



Research Paper

Civilians with disabilities caused by the armed conflict in Yemen

Evaluating the impact of disability and related
accessibility problems through documented field cases



Mwatana
for Human Rights

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A person wearing a white uniform, possibly a medical or humanitarian worker, is sitting on the ground. The background is heavily blurred, showing indistinct shapes and colors, suggesting an outdoor or semi-outdoor setting. The overall tone is somber and focused on the individual.

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Mwatana is an independent Yemeni organization established in 2007 and advocates for human rights. Even though the former regime of president Ali Abdullah Saleh declined to provide the organization with the permit to conduct its work, Mwatana was able to implement its activities and participate with other parties in advocacy campaigns against the violations of human rights committed in various parts of Yemen, including those committed against the peaceful Southern Movement sit-ins, during the Saadah wars, and the arrests of activists, opponents and journalists. Furthermore, "Mwatana" cooperated and coordinated with international partners in documenting human rights violations in Yemen.

In April 2013, Mwatana finally obtained its permit and was able to expand its institutional capacities and intensify its activities. Mwatana is currently documenting the violations committed by the parties to the conflict and the various authorities and is publishing the results of its investigations in multiple publications. Mwatana also provides legal support and advice to victims of arbitrary detention and enforced disappearance, in addition to implementing advocacy activities and campaigns at the international level and among decision-makers. It also works to ensure accountability for violators and justice for victims and to build the capacity in the human rights field.

In 2018, the Baldwin Award recognized Mwatana's work. Human Rights First announced awarding the 2018 Roger N. Baldwin Medal of Liberty to Mwatana. In the same year, the 10th International Hrant Dink Award was granted to Mwatana for depicting to the world the status of human rights in Yemen and for fighting against human rights violations in the country. In 2019, the American magazine "Time" listed Radhya Almutawakel (Chairperson of the organization) among its 100 most influential people in the world.

In February 2021, Mwatana for Human Rights and Campaign Against Arms Trade (CAAT) were nominated for the 2021 Nobel Peace Prize.

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This research paper was published with funds from the Atlas Alliance as part of the awareness raising campaign linked to the Global Disability Summit 2022. The campaign aims to raise awareness of the human rights of persons with disabilities and of issues facing persons with disabilities and in situations of humanitarian crisis and conflict.

A person is standing on a dirt ground, using two grey metal crutches for support. They are wearing a brown long-sleeved shirt and a red cloth wrapped around their waist. A green and yellow patterned cloth is draped over their left shoulder. The person's left leg is a prosthetic, appearing as a dark, rounded, and textured limb. The background shows a simple, makeshift structure made of white plastic sheeting and dry straw. The word "Introduction" is written in white text on a black background at the bottom of the image.

Introduction

“

At the moment I cannot get married. Who will agree to marry a maimed girl! I became like a monster, even my younger siblings fear me. I am only good for scaring people. I pray to God to not let me live this life.

”

A girl with a visual disability, facial injuries, an amputated right hand, and some amputated fingers of her left hand. She was wounded by an IED that exploded in her hand, in Al-Quraishya, Al-Bayda governorate.

The number of persons with disabilities in Yemen before the armed conflict is estimated at around three million. Persons with disabilities have become one of the most vulnerable groups in need of humanitarian assistance during the conflict.¹ Their situation has been aggravated by mounting obstacles in accessing services, and the damage caused to infrastructure, while some of them have been forced to live in displacement settings that lack the most basic needs for life and protection. Moreover, the conflict has resulted in suspending the activities of over 300 local NGOs that used to provide services to persons with disabilities, in the areas of care, training and rehabilitation.² In addition, more restrictions have been placed on the work of international NGOs assisting persons with disabilities. Some facilities for the care of persons with disabilities have been targeted by the parties to the conflict, including a service center for the visually impaired in Sanaa that was damaged by an airstrike carried out by the Saudi and UAE-led coalition in January 2016.

At least 6000 civilians have acquired disabilities due to the conflict; most of them have lost a limb due to explosions caused by artillery, airstrikes, landmines or bullets.³ The actual number is likely to be much higher.

The community of persons with disabilities has been suffering since before the conflict. Their suffering has intensified after that, as many previously available services have been affected. The conflict and the conduct of its parties has led to the formation of a new community of persons with disabilities. This policy brief sheds light on this new community, and highlights the ways in which civilians with disabilities have been harmed due to the use of explosive weapons by the parties to the conflict in violation of international law.

This research paper discusses the psychological, social and economic impacts that wounded civilians with disabilities resulting from the armed conflict in Yemen experience. It highlights their suffering, needs and the aggravated obstacles they face, besides the limited support available to them. The paper also discusses their personal agency in adapting to the new normal. Finally, the paper offers practical recommendations and

1 "The disabled are facing mounting dangers over war and displacement: they must be assured equal access to services", Human Rights Watch [in Arabic], 3 Dec. 2015: <https://www.hrw.org/ar/news/2015/12/03/284032>

2 "The disabled in Yemen are left among the rubble", Human Rights Watch, 11 May 2015: <https://www.hrw.org/ar/news/2015/05/11/270356>

3 "The scars of war: Yemen's disabled", ICRC, 23 May 2016: <https://www.icrc.org/ar/document/scars-war-yemens-disabled>

suggestions on the ways in which different actors can support persons with disabilities in a sustainable and sustained manner.

People with disabilities directly caused by the armed conflict are part of the larger community of the disabled people in Yemen. Despite the fact that this paper focuses primarily on persons with disabilities who have been directly affected by the armed conflict in Yemen, many of the included topics in the paper apply to all people with disabilities. Whether they were disabled since birth, acquired them through diseases or as a result of injuries.



A 16-year-old survivor of an explosion of a booby trap in Jabal Al-Haseer, Al-Bayda Governorate..



The general context

“

I live in darkness all the time. My
life became a series of obstacles.
Everything became bitter.

”

*A child with visual and physical disabilities.
An explosive remnant exploded while he
was playing with it, in Zanjibar, Abyan governorate.*

The armed conflict in Yemen started in September 2014, when the Iran-backed Ansar Allah armed group (“Houthis”) and forces loyal to former President Ali Abdullah Saleh took control over the capital Sanaa by force. The conflict grew tenser in March 2015 when the Saudi and UAE-led coalition started its military operations against the Houthis and Saleh loyalist forces, in support of the internationally recognized government of President Abd Rabou Mansour Hadi. All parties to the conflict have committed violations of international humanitarian law and international human rights law across Yemen, in the absence of accountability. The civilians in Yemen suffer all sorts of violations, including the catastrophic impact of explosive weapons. Yemen has become known as the worst human-made humanitarian crisis in the world.

The conflict has pushed the Yemeni economy to the brink of collapse. The total losses accrued by the end of 2021 are estimated at 126 billion US dollars.⁴ Divisions over the financial policy, and the dwindling capacity of the government to finance the imports of basic supplies, has led to catastrophic results for the population. The inflation rate on food and fuel prices has reached between 150 and 200 percent respectively. The Yemeni currency lost one third of its value, compared to the period before the armed conflict. At present, around 80 percent of the population in Yemen lives below the poverty line.⁵

The conflict destroyed more than a third of the educational infrastructure in the country, and around 40 percent of healthcare facilities, housing assets and sanitation infrastructure, besides destroying more than half of the energy infrastructure.⁶ Currently, there are 15 million people, more than half of whom are children (8.5 million), who lack access to safe water, sanitation or hygiene.⁷ Around 20.7 million people (more than 66 percent of the Yemeni population) need assistance and protection, including over 12 million children.⁸ For at least two years, around 50,000 persons in Hajja, Omran, and Al-Jouf have been living in near-famine conditions, besides more than 5 million persons in

4 Taylor Hannah, David K. Book, and Jonathan De Muir, “Evaluating the impact of conflict in Yemen: routes of recovery”, UNDP, Sanaa 2021, p. 32.

5 UN Office for the Coordination of Humanitarian Affairs (OCHA) Yemen, Humanitarian update issue 2/ February 2021. https://reliefweb.int/sites/reliefweb.int/files/resources/Humanitarian%20Update_2021%20%2302_v5_1.pdf

6 Ibid, p. 26.

7 “‘Shameful milestone’ in Yemen as 10,000 children killed or maimed since fighting began”, Geneva Palais briefing note on the situation of children in Yemen, 19 Oct. 2021: <https://www.unicef.org/press-releases/shameful-milestone-yemen-10000-children-killed-or-maimed-fighting-began>

8 “Lives of millions of children is in grave danger as Yemen stands at the edge of famine”, press release by UNICEF executive director, Henrietta Fore, UNICEF, 23 Nov. 2020: <https://cutt.us/mmwtZ>

Yemen who are on the brink of famine.⁹

The number of victims of the conflict in Yemen whose cases could be verified in 2021 reached 8,796 killed and 9,865 injured,¹⁰ and 10,000 children died or were injured in Yemen since the beginning of the conflict, an average of four children per day.¹¹ Since 2018, landmines and IEDs have killed and maimed no less than 1,424 civilians, most of them children.¹² More than four million people have been displaced because of the war; 73 percent of them are women and children.¹³



9 Yemen emergency, WFP, accessed 7 Jan. 2022: <https://ar.wfp.org/emergencies/yemen-emergency>

10 Yemen Data Project, accessed 7 Jan. 2022: <https://yemendatapoint.org>

11 Yemen situation report, UNICEF, 6 Nov. 2021: <https://reports.unocha.org/en/country/yemen/>

12 "Call for action for the removal of landmines to save lives and livelihoods", situation report, UNICEF, 11 Oct. 2021: <https://reports.unocha.org/ar/country/yemen/card/4gQZ0PeYTN>

13 UNICEF situation report, op. cit.



Legal definition of persons with disabilities

“

We suffer harsh living conditions and are busy all the time trying to provide. We are not able to get medical treatment or surgeries to remove the metal plates and screws in his legs, or to do the operation for his left eye. Without these operations my son will not be able to return to his normal life.

”

The father of a child with a physical disability after a mortar fell on the family house, in Al-Houk, Al-Hudaïda governorate. The injuries occurred after they returned home from their displacement.

According to the Convention on the Rights of Persons with Disabilities (CRPD, May 2008), persons with disabilities “include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” This definition applies to all persons with disabilities, whether civilian or military, regardless of the cause of disability (congenital, emergency), and it also includes all types of disability in different circumstances. The CRPD states that its purpose is to, “promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.” Moreover, article 11 of the CRPD confirms the importance of ensuring their protection and safety during situations of armed conflict, humanitarian emergencies and natural disasters in accordance with obligations under international humanitarian law and international human rights law. Yemen is one of the 184 States Parties to the CRPD, which Yemen signed in 2007 and ratified in 2009. The Yemeni law on the care for and rehabilitation of the disabled was issued in December 1999, before Yemen joined the Convention. The Yemeni law still needs to be amended to reflect the provisions of the CRPD.





A damaged car due to landmine explosion in Al Hudaydah Governorate



Methodology

“

The first shock was when I regained consciousness and felt that my right foot was amputated. I became disabled. I felt shocked with grieve. I kept wishing that I had never stepped out of the house that day, but it is my fate.

”

A young man with a physical disability after a landmine exploded in his village, in Al-Qabatiya, Lahj governorate.

A kid with artificial limb, his leg was amputated due to mine explosion in Yaf'an area, Al-Bayda Governorate.



This policy brief is based on field cases that Mwatana for Human Rights monitored and documented during the period 2019-2021, covering cases of injured civilians who suffered physical and visual disabilities due to the conflict. Additional in-depth interviews were conducted regarding 20 /verified cases in early January 2022 to complete the information needed to prepare this policy brief. The interviewees were notified of the purpose of the interviews.

All cases involve persons who suffered long-term or permanent disabilities as a direct result of the conflict. They include children, women and men, who suffered different kinds of disability-inducing violations, including the use of landmines, airstrikes, artillery, gunfire or IEDs, across eight Yemeni governorates. These are: Sanaa, Taiz, Al-Hudaida, Abyan, Al-Dali', Al-Bayda, Marib and Lahj, with most cases concentrated in rural areas. The cases also include displaced persons and people who returned home after periods of displacement.

In the context of preparing the policy brief, Mwatana held a discussion about persons with disabilities in Yemen at its headquarters on January 11, 2022, with the participation of local and international NGOs. The purpose was to share ideas about the topic of the paper, and obtain feedback and opinions from concerned parties with expertise on the subject, including the work mechanisms of organizations in the context of the conflict, and the obstacles facing the provision of services to civilians with disabilities. The discussion also included perceptions around effective roles, and how to limit obstacles as the conflict continues.



The only survivor of an air attack on a car in Al-Tamr area, Taiz governorate.



Main issues

“

Sometimes I feel shame as I am a girl with one leg. Even while having on the best of my clothes, I feel I am not whole. As such I avoid weddings. If I go to a wedding, I sit down and don't stand up until everybody leaves.

”

A girl with a physical disability after an RPG was wrongly fired by forces of a party to the conflict on a market, in Ja'ar, Abyan governorate.

First: Psychological, social and economic impacts of disability

The negative impacts of disability do not appear all at once, but rather unfold in succession. The feeling of its impact intensifies whenever persons with different disabilities realize the severity of the disability at stake, test its social and economic cost on their own, and face patterns of social behavior based on discrimination and blatant inequality upon reintegration into society. As such, disability becomes a source of renewed and aggravated suffering, especially when it occurs in the context of protracted conflict, in extremely fragile societal contexts that are unable to meet basic and specific needs.

A. Psychological impacts

Persons with disabilities suffer from bad psychological effects, ranging from a feeling of shock when a disability occurs, to falling prey to depression and frustration, and possibly a fatal feeling of helplessness. The psychological effects vary relatively according to the type of disability. Persons who have had their lower limbs amputated, have lost their full mobility or have multiple handicaps are more susceptible to severe psychological effects, sometimes to the point of hating life and wishing death as the only way out. This applies to disabilities that are accompanied by severe and long-term chronic pain because of small shrapnel settling in different parts of the body, making the life of the person with disability an unbearable hell. The disability that causes severe facial deformities has a psychological impact that is no less severe, especially for girls, as the feeling of ugliness and deformed appearance can lead to hiding from view, even inside the house, and avoiding mixing with relatives. Moreover, a girl with this type of disability might feel that she is no longer suitable for marriage, or excessively think about a now unknown future.

The psychological effects of disability partially vary based on gender. Disabled men, for example, display a reasonable indifference to social stigma, which allows them to absorb abuse from the environment with the least harmful psychological effects. Differently, they experience higher levels of stress over the economic consequences of disability, and of being disabled and unable to go out and move freely in society. Women with disabilities are more inclined to solitude and staying at home, despite feeling acutely bored and depressed at times, to avoid stigmatization and exposure to offensive and degrading comments. Some of them are satisfied with going out when absolutely

necessary, while refraining from participating in events and gatherings of women, in order to avoid feeling inferior.

Disabilities caused by detonating mines, explosive devices or air strikes cause persistent insomnia in children and a phobia of loud, explosion-like sounds. In general, children with disabilities of both genders feel very sad, because they become unable to play with their peers, or run in open spaces as they used to do in the past. Several reported that they hesitated to continue going to school because of the shame of their appearance after disability. Their families' insistence on not leaving their education forced them to continue studying. However, they no longer consider school as a sufficiently attractive place because they are unable to participate in school plays or activities, and some have been bullied, ridiculed or scorned by classmates.

B. Social impacts

Disability results in the reduction of social interactions for a noticeable number of persons with disabilities because of isolation, or due to the reluctance of the surrounding community itself to strengthen social ties with persons with disabilities, and a decline in interest in them after a short period of sympathy and compassion. Some persons with disabilities who wish to develop positive social relationships, which can help alleviating the difficulties of disability, face limitations in making more friends and diversifying social ties in a natural and flexible manner.

In particular, women with disabilities may be subjected to social disadvantages, which results in the aggravation of the prevailing inequality in society, and may experience various forms of recklessness, abuse, and continuous and deliberate neglect by men. Families of unmarried girls who have a permanent physical disability tend to impose severe restrictions on leaving the home, even if the disabled girl can do so with the help of a family member. This results from the belief that she has become more “Awrah”, or vulnerable to shame, than before.

Disability represents a living witness to the suffering of a surrounding community that includes persons with disabilities, especially in rural areas. An individual's disability becomes an indication of an imminent danger to the surrounding community as a whole. For example, the impact of an IED that explodes close to grazing lands or at drinking water sources (wells) and causes injury to a now disabled person does not stop at that individual disability. Rather, the disability-inducing event results in depriving the village

of basic sources of life and livelihood, while its residents sometimes have to search for alternative living strategies, such as displacement to safer places, or displacement for the second time if they were already living in such circumstances.

Returnees from displacement are among the social groups most vulnerable to disabling injuries, due to the persistence of risk factors in their home environments to which they risked returning. Basically, displaced persons can be understood as those who avoided engaging in the conflict and left their homes in search of security. However, some of them may decide, as soon as there are signs of a decreasing level of conflict, to return to rehabilitate their homes and properties, and resume their normal lives, only to face a disastrous fate with disability. There are cases of returnees from displacement who, upon returning to their homes, have become disabled because of the explosion of a random landmine or shell. All of them feel doubly bitter, and have no means of life, after going through a harsh experience with displacement.

C.

Economic impacts

The most severe economic impacts resulting from disability fall on the breadwinner and his family, who, along with the injury, may have lost their only source of livelihood. Here disability results in a complete and tragic change in the normal course of the family's daily life, and perhaps aggravated and continuous poverty due to the permanent disability of the breadwinner. To a lesser extent, some women with physical or visual disabilities experience diminished economic roles, as a result of the difficulty of performing housework or caring for children with the same merit, or because of the inability to carry out basic tasks outside the home in rural areas, such as sheep grazing, woodcutting and fetching water. Some women with disabilities suffer from the feeling that they are permanently dependent on the family and are not economically useful, and this is something that can have a significant impact on their lives in the future.

Many persons with disabilities or their families suffered from heavy financial burdens to access life-saving health services, follow-up care, medicines and some medical aids. Some were forced to sell livestock, agricultural land or valuables to meet some needs. As a result of the preoccupation with accompanying victims for days or weeks in the hospital, some fathers, brothers or husbands, who engage in daily-wage work, lost their sources of livelihood for long periods. A family bore the cost of moving its place of residence from the countryside to the city to offer one of its relatives with a disability better opportunities to overcome psychological trauma and obtain the necessary

physical rehabilitation. In rural areas with ongoing clashes, some families of the victims were subjected to financial extortion by drivers who took large sums of money from them in exchange for taking the risk of transporting the victim from the countryside to the city through an unsafe environment.

Second: Problems in accessing basic services

A. Inaccessibility of life-saving medical services

Difficulties in accessing life-saving medical services, because of natural or man-made (by the parties to the conflict) obstacles, lead to disastrous outcomes. Such outcomes include the prolongation of the life-threatening injury, a delay that is harmful to the victim's health condition and increased risks of seeking access to this type of services in the countryside, as a result of the rugged terrain, and the distance from cities where there are hospitals equipped with appropriate medical devices to receive critical cases. Moreover, there is the problem of inaccessibility in displacement settings that often lack adequate medical services, including first aid, as well as in areas close to armed confrontations.

There is evidence of the horrific experiences of some victims resulting from the difficulty of accessing life-saving medical services; all such cases took place in the countryside. An example concerns three women (35, 27, 18 years old) who suffered varying physical disabilities that were caused by the explosion of anti-personnel mines while they were herding sheep in mountainous areas located relatively far from their villages. They reported that it took many hours to reach them after people heard the explosion. As soon as the people succeeded in reaching one of the victims, they faced the challenge of transferring her to the hospital located several hours away, only to be faced with the hospital's refusal to accept the case because of its grave nature. Instead, they went on a longer journey of torment, during which the victim's health condition worsened dramatically.

In other cases, a period of months passed before the families of the injured were able to provide first aid to the injured, due to a siege imposed on their villages by one of the parties to the conflict for flimsy security reasons. The following example concerning a civilian with a physical disability from Al-Bayda governorate, east of the capital Sanaa, is a stark and very bleak example of the dangers that civilian victims with disabilities face due to accessibility problems resulting from the practices of the parties to the conflict.

A mine explosion, which occurred while the 25-years-old man was grazing sheep near his village, tore his right foot, and left fractures and shrapnel in his left leg below the knee. His family was unable to help him for more than a year, because of the siege imposed on the village by an extremists armed group. When the Houthis took control over the village, they accused its residents of loyalty to that group and continued the siege. They did not allow the victim to access necessary medical services except after mediation by the notables, which took about a month to accept.¹⁴

B. Inaccessibility of healthcare services

Persons with disabilities residing in the countryside face difficulties in accessing healthcare services and subsequent follow-up care due to the lack of basic healthcare structures, specialized health staff, as well as the scarcity of medicine, especially for long-term use. Persons with disabilities were unable to receive the service of periodic cleaning of wounds, or new supplies of medicine. Some failed to find someone to give them the intravenous injections they brought with them from the city, so they were satisfied with taking tablets instead.

C. Inaccessibility of social services

Some children with physical disabilities who live in the countryside reported that it was difficult to continue their education after disability due to the long distance to school, while others had to leave school temporarily due to hospitalization and follow-up care. However, over time, school became a part of their past because of difficulties related to movement and the inaccessibility of schools to persons with disabilities.¹⁵

14 During the siege, the family of the victim managed to procure the services of a local physician. He used to visit the victim in the night, from a nearby village, to provide some essential first-aid, including the removal of the right foot using simple tools.

15 From the conducted interviews, we did not identify evidence regarding the presence of structural barriers or discriminatory policies that hindered the access of children with disabilities to education, either in public or private schools. However, the absence of such cases does not imply that barriers and discriminatory policies are categorically absent. Most schools, if not all, do not have disability facilities or services to help persons with disabilities to continue their education.

D. Inaccessibility of humanitarian assistance

Reaching remote aid centers is a real dilemma for persons with disabilities, as those who are registered to receive aid must undergo identity-matching procedures, and personally come to get the food or cash “ration”.¹⁶ At the same time, some persons with disabilities are subjected to humiliation, such as staying under the scorching sun, or waiting in inappropriate places for long periods, in addition to being treated by some aid distribution staff as beggars and not as holders of a right to receive assistance in a dignified manner.

Third: Specific needs of persons with disabilities

Most persons with disabilities who were interviewed needed an aid commensurate with the type of disability, especially prosthetic limbs and wheelchairs. The perfect tool for restoring mobility. As a result of the lack of these tools, some had to use a metal crutch, which could be obtained for a rather cheap price. However, it is of course not the ideal tool to restore mobility. For those with physical disabilities who desperately need a wheelchair, crutches, not even prosthetic limbs, are not an option at all. So they become completely immobile. The inability to meet the specific needs of persons with disabilities means depriving them of living independently and keeping them under the constant need for the help of others, which is incompatible with their most basic human rights.

In parallel, some of those who received prosthetic limbs complained that they did not fit, or that they caused severe side pain that forced them to put these prosthetic limbs aside.¹⁷ Others experienced difficulties in using the limbs due to a lack of training. Most of the persons with disabilities who were interviewed still need additional surgeries, removal of some shrapnel, removal of metal plates or screws from some limbs, orthopedic devices, or specialized medical follow-up services. This reality presents itself

16 A disabled young man from Lahj drives a motorcycle with the help of a family member to a remote distribution center to get his free monthly ration, despite the pain he experiences because of riding a motorcycle, especially in rough terrain. He says that he must do this for his name not to be removed from the list. This support is essential for his family, as it constitutes the only means of survival after his disability ended his work prospects.

17 A girl who had her leg amputated because of a landmine, said that she had to let go of a prosthetic limb she got because of its wrong size. She started walking inside the house by relying on her arms and body. An older person who got disabled because of a landmine, said he needs a wheelchair because he cannot use a prosthetic limb due to his old age.

despite periods of varying lengths have passed since they became disabled. In fact, poverty forced many rural families to remove some family members with disabilities from the hospital before their health conditions stabilized or the necessary surgeries were performed. As a result of the families' inability to bear the high costs of medical treatment, these families live in real daily suffering while awaiting constructive and sustainable interventions.

The need for specialized psychological rehabilitation is a paramount necessity for persons with disabilities. As a result of the difficulty of providing this service even through the private sector, due to the scarcity of centers that provide specialized mental health services, and the tyranny of a superficial and harmful traditional culture, some resort to negative coping mechanisms to seek psychological safety. Such mechanisms include ironing parts of the body with fire to remove panic and psychological trauma caused by the disability. In addition, non-specialized psychological support provided by the family to the person with disability can sometimes be counterproductive. For example, receiving psychological support from the family in the form of excessive compassion or not letting the person do the simple things he or she can do can exacerbate the person's feeling of powerlessness and inability to do anything.

“

I heard that there is an organization providing prosthetics to persons with disabilities. I told my child and she was very happy. So far, my daughter is still asking me: father, when will you get me a new hand? I want it fast.

”

Father of a 6-year-old girl whose hand was amputated after she played with an IED that she had found close to home on December 22, 2021, in Al-Abdya, Marib governorate.

Fourth: Community support for persons with disabilities; family support

Persons with varying types of disabilities and of different ages depend on their families to receive assistance to move inside or outside the home, manage their own affairs (such as getting dressed, using the bathroom, and taking care of personal hygiene), install equipment appropriate to their situation to help them lead a better life inside the house (such as installing iron handles to help them stand up in different areas of the house), or encourage them to continue going to school. Family represents the main source of psychological and moral support for persons with disabilities by stimulating hope, instilling self-confidence, alleviating depression and sadness, and containing the behaviors resulting from the sharp mood changes in a person with disability. They also play a unique role in granting children with disabilities the ability to feel safe and protected, and address violations of stigma, discrimination and some of the harassment they face outside the home.

A limited number of persons with disabilities who were interviewed reported a relative decline in family interest. The person with disability can, over time, become compelled to rely on himself or herself to move inside the house, or to spend more time alone. Clearly, these patterns do not represent intentional neglect by the family, but rather a natural result of the long-term disability, and the preoccupation of family members with their living concerns, including to secure the basic needs of the person with disability.

Fifth: Efforts of NGOs working for persons with disabilities

Many persons with disabilities were unable to obtain any form of free emergency life-saving medical aid provided by organizations assisting persons with disabilities. The life-saving assistance previously received by persons with disabilities was short-term and limited to the costs of performing surgeries during the first days of the accident, providing immediate medical care after a referral, or paying for one-time treatment.

Psychological support represents the missing link in the efforts undertaken by organizations concerned with assisting persons with disabilities, and this is an additional reason to highlight the urgent need for this type of support. Of all the cases, only one interviewee received specialized psychological support after disability from an organization.

In fact, the efforts of organizations working for persons with disabilities in Yemen suffer from multifaceted shortcomings. The armed conflict of itself constitutes one of the most important obstacles to creating an effective and responsive support and aid network, in addition to the absence of an effective information and reporting system for casualties. International NGOs working for persons with disabilities lack initiatives to search and track war-wounded civilians with disabilities, and their activities depend on what cases they receive by chance or through non-survey documentation. They also face difficulties in verifying the civilian status of victims. NGOs concentrate their activities in the centers of some major cities in few governorates, due to legal obstacles related to the difficulty of movement and obtaining work permits in some areas, as well as other practical difficulties in accessing the countryside, front lines and some areas of displacement. The Saudi and UAE-led coalition imposes severe restrictions on dual-use materials that are used to manufacture prosthetics, which challenges the ability of the only center for such implements and devices, located in Houthi-controlled territory, to meet the needs of persons with disabilities for physical rehabilitation tools.¹⁸

Local organizations working for persons with disabilities encounter difficulties due to poor funding, interruptions of workers' salaries, the absence of training for health and professional staff, and various restrictions imposed on their activity. Moreover, there is poor coordination among them. All these issues have a negative impact on providing services to persons with disabilities or carrying out long-term awareness and advocacy activities.

Despite the shortcomings in the efforts of organizations working for persons with disabilities who were wounded in the war, emergency and short-term interventions in fact represented a lifeline for some victims and an actual lifesaver. Additionally, long-term interventions made a qualitative difference in the lives of victims with disabilities. Some people received appropriate prosthetic limbs to help them move in record time, while the psychological support received by one girl with a physical disability helped to overcome the serious psychological effects of the disability in an optimistic manner..¹⁹ Naturally, these results encourage to continue the provision of services directed at

18 Information from the specialized group discussion held by Mwatana on 11 January 2022 while preparing this policy brief.

19 This girl said that she received psychological support together with other persons in some safe spaces and camps, and the service was tailored to persons with disabilities. She discovered that she is not the only person with disability. There are people like her, and others in worse conditions. Psychological support helped her let go of thinking negatively about disability, and accept her new normal.

civilians with disabilities who were wounded in the war, and are a stimulus to think and work towards overcoming difficulties and developing mechanisms for intervention under the conditions of the conflict.

Sixth: Challenging disability – examples of personal initiative

There are remarkable examples of persons challenging their own disability and positively coping with the consequences resulting from their disability, especially psychological and social consequences, which reflects a person's strong will to not give in to disability. However, the scarcity of these cases is apparent. The context of the protracted conflict does not offer practical opportunities and possibilities for garnering strong will to really challenge one's disability. Without access to appropriate physical rehabilitation tools that aid mobility, movement and reintegration, the possibility to talk about personal success stories on challenging disability remains minimal.

A 16-year-old child was physically disabled due to a landmine explosion upon his return with his family from displacement to their original home in Salah District, Taiz governorate. The child said that he insists on going to school alone, relying on his crutch, which the family purchased for him at their own expense. Despite the hardships, which he feels while going to school and back, and his own suffering with the crutch, he decided to continue his education and to not give in to the despair that accompanied him for a certain period after the injury. Now he feels relieved that he has partially overcome the difficulty of movement, and he even goes to some places other than school when necessary.

Another child (a 13-years-old girl) with a physical disability caused by a shell explosion, reported that she was about to lose hope that she could ever walk again, and feels that it is impossible to live with one foot. However, after she received a prosthetic foot, her confidence in restoring a normal life was strengthened, and she began to adapt to this new reality. She is putting greater effort into her education and is doing many things that she was unable to do before. "At first it was hard to go anywhere, and I couldn't do it on my own, so I needed help even going to the bathroom, but over time I learned to do many things on my own, including difficult things like getting to school," she says.



Results

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In the past, I used to go to school. Now, I cannot do that. The school is far away and I need a lot of time going and coming back using my crutch. It causes pain in my hand and burns my shoulder.

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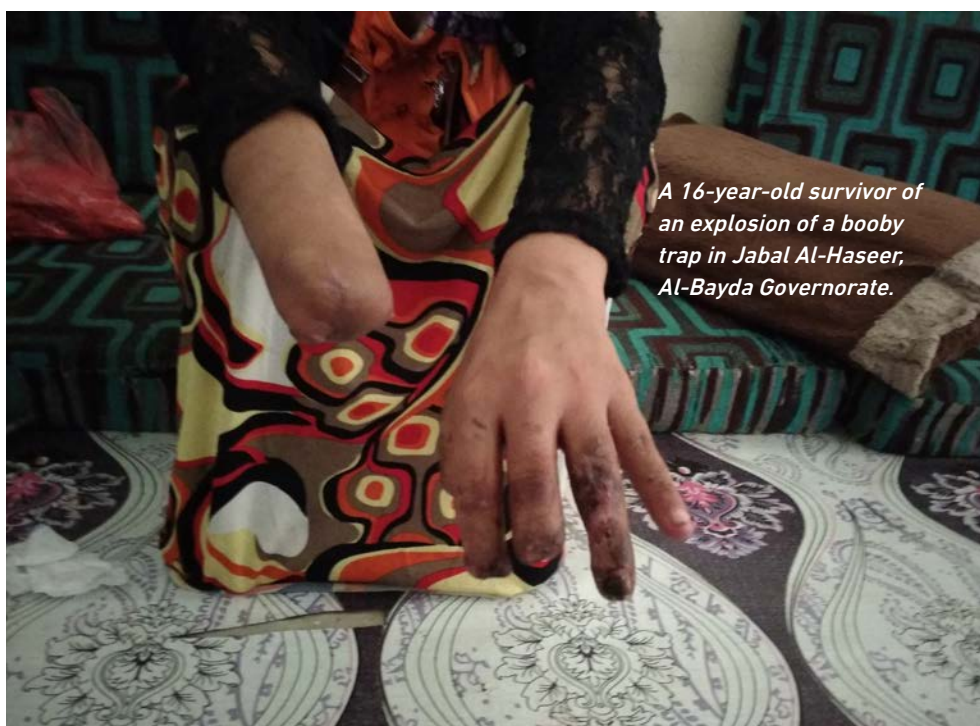
A girl with a physical disability caused by a landmine.

A damaged car due to landmine explosion in Al Hudaydah Governorate.

1. Disability in the context of a protracted conflict has profound psychological, social, and economic impacts. Instead of decreasing in severity over time as would normally occur, the effects of disability worsen and become more severe the longer the conflict continues. The community context becomes more fragile, unable to meet basic and specific needs, in addition to being incapable of guaranteeing rights, and lacking mechanisms to provide protection to persons with disabilities who suffer from an increased sense of insecurity, with the persistence of risk factors in environments of displacement and areas of armed confrontation.
2. There are preliminary indications that there exists a relative discrepancy in the nature and level of impacts caused by disability, related to the type of disability and the gender of the person with a disability. For example, women with disabilities tend to be isolated and stay at home to avoid stigmatization, while men with disabilities have a reasonable indifference to degrading comments by others on their disabilities, as opposed to being highly sensitive to the economic impacts of disability, as breadwinners. Disabled women bear a greater social cost resulting from the exacerbation of the social stigma that women with disabilities experience, and the movement restrictions that the family often prefers to tighten, especially on girls with disabilities.
3. Disability is a reason for the slackening of social relations for persons with disabilities, and for limiting the ability to develop social ties due to the difficulties of movement, communication and exchange of visits, or as a result of the choice of some persons with disabilities to withdraw as a negative coping mechanism to deal with feelings of being let down by the surrounding community.
4. There is an invisible social impact that may result from disability, and it comes at a huge cost. This occurs when the damages of individual disability – in rural areas – go beyond the person with disability and his or her family, and become an indication of an imminent danger to the surrounding village community as a whole. This includes the situation where a person's disability is caused by a mine explosion occurring at grazing lands, or near the only water well in the village. Here the surrounding community becomes restricted in movement and feels unsafe, and may have to migrate in search of a viable livelihood and safety.
5. Disabilities inflicted on people while returning to their homes after a bitter experience of displacement cause acute impacts in terms of double suffering, disappointment and limited means of livelihood.

6. Families of persons with disabilities are faced with heavy financial burdens to access life-saving health services, follow-up care, and to provide for his or her needs. This has resulted in families spending all or some of their savings, selling some of their property or borrowing. However, some families were forced to remove family members with disabilities from the hospital before their health conditions stabilized because of the high medical expenses.
7. Persons with disabilities face substantial difficulties in accessing services, especially life-saving medical services, healthcare services and social services, in addition to the difficulty of accessing humanitarian aid. These difficulties are exacerbated in the countryside, displacement settings and areas close to confrontations. Such difficulties are the result of natural obstacles (such as rugged terrain and long distances to service points), obstacles put in place by the parties to the conflict (such as sieges and road blocks), or the damage to infrastructure caused by the war. In all cases, the difficulties of access have severe consequences for persons with disabilities, such as prolonging life-threatening injury, and causing delays with serious impacts on the health of the victim.
8. The family is the main source of support for persons with disabilities. They depend mainly on their families for movement and mobility, and to meet their needs. Families play a variety of long-term roles, including providing non-specialized psychological and moral support, as well as spontaneous forms of protection, in addition to their role in providing treatment and building resilience against hardships.
9. Persons with disabilities suffer from a severe lack of tools and supportive equipment, such as prosthetic limbs and wheelchairs, which deprives them of living independently and keeps them in need of other people's help for a longer period. Several persons with disabilities are languishing under tragic conditions without undergoing needed complementary surgeries, treatment to remove shrapnel or metal plates or screws from some limbs, or obtaining appropriate healthcare and medication.
10. Specialized psychological support represents the "missing link" in the response efforts provided by organizations working for persons with disabilities. As a result of the scarcity of this service, some persons with disabilities resort to negative and harmful coping mechanisms to deal with trauma damage and psychological effects resulting from injury at the insistence of the family.

11. The severity of needs reflects a noticeable low level of service provision by organizations working for persons with disabilities, as many persons with disabilities who were interviewed were unable to access life-saving services provided by international NGOs. The life-saving assistance obtained by some was short-lived, and rarely included extensive post-referral intervention.
12. The interventions directed at persons with disabilities have a clear positive impact where they occur in an appropriate manner. Some persons with disabilities have received various forms of support, such as suitable prosthetic limbs to partially overcome the difficulties of movement, and psychological support that has already yielded very encouraging results.
13. There are remarkable examples and cases of persons challenging their disability through personal initiative. However, these cases are noticeably limited due to the conflict conditions that constantly undermine the opportunities and space for such efforts. Additionally, there is a low level of access to physical rehabilitation tools that help movement, mobility and reintegration. The possibility to personally challenge one's disability is subject to the availability of a reasonable level of support that fulfills needs and rehabilitation activities that will stimulate the will of the person to challenge his or her disability.



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I used to have friends. I was social and outgoing, I used to visit them and they visited me. We were also taking care of the sheep on the grazing land together. But all of that is now in the past. Now I live like a prisoner in the house.

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*A girl with a physical disability
caused by an anti-personnel mine.*

A person is sitting on a blue and white patterned rug. They are wearing a yellow blazer over a grey button-down shirt and grey trousers. Blue socks are visible at the ankles. The person's head is tilted back and to the side, and their eyes are closed. The background is a plain, light-colored wall.

Recommendations

■ To all parties to the conflict in Yemen

1. Protect persons with disabilities in conflict situations and to ensure they have access to justice, basic services and unimpeded humanitarian assistance.
2. Immediately cease the targeting of civilians and civilian objects, and adhere to international law, including international humanitarian law and international human rights law.
3. Immediately cease the use of explosive weapons in populated areas.
4. Ensure income-generating opportunities for persons with disabilities, by starting immediately to provide them with salaries, on a regular basis.
5. Facilitate access of civilians, including persons with disabilities, to life-saving services during the conflict, and open land, maritime and air borders and crossings
6. When carrying out withdrawals or partial redeployments in some areas, forces should not leave behind unexploded ordnances that cause harm to civilians.

■ To international NGOs working for persons with disabilities

1. Develop work mechanisms during emergency situations that factor in civilians with disabilities during the conflict. It is possible, for example, to fund local medical teams that provide medical services and first aid to civilians in conflict zones, in coordination with the parties to the conflict.
2. Build the capacities of health centers in rural areas during the conflict, provide a training program to health workers, and provide health centers in rural areas with medical supplies, including life-saving supplies in emergency situations.
3. Start an effective system for monitoring and reporting civilian casualties caused by the conflict. For example, it is possible to coordinate with hospitals, located close to confrontation lines, vulnerable areas contaminated with landmines or areas subject to airstrikes, to provide immediate referrals of certain cases to hospitals, and provide them with due care in flexible and quick procedures.
4. Conduct a dynamic identification of the needs of civilians with disabilities who have been injured due to the conflict during the previous years. Such needs can include self-propelled wheelchairs, prosthetic limbs, orthopedic operations, plastic surgeries, hearing aids, etc., in cooperation with official authorities, local authorities and the Fund for the Care and Rehabilitation of the Disabled. This effort can include developing a comprehensive plan to meet all needs, according

to reasonable prioritization (for example, children come first) within a specified timeline.

5. Expand the intervention to include life-saving medical aid, necessary surgical procedures, shrapnel removal, medication, trauma rehabilitation and appropriate physical rehabilitation tools, while allowing follow-up care for victims.
6. Audit the standards for meeting specific needs, and ensure that people with disabilities have access to suitable and not low-quality prosthetic limbs. Organize training courses and programs for those involved in the manufacture and fitting of prosthetic limbs.
7. Organize long-term international advocacy campaigns to raise awareness about the specific nature of the difficulties faced by civilians with disabilities, including civilians injured due to armed conflicts in different countries, their need for immediate assistance mechanisms, and international legislation specific to this group in order to guarantee their basic rights in society, as well as to oblige governments to provide them with adequate, effective and prompt reparation, and to ensure their right to access to justice for intentional and disabling violations committed against civilians by parties to the conflict.
8. Rehabilitate and operationalize local centers and organizations concerned with assisting persons with disabilities that closed because of the conflict. Geographical distribution should be observed, and they should operate with transparency.
9. Assist psychological support centers, such as the Family Guidance Center, and help establish specialized psychological support centers across governorate capitals. Develop rehabilitation teams to advise families of persons with disabilities on sound psychological support practices.
10. Focus on economic empowerment of civilians with disabilities wounded in the war, or enable their families to get suitable livelihood opportunities.
11. Encourage the implementation of extensive field studies on civilians with disabilities who were injured due to the armed conflict in Yemen, to test the indicators that came out of this paper, which are based on some field samples, on the larger context of more geographically comprehensive field samples, and to reveal dimensions, differences and other patterns of difficulties, needs and invisible effects. The aim is to produce integrated research and extensive empirical knowledge with high reliability. Such knowledge will serve the purposes of various mechanisms of international intervention and assistance in this regard.

12. Integrate persons with disabilities in humanitarian response and decision-making processes.
13. Implement effective interventions to end discriminatory practices that limit persons with disabilities' access to education, and make special accommodations for people with disabilities in schools and educational facilities. In addition to educating teachers on how to deal with disabled students.

■ To persons with disabilities' local NGOs

1. Coordinate between the various NGOs and local centers working for persons with disabilities, to develop meetings and workshops to discuss the situation of these NGOs, and ways to increase the effectiveness of their role while the conflict continues.
2. Simplify and streamline the procedures for obtaining prosthetic limbs, which are usually coordinated between the Disabled Persons Support and Rehabilitation Fund and the National Prosthetics Center.
3. Provide citizens with information and communication channels with organizations working for persons with disabilities, to request assistance when needed, especially in remote and rural areas.
4. Work with the private sector and businesses to convince them to contribute to the integration of persons with disabilities into jobs suitable to their skills and physical conditions.
5. Advocate for amending the Yemeni law on persons with disabilities, to become consistent with the Convention on the Rights of Persons with Disabilities, and remove provisions that stand in the way of ending discrimination and inequality.

■ To donors and international organizations concerned with humanitarian assistance

1. Step up the funding for humanitarian response in Yemen provided by international NGOs working for persons with disabilities.
2. Provide due attention to the needs of civilians with disabilities under conditions of war, within the emergency humanitarian relief efforts.
3. Prioritize assistance to Yemeni families of persons with disabilities.

■ To the UN General Assembly and the UN Human Rights Council

1. Support the establishment of an international, impartial and independent criminally-focused mechanism with a mandate to investigate the most serious violations of international law committed in Yemen, to report publicly on these violations, to collect and preserve evidence, and to prepare case files for potential prosecution of violators in the future.



*Cover: A kid with artificial limb, his leg was amputated due to mine explosion in Yaf'an area, Al-Bayda Governorate.
Mwatana ©*

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My family's life was impacted by my disability. I cannot go to work anymore. My car was the source of income for the family, the only one. It was damaged because of the landmine, and I need a lot of money to fix it.

A man with a physical injury caused by the explosion of an anti-vehicle mine under his car on the road, in Al-Gheil, Al-Jouf governorate.

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