Mapping Available Assistance to Children with Disabilities in Yemen

MAPPING AVAILABLE ASSISTANCE TO CHILDREN WITH DISABILITIES IN YEMEN

UNITED NATIONS CHILDREN'S FUND **(UNICEF)**

Published by the United Nations Children's Fund (UNICEF)
Social Protection
UNICEF Yemen
Sana'a, Republic of Yemen
https://www.unicef.org/yemen/
Published: December 2020

Submitted by

Dr. Mohammed AlAbed
mohammed.alabed@impactresearch.center

Adnan Qatinah
adnan.qatinah@afcar.net

Acknowledgments

This mapping has been conducted under the advisory support, supervision, and guidance of the UNICEF Yemen team. Mr. Ali Al-Agri (Chief of Social Policy Section - OIC), and Mr. Ali Al-Refaei (Social Protection Consultant) provided an extensive support in conducting the assessment.

Thanks and appreciation are extended to children with disabilities and their families, UN agencies, international organizations, disabled people's organizations, community-based organizations, local DPOs, key informants, and local authorities who participated in this mapping for their time and effort in answering questions.

We are most grateful to our field researchers who went to great effort to obtain and collect the data required for this mapping.

PREFACE

Persons with disabilities, especially children, are among the most vulnerable and excluded groups in society due to social, environmental, policy and normative barriers that constrain their lives daily. Children with disabilities are less likely to enjoy equal realization of their rights to healthcare, education, protection, participation and even survival.

As the conflict in Yemen enters its sixth year, children with disabilities bear the disproportionate consequences of years of armed conflict and the multiple crises affecting the country. The current situation in the country has further reduced the limited services and assistance that existed pre-conflict.

During a conflict, especially protracted ones such as in Yemen, the number of children with disabilities increases due to conflict related injuries and poor nutrition among others. Infrastructure and basic services on which they depend are destroyed or compromised and their full participation in society is weakened.

UNICEF upholds the rights of children with disabilities at the core of its mandate. This reflects the organizational commitments linked to the Convention of the Rights of the Child and the UN Convention of the Rights of Persons with Disabilities. In Yemen, UNICEF is committed to include and mainstream children with disabilities into all its programming, for inclusive humanitarian and development action.

Inclusion of persons with disabilities in humanitarian action is also central to meeting broader commitments, such as Accountability to Affected Populations and protection mainstreaming.

One of the challenges faced when it comes to programming for children with disabilities in Yemen, is the lack of accurate and up-to-date data. As part of its strategic focus on evidence generation, UNICEF has conducted a mapping exercise to identify what type of support/assistance is available for children with disabilities and the gaps that exist. This report serves as key evidence to guide a fit-for-purpose response to the needs of children with disabilities.

We hope that readers will find this report useful and that it will trigger further efforts to produce quality evidence to promote inclusive programming for children living with disabilities in Yemen.

Philippe Duamelle
UNICEF Representative to Yemen

February 2021

TABLE OF CONTENTS

List of Tables

List of Figures

ABBREVIATIONS

CARE	CARE International
CBOs	Community-based Organizations
CBPNs	Community-Based Protection Networks
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSOs	Civil Society Organizations
CWDs	Children with Disabilities
DNA	Damage and Loss Needs Assessment (DNA)
DPOs	Disabled persons organizations
HCRF	Handicap Care and Rehabilitation Fund
FGDs	Focus Group Discussions
IDP	Internal Displaced People
IHL	International Humanitarian Law
INGOs	International Non-governmental Organizations
KIIs	Key Informant Interviews
MOPHP	Ministry of Public Health and Population
MOPIC	Ministry of Planning and International Cooperation
MoSAL	Ministry of Social Affairs and Labour
MSMEs	Micro, Small and Medium Enterprises
NGO	Non-governmental Organizations
NNGOs	National Non-governmental Organizations
NUYDA	National Union of Yemeni Disabled Associations
PDRY	People's Democratic Republic of Yemen
PSS	Psychosocial Support
PWDs	Persons with Disabilities
SFD	Social Fund for Development
SOPs	Standard Operating Procedures
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	The United Nations Children's Fund
WASH	Water, sanitation and hygiene
WHO	World Health Organization
WFP	World Food Programme
YHF	Yemen Humanitarian Fund

EXECUTIVE SUMMARY

Persons with disabilities, mainly children are among the most vulnerable and marginalized in crisis-affected countries.[1] During the armed conflict, children with disabilities (CWDs) are caught in a vicious cycle of violence, social polarization, deteriorating services, and deepening poverty.[2] Children with disabilities also experience stigma, discrimination, and exclusion from key life domains such as health, education, and participation in their communities.[3] in Yemen a large number of CWDs remain unidentified and are not receiving basic social services such as educational, medical, and material support.

The main objective of the assessment was to mapping what type of support/assistance already available for CWDs, their needs, and what gaps exist, as well as to identify the potential emergency support that UNICEF can immediately provide to CWDs.

METHODOLOGY

The assessment was based mainly on qualitative fieldwork. A comprehensive mapping of stakeholders was conducted mainly the support and assistance providers for CWDs. The research included a desk review and identification of stakeholders through snowball effect. Throughout the 5 months of the assessment, over 111 key informant interviews were conducted with government at the national and local levels, support/assistance providers: UN agencies, international organizations, disabled people's organizations (DPOs), community-based organizations (CBOs), NGOs, and private sector, and 44 focus group discussions were held with children and adolescents with disabilities and their parents (22 in Sana'a Hub, and 22 in Aden Hub). A total of 222 participants (50% girls, 50% boys) took part in the FGDs.

1 United Nations Secretary-General for the World Humanitarian Summit (2016). One Humanity, Shared Responsibility. https://reliefweb.int/sites/reliefweb.int/files/resources/Secretary-General%27s%20Report%20for%20WHS%202016%20%28Advance%20Unedited%20Draft%29.pdf

2 UNCIEF (2018). CHILDREN WITH DISABILITIES IN SITUATIONS OF ARMED CONFLICT.

3 UNICEF (2013) State of the World's Children Report. Children with disabilities https://www.unicef.org/sowc2013/

FINDINGS

Overview of the situation of Children with Disabilities in Yemen

Data on CWDs in Yemen are very limited and often not reliable, and collecting accurate data on disability is more challenging in humanitarian emergencies, and not much is known about CWDs during this period of conflict in Yemen. The global estimation by World Health Organization suggest that 15 percent of population in Yemen are persons with disabilities, that around 4.5 million.[4] The National Health and Demographic survey in 2013 estimated that 3 percent of the Yemeni children has some type of disability. However, such estimates of CWDs are lower than is likely to be in Yemen due to more prevalent causes such as diseases, injuries, birth/hereditary that related to inadequate and/or inaccessible health care, poor nutrition, and war/violence.

The primary cause of disabilities in Yemen was birth/hereditary that related to inadequate and/or inaccessible health care and poor nutrition, disease/illness, war/violence, accidents, congenital, endogamy, and hereditary factor. These result from limitations in national systems, poverty, discriminatory beliefs, and behaviors, as well as conflict and war. Poor children are more likely to become disabled through poor healthcare, malnutrition, lack of access to clean water and basic sanitation, dangerous living, and working conditions. Once disabled, they are more likely to be denied basic resources that would mitigate or prevent deepening poverty. Poverty and disability reinforce each other, contributing to increased vulnerability and exclusion.

Legislation and policies

The Government of Yemen has been committed to promoting and enhancing the rights of CWDs by adopting different international conventions, endorsement of national laws to persons with disabilities (PWDs), developing two national strategies; the national strategy for disability (2014-2018) and the national strategy for children and youth (2006-2015) including CWDs. These two strategies have tackled the concerns and needs of CWDs in different sectors and services along with comprehensive assessment for the gaps and recommended actions for improvement. The National Disability Strategy (2014-2018) provided a comprehensive framework for the implementation of the Rights of Persons with Disabilities (CRPD) in Yemen. However, the conflict in Yemen broke out in 2015, derailing efforts to implement the National Disability Strategy, and structures for the implementation of the CRPD and Strategy have broken down due to lack of funding, ruptures, and rifts within the government, and incapacity to deliver services and programs.

Despite the fact that the Yemeni legislation and policies include advantages for the PWDs, it doesn't do too much to them due to their large numbers, lack of available resources and the difficulty of accessing them. This may require the participation of other bodies such as the private sector. These institutions shall be granted additional incentives in order to encourage them to provide aid to this group and carry out their social responsibilities towards them.

Mapping available assistance/support to CWDs

The handicap care and rehabilitation fund (HCRF)

This mapping exercise identified the main actors and their efforts to provide services for CWD in Yemen. The first main actor is the Handicap Care and Rehabilitation Fund (HCRF) which is considered the guardian of all PWDs in Yemen and the reflection of the Yemeni laws regarding PWDs. It has been providing different educational, health, and rehabilitation services for CWD since its establishment in 2002. The impact of the conflict on HCRF has caused it to function in a very limited capacity and stop most of its support to local associations of the disabled children and adults around Yemen and in rural areas. There are some efforts by HCRF currently to reprogram their services and standardize their internal systems, but they are in need for support and collaboration from the other actors including government, UN agencies,

4 UN Economic and Social Commission for West Asia (ESCWA), Disability in the Arab Region (2018), bit.ly/2BOOHnR (hereinafter ESCWA Report), p. 14

and international organizations to help it stand again and continue the provision of their essential support and services to CWD and their associations.

Government

Government bodies and efforts to support and advocate for CWD were also covered by this study. A total of 17 key informant interviews were conducted with key focal points from main governmental bodies and organizations in all levels. The government bodies and efforts are elaborated explaining the linkage between the different actors and institutions, and the areas that pose a potential opportunity for improvement. A government committee have drafted the National Disability Strategy (2014-2018) outlining a five-year national policy framework aiming to achieve the total inclusion of PWDs and integrate them to fuel the efforts towards the sustainable development goals in Yemen. It has detailed the needs of thirteen sectors related to PWDs with clear action plans. The different ministries and their efforts were covered as well in this study. The Ministry of Social Affairs and Labour (MoSAL), the Ministry of Public Health and Population (MoPHP), the Ministry of Education, and the Ministry of Planning and International Cooperation.

Besides HCRF, government established many bodies that support PWDs such as the Social Fund for Development (SFD) which is one of the big actors to PWDs and children in particular in Yemen. SFD, established by the government, is implementing different programs and projects to improve the services provided to PWDs by funds from international donors. The Yemeni Social Welfare Fund, and the Limbs and Physiotherapy Center (LPC) were covered in this study as well. In addition, the Yemeni government has formed different committees and unions with partial responsibilities towards CWD.

In practice, there are multiple gaps in the government bodies and governmental efforts mentioned above. For example, the national strategies were not followed with the planned action plans to improve services to PWDs and reaching them all around Yemen. Furthermore, years of conflict in Yemen have made these strategies and plans obsolete and in need for refreshment and updates. Ineffective coordination between the government bodies and other local and international actors is one of the main barriers to achieve any of the goals of each government body or to reach the goals of government efforts towards PWDs.

Local organizations (DPOs/CBOs)

The role of the local DPOs/CBOs is highlighted by explaining the provided services by each DPO/CBO, the targeted typologies of disabilities, the statistics of reached children, the challenges faced by DPOs/CBOs and the coordination and collaboration. Yemen witnessed the emergence of many civil society organizations targeting PWDs and representing them since the 1990s to 2000s. These DPOs and CBOs have been supported by the government and the relevant authorities. Until 2010, more than 120 civil society organizations have been formed across Yemen to provide social care and rehabilitation services to various groups of PWDs including the physically disabled, deaf, blind, mentally disordered, autism and other typologies of disabilities. A more recent government report highlights that the number of local DPOs and CBOs working with PWDs are 200 across Yemen until 2020.

UN agencies, and international organizations

International NGOs and UN agencies' efforts, achievements, and programs to PWDs in general and children in particular are also covered in this study. Interviews were conducted with UN agencies and International NGOs including UNICEF, UNHCR, UNFPA, WFP, WHO, Handicap International, ICRC, DRC, Save the Children, and OXFAM. In a recent study by Handicap International, the results showed that 95 percent of the international NGOs (INGOs) in Yemen are not collecting disaggregated data by disability and 85 percent have not implemented any activities or directed fund to PWDs in particular. 73 percent of INGOs stated that their staff lack the required knowledge and skills to provide humanitarian services that are sensitive to disabilities.

All UN and international actors are mainstreaming CWD in their targeted communities, but the level of specialization to address them differs from one to another based on their policies, mission, and mandates. Only one of the mentioned

UN agencies and INGOs is targeting CWD in dedicated programs and projects, which is Handicap International. Other actors are involving CWD in their program with dedicated activities. While some INGOs are targeting them among the different typologies of their programs, but not in dedicated activities. Local DPOs and CBOs dedicated to CWD usually get rejection for their efforts to seek support from UN agencies to their services to CWD as none of the UN agencies is directing fund or activities dedicated precisely to CWD and these local DPOs and CBOs.

Accessibility of basic social services

CWDs have the same fundamental right to access mainstream services in the community, such as education, healthcare, social services, and social protection, like any other children. Legislation and strategic frameworks in Yemen guarantee universal availability of basic social services such as education, and healthcare services to all children, including CWDs. However, a major proportion of CWDs are denied access to basic services including education and health care. Social, cultural, physical, structural, and economic barriers often deny CWDs equal access to services and opportunities for meaningful participation, while vulnerabilities arising from their situation put them at greater risk of abuse, exploitation, sexual and gender-based violence, neglect, and abandonment.

Health

Since 2015, health system in Yemen has collapsed under the strain of violence, health authority funding cuts, displacement, the dissolution and duplication of state institutions, the lack of salary payments for staff mainly in the Northern Governorates, and restrictions in the import and transportation of medical supplies. Now COVID-19 has made that collapse complete and makes the health situation at its worst.

It is estimated that the majority of persons with disabilities do not have adequate access to basic health and psychosocial care services. Children are some of the most dependent on fragile health infrastructure, UNICEF estimated that 2.1 million children in Yemen under five are acutely malnourished.

Rehabilitation services in Yemen are provided by disabled people's organizations (DPOs) and Community-based Organizations (CBOs) and only to a very small group of children, as well as by the existence of only one public rehabilitation hospital in Yemen.

Five years of conflict have caused significant physical injuries, increasing the risk of long-term impairments, and growing mental health consequences among children in Yemen. Addressing these needs requires a comprehensive approach to healthcare integrating physical rehabilitation and mental health and psychosocial support.

The health care sector in Yemen faces countless barriers in the delivery of health care services to CWDs such as lack of operational budget, lack of salary payments for staff mainly in the Northern Governorates, lacks sufficient specialists to care for the severe needs (e.g. physiotherapists, prosthetics and orthotic therapists, and mental health specialists).

Education

Most CWDs in Yemen remain excluded from equal access to education, and are less likely to attend school, therefore they are experiencing limited opportunities for human capital formation and facing reduced employment opportunities and decreased productivity in adulthood.

The schools in Yemen are legally required to ensure accessibility to CWDs and to exempt them from paying tuition fees, however, not only the CWDs affected by the conflict all children in Yemen affected, due to different causes including many schools have been damaged, most of the public school teachers have not been paid in more than three years mainly in the northern governorates, most schools need rehabilitation, and equipment, some schools still used by IDPs, lack of operational budget, and now COVID-19.

The right of CWDs to be educated in inclusive settings to enhance their capacities to participate in social and economic activities in their respective societies should be recognized and addressed.

There are many challenges, barriers in the delivery of education services to CWDs, and several reasons for the low enrolment rate of CWDs in the education system, that including physical accessibility barriers, the shortage of qualified teachers, lack of a tailored curriculum for certain learning disabilities, lack of facilities in mainstreams schools or in disabled associations, such as disabled-friendly facilities and assistive technology devices like hearing aids and Braille typing machines.

Protection

During the past years, there has been some positive progress in changing attitudes towards CWD. However, due to society's general negative attitude towards disability, about 16 percent reported that they find minimal support from some charities. While 84 percent of parents of CWDs reported that they do not find adequate support from around to care for their CWD.

Some parents confirmed that they experience stigma because of their CWD, and other parents said that they do experience these kinds of attitudes from their communities and they fell embarrassing from their CWD especially from intellectual disability behaviors. When we asked them how CWD are treated by the community and if their children faced discrimination, 93 percent of the parents reported that they faced discrimination against their CWD and they expressed what they faced in their daily life.

Community-based rehabilitation

Rehabilitation services for CWDs are provided through health services in associations, hospitals, or medical centers, or through community-based rehabilitation centers run by non-governmental organizations. The services provided to CWDs vary in the different centers, which include providing treatment services under the supervision of trained specialists, such as physiological therapy, occupational therapy, speech therapy, education and training services, in addition to social activities that ensure the involvement of CWD in society.

The Social Fund for Development (SFD), as one of the supporting bodies, supports rehabilitation services through many activities and programs. SFD started the Community Rehabilitation Program in 2005. It included 42 projects in 13 governorates and targeted 9057 CWD.

Despite the establishment of more than 120 civil society organizations in the various governorates of the Republic concerned with providing social care and rehabilitation services to various groups of persons with disabilities (physical, deaf, dumb, blind, mentally handicapped, war-wounded and duty-wounded), they were mostly concentrated in urban areas and the services were not reached to PWDs in rural areas.

Accessibility

Despite the issuance of the construction law that promotes the access to infrastructure for people with physical disabilities, most public and private buildings and facilities in Yemen remain inaccessible. In addition, less than 20 percent of schools in the country are accessible to persons with disabilities. Poorly equipped buildings prevent PWDs from accessing their services.

Regarding the access to public transport facilities, the Ministry of Transport has no programs or plans to address the issue of access to public transport services for persons with disabilities. Moreover, the current legislative measures have not addressed issues of increasing access to public transportation for persons with disabilities. Until buildings and public transportation become accessible to persons with disabilities, most of them will still be unable to access and use the services provided by these facilities.

RECOMMENDATIONS

Based on the findings of this assessment, the following recommendations are proposed:

- Improve data collection systems, through building a strong knowledge and evidence database on CWDs using Washington Group questions and disaggregated by sex, age, disability, location, etc. The database is a precondition for effective targeting and mainstreaming the rights of CWDs in assistance and supports including health, education, humanitarian assistance, as well as will provide the groundwork for future policy-making.
- Inclusion of CWDs in mainstream policies that support their development potential by reviewing national policies in relevant sectors including health, education, and social, to ensure that they are aligned with international conventions and commitments (e.g. CRPD, and CRC), and inclusive of children and adolescents with disabilities. Support capacity building of policy-makers, humanitarian actors and other relevant stakeholders to support the formulation of disability inclusive planning, implementation, and monitoring of humanitarian actions, and rights.
- Conduct the capacity assessment of the HCRF to assess the present institutional effectiveness and operational capacity at both central and decentralized level to provide its services to CWDs, and understand, analyse and assess how conflict affected the HCRF'S capacity, diagnose institutional challenges and bottlenecks, as well as recommend strategies and the most appropriate institutional arrangements and measures to help build the requisite institutional and operational capacities.
- Support the coordinated and systematic data collection and verification of PWDs in Yemen through HCRF and other actors using the Washington Group Short Set of questions.
- Reactivating the CBR activities through local associations supported by HCRF to identify and register new cases.
- Target the rehabilitation centers with support to provide transportation means.
- Coordination with UNHCR to provide shelters for unaccompanied CWDs that are referred to HCRF.
- Address the operational and structural gaps in HCRF through interventions in capacity building of the staff in computer applications, secretary, archiving, sign language, accounting and other administrative fields with the provision of the required technical and logistic support.
- Advocacy for CWDs by government, DPOs, and CBOs to target CWDs and support HCRF mandates and programs through the standards allocations of Yemen Humanitarian Fund (YHF) and other donors' strategies of funds to Yemen. Also, to integrate these priorities into the annual plans of INGOs in collaboration with the ministry of social affairs and labor.
- Re-activate the role of the National Union of Associations of Disabilities to ensure the active meaningful involvement and participation of CWDs in all areas of governance that affect them. This will include supporting the capacity building of the Nation Union and DPOs that have been disbanded due to the conflict.
- Ensure humanitarian and emergency response include CWDs and their family by providing essential assistance directly to them, including the CWDs in education, health and protection.
- Improve access to education for CWDs through: teachers in inclusive schools and DPOs/CBOs should undergo basic training in special needs education, and the facilities and infrastructure in schools and DPOs/CBOs should be provided and be disabled friendly.
- Improve access to health services for CWDs through: providing all health services for CWDs; including; surgeries, lab tests, diagnostic x-rays, essential and emergency medicines, prosthetics and medical supplies. Building and equipping specialized hospitals or health centers for CWDs.

1.INTRODUCTION

1.1. Country Context

Yemen, one of the developing countries, ranks 177 out of 189 in the Human Development Index.[5] It is the poorest country in the Arabian Peninsula as it has suffered from various crises and the current conflict has exacerbated the situation. Since 2015, the war mainly destroyed infrastructure, weakened the national currency, eliminated Yemeni exports, and limited food and fuel imports, in addition to inflation. As well as the humanitarian crisis left by the war, which exposed more than 80 percent of the population to the risk of starvation and made 10 million people dependent on humanitarian aid, which is considered by the United Nations to be the worst humanitarian crisis in the world at present.

5 UNDP, Human Development Report 2018/2019. Available at: http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/YEM.pdf

According to the IMF updates in 2020, due to the outbreak of the COVID-19 virus, the GDP growth has decreased to - 5 percent.[6] The cumulative contraction in real GDP in 2020 is estimated at 50 percent compared to 2014, while cumulative economic losses were estimated at about $ 88.8 billion due to the decline in economic growth during the period 2014-2019.[7]

General Statistics on Yemen	
Official Name	Republic of Yemen
Capital	Sana'a
Official/National Languages	Arabic
Type of Political Regime	Parliamentary Republic/ Presidential Republic
Date of Unification	22 May 1990
Date of Admission to the United Nations	30 September 1947[8]
Human Development Index (/189)	177/189[9]
Total Population	29,162,000 (2019)[10]
Density	55.2 persons per sq km, 201910
Urban Population (%)	37.3% (2019) 10
Life Expectancy (male/female)	Male: 64.3 years Female: 67.7 years (2019) 10
Fertility Rate	4.4 (2019) Fertility
Literacy Rate	Above 15 years old: 54.1%[11]
GDP growth rate	-5.0 (2020) [21]

6 International Monetary Fund (IMF), Republic of Yemen, 2020, Available online at: https://www.imf.org/en/Countries/YEM (accessed on 17 October 2020)
7 Ministry of Planning & International Cooperation, Yemen Socio-economic Update, July, 2020. Available at" file:///C:/Users/alabb/Downloads/YSEU50_English_Corr..pdf
8 Yemen was admitted to membership in the United Nations on 30 September 1947, and Democratic Yemen on 14 December 1967. On 22 May 1990, the two countries merged and have since been represented as one member with the name "Republic of Yemen".
9 UNDP, Human Development Report 2018/2019. Available at: http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/YEM.pdf
10 UNdata, Yemen. Available at: http://data.un.org/en/iso/ye.html (accessed on 17 October, 2020)
11 UNESCO Institute for Statistics (UIS), UIS Statistics in Brief. Available at: http://uis.unesco.org/en/country/ye (accessed on 17 October, 2020)

1.2. Background

Persons with disabilities, mainly children are among the most vulnerable and marginalized in crisis-affected countries.[12] During the armed conflict, CWDs are caught in a vicious cycle of violence, social polarization, deteriorating services, and deepening poverty.[13] CWDs also experience stigma, discrimination, and exclusion from key life domains such as health, education, and participation in their communities.[14]

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2008 defines persons with disabilities as '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.'(Art.1)[15]

> The term, 'children with disabilities' in this document is used to refer to children up to the age of 18 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.' (CRPD, Article 1)

The National Disability Strategy (2014-2018) provided a comprehensive framework for the implementation of the CRPD in Yemen. However, the conflict in Yemen broke out in 2015, derailing efforts to implement the National Disability Strategy, and structures for the implementation of the CRPD and Strategy have broken down due to lack of funding, ruptures, and rifts within the Government, and incapacity to deliver services and programs.

The World Health Organization estimates that 15 percent of the global population are persons with disabilities, and there are 93 million to 150 million CWDs under the age of 15 years.[16] Among displaced persons, who have fled civil conflict, war, or natural disasters, these numbers may be even higher. Before the current conflict in Yemen, data on disability was limited due to the lack of research and negative social stigma. In 2004, the prevalence of PWDs in Yemen was reported to be 1.9 percent of the population (totally 379,822 persons) [17]and 2.2 percent in 2014.[18] While other estimates of the number of PWDs before the conflict were 3 million.[19] Since the conflict began over five years ago, conflict-related injuries, psychological trauma, and malnutrition have substantially increased the rate of PWDs. OCHA has identified an additional one million persons as having specific needs, including PWDs. [20] There is no reliable data on PWDs in Yemen, and collecting accurate data on impairment and disability is more challenging in humanitarian emergencies, and not much is known about CWDs during this period of conflict in Yemen.

CWDs remain one of the most vulnerable and socially excluded groups and experience multiple challenges, including difficulty in accessing education, health care services, and other basic services and an increased risk of abuse and exploitation. Hidden behind closed doors, shut away in institutions, and stigmatized, many CWDs are often overlooked and under-estimated. They are too often invisible when it comes to policies and services. The current situation in Yemen makes CWDs even more vulnerable.

12 United Nations Secretary-General for the World Humanitarian Summit (2016). One Humanity, Shared Responsibility. https://reliefweb.int/sites/reliefweb.int/files/resources/Secretary-General%27s%20Report%20for%20WHS%202016%20%28Advance%20Unedited%20Draft%29.pdf
13 UNCIEF (2018). CHILDREN WITH DISABILITIES IN SITUATIONS OF ARMED CONFLICT.
14 UNICEF (2013) State of the World's Children Report. Children with disabilities https://www.unicef.org/sowc2013/
15 United Nations (2008) Convention on the Rights of Persons with Disabilities and Optional Protocol. (CRPD 2008)
16 World Health Organization (2011), World report on disability.
17 ESCWA (2018), Disability in the Arab Region (2018) E/ESCWA/SDD/2018/1
18 The Household Budget Survey (HBS) in 2014
19 UN News, 2015, "Yemen conflict death toll nears 650, with UN rights office spotlighting the plight of 3 million disabled." https://news.un.org/en/story/2015/05/497832-yemen-conflict-death-toll-nears-650-un-rights-office-spotlighting-plight-3
20 OCHA, 2019, Yemen Humanitarian Needs Overview, 45

UNICEF uses the power of evidence as key strategic comparative advantages to driving change for children. Identifying the children at greatest risk and in greatest need is a prerequisite for leaving no child behind – a promise of the Sustainable Development Goals (SDGs).

CWDs are one of the key focus areas for UNICEF. In Supporting CWDs, UNICEF YCO will be working in three directions. One direction would be the continuation of cross-sectoral interventions that different programmes are implementing with efforts to include more CWDs as part of assisted beneficiaries. Another direction that the YCO is planning during 2020 is to generate evidence on institutional capacity and gaps of the HCRF to enable advocating for re-activation of the fund. This is supposed to have a long-term impact on the fund and its beneficiaries. In response to the emergency needs of CWDs whose numbers and needs are increasing as the conflict continues, an emergency support is required as well. On that, UNICEF YCO, has conducted this current study in order to map what type of support/assistance already available for CWDs, and what gaps exist. This will enable UNICEF to identify the potential emergency support that UNICEF can immediately provide to CWD while working on parallel on its advocacy for wider and sustainable support to the HCRF.

1.3. Mapping and Assessment Purpose and Objectives

The objective of this assessment was to conduct a mapping exercise of available assistance/support to children with disabilities (CWDs), to provide mapping and analysis of who is doing what, where, and in what mechanism to support CWDs. This in return will inform UNICEF's decision about the type of emergency support and delivery strategies including strategies to strengthen the quality and access of CWDs to basic services.

Specifically, this exercise aimed to:

1. **Mapping available support/assistance for children with disabilities**
    a. **Mapping:** provide a full picture of the different players who are supporting the children with disabilities; their organizational types, kind of support they provide, mechanisms they use, width and depth of their support (in terms of a number of beneficiaries, geographical coverages, type of disabilities they assist, a period of support, and other key related information.). This will include mapping of all CWD stakeholders: public, civil society, private, community-based, and international development partners;
    b. **Barriers and bottlenecks:** conduct a comprehensive analysis of barriers and bottlenecks that prevent different players who are supporting the CWDs from continuing/expanding their support;
2. **Situation analysis of children with disabilities**
    a. **Priorities and Rights:** Using available data and information, and new data from KII, FGDs, identify and analyze the special priorities of CWDs, especially in the current situation in Yemen, while pursuing a rights-based approach;
    b. **Identify the gap in accessing basic social services;** types of services to CWDs that have not been addressed or have stopped;
    c. **Risks:** Assess the current or potential presence of emergency risks, including the ongoing conflict in Yemen, and other related risks; the likelihood of their occurrence, the underlying vulnerabilities, the nature of the hazard, and how it affects the interventions that support CWDs. The plan to mitigate these risks and deal with them will also be developed;
    d. **Impact of COVID-19:** Assess and identify the impact of COVID-19 on CWDs and their families;
3. **Evidence-based interventions:** suggest which kind of interventions that UNICEF can support.

Key Research Questions

The assessment attempted to respond to the following questions:

- What organizations (UN Agencies, INGOs, DPOs, CBOs, NGOs, other national governments, etc.) are working on addressing disability issues in sample governorates?
- What type of support/assistance that is provided by each organization and in what mechanism/strategy?
- Is there any convergence of efforts?
- What are organizations that work through/in coordination with HCRF and what are organizations that work independently? Are they working in coordination with other national or international agencies?
- Is there a unified and communicated mechanism available to identify children and adolescents with disabilities? If not, what are the tools and mechanisms in place to identify and classify disabilities?
- What are the gaps in support/assistance provided to CWD in terms of?
    - The specific type of disabilities
    - Specific groups of children
    - Specific area of support (technical, financial, …etc.)
    - The specific level of support (identification, assessment, treatment, follow up, … etc.)
- What are the top factors, including risks that prevent the response to the needs of CWD?
- What are the specific basic services that CWDs are unable to access? And what are the bottlenecks that prevent them from that?
- What are the top priority gaps that UNICEF can and should focus on immediately to ensure equitable support for CWD?
- What is the impact of COVID-19 on CWDs and their families?

2.METHODOLOGY

2.1. Methods

The assessment was based mainly on qualitative fieldwork. A comprehensive mapping of stakeholders was conducted mainly the support and assistance providers for CWDs, and three primary participants' groups were defined for inclusion in the assessment including: i) government at the national and local levels, ii) support/assistance providers: UN agencies, international organizations, disabled people's organizations (DPOs), community-based organizations (CBOs), NGOs, private sector, and iii) CWDs and their families. The first and second group represented supply-side, and the third group represented demand-side.

The mapping followed a consultative and participatory approach, with the UNICEF team engaged at all stages of the assessment. Stakeholders were identified in consultation with UNICEF, government Handicap Care and Rehabilitation Fund (HCRF), Ministry of Social Affairs and Labour (MoSAL), and some disabled people's organizations (DPOs), Community-based Organizations (CBOs) such as the National Union of Associations of Disabilities, Society for Care & Rehabilitation Physically Handicapped. CWDs and their families were identified in each field site.

The mapping was implemented in Sana'a hub (Amanat Al Asimah, Sana'a, and Ibb governorates), and Aden hub (Aden, and Lahj governorates). These governorates were chosen to represent both north and south parts of the country.

The assessment was prepared on the basis of the global UNICEF Guidelines for Disability Analyses, as well as UNICEF's principles and Situation Analysis (SitAn) Guidelines; guidance including CWDs in humanitarian action; strengthening the collection and use of data about PWDs in humanitarian situations guideline; CWDs in situations of armed conflict; Washington Group short set of disability questions (WG-SS); and Washington Group/UNICEF Module on Child Functioning (CFM). Therefore, six key mechanisms guided the assessment, including:

1. **Inclusive development approach:** Engagement and consultation with all stakeholders, including CWDs, their families and disabled people's organizations (DPOs), government at national and local levels, as well as support/assistance providers such as UN agencies, international organizations, local NGO, private sector, and other stakeholders, with the aim of mapping all support/assistance providers and promoting the ownership and ensuring all voices are heard when identifying gaps and setting priorities.
2. **Equity:** To reach the most vulnerable group, the assessment attempted to include CWDs from different genders, with different types/severity/causes of disability, and different geographic locations (e.g. rural and urban). This was intended to ensure scrutiny of the availability of and accessibility to basic services from diverse perspectives, as well as to assess all types of barriers faced by CWDs, as well as identify their priorities and needs.
3. **Rights-based approach:** The assessment reviewed Yemen's efforts toward the implementation of the rights of CWDs as embodied in the Convention of the Rights of the Child (CRC), and the Rights of Persons with Disabilities (CRPD). In addition, the rights-based approach is supported to assess the implementation of the rights of persons with disabilities as it empowers persons to know about their rights and increase the capacity and accountability of individuals and institutions to address barriers to attaining these rights.
4. **Social model:** The assessment identified the attitudinal, environmental, and institutional barriers (e.g. gaps in policies or their implementation, families' economic situation, security, social barriers, and communication barriers) that limit/prevent CWDs from enjoying their human rights in line with the CRC, and the CRPD.
5. **Life cycle approach:** The assessment takes into consideration CWDs across different age groups.
6. **Consent:** Before commencing each data collection activity, informed consent was obtained. Consultants and research team provided a full explanation of the assessment and emphasized the voluntary, confidential, and anonymous nature of participation. All participants were given the opportunity to ask questions and for further explanation.

2.2. Data Collection and Sampling

Data collection included a desk review of existing reports and studies, key informant interviews (KII), and focus group discussions (FGDs).

a. Desk Review

A literature review was conducted to assess international and national standards and guidelines of the rights of CWDs, obligations of the government under international and national treaties, national accountability,

as well as to identify and analysis existing data on CWDs from the UNICEF, MoSAL, HCRF, population census, and DPOs. Desk research also involved a revision of the available literature, reports, and data gathered from the websites of the assistance providers and research studies specific to the issue. A complete listing of the secondary literature reviewed can be found in the References section of this report.

b. Key Informant Interviews (KIIs)

A total of 111 key informant interviews were conducted with government at the national and local levels, support/assistance providers: UN agencies, international organizations, disabled people's organizations (DPOs), community-based organizations (CBOs), NGOs, private sector, which are involved in either financing, managing, or provision of specific support/assistance to the CWDs in the selected governorates. This helped to map the stakeholders working on the issue of CWDs, and identify the barriers and bottlenecks that prevent them from continuing or expanding their support. A comprehensive mapping matrix of organizations, and their programs/assistance, that are interviewed is presented in Annex 1, while the types of organizations interviewed are summarized in Table 1.

Table 1: Number of key informant interviews

Group	Sana'a Hub	Aden Hub	Total
1. Government institutions	17	19	36
2. UN agencies, and international organizations	12	8	20
3. Local organizations (DPOs, CBOs, NGOs)	26	25	51
4. Private Sector	3	1	4
Total	58	53	111

The sample was selected using a purposive sampling technique. Some stakeholders were identified in the desk review, while others were identified by other key informants during the interviews (snowball effect) to ensure the assessment was representative of the situation on the ground.

c. Focus Group Discussions

44 focus group discussions were held with children and adolescents with disabilities and their parents (22 in Sana'a Hub, and 22 in Aden Hub). A total of 222 participants (50% girls, 50% boys) took part in the FGDs. The number of FGD participants by governorates and gender are summarized in Table 2.

Table 2: Number of FGDs and number of participants

Governorate	No. of FGDs			No. of participants		
	Boys	Girls	Total	Boys	Girls	Total
Amanat Asimah	5	5	10	23	23	46
Sana'a	1	1	2	5	5	10
Ibb	5	5	10	28	28	56
Aden	5	5	10	25	25	50
Lahj	6	6	12	30	30	60
Total	22	22	44	111	111	222

The criteria for selecting the CWDs and their families for the FGDs were in line with the aim and the objectives of the assessment. In selecting participants for the FGDs, the assessment team used a mix of convenient and snowball sampling approach, plus select them randomly from the list of disabled people's organizations (DPOs), and HCRF's beneficiaries. The sample was from different gender, ages, locations, economic status, type of reported disability, living status (residential, IDPs), as well as Muhamasheen.

Among the 222 CWDs were interviewed for the field study, 50 percent girls, and 50 percent boys. They are between 3-18 years. Around 42 percent of the children were 10-14 years old, while 34 percent were 9 years old or younger, and 24 percent were from 15 to 18 years (see Figure 1).

Moreover, 22 percent had a hearing/speech impairment, while 21 percent had a physical disability, 19 percent had a mental illness, 21 percent were visually impaired; and 18 percent had a cognitive/learning disability (see Figure 2).

Figure 1: Age of children with disabilities respondents

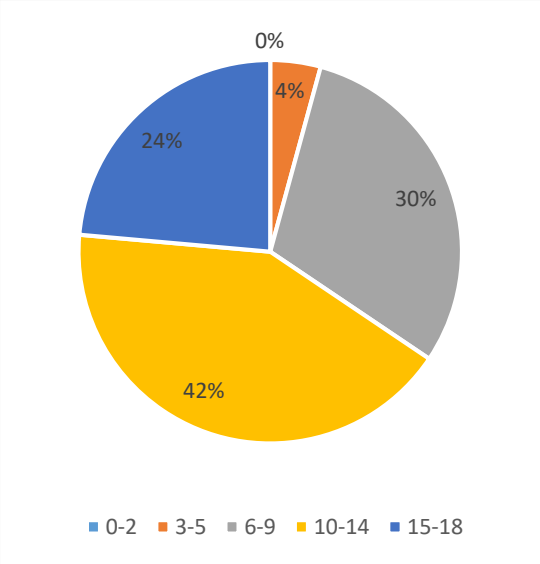
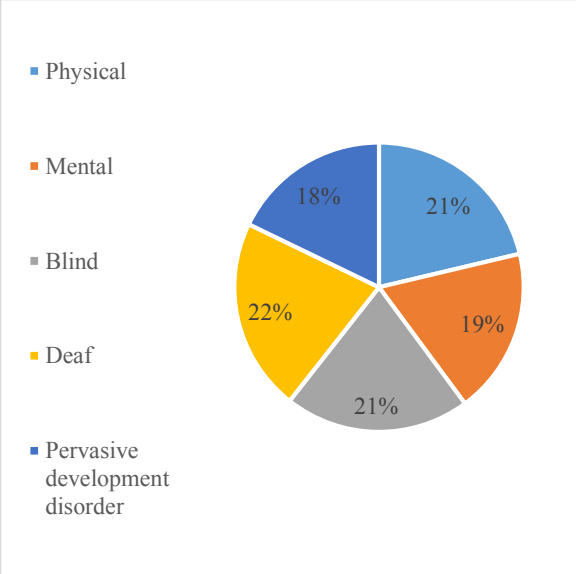


Figure 2: Type of disability



2.3. Data collection and analysis

Data collection took place over two months; August-September 2020. The data collection team consisted of the lead consultant, two filed leaders, and 16 enumerators (50% females, 50% males).

The data gathered was used to map available assistance/support to CWDs, exploring barriers and bottlenecks that prevent different players from continuing/expanding their support, as well as to analyze the special priorities and rights of CWDs, the gap between needs and available assistance, the gap in accessing basic social services, the current or potential presence of emerging risks, and the impact of COVID-19 on the CWDs and their families. Thematic Content Analysis Techniques was used to group and analyze data by thematic area, and the convergence of opinion approach was used for the qualitative groups.

2.4. Limitations

As expected, little reliable and comparable data are available related to CWDs. There were challenges in collecting data, either from government agencies or INGOs.

The mapping and assessment covered only five governorates; Amanat Al Asimah, Sana'a, Ibb, Aden, and Lahj governorates.

3.Findings

3.1. Overview of the Situation of Children with Disabilities in Yemen

3.1.1. Identifying and quantifying CWDs

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2008 defines persons with disabilities as "*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."(Art.1)[21] While the International Classification of Functioning (ICF) defines "disability" as the outcome of the interaction between a person with impairment and the environmental and attitudinal barriers s/he may face. Disability can occur at three levels[22]:

- an impairment in body function or structure, such as loss of a limb, loss of vision or memory loss;
- activity limitation, such as the inability to read or move around; and
- participation restriction in normal daily activities, such as obtaining health care services, and engaging in social activities.

CWDs as a term covers a wide range of types and degrees of disability. Some children are born with a disabling health condition or impairment, while others develop an impairment following illness, injury, or poor nutrition. The disability may result from the interaction of attitudinal, institutional, and environmental barriers in civilization with visual, hearing, or speech impairments; other physical disabilities such as loss of limbs, cerebral palsy, muscular dystrophy or traumatic spinal cord injury; and intellectual and neurodevelopmental impairments including down syndrome and autism spectrum disorders. A number of children have a single disability while others have multiple disabilities. Since the complexities of the types and degrees of impairment and environmental and personal factors, it is important to mention that each child's experience of disability is different.

The majority of parents indicated that they have identified the disability for their children by themselves, nevertheless, that was not at a very young age and then were diagnosed by children doctor or health care centers. They added that it was not always easy to identify the disability when the child under three years old, and many disabilities only become identified when a child starts to walk or attend school, while some children get disabilities through injury, or as a result of armed conflict. For instance, hearing impairment can be difficult to identify early because all children including children who are born deaf, use their voice. Their gurgling or babbling will often be synchronized with their parents or caregivers as a result of facial expression, body tension, and movement. Moreover, some parents reported that the disabilities of their children were identified by the doctors in the health care centers during the regular check or diagnose impairment.

During the interviews with the Ministry of Health, they reported that there are no specific early identification and assessment health services for children, while primary health care is a natural starting point for identifying and addressing the needs of CWDs. Primary health-care workers assist in the identification of CWDs and provide available health care services and referrals for more specialized needs where required. Furthermore, some health conditions associated with a disability may be detected during pregnancy where there is access to prenatal screening, while other impairments may be identified during or after birth. Screening or surveillance of children's development may take place during visits to primary health care facilities or Motherhood and childhood centers. Many of these health centers are supported by UNICEF, WHO, UNFPA, and other organizations. Due to the current conflict and lack of funds, there is very limited access for many people including CWDs to specific health services, such as early intervention, specialist diagnoses, or medical rehabilitation.

21 United Nations (2008) Convention on the Rights of Persons with Disabilities and Optional Protocol. (CRPD 2008)

22 World Health Organization (2001), International Classification of Functioning, Disability and Health (ICF)external icon, Geneva, WHO.

Health workers, particularly in rural areas, do not have specific procedures for identifying CWDs, such as early detection and prevention services.

During the interviews with disabled people's organizations (DPOs), they stated that they provide early identification and assessment services for CWDs, and they referral to hospitals or doctors for more specialized needs where required.

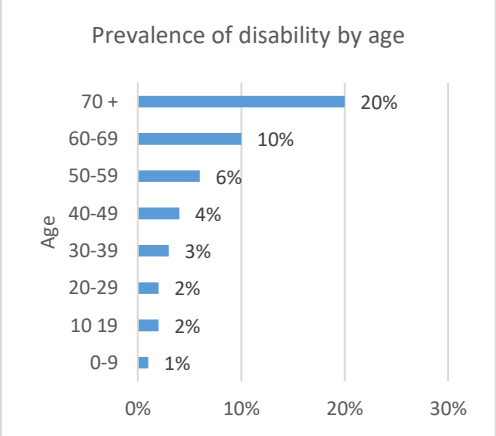
> *"Our association has a special section for diagnostic measures for children. The main scale that we use is the portage and it determines the mental age of the unified child."*
> - KII, DPO

Early identification and assessment, combined with appropriate interventions, mean that potential difficulties can be identified in time to limit the consequences of an impairment on a child's life and development and to maximize participation in all the activities usual for the child's age group.

Considering that family settings are generally the first learning and protective environments for children, guidance, and orientation are critical for families following the immediate identification of a disability in order to promote positive interactions. It is important to ensure that early identification does not contribute to further discrimination and exclusion from mainstream services such as education

Data on CWDs in Yemen are very limited and often not reliable, and collecting accurate data on disability is more challenging in humanitarian emergencies, and not much is known about CWDs during this period of conflict in Yemen. In 2004, the prevalence of PWDs in Yemen was reported to be 1.9 percent of the population (totally 379,822 persons) [23]and 2.2 percent in 2014.[24] While other estimates of the number of PWDs before the conflict was 3 million[25]. Since the conflict began over five years ago, conflict-related injuries, psychological trauma and malnutrition have substantially increased the rate of PWDs. OCHA has identified an additional one million persons as having specific needs, including PWDs.[26] This is lower than the average percentage of PWDs in general. The global estimation by World Health Organization suggest that 15 percent of population in Yemen are PWDs, that around 4.5 million.[27]

Figure 3: Prevalence of disability by age



The National Health and Demographic survey in 2013 estimated that 3 percent of the Yemeni children (1 percent among 0-9 age group, and 2 percent among 10-19 years old) has some type of disability with the prevalence of moderate disabilities slightly higher than that of severe disabilities (See Figure 3). However, such estimates of CWDs are lower than is likely to be in Yemen due to more prevalent causes such as diseases, injuries, birth/hereditary that related to inadequate and/or inaccessible health care, poor nutrition, and war/violence.

Among children who have a disability, mobility impairment is the most common (40.3 percent), comprehension and communication is the second most common type of disability (30.6%), while around 23.5 percent of disabled children have a hearing impairment, 22 percent have

23 ESCWA (2018), Disability in the Arab Region (2018) E/ESCWA/SDD/2018/1
24 The Household Budget Survey (HBS) in 2014
25 UN News, 2015, "Yemen conflict death toll nears 650, with UN rights office spotlighting the plight of 3 million disabled."
https://news.un.org/en/story/2015/05/497832-yemen-conflict-death-toll-nears-650-un-rights-office-spotlighting-plight-3
26 OCHA, 2019, Yemen Humanitarian Needs Overview, 45
27 UN Economic and Social Commission for West Asia (ESCWA), Disability in the Arab Region (2018), bit.ly/2BOOHnR (hereinafter ESCWA Report), p. 14

a visual impairment, and 15.8 percent have problems dealing with people (See Table 3). There is no difference between urban and rural areas, and males are slightly more likely to have any disability than females. Around 66 percent of PWDs in Yemen reported that they did not receive any kind of support and assistance (72% among children with 0-9 years old), while 26 percent received medical care, 5.9 percent received welfare through Social Welfare Fund, 2.6 percent received financial support, and 1.1 percent received nutritional support.[28]

Table 3: Common types of disability

Type of Disability	Age group		Average*
	0-9	10-19	
Mobility impairment	45.4%	35.2%	40.3%
Comprehension/ communication	35.1%	26.1%	30.6%
Hearing impairment	24.5%	22.5%	23.5%
Visual disorder/impairment	17.8%	26.1%	22.0%
Dealing with people	17.1%	14.5%	15.8%
Self-care	16.5%	10.3%	13.4%

* A child may have several disabilities, so the sum of percentages may exceed 100 percent.
Source: The National Health and Demographic Survey (2013). https://microdata.worldbank.org/index.php/catalog/2326

According to the interviews with Handicap Care and Rehabilitation Fund (HCRF), they indicated that they do not have an estimation of CWDs. The number of beneficiary cases reached more than 185,000 in 2012, while this number of beneficiaries decreased dramatically in the last five years due to conflict, split the HCRF between Sana'a and Aden governments, and lack of financial resources.

Most of the interviewees from the government officials and DPOs indicated that in Yemen a large number of CWDs remain unidentified and are not receiving basic social services such as educational, medical, and material support. Many families may shy away from reporting their disabled children. For instance, Head of the Society for Care & Rehabilitation Physically Handicapped in Lahj governorate, said:

> "*We conducted a rapid survey on only two districts in Lahj, and more than 350 persons with disabilities, most of them were children, were identified. We could not cover the rest of the districts due to the lack of financial resources. We believe that many families may shy away from reporting disabled members*".

Head of Al-Hayat Association for the Care of the Handicapped with Cerebral Palsy said

> *"The number of mentally handicapped children has been significantly increased in the last five years. Many families do not realize what is the meaning of mental disability or cerebral palsy, and they view these disabled children as paraplegics or crazy and do not know that they have cerebral palsy and can be treated or at least reduce their effects.*
>
> *We conducted a quick survey in one area in Tuban district in Lahj governorate, and a large number of children with disabilities were detected with cerebral palsy, and our association decided to open a branch for it in this area, and now 50 children benefit from the branch's services."*

3.1.2. The major causes of disability in Yemen

The National Health and Demographic survey in 2013 reported that the main cause of disability among children in Yemen, were congenital, diseases, conditions related to childbirth, injury /accident, and physical and psychological abuse (See Table 4), and most of the children (53.4%) were disabled at birth, while around 18.9 percent in early age (0-4), 9.9 percent in 5-9 years old, and 8.7 percent when they were 10-19 years old (See the Table 5).

28 National Health and Demographic Survey (2013). https://microdata.worldbank.org/index.php/catalog/2326

Table 4: Cause of disabilities

Cause of Disability	Age group		Average
	0-9	10-19	
Congenital	53.0%	38.6%	45.8%
Other diseases	14.3%	18.7%	16.5%
Conditions related to childbirth	11.3%	7.5%	9.4%
Injury/accident	6.2%	11.3%	8.8%
Contagious disease	1.9%	3.2%	2.6%
Supernatural means/magic	1.3%	3.0%	2.2%
Physical and psychological abuse	1.1%	1.7%	1.4%
Aging	0.3%	0.0%	0.2%
Other	3.1%	6.9%	5.0%
Don't know/missing	7.4%	9.3%	8.4%

Source: The National Health and Demographic Survey (2013). https://microdata.worldbank.org/index.php/catalog/2326

Table 5: Age at onset of disability

Age at onset of disability	Age group		Average
	0-9	10-19	
At birth	61.7%	45.1%	53.4%
0-4	20.7%	17.0%	18.9%
5-9	7.6%	12.2%	9.9%
10-19	0.0%	17.3%	8.7%
Don't know/missing	10.0%	8.4%	9.2%

Source: The National Health and Demographic Survey (2013). https://microdata.worldbank.org/index.php/catalog/2326

According to the interviews and FGDs with CWDs and their families, the primary cause of disabilities was birth/hereditary that related to inadequate and/or inaccessible health care and poor nutrition (71%), disease/illness (12%), war/violence (2%), accidents (2%), and other causes (13%). These result from limitations in national systems, poverty, discriminatory beliefs, and behaviors, as well as conflict and war.

Limitations to adequate health care and nutrition: Poor nutrition, and inadequate prenatal and post-natal care are major problems. This is complicated by a tradition of limiting food intake during pregnancy to ease delivery, especially among the high number of adolescents giving birth before their bodies are fully developed. Poor nutrition and hunger are widespread in Yemen in the last five years, which has been plagued by one of the world's worst food crises.

UNICEF reported that 15.9 million people needed urgent food and livelihood assistance in 2019 alone, 2 million children under the age of five are malnourished, including roughly 325,000 who suffer from life-threatening severe acute malnutrition. Around 45 percent of children under the age of five are stunted, meaning chronic malnourishment has left them too short for their age and has caused irreparable damage to their cognitive development. In addition, around 1.2 million pregnant or breastfeeding mothers are acutely malnourished, risking their health and that of their children.[29]

According to the World Health Organization (WHO), the health system in Yemen close to collapse, [30] around half of the health facilities are operational and those that are running face severe shortages in medicine, equipment, and staff. [31] around 10.2 million children do not have access to basic healthcare, tens of thousands of children a year die from preventable causes, such as diarrhea, and respiratory tract infections.[32] In addition, around 17 percent of women in Yemen (aged 20-24 years) who gave birth before age 18, and 73 percent of deliveries are home births, while 27 percent of deliveries in a health facility, and 5 percent of deliveries by cesarean section.[33]

"Safa lost hearing when she was 4 years old due to weakened auditory channels and excess fluid.
She is not the only person in our household is Deaf, her sisters (2 sisters) also suffer from the same disability for the same reason."
FGD, parents of child with disabilities

War/violence and injuries: After more than five years of conflict in Yemen, rates of psychological trauma and malnutrition have risen significantly. According to the UNICEF report (2020), in the last five years, at least

29 UNICEF (2020). Yemen Five Years on: Children, Conflict and COVID-19. https://weshare.unicef.org/Package/2AM408PC3MVJ#/SearchResult&ALID=2AM408PC3MVJ&VBID=2AM4WRC1IF6I
30 https://www.who.int/bulletin/volumes/93/10/15-021015/en/
31 OCHA (2019). Humanitarian Needs Overview in Yemen. https://reliefweb.int/sites/reliefweb.int/files/resources/2019_Yemen_HNO_FINAL.pdf
32 UNICEF (2020). Yemen Five Years on: Children, Conflict and COVID-19. https://weshare.unicef.org/Package/2AM408PC3MVJ#/SearchResult&ALID=2AM408PC3MVJ&VBID=2AM4WRC1IF6I
33 UNICEF (2020). https://data.unicef.org/country/yem/

3,153 children have been killed in Yemen and 5,660 children have been injured, in the places where they should be most protected, including their homes, schools, and medical facilities. The vast majority are harmed by explosive weapons with wide-area effects. Most injured children are wounded or left with potentially life-long disabilities, and many more are left with lasting psychological damage. The actual numbers of those killed and injured are likely to be much higher. The survivors of which will likely need special care to avoid life-long impairments.

Injuries from explosive weapons cause complex cases among survivors, such as spinal cord injuries and amputation. Addressing these injuries requires long-term specialized services whose availability is limited in Yemen. Without rehabilitation care, prosthesis, and physical therapy, CWDs will not be able to resume their social and economic roles, an effect that will last a lifetime for them and their families.

Furthermore, Save the Children in 2020 found that over half of the children they surveyed in Yemen reported feelings of sadness and depression. The trauma and mental health implications of the conflict, including years of exposure to explosive weapons in civilian areas, will have a long-term impact on an entire generation. Moreover, the number of people in Yemen diagnosed with mental disability autism has increased over time. In addition, road traffic injury, occupational injury, violence, and humanitarian crises have long been recognized as contributors to disability.

During the data collection, the assessment team visited a village in Lahj that had a high number of people who are blind or have poor vision, with one in every 20 residents having some degree of visual impairment. While people do not know the reason for the prevalence of blindness in the area, the village chieftain said that "there is a high percentage of people in our village who have glaucoma".

Poor children are more likely to become disabled through poor healthcare, malnutrition, lack of access to clean water and basic sanitation, dangerous living, and working conditions. Once disabled, they are more likely to be denied basic resources that would mitigate or prevent deepening poverty. Poverty and disability reinforce each other, contributing to increased vulnerability and exclusion.[34]

3.2. Legislation and policies

Before 1990, there were two separate legal systems for the People's Democratic Republic of Yemen (PDRY) and the Yemen Arab Republic (YAR). After the unification of the two countries and the establishment of the new Republic of Yemen in May 1990, those systems were unified to represent the official legislation of the country.[35] It is important to note that the Yemeni legal framework comprises of the constitution, regular legislation, republican (or presidential) decrees, and administrative regulations. In addition, religious, customary and tribal rules participate in the legal system in Yemen as one of the main pillars in the country.[36]

In the first part of this section, Yemeni laws and legislations, and local policies and strategies related to children's rights, especially CWDs, will be addressed in addition to that in the same regard. The second part of this section will be devoted to covering the obligations of the Republic of Yemen towards international conventions and treaties regarding CWDs.

3.2.1. National legislation and policy framework

3.2.1.1. The Yemeni constitution

The Yemeni constitution includes some articles that stipulate the rights of citizens. Article No. (42) addresses that all citizens are equal in general rights and duties and article No. (56) affirms that the State shall guarantee a social security for all citizens in the cases of illness, disability, unemployment, old age or the loss of supporter. Even though, these articles imply equality of persons with special needs and provide them with social guarantees, there is still an urgent need that Yemeni constitution shall indicate explicitly the rights of this group.

In general, the Yemeni constitution made no mention of PWDs, and consequently it has never mentioned CWDs. However, the article (25) of the constitution indicates that Yemeni society is based on social solidarity, which is based on justice, freedom and equality. According to the Yemeni law, article (25) implies the group of PWDs. The article (30) of the Constitution declares that the State shall protect mothers and children, and shall sponsor the youth and young people. This article refers to the protection of childhood in general, so, it includes the group of CWDs. Meanwhile, some Arabic constitutions, including the Egyptian constitution, especially, have addressed the category of Persons with special needs, their rights and political representation.

In this context, we recommend that the inclusion of a constitutional article that includes the rights of PWDs, mainly, focusing on CWDs and providing them with a constitutional protection, in a way that guarantees access to and protection of their rights.

34 UNICEF (2013). Children and Young People with Disabilities Fact Sheet. https://www.unicef.org/disabilities/files/Factsheet_A5__Web_REVISED(1).pdf
35 Al-Zwaini, L., The Hague Institute for Innovation of Law, The Rule of Law in Yemen: Prospects and Challenges, 2012, p. 37. Available online at: http://www.hiil.org/data/sitemanagement/media/QuickScan_Yemen_191212_DEF.pdf; See further discussion in Part 1.
36 The Equal Rights Trust, 2018, From Night to Darker Night, Addressing Discrimination and Inequality in Yemen

3.2.1.2. CWDs in national legislation

The attention to the PWDs has started in Yemen since the Fifties of the last century. In 1954, Aden city witnessed the establishment of the first association concerned with the blind. This association has played prominent roles in rehabilitation of blind that have enable its graduates to acquire skills and qualifications in which they may rely on as a source of income. In the legislative regards, the attention to the important of this segment of society began immediately after achieving Yemeni unity between the two parts of Yemen in 1991.

The Supreme National Committee for the Welfare and Rehabilitation of the PWDs

Upon the initiation of legislations, the Republican Decree No. (5) of 1991 was issued regarding the establishment and formation of the Supreme National Committee for the Welfare and Rehabilitation of the PWDs. The decree consists of six articles dealing with the establishment, composition, tasks and responsibilities of the committee. It also decided three-month period for meetings of the Committee, indicated the presence of a quorum, and also the voting during these meetings. The Committee is tasked, inter alia, with formulating general strategies and policies on the welfare and rehabilitation of disabled persons, implementing social integration and community participation policies, and encouraging initiatives designed to serve and cater for disabled persons, while providing support to associations that operate in this area. [37] The law permitted to establish sub-committees in the different governorates and assign the General Department for Rehabilitation in the Ministry of Social Affairs and Labor (MoSAL) as its executive body.

The Law of Private Education Institutions

The Law of Private Education Institutions issued by the Republican Decree of Law No. (11) of year 1999 addresses the organization of public and private educational institutions. In its definition of private education, it includes all types of private education, schools and institutes, for PWDs and schools for the gifted student. It did not address the CWDs in particular nor create incubator for them. It mentions them within the general school without any distinction, whether the child with a disability is in his/her earliest or advanced age. As was also mentioned in Paragraph (3) of article (13), which involves; the rehabilitation and private education including schools for the rehabilitation of the PWDs and handicapped, and schools for intellectual development for the mentally handicapped and developmental disability. But it does not include incubators for CWDs.

Law of Care and Rehabilitation of Persons with Disabilities

Yemen issued Law No. (61) of 1999 on December 29, 1999 concerning the care and rehabilitation of persons with disabilities. The Law contains (35) articles addressing that every child with a disability should receive free services as well as activities that enable children to practice him/her life in an appropriate manner at the levels of physical, mental, psychological, social and professional level. In addition, the law urges to establish, in coordination with MoSAL, the necessary bodies and centers to provide rehabilitation services for the PWDs. As result, all trained and qualified PWDs shall be given a certificate that represent the professions that they can perform, as well as an experience certificate.

The law requires MoSAL to cooperate with governmental sector; ministries and all relevant authorities, to provide material and technical support to the associations and centers of care and rehabilitation. The Law also requires MoSAL to provide the health and psychological services needed by the PWDs free of charge.

37 UN Committee on the Elimination of Racial Discrimination, Sixteenth periodic report of Yemen, 21 April 2006, CERD/C/YEM/16. Available online at: http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhsjjCQgX5RAILDo5irKkPl9eRV2JgsDUfor8eF4gyN2jW46cYKQj563dCNfup5oYv0Lgld4GVZQuB0eqYc4eZtHqZ0nFUUQzvdWjTqQynF1%2Fe [accessed 6 October 2020]

These services shall include training specialized cadres who are able to train and master the languages of communication with all categories of the PWDs, including sign language. These services shall also include developing educational curricula directed to PWDs, coordinating with governmental and private universities and colleges to create specialized departments in the field of rehabilitation of the PWDs, and developing their educational curricula. It shall also coordinate with the relevant authorities to provide PWDs with appropriate playgrounds, halls and sport tools to have the opportunity to practice sports in right manner and meet their actual integration into society.

The Yemeni legislation has approved an exemption for the imported tools, devices, and equipment, including cars manufactured for the PWDs, educative taxes and customs fees. The State gave priority to the PWDs to enroll in university and provide them with many benefits such as reductions on travel tickets, a specific percentage in public jobs, and promote their small projects and holding exhibitions for their products.

The executive regulations of the law were issued by Prime Minister Decree No. (284) for the year 2002, with (35) articles including the care measures of the PWDs. The law included the conditions for rehabilitation and the organization of centers for the rehabilitation and training, employing and supporting the PWDs, and the benefits that the PWDs gets from discounts in travel tickets by 50 percent, as well as allocating 5 percent of government jobs for this important group in society.

Despite the issuance of a law concerned with PWDs, this law was limited in most of its articles to the care and rehabilitation only, without including the rest of the other aspects for PWDs, such as the cultural aspects. Moreover, the law granted incentives and privileges to PWDs, such as employment, customs exemptions and reducing travel tickets, but these privileges lack of an executive mechanism or a body that could monitor their implementation. Therefore, these privileges are not applied on the ground, and the law never mentions any penalties in the event of violating these rules, and if these penalties are found, they are simple fines and such as what was required by the law.

The Handicap Care and Rehabilitation Fund

Republican Decree No. (6) for the year 1991 was issued to establish the Handicap Care Fund, which aimed to find resources for this segment of society. But it was canceled by the promulgation of Law No. (2) for the year 2002 concerning the Handicap Care and Rehabilitation Fund (HCRF), which included multiple resources for the fund. The term rehabilitation was added to the previous name, and the law consists of (31) articles. The articles No. (4, 18, 22, 23) of Law No. (2) for the year 2002 was amended by the Law No. (33) of Year 2013, it was included the responsibilities of the fund, its resources, its executive directors' responsibilities, the fund's meetings, the expenditures of its resources support to the services of child with disabilities rehabilitation and facilitate their health care. Moreover, any imposed fines for violating the rehabilitation and employment of the PWDs shall be submitted to the fund.

Among the most prominent objectives of the fund is to provide stable financial resources, finance programs and projects of rehabilitation, invest the fund money in projects that directly benefit the PWDs. The fund shall also coordinate with the other funds, which work in the field of social safety net, to provide the various needs for the PWDs and support the fund's activities that benefit them. The establishment of the fund is considered as a great leap in the lives of PWDs, and for civil organizations working with them. The fund is also assigned to the task of providing various medical, educational, rehabilitation and social services and providing assistive prosthetic devices as well as financing all projects, activities and needs of centers and associations working in the field of care and rehabilitation of PWDs.

The Yemeni Child Rights Law

The Yemeni Children's rights Law No. (45) of the year 2002[38], has devoted the 3rd chapter, specifically Articles (115) to (123), to the CWDs advantages. Article No. (115) of the law referred to the right of children with various disabilities to enjoy a decent life, and the state shall guarantee that. In addition, ensuring their integration into society by providing social, health and psychological care, especially those that develop their self-reliance. Articles (116-119) emphasizes that the CWDs shall have the right to be rehabilitated and provided with compensatory devices. Article (120) includes customs and tax exemptions for educational materials, tools and others. Article (122) emphasizes the right to establish associations for CWDs, even though there was no specified advantage in this regard or a body concerned with the welfare of these associations. Article (123) entrusts the Supreme Council for Mothers and children in coordination with the Ministry of Information to disseminate the culture on disability issues through various media. Despite the advantages which have been acknowledged in these articles, for CWDs, the implementation of these advantages on the ground is limited or almost non-existent. The ongoing conflict and war had exacerbated the bad situation and burden of this segment.

38 National Information Centre, Republic of Yemen, The Yemeni Children's rights Law No. (45) of the year 2002, Available online at: https://yemen-nic.info/db/laws_ye/detail.php?ID=11754

The Yemeni Children's rights Law No. (45) of the year 2002

Chapter Three: Care and Rehabilitation of the child with disability:

Article 115: The State shall guarantee children with mental or physical disabilities to enjoy the right of a decent life, as well as, a special social, health and psychological care that develops their self-reliance and facilitates their integration into society.

Article (116): The children with disabilities shall have the right to rehabilitation through the provision of social, psychological, medical, educational and professional services. The State, free of charge, must provide them by compensatory devices and services which are necessary for the rehabilitation of the children with disabilities.

Article (117): The Ministry shall establish the necessary institutes, centers and institutions to provide the children with disabilities with rehabilitation services, and the Ministry shall authorize to establish such institutes and institutions in accordance with the terms and conditions specified by the Law on Care and Rehabilitation of the Children with Disabilities and its implementing regulations thereof.

Article (118): The Ministry of Education shall establish classes in the regular schools to teach children with disabilities in a manner appropriate to their capabilities and aptitudes. It shall also identify conditions of admission, curricula and examination systems in accordance with the Law on the Care and Rehabilitation of the Children with Disabilities. And it is authorized to establish these classes under its supervision according to the conditions and specifications that issued by the decree of the Minister of Education.

Article (119): Every rehabilitated child with disability by the aforementioned bodies, in Articles (117 and 118) of this law, shall be granted a certificate. This certificate shall indicate the profession that he/she has been qualified to practice, in addition to other data that are specified and issued by the decree of the Minister of Social Affairs and Labor and the Minister of Education.

Article (120): All educational and medical materials, aids, tools, machines, spare parts, and transportation which are necessary for children with disabilities shall be exempted from all taxes and customs fees.

Article (121): The State must prepare special education teachers, social and psychological specialists, and provide them with the necessary incentives to encourage the largest number of workers in the field of care and rehabilitation of children with disabilities to specialize in special education and developing and updating the educational and rehabilitation programs that may increase their efficiency and effectiveness.

Article (122): Children with disabilities have the right to establish and organize their own cooperative and charitable associations in accordance with the laws in force.

Article (123): The Supreme Council for Mothers and Children in coordination with the Ministry of Information shall disseminate the culture of the children with disabilities issues through various media, in order to ensure deepening social awareness of the rights, needs, and abilities of the children with disabilities in various fields and equal them with the other children.

Source: National Information Centre, Republic of Yemen, The Yemeni Children's rights Law No. (45) of the year 2002. Available online at: https://yemen-nic.info/db/laws_ye/detail.php?ID=11754

The Yemeni Construction Law

The Yemeni Construction Law No. (19) for the year 2002 states the controls for buildings according to the executive regulations of the law.[39] These executive regulations were issued by Prime Minister Decree No. (351) for the year 2008 and chapter four is devoted for controls, standards and requirements of Persons with special needs (physically handicapped). Article (50) of the regulations includes; When carrying out design work for government, public, service, and entertainment buildings, or similar buildings that the PWDs usually visit, shall be constructed with special requirements which must be set for the use of the physically

39 National Information Centre, Republic of Yemen, Yemeni Construction Law No. (19) for the year 2002. Available online at: https://yemen-nic.info/db/laws_ye/detail.php?ID=11750

handicapped. Although this is a positive step, it is not taken into account the international standards regarding PWDs.

The regulation focused on one type of disability, which is the mobility disability, and thus do not include other disabilities. For example, the sixth paragraph included equipping elevators for the disabled in accordance with international standards, but people with visual impairment may find it difficult to use those elevators, so they need written instructions in Braille on the elevators to facilitate their use. In addition, the use of signs for PWDs who usually use sign language

3.2.1.3. Children with disabilities in national policies

The National Strategy for Disability (2014-2018)

In response to its commitment to improving the conditions of PWDs in Yemen, the government took the initiative to work towards preparing a national strategy for disability that is compatible with the rights-based approach to disability. The National Disability Strategy 2014 – 2018 outlined the vision, objectives and principles of the rights-based approach to disability, and suggested a timeframe in which the strategy should be implemented as well as who should take the responsibility for overseeing, monitoring and evaluating the implementation of the strategy.[40] The strategy also presented the service system and the role of the government, local organizations of PWDs, and international NGOs in providing services to the disabled. The strategy also addressed the legislation and policies related to PWDs within the framework of the international, Arab and national context.

In the national context, the strategy presented a sectoral analysis that covered nine sectors including health, work, education, sports and entertainment, communications and information technology, infrastructure and accessibility, social security/protection, public transport, information and awareness. Each sectoral analysis reviewed and analyzed the national legislation, national policies and programs related to PWDs. In addition, identified gaps in these national legislations and policies. At the end of each analysis, the strategy proposed interventions to overcome the gaps surrounding the national legislation, policies and programs.

CWDs are covered in three main sectors of the strategy, the education, health and social protection. The strategy explicitly stated in one of its principles that CWDs are among the groups most in need of care and social protection.

One of the principles of the National Strategy for Disability for the Years (2014-2018)

- Women, girls and children with disabilities are the most in need of social care and protection, in a way that guarantees their full enjoyment of all human rights and fundamental freedoms on an equal footing with the rest of the social groups, and in a way that realizes the actual implementation of the obligations made by the Republic of Yemen as a result of its accession as a party to the relevant international agreements.

Source: The National Disability Strategy for the Years (2014-2018)

It is worth noting that the Social Fund for Development and the World Bank contributed to the preparation of the National Strategy for Disability in cooperation with the Ministry of Social Affairs and Labor, and with wide participation of the relevant government agencies and civil society organizations representing PWDs.

40 UN, The National Strategy for Disability (2014-2018) by Yemen. Available online at: https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/10/Yemen_National-Disability-Strategy-2014-%E2%80%93-2018.pdf

Objectives of the National Strategy for Disability for the Years (2014-2018)

1. Changing society's view of persons with disabilities by raising awareness about their rights and potentials.
2. Reconsidering national legislation in line with international charters and instruments, in particular the CRPD.
3. Highlighting the various needs of persons with disabilities and adopting an approach based on the legitimate rights of persons with disabilities and identifying obstacles that prevent the full participation of persons with disabilities and limit the process of their final integration into society.
4. Inclusion of issues related to persons with disabilities in public policies, plans, strategies, programs, care and rehabilitation services delivery systems and government policies
5. Building the institutional capacity of governmental and non-governmental organizations working in the areas of protection, care, rehabilitation and integration of persons with disabilities in Yemeni society, and emphasizing the crucial role that people with disabilities and their organizations must play in achieving the goals of this strategy.
6. Developing a national knowledge base and opening horizons for dialogue between the social partners and key stakeholders.

Source: The National Disability Strategy for the Years (2014-2018)

Education Policies

Between 2000 and 2015, the Government prepared a number of educational strategies, focusing on presenting the most important issues related to the education system in Yemen. The National Strategy for the Development of Basic Education 2003-2015, which was adopted by Ministerial Resolution No. 144 of 2001, was the first step toward education development. It is one of the strategies supporting the promotion of equality in education.[41] The strategy aims to allocate the necessary resources for CWDs and ensure access to education. The strategy also stipulates the establishment of specialized departments at the level of the Ministry of Education and its education offices concerned with educating girls, PWDs and children of disadvantaged and marginalized groups.[42] Although the Ministry of Education was concerned with overseeing the implementation of the strategy; However, the strategy did not stipulate a clear monitoring and evaluation system, which led to the absence of its impact and effectiveness.

Yemen has also prepared a number of other strategies, such as the national strategy for secondary education 2006-2015, the national strategy for vocational training 2005-2014, the national strategy for higher education 2005, and the national strategy for early childhood development 2011-2015. The objectives of these strategies were to expand and spread in a way that achieves fairness and equality in providing educational opportunities, as well as improving the level of education quality. In addition, strengthening institutional capacity and improve the efficiency of the education system at all levels. It is worth noting that all of these policies included measures to promote equality and non-discrimination, as the National Strategy for Vocational Training emphasized the need to respond to the needs of women and PWDs and aims to increase their participation.[43]

Despite the abundance of strategies regarding education, the reality tells different details, there is no implementation of those policies and there are no mechanisms to monitor and evaluate its implementation.

41 The Equal Rights Trust, 2018, From Night to Darker Night, Addressing Discrimination and Inequality in Yemen

42 Republic of Yemen, Ministry of Education, The National Strategy for the Development of Basic Education 2003-2015. Available at: https://planipolis.iiep.unesco.org/sites/planipolis/files/ressources/yemenprimarystrategy.pdf

43 Republic of Yemen, 2005, Ministry of Technical Education and Vocational Training, National Strategy for Vocational Training 2005–2014, p. 25. Available online at: http://planipolis.iiep.unesco.org/sites/planipolis/files/ressources/yemen_tvet_strategic_plan.pdf.

Health Policies

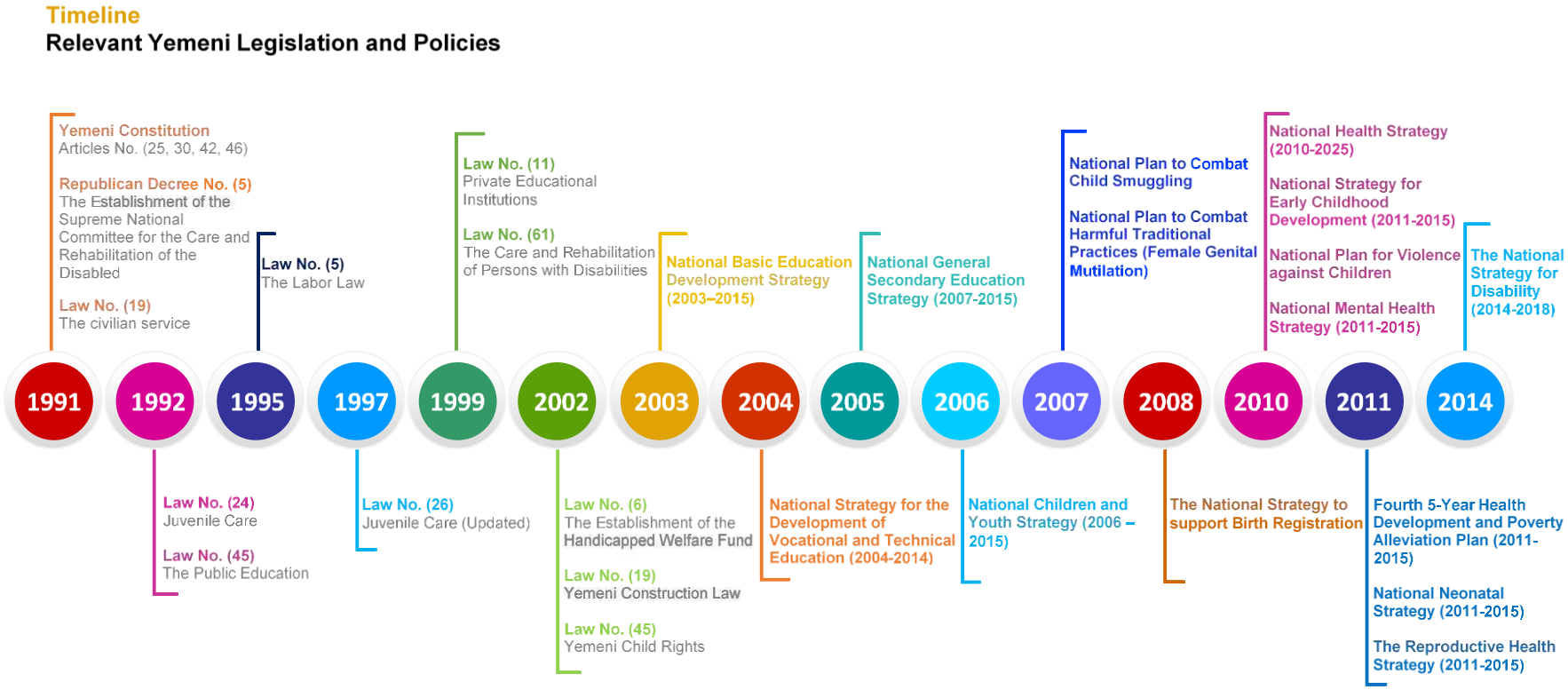
In 2010, the Government adopted the National Health Strategy for the period 2010-2025. It has been supplemented by the Fourth Five-Year Health Development and Poverty Alleviation Plan 2011-2015. The National Health Strategy aimed to working towards securing the provision of preventive, therapeutic and rehabilitation healthcare services.[44] In addition, increasing the coverage rate of the basic health services by supporting and developing an integral framework to provide services at various levels pursuant to the quality of performance standards and in reasonable costs to meet the health needs of the population. Under the health services axis, the strategy stated that the Ministry of Public Health and Population (MOPHP) shall increase the level of readiness and alert to achieve sustainability in facing the emergency health needs, epidemics, emergency services and prevention of injuries and disabilities. However, PWDs and CWDs were not mentioned directly in this strategy.

Other various health sector-specific strategies were adopted, including the National Neonatal Strategy 2011-2015, the Reproductive Health Strategy 2011-2015 and the National Strategic Framework to Combat HIV and AIDS 2009-2015. According to situation analysis of children in Yemen 2014 conducted by UNICEF45, various challenges have emerged since 2011 facing public institutions, MOPHP is one of them. These challenges, in turn, affect the implementation of these important plans and policies.

44 Ministry of Public Health & Population, 2010, National Health Strategy 2010 - 2025. Available at: https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/yemen/nat_health_strategy_-_yemen_eng.pdf

45 UNICEF, 2014, Situation Analysis of Children in Yemen 2014. Available at: https://www.unicef.org/media/files/Yemen_Situation_Analysis_report_-_English_Final.pdf

Figure 4: Timeline relevant Yemeni legislation and policies



3.2.2. International commitments

The Yemeni constitution addresses Yemen's commitment toward international treaties and conventions, in article No. (6) which affirms "The Republic of Yemen confirms its adherence to the UN Charter, the International Declaration of Human Rights, the Charter of the Arab League, and the recognized rules of international law in general.".[46] Therefore, Yemen was one of the first countries which ratify the international conventions on the rights of the child and the CRPD.

However, it still far from adherence to the provisions and conditions of these conventions. This comes as a result of the absence of practices and implementation of the provisions and conditions of these conventions by a large number of law enforcement personnel. Moreover, the national courts refuse to take into account the provisions of the International Convention, due to the absence of an explicit constitutional or legal text that obliges the judiciary to implement these conventions, including the Convention on the rights of the child. Therefore, these conventions are not referred to or recognized by the Yemeni judiciary.[47]

> *"Those who bear the responsibility, including the Yemeni authorities have fallen short of their promises and commitments to the children", said Sara Beysolow Nyanti, Former UNICEF Yemen Representative."*
> **Source**: UNICEF, 30 Years of Child Rights Yet Yemen Remains One of the Worst Places to be a Child-UNICEF. Available online at: https://www.unicef.org/yemen/press-releases/30-years-child-rights-yet-yemen-remains-one-worst-places-be-child-unicef

Convention on the Rights of the Child (CRC)

In 1991, Yemen was among the first countries in the world that ratifies the Convention on the Rights of the Child of year 1989. The CRC is considered as the first general human rights treaty that fully recognizes the rights of CWDs, the need to prevent harm to children, and provide the CWDs the adequate protection. CWDs are specifically addressed in Article 23, which sets out some specific rights for them.

46 National Information Centre, Republic of Yemen, Yemeni Constitution. Available online at: https://yemen-nic.info/yemen/dostor.php
47 Muhammad Hussein Al-Maamari, Child Rights in International Law, PhD Thesis, Faculty of Law, Assiut University, Egypt, 2013, p.53.

Convention on the Rights of the Child
Article (23):

1. States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.
2. States Parties recognize the right of the children with disabilities to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child.
3. Recognizing the special needs of a children with disabilities, assistance extended in accordance with paragraph 2 of the present article shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development.
4. States Parties shall promote, in the spirit of international cooperation, the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of disabled children, including dissemination of and access to information concerning methods of rehabilitation, education and vocational services, with the aim of enabling States Parties to improve their capabilities and skills and to widen their experience in these areas. In this regard, particular account shall be taken of the needs of developing countries.

Source: UNHR, 1989, Convention on the Rights of the Child
Available online at: https://www.ohchr.org/en/professionalinterest/pages/crc.aspx

In December 2004, Yemen ratified the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, and in March 2007 ratified the Optional Protocol on the involvement of children in armed conflicts. As of 2010, Yemen had submitted only one report on the implementation of the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child Prostitution and child pornography, on 15 February 2008.[48]

Convention on the Rights of Persons with Disabilities (CRPD)

In 2008, the Republic of Yemen was one of the first countries that quickly sign and ratify the CRPD, which was adopted by the United Nations General Assembly in December 2006.[49] Yemen's ratification of the Convention and its optional protocol represents the culmination of the Republic of Yemen's directive in this regard.[50] The CRPD addresses in detail the rights of CWDs. It contains 30 articles related to the protection of the rights of PWDs.

48 SIDA, 2011, Country Profile of Yemen, A Review of the Implementation of the UN Convention on the Rights of the Child. Available at: http://www.ibcr.org/wp-content/uploads/2016/06/Country-Profile-Yemen-1.pdf
49 Law No. (47) of year 2008 concerning the approval of the International Convention for the Protection and Promotion Persons with Disabilities Rights of and the Optional Protocol attached thereto, issued in the official magazine, dated 15 November 2008.
50 The National Strategy on Persons with Disabilities (2014-2018) https://yehwrf.org/pdf/s.pdf

Article (4) of the Convention on the rights of the persons with disabilities includes the general obligations in the convention, and it stipulated the following: [51]

- States Parties undertake to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without any discrimination of any kind on the basis of disability, and to this end, States Parties undertake to:
  - Adopting all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the present Convention;
  - Taking all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices that constitute discrimination against persons with disabilities;
  - Taking into account the protection and promotion of the human rights of persons with disabilities in all policies and programs.

CWDs are specifically addressed in Article 7, which stipulated the following.

Article (7) Children with Disabilities:

1- States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.
2- In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.
3- States Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.

The Committee on the Rights of the Child

Ratifying the Convention on the Rights of the Child, like other conventions, requires commitment to the provisions of that convention. To assess the extent to which the member state and all its official institutions implement what is stated in the convention and what it offers towards the child, there is an independent committee called the Committee on the Rights of the Child that is responsible for this evaluation. In a neutral manner, this committee evaluates what has been accomplished and presented to the child during a previous five-year cycle. The result of the evaluation is a detailed report that presents the steps taken by the member state and the challenges it faced in implementing the rights stipulated in the convention. The report also presents a set of important recommendations that would advance the process of enforcing the Child Convention in the member state.

Yemen as one of the countries that ratify the Convention on the Rights of the Child, it significantly maintains the submission of its periodic reports compared to other countries. It submitted its first two reports on the Optional Protocol on the sale of children, child prostitution and child pornography and the Optional Protocol on the involvement of children in armed conflict.[52] The last periodic report was submitted in 2014.

In its Concluding Observations on the fourth periodic report (2014), the Committee expressed its appreciation for the constructive dialogue held with the multi-sectoral delegation of the State. The Committee highly appreciated the ratification of the Optional Protocol to the Convention on the Rights

51 UN (2006). Convention on the Rights of Persons with Disabilities and Optional Protocol, https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf
52 UNICEF. (2014). Situation analysis of children in Yemen. UNICEF Yemen, Sana'a. Available at: https://www.unicef.org/media/files/Yemen_Situation_Analysis_report_-_English_Final.pdf

of the Child on the involvement of children in armed conflict in March 2007, the CRPD and the Optional Protocol thereto in March 2009, and the United Nations Convention against Transnational Organized Crime in February 2010.

The Committee welcomed the establishment of the Forensic Committee by Decree of the Minister of Justice No. 278 of 2013, the establishment of the National Committee for Combating Human Trafficking by the Prime Minister's Decree No. 6 of 2013, and National Strategy to Promote Birth Registration, adopted in 2008. The Committee welcomed the cooperation of the Yemen state with the Office of the High Commissioner for Human Rights (OHCHR), by the formal establishment of an OHCHR field presence in the country on 26 September 2012.

The committee noted that Yemen is still facing various challenges that affect its security and stability, especially the conflict that occurred during the period (2011-2012). In addition, the severe economic difficulties, which all affect the implementation of the stipulated rights of the Convention. The main concerns of the committee included some fundamental issues, the most important of which were the following:[53]

- The age of majority is set at 15 years in the domestic legislation.
- The absence of a legal provision setting a minimum age of marriage and at the very low age of criminal responsibility, set at 7 years.
- The delay in adopting the legislative amendment that proposes to set the minimum age of marriage at 18 years.
- The persistence of discriminatory social attitudes against categories of children in marginalized and disadvantaged situations, including children known as Muhamasheen children, children born out of wedlock and children with disabilities.
- The lack of accurate disaggregated statistical data on CWDs.
- Lack of information on the extent and quality of services provided to CWDs.
- The widening gap between the rate of enrolment in school of CWDs and children known as Muhamasheen children and the overall nationwide rates.

53 UN Committee on the Rights of the Child (CRC), Concluding observations on the fourth periodic report of Yemen, 31 January 2014, CRC/C/YEM/CO/4. Available online at: https://www.refworld.org/docid/52f89d5c4.html [accessed 3 October 2020]

The Committee's recommendations

The Committee urges the State party to:

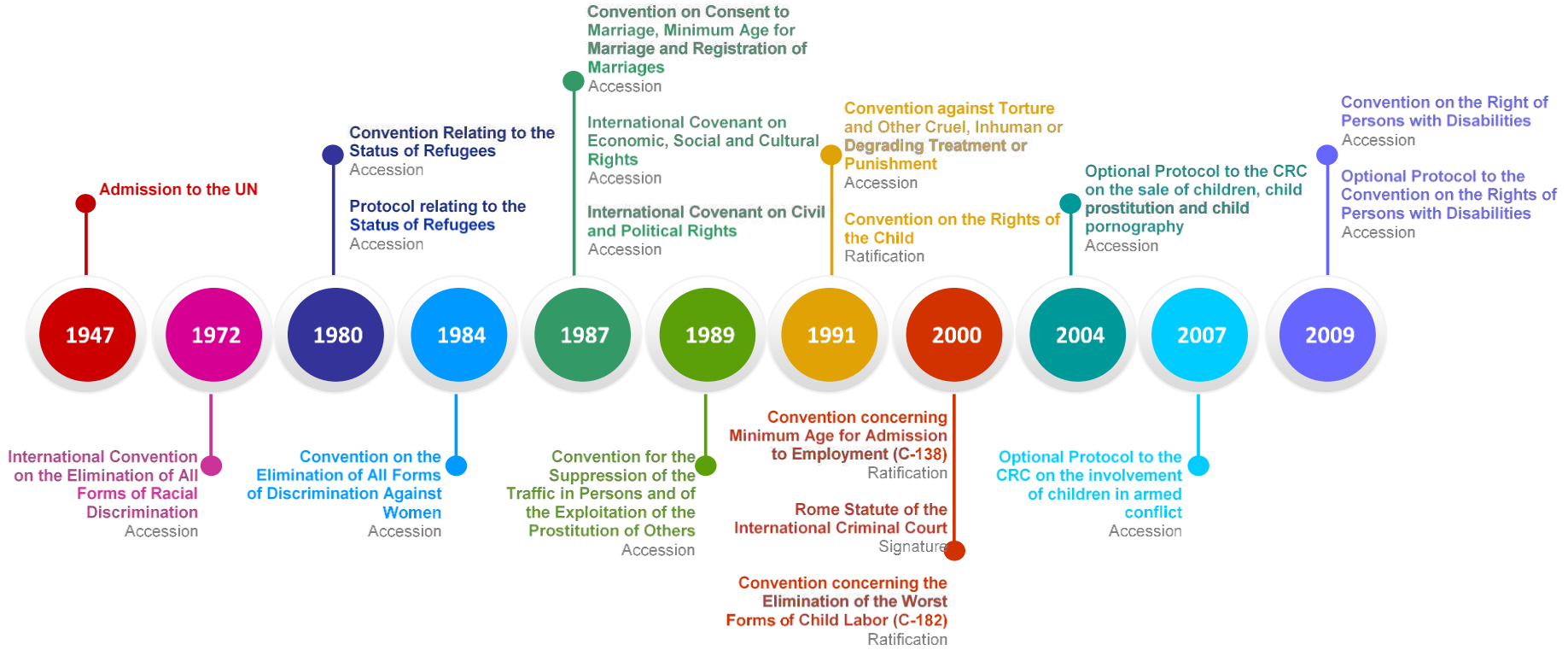
- Expedite the adoption of the legislative amendments so as to explicitly incorporate a definition of the child into its domestic legislation, in full compliance with article 1 of the Convention, and ensure that the age of majority is set at 18 years.
- Take the necessary measures to ensure the adoption of the legislative amendment setting the minimum age of marriage at 18 years for girls and boys and raise the minimum age of criminal responsibility to bring it into line with international standards.
- Ensure that children who are in marginalized and in disadvantaged situations, such as children known as Muhamasheen children, children born out of wedlock and children with disabilities, have access to basic services and enjoy their rights under the Convention.
- Repeal any discriminatory provisions against children with disabilities in the National Act No. 6 (1990), in particular article 4 (b), and ensure that all children without discrimination of any kind have the right to acquire nationality.
- Assess the overall situation of children with disabilities and the extent and quality of services provided by the Disability Fund for Care and Rehabilitation and the Social Fund for Development to children with disabilities.
- Allocate adequate human, technical and financial resources to support their families and ensure the enjoyment of their rights.
- Take the necessary measures to ensure accessibility for children with disabilities in public buildings and on public transport.
- Increase the resources allocated to the education sector in order to expand, build and reconstruct adequate school facilities throughout the State party, and create an inclusive educational system that welcomes all children, including children with disabilities and children in marginalized or disadvantaged situations.

Source: UN Committee on the Rights of the Child (CRC), Concluding observations on the fourth periodic report of Yemen, 31 January 2014, CRC/C/YEM/CO/4. Available online at: https://www.refworld.org/docid/52f89d5c4.html [accessed 3 October 2020]

Figure 5: Timeline relevant international and regional human rights conventions and treaties and their status of ratification by Yemen

Timeline

Relevant International and Regional Human Rights Conventions and Treaties and their Status of Ratification by Yemen



3.3. Mapping available assistance/support to CWDs

3.3.1. Handicap Care and Rehabilitation Fund (HCRF)

Overview

The Handicap Care and Rehabilitation Fund (HCRF) was mainly established by government law number 2 of the year 2002 with the main goal of utilizing the human capital of PWDs in the construction and development of the country.[54] The objectives that HCRF is aiming to achieve are providing stable financial resources to support various projects for the care and rehabilitation of PWDs; financing programs and projects for them; investing the HCRF's money in projects that directly benefit PWDs; contributing to the financing of activities aimed at caring for and rehabilitating PWDs in accordance with the provisions of Articles (5-6-8) of the Care and Rehabilitation of the Disabled Law; and finally coordination with the actors operating in the field of social safety networking to provide the different needs of PWDs and support HCRF's activities that benefit them.

The HCRF's Board of Directors is chaired by the Minister of Social Affairs and Labor, and the undersecretary of Social Welfare Sector is the Vice-Chairman. In addition to the Executive Director, the HCRF's Board of Directors includes eight members who participate in managing the HCRF; the Undersecretary of the Ministry of Finance, the Undersecretary of the Ministry of Planning and International Cooperation, three businessmen, and three from the leadership of the National Federation of Yemeni Disabled Associations.

The main sources of funds for HCRF as detailed in Article No. (4) of Law No. (2) of the year 2002, were the allocated budget from the government and some of the government associations' investment income, as well as grants, donations and aid provided by national, Arab and foreign bodies and individuals, and the endowment, wills and funds allocated for the care and rehabilitation of the handicapped. In addition, the fees added to customs, airline tickets, tobacco cigarettes and movie tickets. New sources were also added according to Article No. (1) of the Law No. (22) for the year 2013 which amends some provisions of Law No. (2) for the year 2002 regarding the HCRF. Those sources include the added fees on cement sales, consumption of landlines and mobile phone services, issuing vehicle numbers or transferring ownership, issuing and renewing vehicle driving licenses.[55] In general, HCRF is considered as a container to receive and manage the funds allocated to PWDs from different sources.

There are 18 branches of HCRF in 18 governorates beside the main office. These branches are in Sana'a, Aden, Ibb, Abyan, Al Bayda, Al Jawf, Al Hudaydah, Al Dhale, Al Mahwit, Taiz, Hajjah, Hadramout, Dhamar, Rayma, Shabwah, Saada, Amran, Lahj, and Marib. The branches are located in the urban areas of the governorates with limited access to rural areas through referrals from local associations and other channels.

54 National Information Centre, Law No. (2) for the year 2002, The Handicap Care and Rehabilitation Fund (HCRF). Available online at: https://yemen-nic.info/db/laws_ye/detail.php?ID=11748

55 National Information Center, Law No. (22) of 2013 amending some provisions of Law No. (2) of 2002 regarding the Handicap Care and Rehabilitation Fund. Available at: https://yemen-nic.info/db/laws_ye/detail.php?ID=69394

Different surveys conducted on Yemen estimate the number of PWDs to be 1.9 percent of the total population according to the census conducted in 2004[56], and updated to be 2.4 percent in 2014[57] by the Household Budget Survey in 2014, lastly WHO estimation that almost 15 percent of the population are PWDs. According to the national Health Demographic Survey (HDS) conducted in 2013, CWDs represented 28 percent of the total number of PWDs surveyed. Disability among 1,028 CWDs between 0 to 19 years old included 22 percent in sight, 23 percent in hearing, 30 percent in understanding and communication, 40 percent in movement, 13 percent in self-care, and 16 percent in dealing with others. Since the establishment of HCRF in 2002, only 101,386 cases of PWDs disaggregated as (64,918 males and 36,468 females) are registered in the whole country, including 37,162 disabled children (21,895 boys and 15,267 girls).

Figure 6: Total number of the disabled registered in HCRF by disability and governorate

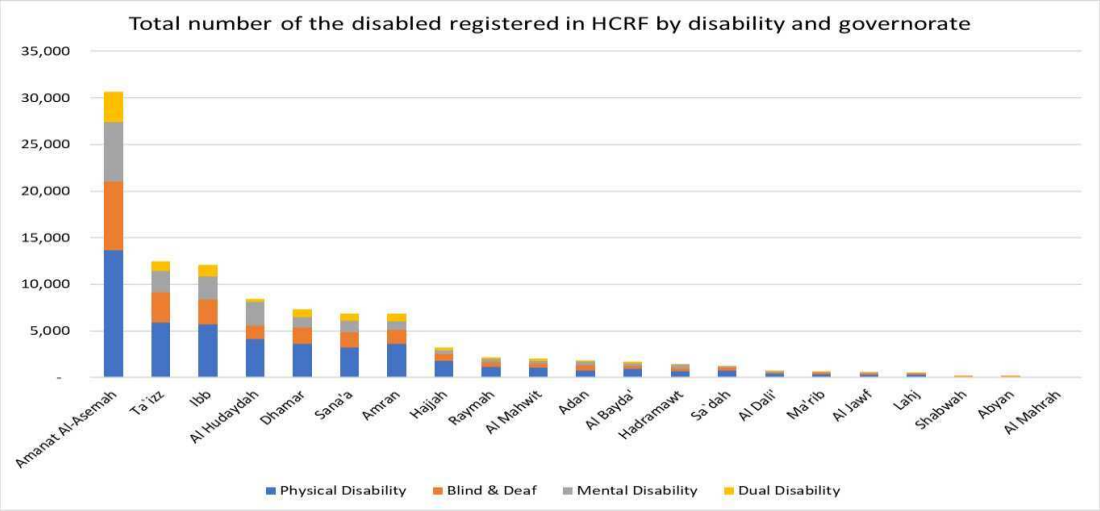


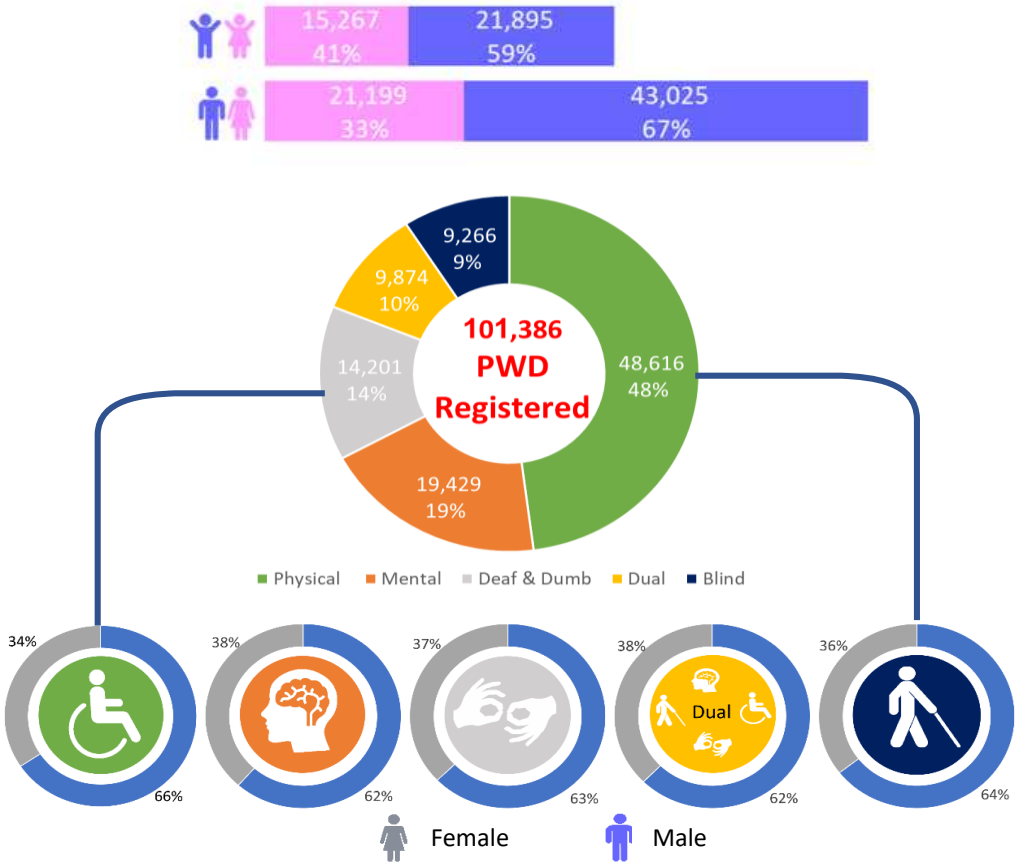
Figure 7: A statistic of the total number of the disabled registered in HCRF by disability and governorate

Governorate	Physical	Blind & Deaf	Mental	Dual
Amanat Al-Asemah	13,660	7,363	6,362	3,267
Ta`izz	5,924	3,252	2,258	1,021
Ibb	5,711	2,693	2,425	1,276
Al Hudaydah	4,124	1,414	2,568	324
Dhamar	3,646	1,733	1,115	850
Sana'a	3,209	1,640	1,256	799
Amran	3,601	1,507	886	873
Hajjah	1,785	708	415	341
Raymah	1,166	499	295	231
Al Mahwit	1,094	419	286	220
Adan	736	583	394	140
Al Bayda'	953	304	274	166
Hadramawt	691	348	372	36
Sa`dah	759	341	113	80
Al Dali'	390	165	109	61
Ma'rib	385	148	87	58
Al Jawf	317	110	97	63
Lahj	288	133	66	47
Shabwah	87	52	36	8
Abyan	84	53	12	13
Al Mahrah	6	2	3	-

56 Central Statistical Organization, Yemen General Population Census 2004. Available online at: http://www.cso-yemen.com/content.php?lng=arabic&cid=234

57 Central Statistical Organization, Yemen General Population Census 2014. Available online at: http://www.cso-yemen.com/content.php?actn=ListRecords&cid=243

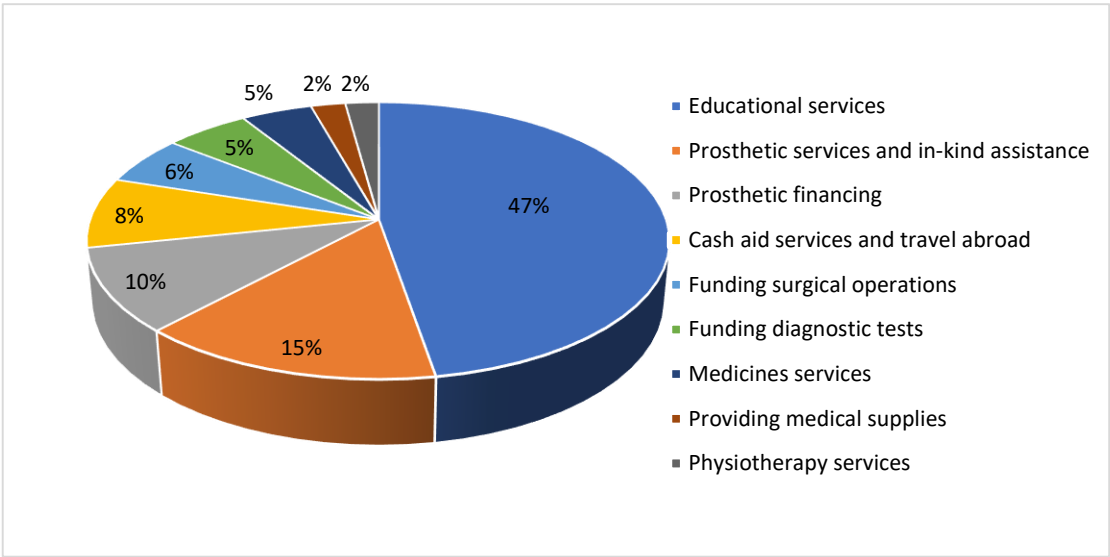
Figure 8: A statistic of PWDs registered in HCRF by gender and age



HCRF services and roles

HCRF has been providing a wide range of services since 2002 for PWDs including children in healthcare, education, as well as in-kind and financial aid services. The main services that HCRF provides to CWDs can be divided into services to individuals and services through institutions in the training and rehabilitations of PWDs.

Figure 9: Services to PWDs by HCRF since the establishment till the end of 2019



Services to individuals

Health services

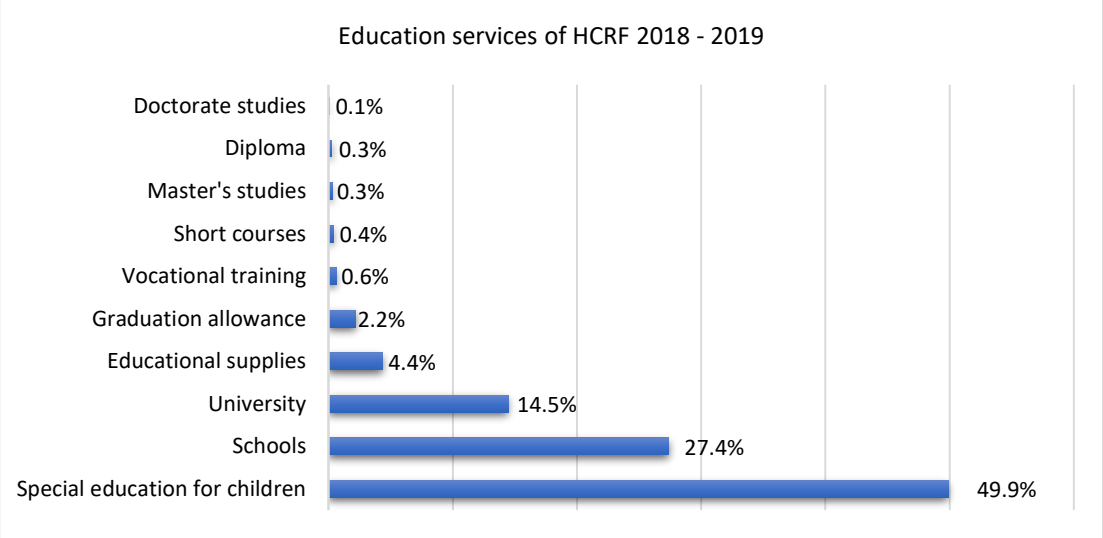
In the health sector, medical consultations, medicines, and laboratory tests, minor and major surgeries for a wide range of specializations for CWDs used to be covered by HCRF. This includes orthopedic surgery, eye surgery, such as suction of watery fluids, white clouds, cornea transplantation, and the installation of lenses and the related requirements such as providing medicines and performing various laboratory tests. In addition to providing physiotherapy services and supplies, and performing other surgeries, such as straightening, correcting and fixing curvatures in the bones and spine, plastic surgery, urology, women and childbirth, and teeth. CWDs' psychosocial well-being was also taken care of through education and entertainment trips, and recreational camps financed by the fund.

Education services

In education, HCRF used to provide educational services (individual) to PWDs in various stages of education (primary - secondary - university - and postgraduate) private and public, and the consequent provision of tuition fees, and educational requirements such as providing curricula and educational aids, transportation allowances, an amount of 50,000 YER per year for CWDs in schools, transportation to schools through other DPOs/CBOs that HCRF in financially supporting.

For the year of 2018/2019 in the education sector, HCRF has provided different services to 11,567 cases of PWDs from different typologies of disability. Educational services cover schools, university, graduation allowance, master's studies, doctorate studies, educational supplies, diploma, short courses, vocational training, and special education for children. The figure 10 shows that CWDs are having almost 77 percent of the total educational services per year. These services are provided mainly from the main office in Amanat Al Asemah representing 59 percent of the total services around the country.

Figure 10: Education services of HCRF 2018 - 2019



In-kind and financial aid services

HCRF provides assistive medical and prosthetic devices such as wheelchairs of various kinds (normal - vibrator - electric - toilet) as well as hearing aids, mattresses, pillows, medical belts, devices for suctioning fluid from the brain, blood glucose testing devices, coagulation needles, prosthetics, and crutches. As well as providing supplies for the visually impaired, such as glasses, talking and physical watches and white sticks. The fund also provides financial aid for cases that require treatment abroad.

Services through local associations

In 2013, HCRF was supporting over 200 local associations in the field of PWDs. After 2015, most of these associations were affected by the war and there are only 48 associations working with HCRF as shown in the following figures[58]. Currently and according to HCRF, the total number of the active associations is 65. The department of rehabilitation and training at HCRF is supporting local associations working around Yemen targeting PWDs. The support was mainly covering running costs including rent costs, transportation of CWDs from and to schools, row materials for training activities, and other items to support their activities and projects.

Previously, HCRF was covering the general operational and financial needs of the local DPOs and CBOs working with CWDs. Currently, DPOs and CBOs are requested to propose their annual projects with detailed budgets that are financed quarterly or semiannually. HCRF conducts periodic evaluations for the projects implemented by the association with reference to their proposals including budgets and work plans. Different projects are proposed to HCRF from the local associations with different priorities to be supported. HCRF on the other hand finances these projects from its budget or through coordination with external actors to finance these projects.

Besides institutional support, different cultural, educational social activities are also supported and financed through the management of rehabilitation and training at HCRF such as group weddings, seminars, workshops, training courses, etc.

Community-Based Rehabilitation (CBR) activities through local associations are supported by HCRF as well. Survey teams of local associations with focal points from HCRF's branches in the different governorates conduct field surveys to identify and register new cases of PWDs in the urban and rural areas. These activities have stopped since the escalation of the war in 2015. The rehabilitation centers are suffering from different obstacles including transportation means that is among the main problems.

Strategic Planning at HCRF

Since government institutions work under the umbrella of the government strategies and policies, HCRF's policies and operations are branches of a bigger framework of the government strategies. In a continuous improvement process, the government has acknowledged the gaps in the previous strategies and services provided to PWDs. The 2014-2018 strategy of disability was developed with clear objectives and targets aimed to be achieved from 2014 to 2018 for total inclusion of PWDs in nine main sectors of services; health, livelihoods, education, sports and entertainment, communications and information technology, infrastructure and accessibility, social security and protection, public transportations, and information and awareness.

Since 2015, HCRF has been in a paralyzed state and moving with the old system with no updates to their implementation strategies and operations. Currently, HCRF is working on strategic plans to cope with international standards and approaches in running such fundamental institutions to PWDs.

[58] HCRF, Ministry of Social Affairs and Labor, Annual Report 2019

The case management system

HCRF is Sana'a is currently working on a comprehensive approach for serving PWDs including CWDs through the case management system. The case management approach is adopted by agencies working in the protection sector. Case studies of UNICEF's interventions in different countries as well as governments adopting this approach in the MENA region showed that supporting the provision of specialized and multi-sectorial case management services, strengthening the information management systems, and the capacity building of government and non-government actors in the field of case management through training, establishing Standard Operating Procedures (SOPs), and other interventions have proven to achieve remarkable outcomes.[59]

Through specialists, the child's needs will be assessed through initial registration forms then the assigned case manager will complete the comprehensive assessment by interviews with the CWDs and their caregivers. The system includes SOPs for interviewing CWDs by caseworkers and case managers with ethics, guidelines, and clear systematic steps to identify the needs and prepare an action plan for each case individually.

The new approach includes clear details of how to establish effective relationships between HCRF and the various service provider through the referral system which is part of the case management system. A two-way system will be established where HCRF is at the center between various branches referring CWDs cases from different governorates, associations, and centers to HCRF, and in the other end are the service providers. Part of the establishment approach is to sign the Manual of Standard Procedures by all service providers in which clear roles and responsibilities are clarified and agreed on between HCRF and the service providers. A hierarchical identification, registration and referral system from rural areas is also planned to be applied. The referral system of cases will be gradual from the sub-district level to the district level to the governorate level, and finally to HCRF's main office in Sana'a.

The new system is considering the inclusion of CWDs and consider including CWDs in the identification of the needs of HCRF as a must. The gaps in HCRF's services can only be addressed effectively if the voice of children and their care-givers are listened to.

> *"Inclusion of people with disabilities is crucial in addressing their needs effectively. A disabled person once said to me 'I am the problem and I am the solution"*
> KII, HCRF

A comprehensive manual is under preparation by HCRF's management in consultation with experts in case management. The main objective of the manual is to be a standard reference of procedures with clear roles, responsibilities, specifications and conditions for the provision of integrated services for PWDs. The scope of the manual will cover PWDs, case management workers, consultants, and staff at HCRF. It is aimed to be a reference for the associations supported by HCRF as well and covering the wide range of services provided through HCRF and the other supported associations and rehabilitation centers. It will include procedures for registration, assessment, defining action plans, contracting, service provision, and capacity building for PWDs. It is worth noting that 70 percent of this manual is ready until the day of the interview with HCRF focal points.

59 2018 Jordan: Evaluation of the UNICEF-supported specialized child protection case management response. Click here.

HCRF internal capacity

Apparently, HCRF is in need of a comprehensive assessment of its internal systems of information management, human resources, structures and service delivery. Structural and operational support for HCRF to function effectively. SOPs are needed for the day-to-day activities of HCRF internally and externally.

> *"The internal work needs a lot of organizing. The basic requirements of internal work are weak, no proper archiving system, conflicting duties among departments, no enough staff under each department, not even a crowd control mechanism and service windows are not available. Beneficiaries come directly to the employees' offices in a random and unorganized way."*
> KII, HCRF
>
> *"in our department, there are only two computers available. One for the manager and the second one for the database specialist only. We need one computer for each employee and to be trained on how to use them in order to work effectively"*
> KII, HCRF

Key informants at HCRF highlighted the need for psychosocial support resources, capacity building, material support such as prosthetic devices, community centers for CWDs, and most importantly, a thorough service providers' map for PWDs.

> *"Don't teach me how to fish, but give me a hook. We need to be targeted in efforts addressing our capacity building, institutional and internal systems support by the different actors"*
> KII, HCRF

Currently, HCRF has no capacity to perform a survey on a national level on PWDs, especially with the current access obstacles due to the ongoing conflict. The statistics that are currently available at HCRF are not accurate and this is mainly due to the weak systems that adopt in managing data. Each branch has their own format of lists of PWDs and each local association also has its own list. There is no master list that is regularly updated and verified.

Challenges

When the costs of an organization's core services surpass the received funds and donations, the quantity or quality of services will be forced to decrease. HCRF is facing difficulties to finance its ongoing projects and services, especially after the reduction of the main sources of fund allocated by the government and its destroyed institutions. Sustaining the activities and services requires substantial amounts of resources, both financial and non-financial.

There is evidence in the obtained documents, interviews and other data sources that HCRF's management is striving to sustain the services provided and secure enough funds to cover the ever-increasing needs of CWDs. HCRF is face internal and external issues. Financial crisis, human resources, and organizational system and procedures the most challenging issues within HCRF internally. Coordination with other governmental and non-governmental actors, awareness of the community about the provided services, and access to rural areas are the challenging issues externally. `

Access of CWDs to HCRF's services is a major challenge where only a small percentage of PWDs and their care givers, in urban areas rather than rural areas, are aware of HCRF's services. Care givers of CWDs in other governorates are not aware of HCRF's branches in their governorates. Instead, they

travel long distances to register their CWDs at HCRF's office. There are some awareness raising activities through media, still they have weak coverage.

Technically, HCRF's current operations and services are facing multiple challenges and obstacles in providing services to CWDs. In the health sector for instance, there is weak coordination between HCRF and the different health service providers. CWDs and their caregivers find it very difficult to get coordinated health services as mentioned by one of the key informants in HCRF.

> *"CWD, adults and their caregivers go to the hospital about three times. To get the price offer from the hospital, then come to HCRF to agree on how much they can cover. The hospital sometimes changes the price and triples the amount and they request the beneficiary to pay the remaining amount before providing the service. It's a tragedy for PWDs. We need better coordination mechanisms that ease the provision of health services and others to PWDs."*
> KII, HCRF

In the education sector, there are similar obstacles as well. CWDs' engagement in schools often ends by dropping out because the schools are not well equipped with the facilities suitable for CWDs, and the education systems and culture of students and teachers are not encouraging for CWDs to continue. A new strategy for HCRF is being developed to address the gaps through new approaches including the case management approach in partnership with international and local DPOs working in the field of PWDs.

DPOs' interventions to children and the separation among normal and disabled children in access to protection services is also a matter of concern to HCRF's staff. One of KII's words for local and international NGOs working in the protection sector was "*there are segregation and isolation of CWDs even in INGOs interventions for children. They address child labor, child trafficking, unaccompanied and separated children, psychological and emotional abuse, emergency injuries, abduction and arbitrary detention, domestic violence, early marriage, etc. Where are CWDs from this list? They allocate separate programs for them which in my opinion is causing more discrimination against CWDs. Their programs should be designed taking into account the needs of CWDs and how they can benefit from their services as well*."

The community of PWDs and their caregivers who are benefiting from HCRF are not satisfied and have different complaints, especially after the reduction of HCRF's services. Many registered children are not receiving their monthly dues from HCRF and they suffer to get the required medical services. New cases are not registered as registration activities are not covering all of them. Some CWDs' caregivers are accusing HCRF of bias and targeting selective cases based on relationships with staff members inside HCRF.

With the current structural, administrative, and financial capacity of HCRF, it is of high priority to involve other actors to take part of HCRF's activities such as registration of CWDs, information management, training, and other aspects that can be conducted in partnership with HCRF.

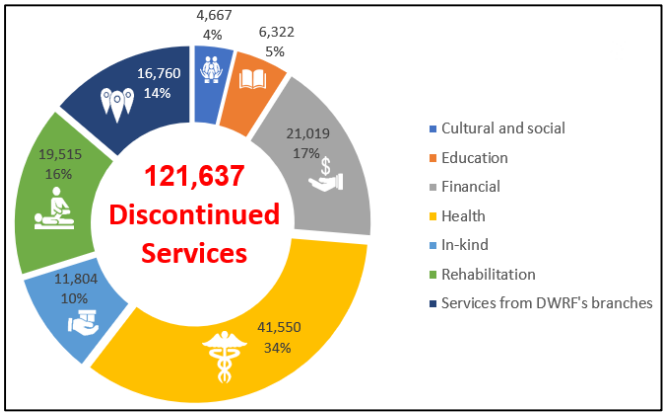
Among the challenges that HCRF is facing is the lack of an effective early identification system for newborns with disabilities. There should be an information management system to identify cases of CWDs born in hospitals where the hospital team has access to the system to enter the information of this case to be in the system directly. The ministry of health has established the early identification protocol for newborns with disabilities but it is not active.

Lack of shelters for unaccompanied CWDs is among the tough challenges that HCRF and its staff are facing. Hosting families don't usually prefer CWDs to be adopted and this also makes it hard to integrate unaccompanied children in the community.

The impact of the conflict on HCRF

A financial crisis in 2011 has affected HCRF's budget which led to scaling down most of its services to CWDs. The escalation of the armed conflict in Yemen since 2015 and the destruction of the country's infrastructure, public economic institutions, such as factories and vital facilities, as well as the air, sea and land blockade of the country have all negatively affected the allocated budget to HCRF. As a result, HCRF is facing a huge challenge in meeting the required services, care, and rehabilitation of PWDs.

The budget of HCRF has fallen more than 50 percent. This decline has affected the services it provides to PWDs since over 121,637 services have stopped in health, education, financial aid, rehabilitation, cultural and social, and through HCRF branches as shown in the following figure.[60] In the health services, 41,550 services have stopped, including surgeries, medicines, medical supplies, examinations, and physiotherapy and speech therapy. In addition, education services have stopped for 6,322 boys and girls' students. Moreover, 21,019 financial services, 11,804 in-kind services, 19,515 rehabilitation services, 4,667 cultural and social services, and 16,760 services provided in the fund's branches, all of which have stopped. Besides, until 2018 the war has caused over 10,768 disabilities among Yemenis.[61]



In the training and rehabilitation sector, a major cut for most of the services occurred due to the shortage of the fund. Recreational activities, external trips, new associations' registration and support have all been reduced to a minimum level. There are 25 new associations applying to receive support from the fund, which can't help because of the lack of financial resources. A monthly budget of YER 50 M was allocated for medicines related to PWD such as epilepsy, psychological conditions, and others.

In Yemen, the fragile state with a devastated economy and an armed conflict for over five years, donors and the international community have a main responsibility to support the country's main institutions. Especially, an institution that is providing essential services to a neglected segment of the society such as HCRF. Since 2015 and at stated above, HCRF's operations have been in a continuing decline and striving to fund rise for its continuity from the government, donors, and international actors in Yemen.

HCRF took some steps in establishing relationships with international NGOs and UN agencies working in Yemen such as UNICEF, ICRC, Save the Children, Handicap International, Direct Aid, and other. Qatar Red Crescent Society supplied HCRF with cerebral fluid suction devices, while ICRC supplied wheelchairs for PWDs.

60 Ministry of Social Affairs and Labor (2019). HCRF: Report on the damage to HCRF during the years of the aggression
61 Human Rights Watch (2019). World Report - Yemen Events of 2018. Can be accessed from here.

"We have an agreement with the Qatar Crescent, which provides us with cerebral fluid suction devices only, and HCRF takes care of the costs of surgical operations. We also have an agreement with ICRC that provides wheelchairs for mobility disability. However, the support provided to PWDs by international organizations is very limited and does not meet the actual need."
KII, HCRF

It is noticed that actors are focusing on the services provided by HCRF and cover only a small percentage of what HCRF is expected to provide to CWDs. Structural support such as capacity building and developing SOPs is missing.

Donors, UN agencies and government bodies responsible for coordination of humanitarian and development efforts and should encourage local and international NGOs to propose interventions that aim to increase the capacity of HCRF and address its operational and structural gaps. Interventions in capacity building of the staff, provide technical and logistic support, as well as conducting activities under the mandate of HCRF targeting CWDs in coordination and collaboration with HCRF. In addition, relevant government entities, DPOs, and CBOs should advocate for CWDs and including them in allocation strategies of funds to Yemen and annual plans of INGOs in collaboration with the ministry of social affairs and labor.

3.3.2. Government

Overview

CWDs and their care-givers and families are facing many barriers to access their needed services and support, especially in a poor country like Yemen. Knowledge among CWDs and their families about the available government support is essential to be able to access these services. On the other hand, knowledge about the gaps and areas that needs improvement in the government efforts is also of great importance for stakeholders and policy-makers to see the big picture and design their interventions targeting the gaps and needs in the government sector effectively. Below is an analysis of key government efforts towards CWDs. A total of 17 key informant interviews were conducted with key focal points from main governmental bodies and organizations in all levels. This section clarifies the mandates of each actor, the linkage between the different actors and institutions, and the areas that pose a potential opportunity for improvement. In addition, it illustrates a summary of each actor's main services and programs along with the most relevant challenges and recommendations. It also provides the government bodies as well as the relevant stakeholders with information and analysis to further develop their policies and efforts for CWDs.

Ministries

The Ministry of Social Affairs and Labour (MoSAL) is responsible for poverty reduction, social protection and issues concerning labour and employment in Yemen. In the field of CWDs, MoSAL includes a Social Protection Department that is responsible for all protection programs including the child protection program. The program is targeting 17 typologies of children under the protection sector. CWDs are not separated in a specific typology, but they are integrated into the different typologies of targeted children in the protection program. There are social workers spread in different districts whose tasks are to discover child protection cases including CWDs who are among the vulnerability criteria and refer them to the available service providers. MoSAL programs are facing obstacles in referring CWDs to specialized service providers. MoSAL is implementing awareness raising activities to the populations about the services provided through the protection programs including

services to CWDs. However, the statistics of referred cases of CWDs to the service providers is still low in comparison to the statistics.

The Ministry of Public Health and Population (MoPHP) is one of the vital ministries in Yemen. Coordination with the states, organizations and bodies supporting the health sector to ensure optimal utilization of these inputs within the framework of national health policies is among the 26 tasks and competencies of the ministry.[62] The ministry is operating an integrated program for child care as part of the family health department. One of the priorities of this department work is taking care of CWDs within the adolescent program. The role is summarized in early detection of disabilities and the provision of medical care for different ages and alleviate these disabilities through training and rehabilitation. The ministry also equips special centers for CWDs and provides all the necessary medicines. CWDs are also integrated into the nutrition programs to combat infectious diseases and also targets them in the provision of medicines and treatment by mobile teams within the home-to-home outreach activities of the ministry.

The Ministry of Education has a fundamental role in serving CWDs through its various programs and strategies. The ministry is working to create inclusion schools that are welcoming CWDs. The ministry has provided qualified and trained staff to fulfill the needs of engaging CWDs in public schools. Currently, there are 400 inclusion schools around Yemen that provide special education to CWDs. The ministry is supporting campaigns to increase the awareness among communities about the inclusion of CWDs in education. There are some interventions targeting CWDs in schools that the ministry is supervising such as WFP's support to CWDs in providing them with food baskets. These projects are usually short-term activities that don't have significant impact on the CWDs and their households.

COVID 19 has impacted the efforts of the ministry of education where the education process has stopped in the whole country. The ministry is currently training teachers on COVID 19 protection measures and how to continue the education process during the ongoing COVID 19 pandemic.

The Ministry of Planning and International Cooperation is responsible of conducting research and economic and social studies and preparing development strategies in collaboration with other ministries. MoPIC is responsible of drawing plans and programs for PWDs in general.

Social Fund for Development (SFD)

Overview

The Social Fund for Development (SFD) was established in 1997 by the law number 10 of the same year. It is a governmental non-profit organization working in link with the national social and economic development plans for poverty reduction (DPPR). SFD is working to alleviate poverty in Yemen and promote the limited social safety network.

It has implemented three phases of operations and by, 2011, commenced the fourth phase which was interrupted by the escalation on the conflict in 2015.

SFD includes a specific sector for PWDs that focuses on improving the services provided to PWDs through supporting the infrastructure, education and social services. Reaching to rural areas and capacity building of service providers are among the activities of this sector at SFD, as well as targeting new groups of PWDs such as children with autism and learning difficulties.

62 Read more about the tasks and competencies of the MoPHP in Yemen from the devex website here.???

According to SFD's 2015 annual report, SFD have implemented 236 projects with an estimated cost of more than $15.5 million in four years from 2011 to 2015 targeting approximately 20,000 individuals, 43 percent of which are females. Among those are 6,877 CWDs who were integrated in public schools.

The sector has four main interventions targeting CWDs in discovering and supporting disability at early ages through the early childhood development program, inclusive education projects, community-based rehabilitation and inclusion of PWDs in the community, and institutional support to service providers of PWDs. The child protection programs of SFD is targeting a wide range of child protection typologies, but CWD is not one of the typologies specifically. The annual reports of SFD are providing a rich history of its support and achievements in the sector of PWDs and implementation of different projects and programs around Yemen. However, since 2017, services to PWDs have not been reported as the previous years where in 2017 only 5000 CWDs were integrated in ordinary schools and CBR activities have not been reported ever since 2016. In 2018 annual report, there have not been any mention of SFD's services or projects to PWDs. According to the head of social protection sector at SFD, most of the funding is directed to other groups. Below is a brief analysis for SFD's contributions and services to the segment of CWDs through the main four sub-sectors under the PWDs sector. This information is obtained from annual reports, interviews with key informant at SFD, as well as researches and evaluation reports related to SFD's programs.

Early childhood development

Targeting CWDs at early childhood is one of SFD's activities. Regarding discovering children with special needs, and early intervention in this regard, SFD seeks to pay attention to the early childhood stage through a number of activities that look at early childhood from multiple service angles (educational, health, and psychological), taking advantage of the SFD's multi-sector capacity and potential through establishing early childhood development services, strengthening existing ones, and providing early curative, preventive, and educational services. Work began in the early childhood development program from the beginning of the establishment of the protection sector in the Fund and it included 67 projects distributed in 13 governorates, Taiz, Amanat Al Asimah, Dhamar, Hadramout, Aden, Hajjah, Lahj, Amran, Al-Bayda, Ibb, Al-Mahrah, Al-Hadidah, Marib. The program targeted 11,773 (6711 boys and 5,062 girls including CWDs) from the first year.

The program was implemented through several activities represented by establishing early detection services in health facilities and qualifying health personnel in the field, integrating early detection into primary health care and integrative care for maternal and newborn health, specialized training and rehabilitation for service providers (nurses, doctors, assistants of health workers, midwives , Teachers and consultants), preparing a trainer's and trainee's guide in early detection of disability and training it, preparing an educational early detection guide in cooperation with the Ministry of Education, rehabilitating integrative kindergarten departments in special education centers and non-governmental organizations, establishing an early childhood development educational center at the University of Sana'a with a kindergarten Attached educational (building, equipping, furnishing and training specialists), and contributing to support the study of a diploma in early childhood development. It is worth noting that Handicap International, ICRC and UNICEF have cooperated with the SFD in implementing the program.

SFD implemented various projects in Yemen by training workers on early childhood integrated approaches in disability associations. The training mainly focusing on physical and functional therapy, family counseling, life skills, and methods of teaching special needs groups.

Inclusive Education

SFD is running a program in Inclusive and Special Education aiming to integrate children with special needs in public education in collaboration with the Ministry of Social Affairs and Labour and the Ministry of Education. The start of work on the comprehensive and special education program in 2000 and is still ongoing. It included 250 projects, including 92 projects directed to support centers of special education and other projects to support comprehensive education and inclusion, distributed over 22 governorates, Marib, Al-Bayda, Al-Mahra, Al-Dali, Amran, Ibb, Amanat Al-Asimah, Sana'a, Socotra Archipelago, Al-Dhalea, Amran, Shabwah, Hajjah, Hadramout, Al Mahwit, Al Hadidah, Dhamar, Taiz, Saada, Abyan, Lahj, Aden. SFD is providing institutional support to comprehensive education departments, rehabilitating, furnishing and equipping inclusive schools, establishing educational resource units, training staff, providing schools with educational tools, strengthening the infrastructure of special education centers and training their staff. SFD has included 20,084 CWDs in schools from 2011 to 2015. The table 6 shows the yearly statistics on the included CWDs in schools. It is obvious that there is a decline since 2011 to 2015 in targeting CWDs and their inclusion in education. The annual reports after 2015 don't include any data since the conflict has stopped the education process in the whole country[63].

Table 6: Yearly statistics on the included CWDs in schools

Year	Total Children	% of girls
2011	6,140	50%
2012	5,527	41%
2013	4,323	41%
2014	1,881	no mention
2015	869	50%
Total	20,084	

SFD implements projects to enhance special education centers in various parts of the country and trains teachers and social workers on the social and educational integration of children with special needs. The interventions also include providing schools with requisite educational aids, furniture and equipment, as well as training educators to address the needs and integration of children with special needs. SFD also works to strengthen cooperation between schools and DPOs and the Handicap Care and Rehabilitation Fund to provide hearing aids and Education tools for the CWDs.

Community-Based Rehabilitation (CBR)

Community-based rehabilitation is a strategy adopted by SFD within the framework of community development in general. In order to rehabilitate and achieve equal opportunities, social integration and inclusion of all PWDs in society, community-based rehabilitation is implemented through the concerted efforts of CWDs themselves, their families, organizations and societies.

SFD started the CBR program in 2005, in which implemented 42 projects in 13 governorates; including; Al-Hudaydah, Al-Bayda, Ibb, Sana'a, Taiz, Amran, Saada, Lahj, Socotra, Raima, Al-Dhalea, Hadramout and Dhamar. The CBR program targeted 9,057 CWDs (5163 boys and 3,894 girls). This program aims to reach CWDs in rural areas and enabling them to obtain services and opportunities, through establishing community-based rehabilitation programs in rural areas, and raise the capabilities of service providers, voluntary community cadres and families in matters of disability, educating and rehabilitating them. In addition, to support and improve the infrastructure of service buildings such as schools and health facilities, and enabling their access to them. The idea of the program is based on the rehabilitation and

63 SFD's annual reports can be accessed here ???

empowerment of PWDs, especially children in their homes and society, through the implementation of a survey on PWDs in the target area and their identification, and then training and rehabilitation of young women and men from the community to carry out home visits for CWDs and their rehabilitation, physical rehabilitation and referral to specialized educational services and public health, and specialized training families to implement rehabilitation programs for their children.

SFD has implemented different projects annually to encourage DPOs to extend inclusive services to the countryside. SFD has reached rural areas with the training of workers of local associations and teachers of public schools on methods of teaching the blind, the art of motion and mobility and integration concepts and planning.

Institutional Support

SFD is also working in institutional support to governmental and non-governmental institutions to develop their performance and provide the best services for people with special needs through the rehabilitation of these institutions and building their institutional and technical capacities.

Challenges

SFD is facing some challenges which pose major barriers in reaching CWDs and achieving its goals. One of the main challenges in the scarcity of local DPOs in rural areas working with PWDs. SFD addresses this challenge by forming and supporting local community committees who are working to cover the role of local associations. CBR is mainly dependent on the voluntary work of the communities, while previous wrong practices in community-based approaches have caused the community to rely on service providers and the government and this made initiatives towards participating in activities targeting PWDs weak and need to be improved.

The nature of rural areas and the population dispersion in Yemen doesn't encourage local DPOs to work in remote areas with little populations and this is another challenge in reaching PWDs in villages and rural areas. The limited fund to PWDs the SFD has was mentioned as one of the challenges that SFD facing to continue the provision of their services of PWDs.

Social Welfare Fund (SWF)

The Yemeni Social Welfare Fund was established in 1996 based on Law number 31 for the same year. SWF is part of the social safety net system that was established to counter the negative social impacts of the economic reform program on the poor and destitute in society. It is also one of the important components of the state's social policy aimed at alleviating poverty on low / no-income social strata, and it assumes the function of providing permanent / temporary cash assistance to specific social groups specified by law.

Regarding their service to CWDs, it is very limited. Sine there is no updated database for CWDs in Yemen, SWF doesn't provide targeted services to CWDs specifically. They are included in activities and assistance. SWF has an integrating role in addressing PWDs including children. There are some activities implemented by SWF in raising the awareness of the communities about the rights of CWDs and access to their services. Inclusion of CWDs in the community is considered as a challenge and their access to basic health and education services is very limited by the statement of SWF's officials.

Limbs and Physiotherapy Center (LPC)

The Limbs and Physiotherapy Center (LPC) in Sana'a governorate provides artificial limbs and physical therapy for all arrivals to the center of PWDs including children. Currently and despite the ongoing

conflict, the center is providing its services effectively to PWDs and considered as a success story during the war.

The center has 214 staff including doctors who receive the cases and diagnose them for physiotherapy. As for prosthetics, diagnosis is done by the director of the technical department and the director of control and the technical supervisor.

In 2019, LPC have served 5,716 individuals of amputees including CWDs and also provided services to 67,904 individuals who are not amputees. 13,000 CWDs have received medical devices from LPC.

The technical workshop at LPC is working from 8:00 am to 5:00 pm from Saturday to Thursday in producing and equipping a large amount of limbs for PWDs. The workshop includes special devices for the manufacturing of medical shoes for patients with deficiencies.

International Committee of the Red Cross (ICRC) is providing materials for prostheses to the center to manufacture the needed limps. The center is providing psychosocial support to CWDs through the specialists, but the workers are not trained in the provision of psychosocial to CWDs and it is neither reported. Services to CWDs are limited due to the lack of special materials.

LPC's staff are living very hard circumstances due to the stoppage of the government salaries of the staff and this is affecting the quality of service they provide to CWDs.

The Supreme Council for Motherhood and Childhood (SCMC)

The Supreme Council for Motherhood and Childhood (SCMS) is responsible for drawing policies related to motherhood and childhood in Yemen, prepare studies and research, periodic reports, and following up the implementation of the relevant international conventions. It also encourages to the collaboration and coordination between government institutions and organizations with the local and international NGOs. The Council is considered as an umbrella for government agencies and civil society organizations, and it doesn't provide services to CWDs directly, but supports the formulation of policies and strategies that consider the aspects related to CWDs.

3.3.3. Local organizations (DPOs/CBOs)

Overview

Worldwide, DPOs and CBOs are playing a significant role in developing and assisting CWDs with or without the involvement and support of governments. But the studies show that complementary approaches and coordination between DPOs, governments, international donors and other stakeholders is essential to succeed in serving CWDs effectively. DPOs working with CWDs are facing a major challenge in having the required capacities to attract advocacy to CWDs, fundraising and management of resources to serve CWDs.

Statistics of DPOs concerned with CWDs

According to the situation analysis within the National Strategy for Disability (2014-2018), Yemen witnessed the emergence of many civil society organizations targeting PWDs and representing them since the 1990s to 2000s. These DPOs and CBOs have been supported by the government and the relevant authorities. Until 2010, more than 120 civil society organizations have been formed across Yemen to provide social care and rehabilitation services to various groups of PWDs including the

physically disabled, deaf, blind, mentally disordered, autism and other typologies of disabilities.[64] A more recent government report highlights that the number of local DPOs and CBOs working with PWDs are 200 across Yemen until 2020.[65]

Services of DPOs and CBOs to CWDs

A total of 37 key informant interviews (20 in Sana'a hub, and 17 in Aden hub) were conducted with DPOs/CBOs who are working with PWDs in Amanat Al-Asemah, Sana'a, Ibb, Aden and Lahj governorates. The sample of 37 DPOs/CBOs is supporting a total number of 34,230 PWDs including children in the age between 0 to 18 years old. The local DPOs and CBOs are providing a wide range of services to CWDs in health, education, training and rehabilitation, protection, sports and culture, food security, shelter and clothing, nutrition, and other charitable aid.

Some DPOs and CBOs are located on specific governorates with no branches in other governorates. Other DPOs and CBOs have different branches in different governorates as well. For example, the Yemeni Association for the Care and Rehabilitation of the Blind has seven branches across Yemen.

Regarding the mandate and specialization of DPOs/CBOs in serving CWDs, there is a mixture of CBOs with different objectives and mandates. There are DPOs and CBOs that were established mainly to support and represent PWDs. Others, are providing a wide range of services and they target PWDs among their various projects and activities such as Khudh Beyadi Foundation, and others.

DPOs and CBOs interviewed and identified in the mapping exercise are targeting different typologies of disabilities. Some DPOS are targeting physically handicapped persons such as Association for the Physically Handicapped in Amanat AlAsiamh, the Association for the Care and Rehabilitation of the Physically Handicapped (ACRPH) in Aden, Lahj and Ibb and the Challenge Association of physically disabled women. Other CBOs are targeting different disability typologies such as Al-Tomoh Association for the Care and Rehabilitation of the Handicapped who are supporting persons with mental disabilities, blind and deaf persons, physically disabled persons, and others.

Some NGOs are working to support victims of war such as the Mine Survivors Association. It is providing medical, educational, economic, psychological, and professional support to victims of and mines in different governorates in the south and north of Yemen. It has implemented different projects in Abyan, Taiz, Aden, Lahj, Al Dhalea, Hajjah, Sa'adah, Amran, Al Baydha, Dhamar, and Al Hudaidah. In coordination with HCRF and other CBOs concerned with PWDs, the Mine Survivors Association has reached over 755 victims of mines of PWDs including children.

A detailed matrix in Annex 1 is illustrating the details of each DPO, and CBO with their programs, activities, targeted disabilities, and statistics.

Details about services by DPOs and CBOs to CWDs

There are 71 implemented and ongoing projects to CWDs (54 in Sana'a hub, and 17 in Aden hub) by the interviewed 37 sample of DPOs/CBOs (20 in Sana'a hub, and 17 in Aden hub). Six of these projects have finished in 2017, 2018, and 2020, including two out of the five projects by The Mine Survivors Association in Amanat Al Asimah and they have three ongoing projects. Also in Ibb governorate, the only project that was implemented by the Association for the Care and Rehabilitation of the Physically Handicapped in Ibb governorate has finished in 2018. There are currently 45 ongoing projects by only 35 DPOs/CBOs (18 in Sana'a hub, and 17 in Aden hub). 55 percent of the DPOs are having only one

64 The national strategy of disability – Yemen (2014-2018) can be accessed here.
65 Ahmed Abdulhafith, 2020, The reality of persons with disabilities throughout history, HCRF

ongoing project currently and most of them are ending soon by 2021. Unless serious actions are taken and effective collaboration and coordination occurs among the actors, this indicator forecasts that services to CWDs by local DPOs will face a significant decline by med 2021. It is worth mentioning that three DPOs have reported five faltering projects. These CBOs are Al-Tomoh Association for the Care and Rehabilitation of the Handicapped and the Association for the development of people with special needs in Amanat Al Asimah and Al-Amal Association for People with Special Needs in Ibb. The stoppage of these projects is due to different obstacles including limited access to CWDs in remote areas, lack of running costs to continue these projects from government institutions, and unavailability of donors and international DPOs and CBOs to support the continuity of these projects.

The mapping exercise also analyzed the available DPOs ad CBOs services to CWDs according to the types of disability targeted. The sub-sections below include analysis for each typology in terms of active DPOs/CBOs, governorates, reached number of CWDs, programs provided, challenges and coordination.

Mental Disability

Local actors working with children with mental disabilities identified are 15 DPOs listed below with projects are in Sanaa and Aden hubs:

- The Challenge Association of physically disabled women
- Khudh Beyadi Foundation for Charity and Development"
- Association for the development of people with special needs
- Al-Tomoh Association for the Care and Rehabilitation of the Handicapped
- Al-Tomoh Association for the Care and Rehabilitation of the Mentally Handicapped
- Khadija Centers for Rehabilitation, Training and Empowerment of the Disabled
- Trust Association for People with Special Needs
- Association for the development of people with special needs
- Al-Hayah Association for Disabled Care
- Al-Rahma Association for the Care of Mentally disabled Child
- Association me, not my disability
- Aden Children Association for Autism
- Association of Down in Lahj
- Al Hayah Association for the care of Disabled Cerebral Palsy
- Association for people with Special Needs

Those actors have reached a total number of 5,276 CWDs with mental disabilities (62% boys, 38% girls). Table 7 below shows the projects and services being provided by governorate and the reached CWDs until the interviews dates. The 15 DPOs (7 in Sana'a hub, and 8 in Aden hub) are providing a wide range of services in education, food security health, training and qualification, and financial assistance to children with mental disabilities.

Table 7: Services to Children with Mental Disabilities

Assistance provider	Services to Children with Mental Disabilities	Boy	Girl	Total children reached
Amanat Al Asimah		1493	786	2279
Association for the development of people with special needs	Food security for people with intellectual disabilities (distribution of food supplies - distribution of festive clothing - distribution of Eid sacrifices, distribution of	1436	734	2170

	school uniforms, distribution of school bags)			
	Sewing workshop for people with mild intellectual disabilities	40	10	50
The Challenge Association of physically disabled women	Health Program (Challenge Dental Center for PWDs)		1	1
	Education Program (Challenge Model School for Girls)	17	41	58
Ibb		268	206	474
Al-Tomoh Association for the Care and Rehabilitation of the Mentally Handicapped	Training courses to support and improve services for people with special needs	3	27	30
	Al-Tomoh Association project for the mentally handicapped	80	60	140
	Al-Tomouh School Project for the Education of Mentally Handicapped	56	19	75
	Early Intervention Center Project	23	18	41
Khadija Centers for Rehabilitation, Training and Empowerment of the Disabled	Raise the educational level for people with special needs	62	46	108
Trust Association for People with Special Needs	Educational rehabilitation for people with special needs	44	26	70
	Professional qualification		10	10
Sana'a		655	678	1333
Al-Tomoh Association for the Care and Rehabilitation of the Handicapped	Food aid (meat)	36	4	40
	Eid clothing	42	35	77
	Cash aid	51	39	90
Khudh Beyadi Foundation for Charity and Development	Food security	356	335	691
The Challenge Association of physically disabled women	Health Program (Challenge Center for Physical Therapy and Rehabilitation)	8	3	11
	Emergency response projects	55	137	192
	Education and rehabilitation programs (Challenge Center for Early Intervention and Special Education)	107	125	232
Total Sana'a Hub		2416	1670	4086

Assistance provider	Services to Children with Mental Disabilities	Boy	Girl	Total children reached
Aden		607	234	841
Association for the development of people with special needs	- Education and rehabilitation programs - Sports activities - Recreational activities	132	46	178
Al-Hayah Association for Disabled Care	- Education and rehabilitation programs - Vocational and handicraft training, - Sports activities - Entertainment activities - A summer camp	110	55	165

Al-Rahma Association for the Care of Mentally disabled Children	- Pre-school program and a kindergarten - Education and rehabilitation programs - Vocational rehabilitation program	120	50	170
Me not My Disability Association	- Education and rehabilitation programs - Skills training, such as drawing, sewing, knitting, wool and straw, theater, acting, folklore - Sport activities, such as swimming	75	43	118
Aden Children Association for Autism	- Education and rehabilitation programs - Diagnostic Measures program - Early development program - Basic Skills Development program - School Inclusion program - Social Activity - Technical development - Computer program - Sensory and Movement Integration program - Family Counseling program	170	40	210
Lahj		236	113	349
Down Association in Lahj	- Education and rehabilitation programs	46	32	78
Al Hayah Association for the care of Disabled Cerebral Palsy	- Education and rehabilitation programs - Diagnostic Measures program - Early intervention program - Health care services, such as physical therapy, massage, and exercises - Provide medicines, wheelchairs, and other assistive devises	118	50	168
Association for people with Special Needs	- Education and rehabilitation programs - Inclusion education - Integration program - Counseling and awareness program	72	31	103
Total of Aden hub		843	347	1,190

DPOs are coordinating with other agencies to provide services for children with mental disabilities. This is mainly through HCRF, the main source for the local DPOs' running costs and programs budget. Other international and national actors are also providing support to local DPOs working with CWDs such as Islamic Relief, SFD, WFP, and UNICEF.

Apart from the general challenges in providing services to CWDs mentioned in the summary above, NGO working with this type of disability are facing specific difficulties in coordination with public and private hospitals to provide services to children with mental disabilities.

> *"We find it very difficult to coordinate with public and private hospitals to provide free medical services to the referred cases to them from our association. This is one of the greatest challenges we are facing."*
> KII, Al-Tomoh Association for the Care and Rehabilitation of the Mentally Handicapped

Lack of trained human resources and awareness among families to involve children with mental disabilities in DPOs' programs is one of the challenges.

"We lack qualified staff to deal with children with mental disabilities. Our team is very small and the need is huge."
KII, Trust Association for People with Special Needs

Blind Disabilities

There are only 6 DPOs identified who are working with blind children. They have reached 11,533 blind children in 13 governorates (57% girls, and 43% boys). In Sana'a hub, the main actor in this typology is Al-Aman Association for Blind Care. It is implementing 6 projects in 11 governorates in the south and north of Yemen (Abyan, Amanat Al-Asemah, Amran, Dhamar, Hajah, Hudaydah, Ibb, Lahj, Sana'a, Sayaon, and Taiz). Until the date of the interview, they reported reaching a total of 10,419 blind children and 298 PWDs in the age between 6-24 years old with their services. Al-Aman Association is covering 96 percent of the total blind children reached with a wide range of services in 11 governorates where services to blind children are provided.

The other two DPOs are Yemeni Association for the Care and Rehabilitation of the Blind who reached 317 blind children through education and training programs in Amanat Al Asimah, and the Khadija Centers for Rehabilitation, Training and Empowerment of the Disabled working in Ibb governorate who has reached 52 blind children through one educational program.

In Aden, there is two associations, which are Blind Care and Rehabilitation Association and Al-Noor Institute for the Blind, who reach more than 340 blind children with education programs. Whereas, only one association in Lahj that is Blind Care and Rehabilitation Association, provides education services for more than 107 blind children, most of them from Al-Houta District.

The table 8 shows the distribution of reached blind children among governorates and the list of services provided.

Table 8: Services to Children with Blind Disabilities

Assistance provider	Services to Children with Blind Disabilities	Boy	Girl	Total children reached
Abyan		27	12	39
Al-Aman Association for Blind Care	Education Program	21	12	33
	Food Security Program	3		3
	Shelter program	3		3
Amanat Al Asimah		1028	1307	2335
Al-Aman Association for Blind Care	Education Program	417	398	815
	Food Security Program	14	287	301
	Protection program	14	287	301
	Water and Environmental Sanitation Program	286	14	300
	Shelter program	14	287	301
Yemeni Association for the Care and Rehabilitation of the Blind	Ibsar School for Basic Education and Literacy	80		80
	Ibsar Training and Rehabilitation Center	38	19	57
	University Blind Development Center	165	15	180
Aden		**197**	**143**	**340**
Blind Care and Rehabilitation Association	- Education and rehabilitation programs	175	125	300

	- Vocational and handcraft training program - Food security program through partners - Provide assistive devices such as walking sticks and eyeglasses			
Al-Noor Institute for the Blind	- Education and rehabilitation programs - Inclusive education program	22	18	40
Amran		18	2	20
Al-Aman Association for Blind Care	Food Security Program	9	1	10
	Shelter program	9	1	10
Dhamar		93	175	268
Al-Aman Association for Blind Care	Food Security Program		8	8
	Health program	93	151	244
	Protection program		8	8
	Shelter program		8	8
Hajah		16	33	49
Al-Aman Association for Blind Care	Food Security Program		5	5
	Health program	16	18	34
	Shelter program		5	5
	Protection program		5	5
Hudaidah		240	294	534
Al-Aman Association for Blind Care	Food Security Program	25	1	26
	Health program	165	291	456
	Shelter program	25	1	26
	Water and Environmental Sanitation Program	25	1	26
Ibb		708	663	1371
Al-Aman Association for Blind Care	Education Program	20	48	68
	Food Security Program	75		75
	Health program	409	602	1011
	Protection program	15		15
	Shelter program	75		75
	Water and Environmental Sanitation Program	75		75
Khadija Centers for Rehabilitation, Training and Empowerment of the Disabled	Raise the educational level for people with special needs	39	13	52
Lahj		58	51	109
Blind Care and Rehabilitation Association	- Education and rehabilitation programs - Vocational training program - Provide medical and health services through partners	57	50	107
Al-Aman Association for Blind Care	Protection program	1	1	2
Sana'a		2116	3068	5184
Al-Aman Association for Blind Care	Food Security Program	3	28	31
	Health program	2082	2978	5060
	Protection program	3	28	31
	Shelter program	3	28	31

	Water and Environmental Sanitation Program	25	6	31
Sayaon			6	6
Al-Aman Association for Blind Care	Food Security Program		3	3
	Protection program		3	3
Taiz		471	807	1278
Al-Aman Association for Blind Care	Food Security Program	1	21	22
	Health program	468	744	1212
	Protection program	1	21	22
	Shelter program	1	21	22
	TOTAL	**4,972**	**6,561**	**11,533**

DPOs working with blind children are working in close coordination with HCRF and the Zakat authority. They are also coordinating with international and national actors such as OCHA, SFD, Qatar Red Crescent and UNFPA. Coordination was mainly in implementing the projects and in capacity building of staff where SFD has supported the inclusion of blind children in education by training teachers and supporting schools with inclusive education requirements for blind children.

The main challenges faced by local DPOs working with blind children is the increased number blindness among children in Yemen after the war and the displacement of children and their families to other unknown locations which makes it very hard to reach them.

Deaf Disability

11 DPOs are targeting children with deaf disability with their programs in 8 governorates (Aden, Lahj, Amanat Al-Asemah, Amran, Dhamar, Ibb, Raymah, and Sana'a). They reached 2,204 children with deaf disabilities (52% girls, 48% boys). The table 9 shows the targeted children per association. Only The Challenge Association of physically disabled women is targeting children with deaf disabilities in 6 governorates. Khadija Centers for Rehabilitation, Training and Empowerment of the Disabled in Ibb and The Challenge Association of physically disabled women in the 6 governorates are the most active DPOs working with children with deaf disabilities. In Lahj only Association for the Care and Rehabilitation of the Deaf and Dumb is the only association provide assistance to children with deaf and dumb disabilities.

The services provided for children with deaf disabilities include health, education, training and rehabilitation, and financial support. DPOs are providing care services such as accommodation, catering, clothing, equipment and assistive devices etc. In health, there are physiotherapy, speech and functional therapy and provision of the required medical devices. In education, the activities and services include teaching sign language, teaching pronunciation, teaching braille and computer education. Inclusion of children and capacity building of teachers in coordination with other actors is also among the education activities. In addition, some DPOs are providing financial and food security support to households with deaf children.

Table 9: Services to Children with Deaf Disabilities

Assistance provider	Services to Children with Deaf Disabilities	Boy	Girl	Total children reached
Amanat Al Asimah		455	374	829
Association for the Care and Rehabilitation of the Deaf and Dumb	The educational project for deaf (school-age) students, private schools for the deaf	450	249	699
	The sponsorship program "Shelter", a challenging		2	2

The Challenge Association of physically disabled women	housing project for girls with disabilities			
	Health Program (Challenge Dental Center for PWDs)		2	2
	Education Program (Challenge Model School for Girls)	5	121	126
Amran		0	1	1
The Challenge Association of physically disabled women	The sponsorship program "Shelter", a challenging housing project for girls with disabilities		1	1
Dhamar		0	1	1
The Challenge Association of physically disabled women	The sponsorship program "Shelter", a challenging housing project for girls with disabilities		1	1
Ibb		204	418	622
Al-Amal Association for People with Special Needs - Ibb	A project of occupational therapy and sensory integration for displaced and war-affected children	52	50	102
Khadija Centers for Rehabilitation, Training and Empowerment of the Disabled	Raise the educational level for people with special needs	148	211	359
	Vocational training for PWDs in the field of sewing and handicrafts		150	150
The Challenge Association of physically disabled women	The sponsorship program "Shelter", a challenging housing project for girls with disabilities		2	2
Trust Association for People with Special Needs	Educational rehabilitation for people with special needs	4	5	9
Raymah		0	6	6
The Challenge Association of physically disabled women	The sponsorship program "Shelter", a challenging housing project for girls with disabilities		6	6
Sana'a		66	161	227
Al-Azm Association for the Care and Rehabilitation of the Disabled	- Training for the surrounding community and the leaders of the association in the field of (sign language + first aid)	3	2	5
Al-Tomoh Association for the Care and Rehabilitation of the Handicapped	- Eid clothing	16	9	25
	- Cash aid	14	16	30
The Challenge Association of physically disabled women	- Emergency response projects	16	103	119
	- Education and rehabilitation programs (Challenge Center for Early Intervention and Special Education)	17	31	48
Total **Sana'a Hub**		725	961	1686

Assistance provider	Services to Children with Deaf Disabilities	Boy	Girl	Total children reached
Aden		**253**	**150**	**403**
Association for the Care and Rehabilitation of the Deaf and Dumb	- Education and rehabilitation programs - Early Development program (Al-Manara kindergarten in Mansoura district) - Inclusive education (Khaled Bin Al-Walid School, Nashwan School, Radfan School, Osan School, Al-Gharabani School, and Khadija Bint Khuwaylid School) - Sport activities - Health services - Vocational and handcraft training (sewing, knitting, and carpentry) - Food security program in Ramadan through our partners.	185	115	300
Rumooz Association for Deaf Care	- Education and rehabilitation programs - The peace building program - Health awareness program - Holy Quran Teaching Program in a special booklet. - Food security program (Food baskets and dates from Estagaboh Foundation)	63	31	94
Me not My Disability Association	- Education and rehabilitation programs - Skills training, such as drawing, sewing, knitting, wool and straw, theater, acting, folklore - Sport activities, such as swimming	5	4	9
Lahj		72	43	115
Association for the Care and Rehabilitation of the Deaf and Dumb	- Education and rehabilitation programs - Health services through health facilities in Lahj mainly Ibn Khaldoun Hospital	72	43	115
Total Aden Hub		325	193	518

The 9 DPOs are working in close coordination with HCRF, the primary source for their funds, running costs, and human resources needs. They are also working with other international and national actors

such as SFD who are supporting reforms in inclusion schools and providing training for the NGO's educational staff. Some DPOs are active partners in the protection cluster led by UNFPA and working in coordination with UNICEF who are providing incentives for teachers working with deaf disabled persons and volunteers since 2018. This kind of cooperation has contributed to raising the capabilities of schools to effectively include CWDs. Some DPOs are working with other actors such as the GIZ that is supporting some DPOs around Yemen with the requirements to serve persons with deaf disabilities. For example, Al Amal association in Ibb governorate is working in coordination with the GIZ and received support for the treatment and correction of deaf disabilities. GIZ have equipped the association with specialized treatment rooms and supported the association with equipment and machines for physiotherapy. The association was supplied with office furniture and supplies as well.

The statistics of children with deaf disabilities are increasing, while targeting the new deaf children among displaced households from other governorates is one of the big challenges reported by DPOs working with children with deaf disabilities. These DPOs are also facing the same general challenges of other DPOs working with other disabilities such as limited fund to operate, lack of awareness among the communities about the importance of their services and inclusion of children, small facilities and large demand.

Physical Disabilities

The results of the mapping exercise showed that 16 DPOs are working with children with physical disabilities. It is the typology targeted by most of the actors since the statistics of cases are higher than the other typologies. The 16 DPOs have supported a total of 10,366 children with physical disabilities around Yemen (61% boys, 39% girls).

The active DPOs with this type of disability are Association for the Physically Handicapped in Amanat Al-Asemah who have reached 3,900 physically disabled children (38% of the total cases) and the Khadija Centers for Rehabilitation, Training and Empowerment of the Disabled in Ibb governorate who have reached 3,285 children (32% of the total physically disabled children reached), and The Challenge Association of physically disabled women in Amanat Al-Asimah who have reached 111 physically disabled children (1% of the total cases). In Aden the Association for the Physically Handicapped is the main DPOs who is providing education and rehabilitation programs for children with physical disabilities, reach more than 150 children with physical disabilities.

There are currently 30 ongoing programs by 12 out of the 16 DPOs working with physically disabled children. The programs are providing a wide range of services to physically disabled children in health, education, training and rehabilitation, food security, social welfare and cash assistance. The table 10 shows lists and services provided to children with physical disabilities by the different actors.

Table 10: Services to Children with Physical Disabilities

Assistance provider	Services to Children with Physical Disabilities	Boy	girl	Total children reached
Amanat Al Asimah		3014	1738	4752
Association for the Physically Handicapped	- Natural Therapy	315	185	500
	- Professional training and technical education	155	45	200
	- Social Welfare	1800	1200	3000
	- Production operator and handicraft	30	70	100
	- Sports and culture for the disabled	95	5	100
Educational and vocational rehabilitation	- Educational and vocational rehabilitation	225		225

Assistance provider	Services to Children with Physical Disabilities	Boy	girl	Total children reached
center for people with special needs				
Khudh Beyadi Foundation for Charity and Development	- Distribution of medicines and milk for cases of atrophy	70	50	120
Peace Center for the disabled	- The basic education	124	72	196
Sustainable Development Foundation	- Project to protect CWDs and people with special needs	200		200
The Challenge Association of physically disabled women	- The sponsorship program "Shelter", a challenging housing project for girls with disabilities		12	12
	- Health Program (Challenge Dental Center for PWDs)		2	2
	- Education Program (Challenge Model School for Girls)		97	97
Hajah			1	1
The Challenge Association of physically disabled women	- The sponsorship program "Shelter", a challenging housing project for girls with disabilities		1	1
Ibb		1888	1625	3513
Al-Amal Association for People with Special Needs - Ibb	- A project of occupational therapy and sensory integration for displaced and war-affected children	51	42	93
	- Nour Al-Amal Center for Physical Therapy for People with Special Needs	25	40	65
Association for the Care and Rehabilitation of the Physically Handicapped - Ibb	- Introductory development program for disabled children under school age	9	6	15
Khadija Centers for Rehabilitation, Training and Empowerment of the Disabled	- Raise the educational level for people with special needs	158	162	320
	- Vocational training for PWDs in the field of sewing and handicrafts		108	108
	- Providing health services for people with special needs	1634	1223	2857
The Challenge Association of physically disabled women	- The sponsorship program "Shelter", a challenging housing project for girls with disabilities		4	4
Trust Association for People with Special Needs	- Educational rehabilitation for people with special needs	11	10	21
	- Professional qualification		30	30
Raymah			3	3
The Challenge Association of physically disabled women	The sponsorship program "Shelter", a challenging housing project for girls with disabilities		3	3
Sana'a		601	611	1212
Al-Azm Association for the Care and Rehabilitation of the Disabled	- Training for the surrounding community and the leaders of the association in the field of (sign language + first aid)	4	6	10
Al-Tomoh Association for the Care and Rehabilitation of the Handicapped	- Eid clothing	38	14	52
	- Cash aid		17	17
Khudh Beyadi Foundation for Charity and Development	- Educational integration	71	69	140

Assistance provider	Services to Children with Physical Disabilities	Boy	girl	Total children reached
The Challenge Association of physically disabled women	- Health Program (Challenge Center for Physical Therapy and Rehabilitation)	221	158	379
	- Emergency response projects	258	337	595
	- Education and rehabilitation programs (Challenge Center for Early Intervention and Special Education)	9	10	19
Taiz		40		40
Mine Survivors Association	- Victims Assistance 2017	40		40
Other Governorates (Aden, Lahj, Abyan, AlDhalea, Hudaidah, Dhamar)		600		600
Mine Survivors Association	- Support and rehabilitation of mine survivors	515		515
	- Integration of mine survivors	85		85
Total Sana'a Hub		6143	3978	10121

Assistance provider	Services to Children with Physical Disabilities	Boy	Girl	Total children reached
Aden		**126**	**62**	**188**
Association for the Physically Handicapped	- Education and rehabilitation programs - Vocational and handicraft training such as Sewing Center	89	61	150
Me not My Disability Association	- Education and rehabilitation programs - Skills training, such as drawing, sewing, knitting, wool and straw, theater, acting, folklore - Sport activities, such as swimming	2	1	3
Mine Survivors Association	- Help the victims	35		35
Lahj		**3550**	**7**	**57**
Association for the Physically Handicapped	- Education and rehabilitation programs - Vocational and handicraft training such as sewing, and knitting. - Food security program (Providing dates and food baskets from the local authority in Ramadan. - Providing Wheelchairs and foodstuffs from institutions and associations.	10	7	17
Mine Survivors Association	- Victims Assistance (second half) 2017	40		40
Total		176	69	245

The Mines Survivors Association is working in coordination with local authorities and other DPOs to provide them with lists of mine survivors to be targeted with their services. Other DPOs are working in coordination with the ministry of education and the ministry of social affairs and labor to obtain the

equipment needed to teaching children with physical disabilities, to obtain work permits, and authorize the certificates of conducting training activities for children with physical disabilities.

DPOs and CBOs are coordinating with other international and local actors such as UNICEF, WFP, and GIZ in supporting children with physical disabilities. Each of them is providing the services under their mandates. For example, WFP is assisting in the provision of food baskets to households who have children with physical disabilities.

The increased number of physically disabled children especially during the war is one of the big challenges faced by local DPOs. The unavailability of important services such as natural therapy for physically disabled children is posing a great challenge in providing integrated services to them. Most of the DPOs' facilities are not compatible with the needs of the physical disabilities of children and need major rehabilitation and construction works to be effective for serving children with physical disabilities.

Growth Disorder Disabilities

The mapping excurses found that there are only three local DPOs targeting children with growth disorder in Sana'a and Aden hubs, The Challenge Association of physically disabled women in Amanat Al Asimah and sana'a, Al-Amal Association for People with Special Needs in Ibb, and Al-Hayah Association for Disabled Care in Aden. They are providing occupational therapy, education, health, emergency response projects and shelter services. More than 79 children have been reached with their services. The table 11 shows the programs and their services provided by these three DPOs to children with growth disorder.

Table 11: Services to Children with growth Disorder Disabilities

Assistance provider	Services to Children with Growth Disorder Disabilities	Boy	Girl	Total children reached
Amanat Al Asimah			10	10
The Challenge Association of physically disabled women	The sponsorship program "Shelter", a challenging housing project for girls with disabilities		2	2
	Education Program (Challenge Model School for Girls)		8	8
Dhamar			1	1
The Challenge Association of physically disabled women	The sponsorship program "Shelter", a challenging housing project for girls with disabilities		1	1
Ibb		10	25	35
Al-Amal Association for People with Special Needs - Ibb	A project of occupational therapy and sensory integration for displaced and war-affected children	10	25	35
Sana'a		2	8	10
The Challenge Association of physically disabled women	Health Program (Challenge Center for Physical Therapy and Rehabilitation)	1	2	3
	Emergency response projects		3	3
	Education and rehabilitation programs (Challenge Center for Early Intervention and Special Education)	1	3	4
Aden		15	8	23
Al-Hayah Association for Disabled Care	- Education and rehabilitation programs	15	8	23

Assistance provider	Services to Children with Growth Disorder Disabilities	Boy	Girl	Total children reached
	- Early Development program			
	Total	27	52	79

Coordination and collaboration between the two DPOs in terms of services to children with growth disorder is the same as other disabilities since they target more than one disability. The main supporter is HCRF, MoE's department of special education, MoSAL, SFD and there are other efforts between the DPOs and other actors including UNICEF and GIZ.

The DPOs are facing some obstacles as mentioned in the previous sections. In addition, the increased number of children with growth disorder is one of the big challenges.

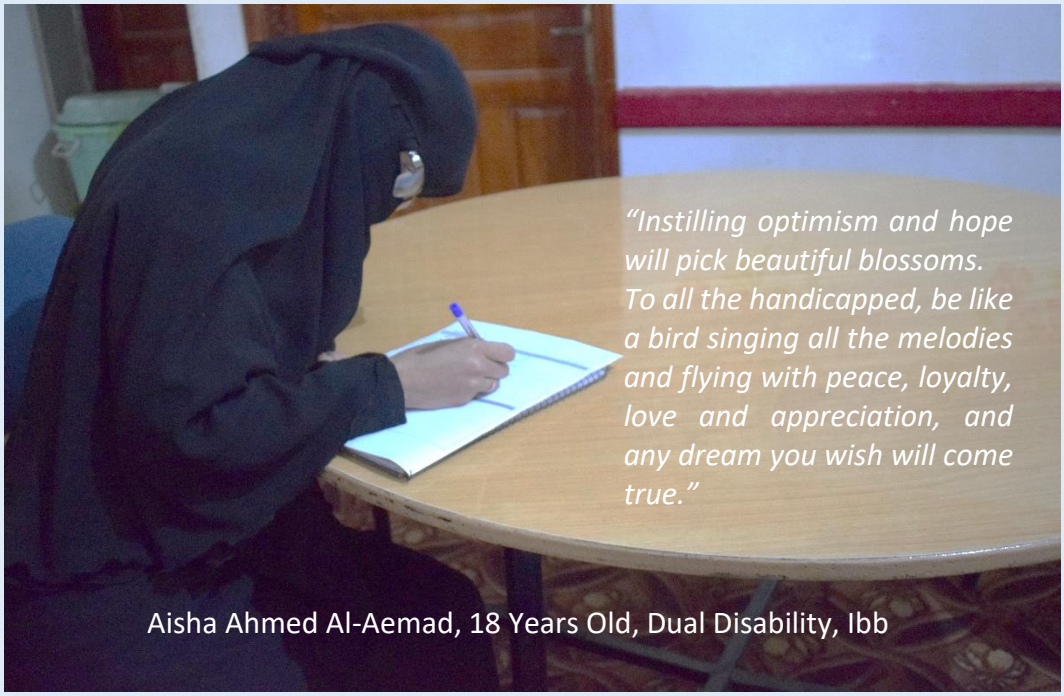
Gaps and challenges

Within the above analysis of the role of DPOs and CBOs to CWDs in Yemen, there is no mention by any NGO for their role in the promotion and participation in community-based rehabilitation activities. There is a missing role of DPOs and CBOs in building a base of community volunteers by the local DPOs in Yemen who should be the fuel for the CBR approach in reaching CWDs with their needed services in rural areas. It is of high importance to adopt a complementary participation of all stakeholders in the provision of services to CWDs.

The Local DPOs and CBOs working with CWDs in Yemen are facing multiple challenges and obstacles and below is a list of the key challenges and obstacles:

- The fund from HCRF and the government have been decreased and stopped for a long period;
- Partnership and support from UN agencies or international NGOs is very limited;
- Shortage of equipment, running costs, and materials required to continue their programs and services;
- Limited absorbing capacity of DPOs and CBOs to children due to the limited resources;
- Shortage of medicines and assistive devices due to shortages in financial resources;
- Lack of support for transportation means to transport CWDs;
- Limited awareness among the communities about the importance of supporting CWDs and their inclusion;
- Inability to reach rural areas and villages to serve CWDs in remote areas;
- Poor families with disabled children who cannot afford the transportation costs to send their children to get the assistance;
- Most DPOs and CBOs are lacking qualified staff to support children with different disabilities;
- For mental disabilities, lack of physiotherapy centers that provide health, rehabilitative, and nutritional care for CWDs is one of the main gaps,
- For blind disabilities, some supportive devices and equipment are needed such as computers, speaking wristwatches, special printers, sticks, headphones, etc.

Case Study



Aisha, 18 years old, was suffering from combined physical and mental disabilities and sight impaired. Everyone knows Aisha feel sorry about her and has a lot of sympathy for her.

> *"I was a body without a soul, a mind without ambition, and a broken heart."*

Aisha gave her mother all the love and gratitude, as she was the one who took care of her family's affairs, and Ayyash, her brother who suffers the same impairment, was her support and companion.

> *"I have suffered from many obstacles such as mocking community members, ignoring, difficulty concentrating, difficulty with movement, walking, and lack of balance, the distance between home and school, blurred vision, fear of high places."*

Aisha joined Khadija center in Ibb, which was the beginning of her path to success. Aisha found life in the center is full of happiness, pleasure and joy. She was provided by the health services she needs, as a physiotherapy service and a lot of educational guidance services, as well as professional and craftsmanship services, such as sewing, handicrafts.

During her study in the center she was able to develop and gain certain qualifications and skills, these include building a distinct personality, integrating into society, graduating from high school, and becoming a good example for others, so, her condition has improved significantly and noticeably.

Aisha hopes to achieve certain things such as, traveling and learning outside Yemen, giving Khadija Center an award in her name and the name of all people with special needs, participating in developmental charitable work at the level of the Arab world.

3.3.4. UN agencies, and international organizations

Overview

This section summarizes the efforts, achievements, and programs of specialized and non-specialized international NGOs and UN agencies targeting PWDs in general and children in particular. The UN agencies and International NGOs interviewed in this mapping exercise are UNICEF, UNHCR, UNFPA, WFP, WHO, Handicap International, ICRC, DRC, Save the Children, OXFAM, and INTERSOS.

In a recent study by Handicap International, the results showed that 95percent of international NGOs in Yemen are not collecting disaggregated data by disability and 85percent have not implemented any activities or directed fund to PWDs in particular. 73percent of INGOs stated that their staff lack the required knowledge and skills to provide humanitarian services that are sensitive to disabilities.

All UN and international actors are mainstreaming CWDs in their targeted communities, but the level of specialization to address them differs from one to another based on their policies, mission, and mandates. Only one of the mentioned UN agencies and INGOs are targeting CWDs in dedicated programs and projects, which is Handicap International. Other actors are involving CWDs in their program with dedicated activities. While some INGOs are targeting them among the different typologies of their programs, but not in dedicated activities. Local NGOs dedicated to CWDs usually get rejection for their efforts to seek support from UN agencies to their services to CWDs as none of the UN agencies is directing fund or activities dedicated precisely to CWDs and these local NGOs.

UNICEF

UNICEF is working in Yemen since 1970s in relief and development interventions with children. It is working in coordination and collaboration with local authorities and NGOs addressing the urgent needs of children. UNICEF released a series of booklets with recommendations, practical actions and tips for programming humanitarian actions and the inclusion of CWDs in education, health, nutrition, WASH, and child protection.[66] In Yemen, UNICEF has documented a total number of 838 child maiming and injuries resulting from landmines and other explosive remnants of war in Yemen in 2016 and 764 cases in 2017.[67] In 2020, UNICEF has reported 54 children maimed (39 boys and 15 girls) by various parties to the conflict.[68] In the Child Protection program of UNICEF in Yemen, critical child protection services to children including CWDs are provided including lifesaving health services, individual and group-based Psychosocial Support (PSS), family tracing and reunification, economic and livelihood support, birth certificate, and legal support.

UNICEF targeted children who lost their limbs and CWDs by supporting the Prosthesis and Rehabilitation centers in Aden and Taiz governorates as well as supporting the access of children coming from other governorates to these centers. By end of 2018, 102 children (79 boys; 23 girls) were provided with prosthesis and artificial limbs and 213 children (127 girls; 86 boys) were provided with assistive devices to help them overcome their disability.[69]

66 UNICEF, *Guidance on including children with disabilities in humanitarian action*, 2017, available at http://training.unicef.org/disability/emergencies/index.html (accessed 29 November 2018).

67 UNICEF. Children with Disabilities in Situations of Armed Conflict (Discussion Paper), 2018, available at https://www.unicef.org/disabilities/files/Children_with_Disabilities_in_Situations_of_Armed_Conflict-Discussion_Paper.pdf

68 UNICEF Yemen Humanitarian Situation Report - For 1-31 July 2020. Available online at: https://reliefweb.int/report/yemen/unicef-yemen-humanitarian-situation-report-1-31-july-2020-enar

69 *UNICEF Yemen, Summary of Child Protection Program. Available online at:* https://www.unicef.org/yemen/child-protection *(accessed 12 October 2020).*

UNICEF is not implementing dedicated programs or projects targeting CWDs in particular, but they are included in all projects as one of the most vulnerable groups of children. Mainstreaming the aspects and needs of CWDs in other programs is one of the main standards of UNICEF. For example, the designs of facilities established or rehabilitated by UNICEF in WASH of health interventions consider designing special facilities for PWDs.[70]

UNHCR

UNHCR is providing life-saving aid to displaced Yemenis, as well as to refugees and asylum-seekers, across the country. UNHCR is considering CWDs as one of the main targeted groups in their services. There are 10 community centers in 10 governorates in the north of Yemen supported by UNHCR and managed by their 10 partners including Rawabi, Hudaidah Girls, SDF, CSSW, Yemen Women Union, YDF, and YARD.

The community centers provide different services including psychosocial support (PSS), case management, legal services, birth certificates, and external referrals to other service providers. The protection monitoring activities are targeting CWDs, especially physical and mental disabilities, through the Community-Based Protection Networks (CBPNs). There are team in cities and in rural areas as well. The team go to the persons' houses to assess the children using the case management forms and register them as cases in the community centers. Services are provided either at the community centers of through outreach activities to their houses. UNHCR is by far the most disability-sensitive UN agency in their programming. There is a long list of policies and guidance that UNCHR is following for their programming to ensure inclusion of PWDs in their programs.[71]

70 Relief and Development Peer Foundation (RDP), Final Report of UNICEF project (Assessment of Health facilities in 6 governorates)
71 More details about UNHCR policies and guidance regarding disabilities can be found at https://www.unhcr.org/persons-with-disabilities.html

UNFPA

UNFPA is the lead agency in the Rapid Response Mechanism (RRM) in Yemen with UNICEF, WFP, and OCHA. There were no activities or fund targeting CWDs by UNFPA until recently where they have allocated a margin of 5 percent in programming for PWDs and this percentage is flexible. The child protection is the mandate of UNICEF, but UNFPA is implementing some activities targeting households with income generation activities. Some of the supported households by UNFPA include CWDs and there are statistics available, but they are part of the targeted groups, not as a separate typology for their services.

Save the Children (SCS)

Save the Children has been working in Yemen since 1962. The alliance of SCS Sweden is working in Yemen since 2012. SCS started their work in Yemen targeting CWDS in particular. A Community-Based Rehabilitation (CBR) program started in 1992 in Taiz and Lahj.

The Children's Parliament has been in existence since the year 2000. Since 2002, Save the Children has been supporting the Children's Parliament over the years through capacity building activities and nation-wide awareness raising campaigns. To make it a body that represents Yemeni children from all groups including (boys, girls, working children, orphans, CWDS, and children from minorities) in which all governorates are represented in the parliament.

SCS has been working in coordination with the Yemeni government and HCRF through several meetings to agree on implementing the UN CRPD. SCS has been working to increase the awareness of the communities to achieve the inclusion of CWDS in the community.

In inclusive education, SCS has worked with CWDs through different activities including school preparation programs, special training for CWDs other than movement-disabled, and experimentation with integration into regular school of the blind / visually impaired children. Activities also included the strengthening of cooperation between the Blind Association and Ministry of Education, and the development of the Blind Association's service to the children. SCS targets CWDS in their protections programs as well.

Handicap International

HI works in Yemen to support vulnerable people and PWDs, as well as those injured in the ongoing conflict which has affected the country since March 2015. The organization also supports NGOs to better include vulnerable people, in particular PWDs, in the emergency response.

Since its return to Yemen in 2014, HI has been implementing actions to mitigate the impact of the crisis affecting the whole country, focusing on the most vulnerable people - including injured people and PWDs - and meeting the most urgent needs, as close as possible to the front lines. HI provides equipment to the Limbs and Physiotherapy Center (LPC), which delivers its services to PWDs including CWDs.

HI is advocating for CWDs and provide training for other humanitarian actors to include CWDs in their programming. Recently, HI in coordination with OCHA have implemented a training for local and international partners of OCHA in PWDs needs in Humanitarian Programming. They have developed tip sheets with guidelines to ensure that different interventions including WASH, Health, Livelihoods and Food Security interventions are inclusive to PWDs.

ICRC

ICRC is working in Yemen since 1962. ICRC delivers emergency assistance in the realms of health care, economic security and water and sanitation. They support hospitals, primary health care clinics and physical rehabilitation centers with equipment and consumable materials. They implement water and sanitation projects in support of public institutions to ensure water is provided to the communities. ICRC distribute food and non-food items (such as blankets and kitchen material) to internally displaced communities and populations in need. ICRC is supplying hospitals and health facilities with medicines and emergency medical supplies so they can treat the wounded. They continue to work closely with the Yemen Red Crescent Society and the local authorities.

Two of the main sectors of ICRC are Mine Action sector and PWDs sector. According to the ICRC annual report of 2019, they have supported a total of 37,733 PWDs including 38percent children in the physical rehabilitation program. This program is implemented through five supported physical rehabilitation centers in Sana'a, Aden, Taiz, Mukalla and Sa'ada. They have supported the 22 May stadium in Sana'a before the war by installing two steel wheelchair ramps for the disabled and improved accessibility for close to 30 people. ICRC also installs portable mobile toilets for PWDs in different locations in Yemen. They also provide clean water (227,500 liters) to the LPC in Sana'a on a monthly basis.

Other INGOs such as OXFAM, CARE international, Relief International, Islamic Relief, DRC, NRC, and other, are not targeting CWDs in specific programs. However, CWDs are included in the provided services and statistics. Some of these actors collect disability disaggregated data, while other don't.

3.3.5. Private Sector

There is no doubt that there are many factors intertwined in the Yemeni crisis that contributed to a massive humanitarian catastrophe and at the same time destroyed the economy and the private sector in Yemen in particular. Before 2011, the large number of Micro, Small and Medium Enterprises (MSMEs) formed the private sector, along with a limited number of large companies.[72] Most of these micro-companies did not withstand the Yemeni crisis and were greatly affected due to their inability to access various resources, whether internal or external. On the contrary, the large companies have proven their resilience despite the many frustrating factors.

Since 2015, active humanitarian organizations have been striving to provide emergency and necessary assistance to alleviate the crisis situation in Yemen. Nevertheless, the role of the private sector still constitutes a vital role, side by side with the efforts of all actors in the humanitarian field. According to a report published by Sana'a Center for Strategic Studies (2020), the Yemeni private sector played a positive role in stopping the dire situation from becoming inexplicably worse.[73] The role of Yemeni business owners was clear in facilitating the mission of humanitarian organizations to implement their programs by facilitating everything from imports to the logistics of transportation and distribution of cash assistance, which in turn prevented the country from sliding into mass starvation. Based on the results of the survey conducted by the United Nations Development Program in 2017 on more than 50 small, medium and large private sector organizations operating in Yemen operating in various industrial sectors, four out of five were assisting people affected by the conflict in the country.[74] This aid was represented in providing health, financial and food services to the affected and poorest household.

72 Tarek Barakat, Ali al-Jarbani and Laurent Bonnefoy, 2020, The Role of the Private Sector in Peacebuilding in Yemen, CARPO – Center for Applied Research. Available online at: http://carpo-bonn.org/wp-content/uploads/2020/05/carpo_brief_19_18-05-20_EN-printerfriendly.pdf

73 Ali Azaki, 2018, International Aid Organizations and the Yemeni Private Sector: The Need to Improve Coordination in Humanitarian Crisis Response, Sana'a Center for Strategic Studies. Available online at: https://sanaacenter.org/publications/main-publications/5528

74 UNDP, 2017, SURVEY I – Mapping of Private Sector Organizations/Companies Engagement in Emergency Preparedness, Response and Recovery. Available online at: https://www.humanitarianresponse.info/en/operations/yemen/document/july-2017-private-sector-survey-i-results

In our study, three large institutions in the private sector were interviewed to find out their role in supporting and helping CWDs. All the private sector participants in the interviews reported that they have different initiatives throughout the year targeting the most vulnerable household based on different criteria, and that they do not have programs that specifically target CWDs.

"We provide various assistance to the needy and those affected by the current situation, some of which fall within the framework of zakat and others are considered as the corporate social responsibility as part of our contribution to the humanitarian work."
KII, Private Sector

3.3.6. Coordination and cooperation

Strong external links with other actors in the same field is an essential component for any organization to work effectively. Coordination with other actors in the field of disability by HCRF are not systematic and they are more of initiatives from some internal departments whenever there is an opportunity that comes to the table. There are various actors in the field of PWDs which have almost no links with HCRF operations. For example, the ministry of health and population is one of the main actors and have very limited links with HCRF. From the interviews with focal points at HCRF, it was found that each party is working in isolation from the other. HCRF representatives are complaining that many actors are not taking their roles and responsibilities towards PWDs which makes the load on HCRF really huge to bare. The Fund also coordinates with the Ministry of Education in the area of schools, special education and integration of CWDs into mainstream school.

"If the ministry of health activates the early identification mechanism of newborn with disabilities at the hospital, this would help us get clear statistics about the targets and consequently the needed services. Each party should have part of the responsibility towards PWDs."
KII, Department of programs, projects and investment, HCRF

From the other hand, lack of effective coordination between the headquarter of the HCRF and the branches in the governorates may lead to depriving many CWDs of their right to access basic services, whether educational or health, provided by local associations and centers. According to the key informants of some associations and centers, they communicate directly with the headquarter of the HCRF, due to the complexities of routine in the branches.

"We used to submit all the required documents related to the educational expenses for CWD to the HCRF in Sana'a. We go through all procedures there, which usually takes three days, until we receive the educational due payments." KII, Local NGO
"For extracting disability cards for new CWD, we used to gather CWD and send them to the government hospital in the city center in order to obtain medical reports about their disability, and then we sent them by bus to the HCRF in Sana'a to start the process of extracting disability cards for them. After 2015, we became unable to bear the costs of buses, and we used to tell parents of children to go by themselves to Sana'a to extract cards for their children from the HCRF. Some who were able to afford the costs of travel, accommodation and living in Sana'a actually go and others do not go because of their inability to bear the costs. Consequently, their CWD do not receive any service because there is no disability card. Currently, we use WhatsApp in order to send documents to HCRF." KII, Local NGO

In this context, HCRF should play the necessary supervisory role on all its branches, and the department of branches at the headquarter should be activated in order to carry out its functions in a manner that guarantees that the services of HCRF are provided effectively to individuals and institutions from all branches. In addition, there should be an effective coordination between the branches and the headquarter in terms of obtaining and exchanging information and in a manner that ensures non-repetition.

With regard to the cooperation and coordination between HCRF and international organizations, HCRF has initiated some steps in establishing relations with international NGOs and UN agencies working in Yemen. It is important to note that after 2015, due to the current conflict which led to a severe decline in revenues and the limited annual budget allocated to HCRF, the fund have begun to think about cooperation and coordination with international organizations. This was evident through the recent establishment of a new department concerned with managing programs, projects and investment. Its tasks include preparing plans, programs and sustainable development projects through bilateral cooperation with donors.

Government, donors, UN agencies, and international NGOs working in Yemen all have part of the responsibility towards HCRF's current crisis. It is therefore hoped that the gaps identified in this report should combine efforts in a coordinated manner to address all to sustain this essential organization that is targeting CWDs in the whole country with the most basic and essential needs of CWDs. HCRF is an essential organization targeting CWDs in the whole country who are lacking access to the most basic and essential needs for their lives.

Since HCRF is the main supporter of most associations and centers working in the field of disability, these bodies carry out effective coordination and cooperation with the fund, especially with regard to submitting proposals and studies to implement new projects. The HCRF monitors and evaluates the activities of these bodies. However, there is no coordination with the HCRF when local associations and centers implement joint programs and projects with international organizations, which may lead to repeated or contradictory interventions in certain geographical areas.

"One of the reasons for the lack of a unified system or mechanism to provide services to PWDs, including children, is the lack of the HCRF's involvement and coordination with it when designing and implementing programs, either by the local implementing partners or by the international organizations."
KII, Department of programs, projects and investment, HCRF

3.4. Accessibility of basic social services

CWDs have the same fundamental right to access mainstream services in the community, such as education, healthcare, social services, and social protection, like any other children. Legislation and strategic frameworks in Yemen guarantee universal availability of basic social services such as education, and healthcare services to all children, including CWDs. Moreover, the Convention on the Rights of the Child (articles 2 and 23) and the UN CRPD (article 7, and 9) guarantee to CWDs equal rights to a full and decent life in conditions that ensure dignity, promote self-reliance and facilitate the child's active participation in the community.[75] However, a major proportion of CWDs around the world are denied access to basic services including education and health care.[76] Social, cultural, physical, structural, and economic barriers often deny CWDs equal access to services and opportunities for meaningful participation, while vulnerabilities arising from their situation put them at greater risk of abuse, exploitation, sexual and gender-based violence, neglect, and abandonment.[77]

In Yemen, access to basic social services and their availability for CWDs is become very limited and disrupted by conflict, and scarcity of resources; which the resources available for this group have decreased substantively in the past five years. Humanitarian Needs Overview (2019) reported that 86 percent of PWDs experience problems accessing basic social services due to physical access challenges, economic barriers, socio-cultural barriers, discrimination, lack of information and services, and inability to travel.[78] In discussions with all stakeholders including CWDs and their families, they confirmed that the vast majority of CWDs experienced problems in accessing basic services including health care, education, and protection.

75 UN Human Rights. https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx#7
76 UNICEF (2013). Children and Young People with Disabilities Fact Sheet. https://www.unicef.org/disabilities/files/Factsheet_A5__Web_REVISED(1).pdf
77 UNHCR (2015). Children with Disabilities. Child Protection Issue Brief. https://www.refworld.org/pdfid/55cc4a564.pdf
78 OCHA (2019). Humanitarian Needs Overview. https://reliefweb.int/sites/reliefweb.int/files/resources/2019_Yemen_HNO_FINAL.pdf

3.4.1. Health care services

3.4.1.1. Healthcare system for CWDs

Public health facilities

The Constitution of Yemen provides that health care is a right for all and commits Yemen to the expansion of free health services (Article 55). However, although the public health system provides free primary health care services with 50 percent of its capacity, children's right to health care is not always fulfilled, especially in the last five years, and this situation is greatly exacerbated for CWDs. According to the Special Rapporteur on the rights of PWDs, access to essential health services, health education, preventive care, diagnosis, treatment, rehabilitation, and assistive devices needed by PWDs owing to their impairment should be considered as core obligations that are not subject to progressive realization.[79]

Since 2015, health system in Yemen has collapsed under the strain of violence, health authority funding cuts, displacement, the dissolution and duplication of state institutions, the lack of salary payments for staff mainly in the Northern Governorates, and restrictions in the import and transportation of medical supplies. Now COVID-19 has made that collapse complete and makes the health situation at its worst.[80] UNICEF reported that the escalation of the conflict in Yemen has left more than 20 million people (70% of the population), half of them children, in need of basic health care assistance, and 50 percent of health facilities have either been partially damaged or completely destroyed. [81] Even before the conflict in Yemen, World Bank report that more than half the population

79 UN Human Rights. https://www.ohchr.org/en/issues/disability/srdisabilities/pages/reports.aspx
80 United Nations (2020). Meetings Coverage and Press Releases. https://www.un.org/press/en/2020/sc14266.doc.htm
81 UNICEF (2020). Health in Yemen. https://www.unicef.org/yemen/health

lacked access to healthcare services.[82] Moreover, due to the limited number of health facilities and the nature of the demographic distribution of the population in Yemen, around two-thirds of the population in rural areas lacked access to healthcare services. [83]

During the interviews with the Ministry of Health, they reported that there are no specific early identification and assessment health services for children, while primary health care is a natural starting point for identifying and addressing the needs of CWDs. Primary health-care facilities provide health services including child care and reproductive health services. Due to the current conflict and lack of funds, there is very limited access for many people including CWDs to specific health services, such as early intervention, specialist diagnoses, or medical rehabilitation.

> *"Health care facilities are not easily accessible because of the distance, most of the people have to travel to Aden, and that cost a lot of money.*
> *Healthcare service is very poor, due to lack of good equipment and medical examinations of children with Down syndrome."*
> FGD, parents of child with disabilities

Furthermore, the ability of many people in Yemen to access private healthcare has dramatically reduced, as the conflict has ravaged the economy and devalued people's savings and ability, which 80 percent of the population in need of some form of assistance.[84]The data is very limited regarding the access of CWDs to health services. While Handicap International reported that in the context of conflict across the globe, around 75 percent of PWDs do not have adequate access to basic health and psychosocial care services.[85] In Yemen, the assessment found that around 63 percent of CWDs interviewed and participated in the FGDs revealed that they do not have adequate access to health care services, mainly in the rural areas, due to different barriers including the unaffordability of health care services and medication, the lack of access to assistive equipment and technologies, transportation to health facilities and the distance to their homes. While few CWDs have adequate access to health services, mostly those from the wealthiest groups and in big cities such as Sana'a and Aden.

The health care system in Yemen does not mainstream disability throughout its plans of action, screenings, early identification, and interventions of children at risk of delay or disability do not exist. Now, with COVID-19 causing a catastrophic health crisis across Yemen, PWDs are being left behind once again. There are no actions to reach them, even though they are at a higher risk if infected by the virus, and their immunity is very weak.

According to Handicap International, the vast majority of humanitarian organizations (95%) do not monitor the access to CWDs to their health assistance and do not consider the specific needs of CWDs.[86] The result is that many CWDs do not have access to their health services and support. However, there are some attempts by some humanitarian organizations including UN agencies (e.g. UNICEF, WHO, UNFPA), and international organizations to provide health services to CWDs. For instance, UNICEF provides health services for CWDs including lifesaving health services, individual and group-based psychosocial support (PSS), family tracing, and reunification, as well as support the prosthesis ad rehabilitation centers.

82 World Bank (2017). Yemen: Immediate Priorities for Post-Conflict Recovery of the Health Sector.
83 World Bank (2017), Yemen: Immediate Priorities for Post-Conflict Recovery of the Health Sector.
http://documents.worldbank.org/curated/en/349331508408515508/Yemen-immediate-priorities-for-post-conflict-recovery-of-the-health-sector
84 OCHA (2020). Humanitarian Response Plan. https://reliefweb.int/sites/reliefweb.int/files/resources/YHRP_2019_End%20of%20year%20report.pdf
85 Handicap International, Disability in humanitarian context. https://handicap-international.ch/sites/ch/files/documents/files/disability-humanitarian-context.pdf
86 Handicap International (2018). Inclusion Report. https://www.amnesty.nl/content/uploads/2019/12/Yemen-EXCLUDED_Amnesty-Report-1.pdf?x52822

Handicap International also provides specialized health care services that the health system in Yemen cannot through 6 health centers in Sana'a and Aden, and since 2015, Handicap International has treated more than 25,000 people, most of them victims of the conflict, and provided more than 27,000 crutches, walkers, and wheelchairs for PWDs. Moreover, Handicap International provided psychological support for more than 23,000 people and fitted 300 people with prostheses and orthotics through its collaboration with Sana'a Physiotherapy and Prosthesis Centre. Handicap International also trained more than 700 health workers in Sana'a and other governorates in early trauma response.

Community-based rehabilitation organizations

Rehabilitation services in Yemen are provided by DPOs and CBOs and only to a very small group of children, as well as by the existence of only one public rehabilitation hospital in Yemen.

Most DPOs indicated that there is a lack of significant services for CWDs in fields such as speech therapy, physiotherapy, and sign language instruction, as well as to basic medications, such as those for epilepsy

> *"At the Society for Care & Rehabilitation Physically Handicapped in Aden, we provide rehabilitation services for children with physical disability. Currently, more than 150 children have access to our services.*
>
> *Unfortunately, we cannot provide our services for all physically disabled children who come to us or who are in Aden. Our association is facing many difficulties and challenges, including: lack of adequate transportation, lack of continuous electricity, there is no suitable bathrooms for disabled children inside our building, lack of medicines, wheelchairs for disabled children, lack of modern educational aids, insufficient number of qualified teachers.*
>
> *We hope that we can overcome these challenges and provide our assistance to all physically disabled children in Aden. We hope also to establish a center for the manufacture of limbs and wheelchairs. We have enough land for that."*
>
> KII, DPO

Five years of conflict have caused significant physical injuries, increasing the risk of long-term impairments, and growing mental health consequences among children in Yemen. Addressing these needs requires a comprehensive approach to healthcare integrating physical rehabilitation and mental health and psychosocial support. Therefore, the health system in Yemen and disabled people's organizations (DPOs) requires long-term support to ensure the provision of these necessary services and meet increasing demands.

Early rehabilitation was not integrated into the health system in Yemen even before the conflict. The health services lack required technical expertise in managing complex cases with early rehabilitation which is important to prevent long-term disability and impairment for people injured in emergencies.[87]

87 Handicap International (2020). Health System in Crisis: Physical Rehabilitation, Mental Health and Psychosocial Support. https://blog.hi.org/wp-content/uploads/2020/04/IB-4-Inclusion-Yemen-web-2020-1.pdf

3.4.1.2. Barriers in accessing healthcare services to CWDs

The health care sector in Yemen faces countless barriers in the delivery of health care services to CWDs such as lack of operational budget, lack of salary payments for staff mainly in the Northern Governorates, lacks sufficient specialists to care for the severe needs (e.g. physiotherapists, prosthetics and orthotic therapists, and mental health specialists), overwhelmingly urban-based. [88]

Lack of financial resources

In interviews with the Ministry of Health and Population, they mentioned that there is a lack of funding, the health system is facing a large deficit in the budget and inability to cover operational expenses, salaries of health workers mainly in the Northern Governorates, have not been paid for more than three years, and many of them receive nothing or only a very small allowance that supported by UN agencies or international organizations.

DPOs and CBOs face the same barrier that most of them dependent on the HCRF support, which the HCRF interrupted its disbursement of assistance to their activities and PWDs between 2015-2017, it resumed them in 2017, but on an irregular basis due to lack of funding, split the fund between the government of Sana'a and Aden, and bureaucratic disruptions.

During the interview with the Prosthetic Center in Aden, which is the only one in Southern Governorates, they reported that the center does not have the equipment to produce lightweight prostheses and lacks the expertise to produce activity-specific prosthetic attachments for CWDs below the age of 10 years. They can only produce prostheses for cosmetic purposes. Assistive devices and prostheses are essential to enabling CWDs to live active, independent lives, which most families cannot afford it.

88 OCHA (2019). Yemen Humanitarian Needs Overview. https://reliefweb.int/sites/reliefweb.int/files/resources/2019_Yemen_HNO_FINAL.pdf

Lack of qualified workers

The health system in Yemen lack qualified workers/specialists including expertise in managing complex cases with early rehabilitation, physiotherapy, occupational therapy, and the provision of prosthetic and orthotic devices.

Handicap International reported that the health system in Yemen is not prepared to manage the number of people injured by the conflict. Even when the conflict ends, Yemen will continue to need a highly trained health workforce to meet the needs of persons living with impairments and disabilities. They recommended that investing in the health system and workers now are the best way to mitigate increasing needs.

DPOs and CBOs indicated that there is a lack of trained, and sufficient qualified staff in their organizations to provide rehabilitation services to CWDs, which most of the staff work voluntarily with very low incentive or no payment. Some staff received specialized training in how to work with CWDs and provide rehabilitation services through Social Fund for Development, International or local organizations, while most of them do not, and skills and training were based on personal efforts by themselves. In addition, they revealed that they need specialized training (e.g. rehabilitation skills for the mentally retarded, physically disabled, multiple handicapped, hyperactive, and those with Down syndrome and autism), and salaries for their staff to provide their health and rehabilitation services.

Most of the CWDs and their parents whose participated in the FGDs reported that they faced a range of barriers when they attempted to access health services, including the affordability of accessing health care and medication (due to high poverty rates and inflation); the closure of some health facilities (for several reasons, including some of them were destroyed due to the war, lack of salaries for workers and operational expenses, as well as due to the Coronavirus (COVID-19)); lack of specialized health centers for certain types of disabilities; the transport and the costs associated with it to health care facilities and the distance to them, mainly in the rural areas; the lack of access to assistive equipment and technologies (e.g. wheelchairs, walking sticks/crutches, braes and hearing aids, and spectacles); and inadequate support from the government or humanitarian agencies.

"We cannot provide health services for our physically handicapped children that are suitable with their needs and disabilities. Most of the health facilities located in Al-Houta city, the capital of Lahj governorate, and in some large cities, which are not qualified to provide health services for children with disabilities, and they provide primary health care services for children only. Most of those health centers lack equipment and medicines.

As for the Association for the Care and Rehabilitation of the Physically Handicapped in Lahj, its capabilities are very weak due to the lack of a building that equipped with furniture, and equipment, as well as qualified staff to provide health care, and rehabilitation services for children with physical disabilities.

There is no a massage center for the physically disabled in Lahj governorate, which means that we have to travel long distances to Aden (some should travel more than 2 hours), and pay high costs to reach it.

Due to high price of medicines, and most of us are poor, we cannot provide them for our disabled children, and if we buy them once we cannot buy them again. Even many of the physical disabled children in Lahj governorate do not even have a wheelchair to help them move."

FGD, parents of child with disabilities

3.4.2. Education services

CWDs have the right to education without discrimination and based on equality of opportunity as recognized by the Convention on the Rights of the Child (article 28), CRPD (Article 24), the United Nations Standard Rules for the Equalization of Opportunities and the Salamanca Statement on Special Needs Education.[89] Also, the Millennium Development Goal of universal primary completion stresses attracting children to school and ensuring their ability to thrive in a learning environment that allows every child to develop to the best of their abilities.

However, many CWDs remain excluded from equal access to education, which only 10 percent of all CWDs worldwide are in school[90] , and of this number only half who begin, and complete their primary education, while many of them drop-outs schools after only a few months or years or grade-level repeaters, because they are gaining little from the experience.[91] This would mean that only 5 percent of all CWDs worldwide have completed primary school.[92] Furthermore, CWDs are less likely to attend school, therefore they are experiencing limited opportunities for human capital formation and facing reduced employment opportunities and decreased productivity in adulthood.

89 Convention on the Rights of the Child, Article 28 and Convention on the Rights of Persons with Disabilities, Article 24. https://unesdoc.unesco.org/ark:/48223/pf0000232592

90 UNESCO (2007). EFA global monitoring report: EFA. Strong foundations: Early childhood care and education. https://unesdoc.unesco.org/ark:/48223/pf0000147794

91 UNICEF (2013). Children and Young People with Disabilities Fact Sheet. https://www.unicef.org/disabilities/files/Factsheet_A5__Web_REVISED(1).pdf

92 World Bank (2003). Inclusive Education: Achieving Education for All by Including Those With Disabilities and Special Education Needs. http://documents1.worldbank.org/curated/en/614161468325299263/pdf/266900WP0English0Inclusive0Education.pdf

In Yemen, basic school enrolment for all children ages 6 to 14 years was reported to be only 61 percent, with girls making up a significantly lower proportion.[93] Children and adolescence with disabilities are even less likely to be enrolled in schools or educational programs. UNICEF estimated that around 580,000 CWDs of school-age (6-14 years) in Yemen, however, schools may not accept them due to shortages in teaching facilities, learning materials, and staff.[94] While the United Nations report (2018) indicated that the out-of-school rates of CWDs are two to three times as high as those of children without disabilities in Yemen.[95] There are different education approach for CWDs in Yemen including early childhood care and education, and inclusive education.

3.4.2.1. Early childhood care and education

Delivering quality early childhood care and education is one of the most critical and cost-effective investments a country can make[96], and that more important for CWDs, which enables early identification and remediation of impairments and for certain disabled children can aid transition into mainstream schools.

Yemen has prepared the national strategy for early childhood development 2011-2015, which the main objectives of this strategy were to greatly expand preschool enrollment, and equality in providing educational opportunities, as well as strengthening institutional capacity and improve the efficiency of the education system. However, early childhood development is estimated at 1 percent of children under the age of 5 years, which is provided by the private sector and caters to families in the upper and upper-middle-income groups in big cities,[97]while there is no data regarding CWDs.

As mentioned in the mapping section, Social Fund for Development has some activities targeting CWDs in early childhood including educational, health, and psychological services, through establishing early childhood development services, strengthening existing ones, and providing early curative, preventive, and educational services. Social Fund for Development trained workers on early childhood integrated approaches in schools, and disability associations, that focusing on physical and functional therapy, family counseling, life skills, and methods of teaching special needs groups.

During the interviews with the Ministry of Education, DPOs, and CBOs, they reported that early childhood care and education services are provided for the very small number of CWDs, in big cities, and for some disabilities including those with down syndrome, autism, blind or partially sighted, hearing and speaking disabilities, and physical disabilities.

93 UNICEF (2014). Yemen Country Report on out-of-school Children. https://www.unicef.org/mena/media/6691/file/Yemen%20Country%20Report%20on%20OOSC_EN.pdf%20.pdf

94 UNICEF (2014). Yemen Country Report on out-of-school Children. https://www.unicef.org/mena/media/6691/file/Yemen%20Country%20Report%20on%20OOSC_EN.pdf%20.pdf

95 United Nations Department of Economic and Social Affairs (2018). Disability and Development Report. Realizing the Sustainable Development Goals by, for and with persons with disabilities. https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/07/disability-report-chapter2.pdf

96 GPE(2016). GPE's Work for Early Childhood Care and Education. https://www.globalpartnership.org/sites/default/files/2016-12-gpe-policy-brief-early-childhood-education.pdf

97 The Consultative Group on EearlyEarly Childhood Care and Development (2016). Global Report on Equity and Early Childhood. https://www.oise.utoronto.ca/atkinson/UserFiles/File/Publications/CGGlobal-FullReport-English-R2-WEB-LowRes.pdf

Most DPOs and CBOs provide their services for free, while some of them charge fees from parents who can pay. For instance, Al Hayat Association for the Care of the Disabled in Aden imposes a monthly fee of about YER 5,000 on those who can pay for his/her child. The Association for the Care and Rehabilitation of the Deaf and dumb in Lahj governorate used to provide its educational services for free, but with the significant increase in the fuel that needed for electricity generator and transport, as well as the low budget it gets from the HCRF, so it was agreed with the children's parents to pay a monthly fee with YER 3,000 to cover the essential costs and the continuation of the educational services.

3.4.2.2. Inclusive education

In 1997, the Ministry of Education in Yemen established the Inclusive Education Directorate, supported by guarantees within the Children's Act No. 45 of 2002 (Articles 115 & 118). Those provisions guarantee government support to children with different mental or physical abilities or needs and the establishment of additional classes in 'regular' schools to teach special needs students. Furthermore, in Article 24 the CRPD stresses the need for governments to ensure equal access to an "inclusive education system at all levels" and provide reasonable accommodation and individual support services to PWDs to facilitate their education.

The Ministry of Education provides inclusive education for CWDs through around 400 schools around Yemen and trained some teachers and staff to fulfill the needs of engaging CWDs in public schools.

> *"There is coordination and cooperation with the Social Fund for Development, they conducted 6 training courses for all our staff including learning difficulty course for 12 days, autism course for 12 days, sign language course, speech therapy course, and measures of disabilities course. These days, we are participating in a special course on disability measures."*
>
> KII, DPO

Since 2000, the Social Fund for Development, with collaboration with the Ministry of Education, and the Ministry of Social Affairs and Labour, implements a program in Inclusive and Special Education aiming to integrate CWDs in public education in all governorates. Social Fund for Development also provides institutional support to comprehensive education departments, rehabilitating, furnishing, and equipping inclusive schools, establishing educational resource units, training staff, providing schools with educational tools, strengthening the infrastructure of special education centers, and training their staff. SFD has integrated more than 6,877 CWDs in public schools during 2011-2015. SFD also support DPOs, and CBOs, to enhance special education centers including trains teachers and social workers on the social and educational integration of CWDs, providing schools with requisite educational aids, furniture, equipment, and rehabilitation building and classrooms.

As mentioned in the mapping section, UNICEF, Save the Children, and some international NGOs, local DPOs and CBOs play a big role in the inclusive education of CWDs. They are trying to include pupils with special needs in classroom activities, provide resources and equipment to help children with visual and hearing disabilities. For instance, Save the Children has worked with CWDs through different activities including school preparation

programs, special training for CWDs other than movement-disabled, and experimentation with integration into a regular school of visually impaired children. Activities also included the strengthening of cooperation between the Blind Association and Ministry of Education, and the development of the Blind Association's service to the children. In 2017, UNICEF released guidance on including CWDs in humanitarian action as a series of booklets providing concrete recommendations for the development of disability-inclusive programming in the areas of education. UNICEF also provided more than 133,000 children affected by the conflict with psychosocial support services and trained more than 4,000 teachers.[98]Moreover, UNICEF supports teachers working in villages with salaries to ensure sufficient female teachers are assigned to rural areas,[99] and that is reflected positively in the ability of CWDs to obtain inclusive education service, especially girls. The Ministry of Education, supported by UNICEF has a new policy requiring ramps in new schools, and make school toilets accessible to students with disabilities.

DPOs and CBOs play an important role in promoting education for CWDs and conducting many activities including encouraging parents to send their children to schools and become involved in their children's education and campaigning for inclusive education. They emphasized that parents should be involved in all aspects of learning, in which the family is the first source of education for a child, and they need to be brought on board.

According to the interviews with DPOs, CBOs, and parents, they reported that most schools do not accept CWDs due to inaccessible buildings, lack of specialized teachers and teaching materials, as well as lack of transport to and from school.

Some of the DPOs and CBOs revealed that children with visual, psychical, and hearing impairments had greater educational opportunities in inclusive schools due to the nature of their disability and they are more accepted in the classroom.

The vast majority of parents, children, and adolescents with disabilities, who participated in the FGDs, emphasized how important it was for them to attend school, receive a good education and access the same opportunities as their non-disabled peers. The majority of interviewed CWDs reported that teachers were kind, supportive, and patient with them. Some parents recognized that teachers must be patient because many CWDs had their type of behavior. While some parents revealed that the educational environment in inclusive public schools is not suitable for CWDs such as teachers' attitudes, which may be due to limited capacities and skills, lack of motivation, and working without salaries, as well as the lack of required resources to accommodate children and their special needs.

The right of CWDs to be educated in inclusive settings to enhance their capacities to participate in social and economic activities in their respective societies should be recognized and addressed.

98 UNICEF (2020). Education in Yemen. https://www.unicef.org/yemen/education

99 Education Profile Organization, Yemen Inclusion. Available online at: https://education-profiles.org/northern-africa-and-western-asia/yemen/~inclusion

3.4.2.3. Barriers in accessing education services to CWDs

The assessment found that there are many challenges, barriers in accessing education services to CWDs, and several reasons for the low enrolment rate of CWDs in the education system, that including physical accessibility barriers, shortage of qualified teachers, lack of a tailored curriculum for certain learning disabilities, lack of facilities in mainstreams schools or in disabled associations.

Physical barriers

Lack of physical accessibility continues to be a major barrier to the full realization of the rights of CWDs to access education services. Many schools are not accessible to educating CWDs, mainly children with physical disabilities, who face difficulties in traveling to school, preventing them from attending or causing them to drop out, as well as due to different causes including many schools have been damaged, some schools still used by IDPs or for military purposes, most schools need rehabilitation and equipment, and physical barriers. UNICEF reported that around 219 schools have been damaged over the past five years, 199 schools taken over for military purposes in the last five years, and around 2,000 schools are unfit for use due to the conflict, either destroyed, used for military purposes, or taken over as a shelter for displaced people. [100]

Most schools in Yemen are not accessible to educating CWDs due to a lack of adequate ramps and sanitation facilities. Most of the FGDs participants stated that appropriate toilet and ramp facilities should be provided for children and teachers with disabilities in inclusive schools and DPOs buildings

100 UNICEF (2020). Yemen Five Years on: Children, Conflict and COVID-19. https://weshare.unicef.org/Package/2AM408PC3MVJ#/SearchResult&ALID=2AM408PC3MVJ&VBID=2AM4WRC1IF6I

that provide education services, and reservation of a classroom on the first floor for students with disabilities, mainly physical disabilities.

Most DPOs and CBOs, mainly in Lahj and Ibb governorates, revealed that a long-distance between schools or associations and the CWDs residence, bumpy roads (unsuitable for wheelchair use), high cost of transportation, lack of transportation services that provide by associations, and lack of accessible toilets forces many CWDs to drop out, mainly girls.

Many physical barriers should be overcome, and urgent measures to improve the physical school environment that should be taken, which can make a major difference. Attention should be taken to the needs of children with different physical abilities. Incorporating universal design into a new building or rehabilitation plan is cheaper than making the necessary changes to an old building.

> *"We travel more than two hours to reach the school for disabled children with cerebral palsy because it is the only one in Lahj governorate."*
>
> FGD, parents of child with disabilities

Lack of capacity of teachers

Lack of qualified teachers is one of the key barriers to support inclusive practices and prevent education access for CWDs in Yemen. The majority of teachers lack knowledge and skills to address the needs and integration of CWDs. For instance, the majority of teachers lack sign-language skills creating barriers for Deaf pupils. There is also extremely limited availability of speech and language therapists and educational psychologists in inclusive schools and DPOs.

Teachers also face many challenges to improve their capacities to address the needs of CWDs such as lack of training opportunities, most public school teachers have not been paid in more than three years mainly in the northern governorates, some of them work on a voluntary basis with very low incentive or no payment, low levels of awareness about disability and sensitivity of CWDs, lack of technical support for inclusive education, as well as low job satisfaction due to poor salaries and a negative work environment. Despite these problems, the teachers try to take care of CWDs even though they lack specialized training, resources, and equipment.

Teachers should be trained to improve their knowledge and skills on inclusive learning approaches, special needs education, as well as specific training such as how to screen and identify CWDs, and braille and sing language. Likewise, teachers with disabilities also should be encouraged as role models.

Curriculum

CWDs could be excluded from learning, even when they are enrolled in schools, due to the curriculum that has not been adapted to their needs or teachers do not have the capacity or time to provide modified support and learning assistance.

During the interviews with the Ministry of education and DPOs, they reported that the curriculum should be adapted and modified to make them appropriate for CWDs and special educational needs.

> *"We want to prepare a booklet in sign language, and adapt the curricula for basic education and simplify them to be more appropriate for all type of disabilities."*
>
> KII, DPO

There are some attempts to develop and modify the current curriculum to be more

appropriate for CWDs, and type of disability. For instance, Aden Association for Autistic Children reported that they are working to modify and adapt curricula to be more suitable for children with autism, and that will be done for first grade to sixth grade. They added that the curriculum adaptation is very important for children with autism because they mainly depend on visual memory, and their inability to understand the current curricula.

Lack of assistive devices

Although CWDs are encouraged to attend schools or rehabilitation associations, there are no special education facilities, teaching materials, and resources. Moreover, the lack of appropriate teaching materials and assistive devices increased the risk of exclusion of CWDs. For instance, children with hearing and vision impairments face particular difficulties in the schools, particularly who do not have assistive devices, such as eyeglasses or hearing aids, which could help them attend school. Likewise, where information is not delivered in the most appropriate mode such as sign language and teaching materials are not available in alternative formats such as Braille, this increases the risk of dropping out or exclusion.

According to parents and DPOs interviewed, a high number of CWDs need assistive devices such as wheelchairs, eyeglasses, hearing aids, which will help them attend school and can make a major difference.

Violence, bullying, and abuse

CWDs in schools often become targets of violent acts including physical violence and abuse, and psychological violence, such as verbal abuse, ridicule, and social isolation. During the FGDs with children with deaf and dumb disabilities, they revealed that they dropped out of schools as a result of violence and bullying they were exposed to by teachers and students. They prefer to attend special schools, because of the fear of stigma or bullying in mainstream schools. As reported by Deaf and dumb associations, children with deaf disability are particularly vulnerable to abuse in schools because of their difficulties with spoken communication.

The attitudes of teachers are critical in ensuring that CWDs stay in school and are included in classroom activities. The assessment found that some head teachers and teachers in mainstream schools believe that they are not obliged to teach CWDs for several reasons including they are not qualified to deal with students with disabilities, they have a big number of students in each class, and lack of educational aids, as well as they think that disabled students do not have a future in higher education.

3.4.3. Protection

The goal of child protection is to promote, protect and fulfil children's rights to protection from violence, abuse, exploitation and neglect as expressed in the UN Convention on the Rights of the Child and other human rights, humanitarian and refugee treaties and conventions, as well as national laws. According to OCHA (2018), Yemen is one of the world's largest protection crises with the existence of frequent conflicts. About 12.9 million people need assistance to protect their safety, dignity or basic rights, from violations of International Humanitarian Law (IHL), grave violations of children's rights and gender-based violence. Displacement and conflict have impacted vulnerable households and PWDs, resulting in negative coping mechanisms and mounting psychosocial support needs. In addition, 4.9 million people are living in acutely affected areas and 3 million IDPs and IDP returnees, 76 percent of which are women and children, are facing obstacles to accessing services, civil documentation, protracted displacement, increased vulnerability and challenges to return.[101]

Information on the extent and risks to abuse for CWDs in Yemen is not readily available. However, international studies reported that CWDs are more vulnerable to violence and abuse. In addition, factors which place CWDs at a higher violence risk include: stigma, discrimination and disability ignorance, and lack of social support. State parties, Yemen is one of them, to the CRPD are obligated under Article 16 to provide effective legal protection for CWDs and take all appropriate measures to prevent all form of exploitation, violence and abuse. For resulting legislation to be meaningful, its essential not only to ensure that the laws are enforced but also that CWDs are educated about their right to protection from discrimination and abuse and how to exercise the right.[102]

101 OCHA - UNCT Yemen, 2018, Humanitarian Needs Overview . Available online at: https://reliefweb.int/report/yemen/yemen-2018-humanitarian-needs-overview-enar.

102 UNICEF, 2014, Children with Disabilities in Malaysia-Mapping policies, programmes, interventions and stakeholder. Available online at: https://www.unicef.org/malaysia/reports/children-disabilities-malaysia-2014.

The extent of protection priorities for CWDs is an important indicator of, as well as barrier to, the equity of national development. It reveals in general the depth of national commitment not just to children's rights but to human rights.

Primary drivers of so many of the more common and persistent child threats and vulnerabilities require individualized responses that need skilled case-based assessment and management. But in practice government's limited children protection responses especially CWDs remain primarily institutional. Moreover, the social work of community and family are essential to work hand-by-hand with these responses which need to be highlighted to promote acceptance and practices in child protection, and full awareness of the consequences of neglect and abuse of the child specially the disabled child, including the fueling risks of their vulnerabilities to living with humiliations or to exploitative and hazardous forms of child labor and to trafficking. [103]

3.4.3.1. Rights to child protection for CWDs

Yemen has a legislative, policy and institutional framework for children protection purposes including the CWDs, alongside more recent initiatives by the government, including the Higher Council for Motherhood and Childhood (HCMC) and Ministry of Human Rights sign several international agreements such as the Arab Foundation for Human Rights (see section 3.2).

However, the collapse of Yemeni public services and institutions, combined with overall economic decline, has exacerbated pre-existing vulnerabilities, with the resulting food insecurity (60% of the Yemen population), lack of access to basic services and interrupted livelihoods, leading to households and individuals resorting to harmful coping mechanisms, such as early marriage, child labor and recruitment. Women, children, older persons, minorities, PWDs, as well as others with specific needs have been particularly affected. Moreover, displacement, family loss and separation and the breakdown of community support structures have increased needs for psychosocial and health support, as well as protection and interventions for harmful coping mechanisms, domestic and family violence.[104]

According to the protection cluster strategy report, 2017, the main protection threats and vulnerabilities in Yemen occur due to conflict. The conflict in Yemen has severely undermined the already weak rule of law in Yemen, with the security vacuum being increasingly exploited resulting in threats to life, safety and freedom for civilians across Yemen. In addition, the strategy reported the challenges faced by IDPs and IDP returnees to include lack of safety, harassment, limited freedom of movement, lack of documentation, limited access to services, family separation, loss of livelihoods as well as concerns for PWDs, including victims of gender-based violence and children. Among those displaced, those with heightened vulnerabilities include those 23 percent in precarious collective centers or spontaneous shelters (among whom 21 percent were estimated to have specific needs), where shelter conditions may be poor or there may be insecurity of tenure, but also those living in host communities, where lack of privacy or inter-communal tensions may lead to exploitation or abuse.

103 UNICEF, Situation Analysis of Children in Yemen 2014. Available online at: https://www.unicef.org/media/files/Yemen_Situation_Analysis_report_-_English_Final.pdf.

104 Protection cluster Strategy - Yemen, 2017. Available online at: https://www.globalprotectioncluster.org/_assets/files/field_protection_clusters/Yemen/files/protection-cluster-yemen2c-national-strategy-final2c-september-2017.pdf.

Case Study

Siham, 18 years old, lives with her family which consists of ten members. She is only the disabled child in her family. She has been blind from birth. Her father is the only breadwinner of her family. She has been suffered from disability since her birth. Although she was born blind, she is satisfied with the way God created her. Like any disabled child, she faced many difficulties, as blind child, in walking alone and in accessing services. With the encouragement of her family, she becomes a strong enough to overcome her difficulties.

In 2020, She has graduated from high school. After that She joined one association to learning sewing. Although she did not know anything about sewing, she kept learning until she mastered it. Right now, she is considering sewing as her career. She has succeeded in producing things that benefit society. Her ambition is to develop her own project, and train her blind friends on sewing by removing their fear and dread.

Her friends and teachers in the association encouraged her by displaying and marketing her products on several occasions, so she has a lot of customers. Her female friends in her neighborhood always support and encourage her. She thinks her success brings a great benefit for herself first, for her family and then for the blind women who are still afraid of entering this field.

Siham advises all disabled persons by saying:

> *"It is real that you face many difficulties, but do not let them stop you, and stand as a stumbling block before you. Every disabled shall go ahead. Disability is a challenge but you can overcome it by determination and hard work."*

3.4.3.2. Daily lives and future of the CWDs and their families

Like other children in Yemen, disabled children consider that they live a normal life and want a normal future. Nevertheless, this does not line up with the views of their parents. This study with consulting with CWDs enables us to capture the personal life experiences of the disabled children along with their families and imagine their future for studying, employment and living with dignity with their families.

In many cases the parents' viewpoint runs contrary to their children's ambitious vision, parents perceive a negative impression between the ambitions of their children and the country situation and reality. At this point, we highlight the importance of providing parents with trainings on how to deal with their children ambitious

CWDs in general are isolated and excluded by the community. Interviews with children highlight that it is disabilities type, communication difficulties along with stigma and discrimination by community that most profoundly limit inter-personal relationships and inclusion, and not necessarily their intellectual ability or other factors such as living in a rural area. Further research is required to better understand children's experiences and their lives.

This analysis is focused on responses of CWDs which reveal their individual personality, characteristics and preferences and show how important these are to their daily life experience. Moreover, this analysis shows what are the things that children do during their daily life in order to make them happy and enthusiastic that can be encouraged by their parents, teachers and trainers and can lead to lowering of barriers to participation and inclusion with their community around them.

3.4.3.2.1 Convenience-time and Play

Several interviewed children describe that they live normal live engaged in singing, playing football, writing homework or other activities, and other children has the ability in writing poetry and novels, drawing, designing, practicing sewing even with their disability. Moreover, there are children who have few difficulties in functioning especially in relation to mental and mobility. One boy who has mental disability said that he used to play with other children who do not have disabilities.

> *"I go to school and play with my friends who do not calibrate me and I practice my hobbies, and when I come back from school I play with my friends outside the house where we play together and sometimes they annoy me when they start calibrating me. I prefer to communicate with my aunt only, which being the only one who understands me."*
>
> FGD, boy, 11 years of age

In addition, a number of CWDs reported things they like to do most and spend most of the time doing it like playing games and watching TV. It is worth noting here that the lack of money hindered some children from getting what they want. "I would like to use i-Pad, but I don't have money to buy it." (FGD, boy, 13 years old). Moreover, there are children who do not believe that disability is a barrier that limits them from practicing what they love, as a blind girl helps her mother in cooking on a daily basis. "I wake up in the morning and pray

Fajr, then do the housework. After that I go to the kitchen where I help with cooking." (FGD, blind girl, 14 years old)

3.4.3.2.2 Daily routines

CWDs described the normal daily routines which are very similar to those of normal children. The only differences are their disability which vary from one child to another also their own personality, family and community environment. One boy with mental difficulties who lives in a rural area described an ordinary life, but finds it difficult to understand his friends:

> *"I wake up in the morning, eat breakfast and then go to school with my brother. After school I plays in the street with my friends, but they calibrate me and call me an idiot, which makes me very nervous. I do need help understanding. I often do not understand my friends well."*
>
> FGD, boy, 10 years of age

Mother of a girl suffer from double disability, intellectual and mobility, who is living in an urban area with her three brothers and three sisters in a rented apartment. She described a more socially isolated life:

> *"My daughter sits with me and never goes out, and the whole time is watched by me because she cannot do anything without my assistance. I want my daughter to be able to express her feeling and serve herself"*
>
> FGD, mother of 7-years-old girl

On the other hand, 52 percent of the parents agreed that they sometimes do not understand their disabled children, and about 44 percent disagree as shown in Figure 11. Unemployed Mother of IDP blind boy who suffers with moderate brain atrophy, when asked if she understand her son and if there are activities that her son would like to do, she said, "I don't know my son's feeling, he doesn't talk much. He has contact with outside friends more than his family".

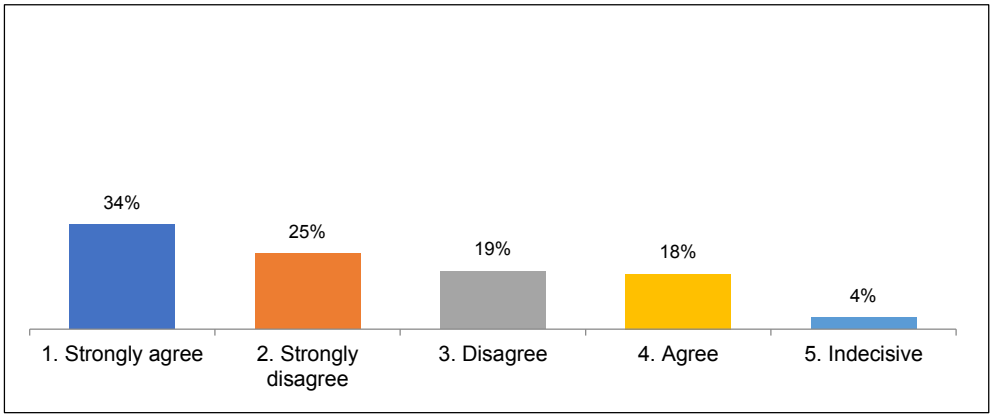
> *"He wakes up, dresses himself, has breakfast and watches TV, then he goes out of home. His mental state is unstable, sometimes he is nervous and upset, and he is consulting people outside the home more than the household members. I am so afraid for his condition."*
>
> FGD, mother of boy, 12 years of age

Other mother of two girls who suffer with deaf and dumb disabilities along with difficult seeing, lives with her six sons and three daughters, responded as:

"My daughters' lives seem ordinary but they cannot understand others. They lead their lives normally, sometimes they get upset and I cannot understand them. They are unable to communicate with people, they cannot understand them, and I fear for their safety when they leave the house."

FGD, mother of 11 and 13 years-old girls

Figure 11: I do not understand my child/children with disabilities



3.4.3.2.3 Future vision and concerns

In FGDs, many children who responded to a question about what do they want to do/be when they grow up, some of them said they want to live a dignity life, while some others do not know. Children with mobility disabilities and simple functional difficulties who go to private schools or rehabilitation centers, wish to rely on themselves in the future along with other dreams they wish.

"I would like to continue my study and go to university to reach the highest ranks in science. I would like to move and walk freely without anyone's help."

FGD, boy, 15 years of age

"I do everything and I do not need help unless I want to go to faraway places. I want to complete my studies, be a seamstress, and rely on myself in everything."

FGD, girl, 13 years of age

Several children reflect other aspects of their living experience when they say they want to work as a teacher in a school or as a doctor in clinic or hospital. These CWDs also see their future in terms of professions that have caught their imagination through radio, TV, and other social media. Among the ambitions, there are those who want to be a radio presenter, singer, soccer player, phone programmer, lawyer, dentist, or businessman/businesswomen.

In regard to the concern level of the future of disabled children, 93 percent of the interviewed parents have a great concern about who will take care of their children and

"I'm afraid for her inability to rely on herself and do self-service."

FGD, parent of a blind girl 7-years-old

what kind of life their children will have, and how their children will cope in case the parents suffer from a long-lasting illness or death.

> *"I'm afraid when my son going out to the street and no one sympathizes with him."*
>
> FGD, a returnee parent of a blind boy 6-years-old
>
> *"I'm afraid if my daughter went out of the house and get lost. Also, I'm afraid for her disability condition from being deteriorated in the future."*
>
> FGD, mother of blind girl 15-years-old

Others parents about 5 percent highlight that they just want a normal life for their child, which expressed by children usual hopes for the future.

> *"My daughter's disability is difficult, she cannot get in and out, and move. She needs help with everything. I want her to have a normal life, to be like other normal girls."*
>
> *FGD, mother of girl 7-years-old with physical disability*

Figure 13: I worry about who will take care of my child

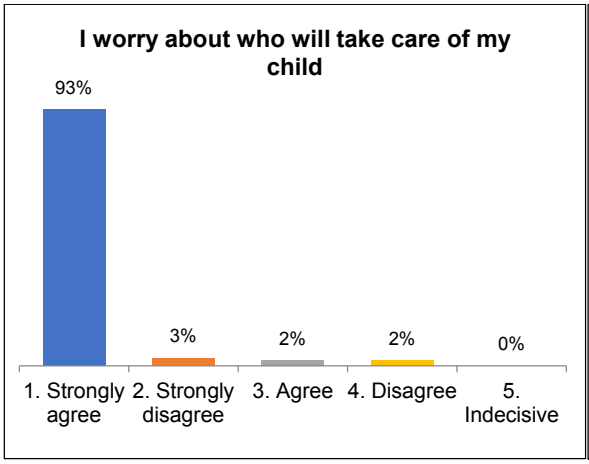
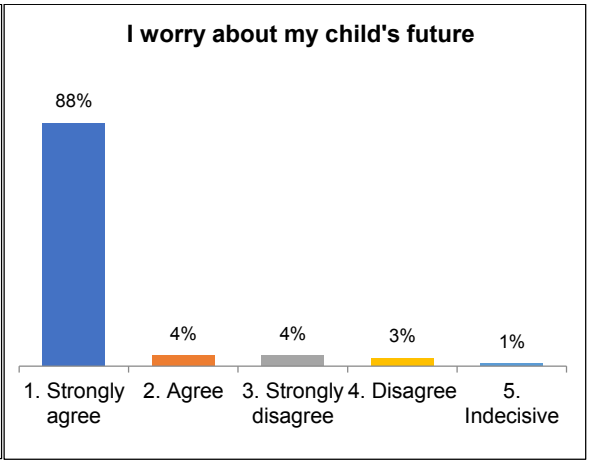


Figure 12: I Worry about my child's future



Eventually, the future vision and concerns of both children and their parents is viewed by each child's personal situation and disability type and other factors related to country environment. Discussion with children has emphasized the importance of life-course planning for disabled children from birth and early childhood through to young adulthood and independent living. This study highlighted a vision that the CWDs must become an active part in understand their own rights and achieving their goals in life and that their parents, family members, teachers, social workers, and other people in their lives become their supporters.

3.4.3.3. Community attitude toward disabilities

There appears to have been some positive progress in attitudinal change towards CWDs during the conflict. However, 84 percent of CWDs' parents reported that they do not find enough support from around to care for their CWDs because of the overall negative community attitude toward disabilities, and about 16 percent reported that they find a minimal support from some charity.

Several parents reported that, the society excludes them because they have CWDs, as stated by 82 percent of the respondents, and in contrary about 15 percent of the parents did not agree that the society excludes them because they have CWDs.

Figure 15: I found enough support from around to care for my child/children with disabilities

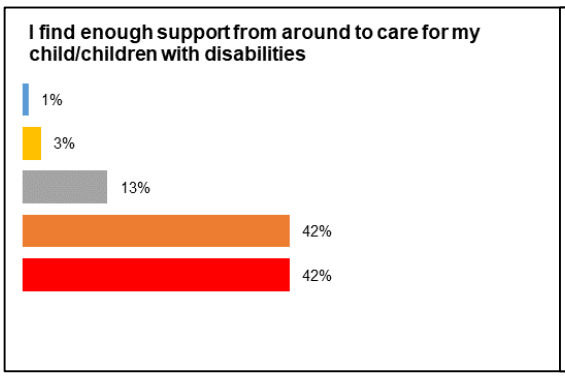
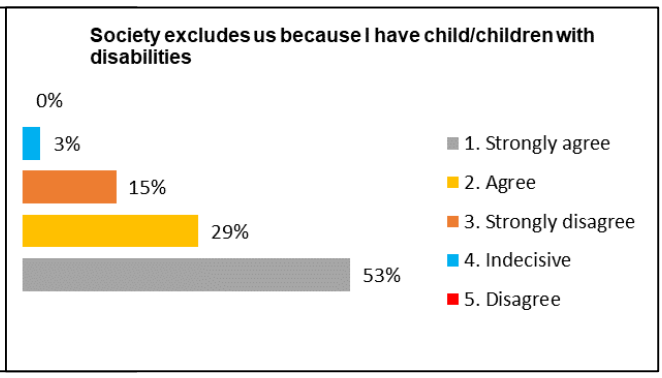


Figure 14: Society excludes us because I have child/children with disabilities



Some parents confirmed that they experience stigma because of their CWDs, and other parents said that they do experience these kinds of attitudes from their communities and

they fell embarrassing from their CWDs especially from intellectual disability behaviors. When we asked them how CWDs are treated by the community and if their children faced discrimination, 93 percent of the parents reported that they faced discrimination against their CWDs and they expressed what they faced in their daily life.

"Society is not accepting the CWD and make fun when they saw them."

"They mockery on them and they speak about them using cruel and hurtful words."

"They deal with my child with discrimination and some people try to avoid him."

"The community still looks to children with disability with inferior gaze and mockery."

"They show some offended and ridiculed."

"Some people deprecate and indifferent about the CWD."

"They discriminated by the children of the neighborhood, by members of society, by some relatives, and their classmates."

"The majority in community despise them and say they are crazy."

"When we walk in the streets, I noticed that passersby are looking at my son, and some are calling him blind."

"Sometimes society makes you feel that parents are the cause of this handicap."

"Most of community deal with our disable child with violence, and discriminations."

"The community blame the parents for the situation. They say things like, "Who knows what they or their family did to deserve this".

- FGD, parents of child with disabilities, multiple responses

However, some other parents reflect other aspects of how the community treated their children with disability, they say that they don't feel any overt prejudice or stigma. They say that neighbors and community members are either indifferent or disinterested or they deal with us with "compassions", "kindness", "encouragements", "love" and "mercy". Other parents say, it depends on the children disability type, as stated by 95 percent of the respondents' parents.

Key informant from DPOs stated that CWDs are largely excluded from community life for a range of reasons including societal cultural heritage, prevailing negative attitudes, and current country situation.

“The societal cultural heritage that still looks at CWDs in another way that the parents kept their CWDs away from community. Now that awareness has changed slightly, but the embarrassment from the children with mental disabilities remains, because their behavior is emotional and not controlled by their families, and their families need to rehabilitate them before any action or mixing with people.”

KII, NGO

"The inferior view of people with disabilities and the negative view still needs to be corrected, and this can only be done by promoting success experiences. In every program, of course, we support policies and strategies, including the child protection."

KII, NGO

Negative attitudes towards CWDs and their families may be compounded because of disability type, prejudice and negative attitudes especially towards people living in poverty. Some local authority perceives the families of CWDs as being poor (lacking sufficient money to live at a standard considered comfortable or usual in a community).

“Families with disabled people are the most in need because disability leads to poverty and poverty leads to disability, so people with disabilities and their families suffer from financial, psychological and physical burdens. Families cannot bear the cost of caring and rehabilitating a disabled child. The average monthly cost of providing all rehabilitation services, the diagnostic and medical services is $300. The family is not the only one responsible, it is the responsibility of the state, organizations and society. The needs of the families of persons with disabilities must be included in the priorities and plans of the government and international organizations.”

KII, local authority

Case Study

Siham Abd Al-AIla Al-Muhtadi, 18 Years Old, Physical Disability, Ibb

Siham, 18 years old, lives with her small family consisting of six members, her father, mother, two brothers and one sister. she is the eldest daughter in the family. Despite her disability, she studied primary and secondary school at a public School. She has struggled a lot and her family has always supported her.

Her story started just after the first year of her life, Siham had a fever, and her family took her to the hospital. She was treated from fever but whole her body was stopped moving and she could not move her body any more. After that, her family took her to the hospital for treatment, she was given some medicines and supplements until some parts of her body, such as her neck and hands, started moving again. Her family was not satisfied of such treatment, so, they took her to Sana'a governorate. In Sana'a she had started physiotherapy treatment at the Prosthetic Center.

Siham condition was improved after undergoing physiotherapy more than before and she began to move on only her hands and knees but she was able to move from one place to another. Her family was not satisfied, so they took her again to a public Hospital for treatment. Siham has subjected to several operations, along with other medicines. She was also treated by many foreign specialists. After her family was despaired of her treatment, they convinced of her situation. Her family is still hoping that their daughter may be cured and can be able to walk someday.

Siham used to play out in her neighborhood with the girls and boys. She went to school to study. In school, she had female classmates from her neighborhood and the school. She never felt that she was less than them, despite their attitudes toward her as disabled person. She loved her study, devoted all her time for learning and forgot everyone looks of pity at her.

Siham believes that joining Khadija center in Ibb is her real success. Besides all services she received, she has taken many training courses and has attended several workshops at Khadija center. Siham has become a reliable person in the community. She hopes to become one of the decision makers in the society.

3.4.4. Community-based rehabilitation

Community-Based Rehabilitation (CBR) was initiated by WHO following the declaration of Alma-Ata in 1978 in an effort to enrich the quality of life for PWDs and their families, meet their basic needs, and ensure their inclusion and participation. While initially a strategy to increase access to rehabilitation services in resource-constrained settings, community-based rehabilitation is now a multi-sectoral approach working to improve the equalization of opportunities and social inclusion of PWDs while combating the perpetual cycle of poverty and disability. Community-based rehabilitation is implemented through the combined efforts of PWDs, their families and communities, and relevant government and non-government health, education, vocational, social and other services.[105]

There are more than 120 civil society organizations have been formed throughout the various governorates of Yemen concerned with providing social care and rehabilitation services for various groups of PWDs (physical, deaf and dumb, blind, mentally handicapped, war wounded and duty). In order to further empower the rights of this group and advocate for their causes, an inclusive umbrella was formed for all these societies, which is the National Union of Yemeni Disabled Associations (NUYDA).

Despite the continuous increase in the number of DPOs active in the field of issues of PWDs since the late 1990s, they were mostly concentrated in urban areas and the services they provided did not reach PWDs in rural areas.

The level of coordination between DPOs, communities and local authorities remains limited. Nevertheless, the efforts of the SFD and the HCRF continued to encourage the relevant associations

105 World Health Organization Community-based rehabilitation (CBR) available at: https://www.who.int/disabilities/cbr/en/

and organizations to provide their services and programs to rural areas, as efforts were made in several areas, including CBR programs, special education centers and early intervention programs. Within this framework, work is being done to empower local communities, enhance local development, expand and enhance economic activities, build capacities and expand partnership relations.

CBR centres are meant to be a one-stop centres for PWDs, and intended to provide diagnosis, rehabilitation, treatment, special education and vocational training services. Moreover, CBR centres organize several activities for CWDs, which vary from one center to another including:

1. Several kinds of therapy and training are done by trained specialists such as physiology therapy, occupational therapy, speech therapy and recreational therapy. These kind of thereby focuses on the rehabilitation of the human body, teaching persons various occupational skills and helping them to speak better as well as encouraging them to explore their talents through various activities.
2. Social Development and Language activation which allow PWDs to communicate properly through teaching them several skills such as reading, writing, as well as interaction skills and life skills.
3. Independent living training which focuses on helping PWDs to achieve independence in all aspects of their lives.

The CBR program is a preferred alternative to institutional care since it provides decentralized rehabilitation services and early intervention for CWDs within their own communities and it helps to ensure the acceptance and social integration of CWDs.[106]

The current crisis in Yemen has significantly eroded jobs, livelihoods sources and social safety nets for millions of Citizens. Moreover, several factors degrade the Community-based rehabilitation in Yemen such as lack of income which is one of the main causes of the famine and malnutrition, for vulnerable populations in particular PWDs. Furthermore, displacement and its vulnerabilities despite some returning to their villages they still do need of a re-integration support. Also, lack of salary payment for civil servants and ongoing hostilities affect public service delivery seriously regressed. In addition, landmines and other Explosive Remnants of War (ERW) continue to pose a serious threat to physical integrity of populations and prevent access to basic services and income opportunities. Also, local actors such as (national DPOs, CBOs and the Private Sector) still require capacity enhancement to support localization of humanitarian response and contribute to resilience enhancement.[107]

Since CBR is no longer, 63 percent of the parents of the CWDs said that they do not know about CBR services and activities. According to both parents and children interviewed, associations provide physiotherapy, speech therapy and other types of developmental therapy. Local medical centers and hospitals does not provide medical treatments nor medicines for CWDs. Although several specialists and parents reported that the SFD and HCRF has supported the centers and associations that they used to go to in the past and no longer provide that support since the beginning of the current conflict. The therapies offered in associations remain limited to physiotherapy with limited numbers of specialists available. Several parents report that they have travelled to the city and some to the capital, for diagnosis, treatment and rehabilitation and borne the costs of this themselves while some parents couldn't afford it.

106 UNICEF, 2014, CWD in Malaysia-Mapping policies, programmes, interventions and stakeholder. Available online at: https://www.unicef.org/malaysia/reports/children-disabilities-malaysia-2014.
107 OCHA - UNCT Yemen, 2018, Humanitarian Needs Overview. Available online at: https://reliefweb.int/report/yemen/yemen-2018-humanitarian-needs-overview-enar.

Associations belong to the HCRF are the main providers of rehabilitation services, though some private health centers also provide these services. Parents was satisfied with the services their children receive in these associations although the amount of therapy provided is inadequate to meet the needs of many children, but when the HCRF stopped its support due to current crisis, the parents of the CWDs' became frustrated.

Several parents or children expressed their satisfied with kind of assistance they get from CBR services. However, not all parents or children are satisfied with CBR services due to the obstacles they have been faced in order to reach these centers.

"I went to the Limbs and Physiotherapy Center (LPC) for my daughter's rehabilitation. After about six months, she started to get better, but I couldn't continue because of the financial conditions also the center is very far away, and there is no other center near our area."

- FGD, mother of 11-years-old girl suffer from Atrophy of nerves and muscles, living with five sons and five daughters

"I could not do the rehabilitation sessions for my son because the center prices are too high and the center far away from my neighborhood."

- FGD, mother of 10-years-old boy suffer from mental and physical disability

"Existing center services are limited, insufficient and ineligible, and we do not have money to provide the necessary treatments and medicines for our son or to go to centers in Sana'a ."

- FGD, mother of boy with 6-years-old suffer with Mental disability

"My son gets intermittent assistance from the Handicap Care and Rehabilitation Fund, because of his disability, he needs speech therapy and physiotherapy. But due to the overcrowding of the handicapped that the association and its affiliated school serve, the association and the school are unable to provide quality services."

- FGD, mother of 10-years-old boy suffer from mental disability

"My son used to get tuition fees in the past, and then the Handicap Care and Rehabilitation Fund stopped its support due to the country's crisis. His father has 8 other children and he cannot provide them with their needs."

- FGD, mother of Blind 15-years-old boy

"I and his father love him, but we cannot provide him with his requirements and we are not able to support him due to our circumstances, so we cannot send him to specialized schools or to specialized clinics."

- FGD, IDP mother of boy with 10-years-old suffer with Mental disability

"I couldn't go to the physiotherapy center due to lack of transportation",…"Fees for physiotherapy exercises are expensive".. "Because of my son's difficult physical condition."… "The training centers are far away"... "Because the training center is for boys, not girls."

- FGD, Parents of CWD, multiple responses regarding CBR services

3.4.5. Accessibility

Accessibility can be defined as ability to access as well as benefit from some systems or facilities. It often focuses on PWDs and their right of access, enabling the use of assistive tools and technology. The CRPD guarantees the access for all PWDs to public facilities and transportation among others. As stated in the study of Children with Disability in Malaysia, 2014, the provision of access to premises and transportation is associate with the ability of CWDs to utilize their other rights like healthcare and education. The lack of an adequate means of transport for CWDs in rural or interior areas in healthcare system, impedes their ability to utilize rehabilitation services in health clinics and CBR centers. Also, the lack of facilities in a school or disabled friendly infrastructure can determine the school ability to accept or reject a CWDs into mainstream classes under the Inclusive Education programme.

Government facilities, as well as most other buildings in the country, including those of local and international organizations, are basically unprepared for the arrival of PWDs. As reported in National Disability Strategy 2014-2018, less than 20 percent of schools in the country are accessible to PWDs. Ill-equipped buildings exclude PWDs from accessing their services.

However, in the past decade many legislative measures came in relation to the legal rights of PWDs in the Law of Care and Rehabilitation of the Disabled No. (61) of 1999. The built environment Building Law No. (19) of 2002 and Land Transport Law No. (33) of 2003.
Despite the issuance of the construction law which encourages facilitating access to infrastructure facilities for persons with physical disabilities, most public and private buildings and facilities in Yemen are still inaccessible. The building code called for:

A. Facilitating accessibility to buildings for persons with physical disabilities.
B. Allocating parking spaces for private cars for PWDs.
C. Allocating toilets available for wheelchairs for PWDs of both sexes.

Moreover, these legislative measures have not adequately addressed issues of increasing accessibility for PWDs to buildings and recreational spaces. The Executive Regulations for Building Law No. (19) of 2002 were issued in 2008 with the approval of Regulation No. (35). This facilitated access for PWDs to public and private buildings by allocating at least 2 percent of all parking spaces for PWDs and installation of toilets that can be accessed by a wheelchair for PWDs, and the claim to install at least one elevator in each building. Nevertheless, all of these measures have addressed the concerns related to facilitating access for persons with physical disabilities only, while the concerns related to the access of persons with different disabilities, such as those with auditory or visual impairment, remain unaddressed.

With regard to the access to public transport facilities, despite the issuance of the Land Transport law, the Ministry of Transport does not have programs or plans to address the issue of access to public transport services for PWDs. Moreover, these legislative measures have not addressed issues of increasing accessibility for PWDs to public transportation. Until buildings and public transportation become accessible to PWDs, many PWDs will remain unable to access and use the services provided by these facilities.

3.4.6. Cross-cutting barriers preventing access and participation

The vast majority of CWDs and their parents reported that financial, transport, physical, and societal barriers as key barriers and challenges preventing access and participation.

Financial barriers: Both direct and indirect financial constraints were dominant themes in the vast majority of parents and caregivers' narratives, and issues were often magnified in households from the poorest quintiles. Out-of-pocket expenses including transport to services, medical bills, nutritional

supplements, diapers, and assistive devices could be substantial. For many families, financial constraints prevented a child with disability from attending school or rehabilitation services regularly, and frequently curtailed the education and social activities of siblings and the wider family unit.

There are very limited resources to support the work and functioning of DPOs and CBOs that provide assistance and services for CWDs in Yemen. Since the outbreak of the conflict in 2015, they have lost significant funding, including from HCRF and other donors. According to the interview with HCRF, most of these associations were affected by the war and only 48 associations are working with CHRF, compared to over 200 associations before the conflict, and they are still active with limited capacity due to the severe lack of funding and the operational barriers they face as a result of political and security instability, as well as a shortage of equipment, running costs, medicines, devices, and materials required to continue their programs and services.

Transport barriers: Not only was the cost of transport prohibitively expensive for the vast majority of parents and caregivers, but transport options were often limited, particularly in rural areas where the need for transport was likely to be greater given the longer distances from home to the school or health facilities. Also, physically accessing public transport was often challenging, and caregivers frequently reported facing discrimination from bus and taxi drivers. DPOs and CBOs workers confirmed that transport was a major factor for most families caring for a child with disabilities, and without accessible and avertable transportation CWDs and sometimes their immediate family members were likely to become further isolated and marginalized.

Physical barriers: The lack of physical access to public environments was a major concern expressed by all stakeholder groups. In education, for example, infrastructural barriers (such as the lack of stair ramps, or modified toilet, etc.) were seen to be a fundamental obstacle to inclusion. Many respondents reported that there is a lack of planning in public spaces (including hospitals and schools), which should be ensure to be accessible for children living with disabilities.

societal barriers: Children's voices are rarely heard in Yemen or given any weight in decision making. The situation is much worse for CWDs, for whom decisions are often made without their consent and often by a household head with low expectations and limited knowledge of the rights of CWDs.

CWDs lack an inclusive, safe, and secure environment conducive to learning and childhood development. The vast majority of parents who participated in FGDs revealed that they are concerned about their children being bullied, ridiculed, teased, shamed, or ostracized. These behaviors lead some of them to want to keep CWDs at home and away from harm, thus limiting their children's interactions with others as well as their school attendance and use of health care services.

Girls with disabilities face compounding gender discrimination, stigma, prejudice, and inequities, due to cultural and societal practices in Yemen. This makes them less likely than either boys with disabilities or girls without disabilities to obtain health care, get an education, or benefit from full inclusion in the social, or economic lives of their families. They are more likely to experience emotional, physical, and sexual violence both within and beyond the household. Girls with disabilities can only demand the assistance and support of immediate family members or other girls of basic daily activities, including washing and accessing latrines. Their ability to participate in community decision-making and social life is also hindered by societal exclusions and a lack of support structures.

CWDs who belong to the Muhamasheen community- the Muhamasheen or marginalized group are a social minority and one of the poorest and most vulnerable groups in Yemen and have historically been subjected to discrimination based on their social origin- continuing to face multiple discrimination in gaining access to services.

Low expectations and negative attitudes towards disability are exacerbated by poverty and traditional patriarchal attitudes, discrimination, neglect/abuse, exposure to bullying, and the marginalization of CWDs. Because of generally low expectations for CWDs, very little importance is given to ensuring meaningful actions that can lead to the provision of quality inclusive services for CWDs at the national, community, and household levels alike.

3.5. Impact of COVID-19 on CWDs and their families

Persons with disabilities generally have more health care needs than others, and they are more vulnerable to the impact of low quality or inaccessible health care services.[108] Moreover, the Global Humanitarian Response Plan on COVID-19 has identified PWDs as the most affected population groups.

PWDs in general are affected psychologically and physically by the COVID-19, mainly children. CWDs may face more difficulties to implement preventive measures to protect themselves from the disease.

The vast majority of FGDs participants reported that CWDs spend all the day at home because most of them have underlying health issues or poor immune systems, and being at home for a long time, unable to access basic services such as health care and education, caused stress and depression, and in many cases face domestic violence at home due to their isolation. Likewise, lack of hygiene supplies increases the impact of the COVID-19 pandemic.

COVID-19 has impacted the efforts of the Ministry of Education where the education process has stopped in the whole country. Moreover, DPOs and CBOs were closed, and rehabilitation services have become more difficult. Children's well-being and safety are at risk. Schools and associations closure have impacted children psychologically.

During the interviews with associations for Autism, they reported that developing social skills and social interaction has been one of the hardest issues for children with Autism Spectrum Disorder. The situation of having no access to outdoor activities deteriorates their development. A lack of routine and the attached uncertainty can make children with Autism Spectrum Disorder feel more anxious, grumpy, restless, and develop unpleasant feelings. Moreover, close the schools and associations impact the development of children with specific learning disabilities and down syndrome.

Health services disruption due to COVID-19 might also lead to the reduced capacity of essential services for women and children with and without disabilities, such as family planning, maternal and child care, clinical management of rape, and psychosocial support for survivors.

In Yemen, health services were already scarce and very weak, the additional barriers due to COVID-19 protective measures, such as the limitation of movement, results in the complete unavailability of these services, resulting in the deterioration of health status, well-being, and safety of and CWDs.

The assessment found that COVID-19 has impacted the livelihood of the families of CWDs and that negatively affected the children. They struggle to provide food and protective equipment, as well as unable to provide medicine and healthcare, and hygiene supplies.

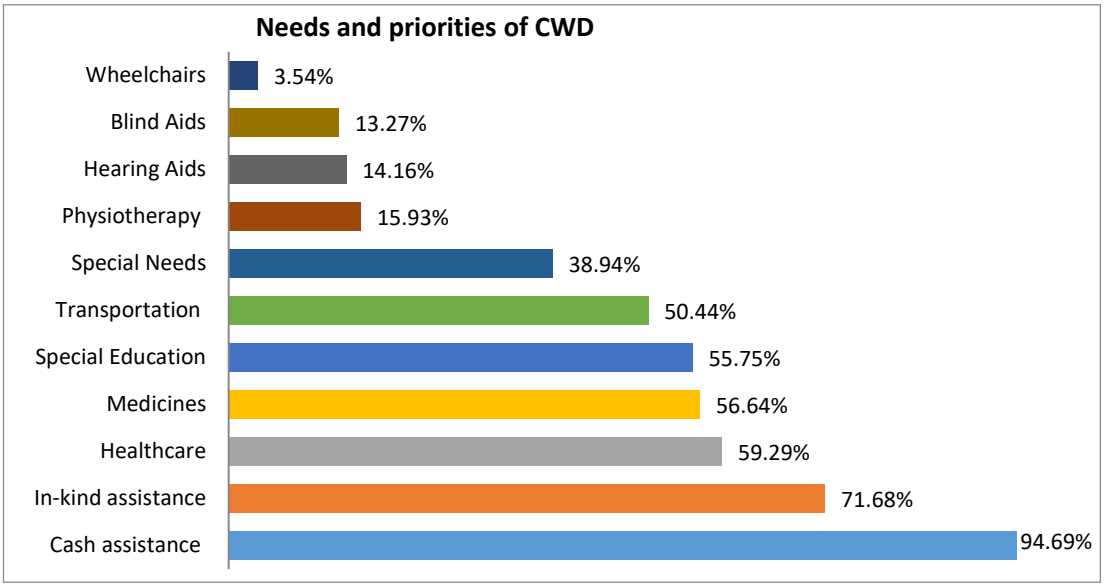
108 United Nations Secretary General (2020). https://www.un.org/development/desa/ disabilities/covid-19.html

3.6. Priorities and rights of CWDs

Several parents of CWDs, through the FGD, state the different needs and priorities of their CWDs. Cash and in-kind assistance were among the most requested needs, as they came at the first and second priorities and accounted for 95 percent and 72 percent for each. Parents indicated that they are in dire need, whether in cash or in kind, such as nutrition, food baskets and clothes, because they are from poor families and are unable to support their families, especially since they have CWDs, which adds a heavy burden on them. The need for health care comes in third place, as 59 percent of parents indicated that their children need continuous health care, as they suffer a lot from the inability of their disabled children to access health care, either because the centers in their areas are not qualified, or there are no health centers in their areas, or because of their inability to afford the cost of health care. It is worth mentioning here that health care includes visiting doctors, lab and scan tests i.e. CT/MRI scan among other medical tests.

56 percent of parents stated that their children need to have special education, and that their interruption from it leads to worsen the disability. Providing transportation was one of the main needs of disabled children, as 50 percent of parents said that the lack of transportation contributes significantly to preventing their children from accessing services. Special needs such as iPad, electronic talking devices, hygiene materials and splints came in sixth place, with a percentage of 39 percent. The needs for physiotherapy, earphones, medical glasses, wheelchairs and aids for the physically disability came in the last ranks with rates of 16 percent, 14 percent, 13 percent, and 4 percent for each.

Figure 16: Needs and priorities of CWDs



Among the respondents, some parents expressed the needs of their disabled children:

"My son needs speech therapy and physical therapy as he suffers from a mental disability, slow growth and brain atrophy. We cannot encourage him to pursue his hobbies because we cannot provide the food and the necessary needs for him and his disability. His father and I love him, but we cannot support him because of our situation. We cannot send him to specialized schools or specialized clinics. We hope that in the future he can rely on himself and support himself as well."
(FGD, IDP mother of a 10-years-old boy with a mental disability who lives with 3 brothers)

"My daughter needs help with everything, her disability is difficult, she cannot move, she needs health care and blood changes twice a month because of thalassemia, and she also needs medication. She has special needs such as getting good nutrition and diapers, and we also need transportation expenses and fees for physical therapy because they are all expensive and we have no money."
(FGD, a mother of a 7-years-old girl with a physical disability who lives with 6 brothers and 5 sisters)

"My son needs hearing aids because he suffers from poor hearing since birth, and due to the lack of specialized doctors in our city, we have to travel to distant cities to do periodic checks for hearing and speech and buy medicines that are not available in our city. My son also needs to continue his education and rehabilitation, and we need to provide the appropriate hearing aids for his condition, but we are lack of financial support."
(FGD, a mother of a 12-years-old boy with deaf disability who lives with 4 brothers and 3 sisters)

"My son suffers from a mobility disability and goes to the remote government school with the help of siblings a half-hour walk. He needs to join a private school to take care of him, and we need financial support because the child's father has 8 other children and is unable to provide for their needs."
(FGD, mother of a 15-year-old child with a physical disability who lives with 4 brothers and 4 sisters)

"My daughter suffers from cerebral atrophy since the eighth month of birth, and she needs medication continuously, and she needs health care. As she was taken to a private hospital, and due to salary cuts, we could not even change her glasses. In the current situation, we cannot take her to private hospitals because of the lack of financial support, and she sometimes requires laboratory tests and CT scan diagnostic and treatment in the capital, Sana'a, and we do not have enough money."

The needs and priorities of CWDs are summarized in the following Table.

Needs and Priorities of CWDs
- Providing all health services for CWDs; including; surgeries, lab tests, diagnostic x-rays, essential and emergency medicines, prosthetics and medical supplies. - Providing diagnostic and therapeutic services and paying attention to the health of the CWDs. - Building and equipping physiotherapy centers in all governorates. - Building and equipping specialized hospitals or health centers for CWDs. - Raising awareness of the rights of CWDs to gain access, as well as adapting infrastructure and social support for them. - Training physiotherapists on how to perform physiotherapy for various pathological conditions for CWDs. - Training the CWDs on how to integrate in schools and raise their self- confidence in the possibility of integrating them with school students. - Improving livelihood of CWDs in the field of food security to help reduce malnutrition. - Providing emergency medical cash assistance to CWDs, especially those who need treatment outside the country (Treatment Grants). - Supporting the projects of educational, professional, sports and cultural rehabilitation for CWDs. - Advocating CWDs by integrating them into schools and educational institutes, in order to raise their self-confidence in the field of education. - Providing psychological and social support to CWDs. - Facilitating access, such as transportation allowance, for CWDs to all centers they wish to go. - Supporting the case of integrating CWDs into society in various fields and sectors, as it is an important indicator of the presence of human rights for CWDs. - Creating friendly spaces that help CWDs feel happy, be creative as well as providing them with entertainment to prevent stress and physiological disorders.

In addition, most of the DPOs emphasized on the importance of conducting a rehabilitative training courses for the parents of CWDs. These rehabilitative training courses should focus on building the capacity of parents on how to deal with their children, advocate and integrate their children into society, and how to provide psychological and motivational support for their children to get them out of their desperate situation.

4.RECOMMENDATIONS

Based on the findings of this assessment, the following recommendations are proposed:

- Improve data collection systems, through building a strong knowledge and evidence database on CWDs using Washington Group questions and disaggregated by sex, age, disability, location, etc. the database is a precondition for effective targeting and mainstreaming the rights of CWDs in assistance and supports including health, education, humanitarian assistance, as well as will provide the groundwork for future policy-making.
- Inclusion of CWDs in mainstream policies that support their development potential by reviewing national policies in relevant sectors including health, education, and social, to ensure that they are aligned with international conventions and commitments (e.g. CRPD, and CRC), and inclusive of children and adolescents with disabilities. Support capacity building of policy-makers, humanitarian actors and other relevant stakeholders to support the formulation of disability inclusive planning, implementation, and monitoring of humanitarian actions, and rights.
- Recommendations for HCRF
    - Conduct the capacity assessment of the HCRF to assess the present institutional effectiveness and operational capacity at both central and decentralized level to provide its services to CWDs, and understand, analyze and assess how conflict affected the HCRF'S capacity, diagnose institutional challenges and bottlenecks, as well as recommend strategies and the most appropriate institutional arrangements and measures to help build the requisite institutional and operational capacities.
    - Support the coordinated and systematic data collection and verification of PWDs in Yemen through HCRF and other actors using the Washington Group Short Set of questions.
    - Reactivating the CBR activities through local associations supported by HCRF to identify and register new cases.

- Target the rehabilitation centers with support to provide transportation means.
- Coordination with UNHCR to provide shelters for unaccompanied CWDs that are referred to HCRF.
- Address the operational and structural gaps through interventions in capacity building of the staff in computer applications, secretary, archiving, sign language, accounting and other administrative fields with the provision of the required technical and logistic support.
- Advocacy for CWDs by government, DPOs, and CBOs to target CWDs and support HCRF mandates and programs through the standards allocations of Yemen Humanitarian Fund (YHF) and other donors' strategies of funds to Yemen. Also, to integrate these priorities into the annual plans of INGOs in collaboration with the ministry of social affairs and labor.

- Rea-activate the role of the National Union of Associations of Disabilities to ensure the active meaningful involvement and participation of CWDs in all areas of governance that affect them. This will include supporting the capacity building of the Nation Union and DPOs that have been disbanded due to the conflict.
- Ensure humanitarian and emergency response include CWDs and their family by providing essential assistance directly to them, including the CWDs in education, health and protection.
- Improve access to education for CWDs through:
  - Teachers in inclusive schools and DPOs/CBOs should undergo basic training in special needs education.
  - The facilities and infrastructure in schools and DPOs/CBOs should be provided and be disabled friendly.
- Improve access to health services for CWDs through:
  - Providing all health services for CWDs; including; surgeries, lab tests, diagnostic x-rays, essential and emergency medicines, prosthetics and medical supplies.
  - Building and equipping specialized hospitals or health centers for CWDs.

REFERENCES

Law No. (47) of year 2008 concerning the approval of the International Convention for the Protection and Promotion Persons with Disabilities Rights of and the Optional Protocol attached thereto, issued in the official magazine, dated 15 November 2008.

Ahmed Abdulhafith (2020). The reality of persons with disabilities throughout history, HCRF

Ali Azaki, 2018, International Aid Organizations and the Yemeni Private Sector: The Need to Improve Coordination in Humanitarian Crisis Response, Sana'a Center for Strategic Studies. Available online at: https://sanaacenter.org/publications/main-publications/5528

Al-Zwaini, L., The Hague Institute for Innovation of Law, The Rule of Law in Yemen: Prospects and Challenges, 2012, p. 37. Available online at: http://www.hiil.org/data/sitemanagement/media/QuickScan_Yemen_191212_DEF.pdf

Central Statistical Organization, Yemen General Population Census 2004. Available online at: http://www.cso-yemen.com/content.php?lng=arabic&cid=234

Children's Rights in Yemen (2005). Available online at: https://www.refworld.org/pdfid/46f146ec0.pdf.

Constitution of the Republic of Yemen (1990). Amended via a referendum held on 20 February 2001.

Convention on the Rights of Persons with Disabilities, 2515 U.N.T.S. 3, 2006, Article 4.

Convention on the Rights of the Child, Article 28 and Convention on the Rights of Persons with Disabilities, Article 24. Available online at: https://unesdoc.unesco.org/ark:/48223/pf0000232592

Education Profile Organization, Yemen Inclusion. Available online at: https://education-profiles.org/northern-africa-and-western-asia/yemen/~inclusion

ESCWA (2018), Disability in the Arab Region (2018) E/ESCWA/SDD/2018/1

From Night to Darker Night: Addressing Discrimination and Inequality in Yemen 2018. Available online at: https://www.refworld.org/docid/5bae201e4.html

GPE (2016). GPE's Work for Early Childhood Care and Education. Available online at: https://www.globalpartnership.org/sites/default/files/2016-12-gpe-policy-brief-early-childhood-education.pdf

Handicap International (2018). Inclusion Report. Available online at: https://www.amnesty.nl/content/uploads/2019/12/Yemen-EXCLUDED_Amnesty-Report-1.pdf?x52822

Handicap International (2020). Health System in Crisis: Physical Rehabilitation, Mental Health and Psychosocial Support. Available online at: https://blog.hi.org/wp-content/uploads/2020/04/IB-4-Inclusion-Yemen-web-2020-1.pdf

Handicap International, Disability in humanitarian context. Available online at: https://handicap-international.ch/sites/ch/files/documents/files/disability-humanitarian-context.pdf

HCRF (2019). Ministry of Social Affairs and Labor, Annual Report 2019

Human Rights Watch (2019). World Report - Yemen Events of 2018.

International Monetary Fund (IMF), Republic of Yemen, 2020, Available online at: https://www.imf.org/en/Countries/YEM (accessed on 17 October 2020)

Khadija Al Hababi (2020). The reality of persons with disabilities in Yemen.

Ministry of Planning & International Cooperation, Yemen Socio-economic Update, July, 2020. Available online at: file:///C:/Users/alabb/Downloads/YSEU50_English_Corr..pdf

Ministry of Public Health & Population, 2010, National Health Strategy 2010 - 2025. Available online at: https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/yemen/nat_health_strategy_-_yemen_eng.pdf

Ministry of Social Affairs and Labor (2019). HCRF: Report on the damage to HCRF during the years of the aggression

Muhammad Hussein Al-Maamari, Child Rights in International Law, PhD Thesis, Faculty of Law, Assiut University, Egypt, 2013, p.53.

National Health and Demographic Survey (2013). Available online at: https://microdata.worldbank.org/index.php/catalog/2326

National Information Center, Law No. (22) of 2013 amending some provisions of Law No. (2) of 2002 regarding the Handicap Care and Rehabilitation Fund. Available online at: //yemen-nic.info/db/laws_ye/detail.php?ID=69394

National Information Centre, Law No. (2) for the year 2002, The Handicap Care and Rehabilitation Fund (HCRF). Available online at: https://yemen-nic.info/db/laws_ye/detail.php?ID=11748

National Information Centre, Republic of Yemen, The Yemeni Children's rights Law No. (45) of the year 2002, Available online at: https://yemen-nic.info/db/laws_ye/detail.php?ID=11754

National Information Centre, Republic of Yemen, Yemeni Constitution. Available online at: https://yemen-nic.info/yemen/dostor.php

National Information Centre, Republic of Yemen, Yemeni Construction Law No. (19) for the year 2002. Available online at: https://yemen-nic.info/db/laws_ye/detail.php?ID=11750

OCHA - UNCT Yemen, 2018, Humanitarian Needs Overview. Available online at: https://reliefweb.int/report/yemen/yemen-2018-humanitarian-needs-overview-enar.

OCHA (2019). Humanitarian Needs Overview in Yemen. Available online at: https://reliefweb.int/sites/reliefweb.int/files/resources/2019_Yemen_HNO_FINAL.pdf

OCHA (2020). Humanitarian Response Plan. Available online at: https://reliefweb.int/sites/reliefweb.int/files/resources/YHRP_2019_End%20of%20year%20report.pdf

OCHA, 2019, Yemen Humanitarian Needs Overview, 45

Protection cluster Strategy – Yemen (2017). Available online at: https://www.globalprotectioncluster.org/_assets/files/field_protection_clusters/Yemen/files/protection-cluster-yemen2c-national-strategy-final2c-september-2017.pdf.

Relief and Development Peer Foundation (RDP), Final Report of UNICEF project (Assessment of Health facilities in 6 governorates)

Republic of Yemen, 2005, Ministry of Technical Education and Vocational Training, National Strategy for Vocational Training 2005–2014, p. 25. Available online at: Available online at: http://planipolis.iiep.unesco.org/sites/planipolis/files/ressources/yemen_tvet_strategic_plan.pdf.

Republic of Yemen, Ministry of Education, The National Strategy for the Development of Basic Education 2003-2015. Available online at: https://planipolis.iiep.unesco.org/sites/planipolis/files/ressources/yemenprimarystrategy.pdf

Save the Children Sweden in Yemen 1963-2012. Available online at: https://resourcecentre.savethechildren.net/library/save-children-sweden-yemen-1963-2012#:~:text=Save%20the%20Children%20Sweden%20was,in%20the%20country%20since%20then.&text=On%202%20September%201963%2C%202,historical%20grant%20was%20100%2C000%20SEK.

SIDA (2011) Country Profile of Yemen, A Review of the Implementation of the UN Convention on the Rights of the Child. Available online at: http://www.ibcr.org/wp-content/uploads/2016/06/Country-Profile-Yemen-1.pdf

Social Fund for Development- Annual Report 2015. Available online at: https://www.sfd-yemen.org/uploads/issues/Annual%20Report%202015-20200721-104601.pdf.

Tarek Barakat, Ali al-Jarbani and Laurent Bonnefoy (2020). The Role of the Private Sector in Peacebuilding in Yemen, CARPO – Center for Applied Research. Available online at: http://carpo-bonn.org/wp-content/uploads/2020/05/carpo_brief_19_18-05-20_EN-printerfriendly.pdf

The Consultative Group on EearlyEarly Childhood Care and Development (2016). Global Report on Equity and Early Childhood. Available online at: https://www.oise.utoronto.ca/atkinson/UserFiles/File/Publications/CGGlobal-FullReport-English-R2-WEB-LowRes.pdf

The Equal Rights Trust, 2018, From Night to Darker Night, Addressing Discrimination and Inequality in Yemen

The Household Budget Survey (HBS) (2014)

The national strategy of disability – Yemen (2014-2018). Available online at: https://www.mindbank.info/item/5981.

UN (2006). Convention on the Rights of Persons with Disabilities and Optional Protocol, Available online at: https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf

UN Committee on the Elimination of Racial Discrimination, Sixteenth periodic report of Yemen, 21 April 2006, CERD/C/YEM/16. Available online at: http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhsjjCQgX5RAILDo5irKkPl9eRV2JgsDUfor8eF4gyN2jW46cYKQj563dCNfup5oYv0Lgld4GVZQuB0eqYc4eZtHqZ0nFUUQzvdWjTqQynF1%2Fe [accessed 6 October 2020]

UN Committee on the Rights of the Child (CRC), Concluding observations on the fourth periodic report of Yemen, 31 January 2014, CRC/C/YEM/CO/4. Available online at: https://www.refworld.org/docid/52f89d5c4.html [accessed 3 October 2020]

UN data, Yemen. Available online at: http://data.un.org/en/iso/ye.html (accessed on 17 October, 2020)

UN Economic and Social Commission for West Asia (ESCWA), Disability in the Arab Region (2018), bit.ly/2BOOHnR (hereinafter ESCWA Report), p. 14

UN Human Rights. Available online at: https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx#7

UN Human Rights. Available online at: https://www.ohchr.org/en/issues/disability/srdisabilities/pages/reports.aspx

UN News, 2015, "Yemen conflict death toll nears 650, with UN rights office spotlighting the plight of 3 million disabled." Available online at: https://news.un.org/en/story/2015/05/497832-yemen-conflict-death-toll-nears-650-un-rights-office-spotlighting-plight-3

UN News, 2015, "Yemen conflict death toll nears 650, with UN rights office spotlighting the plight of 3 million disabled." Available online at: https://news.un.org/en/story/2015/05/497832-yemen-conflict-death-toll-nears-650-un-rights-office-spotlighting-plight-3

UN, The National Strategy for Disability (2014-2018) by Yemen. Available online at: https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/10/Yemen_National-Disability-Strategy-2014-%E2%80%93-2018.pdf

UNCIEF (2018). CHILDREN WITH DISABILITIES IN SITUATIONS OF ARMED CONFLICT.

UNDP, 2017, SURVEY I – Mapping of Private Sector Organizations/Companies Engagement in Emergency Preparedness, Response and Recovery. Available online at: https://www.humanitarianresponse.info/en/operations/yemen/document/july-2017-private-sector-survey-i-results

UNDP, Human Development Report 2018/2019. Available online at: http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/YEM.pdf

UNESCO (2007). EFA global monitoring report: EFA. Strong foundations: Early childhood care and education. Available online at: https://unesdoc.unesco.org/ark:/48223/pf0000147794

UNESCO Institute for Statistics (UIS), UIS Statistics in Brief. Available online at: http://uis.unesco.org/en/country/ye (accessed on 17 October, 2020)

UNHCR (2015). Children with Disabilities. Child Protection Issue Brief. Available online at: https://www.refworld.org/pdfid/55cc4a564.pdf

UNICEF (2013) State of the World's Children Report. Children with disabilities. Available online at: https://www.unicef.org/sowc2013/

UNICEF (2013). Children and Young People with Disabilities Fact Sheet. Available online at: https://www.unicef.org/disabilities/files/Factsheet_A5__Web_REVISED(1).pdf

UNICEF (2014). Children with Disabilities in Malaysia-Mapping policies, programmes, interventions and stakeholder. Available online at: https://www.unicef.org/malaysia/reports/children-disabilities-malaysia-2014.

UNICEF (2014). CWD in Malaysia-Mapping policies, programmes, interventions and stakeholder. Available online at: https://www.unicef.org/malaysia/reports/children-disabilities-malaysia-2014.

UNICEF (2014). Situation Analysis of Children in Yemen 2014. Available online at: https://www.unicef.org/media/files/Yemen_Situation_Analysis_report_-_English_Final.pdf.

UNICEF (2014). Yemen Country Report on out-of-school Children. Available online at: https://www.unicef.org/mena/media/6691/file/Yemen%20Country%20Report%20on%20OOSC_EN.pdf%20.pdf

UNICEF (2017). Guidance on including children with disabilities in humanitarian action, 2017. Available online at: http://training. unicef.org/disability/emergencies/index.html (accessed 29 November 2018).

UNICEF (2018). Evaluation of the UNICEF-supported specialized child protection case management response.

UNICEF (2020). Available online at: https://data.unicef.org/country/yem/

UNICEF (2020). Education in Yemen. Available online at: https://www.unicef.org/yemen/education

UNICEF (2020). Health in Yemen. Available online at: https://www.unicef.org/yemen/health

UNICEF (2020). Yemen Five Years on: Children, Conflict and COVID-19. Available online at: https://weshare.unicef.org/Package/2AM408PC3MVJ#/SearchResult&ALID=2AM408PC3MVJ&VBID=2AM4WRC1IF6I

UNICEF Yemen Humanitarian Situation Report - For 1-31 July 2020. Available online at: https://reliefweb.int/report/yemen/unicef-yemen-humanitarian-situation-report-1-31-july-2020-enar

UNICEF Yemen, Summary of Child Protection Program. Available online at: https://www.unicef.org/yemen/child-protection (accessed 12 October 2020).

UNICEF, 2014, Situation Analysis of Children in Yemen 2014. Available online at: https://www.unicef.org/media/files/Yemen_Situation_Analysis_report_-_English_Final.pdf

UNICEF, We All Matter! Situation Analysis of Children with Disabilities in Albania Report, 2014. Available online at: https://bettercarenetwork.org/library/particular-threats-to-childrens-care-and-protection/children-with-disabilities/we-all-matter-situation-analysis-of-children-with-disabilities-in-albania.

UNICEF. (2014). Situation analysis of children in Yemen. UNICEF Yemen, Sana'a. Available at: https://www.unicef.org/media/files/Yemen_Situation_Analysis_report_-_English_Final.pdf

UNICEF. Children with Disabilities in Situations of Armed Conflict (Discussion Paper), 2018. Available online at: https://www.unicef.org/disabilities/files/Children_with_Disabilities_in_Situations_of_Armed_Conflict-Discussion_Paper.pdf

United Nations (2008) Convention on the Rights of Persons with Disabilities and Optional Protocol. (CRPD 2008)

United Nations (2020). Meetings Coverage and Press Releases. Available online at: https://www.un.org/press/en/2020/sc14266.doc.htm

United Nations Department of Economic and Social Affairs (2018). Disability and Development Report. Realizing the Sustainable Development Goals by, for and with persons with disabilities. Available online at: https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/07/disability-report-chapter2.pdf

United Nations Secretary General (2020). Available online at: https://www.un.org/development/desa/ disabilities/covid-19.html

United Nations Secretary-General for the World Humanitarian Summit (2016). One Humanity, Shared Responsibility. Available online at: https://reliefweb.int/sites/reliefweb.int/files/resources/Secretary-General%27s%20Report%20for%20WHS%202016%20%28Advance%20Unedited%20Draft%29.pdf

United Nations Treaty Collection, Chapter IV, Human Rights, Convention on the Rights of Persons with Disabilities. Available online at: https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-5&chapter=4&lang=_en&clang=_en.

World Bank (2003). Inclusive Education: Achieving Education for All by Including Those with Disabilities and Special Education Needs. Available online at: http://documents1.worldbank.org/curated/en/614161468325299263/pdf/266900WP0English0Inclusive0Education.pdf

World Bank (2017), Yemen: Immediate Priorities for Post-Conflict Recovery of the Health Sector. Available online at: http://documents.worldbank.org/curated/en/349331508408515508/Yemen-immediate-priorities-for-post-conflict-recovery-of-the-health-sector

World Health Organization (2001), International Classification of Functioning, Disability and Health (ICF)external icon, Geneva, WHO.

World Health Organization (2011), World report on disability.

World Health Organization Community-based rehabilitation (CBR). Available online at: https://www.who.int/disabilities/cbr/en/

World Health Organization, World Report on Disability, 2011, p. 261. Available online at: http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf?ua=1.

Yemen was admitted to membership in the United Nations on 30 September 1947, and Democratic Yemen on 14 December 1967. On 22 May 1990, the two countries merged and have since been represented as one member with the name “Republic of Yemen”.

Annex 1

Mapping matrix of DPOs/CBOs and their programs/assistance in Sana'a hub

Assistance provider	Program Name	Assistance Type	Target Gov.	Target group	Mental disability		Blind		Deaf		Physically disabled		Growth Disorder		Dual		Others		Total
					M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Al-Amal Association for People with Special Needs - Ibb	A project of occupational therapy and sensory integration for displaced and war-affected children	Furnishing a room for functional therapy and sensory integration. Preparing a fixed space for emotional release. Training and qualifying the staff working in the center.	Ibb	6-18 Years					22	20	23	15	5	12			3	11	111
									16	15	15	20	2	8			4	1	81
									14	15	13	7	3	5				3	60
	Nour Al-Amal Center for Physical Therapy for People with Special Needs	Financial support	Ibb	6-18 Years							25	40							65
Al-Aman Association for Blind Care	Education Program	Educational	Abyan	Children			21	12											33
	Food Security Program	Distibute Food baskets, sacrificial, dates and milk for people with double disabilities	Abyan	0-18 Years			3												3
	Shelter program	Distibute housing bags and Eid clothing.	Abyan	0-18 Years			3												3
	Education Program	Educational	Amanat Al Asimah	6-12 Years				171											171
				6-12 Years			260												260
				Collage Ages			157	73											230
				12-18 Years				154											154
	Food Security Program	Distibute Food baskets, sacrificial, dates and milk for people with double disabilities	Amanat Al Asimah	0-18 Years			14	287											301
	Shelter program	Distibute housing bags and Eid clothing.	Amanat Al Asimah	0-18 Years			14	287											301
	Water and Environmental Sanitation Program	Providing Tanks, water and hygiene bags.	Amanat Al Asimah	0-18 Years			286	14											300

Assistance provider	Program Name	Assistance Type	Target Gov.	Target group	Mental disability		Blind		Deaf		Physically disabled		Growth Disorder		Dual		Others		Total
					M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	Protection program	Emergency cash assistance. Shelter. Livelihood projects. Psychological support. Family counseling.	Amanat Al Asimah	0-18 Years			14	287											301
	Food Security Program	Distibute Food baskets, sacrificial, dates and milk for people with double disabilities	Amran	0-18 Years			9	1											10
	Shelter program	Distibute housing bags and Eid clothing.	Amran	0-18 Years			9	1											10
	Food Security Program	Distibute Food baskets, sacrificial, dates and milk for people with double disabilities	Dhamar	0-18 Years				8											8
	Shelter program	Distibute housing bags and Eid clothing.	Dhamar	0-18 Years				8											8
	Protection program	Emergency cash assistance. Shelter. Livelihood projects. Psychological support. Family counseling.	Dhamar	0-18 Years				8											8
	Health program		Dhamar	0-18 Years			93	151											244
	Food Security Program	Distibute Food baskets, sacrificial, dates and milk for people with double disabilities	Hajjah	0-18 Years				5											5
	Shelter program	Distibute housing bags and Eid clothing.	Hajjah	0-18 Years				5											5
	Health program		Hajjah	0-18 Years			16	18											34
	Protection program	Emergency cash assistance. Shelter. Livelihood projects. Psychological support. Family counseling.	Hajjah	0-18 Years				5											5
	Food Security Program	Distibute Food baskets, sacrificial,	Hudaidah	0-18 Years			25	1											26

Assistance provider	Program Name	Assistance Type	Target Gov.	Target group	Mental disability		Blind		Deaf		Physically disabled		Growth Disorder		Dual		Others		Total
					M	F	M	F	M	F	M	F	M	F	M	F	M	F	
		dates and milk for people with double disabilities																	
	Shelter program	Distibute housing bags and Eid clothing.	Hudaidah	0-18 Years			25	1											26
	Water and Environmental Sanitation Program	Providing Tanks, water and hygiene bags.	Hudaidah	0-18 Years			25	1											26
	Health program		Hudaidah	0-18 Years			165	291											456
	Education Program	Educational	Ibb	6-24 Years			20	48											68
	Food Security Program	Distibute Food baskets, sacrificial, dates and milk for people with double disabilities	Ibb	0-18 Years			75												75
	Shelter program	Distibute housing bags and Eid clothing.	Ibb	0-18 Years			75												75
	Water and Environmental Sanitation Program	Providing Tanks, water and hygiene bags.	Ibb	0-18 Years			75												75
	Protection program	Emergency cash assistance. Shelter. Livelihood projects. Psychological support. Family counseling.	Ibb	0-18 Years			15												15
	Health program		Ibb	0-18 Years			409	602											1011
	Protection program	Emergency cash assistance. Shelter. Livelihood projects. Psychological support. Family counseling.	Lahj	0-18 Years			1	1											2
	Food Security Program	Distibute Food baskets, sacrificial, dates and milk for people with double disabilities	Sana'a	0-12 Years			3	28											31
	Shelter program	Distibute housing bags and Eid clothing.	Sana'a	0-18 Years			3	28											31

Assistance provider	Program Name	Assistance Type	Target Gov.	Target group	Mental disability		Blind		Deaf		Physically disabled		Growth Disorder		Dual		Others		Total
					M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	Water and Environmental Sanitation Program	Providing Tanks, water and hygiene bags.	Sana'a	0-18 Years			25	6											31
	Protection program	Emergency cash assistance. Shelter. Livelihood projects. Psychological support. Family counseling.	Sana'a	0-18 Years			3	28											31
	Health program		Sana'a	0-18 Years			2082	2978											5060
	Food Security Program	Distibute Food baskets, sacrificial, dates and milk for people with double disabilities	Sayaon	0-18 Years				3											3
	Protection program	Emergency cash assistance. Shelter. Livelihood projects. Psychological support. Family counseling.	Sayaon	0-18 Years				3											3
	Food Security Program	Distibute Food baskets, sacrificial, dates and milk for people with double disabilities	Taiz	0-18 Years			1	21											22
	Shelter program	Distibute housing bags and Eid clothing.	Taiz	0-18 Years			1	21											22
	Protection program	Emergency cash assistance. Shelter. Livelihood projects. Psychological support. Family counseling.	Taiz	0-18 Years			1	21											22
	Health program		Taiz	0-18 Years			468	744											1212
Al-Azm Association for the Care and Rehabilitation of the Disabled	Training for the surrounding community and the leaders of the association in the field of (sign language + first aid)	Training	Sana'a	Youth					3	2									5
				Youth							4	6							10
				Youth													12	3	15

Assistance provider	Program Name	Assistance Type	Target Gov.	Target group	Mental disability		Blind		Deaf		Physically disabled		Growth Disorder		Dual		Others		Total
					M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Al-Noor Center for Care and Rehabilitation of the Blind	Education and Shelter	Education Nutrition. Housing	Amanat Al Asimah																0
Al-Tomoh Association for the Care and Rehabilitation of the Handicapped	Food aid (meat)	Distributing goat meat to the poor and needy families of the handicapped	Sana'a	3-18 Years	36	4											23	51	114
	Eid clothing	Distributing Eid clothes for males and females	Sana'a	3-18 Years	42	35			16	9	38	14					21	12	187
	Cash aid	Distribution of funds to the poor families of the disabled	Sana'a	3-18 Years	51	39			14	16		17					29	23	189
Al-Tomoh Association for the Care and Rehabilitation of the Mentally Handicapped	Improving school and early intervention center services for the mentally handicapped	Increase the capacity of Al Tomoh School by 30% and absorb the displaced in waiting lists by improving services for Al Tomooh Center during the year 2020	Ibb	3-20 Years													200	113	313
	Training courses to support and improve services for people with special needs	Training	Ibb		3	27													30
	Al-Tomoh Association project for the mentally handicapped	Coordination with charitable institutions to provide financial aid, distribute food baskets and distribute Eid al-Fitr clothing.	Ibb		80	60													140
	Al-Tomouh School Project for the Education of Mentally Handicapped	Teaching mentally handicapped students who suffer from mental impairment (simple - medium), and Down syndrome (Mongolian), and learning difficulties.	Ibb		56	19													75
	Early Intervention Center Project	Training the class who can learn and train according to the degree and severity of disability.	Ibb		23	18													41

Assistance provider	Program Name	Assistance Type	Target Gov.	Target group	Mental disability		Blind		Deaf		Physically disabled		Growth Disorder		Dual		Others		Total
					M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Association for the Care and Rehabilitation of the Deaf and Dumb	The educational project for deaf (school-age) students, private schools for the deaf	Educational	Amanat Al Asimah	6-18 Years					450	249									699
Association for the Care and Rehabilitation of the Physically Handicapped - Ibb	Introductory development program for disabled children under school age	Teaching life skills. Teaching letters and numbers.	Ibb	4-8 Years							9	6							15
Association for the development of people with special needs	Food security for people with intellectual disabilities (distribution of food supplies - distribution of festive clothing - distribution of Eid sacrifices, distribution of school uniforms, distribution of school bags)	In-kind Support	Amanat Al Asimah	1 Month and Above	1436	734													2170
	Physical and speech therapy for people with dual disabilities (mental - movement - speech)	Treatment programs	Amanat Al Asimah	1 Month - 20 Years											62	38			100
	Sewing workshop for people with mild intellectual disabilities	Vocational education for people with mild intellectual disabilities	Amanat Al Asimah	1 Up to 20 Y	40	10													50
Association for the Physically Handicapped	Natural Therapy	Healthy	Amanat Al Asimah	All Ages							315	185							500
	Professional training and technical education	Technical and professional	Amanat Al Asimah	All Ages							155	45							200
	Social Welfare	Social care	Amanat Al Asimah	All Ages							1800	1200							3000
	Production operator and handicraft	Production operator and handicraft	Amanat Al Asimah	All Ages							30	70							100
	Sports and culture for the disabled	Sports and culture for the disabled	Amanat Al Asimah	All Ages							95	5							100

Assistance provider	Program Name	Assistance Type	Target Gov.	Target group	Mental disability		Blind		Deaf		Physically disabled		Growth Disorder		Dual		Others		Total
					M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Educational and vocational rehabilitation center for people with special needs			Amanat Al Asimah	7-15 Years							225								225
General Union of Sociologists, social Workers, and Psychologists	Protection services, cash assistance and psychological support for people with disabilities	Cash aid and psychological support	Sana'a																0
Khadija Centers for Rehabilitation, Training and Empowerment of the Disabled	Charitable aid	Distribute food baskets, sacrificial. Provide small projects.	Ibb	All Ages													681	538	1219
	Raise the educational level for people with special needs	Teaching sign language for the deaf and dumb. Teaching pronunciation, braille, and computer education. Introductory and kindergarten education Tuition and university fees coverage. Reclamation in integration schools and training of educational staff.	Ibb	5-26 Years	62	46	39	13	148	211	158	162					264	212	1315
	Vocational training for people with disabilities in the field of sewing and handicrafts	Vocational training (sewing - handwork - carpentry)	Ibb	20-36 Years						150		108						73	331
	Providing health services for people with special needs	Providing physiotherapy, audiometry, optometry, and first aid. Complete procedures for obtaining prosthetic devices and surgical operations, whether inside or outside the country.	Ibb	All Ages							1634	1223					2449	1833	7139
Khudh Beyadi Foundation	Distribution of medicines and	Medicines and Milk	Amanat Al Asimah	1- Above 18 Years							70	50							120

Assistance provider	Program Name	Assistance Type	Target Gov.	Target group	Mental disability		Blind		Deaf		Physically disabled		Growth Disorder		Dual		Others		Total
					M	F	M	F	M	F	M	F	M	F	M	F	M	F	
for Charity and Development	milk for cases of atrophy																		
	Educational integration	Follow-up education School bags and shoes Free seats in schools and universities Pay transportation costs	Sana'a	6-18 Years							51	39							90
			Sana'a	Above 18							20	30							50
	Food security	Relief	Sana'a	7- Above 18 Years	356	335													691
Mine Survivors Association	Help the victims	Medical support. Professional training.	Abyan	6-30 Years							40								40
			Aden	6-30 Years							35								35
	Support and rehabilitation of mine survivors	Medical support. Vocational and educational training. Psychological rehabilitation. Economic support.	Aden-Lahj-Taiz-Abyan-Al Dhalea-Hudaidah-Sana'a-Dhamar-Hajjah-Amran-Sa'adah-Al Baydha	5-60 Years							285								285
	Victims Assistance 2017	Medical support. Professional training.	Lahj	6-30 Years							40								40
	Integration of mine survivors	Educational and psychological rehabilitation	Many Governorates	6-30 Years							85								85
	Support and rehabilitation of mine survivors	Medical support. Vocational and educational training. Psychological rehabilitation.	Many Governorates	6-30 Years							230								230
	Victims Assistance 2018	Medical support. Professional training.	Taiz	6-30 Years							40								40
Peace Center for the disabled	The basic education	Educational	Amanat Al Asimah	6-18 Years							124	72							196
Sustainable Development Foundation	Project to protect children with disabilities and people with special needs	Financial aid. Education services. Rehabilitation and training services. Counseling sessions. Psychological support.	Amanat Al Asimah	1-18 Years							200								200
The Challenge Association of physically disabled women	The sponsorship program "Shelter", a challenging housing project for girls with disabilities	Providing Care services such as: Accommodation, Catering, Clothing, equipment / assistive devices.. etc Providing Educational	Amanat Al Asimah	6-10 / 11-18						2		12		2					16

Assistance provider	Program Name	Assistance Type	Target Gov.	Target group	Mental disability		Blind		Deaf		Physically disabled		Growth Disorder		Dual		Others		Total
					M	F	M	F	M	F	M	F	M	F	M	F	M	F	
		services. Proving Health services Providing Rehabilitation and training services.																	
	Health Program (Challenge Dental Center for People with Disabilities)	Provide all medical services related to oral and dental problems.	Amanat Al Asimah	16-18 Years													2		2
			Amanat Al Asimah	11-15 Years														1	1
			Amanat Al Asimah	16-18 Years		1													1
			Amanat Al Asimah	5-10 Years						1									1
			Amanat Al Asimah	5-15 / 16-18						1		2					11	12	26
	Education Program (Challenge Model School for Girls)	Provide education (basic - literacy). Speech physiotherapy and functional therapy. Sports, cultural and other activities.	Amanat Al Asimah	6-10 Years	17	27			5	19		23		5				4	100
			Amanat Al Asimah	11-15 Years		14				53		22		2				5	96
			Amanat Al Asimah	16-18 Years						22		20						6	48
			Amanat Al Asimah	19-25 Years						18		17						3	38
			Amanat Al Asimah	26-35 Years						9		15		1				2	27
	The sponsorship program "Shelter", a challenging housing project for girls with disabilities	Providing Care services such as: Accommodation, Catering, Clothing, equipment / assistive devices.. etc Providing Educational services. Proving Health services Providing Rehabilitation and training services.	Amran	14 Years						1									1
			Dhamar	6-25 Years						1				1					2
			Hajjah	10-16 Years								1							1
			Ibb	19-25 Years						2		4							6
			Raymah	11-18 /19-25						6		3							9
	Health Program (Challenge Center for Physical Therapy and Rehabilitation)	Physiotherapy services. Speech therapy services. Occupational therapy services.	Sana'a	1-5 Years	8	3													11
			Sana'a	1-12 Years							221	158							379
			Sana'a	1-10 Years									1	2					3
	Emergency response projects	In-kind support and cash, such as: Periodic food	Sana'a	1-3 Years		1					63	53					8	3	128
			Sana'a	4-6 Years	12	11			5	9	62	42					21	12	174
			Sana'a	7-9 Years	35	34			8	20	50	57		1			32	10	247

Assistance provider	Program Name	Assistance Type	Target Gov.	Target group	Mental disability		Blind		Deaf		Physically disabled		Growth Disorder		Dual		Others		Total
					M	F	M	F	M	F	M	F	M	F	M	F	M	F	
		baskets. Seasonal sacrifices and clothing. Distribution of medicines Cash assistance Distribution of equipment and specific tools such as wheelchairs and crutches...etc	Sana'a	10-12 Years	6	36			2	25	66	60		1			19	13	228
			Sana'a	13-15 Years	2	31				33	12	78					9	14	179
			Sana'a	16-18 Years		24			1	16	5	47		1			1	7	102
	Education and rehabilitation programs (Challenge Center for Early Intervention and Special Education)	Rehabilitation of children with special needs in early childhood through the following services: Family counseling Measurement and diagnosis of developmental skills Physical therapy, occupational therapy , integrative sensory therapy, speech disorders treatment, individual educational programs (kindergarten - introductory - first grade - second - third).	Sana'a	3-5 Years	28	20			4	6	6		1				17	4	86
			Sana'a	6-10 Years	69	60			13	18	3	5		2			19	18	207
			Sana'a	11-15 Years	10	45				7		5		1			3	6	77
Trust Association for People with Special Needs	Educational rehabilitation for people with special needs	Introductory educational classes for the mentally disabled and Autism.	Ibb	5-29 Years	16	6				1	3	4					12	6	48
			Ibb	3-19 Years	28	20			4	4	8	6					62	34	166
	Professional qualification	Providing qualifications in Hairdresser, Handwork, and Sewing.	Ibb	12-29 Years		10						30						45	85
Yemeni Association for the Care and Rehabilitation of the Blind	Ibsar School for Basic Education and Literacy	Basic education	Amanat Al Asimah	7-18 Years			80												80
	University Blind Development Center	University Blind Development Center	Amanat Al Asimah	18 and above			165	15											180
	Ibsar Training and Rehabilitation Center	Training and rehabilitation	Amanat Al Asimah	7-18 Years			38	19											57

Mapping matrix of DPOs/CBOs and their programs/assistance in Aden hub

Type of Disability	Assistance provider	Type of Assistances	Target group	Target Gov	Mental disability		Blind		Deaf		Physically disabled		Growth Disorder		Dual		Others		**Total**	
					M	F	M	F	M	F	M	F	M	F	M	F	M	F	**M**	**F**
Mental	Al-Hayah Association for Disabled Care	- Education and rehabilitation programs - Vocational and handicraft training - Sports activities - Entertainment activities A summer camp	From 2 years to 18 years old	Aden + some children from Abyan and Lahj	110	55							15	8					**125**	**63**
Mental	Association for people with special needs	- Education and rehabilitation programs - Sports activities - Recreational activities	From 2 years to 18 years old	Aden	132	46													**132**	**46**
Mental	Al-Rahma Association for the Care of Mentally disabled Children	- Pre-school program and a kindergarten - Education and rehabilitation programs - Vocational rehabilitation program	From 2 years to 18+ years old	Aden	120	50													**120**	**50**
Mental	Me not My Disability Association	- Education and rehabilitation programs - Skills training, such as drawing, sewing, knitting, wool and straw, theater, acting, folklore - Sport activities, such as swimming	From 2 years to 18 years old	Aden	75	43													**75**	**43**
Mental	Aden Children Association for Autism	- Education and rehabilitation programs - Diagnostic Measures program - Early development program - Basic Skills Development program - School Inclusion program - Social Activity - Technical development - Computer program - Sensory and Movement Integration program - Family Counseling program	From 1 year to 18 years old	Aden	170	40													**170**	**40**
Blind	Blind Care and Rehabilitation Association	- Education and rehabilitation programs - Vocational and handcraft training program - Food security program through partners	From 2 year to 18+ years old	Aden			175	125											**175**	**125**

Type of Disability	Assistance provider	Type of Assistances	Target group	Target Gov	Mental disability		Blind		Deaf		Physically disabled		Growth Disorder		Dual		Others		**Total**	
					M	F	M	F	M	F	M	F	M	F	M	F	M	F	**M**	**F**
		- Provide assistive devices such as walking sticks and eyeglasses																		
Blind	Al-Noor Institute for the Blind	- Education and rehabilitation programs Inclusive education program	From 4 year to 13 years old	Aden			22	18											**22**	**18**
Deaf	Association for the Care and Rehabilitation of the Deaf and Dumb	- Education and rehabilitation programs - Early Development program (Al-Manara kindergarten in Mansoura district) - Inclusive education (Khaled Bin Al-Walid School, Nashwan School, Radfan School, Osan School, Al-Gharabani School, and Khadija Bint Khuwaylid School) - Sport activities - Health services - Vocational and handcraft training (sewing, knitting, and carpentry) - Food security program in Ramadan through our partners.	From 5 year to 18 years old	Aden					185	115									**185**	**115**
Deaf	Rumooz Association for Deaf Care	- Education and rehabilitation programs - The peace building program - Health awareness program - Holy Quran Teaching Program in a special booklet. - Food security program (Food baskets and dates from Estagaboh Foundation)	From 4 year to 18 years old	Aden					63	31									**63**	**31**
Deaf	Me not My Disability Association	- Education and rehabilitation programs - Skills training, such as drawing, sewing, knitting, wool and straw, theater, acting, folklore - Sport activities, such as swimming	From 2 years to 18 years old	Aden					5	4									**5**	**4**
Physical	Association for the Physically Handicapped	- Education and rehabilitation programs - Vocational and handicraft training such as Sewing Center	From 7 to 13 years old from 20 to 30 years old	Aden							89	61							**89**	**61**

Type of Disability	Assistance provider	Type of Assistances	Target group	Target Gov	Mental disability		Blind		Deaf		Physically disabled		Growth Disorder		Dual		Others		**Total**	
					M	F	M	F	M	F	M	F	M	F	M	F	M	F	**M**	**F**
Physical	Me not My Disability Association	- Education and rehabilitation programs - Skills training, such as drawing, sewing, knitting, wool and straw, theater, acting, folklore - Sport activities, such as swimming	From 2 years to 18 years old	Aden							2	1							**2**	**1**
Physical	Mine Survivors Association	- Help the victims		Aden							35								**35**	**0**
Mental	Down Association in Lahj	- Education and rehabilitation programs	From 3 years to 15 years - with Down syndrome	Lahj	46	32													**46**	**32**
Mental	Al Hayah Association for the care of Disabled Cerebral Palsy	- Education and rehabilitation programs - Diagnostic Measures program - Early intervention program - Health care services, such as physical therapy, massage, and exercises Provide medicines, wheelchairs, and other assistive devises	From one month to 18 years	Lahj	118	50													**118**	**50**
Mental	Association for people with Special Needs	- Education and rehabilitation programs - Inclusion education - Integration program - Counseling and awareness program	From 3 years to 17 years old	Lahj	72	31													**72**	**31**
Blind	Blind Care and Rehabilitation Association	- Education and rehabilitation programs - Vocational training program Provide medical and health services through partners	From 5 years to 18 years old	Lahj			57	50											**57**	**50**
Blind	Al-Aman Association for Blind Care	- Protection program		Lahj			1	1											**1**	**1**
Deaf	Association for the Care and Rehabilitation of the Deaf and Dumb	- Education and rehabilitation programs - Health services through health facilities in Lahj mainly Ibn Khaldoun Hospital	From 4 years to 18+ years old	Lahj					72	43									**72**	**43**
Physical	Association for the Physically Handicapped	- Education and rehabilitation programs - Vocational and handicraft training such as sewing, and knitting.	From 5 to 18+ years old	Lahj							10	7							**10**	**7**

Type of Disability	Assistance provider	Type of Assistances	Target group	Target Gov	Mental disability		Blind		Deaf		Physically disabled		Growth Disorder		Dual		Others		**Total**	
					M	F	M	F	M	F	M	F	M	F	M	F	M	F	**M**	**F**
		Food security program (Providing dates and food baskets from the local authority in Ramadan. - Providing Wheelchairs and foodstuffs from institutions and associations.																		
Physical	Mine Survivors Association	- Help the victims		Lahj							40								**40**	**0**
Total					**843**	**347**	**255**	**194**	**325**	**193**	**176**	**69**	**15**	**8**	**0**	**0**	**0**	**0**	**1614**	**811**