92	0	283	40	197	20	758	

With reference to the statistics shown in the above table, the legal assistance that is provided is mostly in the form of legal counselling and mainly in relation to documentation that includes civil status documentation and birth registration documents, including for children born out of wedlock, which explains the high percentage of women recipients of legal assistance (51%).

The lack of documentation as an issue with direct protection implications has emerged in the south where reports have been received that IDPs from Taiz, who lacked documentation were prevented from entering Aden governorate. While further analysis is required, this may be an area requiring specific attention, not only in the short term, but also as a longer-term project to ensure that not only the population is documented but also can benefit from freedom of movement, including groups with specific needs such as the muhamasheen.

5.6 Community-Based Protection Networks (CBPNs)

The purpose of CBPNs is two-fold:

- Provide an extension for protection monitoring
- Conduct awareness-raising and sensitisation activities

To-date, **29 teams** have been formed composed of a total of **215 members (29% female)**. In addition to contributing to protection monitoring by identifying locations for assessment by dedicated teams and through managing FGDs, CBPNs have engaged in awareness-raising activities covering the following topics.

- GBV
- Women and children's rights
- Importance of education,
- Risks of early/forced marriage
- Advice on how to adapt to internal displacement
- Integration of IDPs in the community
- Advice on how to raise and care for children

In tandem, UNHCR's partners have engaged in training and advocacy, including awareness-raising for IDPs and members of the host community covering similar subjects, as well as topics such as family law, human rights and spouse rights in the context of domestic violence.

Through these activities, **4,957 individuals** have been targeted for awareness-raising, sensitisation and training. The majority of POs assisted are IDPs, with just **0.4%** from amongst the non-displaced host community, which flags an area for improvement. Out of the total population reached through these activities, **51% were female** with the

number of adult women assisted higher than the number of adult men assisted. The number of girls included in the activity is 7%, which is low in comparison to the number of boys included in the activity representing 12%.

Indicator	Feb	Mar		Apr	Total	Sex/ age %
	IDPs	IDPs	HC	IDPs		
Awareness - Men - 18 and above	491	879	12	489	1,871	38%
Awareness - Women - 18 and above	488	980	11	682	2,161	44%
Awareness - Boys - 0 to 17	112	284		177	573	12%
Awareness - Girls - 0 to 17	149	103		100	352	7%
	1,240	2,246	23	1,448	4,957	

5.7 Referrals

In the course of protection monitoring, several POCs are identified with needs, such as health needs and needs related to other cluster activity to which UNHCR refers. To-date, **325 individuals** have been referred for other services, all from amongst the IDP community. Out of the total population referred through these activities **49%** were female.

Indicator	Jan	Feb		Apr	Total	Sex/ age %
	IDPs	IDPs	IDPs	IDPs		
Referral - Men - 18 and above	26	26	46	50	148	46%
Referral - Women - 18 and above	27	26	47	46	146	45%
Referral - Boys - 0 - 17			10	8	18	6%
Referral - Girls - 0 - 17			2	11	13	4%
	53	52	105	115	325	

The majority of referrals have been in relation to serious medical conditions, including heart disease and renal failure, as well as chronic medical conditions such as diabetes and hypertension. Referrals have also been made for individuals requiring clinical mental health assistance. This further underscores the major health needs amongst IDPs and by inference, the Yemeni public at large.

6. Conclusion

The protection outlook in Yemen remains a concern. While the crisis in Yemen has generated massive needs for basic assistance amongst the Yemeni population, displaced and non-displaced alike, there is a clear need for targeted protection interventions,.. As such, these interventions are less appealing to numerous stakeholders because the impact of this type of assistance is not immediately visible.

Nevertheless, UNHCR's work to-date under the protection banner has shown the importance of targeted protection assistance, such as through psychosocial support and cash assistance, and the continuing scope for legal assistance. Furthermore, the identification of these needs are possible because of activities such as displacement tracking, protection monitoring and communicating with communities to the extent that the importance of these activities must also be recognized and duly supported. In addition, such activities help to pinpoint gap areas as well as areas of focus for strategic direction leading to the adoption of policy positions.

UNHCR Yemen

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