

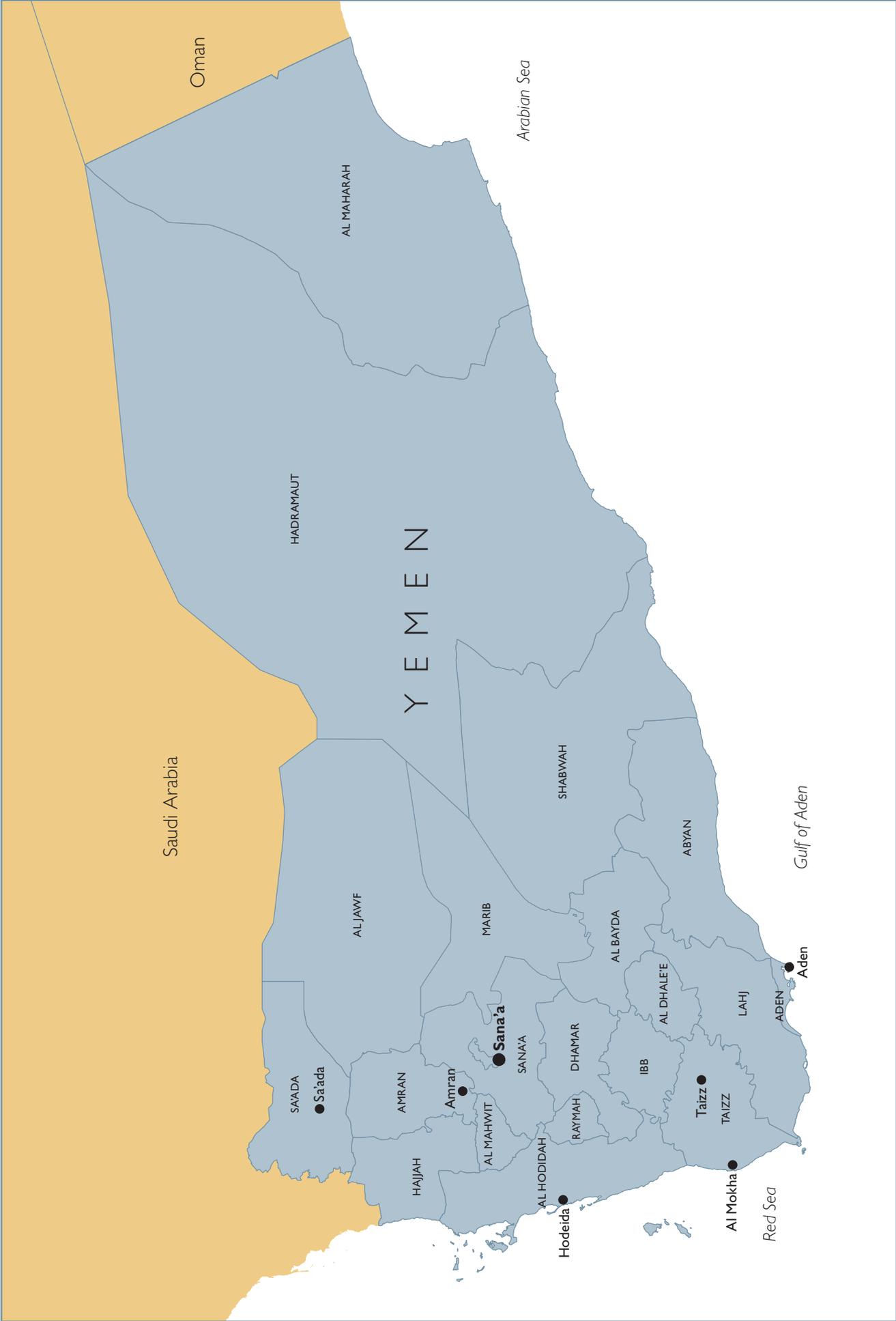


NOWHERE SAFE FOR YEMEN'S CHILDREN

The deadly impact of explosive weapons
in Yemen



Save the Children



INTRODUCTION

The daily, intensive use of explosive weapons in populated areas in Yemen is killing and maiming children and putting the futures of children at ever-increasing risk. These weapons are destroying the hospitals needed to treat children, preventing medical supplies, food, fuel and other essential supplies from reaching affected populations and hampering the day-to-day operations of humanitarian agencies.

Before March 2015, life for children in Yemen was not without challenges: nearly half of young children suffered from stunting or chronic malnutrition.¹ Many children were at risk of abuse, exploitation and violence from, for example, child marriage, recruitment and use by armed forces or groups, and child labour.² However, as a result of the escalation in the armed conflict, Yemeni children are now facing new and unprecedented threats to their survival.

On a daily basis girls and boys across Yemen are sustaining life-threatening and disabling injuries and psychological trauma as a consequence of intense aerial bombing, shelling and rocket attacks. According to the UN, nearly three quarters (73%) of child

deaths and injuries during the second quarter of 2015 were caused by air strikes by the Saudi-led coalition, and 18% of child deaths and 17% of child injuries were attributed to Houthi forces.³

“I was playing in our garden when the missile hit my house. My mum, brother and sister were inside.

“I ran to my mother but the missile hit the building as she was trying to get out with my brother and sister. I saw my mum burning in front of me. Then I fell down, and later I found myself in the hospital and my body was injured. I didn’t find my mum beside me as always. Later, I found out she, my brother and sister had died.

“Before, we had a nice house and garden, and I used to invite my friends to come over and play. But now I hate to go there. It’s completely destroyed and very scary to go there. Now I don’t have a house or my family. Instead I live at my grandma’s house which I used to visit with my family every Friday. That day I lost everything: my family, certificates from school, my toys.

“I don’t like the war and I hate the planes. I don’t know why they attacked my house and killed my family.”

Raja’a, seven years old

DEVASTATING CONFLICT

A military operation launched by a Saudi Arabia-led coalition of states on 26 March 2015 to dislodge Houthi forces from territory seized in previous months has unleashed a new period of volatility in Yemen’s already turbulent history.⁴ The extensive use of explosive weapons in populated areas by all sides has been a defining feature of this latest conflict. For nearly nine months, civilians across the country have been living through a sustained campaign of aerial bombardment and ground attacks.

As fighting has intensified, the number of civilian casualties has multiplied. More than 5,700 conflict-

related deaths have been recorded in Yemen since March,⁵ of which more than 630 are children. Many of these deaths have been caused by explosive weapons, giving Yemen the dubious status, alongside Syria, as the most dangerous place in the world for explosive violence as of November 2015.

According to the UN, approximately 4,500 civilians were reportedly killed or injured by explosive weapons in Yemen during the first seven months of 2015, which is more than any other country or crisis in the world during the same period.⁶

Concurrently, the capacity to carry out emergency surgery and other interventions needed to save children's lives is being continuously weakened as hospitals and health facilities are destroyed and damaged. Insecurity, restrictions on humanitarian access to affected populations and a de-facto blockade on commercial shipping that prevented life-saving supplies from entering the country mean that those health facilities that remain open lack basic life-saving medicines, trauma kits and other essential supplies.

The ability of the aid community to scale up services and respond to the immense needs of Yemeni civilians

is also constrained by insecurity. Aid workers are operating in an extremely volatile security situation, and are trying to adapt operations and staff security procedures to minimise the risk of injury and loss of life.

Pending a political resolution to the conflict, an immediate end to the use of explosive weapons with wide-area effect in populated areas is critical to avoid more unnecessary loss of life and further damage and destruction to hospitals, health facilities and other vital civilian infrastructure.

SAVE THE CHILDREN IN YEMEN

Save the Children has been working in Yemen since 1963. Since the escalation of the conflict in March 2015, our work has included:

- distributing life-saving medical equipment and supplies, and supporting health facilities with mobile medical teams
- distributing food, and providing targeted feeding programmes and vitamin supplementation for those most at risk of malnutrition
- running a range of programmes to ensure that children and their families have access to safe drinking water
- providing psychosocial support to children who have experienced first-hand the horrors of

this conflict, and referring – and providing case management for – identified vulnerable children, to ensure that they receive the specialist support and follow-up support they need

- providing mine awareness training for children and adults.

Our programmes have reached more than 379,000 people since March 2015, including more than 211,800 children. However, while the needs of Yemen's people are massive, we and other aid agencies face formidable challenges in our daily work from extreme insecurity and restrictions on humanitarian access.

THE IMPACT OF EXPLOSIVE WEAPONS ON YEMEN'S CHILDREN

CIVILIANS UNDER ATTACK

There is mounting evidence that serious violations of international humanitarian law have been committed in Yemen. The UN, the International Committee of the Red Cross (ICRC) and human rights organisations have accused parties to the conflict of deliberately targeting civilian objects, of failing to distinguish between civilian objects and legitimate military objectives, and of launching disproportionate attacks.⁷ The UN Secretary-General and other senior UN officials have condemned the disregard for human life and called for attacks on civilians and civilian infrastructure to stop.⁸

“Now, when I walk with my family in the city, I see the damage everywhere and I see how many people are affected by the bombs. I feel so scared when I see weapons and especially when I hear the sound of planes up in the sky. When you hear that sound it means a big explosion will follow and that people will be killed.”

“This war is killing everything beautiful in my country. Many have been killed and others are injured and sometimes disabled for the rest of their lives. People’s houses have been damaged and lots are displaced now. Hospitals and schools are damaged too. For children there is no education any more. Life is very difficult in Yemen right now.”

Wahida, 13 years old

Whether or not an attack is deemed or suspected to be indiscriminate, the use of explosive weapons with wide-area effects in populated areas is known to cause a predictable pattern of unacceptable harm to civilians. In Yemen, civilians account for 95% of all reported casualties from explosive weapons when they are used in populated areas.⁹

The ICRC has highlighted the “terrible toll on civilians” exacted by such weapons.¹⁰ While not

explicitly prohibited under international humanitarian law, when used in populated areas, the wide-area effect of many explosive weapons means that the impact on civilians and civilian infrastructure is frequently devastating. This causes death, injury, long-term disability and harm to mental well-being, as well as displacement of civilian populations, and disruption to essential services such as health, water and electricity supplies as a result of damage to or destruction of critical civilian infrastructure. For children, the consequences of the use of explosive weapons in populated areas are therefore far-reaching and long-lasting.

MOUNTING CHILD CASUALTIES AND THE RISK OF MANY MORE

Child casualty figures associated with the conflict that began in 2015 in Yemen are being systematically recorded by the UN. By mid-November 2015 the UN had verified the deaths of 637 children under the age of 18 years old and the injury of another 927 since the start of the conflict. However, because of challenges in gathering data in a highly insecure environment, actual numbers are thought to be higher.¹¹

Killing and maiming of children has been identified in UN Security Council Resolution 1612 (2005) as among six grave violations against which all children should be protected in situations of armed conflict.¹² The clear link between the use of explosive weapons in populated areas and killing and maiming of children has been well established, as has the relationship of explosive weapon use in populated areas to other grave violations against children, including attacks on schools and hospitals, and denial of access to humanitarian assistance.¹³

“One day my little brother was playing with his friends outside in the street when there was a big explosion. As soon as I heard it I ran out of the house to look for him. I saw lots of people standing around the bodies and injured people. Then I saw that my brother was lying on the ground. He was missing his arm and his body was burnt. I was calling to him as I hoped he may still be alive. I begged him not to die but it was too late. Two of his friends were also killed and five children were injured that day.

“Before my brother’s death I was not afraid. But now I stay at home all the time as I’m too scared to be outside on the street.”

Zaid, 15 years old

Many of the multiple incidents of killing and maiming of children documented by the UN and NGOs in Yemen are attributable to air and ground launched explosive weapons, with a smaller proportion attributable to improvised explosive devices (IEDs) and other causes.

“I have seen the effect of explosive weapons. Once a missile hit a fuel station on our street and many of the buildings were destroyed. There were cars burning in the streets and dead bodies by the side of the road. There was no one to move the injured to the hospital so they suffered there in the street until they died.

“My father and uncles helped take the bodies to somewhere so that they could be buried. After, I went to where it had landed and touched a piece of it... it was still hot.”

Beyan, nine years old

However, the figures do not begin to convey the terrifying situation for Yemen’s children, for whom almost nowhere is safe from bombing and shelling.

Twenty-one out of the country’s 22 governorates are affected by the conflict; frontlines are constantly shifting. The airstrikes, shelling and rocket attacks that have characterised the conflict intensified during September and October 2015, with daily, repeated attacks, including on Sana’a, Taiz City and surrounding areas, as well as on Sa’ada and along the Yemen–Saudi Arabia border. Fighting is taking place in residential areas. Bombs, rockets and shells have fallen on homes and other places where you find children and families – schools, health facilities, markets, places of worship and camps for displaced people.

“Sa’ada was burning, I saw it. It was in the night and I was sleeping in my bed. We were woken up by very strong bombing everywhere. I saw everything around me was on fire. There were bombs landing everywhere. You can’t imagine it, but I’m telling the truth.

“My father told me our house was damaged and so we had to come to Sana’a. We don’t have anywhere else to go so now we live in this school. But we’re still afraid. I cry when I hear the planes flying in the sky. They come to burn everything. I don’t know why they do this. I didn’t do anything to them to burn my city or house. I don’t have a weapon.”

Reham, five years old

Among the many incidents that have resulted in child casualties since March 2015 are:

- 19 July 2015: 48 civilians were killed and 182 injured during shelling of Yemen’s port city of Aden. The targeted neighbourhood, Dar Saad, was home to many of those displaced by the conflict. At least ten children were among the dead.¹⁴

WHAT ARE EXPLOSIVE WEAPONS?

Explosive weapons are conventional weapons that detonate to cause harm and damage in the surrounding area. There are many types of explosive weapons including grenades, mortar bombs, artillery shells, aircraft bombs and missiles, as well as improvised explosive devices (IEDs).

These weapons kill and injure people, and destroy and damage buildings and other infrastructure through the blast and fragmentation that radiate

out from the point of detonation. The scale of the blast and amount of fragmentation from individual explosive weapons, inaccuracy in the delivery of individual weapons, or the use of a number of these weapons in a single locality (or a combination of the three) result in the impact of explosive weapons being felt over a wide area. When used in populated areas, including cities, towns and villages, this wide-area effect means that civilians are at high risk of harm.

- 19 August 2015: 13 employees of the Ministry of Education and four of their children were killed in an airstrike on a teachers' office in Amran, just north of Sana'a. Another 20 people, including one child, were injured. The educators were gathered together to prepare exams for thousands of children who had missed the end of their school year because of the conflict. Working after hours, they had brought their children with them, some of whom were playing outside when the bomb exploded.¹⁵
- 28 September 2015: at least 130 civilians were killed, including 12 children, when two missiles hit a wedding party in the Red Sea village of Al-Wahijah, near the port of Al-Mokha.¹⁶ Witnesses reported that the death toll was difficult to confirm, in part because the bodies of the victims were badly mangled.

A continuation of airstrikes and ground clashes will inevitably result in the death and injury of many more children and inflict greater suffering on an already desperate civilian population. Of particular concern is the situation in Taiz City, where the battle for control has involved intense airstrikes, shelling and rocket attacks. Supplies of food and other essentials for the civilian population here are dwindling due to insecurity and restrictions on humanitarian access to the city.¹⁷ The desperate situation in Taiz reinforces the urgent need for parties to the armed conflict to end the use of explosive weapons with wide-area effects in populated areas.

A HEALTH SECTOR CRIPPLED BY CONFLICT

As injuries multiply, hospitals in conflict-affected areas have been attacked or damaged by nearby attacks; they are running out of medical and other essential supplies, or are desperately understaffed as health workers have been killed, injured and forced to flee the violence.¹⁸ In at least 18 out of 22 governorates, hospitals have been closed or are severely affected, leaving an estimated 14.1 million people without access to basic healthcare,¹⁹ let alone the emergency surgery and other services needed to treat shrapnel wounds and other serious injuries caused to children by explosive weapons.

ATTACKS ON HOSPITALS

The UN has highlighted the "alarming rate" at which damage to hospitals and health facilities across the country is increasing.²⁰ By late October 2015, a total of 69 health facilities were reported to have been fully or partially damaged as a result of the conflict.²¹

International humanitarian law requires that all parties to an armed conflict at all times respect medical units, such as civilian hospitals, and protect them from attack. All parties are required to take all feasible precautions in the choice of weapons, with the objective of avoiding, and at any event minimising, incidental harm to civilians and by avoiding locating military objectives in their vicinity.

However, hospitals are typically situated in densely populated areas, such as in the centre of towns or cities. The use of explosive weapons with wide-area effects in such locations, even when directed at a legitimate military objective as opposed to the hospital itself, can damage or destroy nearby health facilities. In Yemen, hospital and health facilities have sustained damage from explosive weapons that have hit nearby buildings. In the governorates of Aden, Sa'ada, Sana'a and Taiz, for example, satellite imagery has shown that 33 damaged medical facilities were located within a 100 metre radius of airstrikes.²²

In early September 2015, Al Sabeen Hospital, the main paediatric hospital in Sana'a, sustained damage after a nearby building was hit in an airstrike, resulting in the relocation of many sick children to other hospitals that lack facilities to provide specialised paediatric care. Several infants died after their ventilators cut out as a result of the strike. Only one week before, a Save the Children staff member had spoken to a doctor at the hospital, who said:

"We are afraid all the time. This hospital is very close to buildings that are being targeted... Almost all the windows have been destroyed by the bombs."

Health facilities have also been directly hit. A health centre run by the international medical charity, Médecins Sans Frontières (MSF), in Haydan district, Sa'ada province was destroyed by airstrikes on the night of 26 October 2015. The incident was condemned by the UN Secretary-General and UNICEF Executive Director, and concerns have been raised that the attack was in violation of the laws of war.²³

In Taiz, the health system has virtually collapsed due to the damage to health infrastructure, combined with the lack of fuel, medicines and hospital supplies. In Taiz City, less than a third of the 20 hospitals that served the city before the crisis are open.²⁴ By mid-October 2015, just two vastly overstretched hospitals were providing limited emergency services to the increasing numbers of wounded people. Following the shelling on 8 November 2015 of Al-Thawra hospital in Taiz, which is reported to be providing treatment to some 50 people every day, the ICRC condemned the repeated and deliberate attacks on hospitals and urged parties to the conflict to respect the neutrality of healthcare facilities and staff.²⁵

As hospitals come under increasingly frequent attack, the demand for emergency surgery and other services to treat injuries caused by explosive weapons is escalating. Because of the blast or fragmentation effects around the point of detonation, explosive weapons result in complex injuries that require immediate access to medical care and trauma surgery, and which also require long-term post-operative care. Their impact on children is particularly severe because their bodies are smaller, more delicate and still developing. In the event that they survive an attack, the injuries caused to their organs and tissues are often much more

complex than those suffered by adults. However, the specialised care needed to treat injuries resulting from the use of explosive weapons is being depleted by the very same weapons.

VITAL MEDICAL SUPPLIES RUNNING OUT

“The weapons are killing people. They destroy everything nice in my community and make us all scared, especially the children. Sometimes the injured go to hospital but when they get there, there is no medicine for them.”

Eimi, 11 years old

Severe shortages of life-saving medicines, trauma kits and other essential supplies, such as anaesthetic or blood testing services, as well as of fuel to run generators are also contributing to the closure of hospitals and health services or a reduction in the services they are able to offer. According to the World Health Organization, by early November 2015 more than 600 health facilities in Yemen had stopped functioning due to the lack of fuel, supplies and personnel.²⁶

Prior to the conflict Yemen was reliant on imports for 100% of its medical supplies and 70% of its fuel. However, a *de-facto* blockade imposed by coalition forces to prevent arms from being smuggled into the country cut off supplies of commercial goods

“THERE ARE SO MANY CHALLENGES IN OPERATING THIS HOSPITAL”

Even before Al Sabeen Hospital in Sana'a was damaged in September 2015 and temporarily abandoned, shortages of medical and fuel supplies and lack of staff were creating significant challenges to its operations. The hospital, which specialises in the treatment of pregnant women and children, had a pre-crisis catchment population of 300,000 patients. According to information gathered by Save the Children, by August 2015 this had risen to as many as 3 million people, as other hospitals in the city and surrounding areas had closed or reduced working hours. In the words of one of its senior staff:

“Every day it becomes harder to find the supplies to treat those who are sick, but every day the numbers coming in increase... There are so many

challenges in operating this hospital. We don't have enough staff, enough supplies or enough fuel to run the generators... Now we're running on the bare minimum of staff..

“The lack of medical supplies is also a huge problem. New supplies are not getting into the country and the old stock is running out fast... Drugs, IV fluid, anaesthetic – none of it is available. Not even on the black market. We can't do blood transfusions any more as we have run out of blood tests, meaning we can't check blood types.

“I don't know how much longer we can function like this. If this hospital closes, children and women will die.”

to the country for many months. The situation was compounded when Hodeida port, the main supply route to the north and centre of the country, was heavily damaged in airstrikes in August 2015.

Although commercial shipments to Yemen increased in October 2015, they remain well below pre-conflict levels. Insecurity, a lack of port capacity and the resulting costs of delays to unloading continue to prevent commercial shipments from entering Yemen. In the meantime, the continuous threat of bombing and shelling, increasingly frequent security incidents involving aid workers, long delays at checkpoints and in some cases refusal for aid convoys to pass, present significant challenges in delivering medical and other essential supplies to affected populations.²⁷

By October, shortages of medical supplies within Yemen had become critical. For example, a lack of blood bags and reagents needed to determine blood type had caused one third of the country's blood transfusion centres to close. This is a dire situation considering that the demand for blood transfusions has doubled in the past six months²⁸ due to the high level of civilian casualties; and that demand will continue to rise if the conflict continues at the same or increased levels of intensity and civilian injuries escalate further.

Furthermore, disruption to electricity supplies across the country means that hospitals must rely on generators to run equipment, including to maintain cold storage of drugs and blood supplies, and critical equipment such as ventilators and cardiac monitors. However, in September 2015 only 1% of Yemen's total fuel needs entered the country. Although this increased to 12% in October, lack of fuel is putting even more hospitals and other essential services across Yemen at risk of closure.²⁹

WIDER IMPACT ON CHILDREN'S PSYCHOLOGICAL WELL-BEING AND HEALTH

After eight months of fighting, hundreds of thousands of Yemeni children are suffering from high levels of distress. Given the scale of the violence, thousands of children will have been exposed to traumatic events. Many children who Save the Children is supporting have witnessed the destruction of their homes, lost loved ones or have been physically injured. Displaced children have told

SUPPORTING HEALTHCARE

Save the Children is working closely with the Ministry of Health to support 77 fixed health facilities in Yemen and operate 25 mobile health teams. Our support includes:

- capacity-building and technical training for staff
- assistance with procurement of medical supplies
- support with running costs – particularly for medicines, other medical supplies and fuel.

Shortages of vital supplies are a continuing challenge to implementation of Save the Children's health support programmes. Insecurity has likewise caused interruption to programming, and two Save the Children-supported health facilities in Lahj Governorate have been damaged by bombing. We are currently working with the Ministry of Health to support their rehabilitation.

Save the Children that they are constantly afraid or angry. Parents are also concerned about the psychological impact the violence is having on their children and have told Save the Children staff how their children suffer from nightmares, are afraid of loud noises, or have displayed signs of distress such as crying, shouting and/or withdrawal following incidents of explosive violence.

"This situation is affecting the children so much. At the beginning they were always afraid. When they hear the jets some of them start to cry and shout. I don't know if they'll ever get used to that sound."

Jana, mother of Hizam

"The children especially have found it hard. All of them have some kind of pain because of this. Sometimes they wake up screaming in middle of the night and I have to tell them they are safe and it's OK. They are always asking, 'When will we go back? When will we be able to go to school?' And it upsets me because I don't have an answer for them."

Rais

Children who have suffered physical injuries, often bear deep psychological wounds as a result of their experiences, even after they have had medical treatment and have recovered physically.

“The impact on Raja’a [aged seven] and all of us was very upsetting, especially when she was in the hospital. Her case was very critical, both physically and psychologically. She had many operations on her leg and hand. She has recovered physically but not yet psychologically. Before she was a very active girl, she liked to play with her friends. But now she is so silent. I see her many times sitting alone, holding her mother’s picture and crying. She remembers all the details of the attack. I believe it will take long time for her to recover.”

Taqwa, Raja’a’s grandmother

The intensity of the bombing and shelling and the resulting psychological distress means that children and their families are often too scared to travel to access the medical and psychosocial care they need. In an assessment that Save the Children carried out amongst displaced children in August 2015, nearly half of the children surveyed said they did not feel safe in the settlements they had been displaced to, while almost a quarter preferred to stay at home when they were sick because they were too scared to venture outside.

The combined effect of damage and destruction to hospitals and health facilities, lack of medical supplies, and fear is denying children their right to access good-quality healthcare and essential medicines. This not only has a negative impact on the availability

of treatment for injuries, but also severely limits the support available to respond to health needs more broadly.

With the breakdown of safe water supplies and sanitation services as a result of the conflict, endemic diseases such as malaria, acute diarrhoea and Dengue fever are reported to be spreading.³⁰ At the same time, obstacles to imports, restrictions on humanitarian access and high levels of insecurity have contributed to increased levels of severe food insecurity across the country. According to the UN, an estimated 14.4 million people in Yemen are food insecure and 320,000 children are severely acutely malnourished.³¹ Children are particularly susceptible to malnutrition, and diseases easily prey upon children’s weakened immune systems.

LONGER-TERM DANGERS FROM EXPLOSIVE WEAPONS

Even if the conflict were to end tomorrow, children’s lives will still be at risk from landmines and explosive remnants of war. Landmines and unexploded ordnance (UXO) from past conflicts in Yemen have killed and injured dozens of children over the years,³² but levels of contamination have significantly increased in recent months, presenting additional immediate and long-term risks for children, their families and communities.

All explosive weapons have a ‘failure rate’, which means they do not all explode at the time that they are used and leave highly dangerous contamination. Moreover, despite anti-personnel mines and cluster munitions being banned under international legal treaties, there are reports that both have been used in the current conflict.³³

According to Save the Children’s national partner, Yemen Executive Mine Action Center (YEMAC), four children died and 53 were injured by landmines in a three-month period between late March and early June 2015. YEMAC reports having cleared more than 3,400 newly laid anti-personnel and anti-vehicle mines in the governorates of Aden and Lahj from May to August 2015. Additionally, cluster bombs, which scatter bomblets over a wide area and produce large quantities of unexploded ordnance, are reported to have been used in Yemen. As well as the longer-term threat cluster bombs pose, there are reports of children having been killed in cluster bomb attacks.³⁴

PROTECTING CHILDREN

Save the Children has child protection programmes in eight governorates in the north, south and centre of Yemen. Our staff are qualified in psychological first aid and are trained to recognise the specific needs of children. Through a case management system, children in need can be identified and assessed and plans to support them designed and implemented, including, where required, prompt and appropriate referrals to a range of health professionals.

Save the Children-run child-friendly spaces promote children’s resilience through recreational activities, psychosocial support activities and structured, open group sessions such as singing, dancing, puppet theatre and drawing. These spaces help children cope with and recover from the experience of living through armed conflict.

MSF has reported treating increasing numbers of victims of landmines and unexploded ordnance; many of those affected are children under the age of 12 years who have stepped on mines or picked explosive objects from the ground, unaware of the danger these weapons pose.³⁵ In areas affected by two cyclones that hit the southern coast of Yemen in early November 2015, landslides and floods resulting in the movement of mines and UXOs could significantly increase the risk of additional deaths and injuries.

“I was playing in the street and one of my friends found a strange thing on the ground. He took it and was playing with it when it started shooting fire. A few seconds later it exploded. We were all injured. People came to take us to hospital and later I found out that three of my friends had been killed, including my best friend. I was in the hospital for a long time and had to have many operations. Now I hate everyone who uses weapons.”

Mohammed, ten years old

The impact of banned weapons such as anti-personnel landmines and cluster munitions on children, their families and communities is unacceptable and their use must be halted. Significant financial and technical assistance is urgently needed to support the clearance of mines and explosive remnants of war from conflict-affected areas. And assistance is vital to supply the medical care, prosthetics where appropriate, and ongoing rehabilitation for those affected by landmines and UXO and by explosive weapons more generally.

THE INTERNATIONAL RESPONSE

UN senior officials have condemned the mounting civilian casualties caused by the airstrikes and ground attacks in Yemen and have repeatedly called on parties to the conflict to comply with their obligations under international humanitarian law and to protect civilians. UN Member States have been less vocal and Human Rights Council members failed to support a draft UN resolution calling for the establishment of an international mechanism to investigate violations and abuses by parties to the conflict tabled at the 30th session of the Human Rights Council in October 2015.

Moreover, despite the growing evidence that serious violations of international humanitarian and human rights law are being committed, states, including permanent members of the UN Security Council,

MINE AWARENESS

Save the Children is carrying out Mine Risk Education (MRE) programming across Yemen to ensure that children and adults understand the threats posed by landmines and unexploded ordnance (UXO), and what measures they can take to stay safe. The MRE programme has established ten information points across the three governorates of Aden, Lahj and Taiz, which carry out MRE sessions with local communities and implement wider MRE awareness campaigns.

Ten Child Protection Committees have also been set up and trained to identify those affected by landmine and UXO incidents, and to ensure that they are referred for specialist care, rehabilitation and, where needed, for prosthetics and wheelchairs. In coordination with YEMAC, Save the Children is producing 10,000 MRE kits, which include pictures of the types of mines and UXO being used, to raise awareness in affected communities.

have continued to sell or supply arms to parties to the armed conflict. According to Oxfam, countries that have or are reported to have supplied arms to parties now fighting in Yemen include France, Germany, Iran, Russia, the UK and the USA.³⁶

The UN continues to lead efforts to seek a political solution to the conflict. After earlier peace talks failed, the UN Special Envoy on Yemen, Ismail Ould Cheik Ahmed, announced in late October 2015 that preparations for talks would commence imminently. The announcement followed acceptance by all parties to the conflict of UN Security Council Resolution 2216 (2015) as the framework for talks. Resolution 2216, which requires the withdrawal of Houthi forces from areas that they had taken during the latest conflict and for them to relinquish arms seized from military and security institutions, had previously proved to be an obstacle to negotiations.³⁷

Despite some encouraging signs that parties to the conflict may be willing to engage in talks, the prospects for a negotiated peace remain uncertain. But without urgent action to halt the use of explosive weapons in populated areas, the humanitarian situation will continue to deteriorate and children's lives will remain at risk.

INTERNATIONAL PROCESS TO ADDRESS THE USE OF EXPLOSIVE WEAPONS IN POPULATED AREAS

Whether an attack is deemed or suspected to be indiscriminate or not, the use of explosive weapons with wide-area effects in populated areas has been documented to cause a predictable pattern of unacceptable harm to civilians. Research by Action on Armed Violence on the impact of explosive weapons in countries around the world between 2011 and 2014 found that when explosive weapons were used in populated areas, over 90% of resulting casualties were civilians.³⁸ It is for this reason that international momentum has been building towards articulating a clearer standard to limit their use.

The UN Secretary-General, OCHA and other UN agencies, the International Committee of the Red Cross and Red Crescent (ICRC), more than 40 states and civil society under the banner of the International Network on Explosive Weapons (of which Save the Children is a founding member) have already spoken out about this issue, and there are growing calls for the development of a political commitment to address it.³⁹ The harm caused to civilians, including children, by the use of

explosive weapons in populated areas in Yemen is yet another stark reminder of the urgent need to address this humanitarian issue.

In September 2015, the government of Austria and OCHA hosted a meeting where participating states indicated their support for the development of political commitment that would work to tackle the use of explosive weapons in populated areas. Such a commitment would provide a mechanism for recognising this humanitarian problem posed by these weapons and promote stronger standards and provide an opportunity to review this issue on an ongoing basis – and so provide a strong basis for efforts to prevent harm to civilians.⁴⁰

On 31 October 2015, the UN Secretary-General and the President of the ICRC made an unprecedented joint statement, warning that the world was at a humanitarian turning point. One of the six “urgent actions” was a call on states to “stop the use of heavy explosive weapons in populated areas”.⁴¹

RECOMMENDATIONS

Urgent action is needed to prevent further loss of children's lives in Yemen. To this end, Save the Children urges all parties to the conflict to:

- **Agree an immediate ceasefire and engage, without preconditions, in seeking a political solution to the conflict.**
- **Respect international humanitarian law and also stop the use of explosive weapons with wide-area effects in populated areas** due to the predictable pattern of harm, including death, injury and damage to vital infrastructure, including schools and hospitals.
- **Ensure the rapid and unimpeded passage of vital supplies and humanitarian assistance into and within the country.** All obstacles to the import of medical supplies, food, fuel and other vital supplies to cover the basic needs of the population must be lifted; distribution of life-saving assistance to conflict-affected populations in all parts of the country facilitated; and the security of aid workers guaranteed.

Save the Children also considers that significantly more can – and must – be done by the international community to protect children's lives in Yemen and to bring an end to a conflict in which civilians are the main victims. Save the Children therefore recommends that the following immediate actions are taken by the UN and UN Member States:

- **Press all parties to the conflict to agree an immediate ceasefire and provide high-level support to UN efforts to seek a political solution to the conflict.** In the event that there is no progress or that Security Council resolution 2216 remains an obstacle to peace, the UN Security Council must adopt a new resolution to facilitate the political process and address points below.
- **Support the establishment of an international, independent, impartial mechanism to investigate alleged violations of international humanitarian law and human rights law by all parties to the conflict.** All attacks on civilians and civilian infrastructure, including hospitals and schools, should be publically condemned and parties to the conflict urged to comply with their obligations under international humanitarian law, including the prohibitions on indiscriminate and on disproportionate attacks. Additionally, the use of banned weapons such as anti-personnel landmines and cluster munitions should be condemned and parties pressured to end their use.
- **Urge all parties to immediately stop the use of explosive weapons with wide-area effects in populated areas in Yemen.** States should also publically endorse the joint call by the UN Secretary-General and President of the ICRC to stop the use of heavy explosive weapons in populated areas; and participate in international efforts that are underway to develop a political commitment to address the use of explosive weapons in populated areas.
- **Demand that all restrictions preventing the rapid and unimpeded delivery of humanitarian assistance to affected populations are removed and that all obstacles to life-saving commercial and humanitarian supplies entering the country are lifted.** To this end, the governments of Yemen and Saudi Arabia should be pressured to ensure that there is no further delay in the establishment of the UN Verification and Inspection Mechanism; and that imports of commercial fuel are accelerated, without which onward distribution of supplies will continue to be hampered. Further, without such acceleration, basic services – including healthcare and water

services, which need fuel for generators, water pumps and other equipment – cannot be resumed.

- **States should not sell or transfer arms to any party** while the risk remains that they may be used to commit serious violations of international humanitarian law or human rights law.
- **Support the humanitarian community to scale-up the response in Yemen by announcing additional financial contributions for the Yemen Humanitarian Response Plan**, which is currently funded at 48%. In particular, increased support should be provided for child protection, education and mental health programmes that can respond to

the psychological needs of children and families affected by the use of explosive weapons in populated areas.

- **Provide support for the treatment and rehabilitation of children and other civilians injured in the conflict, and for preventing harm from unexploded remnants of war.** This includes support for the clearance of mines and UXO; for medical care, prosthetics where appropriate, and ongoing rehabilitation of those injured by explosive remnants; and for mine-awareness programmes for children, their families and communities, so that they are better equipped to protect themselves.

ENDNOTES

¹ According to UNICEF 47% of young children suffered stunting or chronic malnutrition in 2013. See UNICEF, *Child Alert, Yemen: Childhood Under Threat*, August 2015, http://www.unicef.org/media/files/CHILD_ALERT_YEMEN-UNICEF_AUG_2015_ENG_FINAL.pdf

² For a detailed review of protection challenges to children in Yemen, see Global Protection Cluster, *Desk Review – Yemen*, August 2015.

³ Office of the Special Representative of the Secretary-General for children and armed conflict, “International push needed to encourage parties to Yemeni conflict to end violations against children, Leila Zerrougui urges,” 20 September 2015, <https://childrenandarmedconflict.un.org/press-release/international-push-needed-to-encourage-parties-to-yemeni-conflict-to-end-violations-against-children-leila-zerrougui-urges>

⁴ The coalition consists of all the members of the Gulf Cooperation Council, with the exception of Oman, as well as Egypt, Jordan, Morocco and Sudan. Its campaign followed a request on 24 March 2015 by the Yemeni president, President Hadi, to the Gulf Cooperation Council to intervene militarily. President Hadi had escaped to Aden in February after Houthi forces had gained control of the capital city of Sana’a and subsequently fled to Saudi Arabia on 25 March after the presidential palace in Sana’a was attacked, allegedly by pro-Houthi members of the Yemeni Air Forces.

⁵ OCHA, *Yemen Humanitarian Bulletin*, 13 November.

⁶ Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Stephen O’Brien – Statement on Yemen, 8 October 2015. <http://reliefweb.int/report/yemen/under-secretary-general-humanitarian-affairs-and-emergency-relief-coordinator-stephen-3>

⁷ Article 51(5)(b) of the 1977 Additional Protocol I to the Geneva Conventions prohibits an attack which may be expected to cause incidental loss of civilian life, injury to civilians, damage to civilian objects, or a combination thereof, which would be excessive in relation to the concrete and direct military advantage anticipated. For examples of alleged IHL violations in Yemen, see Statement by UN Special Advisers on the Prevention of Genocide and on the Responsibility to Protect, “Fulfilling our Responsibility to Protect in Yemen”, 14 August 2015; Statement to the press by Humanitarian Coordinator for Yemen, 18 November 2015; ICRC, “Yemen hospitals ‘deliberately’ attacked”, 10 November 2015; Amnesty International, “*Bombs fall from the sky day and night*”: *Civilians under fire in Northern Yemen*, October 2015; and Human Rights Watch, *Yemen: Coalition strikes on residence apparent war crime*, 27 July 2015 and *Yemen: Houthis shell civilians in southern city*, 20 October 2015.

⁸ See for example, “Statement attributable to the Spokesman for the Secretary-General on Yemen,” 28 September 2015, <http://www.un.org/sg/statements/index.asp?nid=9053>; Office of the Special Representative of the Secretary-General for children and armed conflict, “International push needed to encourage parties to Yemeni conflict to end violations against children, Leila Zerrougui urges,” 20 September 2015; Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Stephen O’Brien Statement to the Security Council on Yemen, 19 August 2015, <http://reliefweb.int/report/yemen/under-secretary-general-humanitarian-affairs-and-emergency-relief-coordinator-stephen-2>; “Top UN relief official in Yemen warns of conflict’s ‘catastrophic’ consequences; urges humanitarian access,” 27 July 2015, <http://www.un.org/apps/news/story.asp?NewsID=51504#.VkBmAVInzct>

⁹ Figure for period 1 January–31 July 2015. See Action for Armed Violence and OCHA, *State of Crisis: Explosive Weapons in Yemen*, 22 September 2015, <https://docs.unocha.org/sites/dms/Documents/Yemen%20EWIPA%20report.pdf>

¹⁰ See Report of the 32nd International Conference of the Red Cross and Red Crescent, 8–10 December 2015, <http://rcrcconference.org/wp-content/uploads/sites/3/2015/10/32IC-Report-on-IHL-and-challenges-of-armed-conflicts.pdf>

¹¹ UNICEF, *Humanitarian Situation Report*, 21 October–3 November 2015.

¹² UN Security Council Resolution 1612 led to the creation of the Security Council Working Group on Children and Armed Conflict and the UN-led monitoring and reporting mechanism on six grave violations of children’s rights. Among the six grave violations are military recruitment and use of children, attacks against schools or hospitals, abduction of children and denial of humanitarian access for children, all of which have been documented during the current conflict in Yemen. See Report of the UN Secretary-General on Children and Armed Conflict, UN Doc. A/69/926-S/2015/409, 5 June 2015.

¹³ See for example, Report of the Special Representative of the Secretary-General for Children and Armed Conflict, 6 August 2012, paragraph 60, http://www.un.org/ga/search/view_doc.asp?symbol=A/67/256&Lang=E&Area=UNDOC; and Save the Children, *Position Paper: Explosive Weapons and Grave Violations against Children*, 2013, https://www.savethechildren.org.uk/sites/default/files/images/Explosive_Weapons_and_Grave_Violations_Against_Children.pdf

¹⁴ Human Rights Watch, “Yemen: Houthi artillery kills dozens in Aden”, 29 July 2015, <https://www.hrw.org/news/2015/07/29/yemen-houthi-artillery-kills-dozens-aden>

¹⁵ UNICEF, Statement by Anthony Lake, UNICEF Executive Director, on attack on teachers’ office in Yemen, 19 August 2015, http://www.unicef.org/media/media_82946.html

¹⁶ Statement attributable to the spokesperson for the UN Secretary-General on Yemen, 28 September 2015, <http://www.un.org/sg/statements/index.asp?nid=9053>

¹⁷ See “Statement of the Humanitarian Coordinator for Yemen, On the Dire Situation in Taizz City,” 24 October 2015, <http://reliefweb.int/report/yemen/statement-humanitarian-coordinator-yemen-johannes-van-der-klaauw-dire-situation-taizz>

¹⁸ Eight health workers have been killed and 20 injured. See WHO, *Yemen crisis: Reported violation against health sector due to conflict*, October 2015.

¹⁹ UNICEF, *Humanitarian Situation Report*, 21 October–3 November 2015.

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²³ See Statement by UN Secretary-General, 27 October 2015, <http://www.un.org/sg/statements/index.asp?nid=9187>; Statement by UNICEF Executive Director; 27 October 2015, <http://www.un.org/sg/statements/index.asp?nid=9187>; MSF, “Yemen: MSF hospital destroyed

by airstrikes," 27 October 2015, <http://reliefweb.int/report/yemen/yemen-msf-hospital-destroyed-airstrikes>; and Human Rights Watch, "Yemen: Coalition airstrikes hit hospital", 28 October 2015, <http://reliefweb.int/report/yemen/yemen-coalition-airstrikes-hit-hospital>

²⁴ See MSF, "Yemen: Medical aid blocked from entering besieged area in Taiz," 25 October 2015, <http://www.msf.org/article/yemen-medical-aid-blocked-entering-besieged-area-taiz>

²⁵ ICRC, "Yemen: Attacks on health care facilities must stop", 10 November 2015, <https://www.icrc.org/en/document/yemen-attacks-health-care-facilities-must-stop>

²⁶ OCHA, Humanitarian Bulletin, Yemen, 13 November 2015.

²⁷ See "Humanitarian coordinator for Yemen, Johannes Van Der Klaauw, calls for safe passage and predictable access to Taiz and humanitarian windows for delivery of assistance," 31 August 2015, <http://reliefweb.int/sites/reliefweb.int/files/resources/Humanitarian%20Coordinator%20for%20Yemen%20statement%20on%20situation%20in%20Taiz%20Governorate%20-%2020150831%20-%20EN.pdf>; and ICRC, "Yemen: ICRC deeply concerned by the impact of fighting in Taiz," 22 October, <http://reliefweb.int/report/yemen/yemen-icrc-deeply-concerned-impact-fighting-taiz>

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³⁷ See UN News Center, "Houthis reaffirm acceptance of Security Council resolution aimed at ending violence in Yemen," 7 October 2015, http://www.un.org/apps/news/story.asp?NewsID=52195#.Vkr_zq0nzIU

³⁸ <https://aoav.org.uk/explosive-weapon-survey/>

³⁹ <http://www.inew.org/acknowledgements> INEW advocates for action to prevent human suffering from the use of explosive weapons in populated areas. INEW and its member organisations support the development of a political declaration to heighten civilian protection and to promote greater assistance to survivors and families of those killed and injured, and other concrete measures to address this serious humanitarian problem.

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Acknowledgements

Data gathered by Fatima Al-Ajel, Mohammed Awadh and Ali Ashwal. This briefing was written by Lucia Withers and Mark Kaye, with contributions from Claire Mason, Frances Haycock and Kimberly Brown.

All names of children and their parents in this briefing have been changed to protect their identities.

Cover photo: A boy stands amid the rubble of houses destroyed by an air strike on Sana'a, the capital of Yemen, in May 2015. (Photo: Getty Images)

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