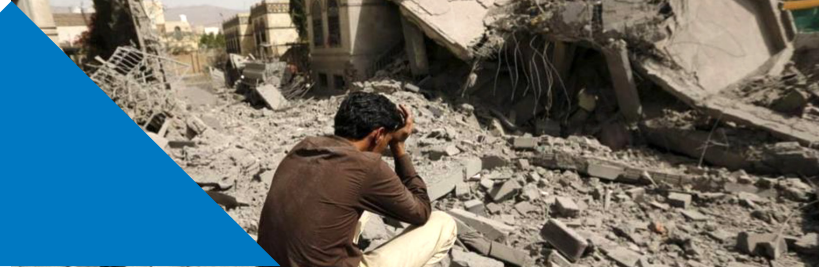


INTEGRATING CIVILIAN PROTECTION INTO SECURITY ASSISTANCE

LEARNING FROM YEMEN

In the past four years, the Saudi-led coalition's campaign in Yemen has killed thousands of civilians, crippled hospitals and infrastructure, and helped create what is currently the world's worst humanitarian crisis. The United States' involvement in the Yemen conflict has not only caused serious damage to its reputation but also harmed its strategic interests by allowing Al-Qaeda in the Arabian Peninsula (AQAP) to solidify its grasp on territory while increasing support for terrorist acts against the U.S. and its interests.

A new research report from CNA, *Promoting Civilian Protection during Security Assistance: Learning from Yemen,* finds that the tragedy of Yemen offers lessons on urgently needed policies to integrate civilian protection into U.S. security assistance. Although the U.S. is the world's largest dealer in arms, it currently does not have a policy addressing civilian protection challenges when a recipient of military assistance uses force. The only significant policy constraint on U.S. assistance is international humanitarian law (IHL), which requires that the recipient comply with the law in its military operations. But evidence of violations is practically impossible to establish.

The United States did implement some civilian protection efforts in the conflict, which, though they were inconsistent and fragmented, still resulted in notable — if temporary — reductions in civilian casualties. Improving civilian protections and reducing harm is therefore possible, but only if the United States and its partners like the Saudi military put in place proven policy reforms and best practices. The research also recognizes a special role for the protection of medical facilities from attacks, which can inflict lasting harm on the civilian population.

A Security Assistance Policy in Crisis. Without an overarching policy to guide decision-making regarding Yemen, U.S. actions were influenced by distinct, sometimes opposing, agencies and interests. The White House, State Department, Department of Defense (DOD) and USAID each implemented its own U.S. security assistance policy toward the Saudi-led coalition in Yemen. Multiple U.S. goals — supporting Saudi Arabia, promoting peace, providing humanitarian aid, reducing civilian casualties — tended to be promoted in isolation, impacting the effectiveness of civilian protection activities and reducing unity of effort.

A partial chronology of U.S. civilian protection assistance in the Yemen conflict demonstrates the inconsistency of approach in the absence of formal policy. As concerns about civilian casualties rose in the summer of 2015, the State Department introduced data-based training and mentoring for the Saudi military, reinforced by DOD's advisory cell in Riyadh. This effort also led to the establishment of the Joint Incident Assessment Team, created to help the Saudi-led coalition learn and adapt to reduce risk to civilians. These efforts showed temporary benefits, with a moderate decrease in problematic Saudi-led airstrikes from the end of 2015 through the cease-fire in April 2016.

But these efforts were not sustained. The temporary cease-fire and associated personnel rotations allowed some advising efforts to go stale. Then the State Department discontinued its mentoring entirely in reaction to the Sanaa funeral hall strike in October 2016, while DOD maintained its operational support. CNA's analysis suggests that curtailing operational support and continuing civilian-protection mentoring to promote responsible behavior would have been a better response.

Decision-Making in the Dark. Efforts to collect data on civilian casualties in Yemen and to reconstruct and analyze incidents were limited and ad hoc. The lack of an established assessment process regarding operational use of security assistance in Yemen hobbled the policy decision-making process. This created a dependency on information from the Saudi-led coalition and their Joint Incident Assessment team, a source that was neither dependable nor consistently accurate.

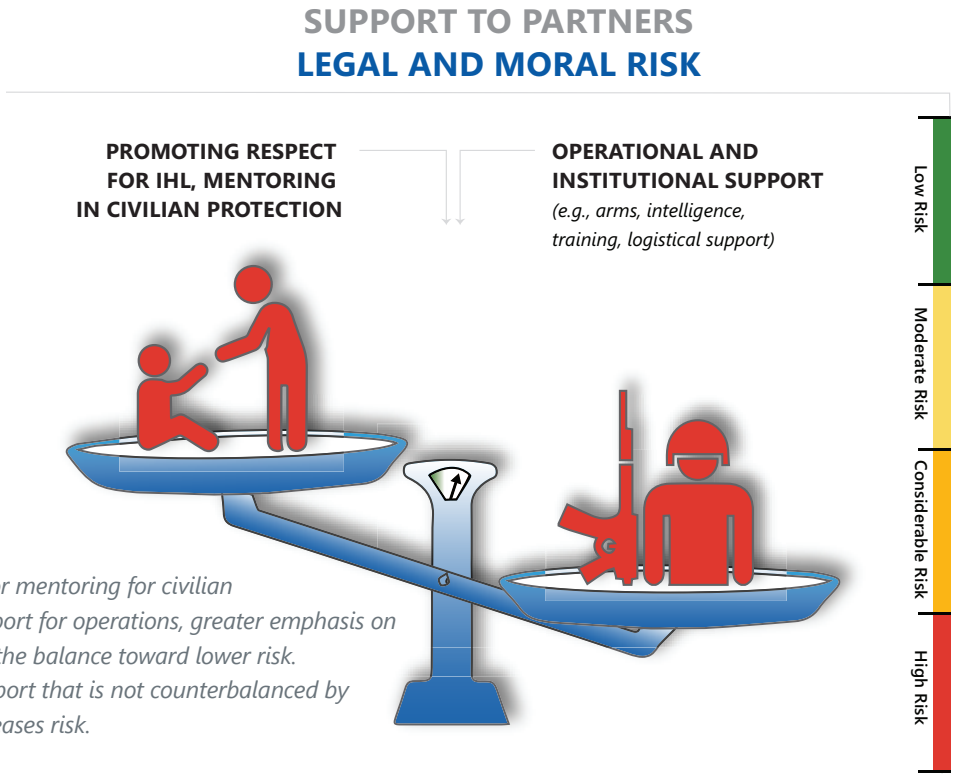
Similar CNA analysis of more successful data collection efforts in Afghanistan, Iraq and Syria shows the value of tracking and analyzing civilian casualties in order to reduce the risk to civilians. Integrating civilian protection into security assistance requires an evidence-based approach,

referencing multiple sources of information regarding how assistance partners are using U.S.-supplied weapons systems and the results on the ground. Three different types of information for operational end-use monitoring are potentially valuable but were not effectively leveraged for decision-making on Yemen:

- **Partner forces.** The Saudi-led coalition gave the U.S. some information when specifically requested, but this was not consistent, nor was it a requirement of security assistance.
- **U.S. Government.** While State Department civilian protection efforts included an ad hoc data collection effort, this was not a priority for U.S. intelligence services.
- **Open sources.** A complete picture of operational outcomes requires a merging of military and open-source data. Open-source reconstructions of civilian casualty incidents in Yemen by Bellingcat analysts showed both the promise of this approach and the lack of standardized reporting and evidentiary standards for alleged civilian casualty incidents.

Protection of Health Care in Yemen. When medical facilities are destroyed in war, the impact on civilians is enduring. Such attacks cause casualties of patients seeking care; they also harm scarce medical personnel and destroy medical infrastructure, sorely needed in war. And strikes on hospitals also make the population less willing to seek needed medical care in the future. These effects were all seen in Yemen. Though analysis of attacks against medical facilities in Yemen indicates that they were not struck deliberately with premeditated intent, the Saudi-led coalition damaged or destroyed many medical facilities. Based on analyses of attacks on civilian objects including health care facilities in this and other conflicts, CNA's report provides a framework for a comprehensive approach to protecting health care in armed conflict. It outlines three practical areas where militaries can improve their ability to protect medical facilities:

- Deconfliction of health care locations and activities within military operations
- Identification of health care facilities to avert mistaken engagements
- Best practices for protecting civilians, based on past military operations



In balancing support for mentoring for civilian protection against support for operations, greater emphasis on civilian protection tips the balance toward lower risk. Heavy operational support that is not counterbalanced by civilian protection increases risk.

RECOMMENDATIONS FOR U.S. GOVERNMENT

- Change arms sales policy and Foreign Military Sales agreements to introduce civilian protection as a criterion for approval and continuance of support.
- Expand advising and mentoring on civilian protection during hostilities, mandated as a condition of assistance.
- Analyze operational outcomes of U.S. assistance through a new process of operational end-use monitoring.
- Work proactively with partners through training and education to build a foundation for civilian protection before conflict begins.
- Include health-care-specific considerations such as deconfliction measures, technical solutions to improve situational awareness, and the promotion of the safety of health care under U.N. Security Council Resolution 2286.

RECOMMENDATIONS FOR STATES, THE UN AND NGOS

- States should provide data to policy-makers and legislators to enable an evidence-based approach to civilian protection challenges with partners.
- The U.N. and NGOs should standardize reporting and evidentiary standards for alleged civilian casualty incidents to improve the ability of militaries, the U.N. and NGOs to work together.
- States should act on U.N. Security Council Resolution 2286 to develop effective measures for protecting medical facilities and services.

ABOUT DR. LARRY LEWIS

Dr. Larry Lewis spearheaded the first data-based approach to civilian protection, using military operational data in conjunction with open-source data. He has worked extensively to reduce civilian casualties in military operations, leading multiple studies to determine the causes of civilian casualties and to develop tailored, actionable solutions in the form of policy and practical measures complementary to existing protections in international humanitarian law. He was lead analyst and coauthor (with Dr. Sarah Sewall) for the Joint Civilian Casualty Study, which Gen. David Petraeus described as "the first comprehensive assessment of the problem of civilian protection." Dr. Lewis has also contributed to U.S. national policy on civilian casualties and has worked to improve the civilian-protection policies and practices of partners, including work with the United Nations, Afghanistan and Saudi Arabia. Dr. Lewis currently directs the Center for Autonomy and Artificial Intelligence at CNA.

ABOUT CNA CORPORATION

CNA is a not-for-profit research and analysis organization with 75 years of experience providing government agencies with data-driven insights and real-world, actionable solutions grounded in our direct experience with the operational environments where these solutions are applied. CNA developed the foundational techniques for operational analysis to address complex challenges facing government programs. We have applied these techniques successfully in areas ranging from defense to aviation, education, justice, and homeland security.

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