

**Submission to the UN Committee on the Rights of Persons with Disabilities
prior to Day of General Discussion on article 11 of the Convention (7 and 8 March 2023)**

Submitted by: **Mwatana for Human Rights**

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**Mwatana for Human Rights**, (Mwatana) is an independent Yemeni organization that advocates for human rights through the documentation of civilian harm, the provision of legal support to victims, and through advocacy and legal action. Mwatana has worked extensively to document civilian harm caused by all warring parties in Yemen, including publishing reports on violations and abuses by the Ansar Allah (Houthi) armed group, the Saudi/UAE-led Coalition, the internationally recognized Yemeni government, the UAE-backed Southern Transitional Council and others. <https://mwatana.org/en>

Mwatana’s researchers use rigorous and peer-reviewed investigation methods to investigate alleged incidents. They visit attack sites; collect witness statements first-hand of family members, and witnesses; photograph the attack site and surrounding areas and, and collect supporting documents that relate to victims or witness accounts. All cases documented by Mwatana field researchers are reviewed and cross-checked by Mwatana’s central research team.

This Submission is mainly based on a [research paper](https://mwatana.org/en/disabilities-2/) conducted by Mwatana and published on February 24, 2022. The research paper was based on cases that Mwatana for Human Rights documented during the period 2019-2021, covering cases of civilians who suffered physical and visual disabilities due to the conflict. In addition, in-depth interviews were conducted on 20 verified cases in early January 2022 and were focused of information needed for the research paper. The interviewees were notified of the purpose of the interviews.

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

In the context of preparing the research paper, Mwatana held a discussion at its office on January 11, 2022, with the participation of persons with disabilities’, local and international NGOs. The purpose was to share ideas about paper's topic and define the difficulties and obstacles to providing services to civilians with disabilities in Yemen based on participants' experiences. Perceptions of effective roles, as well as how to limit obstacles as the conflict continues, were also discussed.

1. **Introduction**

Official data on the number of persons with disabilities in Yemen has not been updated since prior to the conflict. Globally, the World Health Organization (WHO) reports that comprise 15% of any country’s population. In Yemen, this would mean that around 4.78 million people have some form of disability. However, given the ongoing conflict and pervasiveness of IEDs and ERWs, causing civilian casualties, and the impact of widespread food insecurity and health problems, the actual number of persons with disabilities in Yemen is certainly much higher.[[1]](#footnote-1)

The government of Yemen is a signatory to the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and has a legal obligation to implement its provisions. [[2]](#footnote-2) Persons with disabilities have become one of the most vulnerable groups in need of humanitarian assistance during the conflict.[[3]](#footnote-3) Their situation has been aggravated by mounting obstacles in accessing services, and the damage caused to infrastructure, while some of them have been forced to live in displacement settings that lack the most basic needs for life and protection. Moreover, the conflict has resulted in suspending the activities of over 300 local NGOs that used to provide services to persons with disabilities, in the areas of care, training and rehabilitation.[[4]](#footnote-4) In addition, more restrictions have been placed on the work of international NGOs assisting persons with disabilities. Some facilities for the care of persons with disabilities have been targeted by the parties to the conflict, including a service center for the visually impaired in Sanaa that was damaged by an airstrike carried out by the Saudi and UAE-led coalition in January 2016.

On 20 June 2019, the UN Security Council unanimously adopted Resolution 2475, a landmark resolution calling on states and parties to armed conflict to PWDs in conflict situations and to uphold their rights, including by ensuring they have access to justice, basic services and unimpeded humanitarian assistance. Comprehensive and clear, Resolution 2475 established several concrete actions that states, parties to conflicts, the UN and the international community at large must take in order to address the challenges experienced by persons with disabilities in situations of armed conflict. However, with the impact of the Resolution being entirely dependent on its implementation, lack of action on the ground leaves persons with disabilities disproportionately affected by conflicts around the world. This is especially the case in Yemen, where some 4.8 million people are estimated to have at least one form of disability, although there is currently no reliable data available on persons with disabilities in Yemen. [[5]](#footnote-5)

While actual number is likely to be much higher, at least 6000 civilians have acquired disabilities due to the conflict; most of them have lost a limb due to explosions caused by artillery, airstrikes, landmines or bullets.[[6]](#footnote-6) Mwatana documented IHL violations committed by all warring parties that has caused disabilities to civilians.

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

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

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

1. **Psychological, social and economic impacts of disability**

***Psychological impacts***

Persons with disabilities suffer from bad psychological effects, ranging from a feeling of shock when a disability occurs, to falling prey to depression and frustration, and possibly a feeling of helplessness. The psychological effects vary relatively according to the type of disability. Persons who have lost their full mobility or have multiple handicaps are more susceptible to severe psychological effects.

The psychological effects of disability partially vary based on gender. Disabled men, for example, display a reasonable indifference to social stigma. Differently, they experience higher levels of stress over the economic consequences of disability. Here disability means deprivation of economic resource and therefore of status in society. Disabled women bear a greater social cost resulting from the exacerbation of the social stigma that women with disabilities experience.

***Social impacts***

In particular, women with disabilities may be subjected to social disadvantages, which results in the aggravation of the prevailing inequality in society, and may experience forms of abuse. Families of unmarried girls who have a permanent physical disability tend to impose severe restrictions on leaving the home.

Disability as a result of the conflict is a living witness to the suffering of a surrounding community, particularly in rural areas. The disability of an individual becomes an indicator of an impending danger to the surrounding community as a whole. The impact of an IED that explodes and causes a new disabled person near grazing lands or wells, for example, does not end with that individual disability. Rather, the disability-causing incident deprives the village of basic sources of life and livelihood, forcing its residents to seek for alternative living strategies, such as displacement to safer areas.

***Economic impacts***

Disability of the breadwinner results in a complete and tragic change in the normal course of the family’s daily life who, along with the injury, may have lost their only source of livelihood. Some women with physical or visual disabilities experience diminished economic role. Other women with disabilities suffer from the feeling that they are permanently dependent on the family and are not economically useful.

1. **Problems in accessing basic services**

Persons with disability facing inaccessibility of basic services including life-savingmedical services, healthcare services and humanitarian aid.

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

1. **Specific needs of persons with disabilities**

Most persons with disabilities who were interviewed needed an aid commensurate with the type of disability, especially prosthetic limbs and wheelchairs. Some of those who received prosthetic limbs complained that they did not fit, or that they caused severe pain that forced them to put these prosthetic limbs aside. Most of the persons with disabilities who were interviewed still need additional surgeries, removal of shrapnel or screws form their bodies, orthopedic devices, or specialized medical follow-up services.

The need for specialized psychological rehabilitation is a paramount necessity for persons with disabilities.

1. **Community support for persons with disabilities; family support**

Persons with varying types of disabilities and of different ages depend on their families to receive assistance to move inside or outside the home, manage their own affairs, install equipment appropriate to their situation to help them lead a better life inside the house. Family represents the main source of psychological support for persons with disabilities. They also play a role in granting children with disabilities the ability to feel safe and protected.

1. **Efforts of NGOs working for persons with disabilities**

In fact, the efforts of persons with disabilities’ organizations in Yemen suffer from multifaceted shortcomings. The armed conflict of itself constitutes one of the most significant obstacles to creating an effective and responsive support and aid network. Many persons with disabilities were unable to obtain any form of free life-saving medical aid provided by persons with disabilities’ organizations. The life-saving assistance previously received by persons with disabilities was short-term and limited to the costs of performing surgeries during the first days of the accident, providing immediate medical care after a referral, or paying for one-time treatment.

Psychological support represents the missing link in the efforts undertaken by persons with disabilities’ organizations.

On the other hand, long-term interventions made a qualitative difference in the lives of persons with disabilities. Some people received appropriate prosthetic limbs to help them move in record time, while the psychological support received by one girl with a physical disability helped to overcome the serious psychological effects of the disability.

1. **Challenging disability – examples of personal initiative**

There are remarkable examples of persons challenging their own disability and positively coping with the consequences resulting from their disability, like keep attending schools for children with disabilities or coping with mobility struggles.

The majority of those interviewed have a strong determination not give in to disability. However, the protracted conflict does not offer practical opportunities and possibilities for garnering strong will to really challenge one’s disability. Without access to appropriate physical rehabilitation tools that aid mobility, movement and reintegration, the possibility to talk about personal success stories on challenging disability remains minimal.

1. **Accountability and Redress**

The avenues for accountability and redress on the domestic level, to date, have not, and are unlikely to, meet the standards applicable to investigations and prosecutions under international law. Grave concerns related to the administration of justice in Yemen and the politicization of the judicial system[[7]](#footnote-7) limit the possibility that the investigations carried out by bodies established by the warring parties, including the NCOI of the Yemeni Government and Joint Incident Assessment Team JIAT, of the Coalition can result in meaningful justice for victims in the short or medium term.[[8]](#footnote-8) Saudi Arabia’s, the UAE’s and Iran’s domestic justice systems are also unfeasible options for pursuing accountability for IHL and IHRL violations and abuses committed during the conflict in Yemen, due to the absence of laws penalizing international crimes, the judiciary’s lack of independence and/or the failure to comply with fair trial standards in criminal proceedings to date. JIAT lacks the transparency, independence and impartiality necessary to credibly investigate violations of IHL and IHRL and crimes under international law.[[9]](#footnote-9) Notably, neither NCOI nor JIAT investigations have led to any criminal prosecutions of alleged crimes committed during the conflict in Yemen or other remedies in the form of reparations for victims.[[10]](#footnote-10) All waring parties has not provided any credible reparations to victims on the harm they suffered.

On the International level, there is still “a pandemic of impunity” as described by the Group of Eminent Experts that was formed in 2016 and terminated in 2021. The need for an internationally criminally-focused mechanism remains of high importance.

1. **Results**
2. Disability in the context of a protracted conflict has profound psychological, social, and economic impacts. Instead of decreasing in severity over time as would normally occur, the effects of disability worsen and become more severe the longer the conflict continues. The community context becomes more fragile, unable to meet basic and specific needs, in addition to being incapable of guaranteeing rights, and lacking mechanisms to provide protection to persons with disabilities who suffer from an increased sense of insecurity, with the persistence of risk factors in environments of displacement and areas of armed confrontation.
3. There are preliminary indications that there exists a relative discrepancy in the nature and level of impacts caused by disability, related to the type of disability and the gender of the person with a disability. For example, women with disabilities tend to be isolated and stay at home to avoid stigmatization, while men with disabilities have a reasonable indifference to degrading comments by others on their disabilities, as opposed to being highly sensitive to the economic impacts of disability, as breadwinners. Disabled women bear a greater social cost resulting from the exacerbation of the social stigma that women with disabilities experience, and the movement restrictions that the family often prefers to tighten, especially on girls with disabilities.
4. Disability is a reason for the slackening of social relations for persons with disabilities, and for limiting the ability to develop social ties due to the difficulties of movement, communication and exchange of visits, or as a result of the choice of some persons with disabilities to withdraw as a negative coping mechanism to deal with feelings of being let down by the surrounding community.
5. There is an invisible social impact that may result from disability, and it comes at a huge cost. This occurs when the damages of individual disability - in rural areas – go beyond the person with disability and his or her family, and become an indication of an imminent danger to the surrounding village community as a whole. This includes the situation where a person’s disability is caused by a mine explosion occurring at grazing lands, or near the only water well in the village. Here the surrounding community becomes restricted in movement and feels unsafe, and may have to migrate in search of a viable livelihood and safety.
6. Disabilities inflicted on people while returning to their homes after a bitter experience of displacement cause acute impacts in terms of double suffering, disappointment and limited means of livelihood.
7. Families of persons with disabilities are faced with heavy financial burdens to access life-saving health services, follow-up care, and to provide for his or her needs. This has resulted in families spending all or some of their savings, selling some of their property or borrowing. However, some families were forced to remove family members with disabilities from the hospital before their health conditions stabilized because of the high medical expenses.
8. Persons with disabilities face substantial difficulties in accessing services, especially life-saving medical services, healthcare services and social services, in addition to the difficulty of accessing humanitarian aid. These difficulties are exacerbated in the countryside, displacement settings and areas close to confrontations. Such difficulties are the result of natural obstacles (such as rugged terrain and long distances to service points), obstacles put in place by the parties to the conflict (such as sieges and road blocks), or the damage to infrastructure caused by the war. In all cases, the difficulties of access have severe consequences for persons with disabilities, such as prolonging life-threatening injury, and causing delays with serious impacts on the health of the victim.
9. The family is the main source of support for persons with disabilities. They depend mainly on their families for movement and mobility, and to meet their needs. Families play a variety of long-term roles, including providing non-specialized psychological and moral support, as well as spontaneous forms of protection, in addition to their role in providing treatment and building resilience against hardships.
10. Persons with disabilities suffer from a severe lack of tools and supportive equipment, such as prosthetic limbs and wheelchairs, which deprives them of living independently and keeps them in need of other people's help for a longer period. Several persons with disabilities are languishing under tragic conditions without undergoing needed complementary surgeries, treatment to remove shrapnel or metal plates or screws from some limbs, or obtaining appropriate healthcare and medication.
11. Specialized psychological support represents the “missing link” in the response efforts provided by organizations working for persons with disabilities. As a result of the scarcity of this service, some persons with disabilities resort to negative and harmful coping mechanisms to deal with trauma damage and psychological effects resulting from injury at the insistence of the family.
12. The severity of needs reflects a noticeable low level of service provision by organizations working for persons with disabilities, as many persons with disabilities who were interviewed were unable to access life-saving services provided by international NGOs. The life-saving assistance obtained by some was short-lived, and rarely included extensive post-referral intervention.
13. The interventions directed at persons with disabilities have a clear positive impact where they occur in an appropriate manner. Some persons with disabilities have received various forms of support, such as suitable prosthetic limbs to partially overcome the difficulties of movement, and psychological support that has already yielded very encouraging results.
14. There are remarkable examples and cases of persons challenging their disability through personal initiative. However, these cases are noticeably limited due to the conflict conditions that constantly undermine the opportunities and space for such efforts. Additionally, there is a low level of access to physical rehabilitation tools that help movement, mobility and reintegration. The possibility to personally challenge one’s disability is subject to the availability of a reasonable level of support that fulfills needs and rehabilitation activities that will stimulate the will of the person to challenge his or her disability.
15. Initiate and support ongoing capacity strengthening and inclusive programming initiatives within their respective organizations to ensure that the humanitarian response is inclusive of persons with disabilities, including through the mobilization of technical expertise, resources and sharing of lessons learned in relevant coordination spaces such as the Yemen Inclusion Task Force.
16. **Recommendations:**

***Mwatana recommend the Committee to request from all warring parties, including the Yemeni Government, the following information:***

* Measures undertaken to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities.
* Measures taken to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms.
* The steps taken to robustly investigate all credible reports and allegations of violations caused disabilities to civilian persons and publicly disclose the results.
* The steps taken to provide adequate, effective, and prompt reparation to persons with disabilities directly caused by the armed conflict for harm suffered and access to relevant information concerning violations and reparation mechanisms.

***Mwatana kindly ask the Committee to call upon all warring parties, including the Yemeni Government, to:***

* Immediately cease the targeting of civilians and civilian objects, and adhere to international law, including international humanitarian law and international human rights law.
* Conduct a full review of the impact of their forces’ conduct, including an examination of the lawfulness and civilian impact of each incident credibly alleged to involve causing disabilities to civilian persons since the conflict began.
* Urgently provide persons with disabilities directly caused by the armed conflict with credible remedies for violations of IHL and IHRL including adequate, effective, and prompt reparation for harm suffered and access to relevant information concerning violations and reparation mechanisms.
* Protect persons with disabilities in conflict situations and to ensure they have access to justice, basic services and unimpeded humanitarian assistance.
* Immediately cease the use of explosive weapons in populated areas.
* Ensure income-generating opportunities for persons with disabilities, by starting immediately to provide them with salaries, on a regular basis.
* Facilitate access of civilians, including persons with disabilities, to life-saving services during the conflict, and open land, maritime and air borders and crossings
* When carrying out withdrawals or partial redeployments in some areas, forces should not leave behind unexploded ordnances that cause harm to civilians.
1. UN OCHA, 2022 Yemen Humanitarian Needs Overview, April 2022, https://reliefweb.int/sites/reliefweb.int/ files/resources/Yemen\_HNO\_2022%20-%20Final%20 Version%20%281%29.pdf [↑](#footnote-ref-1)
2. ##  Humanity & Inclusion, 2022, Yemen, Alarming new report shows dire situation for persons with disabilities, 23 May 2022, <https://shortest.link/h0Zn>

 [↑](#footnote-ref-2)
3. “The disabled are facing mounting dangers over war and displacement: they must be assured equal access to services”, Human Rights Watch [in Arabic], 3 Dec. 2015: <https://www.hrw.org/ar/news/2015/12/03/284032> [↑](#footnote-ref-3)
4. “The disabled in Yemen are left among the rubble”, Human Rights Watch, 11 May 2015: <https://www.hrw.org/ar/news/2015/05/11/270356> [↑](#footnote-ref-4)
5. Unshielded, Unseen, The Implementation of UNSC Resolution 2475 on the Protection of Persons with Disabilities in Armed Conflict in Yemen, Handicap International and AHRF, May 2022, P.4, <https://shortest.link/h0-Z> [↑](#footnote-ref-5)
6. “The scars of war: Yemen’s disabled”, ICRC, 23 May 2016: https://www.icrc.org/ar/document/scars-war-yemens-disabled [↑](#footnote-ref-6)
7. GEE, “Situation of human rights in Yemen, including violations and abuses since September 2014,” UN Doc. A/HRC/45/6 (September 28, 2020), para. 93, <https://www.ohchr.org/Documents/HRBodies/HRCouncil/GEE-Yemen/2020-09-09-report.pdf>. [↑](#footnote-ref-7)
8. OHCHR, “Implementation of technical assistance provided to the National Commission of Inquiry to investigate allegations of violations and abuses committed by all parties to the conflict in Yemen,” UN Doc. A/HRC/45/57 (September 2, 2020), para. 18, <https://undocs.org/en/A/HRC/45/57>; Mwatana for Human Rights, “UN Human Rights Council: Prioritize Yemen Accountability and Redress,” (September 29, 2020), <https://mwatana.org/en/prioritize-yemen-accountability-and-redress/>.. [↑](#footnote-ref-8)
9. *Ibid*. [↑](#footnote-ref-9)
10. The Saudi/UAE-led coalition has made some payments to victims of airstrikes, including in airstrikes where JIAT recommended payments. However, these payments are not legally mandated and are described as humanitarian assistance. See GEE, *supra* note 4 at para. 374, according to which: “[...] in addition to legal proceedings, the JIAT recommended that monies be paid to families of victims and/or relevant persons in respect of material damage.” [↑](#footnote-ref-10)