



**Social Development Division  
Social Policy Section  
ESCWA**

**Policy Brief**

**Looking the Other Way:  
Disability in Yemen**

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## EXECUTIVE SUMMARY

Disability is “... an interaction between human functioning and an environment which does not account for different levels of functioning”<sup>1</sup>. A large proportion of physical and mental disabilities is preventable. In Yemen, persons with disabilities face many challenges that could be significantly reduced through inclusive policy, planning and programming. However, there is no institutional responsibility for persons with disability at policy level in Yemen. Disability is also not seen as a cross-cutting issue and is not mainstreamed in any of the line ministries. Based on the analysis of the situation of persons with disability in Yemen, the present Policy Brief proposes the following seven recommendations: to understand better the situation of persons with disability through research; to shift the approach to disability from a welfare or assistance approach to a development approach based on rights; to strengthen the already existing delivery of services that specifically target persons with disability; to focus on prevention of disability and rehabilitation of persons with disability; designate a policy level entity responsible for advancing the rights of persons with disability; to mainstream disability in all related sectors at the levels of policy, strategies, planning and delivery; and to establish a clearer commitment to persons with disability by increasing national and international resources.

## 1. Introduction

A comment that is often heard when raising the issue of disability among government officials or among staff in bilateral, multilateral and international NGOs in Yemen is: "...there are so many challenges we face in Yemen that take all our attention and energy". This very much sums up a general tendency to focus on the unmet multiple needs of the 'non-disabled' population in Yemen, making persons with disability a lower priority. This is not an issue of prioritisation, but rather an issue of equal rights of all citizens to get their interests and needs met.

When referring to persons with disability, what is meant is women, men, girls and boys who have physical impairments in their motor, hearing or visual functions; mental or intellectual impairments; and/or multiple impairments. Persons may be born with impairments or can acquire impairments at birth or at a later stage due to an illness or to an accident. When individuals with different forms and levels of functioning encounter barriers or are excluded from health services, education, employment, public services and infrastructure, then they are disabled. "Disability is thus an interaction between human functioning and an environment which does not account for different levels of functioning"<sup>2</sup>. This broader understanding of disability implies that, counter to general beliefs, interventions at policy, planning and delivery levels can go a long way towards addressing the needs of persons with disability.

The number of persons with disabilities in Yemen is estimated at approximately 1.2 million in a population of around 23 millions. The causes of disability vary from congenital diseases, complications at birth, illnesses and accidents. As this policy brief will show, most of these causes are preventable. For example, studies showed that 30% of disabilities in Yemen resulted from congenital diseases and problems during delivery: this issue could be addressed through increasing efforts towards attaining the Millennium Development Goals such as improving maternal health.

While often associated with poverty, disability affects all income groups. However, disability does have links to poverty in at least three ways. First, in cases where disability is related to weak coverage of health services, it is the poor and/or those who live in remote areas who are the most vulnerable. Second, the poor will be the most likely to be excluded from treatment and rehabilitation services. Third, a disabled person may demand more investment from his family members in the form of labour, time and capital - resources which are scarce in poor households, especially in the absence of adequate health services.

As this policy brief will show, there is no institutional responsibility for persons with disability at policy level in Yemen. Disability is also not seen as a cross-cutting issue and is not mainstreamed in any of the line ministries. Multilateral and bilateral organisations are also largely absent from the disability scene. International commitments like the MDGs have also failed groups such as persons with disability. MDG targets and indicators do not measure changes in the status of socially excluded, vulnerable or minority groups: they also tend to ignore their rights and not capture inequities and disparities among them.

So, in many respects, disability in Yemen is a matter of 'looking the other way'. Responsibility for the delivery of services to persons with disability is almost entirely left on the shoulders of two public institutions (the Rehabilitation Fund and the Social Fund for Development) and, to a large extent, to the Disabled Persons Organisations (DPOs) and Non Governmental Organizations (NGOs).

On the other hand, there are some opportunities for positive change: Yemen ratified all Human Rights, Women Rights and Children Rights Conventions and the Salamanca declaration for persons with special needs. In addition to that, Yemen signed the Convention on the Rights of Persons with Disabilities in 2006, and ratified it in 2009. It also made a commitment to the Arab Decade on Disability (2004 – 2013). Moreover, there are a number of initiatives, such as the 'National Disability Strategy', which has the potential to address the situation of persons with disabilities in a more comprehensive way. A final

positive sign is that some key government officials are recognising the rights of persons with disability and their potential contribution to society.

## 2. Context and Importance of the Problem

### 2.1 Prevalence of disability

It is estimated that out of the total population of 23,103,376 million Yemenis,<sup>3</sup> there are between 3% to 5% persons<sup>4</sup>, i.e. between 695,000 and 1,155,000 million. Many specialists argue that, in fact, the latter estimates are rather conservative, and the real estimate is closer to 2 million. A comment often heard in Yemen is: "...whenever the issue of disability is mentioned, everyone will say they have one or more disabled persons in their immediate or extended family".

In terms of rural/urban distribution, given that 75% of the population of Yemen live in rural areas, it is estimated that the majority of disabled people are in rural areas, 3.3 times higher in rural than in urban areas<sup>5</sup>. However, a recent study (2007) found that the highest rates of the population with disability are found in urban areas such as Aden, Sana'a and Taiz<sup>6</sup>.

Some studies show that disability is almost twice as high in the lowest income deciles as it is in the highest income deciles<sup>7</sup>. Other statistics show that 58.2% of persons with disability fall above the poverty line while 41.2% are below it<sup>8</sup>. The majority of studies that have come up with disaggregated statistics estimate that there is more disability among males than among females<sup>9</sup>, with 58.8% disabled males versus 41.2% disabled females<sup>10</sup>. As the literature in Yemen shows, this might be a result of the social stigma associated mostly with disabled women and girls.

Estimates reveal that mobility impairments are the most common forms of disability in Yemen (42.1% of the total), followed by visual impairments (18.4%), hearing impairments (14.0%), mental impairments (8.1%), non-specified impairments (6.8%), multiple disabilities (6.7%) and speech impairments (3.9%)<sup>11</sup>.

### 2.2 Causes of disability: in many cases preventable

In Yemen, there are a number of causes for the high prevalence of disability. One set of causes is communicable diseases such as meningitis, rubella and polio<sup>12</sup>. Another set of causes includes malnutrition as well as iodine and vitamin A deficiency. Malnutrition lowers resistance and exposes both mother and child to increased ill health and potential long-term disablement. For example, if an immunisation injection is given when a child is malnourished and sick, it can easily trigger the onset of full polio<sup>13</sup>. Medical mistakes (e.g. infected needles, surgical errors, wrongly prescribed or wrongly used drugs)<sup>14</sup> also often result in disability. Impairments such as blindness, deafness and mental disabilities are, in the majority of cases, more culturally determined: indeed, they may result from under-age mothers and congenital defects due to consanguineous marriages<sup>15</sup>. Inadequate pre-natal, peri-natal and post-natal health care may also be a cause of disability. Some research suggests that 30% of disabilities result from congenital birth conditions and problems during delivery<sup>16</sup>. On the whole, a large proportion of impairments in Yemen are therefore preventable.

Other preventable causes for disability in Yemen are accidents<sup>17</sup>. Road accidents, that a senior government official called 'a factory for disability in Yemen', cause many deaths and serious injuries, many of which end in disability. In 2008, there were 2,822 deaths due to road accidents, as well as 66,641 serious injuries and 80,423 slight injuries<sup>18</sup>. Some of the reasons for such high rates of road accidents are: the very bad conditions of the roads and cars; the lack of electronic surveillance; the lack of traffic control; the lack of pedestrian crossings; and the lax system of issuing driving licences. The responsibilities for these problems lie with the Ministry of Interior, the Ministry of Roads and

Construction and Local Authorities, among others. According to the Ministry of Social Affairs and Labour (MOSAL) senior officials, each of these authorities blames the other for the high rates of road accidents.

There are also other causes that lead to disability. In 2008, accidents in the workplace resulted in 106 partial disabilities and 6 total disabilities<sup>19</sup>. Landmines resulted in 5,470 victims in 2006<sup>20</sup>. Finally, accidents at home, especially a very high incidence of burns, may also lead to disabilities.

### **2.3 Challenges facing persons with disabilities and their families**

The life of persons with disabilities in Yemen is full of challenges. While in the majority of cases, disabled women, men, girls and boys are loved and taken care of well at home; their lives with their families are not free of problems. There is a tendency among family members to overprotect a disabled child, and to have low expectations for his or her development<sup>21</sup>. Disabled persons, who do not challenge the limitations put on them by over-caring family members, tend to remain over-dependent on others causing them further disability. This often leads to unnecessary over-reliance of most disabled people on others because of guilt and other factors, such as the lack of knowledge and belief in the capacities of disabled people.

With very little external support, another problem is the amount of time and resources that caring for a disabled child or adult demands from family members. The daily care often falls on women and girls in the household. It is not uncommon, for example, to keep daughters from continuing school and/or from getting married in order to involve them as life-time carers for disabled family members<sup>22</sup>.

The stigma of having a disabled family member is also a source of fear and pain for family members and the disabled persons themselves. This often leads to parents deciding to keep their disabled children, especially daughters, out of sight. In Yemen, there is a strong belief that disability is passed on to children through mothers. Many families are therefore afraid that if it becomes known that they have a disabled daughter, this will jeopardise the chances of her sisters to ever get married. When it comes to marriage, disabled women may not expect to get married while disabled men often marry a non-disabled woman<sup>23</sup>. In the words of a disabled woman who runs a Disabled Persons Organization, "...the disabled woman is neither equal to other women nor is she equal to disabled men"<sup>24</sup>.

Disabled men, and to a larger extent disabled women, face discrimination in society in different ways. While on the whole compassionate and accepting of what is seen as God's will, Yemenis, like most others, have complex feelings towards disability. Fear mixed with guilt and inability to cope with difference, result in society at large 'looking the other way', literally and figuratively. Some go to the other extreme and stare at, tease or even abuse disabled people<sup>25</sup>.

The situation of persons with disability in Yemen is further aggravated by their exclusion from their rights to education, training, health and employment amongst other rights. They also face problems in terms of inaccessible buildings and public transport systems. This will be further elaborated in the sections below.

Despite all the levels of active and passive discrimination, a number of disabled women and men in Yemen have more recently managed to achieve success in education, work and even in their personal lives. The example of the disabled men's hockey team, who won a championship in the United States, was repeatedly given during interviews. "And this happens in a country where international sport championships are never won and where we do not have a non-disabled hockey team! And the team's goal keeper is a woman"<sup>26</sup>.

## **3. Problems and Opportunities for change**

### **3.1 What is the dominant understanding of and approach to disability?**

Societal attitudes towards people with disability in Yemen are mirrored in the way that policy makers and politicians approach the issue. While recognising at one level that disability is often preventable, the idea that it is the will of God is prevalent. This leads to viewing people with disability as subjects of sympathy and often pity, which translates into a predominantly 'charity' or 'welfare' approach. As discussed in the literature, "...charity is palliative, that is, it tries to alleviate suffering but does not address the root causes behind it. It does not change anything fundamental. Its effect is, in fact, to endorse the status quo"<sup>27</sup>.

### 3.1.1 The 'medical model'

The medical model to disability is the most predominant approach to disability in Yemen. It does not only focus on health issues, but it is a perspective that sees an individual's inability to function as a problem that lies within the individual person<sup>28</sup>. This perspective of disability has traditionally led to addressing the issue through a charity or a social assistance approach<sup>29</sup>.

### 3.1.2 The 'social model'

The social model to disability and disablement came out of a critique of the 'medical model'. The 'social model' separates what is the physical or mental condition which it sees as 'impairment' from what is imposed on top of this 'impairment' by way of isolation or exclusion from full participation in society. This is what is considered 'disability'<sup>30</sup>. "Disability is therefore situated in the wider, external environment, and is not explicable as a consequence of an individual's physical and/or cognitive deficiencies"<sup>31</sup>. Therefore, the main argument of the social model is that disability stems from "...the failure of a structured social environment to adjust to the needs and aspirations of citizens with disabilities rather than from the inability of the disabled individual to adapt to the demands of society"<sup>32</sup>. The main contribution of this model is that it shifts the policy focus in addressing the situation of the disabled person from an individual focus to an institutional and societal focus. In other words, this means the onus and responsibility is on the latter to create the conditions by which persons with disability achieve their full potential.

In its focus on the socio-political construction of disability, the social model is critiqued for not accommodating the personal experiences of those who are physically and mentally impaired. A more balanced and more holistic approach to this is therefore called for by more clearly acknowledging interaction and causal relations between the individual's impairment and his/her socio-political and economic environment.

### 3.1.3 The 'affirmative model'

This third model is built on the rejection of presumptions of dependency and abnormality and asserts a positive identity - not only in being disabled, but also in being impaired. "In affirming a positive identity, disabled people are actively repudiating the dominant view of normality. The changes for individuals are not just transforming of consciousness as to the meaning of 'disability', but an assertion of the value and validity of life as a person with impairment"<sup>33</sup>.

Amongst other things, this debate clearly highlights the responsibility of all institutions to address the needs and interests through a development approach that fully recognises the citizenship right of persons with disability. This development approach would work toward removing barriers to, and stimulating the personal development of disabled people. It will also seek to address the dominant causes of disability<sup>34</sup>. Most importantly, the corresponding policy approach should be one of integration in the mainstream of society and not of isolation.

Establishing the rights of a disabled person is not only enshrined in international law, but has also been advocated by many Disabilities Persons Organisations (DPOs) all over the world. The vast majority

of these organisations adhere to the principles of “empowerment and human rights, independence and integration, and self-help and self-determination”<sup>35</sup>. This is an approach to which some DPOs and human right advocates in Yemen adhere and through which some success has been achieved in making their voice heard. There were numbers of occasions when DPOs and the Persons with Disabilities Union successfully organised demonstrations demanding their rights.

### **3.2 Is the data needed for evidence-based policy and practice available?**

As section 2 above shows, the numbers of persons with disability in Yemen are largely based on estimates. The Central Statistics Office, which is part of the Ministry of Planning and International Cooperation (MOPIC), is considered by Yemeni officials as the most reliable and credible source of national level statistics in the country. According to the National Household Surveys of 1994 and 2004, statistics on the prevalence of disability are considered, by most experts in the field including some researchers in the Statistics Office, to have been a huge underestimate. Results on the prevalence of disability between females and males, rural/urban distribution, different income groups and education levels, have all been challenged by other studies. The general view is that the problems in the data were due to weaknesses in the design of the questionnaires, the wording of the questions and the poor training of the data collectors. Cultural issues were also seen to be responsible for lower reporting of persons with disability.

A new round of the survey is currently being designed. Based on lessons learned from previous rounds, hopefully these problems will be avoided. Given the sensitivity and complexity of the issue of disability, more qualitative research is also needed. While there are some available studies on this, none have examined the dimensions of living with disability in Yemen in depth.

### **3.3 Are national and international commitments translated into effective policies and legislation?**

#### **3.3.1 Ratified Conventions**

Besides the ratification of all Human Rights, Women Rights and Children Rights Conventions, as well as the Salamanca declaration for those with special needs, Yemen also signed the Convention on the Rights of Persons with Disabilities in 2006, and ratified it in 2009. Yemen also made a commitment to the Arab Decade on Disability (2004 – 2013). At the Middle East and North Africa regional consultation on the UN Convention on Rights of Children with Disability, 20 children from Yemen (disabled and not disabled) presented a set of recommendations on best practice which will be published in a form of a handbook by Save the Children<sup>36</sup>.

#### **3.3.2 Legislation**

According to experts and interested persons in this field, legislation in Yemen is favourable to persons with disability<sup>37</sup>. Rehabilitation legislation in Yemen is spread over a number of legal documents issued by the Ministry of Legal and Parliamentary Affairs (MLPA). The Law for the Welfare of Disabled - Law Number 2 for the year 2002 - remains the principal document<sup>38</sup>. Other Laws referring to disabled people include Child Law - Number 45/2002 (Articles 1115 - 123)<sup>39</sup> and Public Law No. 61 (1999), which guarantees the right to health care, employment, higher education, rehabilitation services and barrier-free access to new public buildings<sup>40</sup>. Public Law No. 61 also states that every person with a disability should be provided with free medical assistance<sup>41</sup>. According to Law No 2/2002, a five percent quota in employment is to be reserved for people with disabilities. In reality, and despite the establishment of a National Committee to monitor the quota, the latter is rarely complied with: it is estimated that disabled women and men constitute less than 1% of employees in Yemen<sup>42</sup>.

Advocates for the rights of persons with disability tend to agree that in fact passing legislation in favour of the disabled in Yemen is quite straight-forward. The Parliamentary ‘Labour Force and Social

Affairs' Committee and the 'Human Rights' Committee as well as Al Shoura 'Social and Freedoms Committee' are considered by DPOs as allies. According to an advocate who is disabled herself, "...the Parliament tends to agree very easily on everything to do with disability. The last set of amendments that we advocated for were passed in 5 minutes! However, this comes out of compassion or more likely pity rather than recognition of our rights. As a result, there is no real political commitment and no implementation of laws and regulations."

However a new opportunity now presents itself in the shape of a national committee under the Prime Minister reviewing current by-laws and by-laws based on the newly ratified Rights of Persons with Disabilities Convention. A number of working papers were produced in 2008 towards this initiative<sup>43</sup>. Whether this time more measures and mechanisms are put in place to guarantee its implementation is still to be seen.

### 3.3.3 Strategies and policies

There are two main national strategies addressing people with disability. The first is the 'National Disability Strategy' which addresses persons with disabilities directly but is still not completely developed. The second is the 'National Protection Strategy' which includes persons with disability as a sub-group alongside others.

The work on the 'National Disability Strategy' which is supported by the World Bank has been in the pipeline for a number of years and as yet has not been completed<sup>44</sup>. The Ministry of Social Affairs and Labour produced a Strategy Proposal for Disability in 2002. The main aim of the Strategy was, among others, to make the issue of disability one of the political, economic and social priorities of the Yemeni government<sup>45</sup>. Since then, a number of activities have been undertaken towards the design of the strategy. For example, in 2006, the government initiated a process for the development of a National Strategy on Disability<sup>46</sup>. This was followed by a consultation workshop held in April 2007 to discuss the possible directions of the National Disability Strategy with representatives from the Ministry of Social Affairs and Labour (MOSAL), the Social Fund For Development (SFD), the Ministry of Education (MOE), the Ministry of Planning and International Cooperation (MOPIC) and the Disability Union. The workshop participants proposed the creation of a Technical Committee on Disability as the body that would assume responsibility for coordinating the development of the National Disability Strategy<sup>47</sup>. The members of the Committee came from all the institutions cited above. However, very little has been achieved during the year since the Committee was formed which raises doubts about the commitment, availability and efficiency of the Committee to take on such a task<sup>48</sup>.

The 'Social Protection Strategy' which was on its way to completion in April 2009, is also meant to deal with issues of disability at a national level. Two comprehensive reports were produced by the World Bank in support of the preparation of this Strategy. The first is entitled "An Integrated Approach to Social Sectors: Towards a Social Protection Strategy" (2007); the second is entitled "Yemen, a social protection strategy" (2008). In the former document, disability is covered in a small section of the report and is only briefly mentioned under the main areas of concern covering the labour market, education, pensions and social assistance. In the latter report, disability is not included in the priority areas for social protection and is hardly mentioned in the whole document.

It could be argued that perhaps persons with disability could in any case benefit from a Social Protection Strategy. Their specific needs and interests might as yet appear in the final strategy which is being finalised by the MOPIC. However, here again, there might be a serious constraint. MOSAL, as the main ministry with the mandate for disability issues, was meant to take on the responsibility of the strategy. However, due to lack of capacity in the Ministry, the responsibility was given by the Social Fund to a reluctant MOPIC instead. While the Strategy was meant to be dealt with at a senior level, it was passed on internally to an already overburdened directorate with little capacity and power. When completed, the Strategy will be passed on to a World Bank consultant to finalise it, and then it will be presented to the Cabinet for approval.

As is the case for other cross-cutting issues, there is a tendency in policies and strategies to treat disability in a paragraph, if at all. An example of this is the third five-year “Socio-economic Development Plan for Poverty Reduction (DPPR) 2006-2010”<sup>49</sup>. Disability is mentioned in a couple of pages under the chapter on Social Protection and Welfare and Social Security<sup>50</sup>. The fourth five-year plan for 2011-2015 is currently being formulated and represents an opportunity for a more appropriate mainstreaming of disability issues in all its chapters. When discussing the importance of mainstreaming cross-cutting issues at macro level, a senior official in the MOPIC said that no institution is doing this successfully. Giving the example of disability, he added: “... there is nothing on disability in the UNDAF”<sup>51</sup>.

It remains a puzzle as to why it is that most international agencies have totally abandoned any interest in supporting issues related to disability in Yemen. Even key agencies such as WHO and UNICEF currently have no involvement in the issue.

### **3.4 Who is responsible for the disabled at the national level?**

#### **3.4.1 State level**

The main responsibility for disability at the level of the state is given to the Ministry of Social Affairs and Labour (MOSAL). As the name implies, MOSAL is divided into two sectors which over the last few years have merged and been separated into one, then two ministries. According to many who work in this field, this has greatly weakened the ministry. The ministry also has one of the lowest budgets of all sector ministries. Disability is primarily dealt with under the social affairs sector. This is a significant indicator of the charity or welfare approach attributed to disability in Yemen.

MOSAL runs the Social Welfare Fund (SWF) which provides financial welfare payments to persons with disabilities (more of this in the next section)<sup>52</sup>. MOSAL also has a Disability Directorate. The mandate of this directorate is to support the initiatives of NGOs and DPOs, build their capacity, and supervise public centres that provide services to disabled people in collaboration with DPOs<sup>53</sup>.

Many who work with disability in Yemen raise the issue that it has been a number of years since MOSAL has been able to carry out its mandate as the main state institution in charge of people with disability. This is especially the case in terms of its policy and strategy level responsibilities. One of the reasons given for this is that, some years ago, a MOSAL minister caused a number of experienced staff to leave the Ministry which was seen as a real brain drain, leaving the Ministry quite weakened. As shown above, lack of capacity of the Ministry meant that the Social Protection Strategy had to be given to the Ministry of Planning. Many of the functions of the ministry were also passed on to the Rehabilitation Fund as will be shown below. A number of committees were set up to take on tasks under the supervision of MOSAL, and the latter has not been able to effectively carry out its coordinating and monitoring roles.

In trying to create an entity solely responsible for disability in Yemen, Public Law No. 2 of 2002 established the Rehabilitation Fund for the Care of Handicapped Persons (RFCHP). The Rehabilitation Fund is under the managerial responsibility of MOSAL and its board of directors is composed of representatives from different sectors. The Fund was meant to take on a coordinating and catalytic policy function with regards to disability in Yemen. However, and as the next section will show, the Fund became more involved in the direct delivery of services for persons with disability<sup>54</sup>. It is seen by MOSAL officials and others, as not only a serious deviation from the much needed institutional mandate for which the Fund was created, but also an inefficient way of spending its budget, which compared to other institutions, is substantial. Despite the fact that the Rehabilitation Fund is under the auspices of MOSAL, the latter seems to have very little power over the Fund.

The Social Fund for Development (SFD) has shown commitment to the issue of disability in Yemen. SFD is an autonomous governmental/public institution established in 1997 as a main component

of the Social Safety Net Programme funded by the World Bank. The SFD operates at policy as well as service delivery levels. In its work with its partners, it aims to provide support in the area of disability to government agencies, NGOs and DPOs in the areas of health, social protection and education through capacity building and strategy development<sup>55</sup>.

The SFD strategy categorised the group of persons with disabilities as one of the 'Special Needs Groups'. While its programme is seen to have been in many ways a success, it is very much run in a vertical manner with few linkages to the rest of the SFD programmes. The SFD has been urged by experts working with it on disability to set an example for treating disability as a cross-cutting issue by linking it with, for example, micro-credit, rural development and infrastructure development within its own programme<sup>56</sup>.

### **3.4.2 Political constituency**

The wider policy environment also includes the National Union of Associations for the Yemeni Disabled - a national umbrella organization, composed of 93 DPOs and NGOs working with disability. The major goals of this organization are to coordinate the work of the DPOs around lobbying and advocacy work in defending the rights of persons with disability and to support the DPOs in delivering their services. While the existence of such a Union is of great importance, its unifying and coordinating role has not managed to cut across the individual interests of the DPOs. The majority of the DPOs in Yemen remain inward-looking, focusing their efforts on the need of their individual target group (blind, deaf, physically disabled, etc...)<sup>57</sup>. One of the achievements that the Union is proud of is the establishment of strong links with the Media. Examples of this are a weekly TV programme and a page in two national papers dedicated to raising disability issues.

### **3.4.3 Absence of institutional responsibility at policy level**

As this discussion illustrates, and as the next section will confirm, currently there is no institutional arrangement in Yemen that takes the overarching catalytic role for the policy and coordination responsibility for addressing the needs, interests and rights of people with disability. Disability is also not mainstreamed in key sectors at the level of policy, planning and delivery. In the absence of an institutional arrangement with a mainstreaming mandate, capacity, resources and power to push and monitor this, it is unlikely to happen.

## **3.5 How effective are the services provided to persons with disabilities?**

In Yemen, in the absence of an overarching institutional responsibility for the overall advancement of the interests and the protection of the rights of people with disabilities, what these persons and their families are left with on the whole are fragmented services accessible to a few, primarily in urban areas. Estimates suggest that as low as 1.5% of the population with disabilities in Yemen has access to services<sup>58</sup>. An SFD report states that 20,000 persons with disabilities were direct beneficiaries of their services<sup>59</sup>. Services in education, health and employment are generally inaccessible to the majority of persons with disability. Community-based rehabilitation projects, which have the potential to extend service provision to rural populations, are currently virtually non-existent. Likewise, effective initiatives for the prevention of the causes that lead to impairment have yet to be developed<sup>60</sup>.

### **3.5.1 Mandated delivery level state institutions**

It is estimated that only 12 percent of the working-age disabled are employed (2% of the disabled females and 22% of the disabled males)<sup>61</sup>. MOSAL in the 'employment sector' of the Ministry is responsible for monitoring the implementation of the 5% quota for disabled women and men. The second very important function that the ministry carries out in relation to issues on disability is the inspection of Health and Safety for all workers in Yemen. As mentioned earlier, work-related injuries are one of the major contributing factors to the high prevalence of disability in Yemen. However, as a senior

official in the ministry explained, MOSAL faces a number of restrictions in carrying out its inspection role. Among these, for example, is the fact that they are responsible for around 500,000 'workplaces' and only have 33 inspectors nationwide<sup>62</sup>.

The Social Welfare Fund is one of the oldest services provided by the Social Affairs section of MOSAL. It consists of providing cash transfers to persons with disabilities. For years, the monthly allowance to disabled persons was Rial 3,000 (around \$15) which was most recently doubled to Rial 6,000 (around \$30). People have to come to Sana'a to collect this allowance<sup>63</sup>. Only 10% of people with disability have had access to this service<sup>64</sup>.

As mentioned above, instead of carrying out its original mandate, the Rehabilitation Fund and Care of Handicapped Persons, provides direct services to persons with disability in the area of welfare and rehabilitation. After an initial diagnosis, persons with disability are provided an ID card that allows them to access different services with support from the Fund. These include medical treatment (including operations and medicines); equipment (such as wheel chairs, hearing aids, etc...); rehabilitation services (such as training and education); sports and leisure. All these free services are offered to all persons across all income levels. According to the Rehabilitation Fund records, around 130,000 to 150,000 persons with disability have had access to one or more of the Fund's services.

Another function of the Fund is to support DPOs and NGOs working on disability through payments of their utility bills and subsidies for the purchase of equipment, raw materials, and vehicles. The Rehabilitation Fund is financially well resourced. Its budget comes from a share in taxes on customs, plane tickets and cigarettes. While seen as a blessing, the relatively large budget of the Fund is seen by its senior management to be the cause for attracting constant suspicion and financial scrutiny from the authorities. Another problem the Fund faces because of its perceived 'wealth' is the withdrawal of many other institutions from their financial obligations towards persons with disability. "Medical institutions such as for example the Artificial Limb Centre, is meant to dispense artificial limbs for free. Now they ask to be paid by the Fund"<sup>65</sup>.

The Fund is also criticised for not following clear targeting and selection criteria and for focusing its work on urban areas with Sana'a alone accounting for 48.3% of the Fund's financial disbursement, whereas four governorates (Abyan, Zingbar, Lawdar and Modiah) combined only receive 1.2% of the Fund's resources<sup>66</sup>. Other criticisms concern the Fund's lack of capacity, slow bureaucratic procedures, nepotism and ad hoc style of work. "They changed their policy last year and decided they are no longer supporting university students with visual disabilities (400 of them) – this meant they cut out the funding in the middle of the academic year!"<sup>67</sup>. Despite the various weaknesses in the work of the Fund, the high demand for its services means that its services are needed. As to the quality of these services, this perhaps demands more rigorous evaluation. The original policy and planning mandate of the Fund will have to be allocated to another existing or new institution.

Wars in Yemen have left a serious problem of landmines causing death and impairments for what is estimated to be a large number of Yemenis. The National Programme of Landmine Action, established in Yemen in 1998, is the main organisation working on this issue. Over the last 10 years, it has cleared 67% of the estimated number of landmines. It provides medical care, transport and accommodation, financial support as well as rehabilitation and re-integration in society for the victims of landmines. From 2001 to 2008, around 1,575 victims received support from the Programme<sup>68</sup>.

### 3.5.2 Sectoral ministries

The most serious problem that persons with disabilities face is their exclusion from service delivery of most line ministries. For example, when it comes to education, the majority of disabled boys, and to a larger extent girls, do not go to school. Even when the parents try to get their children into the education system, as a general rule, schools do not accept the child because of inaccessible buildings, lack

of adapted teaching materials, unqualified teachers and overcrowded classes, making it difficult for teachers, even if they are willing, to accommodate children with special needs.

**The Ministry of Education (MOE)** and the Swedish Save the Children Fund began an inclusive education project in 1997. In 2004, approximately 60 schools participated in the program serving 218 girls and 235 boys with disabilities, which is only 0.34% of Yemen's estimated school-age population with disabilities<sup>69</sup>. The Programme is currently supported by the World Bank under its more general programme on basic education: 115 schools are now targeted in 15 governorates. The programme includes training teachers, establishing fully equipped 'resource rooms', construction ramps, etc... There are a number of limitations in this programme, among which are that it is implemented by a small unit in the Ministry with little commitment and support from the General Directorate under which it operates, with no ownership of the issues in the rest of the Ministry. "The magnitude of the problem is huge. In some schools we found that 30% of the children suffer from hearing and sight impairments. Nothing is done in terms of prevention"<sup>70</sup>.

When it comes to prevention, a big responsibility lies with the **Ministry of Health (MOH)**. Beyond its focus on reducing maternal and child mortality and the eradication of polio as part of fulfilling its MDG commitments, the MOH by its own admission does very little regarding the prevention and treatment of disability. All health indicators show high levels of morbidity among infants and children. The infant mortality rate is one of the highest in the world at 75 per 1000, and child mortality rate is 102 per 1000 live births. Prevalence of underweight children (under five years of age) is 46 percent<sup>71</sup>. While there are no statistics neither on disability nor morbidity among infants and young children, it could be assumed that rates will be very high. Describing the 'Integrated Management of Childhood Illnesses' programme, a MOH official explained that focus is on immunisation, diarrheal and respiratory problems and malaria, "...but we neglect looking at disability as an issue"<sup>72</sup>. An opportunity for strengthening the role of the MOH in addressing disability issues in Yemen presents itself in that the Ministry is currently designing a Health Sector Reform Strategy. This is where efforts to mainstream disability issues in the next five-year plan (2010-2015) could be undertaken.

Despite the important roles that other state institutions could play in addressing the needs of persons with disability, their contribution is largely absent. To name a few examples, in the area of prevention, the **Traffic Authority** under the Ministry of Interior, despite its recognition of the role of car accidents in causing disabilities, does very little to control this. Procedures are not in place for monitoring licences; there are no proper driving tests; boys as young as ten are allowed to drive with no penalties; there are no requirements to obtain driving insurances and no car checks. The Ministries of Construction, Roads, Infrastructure and Transport do very little to safeguard the safety of disabled people or to provide the appropriate environment that allows them mobility and accessibility to public spaces and services.

When it comes to rehabilitation and possible access to employment, the **Ministry of Technical Education and Vocational Training** could play an important role, but is absent from the scene. The responsibility for the persons with disability has been given to a Directorate General with two staff members with a mandate for women, juveniles and orphans. The Directorate is trying to respond to a request by the Disabled Persons Union to construct ramps at the training centres, to consider staff training in sign language and other skills and to help in providing adequate training to persons with disability.

### 3.5.3 Disabled Persons Organisations (DPOs) and Non Governmental Organisations (NGOs)

There is a general consensus among those with knowledge of the situation of persons with disability in Yemen that DPOs and NGOs are the main service providers for persons with disabilities and despite their limited means "... are considered by some as 'parastatals' because they are taking on from what the state should be doing"<sup>73</sup>.

Most of the different disability groups are represented by a DPO. Their credibility and legitimacy is now rarely challenged. When persons with disabilities started establishing their organisation, the attitude was different. As the founder of one of the most successful DPOs specialising in physical impairments commented: "When I was working on obtaining my official papers, I kept being told 'how will you be able to manage an organisation?' My answer was 'I will do it with my brain not with my legs'"<sup>74</sup>.

There are a number of DPOs in Yemen, but most operate in Sana'a, Aden, Taiz and Hodeidah. For example, in Sana'a, El Tahadi (The Challenge) is a DPO which offers services for persons with motor, mental and hearing impairments. It has a preschool to rehabilitate children and get them ready to join mainstream schools. It has a centre for physiotherapy with some rehabilitation equipment; it also has a vocational training centre for embroidery and sewing for women.

Al Aman (Security) is an association for blind girls and women in Sana'a. It has 600 members. It provides education (using Braille) and supports girls and women to go through education from primary school to university. It also offers vocational training and computing skills (using special programmes for the blind), and it has a hostel for orphans and girls and women who live outside Sana'a. Most impressively, it has a printing workshop that provides all of Yemen with Braille books covering the whole of the school curriculum. They take on this role happily. All they say is "...we just wish that when the MOE changes something in the curriculum, they would let us know"<sup>75</sup>.

'The Organisation for the Care and Rehabilitation of the Motor Disabled' is a big DPO with 6,000 members and 75 staff members. Its main aim is to work as "... a bridge to integration into mainstream education, work and family life"<sup>76</sup> for both women and men. The organisation includes education classes; it also covers school expenses in mainstream schools and university. In addition, it offers vocational training and support to find employment.

#### 3.5.4 International Organisations

There is no doubt that the DPOs are providing a much needed service but face issues of scale and capacity. In terms of scale, DPOs or NGOs cannot replace what the State can provide. While there is a general consensus about the important role they provide, most DPOs and NGOs are seen to lack a more outward looking, advocacy approach to disability. They also often lack organisational capacity to help their work achieve greater impact<sup>77</sup>.

When it comes to other organisations, even though there was a history of active International NGOs in Yemen, their involvement has wound down and nearly totally disappeared in the last three or four years. Among these are British Oxfam and Swedish Save the Children. ADRA's work is still ongoing, though on a much smaller scale. With its project coming to an end, it is currently searching for new sources of funding. Neither bilateral nor multilateral organisations that in the past supported projects and services for persons with disability are currently involved in this field in any significant way.

With the withdrawal of international NGOs and agencies from work on disability, 'Community-Based Rehabilitation' (CBR) projects were largely discontinued. CBR projects are implemented through the combined efforts of persons with disabilities, their families and communities in cooperation with the appropriate health, education and vocational services<sup>78</sup>. This approach was implemented with various degrees of success in Yemen but was largely discontinued with the withdrawal of the international NGOs and bilateral organisations from the scene. There is however enough interest around for this approach to be revived.

## 4. Recommendations for Change

The recommendations will build on a number of principles. First, disability needs to be situated in the wider external environment and not to be explicable only by individual physical and cognitive

impairment. Second, disability needs to be addressed in a development approach based on the recognition of the rights of the disabled. Third, the focus must be on prevention as well as care and rehabilitation. Fourth, responsibility for addressing the needs and interests of persons with disability should be integrated in all related sectors and not treated in isolation. Finally, disability should be addressed at both the institutional and the community levels.

On the basis of the above principles, this policy brief recommends the following:

- 1. To better understand the situation of persons with disability through research in the following areas:**
  - 1.1 Quantitative research at national level in order to acquire reliable data on the prevalence and profile of persons with disabilities.
  - 1.2 Qualitative in-depth research to examine the lives and experiences of persons with disability in Yemen in all their diversity, their family's experiences and societal attitudes to disabilities.
  - 1.3 Policy level research examining the effectiveness of existing policies, planning and legislation and institutional arrangements and budgetary allocation targeting persons with disabilities.
  
- 2. To shift the approach to disability from a 'welfare/assistance' approach to a development approach based on rights**
  - 2.1 Based on the above research, to raise the awareness of government officials and society at large of the rights, interests and needs of persons with disabilities.
  - 2.2 To establish better lines of communication for persons with disabilities to make their voices heard.
  - 2.3 To build capacity of staff in development approaches based on rights and equality.
  
- 3. To strengthen the already existing delivery of services that specifically target persons with disability**
  - 3.1 To strengthen the work of the Rehabilitation Fund through building the capacity of the staff and establishing clear eligibility criteria and targeting mechanisms and to widen its reach by establishing branches in key regions in Yemen.
  - 3.2 To strengthen the work of MOSAL through increasing its budget and recruiting staff with expertise in the area of disability.
  - 3.3 To re-establish and strengthen Community Based Rehabilitation Projects.
  
- 4. To focus on prevention of disability and rehabilitation of persons with disabilities**
  - 4.1 To involve the MOH and solicit the support of WHO to examine its role and responsibility in the prevention and early detection of disability.
  - 4.2 To work with all related ministries to institutionalise the conditions and measures to prevent road accidents.
  - 4.3 To work with MOSAL to better monitor and apply strict penalties through its safety and security directorates to prevent work-related accidents.
  - 4.4 To raise awareness of the population around safety and security measures at home.
  
- 5. To create a policy-level entity responsible for advancing the rights of persons with disability**
  - 5.1 To establish a semi-autonomous government entity with a clear catalytic mandate and power to advance the interests of persons with disability. This institution needs to have the following profile and functions:
    - 5.1.1 To push for the mainstreaming of disability issues at the policy level, strategies and plans of all line ministries.
    - 5.1.2 To develop mechanisms for monitoring the implementation of legislation and policy and planning in support of the interests and needs of persons with disabilities.
    - 5.1.3 To monitor the implementation of the 'Disability Strategy'.

- 5.1.4 To have staff who are committed to and have expertise in working with disability issues, human rights and the mainstreaming of cross-cutting issues
- 5.1.5 To establish strong links and coordination with DPOs and advocates of issues to do with equal citizenship rights.
- 5.2 To establish clear channels of communications and mechanisms of accountability in the line ministries to respond and cooperate with this catalytic entity.

**6. To mainstream disability in all related sectors at the levels of policy, strategies, planning and delivery**

- 6.1 To establish responsibility in different line ministries to mainstream disability in their work. This can start with focusing on pilots in each of the key ministries by following a holistic methodology to mainstream disability issues in the following policies, strategies and plans:
  - 6.1.1 The Social Protection Strategy formulated by the Ministry of Planning and International Cooperation (MOPIC).
  - 6.1.2 The fourth five-year plan "Socio-economic Development Plan for Poverty Reduction (2011-2015) (MOPIC).
  - 6.1.3 The Health Sector Reform Strategy which is being designed to support the next five-year plan (2010-2015) (Ministry of Health).
  - 6.1.4 To establish mainstream responsibility for inclusive education in all the Ministry of Education directorates.
- 6.2 To use these pilots as a way to build capacity of staff in these ministries in methodologies for mainstreaming all cross-cutting issues.
- 6.3 To monitor and evaluate the experience of the pilots and in the longer term, mainstream issues on disability in all relevant policies, programmes and projects in line ministries.
- 6.4 To approach government, bilateral and multilateral agencies to support this process.

**7. To establish a clearer commitment to persons with disability by increasing national and international resources**

- 7.1 To establish clear national budgetary commitment to addressing disability issues both in specific and mainstreaming projects.
- 7.2 To re-engage bilateral and multilateral organisations in supporting disability-related interventions through a clearer expression on the part of the government of its commitment to the issue.

## Notes

- <sup>1</sup> Grut, L and Ingstad, B, "Disability and Living Standards in Yemen", SINTEF Health Research, World Bank, June 2006
- <sup>2</sup> Ibid
- <sup>3</sup> This is according to 2008 estimates
- <sup>4</sup> This is based on similar development indicators and surveys in Yemen
- <sup>5</sup> YDC. "Yemen's Disadvantaged Children: Perspectives on Prevention, Protection, Rehabilitation.", Higher Council for Motherhood and Childhood, Social Fund for Development, World Bank Sana'a , 2003 in Tines, J. Tines, J. "Transition towards an Inclusive Future: Report on a Proposed Series of Recommendations for the Development of a National Strategy on Disability in Yemen", Republic of Yemen, The World Bank Middle East and North Africa Human Development Group, June, 2007, p. 7
- <sup>6</sup> Tines, J. "Transition towards an Inclusive Future: Report on a Proposed Series of Recommendations for the Development of a National Strategy on Disability in Yemen", Republic of Yemen, The World Bank Middle East and North Africa Human Development Group June, 2007, p. 7
- <sup>7</sup> The 2005 Household Survey in Ibid, Tines, 2007, p. 7
- <sup>8</sup> Metts, R.L. "Yemen National Disability and Poverty Study and Action Plan: Final Report", SFD, 2006, p. 23
- <sup>9</sup> For example, in the population Census report of the 1.9% estimate of disabled people, there were 2.1 males and 1.7 females (Tines, 2008. , p. 7
- <sup>10</sup> Op cit, Metts, p. 23
- <sup>11</sup> Ibid, p. 23
- <sup>12</sup> According to Ministry Of Health, polio has now been eradicated in Yemen – a statement that is largely contested by others
- <sup>13</sup> Op cit, pp.12-13.
- <sup>14</sup> Ibid
- <sup>15</sup> Ibid
- <sup>16</sup> Op cit, YDC, 2003
- <sup>17</sup> Ibid
- <sup>18</sup> Statistics obtained from the Traffic Authorities, MOE
- <sup>19</sup> Statistics obtained from MOSAL – according to official these only represent the recorded cases – he estimates there are many more that go undetected.
- <sup>20</sup> Statistics obtained from the Landmine organisation...
- <sup>21</sup> Cotridge, P, "The Social Fund for Development: Disability Programme Strategy 2004-2008", The Republic of Yemen, SDC, p. 13
- <sup>22</sup> Op cit, Grut, p. 25).
- <sup>23</sup> Ibid, 24
- <sup>24</sup> Interview, 2009
- <sup>25</sup> Interviews 2009
- <sup>26</sup> Government Official, Interview, 2009
- <sup>27</sup> Op cit, Grut, pp. 19-20
- <sup>28</sup> Coleridge, P. "The Social Fund for Development: A review of its Disability Programme", 2004, in opcit, Tines, J. 2007, p. 37
- <sup>29</sup> SFD, "The Social Fund for Development Disability Programme Strategy 2004 – 8", The Republic of Yemen, pp. 12-13
- <sup>30</sup> Ibid, Tines, 2007, p. 37
- <sup>31</sup> Hunt, P "Fundamental Principles of Disability, Union of the Physically Impaired Against Segregation, 1976, in Lang, R, "The Development and Critique of the Social Model of Disability", Leonard Cheshire Disability and Inclusive Development Centre, Working Papers Series No 3, 2007, p. 8
- <sup>32</sup> Lang, R "The Development and Critique of the Social Model of Disability", Leonard Cheshire Disability and Inclusive Development Centre, Working Papers Series No 3, 2007, p. 4
- <sup>33</sup> Hahn, H. "Public Support for Rehabilitation in Programmes: The Analysis of US Disability Policy", Disability, Handicap and Society, 1986, p. 128 in op cit, Lang, p. 4
- <sup>34</sup> Swain, J. and French, S. "Towards an Affirmative Model of Disability", Disability and Society, 2000, No 15 (4), p. 578 in op cit, Lang pp. 30-31
- <sup>35</sup> Op cit, SFD, 20 04-08, pp. 19-20
- <sup>36</sup> Charlton, J, "Nothing About Us Without Us: Disability, Oppression and Empowerment", Berkeley, California University, of California Press, 1998, p. 130 in op cit, Lang pp. 15-16
- <sup>37</sup> (<http://www.crin.org/resources/infodetail.asp?ID=15307>, Child Rights Information Network, "Children Recommendations for Implementing Disability Convention", Sana'a 30 October 2007.
- <sup>38</sup> A booklet was published in 2006 by MOSAL and the Rehabilitation Fund is entitled "Yemeni Legislation on the Care and Rehabilitation of Persons with Disability
- <sup>39</sup> Tumusani, M. "Yemen Disability Profile", Disability World, Issue No 26 December 2004 - February 2005
- <sup>40</sup> Ibid
- <sup>41</sup> Op cit, Tines, 2008, p. 12
- <sup>42</sup> Ibid

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- <sup>42</sup> Ibid, Tines , p. 9
- <sup>43</sup> See Working papers on legislative amendments, December 2008
- <sup>44</sup> It was still being designed in April 2009
- <sup>45</sup> MOSAL, Report, 2002, p. 1.
- <sup>46</sup> Op cit, Tines, 2007, p. 36
- <sup>47</sup> Tines, J. "Report on the Consultation Workshop for the Rehabilitation Fund and Care of Handicapped Persons in Yemen", Republic of Yemen, WB, 2008, p. 15
- <sup>48</sup> Interviews with MOSAL officials, 2009
- <sup>49</sup> This is a combination of 5 year plan, MDGs and PRSPs
- <sup>50</sup> MOPIC, "Socio-economic Development Plan for Poverty Reduction" (2006-2010), (section on "Social Protection and Welfare and Social Security" pp. 173-189. UNDAF stands for United Nations Development Framework, which lays out the assistance priorities of the United Nations Country Team. pp. 173-189
- <sup>51</sup> Interview, 2009
- <sup>52</sup> Op cit, Metts, p. 55)
- <sup>53</sup> Op cit, Metts, p. 55
- <sup>54</sup> Op cit, Tines, 2008, p. 21
- <sup>55</sup> Ibid, Tines, p. 10.
- <sup>56</sup> Op cit, SFD
- <sup>57</sup> Opcit, Coleridge, 2004, in Tines, 2008, p. 11
- <sup>58</sup> Al-Amri, Arwa, et al. "Overview of the Situation of Children, Women and Early Childhood Development in Yemen", Early Childhood Development Virtual University, Middle East and North Africa Region, World Bank, 2003, in Metts, R.L. "Yemen National Disability and Poverty Study and Action Plan: Final Report", SFD, 2006 (Metts, 2006)
- <sup>59</sup> SFD, "The Annual Report of the Social Fund for Development", 2005
- <sup>60</sup> Op cit, Tines 2007, p. 35
- <sup>61</sup> Ibid
- <sup>62</sup> Interview, 2009
- <sup>63</sup> Interview 2009
- <sup>64</sup> Op cit, Tines, 2007, p. 37
- <sup>65</sup> Interview, 2009
- <sup>66</sup> MOSAL Report, 2005
- <sup>67</sup> Interview with DPO 2009
- <sup>68</sup> Records obtained from the Programme
- <sup>69</sup> Op cit, Metts, 2006, p. 7
- <sup>70</sup> Interview, 2009
- <sup>71</sup> Ministry of Public Health and Population (2003), "Family Health Survey", Republic of Yemen
- <sup>72</sup> Interview, 2009
- <sup>73</sup> Interview, 2009
- <sup>74</sup> Interview, 2009
- <sup>75</sup> Interview, 2009
- <sup>76</sup> Interview, 2009
- <sup>77</sup> Op cit, Tines, 2007, p. 11
- <sup>78</sup> Statement by WHO, ILO, UNESCO and UNDP, 1991 in SFD, 2004-08, p. 21.