



EXCLUDED

LIVING WITH DISABILITIES IN YEMEN'S ARMED CONFLICT

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Cover photo: Ulfat Mohammed al-Naseri has had limited mobility since the early days of the war in Yemen after being hit by a stray bullet in her hometown in Ta'iz. Lying on her torso on a cot in a tent where she lives with her family in Sabr Camp, Lahj, 12 June 2019, she described to Amnesty International the exhausting journey she had to undertake to escape the violence back home.

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CONTENTS

1. EXECUTIVE SUMMARY	5
2. METHODOLOGY	8
3. BACKGROUND	10
3.1 A SPIRALLING CONFLICT	10
3.2 PERSONS WITH DISABILITIES IN YEMEN	11
4. DISPLACEMENT AND ITS IMPACT	14
4.1 DIFFICULTIES FLEEING VIOLENCE	16
4.2 LEFT BEHIND	17
4.3 INADEQUATE CONDITIONS IN THE CAMPS	17
4.4 DIFFICULTIES IN ACCESSING AID	21
4.5 COMPOUNDED CHALLENGES FOR GIRLS AND WOMEN WITH DISABILITIES	23
5. BARRIERS TO HEALTH CARE	25
5.1 PROHIBITIVE COSTS AND DISTANCES	26
5.2 POOR ACCESS TO SPECIALIST SERVICES	28
5.3 INADEQUATE ACCESS TO QUALITY ASSISTIVE EQUIPMENT AND TECHNOLOGIES	29
5.4 INADEQUATE PSYCHOSOCIAL SUPPORT	30
6. BARRIERS TO EDUCATION	34
7. INCREASED ECONOMIC HARDSHIP	38
8. LEGAL FRAMEWORK	42
8.1 NATIONAL DISABILITY LAWS AND POLICIES	42
8.2 INTERPLAY BETWEEN INTERNATIONAL HUMAN RIGHTS AND HUMANITARIAN LAW	43
9. CONCLUSION AND RECOMMENDATIONS	47
RECOMMENDATIONS	48

GLOSSARY

WORD	DESCRIPTION
CRPD	Convention on the Rights of Persons with Disabilities
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICRC	International Committee of the Red Cross
IDP	Internally displaced person
UNHCR	United Nations High Commissioner for Refugees, the UN refugee agency
WFP	World Food Programme
WHO	World Health Organization
INTELLECTUAL DISABILITY	A disability that is characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour, which cover a range of everyday social and practical skills
PSYCHOSOCIAL DISABILITY	Regardless of self-identification or diagnosis, this term is used to describe persons with a variety of mental health problems, such as depression, post-traumatic stress disorder (PTSD) and schizophrenia. This disability relates to the interaction between psychological differences and socio-cultural limits for behaviour as well as the stigma, discrimination and exclusion that society attaches to persons with mental impairments
PSYCHOSOCIAL SUPPORT SERVICES	Subset of mental health interventions which are generally non-biological or non-clinical in nature and include help with social, emotional, psychological and practical needs
SENSORY DISABILITY	When one of the senses; sight, hearing, touch, taste, smell and/or spatial awareness is no longer functioning at normal capacity

1. EXECUTIVE SUMMARY

Persons with disabilities have been recognized as one of the most marginalized groups during armed conflicts and crises. Despite growing calls for improving their inclusion in humanitarian programming and response, they continue to face significant barriers in equally accessing their rights and they remain excluded from meaningful participation and representation in decision making. In protracted conflicts, such as Yemen, described by the UN as the world's worst humanitarian crisis, severe disruptions to services, including health and education, and an overstretched humanitarian response mean that the impact on persons with disabilities is further magnified.

There is currently no reliable data on persons with disabilities in Yemen, including how many there are, but calculations based on global estimates by the World Health Organization estimate that 4.5 million Yemenis are persons with disabilities. Given the ongoing conflict, the actual figure is likely higher than that. Entering its fifth year and marked by serious violations and crimes under international law, the conflict in Yemen has left thousands killed, tens of thousands injured, millions displaced and 80% of the population in need of humanitarian assistance.

Documenting experiences of those living in displacement as well as in the wider community, Amnesty International has examined the impact of the conflict in Yemen on children, women and men with disabilities. Testimonies collected by Amnesty International reveal immense challenges faced by persons with disabilities – at times due to an intersection of factors such as gender, age and descent – including barriers to equally accessing quality health services, education and employment opportunities. Organizations of persons with disabilities have been struggling to provide crucial services due to delays in and slashes to the funds they are meant to be receiving from various government entities. Persons with disabilities living in displacement have faced specific challenges, including difficulties in fleeing violence, difficulties accessing aid and inadequate living conditions that have undermined their inherent dignity, such as inaccessible sanitation facilities.

Amnesty International's findings are based on research conducted during a field mission to southern Yemen in June 2019, as well as remotely, including by conducting telephone interviews between May and November 2019. The research focused on the governorates of Aden, Lahj and Abyan; the Huthis, who are the de facto authorities in several northern governorates, did not grant the organization access to areas under their control. Researchers interviewed 96 people, documenting how the war has affected the ability of 53 persons with a diverse range of disabilities to access and equally enjoy their human rights. Those interviewed included persons with disabilities, relatives of persons with disabilities, members of organizations of persons with disabilities, disability rights advocates, government officials and humanitarian workers. Persons with disabilities whose cases were documented were reached through humanitarian workers, organizations of persons with disabilities, disability rights advocates and community leaders.

On 4 November 2019, Amnesty International sent letters to the Aden office of the UN High Commissioner for Refugees (UNHCR), the UN refugee agency, and the government of Yemen, containing a summary of its findings and requesting related information and clarifications. UNHCR replied on 20 November.

An estimated 3.65 million Yemenis have had to leave their homes to escape the violence, pushed into a life of displacement. Displaced persons with disabilities described arduous and repeated displacement journeys in pursuit of safety and better livelihood opportunities, the vast majority of those with limited mobility travelling without any assistive devices such as wheelchairs or crutches and relying on family members and loved ones to carry them. There were instances where the journey worsened the impairments of a person with disability or led to the person acquiring a disability. Some persons with disabilities were left behind – separated from their families in the chaos of fleeing, or because the journey was too onerous for the person

with a disability to continue. One woman, in the mayhem of fleeing and preoccupied with a teenage son with physical and intellectual disabilities, ended up leaving her husband, a 59-year-old man with a psychosocial disability, chained in their family home in Ta'iz.

The conditions in the camps and other sites for internally displaced persons (IDPs) that await them at the end of these journeys leave much to be desired. Despite commendable efforts by the humanitarian community to respond to the acute needs of millions of Yemenis, the rights of persons with disabilities remain unfulfilled. Amnesty International's findings point to gaps in the humanitarian response, including ensuring that persons with disabilities have equal access to facilities in IDP camps, can collect aid with ease and can participate in camp governance. At the heart of issues with delivering an inclusive humanitarian response is the lack of quality disability data. Humanitarian workers in Yemen are yet to adequately collect disability-disaggregated data that meet recommended global standards, including those to which they have committed. The lack of quality data delineating the types and severity of disability, as well as insufficient age disaggregation, especially for older persons, undermines the delivery of an effective and inclusive humanitarian response.

In all the IDP sites visited by Amnesty International, conditions of housing and sanitation compromised the ability of persons with disabilities to practise self-care, undermining their privacy and inherent dignity. There were no dedicated latrines for persons with disabilities. There were no handles or chairs that would enable persons with disabilities to use latrines, which had also been built on an elevation such that they were not accessible for wheelchair users. In practically all the cases documented, people with disabilities had to rely on their family members and relatives to help them go to the latrines, and many said they washed inside their tents.

When it comes to distribution of aid, Amnesty International found that the majority of displaced persons with disabilities had to rely on family members to collect assistance. In the absence of systematic door-to-door delivery, people with limited or no mobility faced difficulties accessing aid, whether it was handed out off site or at distribution points inside the camps, as doing so required them or a family member to make their way to these locations.

Whether displaced or not, persons with disabilities struggled to access quality and appropriate assistive devices, such as tricycles, wheelchairs, canes, crutches, hearing aids and prosthetic limbs – in some cases due to financial constraints or not knowing where to go for such devices. In the camps, wheelchairs, which were provided haphazardly without proper training or fitting, were not suitable for the rugged terrain, were generally of low quality and did not facilitate the autonomy and independence of persons with disabilities, rendering many confined to their tents. A doctor from the prosthetic centre in Aden – the only one in southern Yemen – said the centre is currently not equipped to produce lightweight prostheses and lacks the expertise to produce activity-specific prosthetic attachments for children under the age of 10; it can only produce prostheses for cosmetic purposes. Assistive devices and prostheses are essential to enabling persons with disabilities to live active, independent lives.

Around half the persons with disabilities whose cases were examined by Amnesty International encountered a range of barriers when they attempted to access health services. The affordability of accessing health care and the distance to and from health services were the two main impediments to accessing medical care. Other issues included lack of accessibility to health-related information.

In the camps, interviewees described an inconsistent health response that fails to make the required referrals, lacks follow-up and is overwhelmingly urban-based. To see a specialized health worker and receive the appropriate treatment, IDPs, including persons with limited mobility, had to leave the camp and travel to the nearest town or city to access health specialists. Costs were mentioned by the vast majority as a key barrier to accessing essential health services, whether they were for transport to health facilities based in urban centres or for the health services and treatment themselves.

More broadly, the current war has had a disproportionate impact on persons with disabilities who are reliant on state support for covering the costs of health and education services. Notwithstanding the current conflict, there are pre-existing government ministries and national funds that handle matters in relation to the rights of persons with disabilities, namely the Ministry for Social Affairs and Labour and its Social Welfare Fund, as well as the Handicapped Welfare and Rehabilitation Fund.

Money from the Handicapped Welfare and Rehabilitation Fund is meant to be directed to persons with disabilities and their organizations to cover, for example, transport costs for students with disabilities and their teachers and health-related costs. The fund is supposed to receive half its income from the payment of customs duties by private businesses and public enterprises. However, according to the Ministry of Social Affairs and Labour, the fund has struggled with resources since 2015. Due to the conflict, many Yemeni businesses have been forced to either reduce their production or close altogether, rendering them unable or

unwilling to pay customs duties. The territorial partition of Yemen between competing de facto authorities, the weakening or relocation of barely functioning state institutions, economic collapse and widespread lawlessness have all contributed as well to the disruption in funding.

The interruption in financial support from the government has, in some instances, worsened the health condition of a person with disabilities. The mother of a 14-year-old boy with cerebral palsy told Amnesty International that the disruption in the assistance they used to receive meant that he had to discontinue physiotherapy, which led to a regression in his marked physical improvement after these sessions.

With repeated cycles of violence, research indicates that nearly a third of Yemeni children show signs of psychological distress and that adults in their mid-20s have already lived through more than a dozen internal conflicts. Persons with psychosocial disabilities and their families told Amnesty International they did not know where to access or how to afford psychosocial support. During a visit to the Aden Central Psychiatric Hospital, researchers found large swathes of the facility in a dilapidated condition, with a pungent smell of urine and smeared faeces on the walls of its main wards.

Adding to the physical and emotional toll, several of the children with disabilities whose cases were documented used to go to school but stopped after the war started. Families spoke of the reasons, including delays in and suspensions of government assistance to help cover transport costs, as well as interruptions in or total closures of educational programmes for children with disabilities. For those living in camps, it did not appear that schools on site – limited in number as they may be – had teaching staff with capacities or learning methods that accommodated students with disabilities.

Poverty disproportionately affects persons with disabilities and, in Yemen, with the economy crumbling due to the war, many people Amnesty International interviewed have indeed been further impoverished. Persons with disabilities and their families told Amnesty International they have been struggling to afford disability-related costs and cover crucial expenses such as adult diapers and certain foods. In one case documented by Amnesty International, these economic hardships have resulted in the family of a person with a disability resorting to making him beg along a highway to supplement their income, something he did not use to do before the war. Furthermore, persons with disabilities in Yemen are enduring unequal access to work. Interviewees said that laws allocating specific employment quotas to persons with disabilities are not being implemented amid the absence of a functioning administration during the war.

The government of Yemen, a state party to the Convention on the Rights of Persons with Disabilities (CRPD), has not fulfilled its obligations in providing the necessary support, including crucial funds, to persons with disabilities and the organizations offering them various services. It must also do everything in its capacity to facilitate the work of humanitarian agencies and organizations and improve co-operation with them to ensure that assistance programmes are inclusive of and non-discriminatory towards persons with disabilities and other marginalized groups.

Once parliament is convened, the government of Yemen must undertake a comprehensive legislative and policy review and bring laws and policies into line with the human rights model of disability enshrined in the CRPD. The government of Yemen must ensure that organizations of persons with disabilities are effectively consulted and meaningfully involved during any future peace processes and negotiations and the post-conflict reconstruction phase.

For their part, donor governments should, in addition to increasing assistance to the humanitarian response in Yemen and ensuring that pledges are met, ensure that humanitarian agencies and organizations are inclusive of persons with disabilities in implementing their response by including benchmarks and reporting on progress in ensuring the rights and inclusion of persons with disabilities.

The humanitarian community should honour its commitments to better integrate the rights of persons with disabilities into conflict response by ensuring that no one is left behind in Yemen. Standards that espouse inclusive and non-discriminatory humanitarian response must be tangibly implemented. In that regard, it is imperative for humanitarian agencies and organizations in Yemen to prioritize the inclusion of persons with different types of disabilities in camp and community governance and decision-making and in designing, implementing and monitoring assistance programmes. Persons with disabilities in Yemen and other conflicts and crises must not continue to pay the cost of endemic physical and attitudinal barriers.

2. METHODOLOGY

This report focuses on the impact of the four-year armed conflict in Yemen on persons with disabilities. Among groups most at risk, the rights of persons with disabilities have long been overlooked in conflict and humanitarian crises, although there have been growing efforts in recent years to counter that.

The report is primarily based on field research undertaken in June 2019 by two Amnesty International researchers. Desk research and phone interviews were also conducted between May and November 2019.

The field research took place in three southern governorates under the control of the government of Yemen: Aden, Lahj and Abyan. It included visiting five formal and informal camps for displaced persons. Amnesty International had requested permission to visit areas under the control of the Huthi de facto authorities, but this was not granted.

In total, researchers conducted 96 interviews, documenting how the war has affected the ability of 53 persons with disabilities, 31 of whom were displaced, to access and equally enjoy their human rights. The cases included 24 children (aged 10 months to 17 years old), 18 men (aged 18 to 75) and 11 women (aged 18 to 92).¹ They were reached through humanitarian workers, local organizations of persons with disabilities, disability rights advocates, and community leaders. Researchers also interviewed family members and relatives of persons with disabilities, members of organizations of persons with disabilities, disability rights advocates, government officials and humanitarian workers.

Researchers sought to interview and examine the situation of individuals with a diverse range of disabilities. They included persons with physical disabilities, psychosocial disabilities, intellectual disabilities and sensory disabilities. Mindful of the intersection between disability and ageing, the situation of five older persons with disabilities – three women and two men – was examined.²

When at all possible, Amnesty International interviewed persons with disabilities – including children – directly. Interviews were primarily conducted in Arabic; some interviews with humanitarian workers were conducted in English. In some cases, interviews with persons with hearing impairment were conducted through writing, sign language interpretation facilitated by members of organizations of persons with disabilities and additionally, in one case, the use of easy-to-read graphics. Aside from two incidents in which interviews were conducted in a focus group setting, interviews were conducted one-on-one, with an emphasis on privacy. At times, a family member was present at the request of the interviewee or family. Although full privacy is difficult to ensure in displaced persons camps, researchers ensured interviews with displaced persons with disabilities and their families did not take place in the presence of humanitarian workers or camp supervisors.

Amnesty International visited a psychiatric hospital in Aden. Researchers ensured an interview conducted there with a person with psychosocial disability was conducted in private. Similarly, interviews conducted with the families of two students attending a centre for educating children with intellectual disabilities in Aden were not in the presence of centre staff.

Amnesty International detailed to interviewees the purpose of the research and how the information would be used. Researchers obtained oral consent at the beginning of interviews. Interviewees were told they could choose not to answer any question, end the interview at any time, or withdraw the information at a later

¹ Amnesty International defines “children”, in line with international law, as individuals below the age of 18.

² The two men were 59 and 75; the women were 89, 92 and, in one case, the family did not know her precise age. International law does not define what constitutes an “older person”. The term has typically been used to refer to individuals 60 or older. Amnesty International prefers a context-specific approach that also takes into account self-identification rather than an arbitrary minimum cut-off.

stage. Names that appear in the report are based on the individual's informed consent. Some interviewees opted to speak on condition of anonymity. There were no incentives provided to interviewees.

Whenever possible, researchers reviewed supporting documents interviewees had, including medical records of persons with disabilities who were willing to share those. Outside of those who had sustained injuries, many interviewees did not know what had caused their disability or that of their loved one. In the context of this research, the cause of the disability is not the emphasis, rather the focus is the extent to which – amid the armed conflict – the rights of persons with disabilities have been respected, protected, and fulfilled, in line with the Convention on the Rights of Persons with Disabilities (CRPD) and its assertion that “disability results from the interaction between persons with impairments and attitudinal and environmental barriers.” Related, the description of a person's disability used by Amnesty International throughout this report is based on information provided by interviewees, that is self-identification.

Researchers reviewed relevant local laws and policies as well reports from United Nations (UN) agencies, and the international legal framework and humanitarian principles pertaining to the rights of persons with disabilities. More broadly, Amnesty International sought the advice and guidance of local and international experts on disability rights throughout the process.

On 4 November, Amnesty International submitted a summary of its preliminary findings to the government of Yemen and the Aden office of the UN High Commissioner for Refugees (UNHCR), the UN refugee agency, and sought clarifications regarding the humanitarian response among other issues. At the time of publication there had been no response from the Yemeni government. UNHCR replied on 20 November, and Amnesty International has incorporated some answers into the report. Amnesty International extends its appreciation to UNHCR for its willingness to engage with the organization.

Amnesty International would like to thank Humanity & Inclusion also known as Handicap International, as well as Human Rights Watch's Disability Rights Division for their extensive help and guidance. Amnesty International would also like to express its immense gratitude to the Yemeni disability rights activists and humanitarian workers who assisted the organization in understanding the challenges facing persons with disabilities in Yemen and connected researchers to cases and their families. Special thanks go to the persons with disabilities and their families who shared their stories – their perseverance in the face of daily challenges is an inspiration.

3. BACKGROUND

3.1 A SPIRALLING CONFLICT

The roots of the current intricate conflict lie in the popular revolt that eventually forced then President Ali Abdullah Saleh out of power in 2011 after 33 years of rule, following accusations of corruption and failed governance, in favour of his deputy, Abd Rabbu Mansour Hadi. The Huthis, an armed movement that had engaged in several rounds of fighting with former President Ali Abdullah Saleh's government from its base in the northern governorate of Sa'da during the previous decade, then capitalized on popular discontent and consolidated their control over the governorate of Sa'da and neighbouring areas in the northern parts of Yemen.³ In September 2014, the Huthis managed to extend their territorial control, taking over several army and security positions in the capital Sana'a – this was facilitated to a certain extent by the newly forged alliance of convenience with former President Saleh.

Following the Huthis' takeover of Sana'a in early 2015, President Hadi and members of his government were forced to flee. By 25 March 2015, a coalition of states led by Saudi Arabia and the United Arab Emirates (hereinafter the Coalition) intervened at the request of President Hadi, with the aim of restoring the internationally recognised government to power. This marked the beginning of a full-blown armed conflict as the Coalition launched an aerial bombing campaign against the Huthis and allied forces.⁴

The conflict has witnessed a proliferation in the parties to the conflict, including a number of Coalition-backed armed militias, and is exacerbated by the provision of weapons and military assistance – directly and indirectly – to all parties to the conflict.⁵ Since the outbreak of the conflict, a consortium of states has supplied members of the Coalition with more than US\$15 billion worth of military equipment.

Now entering its fifth year, the conflict has caused disproportionate suffering for the Yemeni population due to continued fighting characterized by unlawful attacks and reckless conduct endangering civilians; arbitrary restrictions on imports and on access to humanitarian assistance that have limited civilians' access to food, water and medical supplies; as well as damage to physical and social infrastructure. By the end of 2019, it is estimated that over 233,000 Yemenis will have been killed as a result of fighting and the humanitarian crisis.⁶ Meanwhile, the Office of the UN High Commissioner for Human Rights has documented more than

³ Between 2004 and 2009, Sa'da endured six bouts of armed confrontations (commonly referred to as "the six wars") between the forces of then President Ali Abdullah Saleh and the Huthis, also known as Ansurallah (Supporters of God). The outbreak of violence was sparked by the killing in September 2004 of Hussain Badr al-Din al-Huthi, a Shi'a cleric from the Zaidi sect, leader of the Believing Youth (al-Shabab al-Mu'min) movement and founder of the Huthi movement. Countless civilians were killed and injured and Sa'da suffered large-scale destruction in the repeated conflicts. The initially localized fighting eventually spread to other governorates and in 2009 spilled into neighbouring Saudi Arabia, which launched deadly strikes against the Huthis. Hostilities ended with a ceasefire in early 2010 but long-standing tensions remained largely unaddressed and new grievances resulted from the six wars.

⁴ Bahrain, Egypt, Jordan, Kuwait, Morocco, Sudan and the United Arab Emirates (UAE) are participating in the Coalition, which has carried out air strikes as well as ground operations in Yemen. Somalia made its airspace, territorial waters and military bases available to the Coalition, Senegal provided troops, the United States provided refuelling, intelligence and logistical support, and the United Kingdom provided intelligence, logistical and military training support. The involvement of forces from other states in the conflict in Yemen does not make the conflict an international conflict, as it is taking place at the request of the Yemeni government. Qatar was expelled from the Coalition following the Saudi-Qatari diplomatic rift that ensued in mid-2017. In November 2019, Sudan announced it would be withdrawing its troops.

⁵ The UAE, for instance, has been actively training, funding and arming different militias and armed groups since mid- to late 2015, so supporting the proliferation of unaccountable militias such as the Security Belt, the Giants and the Elite Forces.

⁶ UN Development Programme (UNDP), *Assessing the Impact of the War on the Development of Yemen*, 23 April 2019, bit.ly/2NhyZ9W

20,000 civilians killed and injured by the fighting since March 2015.⁷ Approximately 14.3 million people in the country are at imminent risk of famine and 24 million people in need of humanitarian assistance.⁸

Since 2015, Amnesty International has documented gross human rights violations and serious violations of international humanitarian law, including war crimes, by all parties to the conflict.⁹ These violations include deliberate attacks against civilians and civilian objects; disproportionate and otherwise indiscriminate attacks, including the use of explosive weapons with wide-area effects in densely populated civilian areas and the use of internationally banned weapons such as cluster munitions; arbitrary detention, enforced disappearance, torture and other ill-treatment, and excessive and arbitrary restrictions on the entry and movement of goods and aid in and around the country.

3.2 PERSONS WITH DISABILITIES IN YEMEN



The Convention on the Rights of Persons with Disabilities recognizes disability as “an evolving concept” adding that it “results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.” Mishqafa Camp, Lahj, 11 June 2019. © Amnesty International

In June 2019, the UN Security Council unanimously adopted the first stand-alone resolution on the protection of persons with disabilities in armed conflict.¹⁰ This belated endorsement of the protection of persons with disabilities in crisis situations has been heralded as a landmark resolution, especially in light of the relative neglect of the issue in the work of international humanitarian and human rights organizations alike, including Amnesty International.

Despite the fact that Yemen has ratified the CRPD and its Optional Protocol, which allows the Committee on the Rights of Persons with Disabilities to accept and examine complaints filed by individuals and to launch inquiries where there is evidence of grave and systemic violations of human rights, the limited body of work that does exist on persons with disabilities in the Yemen conflict comes mainly from Humanity & Inclusion

⁷ Actual civilian casualties are likely to be significantly higher. See UN Office for the Coordination of Humanitarian Affairs (OCHA), *Yemen Humanitarian Update Covering 26 July - 28 August 2019 | Issue 11*, 28 August 2019, bit.ly/34b4U2J

⁸ UN News, “Humanitarian crisis in Yemen remains the worst in the world, warns UN”, 14 February 2019, bit.ly/2Nn8H6b

⁹ Amnesty International, *Yemen war: No end in sight*, 14 March 2019, bit.ly/2BS9x5l

¹⁰ UN Security Council resolution 2475 calls on states and parties to armed conflict to protect persons with disabilities in conflict situations and to ensure they have access to justice, basic services and unimpeded humanitarian assistance. For the first time in 10 years, in May 2019, the UN Secretary-General’s report on the protection of civilians in armed conflict included the situation of persons with disabilities. It called for a “more comprehensive thematic approach” to ensure more effective protection for civilians with disabilities (UN Doc. S/2019/373, para. 49).

also known as Handicap International, Human Rights Watch and, more recently, the Group of Eminent Experts on Yemen.¹¹

There is currently no reliable data available on the number of persons with disabilities in Yemen or their needs.¹² The lack of capacity to collect data, especially during conflict, and accompanying challenges are reflected in the discrepancy of the data that does exist. While the latest statistics from the Arab region placed the number of persons with disabilities at the relatively low figure of 6.8% in Yemen, calculations based on global estimates by the World Health Organization suggest that as many as 4.5 million Yemenis who are persons with disabilities, amounting to 15% of the population.¹³ The most commonly reported disabilities in Yemen are related to mobility, followed by visual, hearing, cognition and communication disabilities.¹⁴ In contrast to such assessments for other countries in crisis in the region, the UN's humanitarian needs overview for Yemen does not include qualitative data on persons with disabilities, but merely refers to them as a vulnerable group particularly at risk.¹⁵

The Yemeni government's national disability strategy affirms its commitment to the rights of persons with disabilities.¹⁶ Its Social Welfare Fund and Handicapped Welfare and Rehabilitation Fund still exist.¹⁷ However, the ongoing armed conflict has affected implementation. Prior to the war, there were more than 300 organizations that provided services for persons with disabilities.¹⁸ There are now only 26, all of which have limited capacity and programmes due to lack of funding and operational viability.

The lack of support has been exacerbated by Yemen's territorial divisions. The weakening or relocation of barely functioning state institutions, coupled with economic collapse and widespread lawlessness, has meant that persons with disabilities have often not been able to access the support of the relevant governmental entities.¹⁹ Organizations of persons with disabilities and government officials from the Ministry of Social Affairs and Labour confirmed that the Handicapped Welfare and Rehabilitation Fund interrupted its disbursement of stipends to persons with disabilities in government-controlled areas, whether in support of their livelihood, education or health, between 2015 and 2017; it resumed them in 2017, but on an irregular basis due to lack of funding and bureaucratic disruptions. The Fund is supposed to receive as much as 50% of its funds from customs duties paid by private businesses and public enterprises,²⁰ which have been hard hit by the conflict.

¹¹ The CRPD, adopted by the UN General Assembly in resolution 61/106, 13 December 2006, UN Doc. A/RES/106, entered into force on 3 May 2008. The CRPD and its Optional Protocol were ratified by Yemen on 26 March 2009; See Humanity & Inclusion – Handicap International, *Emergency in Yemen*, bit.ly/2NVQqx3; Human Rights Watch, *People with Disabilities at Added Risk in War, Displacement*, 3 December 2015, bit.ly/2qTSazj; See also UN Human Rights Council, *Situation of human rights in Yemen, including violations and abuses since September 2014: Report of the detailed findings of the Group of Eminent International and Regional Experts on Yemen*, 3 September 2019, UN Doc. A/HRC/42/CRP.1 (hereinafter Report of the Group of Eminent Experts on Yemen, 3 September 2019).

¹² Humanity & Inclusion – Handicap International, *Report on situation analysis: Inclusion in Yemen 2018* (hereinafter HI Inclusion Report), December 2018, p. 7 (On file with Amnesty International). Humanity & Inclusion – Handicap International carried out this research through interviews with 40 humanitarian organizations working in Yemen, 220 persons with disabilities and other vulnerable groups from nine different governorates as well as reviews of Yemeni laws and humanitarian reports and assessments.

¹³ UN Economic and Social Commission for West Asia (ESCWA), *Disability in the Arab Region 2018*, bit.ly/2B00HnR (hereinafter ESCWA Report), p. 14; The World Health Organization (WHO) estimates that 15% of the global population are persons with disabilities. The most up-to-date figure for Yemen puts the number of persons with disabilities at 3 million. See UN Office of the High Commissioner for Human Rights (OHCHR), *Yemen conflict death toll nears 650, with UN rights office spotlighting plight of 3 million disabled*, 5 May 2015, bit.ly/2Pscyl4

OCHA's current estimate of Yemen's population is approximately 30.5 million. See OCHA, *2019 Humanitarian Needs Overview: Yemen*, December 2018, bit.ly/36c2HG7

¹⁴ ESCWA Report, p. 21.

¹⁵ See, for example, OCHA, *2019 Humanitarian Needs Overview: Syrian Arab Republic*, March 2019, bit.ly/2qPoi6V; *2019 Humanitarian Needs Overview: Yemen*, 2019, December 2018, bit.ly/36c2HG7

Humanitarian needs overviews are carried out in partnership with all humanitarian actors to assess the humanitarian situation and to identify the needs of the affected population. See OCHA, *Needs Assessment: Overview*, bit.ly/34h19Zv

¹⁶ Ministry of Social Affairs and Labour, *National Disability Strategy (2014-2018)*, bit.ly/2CGl0mN

This strategy outlines the vision, objectives and principles of a 'rights-based' approach to disability for Yemen. Its main objectives include raising awareness about persons with disabilities and undertaking a comprehensive legislative and policy review to bring laws and policies in line with the human rights model of disability enshrined in the CRPD, in consultation with organizations of persons with disabilities.

¹⁷ The Social Welfare Fund was created by Law No. 31 (1996). It is a government-funded social safety net for at-risk people in Yemen, including persons with disabilities. Articles 28 and 29 of the law establishing the fund state that financial support for persons with disabilities from low-income families who are seeking vocational training should be prioritized and that they should be considered for employment opportunities upon completion of the training, in line with Yemeni Labour Law, which stipulates that 5% of jobs be reserved for persons with disabilities. The Handicapped Welfare and Rehabilitation Fund was created by Law No. 2 (2002).

¹⁸ A Yemeni government agency called the Social Development Fund used to have a dedicated budget for organizations of persons with disabilities prior to the war, but it appears to have stopped functioning. HI Inclusion Report, p. 14.

¹⁹ Aziz El Yaakoubi, "Yemen central bank nearly doubles interest rate to halt rial plunge", Reuters, 19 September 2018, reut.rs/2Jur0tS

²⁰ Law No. 2 (2002), Article 4.

OLDER PERSONS AND DISABILITY

While the Yemeni population is predominantly young, persons aged 65 and above make up 37% of the population with disabilities in Yemen.²¹ Ageing and disability are interlinked; according to a 2011 global estimate by the World Health Organization, 46.1% of people aged 60 and older live with one or more disability.²²

Older persons with disabilities with whom Amnesty International met faced compounded challenges in accessing their rights, whether in the context of internally displaced persons (IDP) camps or elsewhere. Some had experienced difficulties in fleeing violence. Some were forced to spend most of their day at home or in a tent, reliant on family members and in some cases constrained by limited mobility. Saadiya Salem, an 89-year-old woman with limited mobility living with her daughter in the environs of Aden told Amnesty International: “I can’t clean myself up. I just lie down... I can’t get up or stand; I have to crawl to go to the toilet. I have my daughter and her children – they get me what I need, when I want to eat, they get me what I want. [But] I am a burden on my children... and grandchildren.”²³

Abdullah Ali Qusseis, a 75-year-old man who described having limited mobility, recalled how petrified he was during his displacement with his family and how they were “afraid of the planes” that “would hover over [their] heads night and day.”²⁴ Clearly shaken from this episode, he expressed his anxiety about his limited mobility: “I need medicine, so I can move. If anything happens, I can’t run for my life – I need medicine for my knees.”

STIGMA AND DISABILITY

As in the majority of societies, negative attitudes and stereotyped perceptions of persons with disabilities in Yemen lead to intersectional discrimination in the enjoyment of their right to equality with other members of society. On several occasions during the interviews conducted for this report, it was apparent that persons with disabilities were perceived by their relatives as devoid of agency or incapable of comprehension. From the various interactions and interviews throughout the research, it was clear that deeply rooted stigma and social misconceptions continue to inform the lexicon that is used to describe persons with disabilities. In interviews, family members would, for instance, dismiss the ability of their loved ones with disabilities to comprehend and express themselves independently, repeatedly saying that they “cannot understand” or that they are mentally “retarded”. Toma Mohammed al-Shibly, a mother of eight, including a two-year-old and a nine-year-old with hearing impairment, said: “[People] mock me. They tell me, ‘Your daughters are deaf’... The children run after them and say, ‘Here are the deaf, here are the deaf [girls].’”²⁵

The mother of a three-year-old who has spinal muscular atrophy and epilepsy said that her own mother told her: “Leave this girl by the rubbish.” She continued: “My husband’s family doesn’t acknowledge her. When I ask them for help to buy her medication, they tell me ‘Your daughter is disabled. Don’t bother. Why bother treating her? Just leave her.’ Can a mother abandon her child? I told them if I had to sell my blood, my flesh, I would do that just to treat my daughter. I won’t abandon her.”²⁶

Amnesty International’s interviews showed that certain groups within the wider group of persons with disabilities were often at risk of particular stigmatization and discrimination due to existing inequalities across communities in Yemen. For example, in many cases, it appeared that, in general, families had lower expectations of women and girls with disabilities compared to men and boys with disabilities, including when it came to their chances of getting married or pursuing an education.

Similarly, persons with disabilities from the *Muhamasheen* community (the “marginalized ones”) – a social minority not considered part of Yemen’s tribal system which has long been subjected to descent-based discrimination – were among those facing multiple and compounded discrimination due to an intersection of factors of inequality. A number of the displaced persons with disabilities whose cases were documented in this report belong to the *Muhamasheen* community. Their testimonies and those of their family members highlight the extent of hardship they have faced as a result of the conflict, as well as their general disempowerment.²⁷

²¹ See International Labour Organization (ILO), *Demographic and Labour Market Trends in Yemen*, 2014, bit.ly/347ApdT (hereinafter ILO, *Demographic and Labour Market Trends in Yemen*), p. 15; ESCWA Report, p. 20.

²² WHO and World Bank, *World Report on Disability*, 2011, bit.ly/2G8sE06, p. 30.

²³ Interview, Aden, 14 June 2019.

²⁴ Interview, Sabr Camp, 12 June 2019.

²⁵ Interview, Sabr Camp, 12 June 2019.

²⁶ Interview, Sabr Camp, 12 June 2019.

²⁷ Amnesty International did not particularly analyse in this report the extent to which the humanitarian response was mindful of issues of accessibility and equality within the camps as they specifically pertain to *Muhamasheen* persons with disabilities.

4. DISPLACEMENT AND ITS IMPACT

“The journey was torturous... I was transferred from bus to bus – in total four buses... My neighbour carried me onto the bus.”

Migdad Ali Abdullah, an 18-year-old person with disabilities.

An estimated 3.65 million people have been displaced within Yemen as a result of the conflict since March 2015, the vast majority of them for more than one year.²⁸ Amnesty International has documented the experience of displaced civilians; many have had to sell personal belongings to afford the arduous journey and ended up living in perilous conditions in makeshift shelters.²⁹

Persons with disabilities have been disproportionately impacted. Amnesty International examined the situation of 31 persons with disabilities who had been displaced, as well as that of two others who were unable to flee the violence with their families.³⁰ Its researchers visited two camps for the displaced in Lahj, a camp and an informal settlement in Aden, a camp in Abyan and an empty shop in that governorate’s capital city where a displaced family was living.³¹

The primary authority responsible for internally displaced persons (IDPs) and IDP sites in areas under the control of the government of Yemen is called the Executive Unit for IDPs. Among its duties are designating and establishing these sites, securing them, issuing documentation for IDPs, informing humanitarian agencies and organizations about these sites and facilitating their access.³² The humanitarian response involves a variety of UN agencies and international and local non-governmental organizations, in co-ordination with donors. UNHCR leads on providing protection, shelter and non-food items, such as mattresses and kitchen sets, to IDPs.³³ In its capacity as lead on shelter and camp management, the

²⁸ UN High Commissioner for Refugees (UNHCR), *Operational Update*, 13 September 2019, bit.ly/2m49sXG

²⁹ See, for example, Amnesty International, *Yemen: Fierce new offensive displaces thousands of civilians from Hodeidah* (Press release, 17 May 2018), bit.ly/2wTpn02

³⁰ The vast majority of the displaced persons with disabilities whose cases were examined came from the governorates of Hodeidah and Ta’iz.

³¹ In Lahj: Mishqafa and Sabr camps. In Aden: Zahrat Khalil Camp and an informal settlement on the site of a bombed factory in al-Mualla neighbourhood. In Abyan: al-Kod Camp.

³² Yemen Shelter Cluster and Camp Coordination/Camp Management (CCCM) Cluster, *Guidelines for IDP hosting sites Yemen*, 2017, bit.ly/2C25V12, p. 11.

³³ UNHCR, *Fact Sheet: Yemen*, January 2019, bit.ly/2Wxt30P

According to UNHCR, around 1.2 million IDPs are living in different settlements countrywide. As of July 2019, 1,345 sites, home to 440,000 IDPs, “have been identified”. In Aden, Lahj and Abyan, the geographic scope of this report, there are 46 sites, home to around 1,200 families. UNHCR, *Operational Update*, 19 July 2019, bit.ly/2kJYruH

UNHCR is not involved in all these sites. According to data the agency shared with Amnesty International in September 2019, they are operational in a total of 13 sites in Aden and Lahj. Data on file with Amnesty International.

provision of basic services and overall standards in the camps come under UNHCR's mandate, even if other agencies take the lead on specific sectors such as water, sanitation, and hygiene (WASH) and health.

Amnesty International found that displaced persons with disabilities encountered compounded difficulties, starting with their displacement journey. In some cases, the civilians with disabilities and their families' situation was worsened by the failure of the parties to the conflict to give effective advance warning of attacks likely to affect the civilian population.³⁴ Even after reaching shelter, such as an IDP camp, and despite efforts by the humanitarian community in Yemen to be more inclusive of the rights of displaced persons with disabilities, they have struggled to obtain equal access to facilities and aid.

The needs among displaced persons are immense in a country that is described by the UN as the world's worst humanitarian crisis.³⁵ Since mid-2018, there has been a spike in displacement and a mushrooming of official and unofficial IDP sites, including on private lands in southern governorates under the control of the Yemeni government.³⁶ Added to this, humanitarians often report having to shut down crucial programmes due to donors failing to honour their pledges.³⁷ Amnesty International understands these challenges, but the Yemeni authorities, donors and those in charge of running and implementing the humanitarian response still have a responsibility to ensure that the rights of persons with disabilities, including equal access to services and information and protection in situations of risk, are respected, protected and fulfilled and that key principles, including non-discrimination and inclusion, are upheld.³⁸



Persons with disabilities spoke of difficulties obtaining equal access to services and facilities in camps for displaced persons. The few who did have wheelchairs said they were not suitable for the rugged terrain in the camps, were generally of low quality and did not facilitate their autonomy and independence. Mishqafa Camp, Lahj, 11 June 2019. © Amnesty International

³⁴ International Committee of the Red Cross (ICRC), *Customary International Humanitarian Law*, Vol. 1: Rules, Rule 20: "Each party to the conflict must give effective advance warning of attacks which may affect the civilian population, unless circumstances do not permit."

³⁵ Daniel Nikbakht and Sheena McKenzie, "The Yemen war is the world's worst humanitarian crisis", CNN, 3 April 2018, cnn.it/2WFQ8yB; Ruairi Casey, "Yemen is undeniably the world's worst humanitarian crisis", WFP, 28 September 2018, bit.ly/2Nx3xV9

³⁶ UNHCR, *Operational Update*, 19 July 2019, bit.ly/2kJYruH

³⁷ See, for example, OCHA, *Humanitarian Update*, Issue 11/26 July – 28 August 2019, bit.ly/2lWqnvA

³⁸ CRPD, Articles 3, 4, 5, 9, 11, 19, 20, 25, 28, 31. See also Sphere, *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response* (Fourth Edition), 6 November 2018, bit.ly/2PBu1JI (hereinafter Sphere Handbook); and The Charter on the Inclusion of Persons with Disabilities in Humanitarian Action, developed in advance of the World Humanitarian Summit in May 2016, and endorsed by many UN agencies, humanitarian organizations, states and key donors. In November 2019, after three years of extensive consultations, the UN Inter-Agency Standing Committee (IASC), a forum bringing together UN and non-UN humanitarian partners, launched the IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action, the first such guidelines drawn up with and by persons with disabilities and their organizations alongside humanitarian stakeholders. Hailed as a key contribution to the UN Disability Strategy launched by the UN Secretary-General in June 2019, the guidelines recommend specific actions that "will assist humanitarian actors, governments and affected communities to coordinate, plan, implement, monitor and evaluate humanitarian action, resulting in the full and effective participation and inclusion of persons with disabilities..." See bit.ly/2qEVPAX

4.1 DIFFICULTIES FLEEING VIOLENCE

Displaced persons with disabilities described to Amnesty International specific challenges and increased difficulties they faced as they undertook the journey away from their homes – which for some lasted up to two days – in pursuit of safety in IDP sites in the south. Almost all those whose cases were documented had to be entirely dependent on their family members during the trip, the vast majority of them travelling without any assistive devices such as wheelchairs and crutches.

“The journey was torturous. I had more than my share of suffering... I was transferred from bus to bus – in total four buses... My neighbour carried me onto the bus,” said Migdad Ali Abdullah, an 18-year-old with limited mobility and difficulties in communicating, describing the 18-hour trip he took in early 2018 alongside his mother and siblings from Beit al-Faqih in Hodeidah to Mishqafa Camp in Lahj.³⁹ His family lost the medical documents that would have shed light on his condition in recent flash floods that washed away belongings in the camp, but, in addition to the limited mobility in his legs and difficulty in speech, Migdad and his family explained that he experiences recurrent, debilitating bouts of fever and pain all over his body, which leave him in a near-constant state of extreme fatigue. Yet they had to leave, the mother Safiya Youssef said, “because of the rockets, the air strikes, the war.”⁴⁰

Fifteen-year-old Ulfat Mohammed al-Naseri, who described having limited mobility since the early days of the war after being hit by a stray bullet in her hometown in Ta’iz, said “the war continued on and on” so she had to leave with seven members of her family in mid-2017, ending up in Sabr Camp in Lahj:

We travelled in a car... We left in the morning and we arrived here after dusk prayers... We arrived tired and we didn't have anything... [The trip cost] 50,000 riyals... [To pay for the trip] we made brooms and sold them and borrowed half of the sum... We had to save for three months... My brother carried me [onto the car] ... When I travel long distances, I get tired. I got stomach aches and started vomiting. Since I got injured, I started getting tired easily.⁴¹

Several family members said they had to keep their loved ones with a disability in their laps during the trip. A mother of four persons with physical and intellectual disabilities (aged 14, 16, 30 and 32) said two of them (her daughters) sat in her lap, while the other two (her sons) were crammed next to her in an eight-seater vehicle during the displacement journey from Baydaa to Abyan 16 months prior.⁴² Another woman, Jalila al-Saleh Ali, said that is also how she travelled from Ta’iz to Aden in 2017 with her 16-year-old son with physical and intellectual disabilities, who has a heavier build than her. She said:

We were on a bus... I was holding him. He stayed sick for a month after it. The bus driver and my older son helped me carry him onto the bus... We left Ta'iz at 9am and we arrived at 5pm... We stopped for lunch in Warzan but I stayed in my seat holding him... He sat in my lap and I was sore for a month afterwards. I couldn't move. He got sick because of the journey, he got exhausted. He got a fever and was complaining of being sore... He would signal with his right arm and I would rub the sore bit with Vicks [ointment].⁴³

In some cases, persons with disabilities had to make this exhausting trip more than once as they and their families found themselves facing repeated displacement in search of both safety and better livelihood opportunities.

For example, a 24-year-old woman with difficulties in mobility and speech from Waz'iya in Ta'iz detailed how she and her family fled to Hodeidah in the early days of the war and stayed there for several months before having to return to the countryside in Ta'iz, then fleeing from there to Aden and settling in Lahj in January 2019. These multiple journeys exacerbated her health condition, causing her dizziness and pain in multiple parts of her body.⁴⁴

There were instances where the journey worsened the health condition or impairments of a person with disability or led to a person acquiring a disability, at times due to lack of effective advance warning of attacks. Fula Ali, a 92-year-old woman, told Amnesty International she was trying to leave amid fighting in her village in Ta'iz around a year and half ago. “I was on the asphalt [highway] fleeing the gunfire and fell

³⁹ Interview, Mishqafa Camp, 11 June 2019.

⁴⁰ Interview, Mishqafa Camp, 11 June 2019.

⁴¹ Interview, Sabr Camp, 12 June 2019.

⁴² Interview, Abyan, 16 June 2019.

⁴³ Interview, Mishqafa Camp, 11 June 2019.

⁴⁴ Interview, Sabr Camp, 12 June 2019.

down and broke myself in three places... People carried me, and we fled and came here,” to Sabr Camp in Lahj, she said. She self-identified as having a physical disability and said it was only a few weeks ago that she was able to “somewhat move again”, but that she remained reliant on her son to carry her around. “My son carries me everywhere, he takes me in and out of [the tent]. He takes me to the bathroom.”⁴⁵

4.2 LEFT BEHIND

Some persons with disabilities were left behind as their families fled either because they were separated from their families in the chaos, or because the trip was too difficult for the person with disability to undertake. Amnesty International documented two such cases.

Jalila al-Saleh Ali, mentioned above, said that her husband had struggled with a psychosocial disability (mental health condition) for years; not knowing how to stop him from hurting himself and others the family had resorted to chaining his hands and feet in a room at the back of their house in Ta'iz. “When the fighting happened, we left him next to the house tied up. We don't know if he's dead or alive,” she said, breaking down in tears. She described a village emptying out in utter chaos the day they escaped in August 2017, with people running barefoot and naked amid gunshots and shrapnel, and named seven of her neighbours who were killed that day. Detailing how she was preoccupied with her teenage son, who has limited mobility and an intellectual impairment, she said:

The Huthis knocked on our door. The tank was standing at our door. I came out and told him we have children in this house, we have no money and I have a child with a disability: ‘Please spare us.’ He said ‘Goodbye! You want to die with us, stay here. You want to survive, you leave now!’... I called my [older] son... to come help me carry his brother... It was like my mind had gone blank on account of the fright. My husband was in the back of the house [shackled] in his room – I forgot him. Once I left, I tried to go back... [The Huthis] wouldn't let me.⁴⁶

A woman in her late 30s who was displaced from Ta'iz to Abyan in 2017 said she was the primary caregiver of her grandmother, who she said was no longer able to walk: “We would carry her out of her bed, change her, bathe her and put her back in it. I am the one who used to do that.” After an air strike on their village, Had al-Wadi, killed nine people, including two children, “we couldn't stay any more,” she added. It took them around a month to collect a small amount to pay for the trip south – a journey too difficult for her grandmother to take. Instead, they left her in a relatively calmer town nearby, in Ta'iz, with relatives who are not likely to be able to take as good care of her as the granddaughter who had looked after her for so long. “I used to comb her hair, take good care of her, and she would pray for me. I would tell her, ‘All I want is your prayers’... When I miss her, I call her,” the granddaughter said.⁴⁷

4.3 INADEQUATE CONDITIONS IN THE CAMPS

As of mid-2018, when the battle for Hodeidah started intensifying – pro-government forces backed by the Coalition advanced along the west coast as fighting against Huthi forces raged – the number of persons displaced to southern governorates started swelling.⁴⁸ At first, many settled in rickety “structures” made from shrubs and sticks in open, arid spaces in Lahj and Abyan where people fleeing the violence before them had gathered since the early years of the war. Others squatted in empty buildings such as vacant vocational centres on the outskirts of Aden.⁴⁹

As of late 2018, there has been a sustained effort to develop and improve the infrastructure of some of the IDP sites in the three southern governorates this report focuses on. Humanitarian agencies and organizations, in co-ordination with donors, have been supporting the government's Executive Unit for IDPs in setting up official sites and gathering dispersed families who are not based in communities of their choice into them to streamline access to the humanitarian response.⁵⁰

⁴⁵ Interview, Sabr Camp, 12 June 2019.

⁴⁶ Interview, Mishqafa Camp, 11 June 2019.

⁴⁷ Interview, al-Kod Camp, Abyan, 16 June 2019.

⁴⁸ Tracking agencies reported that, in 2019, newer rounds of displacement to the south have involved persons from other parts of the country, including central areas such as al-Dhale'. Protection Cluster Yemen, “Protection Cluster Update”, June 2019, bit.ly/2kuWthY

⁴⁹ As documented by Amnesty International during field research in May 2018.

⁵⁰ UNHCR, *Operational Update*, 19 July 2019, bit.ly/2kJYruH

Amnesty International viewed the form used by humanitarian workers involved in protection monitoring to register displaced persons and identify their needs.⁵¹ Under a section on “vulnerabilities”, the form seeks to collect data on persons with disabilities and disaggregate it by gender, age (0-4, 5-11, 12-17, 18-24, 25-59, 60+), and two broad categories of disability (mental and physical). This, however, is not the model championed by disability rights advocates – a further disaggregation by type and severity of disability is recommended.⁵² Without such quality disability data, humanitarians will continue to struggle to ensure an inclusive and appropriate humanitarian response.⁵³

In its written response to Amnesty International questions, the UNHCR office in Aden said the agency “is doing its best to incorporate more disaggregation in every assessment, planning and implementation stages.”⁵⁴ It added that the forms the agency uses “undergo regular review and enrichment based on inputs from partners including from the community.”⁵⁵

Amnesty International noted how guidance issued by humanitarian actors involved in protection, such as in response to the cholera epidemic in Yemen, highlighted ways to ensure the identification and inclusion of persons with disabilities and the assessment of their specific needs.⁵⁶ However, conditions in the camps and the situation of persons with disabilities more generally indicate that the inclusive humanitarian commitments are yet to be implemented on a wide scale. Humanity & Inclusion, also known as Handicap International, initiated the creation of an “Inclusion Task-force”, which started operating in March 2019 and now includes UN agencies and international and local humanitarian organizations, to help humanitarians deliver a more inclusive response.⁵⁷ Responding to a question about the training of humanitarian workers to ensure more inclusive humanitarian action, UNHCR said that it regularly conducts training for its partners and works with partners with international expertise to conduct specialized training.⁵⁸

In interviews with Amnesty International, persons with disabilities, their family members and aid workers on the ground spoke of significant challenges facing displaced persons with disabilities, highlighting how the humanitarian response has fallen behind in fully upholding principles of inclusivity and non-discrimination. In the words of an aid worker: “For sure, we’re still coming up short. The situation in the camps remains very difficult for persons with disabilities.”⁵⁹

Furthermore, Amnesty International observed the general absence of the participation of persons with disabilities in camp or community governance and decision making. In only one out of five sites visited by the organization – a camp in Aden – was there a person with a disability who appeared to be a co-ordinator with the site’s management. UNHCR said that community engagement is “at the centre” of all its activities, adding that, alongside partners involved in the provision of shelter, it is “doing its best to ensure [that]

⁵¹ On file with Amnesty International.

⁵² Humanity & Inclusion – Handicap International recommends using the short set of Washington Group Questions, a non-discriminatory self-assessment method, which involves six questions designed to identify if individuals have any difficulty carrying out certain activities (walking, seeing, hearing, cognition, self-care and communication). The answer to each question is further broken down into four categories to determine severity. See, for example, Leonard Cheshire and Humanity & Inclusion, *Disability Data Collection: A summary review of the use of the Washington Group Questions by development and humanitarian actors*, October 2018, bit.ly/2BwFDsl. Similarly, it is recommended that, in order to uphold the rights of older people, a better practice would be to further break down age into smaller brackets, for example, 50-59, 60-69, 70-79, 80-89, 90+. See, for example, Amnesty International, *Fleeing my whole life: Older people’s experience of conflict and displacement in Myanmar* (Index: ASA 16/0446/2019), pp. 36, 37, 73.

⁵³ The importance of quality disaggregated data on persons with disabilities and older persons has been increasingly recognized in recent years and is now standard guidance in the Humanitarian inclusion standards for older persons and persons with disabilities, which was published by a consortium of humanitarian organizations in 2018. Age and Disability Capacity Programme (ADCAP), *Humanitarian inclusion standards for older people and people with disabilities*, 2018, bit.ly/2W6BwYC, pp. 20, 21. UNHCR, which piloted the use of the Washington Group Questions in Jordan, has committed to more methodologically aligned pilots. See, for example, International Disability Alliance, *All Commitments made by the United Nations High Commissioner for Refugees (UNHCR): Data Disaggregation*, 2018, bit.ly/2W6RMZq; UNHCR USA, *Global Disability Summit – Beyond immediate needs: ensuring disability inclusion in protracted crises*, 24 July 2018, bit.ly/2N2bFNI.

The UK’s Department for International Development (DFID), along with other key donors, has also backed this approach in its recently released strategy aimed at better inclusion for persons with disabilities. See DFID, *DFID’s Strategy for Disability Inclusive Development 2018-23*, December 2018, bit.ly/2ALc80c; see also, European Civil Protection and Humanitarian Aid Operations (ECHO), *DG ECHO Operational Guidance: The Inclusion of Persons with Disabilities in EU-funded Humanitarian Aid Operations*, January 2019, bit.ly/2WwdSF2, p.20.

⁵⁴ UNHCR written response, 20 November 2019.

⁵⁵ UNHCR written response, 20 November 2019.

⁵⁶ See, for example, Protection Cluster Yemen, *Protection guidance for cholera response*, April 2019, bit.ly/2msf3rf.

⁵⁷ An assessment by Humanity & Inclusion – Handicap International in late 2018, based in part on interviews with 40 humanitarian organizations working in Yemen, had found that “95% of the humanitarian organisations do not monitor the access of persons with disabilities to their interventions and are not considering the specific needs of persons with disabilities in humanitarian interventions.” HI Inclusion Report, pp. 5, 13.

⁵⁸ UNHCR written response, 20 November 2019.

⁵⁹ Phone interview, 18 September 2019.

diverse groups are represented in its operational areas and actively participate in shelter related focus group discussions...⁶⁰

Conditions varied in the different sites Amnesty International researchers visited in Aden, Lahj and Abyan; the situation was better in the official camps compared to informal settlements. In some sites, IDPs lived in tarpaulin tents with wooden panels; in some, they were housed in wooden structures; in others, they resided in dwellings with more durable materials such as corrugated metal sheets. All sites fell below providing an adequate standard of living for anyone, but there were particular challenges and significant access issues for persons with disabilities.

In the course of its interviews, Amnesty International observed that the vast majority of the basic structures displaced persons lived in had next to nothing inside them; almost all those interviewed said they fled with only the clothes on their back, leaving all their belongings behind. Persons with disabilities who did have mattresses had rather thin ones that looked neither durable, nor comfortable, let alone helpful in relieving bedsores for those with limited mobility. “My mattress is all shredded, look at it!” said Migdad Ali Abdullah in Mishqafa Camp in Lahj, as he flipped over the side of the mattress showing how it was disintegrating in the heat, rain and dust. “I want a decent one,” he added.⁶¹

Ulfat Mohammed al-Naseri, who lives in Sabr Camp and has to lie on her torso all the time because of her physical impairment, said a wealthy individual visited the camp and donated a bed and mattress to her. “I used to sleep on the ground,” she said, as she lay on the mattress atop a steel frame. It was not comfortable: “My chest hurts from the way I sit,” she explained.⁶²

Jalila al-Saleh Ali said she struggles to manage her son, who has limited mobility and an intellectual impairment and has run away from home in the past. She keeps him in an empty tent with sandbags cordoning off its entrance, but not entirely blocking it. She made a peephole for him on the side, so he can see what is going on outside. “We don’t have mattresses or anything. [Aid groups] gave my son one blanket and someone stole it,” she said.⁶³



Migdad Ali Abdullah, an 18-year-old with limited mobility and difficulties in communicating, poses for a photo while sitting next to his mother outside the tent where they live in Mishqafa Camp, Lahj, 11 June 2019. Migdad said he wanted a better mattress because his was falling apart and described being unable to use the camp’s sanitation facilities because he had to crawl to use the latrine and people urinated on the ground in its vicinity. © Amnesty International

Overall, there was a noted shortage of assistive devices – tricycles, wheelchairs, canes, crutches – for displaced persons with disabilities in all the sites visited by Amnesty International. The majority of those who did have wheelchairs said the devices were handed out by wealthy individuals, not as part of an organized

⁶⁰ UNHCR written response, 20 November 2019.

⁶¹ Interview, Mishqafa Camp, 11 June 2019.

⁶² Interview, Sabr Camp, 12 June 2019.

⁶³ Interview, Mishqafa Camp, 11 June 2019.

process, and without any accompanying guidance on usage for the recipients or their family members as per recommended global standards.⁶⁴ Some family members said they had to repeatedly follow up with local camp leaders to make a request for assistive devices on their behalf to well-off individuals who visit the camps and give handouts. More pressingly, interviewees said, the wheelchairs they had were not suitable for the rugged terrain in the camps, were generally of low quality and did not facilitate their autonomy and independence (all issues that Amnesty International observed first-hand); several of them repeated a specific request for better wheelchairs.⁶⁵ Wheelchairs must be fit for purpose for the individuals using them or can cause even more harm.

In al-Kod Camp in Abyan, a brother and sister in their early 20s with physical and intellectual disabilities are sharing one wheelchair. “They don’t go out with it, it doesn’t quite work” in the sand and rocks, their mother said. They use it to go from their room to a latrine located inside their shelter that is walled with dry reeds.⁶⁶

In some cases, camp life has exacerbated the health conditions of persons with disabilities. The mother of a three-year-old who has spinal muscular atrophy and epilepsy said her toddler took a turn for the worse upon arriving in Sabr Camp from Hodeidah three months prior. The mother said she has been reaching out to aid organizations hoping to obtain a rent subsidy to be able to secure a place outside the camp, given what happened to her daughter a few days after they arrived:

She got so sick, it was like she was dying. I ran to the hospital. I didn’t even have my headscarf on – the doctor gave me his thing [his jacket] to cover up... Her face and lips had turned black... The doctor said it was because of the poor ventilation in the tent. My daughter needs good ventilation and oxygen... The doctor said the tent is no good for her and that she needs to get out of here.⁶⁷



During a visit to Sabr Camp in Lahj, 12 June 2019, Amnesty International observed how latrines were inaccessible for persons with disabilities. These conditions, also observed in other camps visited by the organization, have an impact on persons with disabilities’ capacity to practise self-care and undermine their autonomy, privacy and inherent dignity. © Amnesty International

⁶⁴ See, for example, WHO, *Guidelines on the provision of manual wheelchairs in less resourced settings*, 2008, bit.ly/2N38C7E

⁶⁵ Interviews with persons with disabilities in displaced persons camps in Lahj and Abyan.

⁶⁶ Interview, al-Kod Camp, 16 June 2019.

⁶⁷ Interview, Sabr Camp, 12 June 2019.

In a number of instances, there was a stench of urine in the living quarters of persons with disabilities whose cases were documented. Many complained about the inaccessibility of latrines and washing facilities. In all the sites visited by Amnesty International, there were no dedicated latrines for persons with disabilities or private facilities for those who cannot move around, and researchers observed the absence of handles, ropes or chairs that would enable persons with disabilities to use latrines with ease or, in fact, at all.⁶⁸ Latrines were built on an elevation in a way that did not render them accessible for wheelchairs and were, for the most part, not placed in close quarters to the tents where persons with disabilities lived.⁶⁹ Such issues are at the heart of fulfilling persons with disabilities' rights to life with dignity and to sanitation.⁷⁰

In practically all the cases documented, persons with disabilities had to rely on their relatives to help them go to the latrines in the camps. The vast majority said they washed inside their tents, the conditions of housing and sanitation facilities having a clear impact on their ability to practise self-care and undermining their autonomy, privacy and inherent dignity. Abdullah Ali Qusseis, a 75-year-old man with limited mobility, said it is hard for him to go to the latrine. "My sons take me," he said. "They drag me. They can't carry me."⁷¹ Asked how he bathes, he said: "I wrap my waist and my sons pour water on me here" in the tent.

Lola Ahmed, the primary caregiver for her 16-year-old only daughter with physical and intellectual disabilities, said: "I only take her to the latrine for stools – she urinates in a container in the tent. I hold the container to help her."⁷²

Aid workers and local officials who spoke to Amnesty International in the field acknowledged the lack of accessible water points as well as washing facilities and latrines.⁷³ A community leader supervising one of the camps said part of the problem was that the landowner had imposed restrictions on how many latrines could be installed and where. There, the latrines resembled portable toilets and were inaccessible for persons with disabilities. Some families had dug their own holes in the ground and surrounded them with shrubs and sticks, turning them into makeshift private latrines. That displaced persons have ended up settling on private land – and sites were left to expand – is a particular concern, with IDPs across several sites now facing eviction from landowners.⁷⁴

Senior humanitarian workers relayed to Amnesty International other concerns over land issues when it comes to IDP sites. Amnesty International was told that the government, too, imposed restrictions on expansion of camps and improvement of infrastructure, for example in at least two sites in Lahj, because they are said to be located near main water sources for Lahj and Abyan, making the construction of latrines a pollution risk. While these issues pertain broadly to all displaced persons, they were cited among reasons why more specialized latrines and facilities for persons with disabilities were not constructed.

4.4 DIFFICULTIES IN ACCESSING AID

When it comes to distribution of aid for displaced persons with disabilities, the majority of those whose cases were documented depended on their family members to collect assistance on their behalf. There are different types of aid provided by various agencies and groups, some of it in the form of rations, including

⁶⁸ UNHCR's global standards call for ensuring that latrines are "accessible and appropriate for persons with disabilities (no barriers or tripping hazards, ramp access, large doorways, hand rails on stairs, space to turn a wheelchair, non-slippery floors, etc.)." See UNHCR, *Emergency Handbook: Persons with disabilities*, bit.ly/2BBVcck

Similar guidance is also detailed in the Humanitarian inclusion standards for older persons and persons with disabilities. ADCAP, *Humanitarian inclusion standards for older people and people with disabilities*, pp. 128, 129.

⁶⁹ On the location of latrines, a senior humanitarian worker told Amnesty International the specific issue of the placement of latrines on the outskirts of camps was in line with the community's preference, based on a belief it meant more privacy for women. The senior humanitarian worker acknowledged this does not meet their standards as it, for example, limits access for older persons and persons with disabilities. Phone interview, 24 September 2019.

⁷⁰ The right to dignity is at the heart of international human rights law. See, for example, Universal Declaration of Human Rights, Preamble and Articles 1, 22. It is also recognized among principles of humanitarian work. See Sphere Handbook, p. 29. The right to sanitation – which among other things requires hygienic, accessible facilities that ensure privacy and dignity – has been recognized as being derived from the right to an adequate standard of living; it is therefore implicitly contained in the International Covenant on Economic, Social and Cultural Rights (ICESCR). Committee on Economic, Social, and Cultural Rights (CESCR), *Statement on the Right to Sanitation*, 19 November 2010, UN Doc. E/C.12/2010/1, para. 7. The CESCR said the right to sanitation is also "integrally related", among other rights, to the right to health. Article 28 of the CRPD also recognizes the right of persons with disabilities to an adequate standard of living "without discrimination on the basis of disability."

⁷¹ Interview, Sabr Camp, 12 June 2019.

⁷² Interview, Mishqafa Camp, 11 June 2019.

⁷³ UNHCR indicated to Amnesty International that there are efforts under way aimed at improving services in sites it is involved in. "Implementation is still in a preliminary phase," the agency said. UNHCR written response, 20 November 2019.

⁷⁴ Amnesty International learned in September that one of the camps its researchers had visited in June in a central area in Aden, where it documented the conditions of two persons with disabilities, had to be cleared around two months later due to a land dispute. Residents were moved to another location on the outskirts of the city. Phone interview with international humanitarian official, 15 September 2019.

food items such as flour, oil, sugar and lentils, and some in the form of cash-based assistance such as newly rolled-out transfers made by the World Food Programme in lieu of or in addition to in-kind food distribution. Whether handed out off site or in distribution points in camps, the model is based on individuals having to go to these collection points, which poses a problem for people with limited or no mobility.

During a visit by Amnesty International to one of the camps in Lahj, delegates saw two persons with disabilities they had earlier interviewed, including one who uses a wheelchair, waiting in the scorching heat outside a crowd jostling to collect a hygiene kit being distributed by a humanitarian agency. In only one case, that of an older man with a physical disability, did the interviewee say that aid workers in the camp deliver assistance to his tent directly. An aid worker told Amnesty International that there is no formal door-to-door system to deliver aid to persons with disabilities in their tents and that volunteers and aid workers sometimes help out on an ad hoc basis, including, for example, by assisting family members of persons with disabilities in carrying the extra load back.⁷⁵

Several families interviewed said they had to incur additional transport costs to collect aid from off-site locations, one family member even commenting that, at times, she had to sell some of the aid to cover the transport cost to collect a new ration. Not only does this create an added financial and physical burden for family members of persons with disabilities, in some cases it also means they have to find someone to look after their relatives with a disability in their absence.

One senior humanitarian worker cited security concerns among the constraints on having certain types of assistance such as cash distribution on site.⁷⁶ One way to address that would be to set up and formalize networks of volunteers to accompany persons with disabilities to distribution points.

In its written response to Amnesty International, UNHCR said that, for persons with disabilities and “other most vulnerable people” including older persons who cannot make their way to providers for services such as cash assistance, “UNHCR has another modality called ‘emergency cash’ through its partners and this is delivered to the beneficiaries’ doors.”⁷⁷ While this is an important initiative, Amnesty International’s interviews with aid workers indicate that this kind of relief is tied to an emergency situation (for example a medical emergency or the need to move someone from a situation where they are at risk) and is, in essence, a one-off payment in most cases, rather than a recurring, long-term avenue of assistance. More broadly, UNHCR said it and other providers of humanitarian services operate under mandatory guidelines that require facilitating equal access for persons with disabilities, but the agency recognized that challenges to the various modalities included access for service providers and persons with disabilities “and ensuring correct information is reaching the persons with disabilities.”⁷⁸

Interviews conducted by Amnesty International with beneficiaries and aid workers indicated that, in general, aid delivery was erratic, bogged down by delays and limited in the nature of items that are distributed – issues that had a disproportionate impact on persons with disabilities given their specific needs.

“[Aid organizations] distribute rations once a month or so. At times, there are also individual donors who help. But help doesn’t reach everyone, and people fight over it,” said Toma Mohammed al-Shibly, a mother of eight, including two girls with hearing impairment.⁷⁹ At the time of the interview, Toma and her family had been living in Sabr Camp in Lahj for 14 months since fleeing Ta’iz.

A number of families who had arrived in the camps in recent months said they were struggling to obtain the same level of assistance as those who had been there for a longer period of time. For example, the mother of a toddler with disabilities said they had received in-kind assistance, but not cash-based assistance yet, while another said they had not received any aid at all despite being in the camp for three months. While in and of itself this is not disability-related discrimination, such delays do have a disproportionate impact on these families because of the disability-related additional expenses they have.

“Since we got here, we didn’t get a thing, not even in [the fasting month of] Ramadan,” said a mother of two, including a 10-month-old boy with a physical disability, and who arrived at Mishqafa Camp from Hodeidah in March 2019. She said they had not yet been given a tent (they are sharing a tent with another family) and that her husband picked up odd construction jobs but was not able to bring in sufficient income, leaving them dependent on handouts and borrowing money. The little boy was unable to consume solids and could only drink milk, the mother said, adding that she was unable to breastfeed. Sitting inside a tent with her little

⁷⁵ Phone interview, 18 September 2019.

⁷⁶ Phone interview, 15 September 2019.

⁷⁷ UNHCR written response, 20 November 2019.

⁷⁸ UNHCR written response, 20 November 2019.

⁷⁹ Interview, Sabr Camp, 12 June 2019.

one in her lap moaning, she was holding a small 125ml cow's milk carton with a straw she had bought for him; on the side, in English, the carton was marked not suitable for infant feeding.

Certain items that are needed to improve the living conditions and quality of life of persons with disabilities, such as adult diapers, do not seem to be factored into the response. Jalila al-Saleh Ali, for example, said her son was unable to communicate his need to defecate; she said she had repeatedly asked the camp management for diapers, "but they didn't help us." In her mid-50s herself, she said she struggled with constantly having to wash his clothes and removing the smell from them. "At times, I have to leave him naked for several days as I wash his clothes," she added.⁸⁰

The humanitarian community must do better in assessing the needs of displaced persons with disabilities in these camps and delivering an inclusive response that lives up to their own commitments. Donors have a responsibility, too, to monitor the implementation of standards they subscribe to in the programming they support. A humanitarian worker who formerly operated on the ground in Yemen told Amnesty International "donor accountability is very low in Yemen" because very few actually undertake trips to the country and do a spot check. The humanitarian worker said one donor agency which had a presence on the ground and did the most field visits – and covered all their sites – had one of the most inclusive programming, because there is "accountability in implementation".⁸¹

4.5 COMPOUNDED CHALLENGES FOR GIRLS AND WOMEN WITH DISABILITIES

Due to cultural norms, women and girls with disabilities face even more compounded challenges in displacement.⁸² Accepted societal practices in Yemen necessitate that women are assisted by members of their immediate family or other females and, in the context of displacement, that affects, for example, who carries them while fleeing violence and who helps them to access latrines and bathing facilities in the camps. Unlike boys and men with disabilities, some of whom said they were at times carried by neighbours during the displacement journey, girls and women with disabilities whose cases were documented by Amnesty International were exclusively moved around by family members and almost all of them bathed inside their tents, according to them or family members who wash them.⁸³

Opportunities of mingling and general inclusion in camp life appeared even more limited for girls and women with disabilities because of social exclusion and lack of structures to support them. At least two women with physical disabilities told Amnesty International they spend their days confined to their tents.

Lola Ahmed, the mother of a 16-year-old girl with physical and intellectual disabilities, described a day in the life of her daughter: "I help her get up – she can't get up on her own. Once I sit her down, she is in the same spot all day."⁸⁴ And she has to keep an eye on her all the time.

A significant body of research has shown that women and girls with disabilities – globally – are at greater risk of being subjected to gender-based violence, including sexual violence, with the threat particularly high in conflicts.⁸⁵ One female aid worker told Amnesty International she was aware of a female with disability being subjected to gender-based violence in the camp she operates in, but she and other humanitarian workers who spoke to the organization pointed out the difficulty of persuading families to open up about these incidents due to cultural sensitivities. Interviews with camp supervisors and aid workers indicated that, where they existed, the quality and capacity of mechanisms for monitoring and reporting gender-based violence and of the related health and psychosocial services for survivors varied between the different camps. According to interviewees, in some camps, residents only had recourse to making ad hoc complaints to local camp authorities, who provided a bare minimum level of policing; in others residents were informed of more

⁸⁰ Interview, Mishqafa Camp, 11 June 2019.

⁸¹ Phone interview, 31 October 2019.

⁸² As mentioned in the background chapter, Amnesty International's interviews showed that, in general, families had lower expectations of girls and women with disabilities compared to boys and men with disabilities. This section specifically focuses on the disproportionate impact of displacement on girls and women with disabilities.

⁸³ Amnesty International has also observed that the primary caregivers of persons with disabilities in the camps it visited as well as outside the camps were disproportionately women.

⁸⁴ Interview, Mishqafa Camp, 11 June 2019.

⁸⁵ See, for example, UN Population Fund (UNFPA), *Young Persons with Disabilities: Global Study on Ending Gender-based Violence, and Realising Sexual and Reproductive Health and Rights*, July 2018, bit.ly/2Qz12W1, p. 28. UN General Assembly, *Situation of women and girls with disabilities and the Status of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto: Report of the Secretary General*, 28 July 2017, UN Doc. A/72/227, paras 21-22, bit.ly/2MAzf4X; Women Enabled International, *Facts: The Right of Women and Girls with Disabilities to be Free from Gender-based Violence*, bit.ly/2m1FHqz

formal processes for reporting violations to the camp's management and protection staff for international NGOs operating there, but it was not clear to what extent these respected the principles of equality and accessibility for girls and women with disabilities.

Amnesty International documented one case of a displaced teenage girl with a disability who was sexually assaulted on the outskirts of the camp where she lives with her family. "On the way to [fetch water, people] harass her... they call her 'wild one'. She yells back and then they hurt her," the mother of the girl said.⁸⁶ "Then, there's a guy who held her... and groped her chest and here and there," the mother said, adding:

Someone saw it happen and came to us. He told me to keep my daughter at home. I asked why. He said, 'When your daughter goes to fill water, someone there hurts her, he holds her and grabs her...' Her brother and I hit her and told her to stay put [at home] ... We told her, 'When you go out and someone grabs you by force, don't let us know long after it happens and after [the harasser] has run away, leaving us unable to know who he is.'

The mother said that after the incident she had her daughter "checked" – a euphemism for having her undergo a "virginity examination" – at the hands of a group of older women, to allay the family's concerns about whether she was raped.⁸⁷

⁸⁶ Interview, 16 June 2019. Amnesty International is withholding the name of the camp and the nature of the girl's disability to further protect her identity.

⁸⁷ So-called "virginity testing", an invasive practice to determine whether a hymen is intact, has been widely discredited as it is unscientific, constitutes a form of gender-based violence in itself and violates the right to freedom from torture and other ill-treatment.

5. BARRIERS TO HEALTH CARE

Nearly 20 million people in Yemen – constituting 70% of the population – lack access to basic health services.⁸⁸ There are multiple challenges hindering the delivery of quality, effective and efficient health services. Yemen's public health care sector has been severely affected by the conflict and strained to breaking point. Across the country, only 51% of health care facilities are currently functional, while 36% are partially functional and 13% are completely non-functional.⁸⁹

The non-functioning of health care facilities can be attributed first and foremost to attacks on facilities by all parties to the conflict since March 2015. In 2018 alone, 53 attacks affected health workers, facilities and transports, damaging 15 health facilities and destroying two others.⁹⁰ Impediments to the provision and accessibility of health care are compounded by an amalgamation of other factors including the fact that parties to the conflict have been illegally using health facilities for military purposes; access impediments and bureaucratic restrictions; non-payment of salaries to health workers; inadequate staff and medical supplies and equipment; the reduced purchasing power of the average Yemeni; and multiplication of de facto authorities and lack of funding.⁹¹

While the public health care sector provides primary health care free of charge to all Yemenis, the cumulative impact of the war has led the sector to rely on humanitarian support to remain operational. However, this remains insufficient to meet the increasing needs across the country. In the context of camps, the influx of IDPs places pressure on the already overburdened and dysfunctional health system. Humanitarian organizations on the ground have tried to respond to health needs through mobile health clinics that provide basic and vital health care and referral for specialized services.⁹² While data is limited regarding how the war in Yemen has impacted access to health services by persons with disabilities, a survey of their situation across different countries and crises reveals that they face disproportionate risks and vulnerabilities before, during and after such crises.⁹³ In many crises, injuries resulting from hostilities has put pressure on already overstretched health services, leading to the availability of fewer resources for those with pre-existing disabilities.⁹⁴ In the context of conflict across the globe, 75% of persons with disabilities report not having adequate access to basic humanitarian services, including health and psychosocial care.⁹⁵

Around half the persons with disabilities interviewed by Amnesty International – in and outside of IDP camps – said they encountered a range of barriers when they attempted to access health services. These included the unaffordability of health care services and medication; the absence of accessible and affordable

⁸⁸ Health Cluster Yemen, *Achievements (July 2019)*, 24 August 2019, bit.ly/2MVMQnA

⁸⁹ Health Cluster Yemen, *Bulletin (1-31 May 2019)*, May 2019, bit.ly/31QI93K

⁹⁰ Safeguarding Health in Conflict Coalition, *Impunity Remains: Attacks on Health Care in 23 Countries in Conflict*, May 2019, bit.ly/32SckaM, p. 52.

⁹¹ Health Cluster Yemen, *Bulletin (1-31 May 2019)*, May 2019, bit.ly/31QI93K

⁹² According to the Humanitarian Response Plan 2019, only 38.4% of the required amount is currently funded. Financial Tracking Service, *Yemen 2019 (Humanitarian response plan)*, bit.ly/2JqGeer
Even before the current war, only 4.3% of the national budget was devoted to the health sector. See, for example, WHO, *Yemen: Health systems profile*, bit.ly/2Nqrmhr

⁹³ See, for example, Health Cluster Yemen, *Bulletin*, September – October 2018, bit.ly/2C2qw5b

⁹⁴ Handicap International, *Disability in humanitarian context: views from affected people and field organisations*, 2015, bit.ly/2q2KuKh (hereinafter Handicap International, *Disability in humanitarian context*), pp. 10-13.

⁹⁵ See, for example, OCHA, *2019 Humanitarian Needs Overview: Syrian Arab Republic*, March 2019. bit.ly/2qPoi6V, p. 71.

⁹⁶ Handicap International, *Disability in humanitarian context*, pp. 4, 12.

transportation to health care facilities and the distance to them; the lack of access to assistive equipment and technologies; and inadequate government support, including financial help, for health-related matters.

5.1 PROHIBITIVE COSTS AND DISTANCES

Persons with disabilities and their family members told Amnesty International that they struggled to access health care owing to both the distance to and from health care services as well as the costs they faced in seeking to access those services.

A fifth of those interviewed mentioned costs as a primary barrier associated with accessing essential health care, whether it was the inability to afford transport to health facilities based in urban centres or paying for the health services and treatment itself. While such costs have impacted all Yemenis, they have a disproportionate impact on persons with disabilities – especially those amongst displaced families – as families have to bear extra costs such as those for special medication, visits to specialists and adult diapers.⁹⁶

In the context of camps, some of those interviewed said that, while mobile health clinics conducted semi-regular visits on site,⁹⁷ there was inadequate follow-up by medical staff. This meant that, to see a health worker and receive appropriate treatment, displaced persons with disabilities generally had to travel to the nearest town or city to access health specialists. In many cases, this was 10-30km away and it would have taken hours to arrive there; in one case, a person with a physical disability resulting from a landmine explosion had to travel over 260km to access quality health care.

Five mothers of children with a variety of disabilities living in IDP camps in Lahj said that, even though their children were referred by a mobile health clinic for specialized treatment in hospitals in nearby towns, they were unable to take advantage of the referral as they could not afford the transport, or the treatment itself in some instances.⁹⁸ A woman displaced with her two children and husband from Hodeidah to Lahj, told Amnesty International that, while she was able to take her 10 month-old son with a physical disability to a health clinic in Sabr, 1km east of Mishqafa Camp, where they lived, she was not able to afford transport to take him for a magnetic resonance imaging (MRI) scan at Ibn Khaldoun Hospital in Lahj, 7km to the north.⁹⁹

Another displaced woman from al-Haly in Hodeidah, the mother of a three-year-old girl who has epilepsy and spinal muscular atrophy, shed light on the challenges she faced. She said:

I sold the furniture in my house and took her to Sana'a to get her treatment there. They gave her [a medical test] and told me she has excessive electrical energy in her brain [epilepsy]. Four months later, I could see she was not moving or laughing or playing. I took her up again [to Sana'a]. They said she has atrophy... Now she's three and, look, she can't hold up her neck, she can't walk or sit or crawl or anything...

The other day I even asked my friend about selling my kidney. I would sell my kidney and buy her a year's worth of [epilepsy and atrophy] medication, the shoes she needs and everything else. I want my daughter to walk. I want her to get physical therapy, so she can walk. I don't want her one day to come to me asking, 'Mum, why can't I walk like other children?' I would rather kill myself before I live to see that day.¹⁰⁰

A displaced 11-year-old boy from Ta'iz with limited mobility was referred to a hospital in Sheikh Othman (24km south of their camp) for blood transfusions within a month of being visited by staff from a mobile medical clinic. However, his mother, Sa'da Mohammed, told Amnesty International that the trip was expensive, distressing and arduous for him and her. "Transport to the hospital cost 1,500 Yemeni riyals

⁹⁶ According to the Special Rapporteur on the rights of persons with disabilities, "Persons with disabilities are also 50% more likely to experience catastrophic health expenditure (out-of-pocket spending exceeding a household's ability to pay), which pushes them into poverty." UN General Assembly, *Report of the Special Rapporteur on the rights of persons with disabilities*, 16 July 2018, UN Doc. A/73/161, para. 35 (hereinafter Report of the Special Rapporteur on the rights of persons with disabilities, 16 July 2018). Amnesty International interviews at Sabr and Mishqafa camps, 11-12 June 2019.

⁹⁷ This was also confirmed by humanitarians interviewed by Amnesty International, who said that, while there are no on-site medical facilities in camps visited by researchers in Lahj, mobile clinics came twice weekly.

⁹⁸ Interviews at Sabr and Mishqafa camps, 11-12 June 2019.

⁹⁹ Interview, Mishqafa Camp, 11 June 2019.

¹⁰⁰ Interview, Sabr Camp, 12 June 2019.

[US\$6] each way. We didn't even have breakfast. We didn't even know the direction or which bus to take. We asked for directions everywhere," she said.¹⁰¹

During the interview, he lay on the ground, unable to move due to continuous pains in his chest and legs. He described how his limited mobility had made him completely reliant on his mother when it came to going to the bathroom or washing, adding: "I dream about being able to walk like everyone else... I want to play football, but I can't because my legs hurt me."¹⁰² Sa'da elaborated on how his condition impacts his mobility and how lost she felt when she took him to the hospital: "He cannot bear moving due to the pain... Even when I wash him, he can't really sit properly because his bones do not allow him to do so unless he leans against something."¹⁰³

Difficulties in accessing health services due to distance or financial limitations were also mentioned by persons with disabilities and their family members interviewed outside the context of camps. Abdullah Mohammed Saad, a 17-year-old boy was injured when the donkey he was riding stepped on a landmine in Hodeidah in early 2019; doctors had to amputate his left foot and he endured an exhausting and costly trip from Hodeidah to Aden (260km apart) to access quality medical care for his injuries. He told Amnesty International that the trip took at least seven hours and transport costs were more expensive for him and his father compared to other passengers as he had to take up extra room on the bus because he needed to keep his right leg, which was broken in two places and has external fixtures, straightened and raised. While the regular one-way fare cost 2,000 Yemeni riyals (US\$8) from Hodeidah to Aden, his fare cost 4,000 Yemeni riyals (US\$16). Unable to hide his disappointment, he told Amnesty International, "I dream of becoming a doctor, but I have been deprived... how can I continue my studies when I can't move?"¹⁰⁴



Abdullah Mohammed Saad, 17, speaks with Amnesty International on 17 June 2019 at a hospital where was receiving treatment in Aden. Abdullah was injured when the donkey he was riding stepped on a landmine in Hodeidah in early 2019. Doctors had to amputate his left foot. His right leg, which was broken in two places, needed ongoing treatment; he endures an exhausting and costly trip from Hodeidah to Aden to access quality medical care for his injuries. © Amnesty International

¹⁰¹ Interview, Sabr Camp, 12 June 2019.

¹⁰² Interview, Sabr Camp, 12 June 2019.

¹⁰³ Interview, Sabr Camp, 12 June 2019.

¹⁰⁴ Interview, Aden, 17 June 2019.

Many persons with disabilities used to receive regular financial assistance from the Handicapped Welfare and Rehabilitation Fund for services such as health and education. However, when the current war started in March 2015, that financial support was interrupted until 2017, when it resumed on an irregular basis for some parts of the population, and the impact is still being felt. Amnesty International met a 14-year-old boy with cerebral palsy who used to benefit from the assistance, which paid for his transport to and from physiotherapy sessions three times a week in Mansoureh inside the city of Aden, 6km away from their home in western Aden. His mother told Amnesty International that she had noticed marked physical improvement after these sessions, adding that it lifted his mood. However, assistance was discontinued in 2015 and since then she has been unable to afford the transport herself. This had worsened his condition, leading to more spasms in his legs. His mother said: "When I massage him at home, it's not the same. They are specialized experts. That's their job... Also, he cries, so it's different when an expert is doing it... I feel like I am remiss. I want to do something for him, but my hands are tied."¹⁰⁵

5.2 POOR ACCESS TO SPECIALIST SERVICES

Persons with different types of disabilities interviewed by Amnesty International, including children, required more access to specialized health care and differentiated services, including psychiatrists, orthopaedic doctors, neurologists, ophthalmologists, dermatologists, physiotherapists and occupational therapists. These services are essential for people to live full lives, and to manage and treat the often-serious health conditions with which persons with disabilities live, not add-ons for convenience. Reasons for poor access to specialist services differed, depending on whether the persons with disabilities resided inside or outside camps.

In the context of camps, five persons interviewed told researchers that a mobile health clinic came to examine them or their child and identified their additional health needs. However, the mobile health clinic staff failed to make an evidently required referral. A mother of a 14-month-old boy who has muscular atrophy told Amnesty International that she had visited a mobile health clinic on site. However, the person who examined her son informed her that she could only assist with nutrition-related issues: "She told me, 'I can't diagnose him because your son requires a specialist'... I was told he needs to be seen by a doctor who understands this condition... There is a possibility something is not right with his spinal cord... Look at his legs. It's as if he has no bones in them. I am tired. I keep trying to have him treated, but without success... Look at his body practically falling through my hands."¹⁰⁶

According to the World Health Organization, the current conflict has led to a shortage of medical professionals as tens of thousands of health care workers have fled for their safety, with many of those left behind lacking expertise and requiring training.¹⁰⁷ The lack of medical specialists was mentioned by four different interviewees outside the context of camps, leading two of them to consider going abroad for treatment. However, realistically this is not an option for the vast majority of people.

In its written response to questions from Amnesty International regarding shortcomings in the health referral system in the context of camps, the UNHCR office in Aden said that one of the challenges that hinders effective and timely referrals is the lack of mapping of available health services, which is not ready yet.¹⁰⁸

Outside the context of camps, Amnesty International visited a village in Lahj that had a high number of people who are blind or have poor vision, with one in every 25 residents having some degree of visual impairment. While residents did not know the reason for the prevalence of blindness in the area, the village chieftain Mansour Saad al-Amoudi said that there is a high percentage of residents who have glaucoma. Prior to the war, he resorted to paying for private health care for two of his sons, who required operations in Sana'a, which cost millions of Yemeni riyals.¹⁰⁹ He told Amnesty International that the current war had doubled the price of medication for glaucoma and transport to Aden and Sana'a for further treatment. Moreover, he told Amnesty International that the availability of good quality services and specialists has been poorer after the current war started. The lack of continuity of treatment had impacted his son's vision:

[Prior to the war] I went to Sana'a with my eldest son, where he underwent surgery [for glaucoma] at the hands of an Iranian doctor. It was in the Iranian Hospital in Sana'a. Then when troubles started, this hospital stopped. When I tried to go back, the hospital was no longer working. I went to the Moroccan

¹⁰⁵ Interview, Aden, 14 June 2019.

¹⁰⁶ Interview, Sabr Camp, 12 June 2019.

¹⁰⁷ WHO, *Government of Japan support to WHO response in Yemen*, 25 April 2019, bit.ly/2qOzJlq

¹⁰⁸ UNHCR written response, 20 November 2019.

¹⁰⁹ He said the three surgical operations for the elder boy cost around 2 million Yemeni riyals (approximately US\$8,000), in addition to transport and other expenses.

hospital. It was not as good as the Iranian [hospital]. This affected his [access to further] surgery on his other eye, which was supposed to happen within five years... Now, I am looking at surgery in India, Germany or Britain, but it's expensive...

The services were much better [before the war] ... Services were available. Now everything is scarce, including electricity. The medication for my sons' glaucoma used to be affordable. Now that the dollar has gone up, the prices have skyrocketed.¹¹⁰

5.3 INADEQUATE ACCESS TO QUALITY ASSISTIVE EQUIPMENT AND TECHNOLOGIES

Based on researchers' observations and interviews with persons with disabilities and organizations of such individuals, there was a noted shortage of assistive equipment and technologies inside and outside camps. Similarly to persons with disabilities interviewed inside camps, many of those interviewed outside the camp context said they struggled to access quality and appropriate assistive devices, in some cases due to financial constraints or not knowing where to go for such devices. In other cases, they requested mobility aids like wheelchairs either from hospitals or physiotherapy and prosthetic centres where they had been treated but have yet to receive anything. Those interviewed requested assistive equipment such as wheelchairs, hearing aids and prosthetic limbs. Assistive devices and prostheses are essential to enabling persons with disabilities to live active, independent lives. For many, these devices are considered part of their bodies and part of who they are.¹¹¹

Government representatives from the Ministry for Social Affairs and Labour told Amnesty International that, prior to the current war, the Handicapped Welfare and Rehabilitation Fund – in conjunction with the Ministry for Health – would either pay for or provide assistive devices. However, due to the lack of funding and resources, the Fund is now not able to cater for the needs of the population, which appear to be on the rise.

In some cases, as a result of the shortages, people now rely on non-profit service providers, who also struggle to fill the gap. A 21-year-old woman living in one of Aden's neighbourhoods who has limited mobility due to multiple injuries sustained at the start of the current conflict said that she wishes she had a wheelchair. She told Amnesty International that an organization came and registered her for a wheelchair, but she has yet to receive anything. Reflecting on her lack of independence, she said: "I don't go anywhere. I am at home all the time – at home, at home, at home..."¹¹²

In the case of three people who have physical impairments as a result of war-related lower limb amputations, persons with disabilities described how they struggled with artificial limbs that are difficult to use or ill-fitting. The mother of one 11-year-old boy who lost both his legs during bouts of fighting inside the city of Aden in 2015 told Amnesty International that, even though he was fitted with artificial limbs, he could not use them as they were too heavy.¹¹³

Similarly, the mother of an 11-year-old girl from Basateen in Aden, who was also injured during clashes in Aden in 2015 when a mortar landed on their home, said that even though her daughter had been quick to take to the artificial limb and learned how to walk on it within a month, "the silicone [socket] hurts the poor girl."¹¹⁴ Part of the problem is lack of capacity within Yemen in modifying prostheses.

A prosthetic technician working in the Aden Prosthetics Centre told Amnesty International that it had received for maintenance an advanced prosthetic limb that was manufactured overseas, but had to send it overseas for the servicing, albeit free of charge, due to a lack of in-house specialized expertise.¹¹⁵ A doctor from the same centre – the only one in southern Yemen – said that the centre is currently not equipped to produce lightweight prostheses or activity-specific ones for children under the age of 10; it can only produce prostheses for cosmetic purposes.¹¹⁶

¹¹⁰ Interview, Beir al-Kadama village, Lahj, 15 June 2019.

¹¹¹ UN General Assembly, *Report of the Special Rapporteur on the rights of persons with disabilities*, 9 August 2016, UN Doc. A/71/314.

¹¹² Interview, Aden, 13 June 2019.

¹¹³ Interview, Aden, 18 June 2019.

¹¹⁴ Interview, Aden, 18 June 2019.

¹¹⁵ Interview, Aden, 18 June 2019.

¹¹⁶ Interview, Aden, 18 June 2019.



A prosthetic limb belonging to an 11-year-old girl injured when a mortar landed on her home in 2015 awaits repair at the Aden Prosthetics Centre, 18 June 2019. A doctor working at the facility said the centre is currently not equipped to produce lightweight prostheses or activity-specific ones for children under the age of 10. © Amnesty International

The Ministry for Social Affairs and Labour, in conjunction with the Ministry of Health, is responsible for providing assistive devices and technologies,¹¹⁷ a state obligation and responsibility that cannot be handed over to non-governmental organizations.¹¹⁸ States have an obligation to take immediate steps, making full use of their available resources, including those made available through international co-operation and assistance, to ensure that persons with disabilities have access to health care, including health-related habilitation and rehabilitation services and programmes, including the provision of assistive devices and technologies.¹¹⁹ According to the Special Rapporteur on the rights of persons with disabilities, access to essential health services, habilitation, rehabilitation and assistive devices needed by persons with disabilities owing to their impairment should be considered as core obligations that are not subject to progressive realization.¹²⁰

Donors should better fund efforts aimed at improving the provision of health services for persons with disabilities, and the humanitarian response in general.¹²¹ Despite contributions by donors – for example Amnesty International observed how the walls of the prosthetics centre in Aden, for example, was covered with posters of foreign funding agencies – as detailed above, the response still lagged behind in providing sufficient quality assistive devices and technologies.

5.4 INADEQUATE PSYCHOSOCIAL SUPPORT

There is no official data on the prevalence of psychosocial disabilities in Yemen. However, research in conflict-affected countries across the globe has demonstrated that armed conflicts have a long-term negative impact on mental health, with people more likely to develop new mental disorders and experience

¹¹⁷ Interview, Ministry for Social Affairs and Labour, Aden, 18 June 2019.

¹¹⁸ Report of the Special Rapporteur on the rights of persons with disabilities, 16 July 2018.

¹¹⁹ CRPD, Article 26.

¹²⁰ Report of the Special Rapporteur on the rights of persons with disabilities, 16 July 2018.

¹²¹ These efforts, for example, include a push by UNHCR to increase the number of mobile protection teams, community networks and accessible community centres.

psychological distress, and those with pre-existing psychosocial disabilities often needing more support than before.¹²² In 2019, the World Health Organization estimated that nearly one quarter of these populations in situations of armed conflict and other emergencies experienced depression, anxiety, post-traumatic stress disorder (PTSD) and schizophrenia.¹²³ Conditions in Yemen are extreme, and the prevalence of conflict-related psychosocial issues may be higher as a result. Therefore, the prioritization of psychosocial support for the whole population becomes ever more imperative.

It is difficult to assess how many Yemenis are affected. However, consecutive conflicts and exposure to regular violence over the past few decades have had a huge impact on the state of the psychosocial wellbeing of the average Yemeni, who faces extreme and chronic stressors, including displacement; food insecurity; unemployment; a variety of injuries, illnesses and diseases; arbitrary detention; torture; and indiscriminate attacks.¹²⁴ Existing research indicates that on average a Yemeni person who is 25 years of age today has already endured 14 different internal conflicts, some of which have involved thousands of air strikes.¹²⁵ Research shows that children are disproportionately affected, with 31% exhibiting symptoms of psychological distress.¹²⁶

Yet, despite the overwhelming needs, Yemen has one of the least developed and accessible psychosocial support services in the region, with any available services concentrated in urban areas. According to the World Health Organization, as of 2017, only 40 psychiatrists were working in the country – about one psychiatrist for about every 650,000 people.¹²⁷ There are only four public psychiatric hospitals providing mental health care, all concentrated in Sana'a, Hodeidah and Aden. Health workers and humanitarians interviewed spoke of privately run clinics mushrooming across cities like Aden to fill the gap, but these remain inaccessible to the general public.

During its research, Amnesty International interviewed five people with psychosocial disabilities or who have experienced trauma due to the war, as well as the relative of one person with a psychosocial disability who was left behind during displacement. Interviewees and their relatives said that they had not been able to seek out psychosocial support or mental health services due to financial constraints, lack of knowledge about where to go or the absence of a referral.

In one case, the war and associated repeated trauma appear to have worsened the condition of a displaced woman from Hodeidah with a psychosocial disability that predates the current conflict, Ghalya Ali Sagheer. Her husband said, "When the war happened, and she started hearing the bombs and the sounds, she used to get hysterical and scream in the house. When she heard 'boom', even if it was far away, she would be startled."¹²⁸ Her condition deteriorated when her son was subsequently injured in an explosion in 2017. She has partially lost mobility in her legs since they were displaced to Aden in June 2018, she has episodic hearing and visual impairments, and she experiences debilitating panic attacks. When the family was initially displaced to Aden, she was seen by a doctor who prescribed her medication and food supplements, which improved her mobility, but she described persisting and periodic distress:

There's fear and terror inside me. I went to an imam, I went to a psychologist, but without success. I remain like this – scared, scared, scared...

At times I feel better and I can hear, and at times I can't hear at all. I feel like a stranger in my own body... At times I imagine I am hearing sounds... at times I wake up startled over any sound. They would say, 'It's just the neighbour's child'... At times even the faintest of sounds I hear as if they were thunder: 'boom boom boom'... At times I hear sounds like echo.¹²⁹

¹²² WHO, *Mental Health Action Plan 2013-2020*, p. 38; WHO, *Building Back Better: Sustainable Health Care after Emergencies*, 2013, bit.ly/2MRNClq, p. 4.

¹²³ Fiona Charlson, Mark van Ommeren, Abraham Flaxman, Joseph Cornett, Harvey Whiteford, Shekhar Saxena, "New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis", *The Lancet*, 11 June 2019, bit.ly/2JqCb1S

¹²⁴ Sana'a Center for Strategic Studies, *The impact of war on mental health in Yemen: A neglected crisis*, 2017, bit.ly/33ItEPX, (hereinafter: Sana'a Center, *The impact of war on mental health in Yemen*), p. 10. In general, the most common mental health conditions associated with war are PTSD and depression, with reports from WHO suggesting that 15-17% of the population will suffer such health conditions post-conflict. See WHO, *Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level: Report by the Secretariat*, 1 December 2011, UN Doc. E.B. 130/9, para. 3, bit.ly/371u5qH.

¹²⁵ Sana'a Center, *The impact of war on mental health in Yemen*, p. 10.

¹²⁶ Sana'a Center, *The impact of war on mental health in Yemen*, p. 11.

¹²⁷ WHO Regional Office for the Eastern Mediterranean, *Situation report number 27: Yemen conflict*, 16-31 March 2016, bit.ly/3700hKY

¹²⁸ Interview, Zahrat Khalil Camp, 19 June 2019.

¹²⁹ Interview, Zahrat Khalil Camp, 19 June 2019.



During a visit to the Aden Central Psychiatric Hospital, 19 June 2019, Amnesty International found large parts of the facility in disrepair and witnessed unhygienic conditions, including the pungent smell of urine in wards. The Office of the High Commissioner for Human Rights has deplored the practice of forced institutionalization of persons with disabilities and has called for its prohibition. © Amnesty International

A 21-year-old woman living in one of Aden's neighbourhoods who has limited mobility has been traumatized repeatedly by the war; she was hit by stray bullets on two different occasions three years apart. Within the first year of the current conflict, she lost three family members: she lost her father when he was shot by a Huthi sniper positioned on the roof of Jamhourri Hospital in Aden; her husband died from dengue fever after they had been married only for a few months; and her brother was killed when a mortar landed on their family home. She also witnessed her friend being raped. She subsequently became addicted to painkillers and was admitted to a psychiatric hospital in Sana'a. She said: "I can't remember anything because I was injecting myself, anywhere I could – in my thigh, leg – like heroin. I used to get them to alleviate the pain... I can't bear much anymore. Whenever something happens, I get short of breath. I get very angry."¹³⁰

Amnesty International delegates also visited the under-resourced and dilapidated Aden Central Psychiatric Hospital, which has 280 beds. The lack of funding and other resources meant that the facility served less as a rehabilitation or recovery centre and more as a residence for people with a variety of psychosocial disabilities; some appeared to have been placed there against their will by their relatives. In line with the CRPD, the Office of the High Commissioner for Human Rights (OHCHR) has deplored the practice of forced institutionalization of persons with disabilities and has called for its prohibition.¹³¹

During the visit, Amnesty International researchers found the wards to be unhygienic, with a pungent smell of urine and smeared faeces on the walls. The hospital administration told Amnesty International that they do not have the budget to fix the broken washbasins, cleaning supplies, clothes or air-conditioning.¹³² The hospital was only receiving 15 hours of intermittent electricity in any given 24 hours and lacked a functioning generator.¹³³ In April 2015, shortly after the current conflict started, food supplies to the hospital discontinued for 10 consecutive days as supplies came from northern parts of Yemen, leaving residents with no food.

A 50-year-old man with schizophrenia who was admitted into the Aden Central Psychiatric Hospital at the end of 2018 told Amnesty International that the quality of food is "terrible" and that, during his time as a

¹³⁰ Interview, Aden, 13 June 2019.

¹³¹ OHCHR, *Report of the United Nations High Commissioner for Human Rights, Mental Health and Human Rights*, 24 July 2018, UN Doc. A/HRC/39/36, para 5.

¹³² Interview, Aden, 19 June 2019.

¹³³ Interview, Aden, 19 June 2019.

resident in the hospital, he developed a skin condition. He said: “The food here is not for humans. The power is always off. I am only given my medication after 10pm and at times after midnight. I am supposed to be given my medication a half hour after dinner, but I get it much later... We don't eat, drink, sleep or get medication like humans.”¹³⁴ He told Amnesty International that he would like to be discharged but was told by the hospital that his father must permit it first.

The Aden Central Psychiatric Hospital had other issues affecting its ability to provide quality psychosocial support. The hospital is clearly understaffed and lacking in sufficient qualified staff, with the burden falling on overstretched retired psychologists. The hospital administration told Amnesty International that there were only two psychiatrists, one of whom worked on a voluntary basis, two retired paediatric psychologists and two general practitioners. One retired psychologist told Amnesty International: “Our training capacity is limited, and any training is based on personal efforts by us. We need a training programme for everyone. We are currently training five people.”¹³⁵ According to hospital staff, while admissions related to PTSD only made up 1-2% of cases prior to the current war, most cases they have handled since March 2015 have involved PTSD, especially in the case of men who had been fighting on the front lines.

¹³⁴ Interview, Aden, 19 June 2019.

¹³⁵ Interview, Aden, 19 June 2019.

6. BARRIERS TO EDUCATION

“I used to be able to read and write, but now that I am not going to school, I no longer know how to.”

Khawla Mohammed Yehia, an 18-year-old who has Down’s syndrome.

Not only have children in Yemen had to suffer, physically and emotionally, the horrors of war, their future has been threatened by severe disruptions to their education caused by the conflict. As documented by Amnesty International and others, schools have been targeted and damaged by all parties to the conflict; some have turned into shelters for IDPs and they have also been illegally used for military purposes.¹³⁶ Teachers have not received their salaries for extended periods of time and educators have been struggling to make do with extremely limited resources.¹³⁷ According to a 2018 estimate by the UN Children’s Fund, UNICEF, some 400,000 children have dropped out of school since the war began in 2015, bringing to 2 million the tally of out-of-school children, with another 3.7 million at risk of dropping out.¹³⁸

Children and young persons with disabilities are particularly at risk. Citing data from the UN Educational, Scientific and Cultural Organization (UNESCO), the Group of Eminent Experts on Yemen noted in their 2019 report that, in 2014, before the war, the proportion of children with disabilities of primary school age who were out of school was 45%.¹³⁹ Though there are no reliable current statistics, the Group of Eminent Experts has assessed with “great concern” that the current conflict has expanded the exclusion of children with disabilities, alongside other “marginalised groups”, from schools.¹⁴⁰

Of the 20 school-age children with disabilities whose cases were documented by Amnesty International, only eight were currently enrolled in some form of schooling, with the quality of the programmes they were attending, whether they were mainstream or specialized, in question. The barriers to education detailed in this chapter underscore shortcomings by the Yemeni government in protecting and fulfilling the rights of persons with

¹³⁶ See, for example, Amnesty International, ‘Our kids are bombed’: Schools under attack in Yemen (Index: MDE 31/3026/2015), December 2015; Human Rights Watch, *Yemen: Warehouse blast kills schoolchildren: Houthis stored volatile material in residential area*, 9 May 2019, [bit.ly/2VhMtUJ](https://www.hrw.org/news/2019/05/09/yemen-schoolchildren); Global Coalition to Protect Education from Attack, *Safeguard Yemen’s Future: Protect Education from Attack*, February 2019, [bit.ly/2Mb4kut](https://www.gcped.org/wp-content/uploads/2019/02/Safeguard-Yemens-Future-Protect-Education-from-Attack.pdf); UNICEF, *If Not in School: The Paths Children Cross in Yemen*, March 2018, [bit.ly/2mrbcKZ](https://www.unicef.org/yemen/report/if-not-in-school)

¹³⁷ UNICEF, *If Not in School: The Paths Children Cross in Yemen*; Kenji Ohira and Tahani Saeed, “The struggles of a teacher amidst conflict: Since 2016, most public school teachers in Yemen have not received their salaries”, UNICEF, 3 May 2018, [uni.cf/2py7kJU](https://www.unicef.org/yemen/report/if-not-in-school); AFP, “UN pays Yemen teacher wages as millions out of school”, 10 March 2019, [bit.ly/2PzPEby](https://www.foxnews.com/world/2019/03/10/un-pays-yemen-teacher-wages)

¹³⁸ UNICEF, *If Not in School: The Paths Children Cross in Yemen*. See also UNICEF, “As school year starts in Yemen, 2 million children are out of school and another 3.7 million are at risk of dropping out”, 25 September 2019, [uni.cf/2ILzf7t](https://www.unicef.org/yemen/report/if-not-in-school).

¹³⁹ Report of the Group of Eminent Experts on Yemen, 3 September 2019, para. 728. The Yemeni government’s own National Disability Strategy, which affirms the government’s commitment to the education of children with disabilities, acknowledges that less than 20% of schools have the infrastructure necessary to facilitate their inclusion and lists among the challenges the dearth of professionals trained in educating persons with disabilities. Government of Yemen: Ministry of Social Affairs and Labour, Handicapped Welfare and Rehabilitation Fund, *National Disability Strategy (2014-2018)*, [yehwrf.org/pdf/s.pdf](https://www.yehwrf.org/pdf/s.pdf), p. 13.

¹⁴⁰ Report of the Group of Eminent Experts on Yemen, 3 September 2019, paras 726, 728.

disabilities according to its obligations, including under the CRPD.¹⁴¹ They reflect gaps in the humanitarian response as well.

Several of the children with disabilities whose cases were documented used to go to school but stopped after the war started. Families cited a variety of reasons, including interruptions in or complete closures of educational programmes for children with disabilities.¹⁴² One of the primary issues has been transportation costs. Several interviewees, including members of organizations of persons with disabilities, said that delays in and suspensions of the disbursement of assistance by the government's Handicapped Welfare and Rehabilitation Fund, which used to contribute to transport costs for students with disabilities and their teachers, have been at the root of the problem.

The mother of a 14-year-old boy who has cerebral palsy said her son used to go to a special education facility in Aden where he was taught for free. When the fighting began, the centre closed temporarily, but he did not return even after it reopened. "Everything is difficult. I didn't find anyone to take him back to school... The commute is difficult... It requires additional money... I just teach him Qur'an at home now."¹⁴³ The mother wept as she explained the family's inability to afford transport costs with the prices of everything going up.



A mural outside a school for children with disabilities in Aden reads "See me, not my disability", 17 June 2019. © Amnesty International

Eighteen-year-old Khawla Mohammed Yehia, who has Down's syndrome, used to go to a special school in al-Haly, Hodeidah. However, she had dropped out of it a few months before she and her family fled to Aden to escape the escalating violence in June 2018. The school was far from the family's house and, when its administration stopped the bus service, the family started struggling. Initially, her father would ride her to school on his motorcycle, sitting her immediately behind him on the saddle and placing her brother behind her to make sure she did not fall off. However, the fuel ended up being too costly for the family and the ride too exhausting for her, her father Mohammed Ibrahim Yehia said: "She needed to be on a bus."¹⁴⁴ Khawla

¹⁴¹ CRPD, Preamble and Articles 24, 26.

¹⁴² For examples on military use and attacks on schools of children with disabilities, see Report of the Group of Eminent Experts on Yemen, 3 September 2019, paras 719, 720; Human Rights Watch, *Leave No One Behind: Persons with Disabilities in Humanitarian Emergencies*, 19 May 2016, [bit.ly/1Xn1Mco](https://www.hrw.org/report/2016/05/19/leave-no-one-behind)

¹⁴³ Interview, Aden, 14 June 2019.

¹⁴⁴ Interview, Zahrat Khalil Camp 19 June 2019.

does not hide her disappointment: “I used to be able to read and write, but now that I am not going to school, I no longer know how to.”¹⁴⁵

Not all the IDP camps have schools on site and, even in those that do, the schools are not adapted for children with disabilities, at least not in the sites visited by Amnesty International, interviewees told the organization. Amnesty International did not independently assess the physical accessibility of these schools (schools were not in session during the researchers’ visits), but, with regard to substance, interviewees made it clear that the learning methods and capacities of teachers did not accommodate students with disabilities.

Unlike his three elder brothers, an eight-year-old boy – who had been living in Sabr Camp for 18 months when Amnesty International met him – does not go to the school in the camp. He has physical and sensory impairments since he was injured when a projectile hit his house in a village near al-Mokha, Ta’iz, when he was six. His father, Ahmed Abdo al-Qadry, said he tried sending him to the school in the camp for two weeks. “He didn’t have a wheelchair at the time, I would carry him,” the father said, adding that, in the end, he pulled him out because the boy did not seem to be following the lessons, according to the father.¹⁴⁶

Several children and young adults with disabilities living in displacement told Amnesty International they faced significant delays in registering for school; some were unable to register at all. Schools require certain documents for registration and, while many displaced families do not have these documents on them and struggle to enrol their children in school, families of children with disabilities often face additional challenges.

In an informal settlement for displaced persons in Aden, the mother of a 12-year-old boy, one of four siblings with varying degrees of hearing impairment, said he used to go to a “regular” school in Hays, Hodeidah. In Aden, he had been admitted to a public school where he was being taught via sign language, but it took the family up to four months to convince the school to have him enrolled. She explained:

It was very difficult to get him admitted... He did not have any paperwork, a birth certificate or anything. We didn't bring anything with us... We just left with the clothes on us, we didn't know how long we'd be gone... I didn't have his school report cards. When they asked what grade he was in, I said he'd completed third grade and was on his way to the fourth... They finally agreed to register him... He was bumped down to second grade because the school back in our town didn't have sign language, so he had to learn it from scratch here.¹⁴⁷

While he is now having access to education in a mainstream school, it is in a “special class” for students with hearing and speech impairments. Special classrooms and schools that segregate children with disabilities undermine their right to inclusive, quality education.¹⁴⁸

The mother added that one of her daughters, who also has a hearing impairment, faced significant barriers in pursuit of education. The 21-year-old had completed her high school education in Hodeidah and, unlike her brother, had written confirmation of her qualification because she had fled earlier and taken her paperwork with her. Still, she was unable to register at a higher education institute in Aden to study computer science because the institute required that she should undergo a medical evaluation to test her hearing and the cost of the assessment (around US\$110) was too expensive for the family to afford.¹⁴⁹

Aside from issues over how accessible, available and adaptable education is for children with disabilities, there are also questions about the quality of the programmes available due to lack of capacity and resources.

Several disability rights activists told Amnesty International that associations providing educational support for persons with disabilities have been struggling due to limited resources. For example, the Association for Care and Rehabilitation of Blind Persons in Lahj has had the funds it is meant to receive from the government slashed during the war, making it unable to provide crucial technical equipment to assist education such as digital recording devices; students now have to be able to cover that expense on their own, according to its executive director Iqbal Mohammed Ali.¹⁵⁰ Many cannot with the result that a key element to enhance the quality of their education is missing.

Iqbal said the focus of aid organizations in her area, for example, has been on providing emergency assistance for displaced persons, with little to no attention to the education of persons with disabilities. “There are

¹⁴⁵ Interview, Zahrat Khalil Camp 19 June 2019.

¹⁴⁶ Interview, Sabr Camp, 12 June 2019.

¹⁴⁷ Interview, informal settlement for displaced persons, Aden, 14 June 2019.

¹⁴⁸ See, for example, UN Committee on the Rights of Persons with Disabilities, General Comment No. 4, *The Right to Inclusive Education*, UN Doc. CRPD/C/GC/4 (2016), paras 11, 12 (c), 13, 68; UNICEF, *The Right of Children with Disabilities to Education: A Rights-Based Approach to Inclusive Education*, 2012, uni.cf/340Hn8c, p. 68.

¹⁴⁹ Interview, informal settlement for displaced persons, Aden, 14 June 2019.

¹⁵⁰ Interview, Lahj, 15 June 2019.

students [with disabilities], there are educated people [with disabilities], there are people [with disabilities] who want to get educated. We want [aid] organizations to address their needs. The government is in peril... There is corruption, there are politics,” she said. “We held two protests [outside the Ministry of Social Affairs and Labour building in Aden], including one that lasted a whole day in the sun... We were left sitting in the sun, just like that, to no avail.”¹⁵¹

Amnesty International visited a private educational centre in Aden for children with disabilities (including mild and moderate intellectual disabilities) and interviewed teachers, families of students and the chief administrator. The centre, called al-Hayat Association for Early Intervention, has 140 students enrolled in six classes. It charges a nominal registration fee, but it has to rely on donations and allocations from the Handicapped Welfare and Rehabilitation Fund – neither of which have been regular or sufficient to cover even basic operational costs, according to director Ibtihal al-Mahrouq.¹⁵² The centre needed items such as computers and headphones, improvements to its space including adapting its playground to the needs of children with learning disabilities and funds to provide workshops and trainings for the teachers who do not have relevant specialized degrees. All of this impacts the quality of education being delivered.

The families of two girls, aged five and seven, who have autism and are enrolled at the centre were grateful for the opportunity their children were afforded and said their skills and behaviour had improved since they joined. But the parents noted the centre’s struggle with limited resources, and their own financial burden having to cover transportation costs that are no longer subsidized by the Handicapped Welfare and Rehabilitation Fund.¹⁵³ For some of these families, these transport costs, which vary depending on how far they live from the centre, constituted a small fortune – in the case of one mother, more than half her monthly salary.¹⁵⁴

¹⁵¹ Interview, Lahj, 15 June 2019.

¹⁵² Interview, Aden, 13 June 2019.

¹⁵³ Interviews, Aden, 13 June 2019.

¹⁵⁴ Interview, Aden, 13 June 2019.

7. INCREASED ECONOMIC HARDSHIP

“I used to be able to sell stuff and help out, but I can’t any more... Our children need clothes, they need to go to school, they need to eat, and we have nothing.”

Ghalya Ali Sagheer, a 37-year-old woman with disabilities.

The war in Yemen has had a devastating impact on the economy, which was already one of the region’s weakest even before the current conflict.¹⁵⁵ With the currency plummeting, prices of commodities soaring, and significant disruptions in the disbursement of salaries and pensions, families across the board have been struggling – the average annual income went from US\$3,547 in 2014 to US\$1,239 in 2017, that is around US\$3.40 a day, while the cost of a basic food basket rose to become 103% higher than before the war.¹⁵⁶ These economic hardships have a disproportionate impact on persons with disabilities as they and their families often have additional expenses which they struggle to meet – many people Amnesty International interviewed explained how they have essentially been pushed into poverty or further impoverished.¹⁵⁷

“You know how you have to fingerprint when you collect the pension. Well, the ink stain lasts longer than the actual pension does,” said Intissar Fadl Awad, who relies on her late husband’s monthly pension (around US\$55) to support herself, one of her adult sons and her mother whose mobility is limited.¹⁵⁸ She said her 89-year-old mother is only able to eat crushed biscuit mixed with milk. The cost of these food items and adult diapers – which the grandmother needs on account of her limited mobility – has more than doubled since the war started, Intissar said.

Lying next to Intissar on a mattress on the floor in their house in Aden, the mother, Saadiya Salem, said: “I just lie here, and [my children and grandchildren] help me... There was a time I worked hard, I would run. I worked with the axe, with my hands, in the farms... Now, I just lie down... If death comes from God, that would be fine.”¹⁵⁹

¹⁵⁵ See, for example, World Bank, *Yemen’s economic update – April 2019*, 1 April 2019, bit.ly/2mD7a2i

¹⁵⁶ Save the Children, *Yemen: Cost of food nearly doubles, putting thousands of lives at risk*, 24 October 2018, bit.ly/2N5kCqm; World Food Programme, *Yemen Market Watch Report: March 2019 – Issue No. 34*, March 2019, bit.ly/2l92bpt

See also Mohammed Mukhashaf, “Protests over Yemen’s weakening currency paralyze Aden”, Reuters, 2 September 2018, reut.rs/2NGwwoy; United Nations in Yemen, “The currency crisis in Yemen is driving millions of people one step closer to famine”, 5 October 2018, bit.ly/2kCL8Mt; Dave Haden and Michael Knights, “An economic roadmap to humanitarian relief in Yemen”, The Washington Institute for Near East Policy, 16 April 2019, bit.ly/2YH5FhH

¹⁵⁷ In a 2015 report, the Special Rapporteur on the rights of persons with disabilities addresses how poverty disproportionately affects persons with disabilities, detailing how disability-related extra costs furthers their plight. It cites research showing that these costs can eat up to half of an individual’s income. UN General Assembly, *Report of the Special Rapporteur on the rights of persons with disabilities*, 7 August 2015, UN Doc. A/70/297, paras 29-33, bit.ly/2M7oruJ

¹⁵⁸ Interview, Aden, 14 June 2019.

¹⁵⁹ Interview, Aden, 14 June 2019.

In one of the cases documented, not only did the trauma of war worsen the condition of a woman with psychosocial and physical disabilities, financial insecurity caused by the conflict has exacerbated her anxiety. “I am consumed by fear and terror and, on top of that, we had no sustenance – every time [my husband] went out to work, he came back with very little... I used to be able to sell stuff and help out, but I can’t any more... Our children need clothes, they need to go to school, they need to eat, and we have nothing,” said Ghalya Ali Sagheer, a 37-year-old mother of six, including a girl who has Down’s syndrome, as she explained why they fled from Hodeidah to Aden a year ago.¹⁶⁰

In another case, a 21-year-old woman with physical and psychosocial disabilities caused by the war, described how her household has been impoverished. She was hit by stray bullets on two different occasions three years apart, affecting her mobility, and she was further traumatized by the killing of her father and brother in separate attacks. She is no longer able to work and after she was injured for a second time in late 2018, her husband had to stop reporting to his work in the military to take care of her full time. As a result, his salary has been frozen for months, they have been relying on help from extended family members and struggling with medical costs.¹⁶¹

Several families of persons with disabilities said they have been living in debt, some entirely dependent on handouts, including from charities and community leaders. Hooreya Ali al-Juneidi, a widow, is a mother of six, four of them (aged 14, 16, 30 and 32) with severe physical and intellectual disabilities. In early 2018, she left with her children from Baydaa to Abyan because of the fighting and because “there was no longer any food – you couldn’t even beg for it.” In Abyan, they are renting a vacant shop space and “living off help from here and there.” With all four of her children with disabilities needing diapers – “diapers are breaking my back” – she prioritizes that expense, leaving her behind on her rent. “Yesterday, [the landlady] asked for the rent, I told her to wait.”¹⁶²

In at least one case documented by Amnesty International, these economic difficulties have resulted in the family of a person with disability resorting to extreme measures. A family member of a man in his 20s with a physical disability and speech difficulties told Amnesty International that, over the past year, they have had to rely on money he gathers from begging along the highway – something he did not use to do in the past. The family’s main breadwinner, an older brother, has been out of a job since they were displaced by fighting in Ta’iz in May 2018.¹⁶³



A vocational centre in Aden for persons with hearing impairment visited by Amnesty International, 17 June 2019, remains in ruins several years after it was bombed in 2015. © Amnesty International

¹⁶⁰ Interview, Zahrat Khalil Camp, 19 June 2019.

¹⁶¹ Interview, Aden, 13 June 2019.

¹⁶² Interview, Abyan, 16 June 2019.

¹⁶³ Interview, Sabr Camp, 12 June 2019.

Even prior to the escalation of conflict in 2015, development in Yemen was strained and the country already suffered widespread unemployment, which fuelled Yemen's 2011 protests. According to a World Bank 2010 estimate, the unemployment rate stood at 45%, concentrated in the 15-24 age group.¹⁶⁴ The population is predominantly young, with over 65% below 25.¹⁶⁵ While there is no available data on the employment situation of persons with disabilities in Yemen, it is estimated that, in developing countries, 80-90% of persons with disabilities are unemployed.¹⁶⁶

Notwithstanding the fact that the current conflict has caused further damage to an already struggling pre-war economy and further reduced employment opportunities for all Yemenis,¹⁶⁷ the Yemeni government is obliged to ensure equal access to employment opportunities to all members of society, including persons with disabilities.

One village resident in Lahj, 35-year-old Saleh Abdullah, despite facing challenges in obtaining an accessible education as a blind student, managed together with his brother, who also has a visual impairment, to obtain bachelor's degrees from a local higher education institute in Lahj, in the hope that it would lead to employment. He told Amnesty International that, prior to the current conflict, he knew persons with disabilities who were placed in jobs after graduating, in line with the Yemeni Labour Law, which stipulates that 5% of jobs be reserved for persons with disabilities.¹⁶⁸ He said:

Employment was [always] the biggest dream. The war interrupted all these dreams. The law gives us 5%, and our hope was that everyone [with a disability] who has a bachelor's degree would be placed in a job, but what happened was not what we had in mind.

We have bachelor's degrees. What we need is to be supported in a way that lives up to our education and enables us to become self-dependent. We have earned a bachelor's degree, but we want to prove ourselves in the job market. We teach at the [blind] association. [But] the association cannot afford to pay us a monthly wage, so it's voluntary work.¹⁶⁹

These concerns were echoed by a group of six men with a variety of physical disabilities with whom Amnesty International met. They, too, were unable to secure employment and are now seeing their dream of running their own business dissipate. The six men were among a larger group of some 20 persons with disabilities awarded strips of land alongside al-Alam Road connecting Aden and Lahj based on a presidential order in the late 1990s. The purpose of the land grant was to set up private enterprises for persons with disabilities to enable them to secure self-employment and livelihood opportunities. Not only have they been struggling for years to secure funding to jump-start the project, since the war broke out, rampant insecurity and lawlessness created by the conflict has provided an opportunity for armed gangs to seize lands, including this patch, and claim as their own.¹⁷⁰

The group of men with disabilities who spoke with Amnesty International said they have had to take up arms themselves and engage in at least two rounds of confrontations – some of them while in wheelchairs – with the armed men who had temporarily seized their land and were illegally farming it. In the absence of any government protection, the six men now take turns guarding the one square kilometre area around the clock, affecting their ability to go about their daily lives, including spending time with their families and pursuing a source of income. What was meant to become a compound for persons with disabilities has turned into a “shattered dream”, one of the men, 40-year-old Hani Ismail said.¹⁷¹

Several people interviewed, including persons with disabilities and government officials, told Amnesty International that the war had disrupted the financial bursaries coming from the Handicapped Welfare and Rehabilitation Fund and the Social Welfare Fund, both of which gave modest bursaries for further education and vocational training for persons with disabilities.

¹⁶⁴ World Bank, *The Republic of Yemen: Unlocking the Potential for Economic Growth*, October 2015, bit.ly/3347yac, p. 6. According to a 2014 ILO study, the youth unemployment rate was 60% for men and 50% for women. ILO, *Demographic and Labour Market Trends in Yemen*.

¹⁶⁵ ILO, *Demographic and Labour Market Trends in Yemen*. The concentration of 75% of Yemen's population living in rural areas is reflected in the fact that almost 22% work in the agriculture sector, followed by the service and sales industry (17.68%) and crafts (14.7%).

¹⁶⁶ UN Department of Economic and Social Affairs, *Disability and Employment*, bit.ly/2MT5o7F

¹⁶⁷ The conflict has dismantled Yemen's already teetering economy: the gross domestic product (GDP) has shrunk on an annual basis; over a third of businesses have closed down and others that have remained open have scaled down; oil production has come to a standstill; and agricultural cultivation has decreased significantly due to attacks and displacement of workers. A preliminary assessment estimated the 2015 physical and economic damage to be over US\$15 billion. ILO, *Demographic and Labour Market Trends in Yemen*.

¹⁶⁸ Labour Law No. 5 (1995), Article 15.

¹⁶⁹ Interview, Beir al-Kadama village, Lahj, 15 June 2019.

¹⁷⁰ This issue was mentioned to Amnesty International in several interviews.

¹⁷¹ Interview, Lahj, 12 June 2019.

Amnesty International also visited a partially destroyed vocational centre in Khor Maksar, Aden, which used to be the headquarters of the Deaf Care and Rehabilitation Society. During a tour of the destroyed and looted centre, members of the Society, Ashgan Hasan and Selim Ahmed, who has a hearing impairment, said to Amnesty International that the building was damaged during fighting in and around Aden in 2015. The vocational centre used to run workshops to help persons with disabilities who have hearing loss and do not speak learn skills including carpentry, weaving and sewing, the products of which participants would then sell for a living. Selim said through sign language: "What we want is for the centre to be repaired. All the people with a hearing disability are asking this question: 'When will the association be rebuilt?'" Ashgan said: "Now that we want to restore the building, we are having trouble with the various ministries. The Ministry of Social Affairs and Labour says the building is affiliated to them, then the Ministry of Education says, 'No, it's ours.' They say it's theirs, but they don't want to rebuild it."

During the visit, the school's guard also informed researchers that the Saudi Arabia and Emirati-led Coalition air strike hit the adjacent Khaled Ibn al-Waleed School, on top of which there were Huthi fighters were stationed. Amnesty International was told by several interviewees that the Emirati Red Crescent eventually rehabilitated the Coalition-struck Khaled Ibn al-Waleed School building next door, but that the vocational centre remained inoperable.

8. LEGAL FRAMEWORK

8.1 NATIONAL DISABILITY LAWS AND POLICIES

Even though Yemen has ratified the Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol, Yemen still adheres to an outdated “medical model” that regards disability as an impairment that needs to be “diagnosed” and rehabilitated.¹⁷² In comparison, the CRPD adopted a rights-based approach, which recognizes disability as a result of the attitudinal, communication and environmental barriers that impede the full participation in society of persons with physical, sensory, intellectual, or psychosocial impairments. Yemen’s outmoded approach is further underscored in the name of the main national legislation that concerns the rights of persons with disabilities, Law No. 61 (1999) on the Care and Rehabilitation of the Disabled, which is dedicated to the concepts of care and medical support, promulgating the charity-based perception of disability rather than a rights-based one.

The Yemeni Constitution guarantees equality and obligates the state to guarantee equal opportunities for all citizens politically, economically, socially and culturally.¹⁷³ Law No. 61 (1999) further reaffirms the rights of persons with disabilities to enjoy all rights enshrined in the Yemeni Constitution and other laws on an equal basis with other citizens.¹⁷⁴ However, Yemeni law does not explicitly prohibit discrimination on the basis of disability or provide legal protection against it.

Under international law, Yemen is obligated to conduct awareness-raising campaigns to foster respect for the rights of persons with disabilities, combat stigma and stereotypes against them, promote the contributions of persons with disabilities and disseminate information in an accessible manner about different resources available for persons with disabilities and their families.¹⁷⁵ While Yemeni law mandates that the Ministry for Social Affairs and Labour put together a national awareness raising plan in order to enable their participation in society on an equal basis with others, current legislation still regards persons with disabilities as a “problem” that requires awareness raising as opposed to recognising the need to educate the public in order to challenge and change societal prejudices and stereotypes about persons with disabilities – in contravention with the rights-based approach enshrined in the CRPD.¹⁷⁶

The Yemeni Constitution guarantees free education for all, including compulsory primary education.¹⁷⁷ While Law No. 61 (1999) does not make a specific mention of primary or secondary education for children with disabilities, it guarantees the right to tertiary education and vocational training, giving priority to persons with disabilities in that regard.¹⁷⁸ While the law does not provide for reasonable accommodation at the primary and secondary level, it guarantees it at the tertiary level, including the revision of the curricula to make them accessible to persons with visual disabilities; employing teachers and experts who are qualified in sign language and/or Braille; the provision of educational materials to facilitate effective education; and the training of teachers at the tertiary level to familiarize them with the rights of persons with disabilities.¹⁷⁹ However, the current law continues to perpetuate the concept of

¹⁷² CRPD, Preamble (e) and Article 1; Law No. 61 (1999), Article 2: “Any person, male or female, who is proved by medical examination to be permanently incapacitated or partially disabled due to a disability, injury or illness that has caused his inability to learn or engage in any activity wholly or partially derived.”

¹⁷³ Yemeni Constitution, Articles 24, 41 and 42.

¹⁷⁴ Law No. 61 (1999), Article 3.

¹⁷⁵ CRPD, Articles 4(h) and 8.

¹⁷⁶ Law No. 5 (1991) concerning the establishment of the Higher National Committee for the Welfare of the Disabled, Article 2.

¹⁷⁷ Yemeni Constitution, Articles 32 and 54.

¹⁷⁸ Law No. 61 (1999), Article 9.

¹⁷⁹ Law No. 61 (1999), Articles 6, 8.

segregated tertiary educational institutions to a certain extent, failing to align itself with global trends of inclusive education at all levels.

Similarly, the Yemeni Constitution guarantees free health care for all.¹⁸⁰ Law No. 61 (1999) explicitly reaffirms the rights of persons with disabilities to free health care, including early identification and intervention as appropriate.¹⁸¹ In line with CRPD obligations,¹⁸² the law also mandates the Ministry for Health to provide assistive devices and prostheses, and build prosthetic centres.¹⁸³

The Yemeni Constitution guarantees the right to work for every citizen, including the right to gain a living by work freely chosen, and explicitly prohibits compulsory labour.¹⁸⁴ Law No. 61 (1999) guarantees the right of persons with disabilities to enjoy all labour protections as outlined under Yemen's Labour Law.¹⁸⁵ The law further guarantees the right of persons with disabilities to free vocational training, promotes employment opportunities in the public and private sectors by stipulating that 5% of jobs be reserved for persons with disabilities, and promotes entrepreneurship and opportunities to start one's own business by providing small loans.¹⁸⁶ While the Labour Law does not explicitly prohibit discrimination on the basis of disability, Law No. 61 (1999) specifies that workers with disabilities must be protected like all other workers.¹⁸⁷

8.2 INTERPLAY BETWEEN INTERNATIONAL HUMAN RIGHTS AND HUMANITARIAN LAW

The conflict between the armed forces of the government of Yemen, supported by the Coalition and their allied forces, against the Huthis and its allied forces qualifies as a non-international armed conflict between the internationally recognized government (and other states it has invited to come to its defence) and a non-state armed group. All parties to the non-international armed conflict in Yemen are bound by international humanitarian law (IHL), or the laws of war. Applicable law includes Common Article 3 to the Geneva Conventions of 1949, Protocol II to the Geneva Conventions, and customary international humanitarian law applicable to a non-international armed conflict.

Meanwhile, international human rights law – including the rights contained in the CRPD and other relevant treaties such as the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the Convention on the Rights of the Child (CRC) – also applies during times of peace and during periods of armed conflict, and is legally binding on all states, their armed forces and other agents. The CRPD contains provisions that guarantee the human rights of persons with disabilities relevant to this report, including the rights to health, to an adequate standard of living encompassing adequate food and housing, to water, education and employment.¹⁸⁸ Saudi Arabia,¹⁸⁹ UAE,¹⁹⁰ and other members of the Coalition are party to several relevant treaties and these obligations continue to be applicable in times of armed conflict.¹⁹¹

States are required to take steps to the maximum extent of available resources for the progressive realization of economic, social and cultural rights.¹⁹² Accordingly, there is a presumption against deliberately retrogressive measures. Situations of armed conflict may adversely affect a state's ability to fulfil some rights subject to progressive realisation, but it does not absolve states from respecting and protecting those rights. During armed conflict, as in peacetime, the burden of proof still falls on the state to demonstrate that every effort has been made to use all resources at its disposal to satisfy minimum core obligations of economic, social and cultural rights, including through international co-operation and assistance.¹⁹³ Other states have

¹⁸⁰ Yemeni Constitution, Articles 32 and 55.

¹⁸¹ Law No. 61 (1999), Article 8(b).

¹⁸² CRPD, Article 26.

¹⁸³ Law No. 61 (1999).

¹⁸⁴ Yemeni Constitution Article 29

¹⁸⁵ Law No. 61 (1999), Article 19; Labour Law No. 5 (1995).

¹⁸⁶ Law No. 61 (1999) Articles 4, 5, 7, 14, 19.

¹⁸⁷ However, it prohibits discrimination based on sex, age, ethnicity, colour, belief or language. See Labour Law No. 5 (1995), Article 5; Law No. 61 (1999) Article 23.

¹⁸⁸ Notably, the International Covenant on Economic, Social and Cultural Rights (ICESCR), Articles 11 and 12. See also the Convention on the Rights of the Child (CRC), Articles 24 and 17; the Convention on the Elimination of Discrimination against Women (CEDAW), Article 12; and the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD), Article 5.

¹⁸⁹ Saudi Arabia is a party to CEDAW, CERD, CRC and CRPD.

¹⁹⁰ UAE is a party to CEDAW, CERD, CRC and CRPD.

¹⁹¹ International Court of Justice, *Legal Consequences of the Construction of a Wall in the Occupied Palestinian Territory*, Advisory Opinion, ICJ Reports 2004, para. 136.

¹⁹² ICESCR, Article 2(1); CRPD, Article 4(2)

¹⁹³ Committee on Economic, Social and Cultural Rights (CESCR), General Comment No. 3: The Nature of States Parties' Obligations, UN Doc. E/1991/23, para. 10.

an obligation to take steps, individually and through international co-operation and assistance, towards the full realization of the rights recognized in the ICESCR.¹⁹⁴ This includes an obligation to respect the rights to health, food and water and refrain from actions that would negatively impact the enjoyment of these rights by people living in countries facing conflict.

In a 2015 report on economic, social and cultural rights in conflict, the Office of the UN High Commissioner for Human Rights highlighted that state obligations associated with the core content of the rights to health, food, adequate housing, water and education remained in effect even during situations of emergency or armed conflict.¹⁹⁵

CONDUCT OF HOSTILITIES

The CRPD is one of only two international human rights treaties that have provisions expressly addressed at protecting rights in situations of armed conflict.¹⁹⁶

The CRPD obligates parties to the Convention to take “all necessary measures” in line with their obligations under IHL and international human rights law to “ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict.”¹⁹⁷ While IHL constitutes *lex specialis* in the assessment of the use of force during conduct of hostilities, the CRPD may provide further guidance as to the interpretation of these rules.

IHL rules on the conduct of hostilities regulate targeting and the means and methods that may be used during war; such rules, including the principles of distinction, proportionality and precautions¹⁹⁸ – if upheld and interpreted in a disability inclusive manner – may prevent, or at least minimize, harm to civilians with disabilities. All these aforementioned rules apply equally to all civilians, including those with disabilities. This is in line with IHL’s prohibition of adverse distinction and the prohibition of discrimination under the CRPD,¹⁹⁹ which includes the obligation to provide reasonable accommodation. In practice, this means that parties to the conflict need to keep in mind that civilians are not one “homogenous group” and have “inherent characteristics” that do not allow them to understand or respond in the same manner.²⁰⁰ For both attacking and defending parties to an armed conflict, consideration of the characteristics of the civilian population endangered by military operations will lead to more accurate predictions as to the potential harm. For example, effective advance warning of attack affecting civilians, where it is feasible to do so, must allow sufficient time and be conveyed in a manner that maximizes the opportunity for civilians with disabilities to act on the warning. Precautions against the effects of an attack, including evacuation measures and shelters, must be accessible and not discriminatory, especially for persons with disabilities who rely on assistive devices.²⁰¹

ACCESS TO ESSENTIAL SUPPLIES AND SERVICES

On the provision of humanitarian assistance to the civilian population, IHL rules are complemented by provisions of the CRPD, which provide detail on how humanitarian assistance should be carried out in an accessible manner to ensure that persons with disabilities are not excluded. In practice, this requires state parties to take all appropriate measures to ensure equal access for persons with disabilities to food, water, shelter and health care, as well as to health services, including health-related rehabilitation.²⁰²

Meanwhile, Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II to the Geneva Conventions) specifies:

If the civilian population is suffering undue hardship owing to a lack of the supplies essential for its survival, such as foodstuffs and medical supplies, relief actions for the civilian population which are of an exclusively

¹⁹⁴ CESCR, General Comment No. 14: The Right to the Highest Attainable Standard of Health, UN Doc. E/C.12/2000/4, para. 38.

¹⁹⁵ OHCHR, *Protection of economic, social and cultural rights in conflict*, 2015, bit.ly/2onSDIU, para. 15.

¹⁹⁶ CRPD, Article 11. See also CRC, Articles 38 and 39. As noted above, human rights law continues to apply in situations of armed conflicts. Some treaties, such as the International Covenant on Civil and Political Rights (ICCPR), expressly prohibit derogation from particular rights (including the right to life, the prohibition of torture and other ill-treatment, the outlawing of slavery or servitude, the principle of legality and the non-retroactivity of the law and the right to freedom of thought, conscience and religion) even in times of public emergency threatening the life of the nation (and allow for derogation measures – subject to certain safeguards – for some rights). Other treaties such as the ICESCR and CRC have no provision for derogation.

¹⁹⁷ CRPD, Article 11.

¹⁹⁸ See International Committee of the Red Cross (ICRC), *Customary International Humanitarian Law Study* (hereinafter: ICRC Customary IHL Study), Rules 1-24.

¹⁹⁹ CRPD, Article 5(3).

²⁰⁰ A. Priddy, “Disability and Armed Conflict”, Geneva Academy Briefing No. 14, April 2019, p. 61 (hereinafter Disability and Armed Conflict).

²⁰¹ Disability and Armed Conflict, p. 65.

²⁰² CRPD, Articles 25, 26, 28.

humanitarian and impartial nature and which are conducted without any adverse distinction shall be undertaken subject to the consent of the High Contracting Party concerned.²⁰³

Customary IHL requires parties to a conflict to “allow and facilitate rapid and unimpeded passage of humanitarian relief for civilians in need, which is impartial in character and conducted without any adverse distinction, subject to their right of control.” And parties to the conflict must not withhold consent for relief operation for arbitrary reasons.²⁰⁴ Also, the parties to the conflict must ensure the freedom of movement of authorized humanitarian relief personnel essential to the exercise of their functions.²⁰⁵

RIGHT TO EDUCATION IN CONFLICT

The CRPD includes a clear formulation of the right to education, obligating state parties to ensure children with disabilities have access to inclusive education and are able to access inclusive education on an equal basis with others.²⁰⁶ As state party to the CRC and the ICESCR, Yemen is also obligated to provide free and compulsory primary education and access to secondary education without discrimination to all children.²⁰⁷ In the context of the right to education, the Committee on Economic, Social and Cultural Rights, the UN expert body that monitors the implementation of the Covenant, has defined the core content of the right to education as including equal access to public educational institutions and conformity of education to the objectives of the full development of the human personality and a sense of its dignity.²⁰⁸ Meanwhile, the Committee on the Rights of the Child has confirmed that the state’s duty to provide education remains unaffected even in times of emergency and conflict.²⁰⁹ According to the Special Rapporteur on the right to education, persons with disabilities, especially in situations of conflicts or emergencies, suffer from a pervasive and disproportionate denial of their right to education.²¹⁰

Many provisions of IHL aim to ensure that people can continue to receive an education during armed conflict, protecting schools, students and teachers from direct attack. In addition to the prohibition of attacks on civilians and civilian objects, IHL requires parties to a conflict to take special care to avoid damage to buildings dedicated to education, unless and only for such time as they are being used by belligerent forces for a military purpose. There is an emerging consensus that state forces and non-state armed groups should refrain from using schools for military purposes.²¹¹ This is in keeping with provisions in IHL that offer special protection to children in armed conflict. For example, under Protocol II to the Geneva Conventions, it is a fundamental guarantee that children receive an education, in keeping with the wishes of their parents. Using schools for military purposes disrupts their education and can have other adverse consequences. Yemen is one of 87 states that have signed the Safe Schools Declaration, endorsing the Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict.²¹²

RIGHT TO HEALTH

Yemen has ratified a range of international human rights law treaties that require the right to health be respected, protected and fulfilled. The Committee on Economic, Social, and Cultural Rights has defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”²¹³

The right to health requires that health care facilities, goods and services are available in sufficient quantity; accessible to everyone without discrimination, which includes physical accessibility, affordability and information accessibility; acceptable to all persons, that is, respectful of medical ethics and culturally appropriate; and of good quality.²¹⁴ It also extends to the underlying determinants of health, which include food and nutrition, housing, safe water, adequate sanitation, safe and healthy working conditions, and a

²⁰³ Protocol Additional to the Geneva Conventions of 12 August 1949 and Relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II to the Geneva Conventions), Article 18(2).

²⁰⁴ ICRC Customary IHL Study, Rule 55.

²⁰⁵ ICRC Customary IHL Study, Rule 56.

²⁰⁶ CRPD, Article 24. See also UN Committee on the Rights of Persons with Disabilities, General Comment No. 4, The Right to Inclusive Education, UN Doc. CRPD/C/GC/4 (2016), para. 39. The CRC also includes, in its Articles 28 and 29, a detailed recognition of the right to education, which is also applicable during times of conflict.

²⁰⁷ CRC, Article 23.

²⁰⁸ CESCR, General Comment No. 14: The right to the highest attainable standard of health (Art. 12), 11 August 2000, UN Doc. E/C.12/2000/4, para. 57.

²⁰⁹ Committee on the Rights of the Child, “Day of General Discussion on the Right of the Child to Education in Emergency Situations: Recommendations”, forty-ninth session, 19 September 2008.

²¹⁰ UN General Assembly, *Right to education in emergency situations: Report of the Special Rapporteur on the right to education*, UN Doc. A/HRC/8/10, 20 May 2008, para. 99.

²¹¹ UN Security Council, Resolution 2225, UN Doc. S/RES/2225 (2015).

²¹² Safe Schools Declaration and Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict (2015), bit.ly/2Prnf7m

²¹³ CESCR, General Comment No. 14, para. 4.

²¹⁴ CESCR, General Comment No. 14, para 12.

healthy environment.²¹⁵ The Committee on Economic, Social, and Cultural Rights has reaffirmed the importance of the provision of the same level of medical and social services to persons with disabilities as other members of society.²¹⁶

These obligations include protections for specific groups, including those focussed on in this report. According to the CRPD, persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability.²¹⁷ Effective, transparent and accessible monitoring and accountability mechanisms are an essential feature of the right to health, and this includes the collection of relevant data that is disaggregated to capture the conditions of specifically marginalized groups.²¹⁸

In his report on the right to health in conflict situations, the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health has noted that states have an obligation “to take continuous and concrete steps towards the realisation of the right to health of persons affected by conflict, including those who are actively involved in conflict.”²¹⁹ Other states have an obligation to take steps, individually and through international co-operation and assistance, towards the full realisation of the right to health, and the other rights recognized in the ICESCR.²²⁰ This includes an obligation to respect the rights to health, food and water and refrain from actions that would negatively impact the enjoyment of these rights by people living in countries facing conflict.

²¹⁵ CESCR, General Comment No. 14, para 4.

²¹⁶ CESCR, General Comment No. 5: Persons with disabilities, 9 December 1994, UN Doc. E/1995/22, para. 34.

²¹⁷ CRPD, Article 25.

²¹⁸ UN Human Rights Council, *Report by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, E/CN.4/2003/58, 13 February 2003; CESCR, General Comment No. 14, paras 57 and 58.

²¹⁹ UN General Assembly, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, 9 August 2013, UN Doc. A/68/297, para. 68.

²²⁰ CESCR, General Comment No. 14, para. 38.

9. CONCLUSION AND RECOMMENDATIONS

Persons with disabilities in Yemen are at particular risk amid the ongoing conflict, already in its fourth year and characterized by serious violations of international law by all parties to it. They face compounded difficulties escaping violence and living in displacement, and deal with additional barriers in accessing services essential to their health, wellbeing and protection. While it is not clear how many people in Yemen are living with disabilities, estimates range from 3 to 4.5 million, with the figure likely much higher than that given the ongoing war.

In camps for the displaced, humanitarian agencies and organizations have been working hard to meet growing needs, supporting new sites and improving infrastructure. But gaps remain in addressing and meeting the rights of persons with disabilities. Among the issues observed in sites visited by Amnesty International were the location and design of latrines, which has made them inaccessible to persons with disabilities, and the way aid is distributed, which has rendered many persons with disabilities entirely dependent on their families.

More broadly, persons with disabilities have the right to access quality and inclusive health care and education, including in times of conflict. However, despite existing local laws and disability strategies, the government of Yemen, a state party to the Convention on the Rights of Persons with Disabilities (CRPD), has failed to provide necessary support, including crucial funds, to persons with disabilities and organizations offering them services essential to life with dignity. Costs and distances constitute significant barriers to accessing health care and education. Families, many of whom have been pushed into poverty, struggle to meet basic needs such as medication and diapers. Persons with disabilities have also seen their employment chances significantly dwindle, with vocational centres that used to train them lying in ruins and laws guaranteeing them an employment quota not being implemented.

While this research focused on the situation of persons with disabilities in southern Yemen, interviews with persons with disabilities displaced from Huthi-controlled territories, humanitarian workers and health professionals pointed to a similar pattern of violations in northern governorates, especially in regard to how the war has impacted equal access to education, health-related habilitation and rehabilitation services and programmes and psychosocial support. This area requires further study.

The international community, specifically donors, must ensure that persons with disabilities in Yemen are not left behind. Despite a growing emphasis among the humanitarian community on the principles of inclusion and non-discrimination, the rights of persons with disabilities were not prioritized at the outset of responding to the conflict. More needs to be done to ensure these principles are translated into tangible action. Current gaps must be addressed to ensure the rights and dignity of persons with disabilities amid this protracted conflict and humanitarian emergency.

RECOMMENDATIONS

Amnesty International has consistently called on all parties to the conflict in Yemen to fully respect international humanitarian law, including by ending indiscriminate, disproportionate and direct attacks on civilians and civilian objects. They must take all feasible precautions in the conduct of military operations to spare civilians, including giving effective warnings that take into account the needs of civilians with disabilities. Parties to the conflict must also take all feasible precautions against the effects of attacks, including providing shelters and evacuation routes that are accessible to persons with disabilities. They must allow prompt and unhindered humanitarian access to UN agencies and humanitarian organizations to deliver assistance to civilians in need across Yemen. The conflict has been fuelled by the direct and indirect provision of weapons and military assistance to all parties to the conflict. To that end, Amnesty International has called on states supplying – or considering supplying – arms to any party to the conflict in Yemen to immediately suspend arms transfers until there is no longer a substantial risk that the arms would be used to commit or facilitate serious violations of human rights or international humanitarian law in Yemen.

To address specific issues raised in this report, Amnesty International further recommends:

TO THE GOVERNMENT OF YEMEN

- Undertake a comprehensive assessment of the needs of persons with disabilities. Any assessment should be designed in a way that allows the collection of disaggregated data for the proper identification of issues relating to disabilities and with the full participation and collaboration of persons with disabilities and their representative organizations.
- Undertake a comprehensive legislative and policy review, including of Law No. 2 (2002) concerning the Handicapped Welfare and Rehabilitation Fund, and bring Yemeni laws and policies into line with the human rights model of disability enshrined in the CRPD.
- Ensure that accessibility standards and universal design are incorporated into all legislation, policies and programmes related to post-conflict reconstruction, with the active and genuine participation of persons with disabilities and their representative organizations.
- Strengthen measures to ensure that organizations of persons with disabilities are effectively and genuinely consulted and meaningfully involved in the design, implementation and evaluation of laws, policies, budgets and any future peace process negotiations and provide such organizations with continuous and transparent funding.
- Ensure that the Handicapped Welfare and Rehabilitation Fund receives the funds it is meant to receive from public and private entities.
- Ensure that the Handicapped Welfare and Rehabilitation Fund is promptly and fairly disbursing allocations to organizations of persons with disabilities and other beneficiaries.
- Facilitate the work of humanitarian agencies and organizations, including through ensuring that the Executive Unit for IDPs is actively mediating and resolving issues in situations of land disputes and ensuring IDP sites are not built on or expanded over disputed lands.
- Improve co-operation with UN agencies and humanitarian organizations to ensure that assistance programmes are inclusive of and non-discriminatory towards persons with disabilities and other marginalized groups.
- Ensure that humanitarian assistance reaches persons with disabilities who are not registered in IDP camps and who are staying in informal sites and host communities.
- Ensure the provision of information in accessible formats for persons with disabilities, regarding available essential services.
- Ensure that health care for persons with disabilities is of the same quality and available and accessible for persons with disabilities on an equal basis.
- Ensure that all health care and services are based on the free and informed consent of the individual concerned. Take steps to move away from policies and practices permitting forced institutionalization of persons with disabilities and put in place facilities for community-based care for persons with disabilities in a manner consistent with human rights law.

- Identify the gaps in specialized health care services and prioritize the recruitment of medical professionals to fill these gaps.
- Facilitate equal access to education for children with different types of disabilities by training teachers and making mainstream classrooms fully accessible. Ensure that bureaucracy is not a bar to equal access to education by facilitating registration and enrolment for families and children lacking documentation.
- Improve public awareness of the rights of persons with disabilities and the principles of inclusion and non-discrimination, including through campaigns targeting educators and employers, and address harmful stereotypes, stigma and discrimination against persons with disabilities.
- Ensure that job opportunities are equally accessible to persons with disabilities, including through implementing existing policies on entrepreneurship, appropriate vocational training and the facilitation of loans.
- Extend an invitation to the UN Special Rapporteur on the rights of persons with disabilities.

TO UN AGENCIES AND HUMANITARIAN ORGANIZATIONS

- Strongly consider a further disaggregation of data on persons with disabilities to include type and severity of disability, as well as more nuanced age brackets for older persons (for example, 50-59, 60-69, 70-79, 80-89, and 90 years and older). Ensure the collection of qualitative information on barriers to inclusion of persons with disabilities by conducting more in-depth studies on access and participation.
- Promote the inclusion of persons with different types of disabilities in managing camp affairs and in designing, implementing and monitoring assistance programmes. Engage organizations represented by persons with disabilities in Yemen in humanitarian programming.
- Ensure that infrastructure in camps is accessible to persons with disabilities in adherence with humanitarian principles and rights enshrined in international human rights law and in collaboration with persons with disabilities and their representative organizations, given their expertise and insights on what can meet their needs. This includes installing new latrines or retrofitting existing ones with attention to the rights of persons with disabilities and ensuring other necessities, including housing, schools and medical facilities, are accessible. Ensure that new sites factor in the plans means to fulfil these rights at the outset.
- Provide persons with disabilities equal access to information about camp services, such as medical care, food distribution and evacuation plans, through easy-to-understand materials or other relevant communication methods.
- Ensure the creation of inclusive mechanisms for delivery of aid to persons with disabilities to guarantee their access to assistance, including door-to-door-delivery. Formalize existing networks of volunteers and create new ones to assist persons with disabilities who would like to collect aid themselves and ensure that they are not entirely dependent on families.
- Closely monitor assistance programmes to ensure persons with disabilities are not left behind by ensuring programme design and data systems are aligned with international standards on disability-inclusive humanitarian action.
- Closely monitor the equal access of children with disabilities to inclusive and accessible schools in camps and facilitate their access to off-site schools if that is their choice. Ensure that these schools do not perpetuate segregation or exclusion of children with disabilities.
- Closely monitor sexual and gender-based violence against displaced women and girls with disabilities and ensure the existence and effectiveness of mechanisms to report and seek redress. Ensure that information about these mechanisms is accessible to women and girls with disabilities and that they have equal access to sexual and reproductive health services.
- Ensure that humanitarian staff, particularly those who are in daily contact with affected communities, receive adequate and regular training on the rights of persons with different disabilities, based on the principles underlying the CRPD and humanitarian principles of non-discrimination and participation.

- Monitor the current health referral system and access to rehabilitation care in place for displaced persons with disabilities to ensure proper follow-up.

TO THE UN SECURITY COUNCIL AND HUMAN RIGHTS COUNCIL

- Ensure that any resolutions and statements on the situation in Yemen highlight the situation of persons with disabilities and request periodic updates on their conditions.
- Increase monitoring and detailed reporting on the situation of persons with disabilities in Yemen and in crises in general in line with commitments embodied in UN Security Council resolution 2475.

TO DONOR STATES (INCLUDING JAPAN, SAUDI ARABIA, THE UAE, THE USA AND EUROPEAN UNION MEMBER STATES)

- Significantly increase assistance to the humanitarian response in Yemen and ensure that pledges are met.
- Ensure that humanitarian organizations are inclusive of persons with disabilities in implementing their response by including benchmarks and reporting regarding progress in ensuring the rights and inclusion of persons with disabilities.
- Provide international co-operation and assistance to the government of Yemen in designing and implementing programmes to meet the rights of persons with disabilities.

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LIVING WITH DISABILITIES IN YEMEN'S ARMED CONFLICT

Entering its fifth year, the conflict in Yemen, which has been marked by serious violations and crimes under international law, has had a disproportionate impact on persons with disabilities.

Based on 96 interviews, this report documents how the war has affected the ability of 53 persons with disabilities, 31 of whom were displaced, to access and equally enjoy their human rights.

Testimonies collected by Amnesty International reveal immense challenges faced by persons with disabilities including barriers to equally accessing quality health services, education and employment opportunities. Persons with disabilities living in displacement have faced specific challenges, including difficulties in fleeing violence, obstacles accessing aid and inadequate living conditions that have undermined their inherent dignity, such as inaccessible sanitation facilities.

Donor governments should ensure that humanitarian organizations are inclusive of persons with disabilities in implementing their response. The humanitarian community should honour its commitments to better integrate the rights of persons with disabilities into conflict response by ensuring that no one is left behind in Yemen. Standards that espouse inclusive and non-discriminatory humanitarian response must be tangibly implemented.