

Interagency Comprehensive Child Protection Assessment

in conflict-affected governorates
in North Yemen

Yemen Child Protection
Sub-Cluster

Acknowledgments

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This study is dedicated to all children in need of protection in the Republic of Yemen.

Geert Cappelaere

UNICEF Representative - Yemen

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Executive Summary

Approximately one third of the population of Sa'ada Governorate and two-thirds of the population of Harf Sufian district in Amran have fled their homes during six cycles of armed conflict between the Government Forces and Al-Huthi armed groups in the north-west of Yemen. Starting in June 2004 and continued till February 2010, rounds of fighting between Yemen's armed forces and militia groups of Al-Huthi have led to the displacement of an estimated 316,000 people, 60% of them are children and women, throughout the conflict-affected governorates of Hajjah, Amran, Sa'ada, Al-Jawf and Sana'a. The scale of displacement became massive after the outbreak of the sixth phase of the conflict from August 2009 - February 2010.

The Yemeni government, assisted by the United Nations, international organizations, NGOs and community members mounted a vast assistance operation, distributing food and non-food items, providing shelter and sanitation, strengthening medical facilities, and protecting vulnerable IDPs, with a focus on the most vulnerable children and women. Despite this extensive aid operation, Yemen's displaced children are still facing major difficulties in accessing basic necessities such as food, water, shelter, medical care and education. Many IDPs including children have also been subjected to various forms of abuse, violence, exploitation and neglect associated with their displacement. Host communities in areas of displacement overwhelmed by hundred thousands of displaced people and shared their already scarce resources. Ten percent of the IDPs who returned home in early 2010, whether voluntarily or involuntarily, have experienced difficulties due to the general security situation and poor infrastructure. They continue to face the risks of death, injury, as well as loss of shelter, food, clean water and livelihoods. IDPs who have returned to insecure areas cannot be considered to have found a durable solution to their displacement.

The Child Protection Sub-Cluster conducted an assessment on the child protection situation in the areas affected by Sa'ada conflict. A total of 1,064 people (532 children and 532 caregivers) were interviewed directly, 142 key community leaders were interviewed, and 43 focus group discussions were convened. The assessment initiative gathered information from 5% of the IDP and conflict-affected population within Hajja, Amran, Sa'ada, Al-Jawf and Sana'a governorates. While this assessment attempted to account for gender differences, it is recognized that difficulties in talking with girls and women limits the capacity of this report to fully reflect female experiences. As a result, more males were interviewed or engaged in group discussions representing over 70% of the interviewed population. The results of the assessment reveal that children displaced in the North of

Yemen have experienced serious risks and exposed for many protection concerns. Many children were separated from their families, recruited, detained, injured, missed, disabled or even killed during the conflict. In addition, the assessment has revealed that rates of abuse, exploitation and violence have increased during the displacement period; including domestic and sexual violence, corporal punishment, early marriage and child labour.

Those child protection risks and concerns were clearly shown by the assessment as follows:

- 7.9% of interviewed IDPs and affected families have reported that one of their children had been killed and 10.3% injured as a result of direct fighting between both sides to the conflict.
- The assessment shown that low levels of separation of children from families, although difficulties in collecting information. A total of 6% of children were found separated from their families and only 0.3% children were separated from both parents. There is a strong tradition of providing substitute care for children without caregivers within their extended family. The separations were resolved quickly by family and tribal links and in some cases with the help of aid workers in camps. Two per cent of the families advised that they had at least 1 child still missing from the conflict or displacement.
- 21% of interviewed children witnessed someone being injured and 7.1% saw someone being killed. A few families (2.1%) reported that they had at least one child missing as a result of the conflict or displacement.
- Although difficult to quantify, it was estimated that more than 20% of fighters in armed groups for the Al-Houthi and at least 15% of the fighters in the tribal militia affiliated with Government were children. 15.3% of interviewed boys reported being invited to join the Al-Houthi group and 16.9% of caregivers reported that one or more of their children (particularly boys) had participated in the activities of armed groups;
- 10.2% of families reported that their children had been subjected to detention by both sides of the conflict. Many cases of detentions had been conducted by caregivers themselves as way of protecting their children. Some parents pointed out that they occasionally detained their children deliberately as a way to prevent them from joining the armed groups or forces, or to secure their children from abuse from people outside of the family. It is not clear what proportion of children were detained by different actors;
- Physical abuse (69% of children interviewed), one third of which comprised corporal punishment (where adults justified their actions as rehabilitative in nature). More girls (72%) reported being beaten than boys (66%).

- Sexual abuse and exploitation, where 9% of interviewed girls and 4% of boys advised they experienced such abuse;
- Early marriages are an issue of concern in Yemen occurred before the conflict. While nationally 32% of girls in Yemen are married before they are 18, it is believed that the displacement increased the likelihood of forced early marriage. The assessment has shown a steady increase in early marriage of internally displaced girls. Girls as young as 8, though generally between 13 and 17 years, were found to be married. About one third of care givers revealed their approval for early marriage and many girls were not fully aware about the aversive consequences of early marriages. Mutual exchanges of daughters or sisters are also found to be common among displaced families. Displaced families may be more willing to have girls married early as a protection mechanism. Internally displaced families may have had stronger financial incentives for early marriage during the displacement as a way to reduce the burden of poverty. Rates of forced marriage may also have risen from a sense of obligation to host families.
- Increased targeting of children for the purpose of trafficking. Between January and June 2010, 329 children were rescued from trafficking and provided with legal, medical and psychosocial support. Staff working with children targeted by traffickers state that children were subjected to illegal adoption, forced labour, and early marriage. Types of forced labour activities include: prostitution, domestic service, agricultural work (including Qat picking and selling) and begging;
- Despite the prevalent threat of landmines and UXOs, two-thirds of interviewed children did not know how to avoid detonating them, even though 31% had undertaken some form of education regarding the risks of explosive remnants of war;
- The Sa'ada Association for the Handicapped registered 1,783 children with disabilities – 42% with physical impairment to upper and/or lower limbs, 39% with hearing and speech disabilities, 14% with visual impairment and 7% with a learning disability (1 in 5 had multiple disabilities). Similar rates among disabled people were found by child protection teams in Hajja governorate while in the Amran governorate 76% had physical impairment, 9% with a hearing disability, 10% with visual impairment and 6% with learning disabilities. Approximately half of the children sustained injuries causing the disabilities as a result of the armed conflict; 89 % of the interviewed children and adolescents were displaced.
- Engagement in paid labor, where 29% of interviewed children had worked for pay within the previous 3 months and 14% were between 8-14 years of age. Engaging children in paid labour below the age of 15 is inconsistent with the ILO Conventions. More boys (35%) were engaged in paid labor than girls (13.8%). The children were

likely to do agricultural work (including Qat picking and selling), hospitality work, work in workshops and begging. Girls were particularly likely to collect firewood for sale and/or tend to animals in the mountains. Little attention was paid to domestic labour in the study;

- Low rates of participation in education, particularly for girls. It is estimated that around 250 out of 700 schools in Sa'ada were partially or completely destroyed. Large numbers of IDP children were not enrolled in regular education activities. In camps, a strong effort was made to provide education, but this did not cover all camps. In some areas of displacement (including outside camp areas), access to education was either extremely limited or non-existent. For example, there is extremely limited access to education in Amran, while no access in Al-Jawf and in all conflict-affected areas of Sa'ada and Harf Sufian. In this assessment, 51% of children reported not attending their school. The enrolment rate of girls is lower than boys in all conflict-affected areas. Caregivers reported that their children regularly drop out of school from the age of 12 years upwards: at least one third of children drop out of their primary schools per year, particularly in rural areas. Educational officers estimated that about 70% of girls left schools just after finishing their primary education.

Compared to the findings of the Rapid Psycho-social Needs Assessment conducted in September 2009, significant improvement with regards to the psycho-social wellbeing has been indicated. The rates of psychosocial and mental health issues and disorders are significant and require immediate response. Some of the interviewed children showed robust levels of resilience: however, due to their protracted displacement, child abuse and neglect, conflict and witnessing the death and injuries of their relatives, there is evidence of poor physical and mental health, increased poverty, illiteracy, and breakdown of their social protective environment. The assessment revealed the following:

- Approximately one in three children reported feeling unsafe, sad or frustrated, diminished hope, afraid, or anger and hatred. One in three experienced problems in their sleep and one in five reported experiencing nightmares. One in four experienced difficulties concentrating. One in four reported difficulties in trusting others and one in five reported losing interests in usual activities and a similar number reported a lack of pleasure in daily life. Many of these symptoms, depending on their intensity and frequency, can present either as depression or fuel anti-social behavior. One in 10 children reported experiencing convulsions or loss of consciousness, which may indicate either periodic psychological blackouts or incidence of epilepsy.

- One in four children reported difficulties in expressing their feelings and two in five advised that they did not have safe opportunities to play. Caregivers advised that one in five children displayed antisocial behaviour within the family as well as publicly. One in 20 children reported thinking about attempting suicide. No successful attempts of suicide were reported by the families. One in four children advised that they isolated themselves from others. A similar number of children advised that they misused illicit substances to alter their state.
- Three in four children advised that they prayed recited verses from the Quran, two in three children said that they had a sense of hope, and three in five children played with other children.
- Three in five children reported that their caregivers did not support them emotionally. Almost half of the children said that they received support from their peers.
- Three in five caregivers reported that they did not receive tribal or community support.

Many displaced children experienced various problems as a direct result of the conflict and displacement. The assessment reveals that the abuse, violence, and exploitation have been perpetrated by a variety of actors, including the children's families, employers, host communities, and aid workers. While there is national legislation proscribing much of the abuse, factors such as parenting skills, economic circumstance, cultural traditions, tribal conflict and psychosocial conditions have created environments where the protective needs of children are not prioritized.

Therefore, children who are in displacement or returned to their place of origin need stronger protection and efforts to promote their psychosocial well-being. Local, national and international humanitarian and development actors must work together in the conflict-affected areas to ensure appropriate responses that address the needs of displaced and affected children.

Recommendations

The assessment team recommends a range of interventions and measures in order to decrease the level of children exposure to conflict and displacement adversities, minimize children's vulnerability, address known risk factors, strengthen children's own resilience, and improve their protective environment. The general aim is empowerment and strengthening the individual, group, family and community roles in the society, as well as mechanisms within the Government systems to protect children. Child protection and psychosocial programs should support the already available structures and functions such as extended families in conflict-affected governorates in order to strengthen the protective environment for children.. Child protection and psychosocial wellbeing require joint efforts from other sectors and clusters. The recommendations call for the attention and action of all actors in the humanitarian response and the parties to the conflict in Yemen as follows:

- 1) Ensure providing all internally displaced people in need, inside and outside camps with safe access to food and clean water, shelter, medical services and sanitation. Under current circumstances, particular attention needs to be given to Al-Jawf and Amran governorates;
- 2) Ensure effective coordination between clusters that monitor and respond to child protection issues such as the Education Cluster, Health Cluster, Early Recovery and other relevant clusters at central and local levels in conflict-affected governorates.
- 3) Extend and improve the already established child protection sub-cluster and groups at central and local levels that ensure effective monitoring and response to child protection issues in the conflict-affected governorates of Sa'ada, Amran, Hajja, Al-Jawf and Sana'a.
- 4) Ensure that all staff of humanitarian organizations and agencies are aware and sign the code of conduct pertaining to sexual abuse and exploitation against children, conduct training of staff on this issue and strengthen awareness and complaint mechanisms among the served communities.
- 5) Conduct training workshops for relevant local, national and international humanitarian aid workers as well as security and administrative staff working with IDPs in all conflict-affected areas about child protection in emergencies to promote the protection of children and avoid doing harm.
- 6) Establish more "child-friendly spaces" or increase access to recreational activities; particularly in Al-Jawf, Amran and Sa'ada governorates to promote the psychosocial wellbeing of children.
- 7) Incorporate child protection and psychosocial support frameworks and strategies within the education, health and social welfare systems through training, establishment of referral systems and collaborative planning, implementation and monitoring of activities.
- 8) Conduct mapping of available psychosocial, mental health, legal and other developmental/ and livelihood services in affected areas and utilize the findings to cover the gaps in services and strengthen referral systems

- 9) Strengthen the social supporting system in conflict affected areas and ensure its sustainability, including identification of vulnerable children, case management, referrals and provision of services for the vulnerable children and their families.
- 10) Conduct effective and comprehensive campaigns to raise the awareness of displaced and host communities as well as duty bearers on main child protection concerns identified in this assessment as well as strategies to address the issues.
- 11) Ensure ending the use and recruitment of children, immediate release of those who joined and take all possible measures to prevent the use and recruitment of children, and establish specific child protection programs for the rehabilitation and reintegration of children associated with armed forces and groups.
- 12) Conduct specific activities for youth and adolescents to facilitate opportunities for enhancing their livelihood, life skills and coping mechanisms with special attention to the most vulnerable groups.
- 13) Support of non-formal education programs to provide opportunities for out-of-school children and facilitate re-entry/entry of school-age children in education with consideration of gender.
- 14) Support rapid rehabilitation and reconstruction of the damaged schools during conflict and ensure availability of sufficient temporary schools in areas with high IDP population.

Background and Context

Sa'ada governorate is located at the north-west corner of the Republic of Yemen, 240 km from the country capital Sana'a. Sa'ada governorate is bordered by Saudi Arabia from the north and west and by other Yemeni governorates from the east (Al-Jawf governorate) and the south (Amran and Hajja governorates). The surface area of Sa'ada is estimated roughly to be 11,375 square kilometers. In Sa'ada, the environment varies from urban settings to farmland and mountainous areas. Northwest from Sa'ada city, the terrain becomes increasingly mountainous, reaching as high as 2,050 meters in the far west. Between the city and these mountains, the terrain is peppered with basins and *wadis* (valleys), ultimately dropping to form arid plains in the east. Sa'ada governorate is comprised of 15 districts with a total population of nearly 700,000 residents (according to the 2004 population census), most of whom are living in the west part of the governorate (Appendix 1). The reasons for this are likely to be related to the fact that most of the governorate's arable land is west of its capital.

On 11 February, 2010, Yemen's government and Al-Huthi rebels agreed on a truce that ended the sixth round of fighting in a six-year-long war that has devastated the lives of hundreds of thousands of people in Sa'ada governorate and Harf Sufian district in the north-west of Yemen. There have been six rounds of conflict: from June to September 2004; from March to April 2005; from July 2005 to February 2006; from January to June 2007; from May to July 2008 and from August 2009 to February 2010. The intensity and duration of the conflict has increased in each round and it interspersed by periods of low-level clashes. The original conflict between the military forces of the Yemen Republic and Al-Huthi rebels had been tripled by the intertribal clashes and new involvements of the Saudi Army. These devastating cycles of war have severely hampered or destroyed economic, social activities as well as the delivery of rudimentary material and social services (such as food, water supply, education and health care) in most of Sa'ada districts, and some other districts in Amran and Al-Jawf governorates.

The Government – Al-Huthi conflict has significantly affected communities in a widespread manner in Sa'ada and surrounding districts. Official figures released by the GoY in August 2008 (after the fifth war) estimated 6,000 houses, 900 farms, 90 mosques, 80 schools, and 5 health facilities were damaged in Sa'ada. An additional 1,120 facilities, houses, and farms were damaged in Harf Sufian, repair works estimated at 1.9 billion riyals. In March 2009, the GoY approved an estimated 10.7 billion Yemeni riyal (YR) to rebuild houses, farms, and 200 public

institutions in Sa'ada. Recently, official estimation of the Sa'ada conflict loss was approximately 700 million USD.

This devastating armed conflict has led to displacement of hundreds thousands of people during six cycles of conflict since 2004, peaking during the last phase of conflict in August 2009. It was estimated that about 60% of the estimated 316,000 displaced populations are children and adolescents. Most reports of humanitarian agencies in conflict-affected areas emphasized that the conflict and displacement have led to disproportionate effects on children. Although generalized poverty and lack of infrastructure affects all children, displaced children are often more vulnerable due to the reduced capacities of their families and communities to offer protection.

Displacement and patterns of displacement:

The displacement of local populations from the conflict-affected areas has occurred over the past six years. The scale of displacement increased exponentially as a result of the sixth phase of the conflict on August 12, 2009. Clashes increased in number and intensity throughout August - February and hostilities have spread all over Sa'ada Governorate and to the neighboring governorates of Al-Jawf and Amran. By the end of the fifth round of fighting in 2008, the total displaced population stood at over 100,000 people. Although an estimated 40% of the displaced population returned home after declaration of a ceasefire, 60% remained displaced due to fear of insecurity, damaged homes, and a lack of livelihood opportunities and basic services in their places of origin. However, the estimated number of the displaced persons since August 2009 was more than 200,000 individuals and many of them have been displaced more than once since leaving their places of origin. Table (3) below shows the number of IDPs registered by the government/UNHCR working group as of June 2010. The Government/UNHCR currently estimates that there are 316,000 displaced people throughout the conflict-affected governorates of Hajjah, Amran, Sa'ada, Al-Jawf and Sana'a. Nearly, one third of the Sa'ada population and almost two thirds of families in Harf Sufian were forced to leave their homes. In Sa'ada Governorate there were approximately 110,000 IDPs.

The international humanitarian community estimated that in June 2010, there are 280,000 IDPs in need of assistance, as well as up to 800,000 people indirectly affected by the fighting (including communities hosting IDPs and residents who have lost access to basic services such as food, water, and health care).

Table 1: Distribution of IDPs population in five affected governorates:

<i>Governorate</i>	<i>Total IDP population</i>	<i>Total IDP families</i>
Sa'ada	110,000	15,714
Hajja	123,000	16,756
Amran	48,660	7,127
Al-Jawf	17,794	2,511
Sana'a	16,820	3,891
Total	316,000	46,000

There are six camps in Sa'ada governorate including the camp in Baqim district in the north of Sa'ada near the Saudi border. There is also one camp in Khaiwan in Harf Sufian district of Amran governorate, three camps in Mazraq area near Harad district in Hajja governorate and one settlement in Al-Jawf governorate. It was estimated that there were about 60,000 IDPs living in these camps, one fifth of the total number of people displaced by the conflict. In addition, more than 250,000 IDPs (80%) are scattered outside camps among host communities in rural and urban areas across the five affected governorates.

Registration:

It is reported that registration of new IDPs has been suspended by the government at the end of March 2010 due to the severe shortage of humanitarian assistance fund. Aid workers reported also that there is a considerable percentage of IDPs such as those living with host communities, in remote areas or inside the Saudi borders who have not yet registered.

Attitudes towards return:

At the beginning of the assessment (May, 2010), it was estimated generally that about 10% of IDPs have already returned to their areas of origin particularly those who are related to Al-Huthi group. At the time of writing of this report, the protection cluster was conducting an in-depth assessment for IDPs regarding their intentions to return. Result of this assessment is expected to be released during the next 2 months. However, 60% of caregivers in Sa'ada, 80% in Amran and Al-Jawf, 25% of IDPs caregivers resident in camps and 51% of caregivers scattered and settled outside camps reported their intention for return to their home of origins. The high percentage of people intending to return may reflect their very hard living circumstances in their displaced locations and raises a very important point about the issue of involuntary return. Lack of safety and security was the main cause of IDPs' refusal to return to their original areas. Fear of Al-Huthi reprisal or harassment, fear of child recruitment by Al-Huthi group, landmines, fear of renewal of war, damage of their homes and lack of livelihoods were among the many factors that are preventing most of IDPs from returning home. The

return movement was reported to be accelerated moderately at the end of reporting period, particularly among IDPs residing in Sa'ada camps. Although the overall security situation has improved since the ceasefire in February 2010, sporadic low-level clashes continue in Sa'ada, Al-Jawf as well as Amran Governorates preventing large-scale return of IDPs.

National perspective on abuse of children:

Domestic violence (where children are beaten at home) and corporal punishment (where children receive physical punishment as a corrective measure) are prohibited by international law. The Article 144 of the Yemeni *Rights of the Act 2002* stipulates that "it is the duty of governments to protect children from all forms of maltreatment in complex emergencies, taking into consideration the parents' rights in upbringing their children, all perpetrators should be brought to justice." It states that the government is responsible for the care of the children and to establish social services to prevent abuse and support psychosocial recovery of all disaster-affected children. The government is finalizing a National Plan for Children and Youth which will propose actions to stop violence against children and youth.

Assessment of abuse, exploitation and violence towards children:

Given the scale of the conflict, it was determined in early 2010 to assess the scale of abuse and capacity of environments to protect children, particularly those made more vulnerable by displacement. The comprehensive child protection assessment was designed to examine five governorates affected by conflict and displacement in the north of Yemen: Sa'ada, Hajja, Amran, Al-Jawf and Sana'a.

The general aims of the assessment were to: provide information about the current needs and gaps in the field of child protection; provide all stakeholders involved in the humanitarian response with an opportunity to better understand the present needs of the affected children; identify opportunities for collaboration, mitigate duplication of services in all conflict-affected governorates; and provide an effective and timely response for the protection of children.

Researchers were engaged on behalf of the Interagency Child Protection Sub-Cluster to undertake the assessment in North Yemen. The objectives of the assessment were specifically focused to:

1. identify the most important child protection risks and concerns among displaced children;

2. search positive and negative local coping skills and resilience mechanisms in the children, their families and communities;
3. carry out a snapshot basic needs assessment in conflict-affected areas;
4. identify national and international responses in the field of child protection; and
5. identify the needed responses and inform programming to ensure prevention and protection of children from abuse, violence, exploitation and neglect within the emergency context.

According to the Inter-agency Guidelines, a child is any person under the age of 18. The term adolescent refers to a child between 10 and 18. For the sake of simplicity, the word "children" will be used throughout this report to refer to people under the age of 18 unless otherwise specified.

Child protection is defined as work which aims to prevent, respond to and resolve the abuse, neglect, exploitation and violence experienced by children in all settings.

Methodology

Target Areas:

The locations and areas covered by the assessment were determined in advance in coordination with Child Protection Sub-Cluster. The assessment was carried out in Sa'ada, Hajja, Amran, Al-Jawf governorates as well as Sana'a city. Table 2 lists the districts and areas that were determined to be covered by the assessment team. Due to security constraints, it was not possible to visit Haydan and Baqim (Sa'ada governorate), Harf Sufian district in Amran and Alzaher district in Al-Jawf.

Table 2: Districts covered by the assessment:

Sa'ada	Hajja	Amran	Al-Jawf	Sana'a
<i>IDPs camps</i>	<i>Harad</i>	<i>Amran city</i>	<i>Almuton</i>	<i>Alhuraf</i>
<i>Sahar</i>	<i>A'bs</i>	<i>Khamer</i>	<i>Almatama</i>	<i>Alhawra</i>
<i>Haydan</i>	<i>Khayrn</i>	<i>Khaiwan</i>	<i>Baradh</i>	<i>Assunaina</i>
<i>Saqin</i>			<i>Almarashi</i>	<i>Maeen</i>
<i>Razeh</i>			<i>Alhumaidat</i>	<i>Bani Alhareth</i>
<i>Baqim</i>				<i>Shuob</i>

Instruments and processes:

The assessment was conducted based on tools from the Inter-Agency Emergency Child Protection Assessment Toolkit (Global Child Protection Working Group, assessment tools used in Palestine, Iraq & Sudan, and local tools. These tools were reviewed, adapted to the context of Yemen and translated into Arabic. The assessment was carried out through different stages during the period from May and June 2010. The field work of the assessment was conducted during the period from 21 – 27 May 2010.

The assessment used the following methodology:

- Reviewed relevant literature and existing information from multiple resources, including published reports and articles;
- Interviewed key informants, including international, national and local stakeholders;
- Interviewed displaced caregivers individually;
- Interviewed displaced children (aged 8 to 18 years) residing with the interviewed caregivers (who selected the children);
- Convened focus group discussions with displaced adults (caregivers); and
- Convened focus group discussions with displaced children.

1. Individual interviews:

Interviewers first approached adults within a household to interview; then sought the permission of the caregiver to interview a child of the household. The caregiver selected the child. 1,152 children and caregivers were interviewed in 576 households. During analysis, 88 interviews were withdrawn due to insufficient information. Consequently the analysis is based on information provided by 1,064 individuals, comprising 532 children and 532 caregivers. The youngest child interviewed was 8 years of age and the oldest was 18. The youngest of caregivers was 17 and the oldest was 80 years. The mean age for children was 12 years and the mean age for caregivers was 41 years. More males were interviewed than females: 70% of children were boys and 30% were girls; and 79.3% of caregivers were men and 20.7% were women (see Table 3). It was difficult to find interviewees who were female: this consequently limited the number of females interviewed.

Table 3: Distribution of caregivers and children in targeted governorates:

Governorate	Number of interviewed children		Number of interviewed caregivers		Total
	<i>boys</i>	<i>girls</i>	<i>men</i>	<i>women</i>	
Sa'ada	154	72	186	40	452
Hajja	98	36	110	24	268
Amran	62	33	62	33	190
Al-Jawf	35	12	36	11	94
Sana'a	24	6	28	2	60
Total	373	159	422	110	1,064
Percentage	70 %	30 %	79.3 %	20.7 %	100%

2. Focus Group Discussions:

Focus group discussions were convened with adults and with children and segregated by gender in the same displaced locations. Groups of 6 - 12 people were invited to discuss problems, psychosocial reactions, and the coping skills of children, their families and their communities during or after the end of the sixth cycle of war. Table 4 shows 306 individuals participated in 23 adult and 20 children-oriented focus group discussions. Of them 151 were caregivers (108 men and 43 women) and 155 were children (127 boys and 28 girls).

Table 4: Number of participants in focus group discussions across governorates:

<i>Governorat</i>	Number of focus groups	Number of participants
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	Adults		Children		Adults		Children	
	<i>Males</i>	<i>Females</i>	<i>Boys</i>	<i>Girls</i>	<i>Males</i>	<i>Females</i>	<i>Boys</i>	<i>Girls</i>
Sa'ada	8	2	7	2	25	22	58	16
Hajja	4	2	3	0	34	15	24	0
Amran	3	1	3	1	27	6	24	7
Al-Jawf	1	0	1	1	6	0	6	5
Sana'a	2	0	2	0	16	0	15	0
Total	18	5	16	4	108	43	127	28

3. Interviews with Key informants:

Field workers conducted 124 interviews with key stakeholders who agreed to speak about issues facing children in affected areas: 60 stakeholders were from Sa'ada, 33 from Hajja, 22 from Amran and 9 from Al-Jawf. Interviewees included IDP representatives, religious leaders, government representatives and aid workers within displaced areas. Interviews focused on child protection themes, while also allowing flexibility for other child protection topics to emerge over the course of discussions, depending on the stakeholders.

While the interviews provided valuable information about displaced children in different areas, for the purpose of this report we will refer mainly to the common trends, which emerged from the assessment tools.

The Inter-agency Child Protection Needs Assessment was carried out through different stages during the period from May and June 2010. The field work of the assessment was conducted during the period from 21 – 27 May 2010.

Results of the Assessment

Children's direct exposure to armed conflict:

It was found that displaced children in conflict-affected areas experienced high levels of stress in reaction to armed conflict and by witnessing its impact on their families and communities. Such stressors can have profound, lasting impacts on children. Some children were traumatized by the fighting, shelling, and injuries or death they saw in their villages leading up to their displacement. Some saw people killed in the fighting while others woke to witness the bodies in their villages of people who had been killed overnight. Some children lost relatives during flight or displacement. Generally, more than two thirds of children before or during flight reported experiencing psychologically challenging events, particularly those who were displaced to Amran, Al-Jawf and Sa'ada governorates.

Although it is difficult to determine the total number of children killed or injured during the conflict, 7.9% (42 caregivers) reported that one of their children had been killed and 10.3% (55 caregivers) reported injury as a result of direct fighting between both sides of the conflict. Moreover, 21% (112 children) reported that they saw someone being injured or wounded and 7.1% (38 children) had witnessed someone being killed during conflict. Most (89%, 477) of the 532 interviewed children experienced displacement close to the time of interview.

In addition, 10.2% (54 caregivers) reported that their children had been subjected to detention. Detention was reported to be conducted by both sides of conflict. In addition to the 10.2% detained by armed groups, many cases of detention were effected by their caregivers as a means of protecting their children from recruitment, traffickers or unrelated men (in the case of adolescent daughters). Some parents said "we occasionally detained our children deliberately to prevent them from joining Al-Huthi group". About 2.1% (11 caregivers) reported that at least one of their children was still missing at the time of interview.

Abuse, exploitation and violence towards children:

Physical abuse:

The rates of physical abuse among displaced children were found to be high in the five conflict-affected governorates. Physical abuse was reported by 67.5% (359) of the interviewed children. Physical punishment alone was reported by 22.6% (120) of interviewed children. Physical abuse was reported slightly less often by boys (245 - 65.7% of 373 boys) than girls (114 - 71.7% of 159 girls).

Verbal Abuse

Verbal (psychological) abuse such as threatening, shouting and humiliation was reported by 36.2% (130) children.

Neglect

Neglect was found to be the least reported type of abuse by displaced children. More than one quarter of interviewed displaced children complained about being forgotten or neglected by their caregivers. They have mentioned that nothing was being done to address their specific needs and problems either by their caregivers or by their community leaders.

Perceptions of incidence

Despite children's reports of abuse rates, caregivers (79% of whom are male) were more likely to believe that boys in the family were more likely to be abused (45.7%) than 26.5% of caregivers who believed that girls were more likely to be abused. When comparing rates of children reporting abuse with caregivers reporting abuse, the caregivers' rate was 2/3 of sons' rate, and the caregivers' rate was 1/3 of daughters' rate. Caregivers were less likely to report the abuse of their daughters. It should also be noted that males are more likely to perpetrate violence within the family, and it may be less palatable to admit that girls are victimized by abuse than boys. Focus group discussions highlighted that girls had fewer opportunities for education and difficulties accessing gender-appropriate health services

Sexual abuse and exploitation:

Reports of sexual abuse and exploitation were relatively low: Fourteen girls (8.8% of girls interviewed) and 15 boys (4% of interviewed boys) reported being subjected to sexual abuse by adults.

It is recognized that talking about being subjected to sexual exploitation in Yemeni culture is strongly taboo, and that the number of reports will be conservative at the best of times. The fact that both genders report sexual abuse is consistent with international trends in both emergencies and in domestic environments. The reporting rate by the girls is particularly low: this may be because of the social taboo, that fewer girls were selected by caregivers to be interviewed, and that those interviewed may have had concerns of being overheard by other family members in the household.

Collecting information about this sensitive issue in these communities was difficult and was further hampered by the attitudes, qualifications and experiences of counselors and monitors

working in the affected and displaced areas. Not all of the collection methods were appropriate. For example, one of the child protection teams in one affected governorate said "we are offering money to our special agents who are already inserted among displaced families in order to collect information about the sexual exploitation". The privacy and best interests of the victim must be a primary consideration at all times and their informed consent must be sought for any action or disclosure of personal information.

Perpetrators:

About one third of abused children reported that perpetrators were from their own families and communities. It is thought that perhaps the increased stresses of displacement may have increased the likelihood of perpetrators to abuse. Focus group discussions with children have revealed that the likelihood of abuse increased when children are left with extended family members – for instance: where parents are away from home, missing, killed, or if they have returned to assess conditions at their villages.

Results of this assessment have also shown that one quarter of reported child sexual abuse cases during displacement was perpetrated by host communities. Moreover, there was a consensus between children during focus group discussions and the corresponding caregivers that they are experiencing high levels of sexual abuse from their host communities particularly in Amran and Hajja governorates.

One of the most concerning findings in this study is that more than one third of the children and more than one quarter of their caregivers that participated in focus group discussions reported abuse by security officers and aid workers (local, national or international). Many community leaders reported that sometimes IDPs were neglected, misinformed, falsely promised, misguided, shouted on, humiliated, exhausted, discriminated, being forcibly pushed or hit by a stick or even sexually manipulated by aid workers. Such exploitations occurred commonly during interviewing, assessing, or monitoring situations, and during organizing, distributing or providing different types of humanitarian assistance.

Early marriage:

In Yemen, girls are often married before the age 18, irrespective of the conflict, particularly in rural areas (such as those where IDPs originated from). National data has shown that 32% of women aged between 20 to 24 years were married before the age of 18 (MICS, 2006).

The assessment focus group discussions in all of the governorates revealed conditions of displacement were likely to have significantly increased the rates of forced marriages. About one third of caregivers in these discussions stated they approved of the practice. According to child protection teams in the field, many displaced girls entering marriages are between the ages of 13 and 17, but there may be girls as young as 8 who are being married to men. Some of these girls may be married to old men or to men who are married to more than one woman. Reciprocal exchanges of daughters or sisters are also found to be common among displaced families. Many girls that participated in focus group discussions were not fully aware about the adverse consequences of marriage before the age of 18.

Within Yemeni culture, males are perceived to be inherent protectors: consequently during the uncertainties of displacement (related to basics such as shelter, food and physical safety), caregivers sometimes believe that their daughter(s) may be safer tied to husbands (and perhaps improve the security of the remaining family members). Displaced families may be more willing to marry off their girls as a means of protection. Within the region, there is a great fear of girls being alone without brothers or fathers present. Both in areas of displacement and in the host communities, fathers and sons were killed or displaced, and families scattered and fragmented. Increased poverty in the displaced community was also reported to have contributed to increased rates of early marriage. Internally displaced families may have had stronger financial incentives for early marriage during the displacement, as a way to reduce the burden of poverty. Rates of forced marriage may also have risen from a sense of obligation to host families. The presentation of a young girl in marriage may be seen as a gift when a displaced family has been staying with a host family for several months, often with limited access to food and other resources. Reciprocal exchange marriages between displaced families or between host community families and displaced families were reported. Marriage is also used by families to cover illicit sexual activity (irrespective of whether the girl indicated willingness, notwithstanding the legal age of consent), where it was used “to protect the honor of their family from being violated in this very bad situation”. On some occasions, members of the Al-Houthi group select unmarried women and girls and force them to marry them before joining them on location.

Forced has a negative impact on children long beyond displacement. Early marriage heightens risks associated with childbirth; Yemen in general and the affected areas in particular have significant rates of maternal mortality. In addition, child marriage usually leads to the cessation of any formal education participation. Moreover, parenting as a child is very difficult and compounded by fractured networks and reduced access to resources during displacement. A considerable number of caregivers declared in individual interviews that early marriage is the

best choice for displaced girls. Many of the girls considered marriage before 18 years of age as being good for them and for their future.

Child marriage is considered forced under international law because children are not considered legally able to give consent. Forced marriage violates children's rights conventions, and can be easily led to a form of contemporary slavery. While international law recommends that children do not marry before the age of 18, the Yemeni law does not prescribe a minimum age for marriage. It is a controversial issue in Yemen: some religious scholars preach that girls can be married upon reaching puberty and are objecting completely the idea of age determination for marriage. A bill was passed in the Yemeni parliament in February 2009 setting the minimum age for marriage at 17. However, the bill rejected by the Sharia Codification Committee which said it was against the Islamic Jurisprudence.

Child labor:

Article 133 of the Yemeni *Rights of the Child Act 2002* prohibits children working below the age of 14 years and determines many human rights standards for working children who reach 14 years or above. The International Labour Organization Convention outlines 15 years as an acceptable age to start working, while this age limit increases as the danger of work activity increases. National statistics showed that 22.7% of children in Yemen are involved in child labor (MICS, 2006). Displaced children were engaged in paid labor: 96 children (18%) reported they were engaged in paid labor at the time of interview. Moreover, 28.8% (153 children) reported that they have been engaged in work during the last few months. Of the children interviewed, 35.1% (131) of boys and 13.8% (22) of girls worked in paid employment. Questions were not asked about domestic labor.

Of those children who reported to be working, 73 children (13.7%) were between the ages of 11-14 years and 17 (0.3%) were between the ages of 8-10 years. Anecdotal reports suggest that children as young as six have been seen begging in streets of Amran, Haradh and Sa'ada cities.

The lack of jobs or income-generating activities is often cited as one of the main problems facing IDPs in all affected areas. Already living below the poverty line, most displaced families suffered from the loss of their livelihoods and further impoverishment as a result of their displacement. Therefore, the daily labor of their children augments or supplies access to food or other basic necessities. In this regard, 47% (251) of interviewed caregivers reported that they believed it was appropriate for the child under 18 years to work: 67.7% (170) viewed it

was appropriate for 15-18 year olds to work; 27.5% (61) between 11 and 14 years and 4.5% (12) between the ages of 8 and 10 years. Many caregivers considered that work may contribute to the personal development, improve self esteem and experience of children and adolescents. Moreover, 33% (141) of caregivers admitted that ceasing their children's paid labor would affect family income and therefore their capacity to meet basic needs.

Displaced children were employed in low-skill jobs: one third (particularly boys) were working in agriculture (including Qat picking or selling); 32% (49) are reported to work in workshops, restaurants, hotels; and 27.5 % (42) are working in the streets, including begging. One quarter of children that participated in focus group discussions disclosed that displaced girls went to mountains near their settlements to collect firewood or grass for animals without appropriate protection, which is (according to the girls) subjecting them to significant physical, sexual and psychological hazards. Collected firewood is usually used by the family or sold at markets. .

Most (48.5%, 74) children are working in the morning; 10.5% (16) are working in the evening; 14.5% (22) in both morning and evening; and 26.8% (41) have worked only in school vacation. One in five (22.2%, 34) children remain with host families and may be obliged to sleep outside their family home.

Some of the children described the personal benefits of paid employment: 37% of boys above the age of 14 did not believe that attending school could help them improve their social and economic status; 35.7% (55) of interviewed children reported that they are working for their own benefits; 54.5% (83) worked to help their families and 9.8% (15) worked on behalf of male adults. In this context, displaced children were generally compelled to work to support themselves and their families.

While it is common for non-displaced children who live in rural areas to help their families with farming activities, displaced children who are working in the field, in the street or markets face increased hazards and risks. They live in a situation where food and other needs are hard to meet and are more vulnerable to exploitation or assault.

By working for pay and becoming responsible for earning enough money to feed their families, children are missing out important developmental stages and their long-term well-being is compromised. One displaced adolescent said: "I haven't been able to go to school because every day, I have to work as a cleaner in a restaurant in Amran city. They usually give me 300 Rials (less than \$1.50 USD) per day. We have to buy food for the whole family with that money." Situations like this create an environment of poor stimuli and limited chances for personal and

economic development. These children are unable to attend schools and are deprived of educational opportunities.

Child trafficking and smuggling:

Child trafficking was thought to have decreased during the sixth cycle of conflict because the Yemen-Saudi borders became very tight and the coordination between the Yemeni and Saudi authorities was very high. However, rates of child trafficking increased significantly after the end of the sixth war. Child protection teams raised their deep concerns about the returned activities of child traffickers, particularly in Hajja and Sa'ada governorates. They have reported that displacement will increase the risk of child trafficking among IDPs. Displaced children face higher risks of being trafficked due to the weakening of their family support structures, community bonds, and self-protection mechanisms that serve as a buffer to trafficking. The lack of means of support and endemic poverty have made it easier for perpetrators of trafficking and smuggling to attract children into its trade.

Staff working in the Child Protection Center in Haradh reported that trafficked children have been subjected to illegal adoption, forced labour, and early marriage. Types of forced labour activities include prostitution, domestic service, agricultural work (including Qat cultivation and selling) and begging.

The Government of Yemen has made significant efforts to stop child trafficking. The Council of Ministers ratified a national strategy for addressing trafficking in persons on March 31, 2009. Article 248 of the Yemeni penal code prescribes 10 years of imprisonment for anyone who “buys, sells, or gives as a present, or deals in human beings; and anyone who brings into the country or exports from it a human being with the intent of taking advantage of him”.

The Ministry of Social Affairs and Labor (MoSAL), in coordination with the UNICEF and Al-Saleh Foundation, is providing protection and reunification services to child survivors repatriated from Saudi Arabia through the Haradh child trafficking rehabilitation center. During the first six months of 2010, the child trafficking center in Haradh provided 329 children with social protection, psychological and medical care, and provided 90 children with post-care upon reunification with their families. Children without families were reported to be enrolled in orphanages.

MoSAL has had remarkable success in raising awareness on the consequences of child trafficking through information and educational campaigns, some in coordination with NGOs and international organizations. One anti-child trafficking campaign was broadcast through

TV and radio stations. It also trained 1,500 community leaders about trafficking. Through lectures at taxi stands, MoSAL officials also trained 1,160 taxi and small bus drivers to recognize signs of trafficking, and distributed over 30,000 brochures and stickers to bus and taxi drivers and in taxi stations across the country.

In December 2009, the Ministry of Justice issued a decree to all judicial officials to aggressively pursue human trafficking prosecutions and finish pending cases as soon as possible. Law enforcement officials are receiving training from IOM in identifying and assisting victims of trafficking.

Child recruitment:

A child associated with an armed force or group refers to any person below 18 years of age who is recruited by an armed force or group in any capacity, including children who are used as fighters, cooks, porters, messengers or spies. It does not only refer to a child who has taken an active part in hostilities. Humanitarian law stipulates that armed groups may not recruit children.

All parties of the armed conflict in Yemen are bound by the Optional Protocol to the Convention on the rights of the child on the involvement of children in armed conflict. Article 149 of the Yemeni *Rights of the Child Act (2002)* prohibits recruitment or direct involvement of children under 18 years of age in armed conflicts. Many community leaders and aid workers reported that children were recruited by pro-government tribal militias, but were not believed to be actively involved in direct hostilities. The government has not acknowledged having children in its ranks. However, it was reported that at least 15% of the fighters in the tribal militia affiliated with the Government are below 18 years of age. Some aid workers reported that they have seen many children carrying firearms at check points along the Sana'a to Sa'ada road.

Many IDPs have reported that children are systematically recruited by the Al-Huthi group, reportedly as young as 14–15 years old. It is estimated by some community leaders that children constitute more than one-fifth of the total fighters of Al-Huthi rebels. Of the children interviewed for this assessment, 15.3% (55) were invited to join the Al-Huthi group. One-third of interviewed caregivers fear recruitment of their children by Al-Huthi groups upon return to their places of origin. While recruitment of girls has been rare and is generally regarded as socially unacceptable, many caregivers and community leaders have mentioned that girls are also recruited by Al-Huthi groups, particularly in supporting roles. They are brought to prepare food for the group, and some girls are forced to marry fighters. Girls are reported to be

used to transport detonators, for logistical support, for collecting information/intelligence role, as well as receiving training on how to use weapons.

Recruitment can be difficult to identify, especially in the Yemeni context, where there is a lack of a clear distinction between civilian and armed groups. However, child recruitment was reported to be a serious concern by 67.5% of caregivers that participated in focus group discussions. One in 6 (16.9%, 90) interviewed caregivers reported that their children, particularly boys, had participated directly in the armed conflict.

Motivation for recruitment seems to be a complicated issue with cultural, religious, tribal, social, economic, political and psychological factors. Bearing of arms by children may be considered as normal in many parts of Yemeni society, including in conflict-affected areas. The free possession and carrying of weapons are integral both to one's identity as a tribesman and to articulations of male adulthood. Therefore, participation of children in armed conflict may be regarded as normal in tribal communities. It is also considered as a way of inculcation of tribal rules at an early age. Therefore, most tribes have treated the boy fighters as men. They regarded them as responsible men who are able to carry guns and fight. At the same time, these adolescents feel they are adults. They have been taught also that manhood is linked to bearing and using firearms.

Families sometimes agreed to the recruitment of their children into the armed groups or forces because of their poor economic situation. Many families in conflict-affected areas considered participation of their boys in fighting as a defense against an invasion to their land and tribes. Moreover, many parents have a strong belief that participation in fighting is a sacred job to protect their religious doctrine and religion against enemies of Islam: America and Israel. Therefore, they have tribal and religious obligations to provide their children to the armed groups. Furthermore, the Al-Huthis grew on founding principles encompassing the strength of young people. The group has significant appeal to young disenfranchised males by achieving ideals through armed resistance. Al-Huthis use rituals or gatherings where adolescents and young adults congregate together with experienced fighters, providing ideal environments for the socialization and recruitment of youth.

Where formal schools were not operational, armed groups may have recruited children with offers of informal education and/or career advancement. Some local observers have mentioned that Al-Huthi leaders were providing addictive drugs to attract and keep young people in their ranks.

Many of the interviewed community leaders mentioned that followers of armed groups would systematically use readily available media (such as CDs, audiotapes, videotapes and mobile phones) to manipulate children using emotional, social and religious arguments. They focussed on building a sense of persecution where they are attacked and tortured by the enemies of Islam. Righteous indignation is supported through the assertion that Zaidi Muslims are the true believers of the faith. Followers are given the status of heroes and promised entry into supreme paradise. Such arguments are appealing to some young people who are struggling to achieve respect, a sense of belonging and meeting basic needs of survival. Consequently, according to community leaders, many young boys were becoming fighters, and sometimes martyrs.

Some community leaders stated that "Al-Huthi groups systematically indoctrinate the young boys and all they do is take advantage of them". The result was that many young boys were becoming fighters in valleys and mountains. Sometimes they were deployed far away from their homes, families, schools and natural communities. It was reported that these young fighters do not separate completely from their families and communities: they are likely to participate in kinship-based fighting teams. They are not permanently removed from their native areas and they return seasonally or fight in their areas.

There were significant concerns about the violation of rights and safety of the recruited children. The use of children causes physical, developmental, emotional, mental, and spiritual harms. The practice endangers children by increasing the likelihood of their death, being physically maimed (possibly disabled for life), limiting access to education and ongoing gainful employment, sustaining significant psychological scars and social dysfunction, and may adversely affect relationships within their families and communities (despite, or perhaps because of, kinship participation). It promotes certain extreme and very radical ideas, decreasing the appeal among the younger generation of methods such as mediation and conflict avoidance in order to achieve ideals. It encourages a younger generation of Yemenis socialized into violence to perceive violent opportunism to be a normal aspect of life.

Recruited children need urgent protection from the significant physical, psychological and social hazards that a fighting life entails. Securing their safety and needs should be given priority. Despite the prevalence of child recruitment and association with armed forces and groups, there are no programs addressing this important issue in displaced or host communities. This obliges all parties who are involved in the conflict to release the children and provide the children who have participated in armed conflict with necessary support for their reintegration within society.

Separated children:

Despite of the fundamental changes that have occurred to displaced families in conflict-affected areas since 2004, family structures seem to have remained largely intact. Most (94%) of the interviewed children reported that they were not separated from their parents during conflict or displacement. It was found that 6% of children were separated from their families. Many children were separated from their families during flight, particularly during the largest wave of displacement that accompanied the sixth cycle of conflict from August 2009 – February 2010. Most families took flight as an entire family. sometimes when families had to move very fast without motorized transport and often in different locations at the time of crisis, family members became separated. Many families had to make journeys on foot for 24 to 48 hours to reach a place of safety. Occasionally, male members stayed behind to protect their houses and farms leaving children with mothers and extended family members. A few children (4.5%, 24) reported separation from their fathers, 1% (5) separated from their mothers and 0.3% (2) separated from both. Consideration should be given to the influence of the methodology on these results: the strategy of selecting participants for interviews by visiting households in IDP camps would miss child-headed households or separated that may not have access to camp accommodation, who may be more likely to living on the streets of urban centres in order to access passing trade.

Victims of landmines and UXOs:

It was found the threat of mines and UXOs is relatively high. Mine clearance has been limited to paved main roads. After the ceasefire of February 2010, reports of 8 persons killed and 17 injured from mines and explosive remnants of war were made. Most of the casualties were sustained by children.

In March 2010, UNICEF, Ministry of Social Affairs and Labor (MoSAL), National Mine Action Center and UNDP organized mine risk education campaigns in Sa'ada, Amran and Hajja Governorates and reached thousands of individuals from displaced and host communities mainly children. Save the Children also conducted mine risk education campaigns inside and outside camps in Harad, Amran and Sa'ada. However, this assessment revealed that two-thirds (66.7%) of the children were not aware of how to deal with landmines: 31.4% of children reported they had heard about landmines but they were not aware how to deal with them; 32.9% reported that they had heard about mines and were aware of how to deal with them; and 35.2% reported that they had neither heard nor were aware about how to deal with this problem. This would seem to suggest that the coverage of mine risk education may need to increase and/or the methods of education may need to change for a target group that by and large has low rates of participation in formal education.

Children with disabilities:

Exact data regarding the total number of children who have disabilities was not available at the time of writing of this report. The Sa'ada Association for Handicapped surveyed people with disabilities living in Sa'ada. A total of 4,899 persons with disabilities were identified, of whom 36.4% were less than 18 years of age. The breakdown of children affected by disabilities is as follows: 558 (11.4%) of those identified were children under 5 years; 652 (13.3%) were children between 6 and 12 years; and 573 were adolescents aged between 13 and 18 years of age.

Among those surveyed by the Sa'ada Association for Handicapped, physical impairment (including loss) of the upper or lower limbs was found to be the most common disability (41.7%), followed by hearing and speech impairment (38.7%), visual disability (14.3%) and learning disabilities (6.9%). Moreover, one-fifth of disabled children were reported to suffer from multiple disabilities. About half of the children indicated that they had acquired their disability due to accidents related to the wars: landmines; armed conflicts; falls, accidents in the home; or traffic accidents. The remaining was reported to be caused by various inherited and acquired medical disorders. More than twice the number of boys (69%) were registered by the survey than girls (31%). It is not known whether this reflects a stronger desire to hide disabled girls and/or that boys are more likely to play in public spaces and engage in armed conflict. Males are more susceptible to genetic disorders causing disability.

The child protection team in Hajja governorate registered 218 IDPs who were disabled: 45% had a physical disability; 26.5% with visual impairment; 23.4% with hearing disability; and 6.4% with learning disabilities. In the Amran governorate, 155 IDPs were identified as having disabilities: 75.5% with physical disabilities; 8.5% with a hearing disability, 10.3% with visual impairment; and 5.8% with learning disabilities. Currently, UNHCR is conducting a survey of IDPs with special needs in all conflict-affected governorates.

Yemen ratified the *UN Convention on the Rights of Persons with Disabilities* and its Optional Protocol in March 2009. However, access to services for disabled is limited. Some of the people with disabilities in Sa'ada were equipped with hearing and walking aids which were provided by the Sa'ada Association for Handicapped (SAH).

According to the SAH staff, there were 19 children with disabilities were abandoned in the SAH office in Sa'ada city. According to the child protection team, care for children with disabilities is primarily town-centric and largely inaccessible to those who need it who do not have

transport. Psychosocial support for disabled children was not available. It is also reported that assistance to disabled children was severely hampered by limited access to funds.

Physical injuries that were caused during conflict or displacement may lead to permanent disability. Physical, hearing, visual or speech disabilities can have continuing consequences for a child's ability to navigate the world, self-esteem, normal development, self-reliance, social acceptance, and ultimately ability to contribute to the family economy.

Psychosocial impact of conflict, displacement and abuse on displaced children

The war and the consequent insecure situation in the north of Yemen have devastated the psychosocial equilibrium of affected and displaced families and caused severe emotional distress among children. However, the actual magnitude of this disaster on Yemeni children will remain unknown even for decades.

Displaced children were asked about how they were feeling during displacement. Table 5 below provides children's perspectives on their most important emotional problems: it summarizes their responses and their prevalence.

Sadness and frustration (Dheeq, Huzn and Dhabah) was reported as the most common emotional reaction (38.3%, 204) mentioned by displaced children, particularly adolescents. Loss of hope was reported by 30.6% (163 children). Many adolescents in focus group discussions reported that loss or separation from family members, home and land; poverty; lack of basic needs; lack of educational and recreational facilities; lack of family and community support; and mistreatment from host communities were the most attributed causes for sadness. This was particularly so in Amran and Sa'ada governorates.

Over a third of interviewed children reported fears and symptoms of anxiety (Khawf and Qalaq). Fears were reported by 37.7% (201); feeling unsafe or insecure by 33.4% (177); and sleep problems due to fears by 34.7% (185). Fears and anxiety were more prevalent among non-displaced children. Commonly reported sources of fears and anxiety included experiencing or witnessing fighting, shootings or explosions; military manifestations such as armed men or airplanes; unstable life conditions; as well as domestic and community violence and discrimination.

Table 5: Emotional reactions reported by interviewed displaced children:

Rates of Children Reporting Psychological Reactions	
Sleep problems	34.7%
Nightmares	21.3%
Somatic complaints	32.3%
Convulsions/changes of consciousness	8.2%
Feeling unsafe	33.4%
Concentration difficulties	26.5%
Sadness/Frustration	38.3%
Loss of interest	22.7%
Lack of pleasure	19.9%
Loss of hope	30.6%
Fears	37.7%
Anger/hatred	37%
Loss trust towards others	28.8%

Over a third of the interviewed children reported feeling anger, hatred and a loss of trust in others. Emotions of anger and hatred were reported by 37% (198), while loss of trust in others was reported by 28.8% (153). Intense levels of emotions reflected on children's physical wellbeing: 32.3% (172) of children reported physical symptoms such as headaches, chest pains, abdominal discomfort and fatigue. One in five (22.8 %, 121) interviewed children reported more than one type of the above emotional reactions (sadness, frustration, fear and anger). The high rate of correlation between the reported reactions reflected that the children who experienced the reactions had multiple reactions (e.g. a child who reported having sleeping problems also felt unsafe, difficulties in concentrating and a lack of pleasure in daily living).

Approximately 1 in 3 interviewed children reported feeling unsafe, sad or frustrated , diminished hope, afraid, anger and hatred. One in 3 experienced problems in their sleep and one in five reported experiencing nightmares. One in 4 experienced difficulties concentrating. One in 4 reported difficulties in trusting others and one in five reported losing interest in usual activities and a similar number reported a lack of pleasure in daily life. Many of these symptoms, depending on their intensity and frequency, can present either as depression or fuel anti-social behavior. One in 10 children reported experiencing convulsions or loss of consciousness, which may indicate either periodic psychological blackouts or incidence of epilepsy. It should be noted that 28.4% of interviewed children reported that they readily shared their emotions with others, therefore it possible that the prevalence of emotions and

symptomatic behavior was underreported by the interviewed children. Clearly, among those willing to report their emotional reactions and behaviours, there are strong indicators for assistance with psychosocial functioning.

Mental health problems of children and their caregivers:

There are no reliable mental health statistics in the conflict-affected governorates. However, the mental health needs of children have regularly attracted the attention of all parents, teachers, health workers and humanitarian workers working in Sa'ada and other conflict-affected areas. A psychosocial needs assessment was undertaken with IDPs including children after the end of the fourth round of war in Sa'ada governorate. The assessment revealed that symptoms of anxiety were reported by 42% and depressive symptoms (not mutually exclusive) were reported by 52% of affected children. Similarly, anxiety symptoms were reported by more than 50% and depressive symptoms were mentioned by 60% of adult caregivers. In May 2010, the Ministry of Health sent a mobile medical team including one specialized psychiatrist to Sa'ada city. This psychiatrist reported 552 mental health consultations during six days of his clinical work in IDP camps. Children constituted about one third of these consultations. Approximately 45% of these beneficiaries were suffering from anxiety related disorders, 35% from depressive disorders, 15% from psychotic disorders (such as affective debrations, mania, schizophrenia) and 5% suffered from substance abuse. Lack of access to medications and lack of specialized mental health clinical care (including the absence of a psychiatric ward) were among the reported difficulties that were encountered in treating clinical symptoms.

Based on a field monitoring visit to Sa'ada city in July 2010, UNICEF advised there were 90 people with mentally health issues living in IDP camps without appropriate mental health care. The existence of significant mental health issues can impair the ability of caregivers to tend to the needs of their children in an appropriate way. Depending on circumstances, one or more of the children of a psychologically disturbed parent may fall into the role of caring for the adult.

These observations show that displaced children and caregivers are experiencing significant psychosocial dysfunction.

Protective Environment:

The concept of the protective environment is used to refer to the attitudes, legislation, actors and services that surround a child, along with their capacity to protect him or her. UNICEF has identified eight key aspects of a protective environment. Where any one of these elements are

not present or are failing to fulfill their function, children are vulnerable to abuse, violence, discrimination and violation of their rights. The eight key aspects of the protective environment are:

- 1) Children's characters, life skills, knowledge and participation;
- 2) The capacity to protect among families or those around children;
- 3) Attitudes, traditions, customs, behaviors and practices;
- 4) Open discussion and engagement with child protection issues;
- 5) Government commitment to fulfilling protection rights;
- 6) Protective legislation and enforcement;
- 7) Monitoring and reporting of child protection issues; and
- 8) Services for recovery and reintegration.

Children's protective resources

Though children may often be considered vulnerable in difficult circumstances, they do have their own resources that can be supported and used to enhance their protection when needed. This ability to 'bounce back' or resilience serves an important function in responding to the stress and loss of overwhelming situations.

Children's responses to difficult situations vary according to both internal and external factors. The external protective factors will be discussed below. While there may be some family, community or cultural factors, some common internal factors or positive coping skills that characterize resilience and promote protection include:

- High self-esteem;
- Sense of optimism and hope for the future;
- Sense of purpose;
- Communication skills - ability to seek assistance and needed resources;
- Problem solving skills; and
- Self-control.

Psychosocial support programs focus primarily on promoting the internal and external factors influencing resilience in order to foster and strengthen resilience and thus psychosocial well-being.

Table 6 below provides children's and caregivers' perspectives on the most positive and negative coping skills used by displaced children. Both children and their caregivers reported difficulties in communication and connecting with others in this assessment. Having difficulty in expressing or sharing emotions and thoughts with others were reported by 28.4% (151

children). One quarter of the children was also found to avoid or have low chance of social activities, particularly adolescent girls.

Table 6: Coping skills among interviewed children:

Coping skills of affected children	
Sense of hope	69.4%
Self ability to tolerate stress	68.7%
Playing with peers	58.5%
Sharing of emotions with others	28.4%
Helping others when they need it	35.5%
Praying and reciting the Holy Qur'an	74.8%
Isolation from others/avoidance	24.6%
Aggression towards others or materials	42.5%
Aggression towards self (suicidal ideation)	5.3%
Substance abuse	24.7%

Playing is crucial for the intellectual, social and physical development of children as well as for appropriate relief of stress. However, 41.5% (221) of interviewed children reported that they did not have opportunities to play. Caregivers through the focus group discussions and community leaders through interviews revealed a scarcity of recreational materials and places particularly in Al-Jawf, Amran and Sa'ada. Poverty, security issues and reduced freedom of movement also significantly limited the chances of children for playing.

There is evidence that displaced children are struggling to manage their emotions and deal with their circumstances, according to the caregivers. Many caregivers (42.5%) reported their children (numbers not known) acted aggressively and violently, both within the family and publicly. One in 20 (5.3%) displaced children had reported thinking about committing suicide. However there were few reports of successful suicides. Increase in the consumption of harmful substances such as Qat, cigarettes and using illicit drugs were reported by about one quarter of caregivers, particularly in reference to adolescent boys.

Despite the high level of negative coping skills used by some, there were children were found to be highly resilient. A sense of optimism and hope for the future was reported by 69.4% (369) of displaced children, 68.7% (367) reported tolerance of stressors and displacement difficulties. It was reported that religion provided some sustenance to children: 74.8% (399 children) reported that praying and reciting the Qur'an were helpful in reducing their distress and

emotional reactions. Moreover, 75.4% (401 children) participated actively in a variety of social activities.

Social protective resources for displaced children:

Social culture in Yemen and particularly in Sa'ada is strongly oriented towards extended family. The individual is first of all accountable to her or his family and must serve the family's well-being. The family is equally obliged to safeguard, protect and support each individual member. Family relations are traditionally vertically organized according to age and gender, where ultimate superiority is given to males, and then seniority to age. In this survey, 79.3% (422) of caregivers were men and 20.7% (110) were women (see Table 2). In Yemeni culture, men are generally regarded as the head of a household and as such decision-makers and providers. Where men are absent through death or intended departure (e.g. for work, missing in action or change of family), women may take on the role of head of household. Many widows and women-headed households were observed, particularly inside IDP camps. Women struggle in this patriarchal society to access resources for their families. It was not within the scope of this study to explore how these women access resources, although it is noted that children within these families may not have access to as many resources as others and may suffer discrimination from the community. This is also true of child-headed households, which again have not been explored as an entity in this study.

Family unity:

The Sa'ada community has a strong tradition of providing substitute care for children without caregivers within their extended families. Two-thirds of the separated children reported that they stayed during separation with their extended family members and one third stayed with their community members, camps or even within host communities. The cases of separation were, for the most part, resolved relatively quickly by the family and tribal links as well as some aid workers particularly in camps.

Children can become separated either accidentally such as when fleeing from danger; or deliberately when children are abandoned, abducted, recruited into armed forces/groups, orphaned, trafficked or involved in labor. Separated children are particularly vulnerable to many forms of abuse, including physical, emotional as well as socioeconomic exploitation.

The needs of children who lost their parents are multiple: physical, emotional, social, educational, material and financial. Orphans are particularly vulnerable to abuse, neglect and

exploitation, as the wisdom of villagers revealed. The Islamic Relief Organization identified and supported financially about 300 orphans living inside and outside camps in Sa'ada governorate. Identifying and providing assistance to other orphans in all affected governorates to ensure they are well-cared for is absolutely essential over the long term.

Employment patterns of displaced caregivers:

Households were asked about the nature of employment of the male caregivers. Table 7 summarizes the distribution of displaced male caregivers according to their type of jobs. As can be seen from the table, unemployment is a widespread phenomenon among the displaced population: 42.7% male caregivers (227) were reported to be unemployed. Manual laborers were representing 18% (96) of interviewed caregivers. Many IDPs are reported to have been forced to migrate into major cities to work and gain income. Almost one in ten (8.1%, 43) of caregivers reported that they worked in agriculture, such as on Qat farms or selling Qat. Approximately one in ten (13.2%, (12) of interviewed women caregivers reported that they were engaged in paid employment.

Table 6: The types of jobs that of male caregivers have (n=422):

Type of Job	Fathers
Unemployed	42.7 %
Labourer	18 %
Employee	19.4 %
Farmer	8.1 %
Business	3.4 %
Other	8.5 %

Caregivers often leave their children behind in the camps with little supervision. However, working does not necessarily mean improving the living conditions. Displaced workers were often exploited by their employers who take advantage of their status. Due to low rate of pay, children of working parents are not necessarily able to receive basic needs, such as sufficient food, education, health and recreational activities. In large cities such as Amran, Harad, Sa'ada and Sanaa, many displaced caregivers resort to begging for money, some with their children. Displaced family size was found also to be varied: from 3 to 19 people and the average household size in displaced areas was 8. The household may include extended family members.

Another shift in employment patterns is articulated in the fact that many men who were self-employed before displacement had to work for a wage. This employment (where secured) frequently rated low in autonomy and status as well as poor economic return. Consequently, men reported frustration, anger and sadness. Where men were unemployed, they keenly felt a loss with their change of role. The poor socioeconomic status of caregivers (whether in employment or not) jeopardized their recognition among their peer community and their families. Male caregivers expressed feelings of frustration, sense of inferiority and incapacity, shame, low self esteem and isolation. The emotions are often expressed in terms of violence and aggression towards their families, own and host communities at large.

Education levels of caregivers:

Literacy of caregivers was found also to be poor among those interviewed: 73% of fathers and 85% of mothers were illiterate and not provided with appropriate education (see Table 8). Low levels of education can limit generational participation in education as well as increase the likelihood of caregivers passing on patterns of abuse or neglect in times of crisis without question or seeking outside help.

Table 8: Levels of education of caregivers according to their gender (532):

Level of education	Fathers	Mothers
Illiterate	73 %	84.8 %
Primary	13.2 %	7.5 %
Preparatory	6.4 %	5.1 %
Secondary	4.9 %	2.3 %
University	2.3 %	0.8 %

Coping & parenting skills of caregivers:

When stress has a significant impact on psychological functioning (e.g. leads to emotional and behavioral problems), helpers need to offer relief within a trusting and caring relationship. However, 61.3% (326) of interviewed children reported that they have not been listened to by their parents when needed and 44% (234) reported missing support from their caregivers (see Table 8). It was estimated that 76.3% (406) of interviewed caregivers are not aware about the issues of child protection and psychosocial problems of their children. Often, caregivers' capacity to respond to children's needs is limited by their reactions to stressful events. The assessment of their parenting skills occurs during displacement, unemployment, poverty and disconnection from community.

Table 9: Coping skills of caregivers according to their children's perspective:

Coping skills among families and friends	Yes %	No %
Listening skills of families	38.7	61.3
Supporting skills of families	56	44
Availability of supportive friends	47.6	52.4
Violence and tensions between peer groups	39.5	60.5

Already living below the poverty line, most displaced families suffered from the loss of their livelihoods and further impoverishment as a result of their displacement. Therefore, they have resorted to deployment of their children in labor in order to improve their access to food or other basic necessities. In this regard, 47% (251) of caregivers viewed that it is appropriate for the child under 18 years to work. Regarding parenting skills, 35% (187) of caregivers agreed corporal punishment as an appropriate way of correcting the behavior of their children. Approximately, one-third of caregivers who participated in focus group discussions reported occurrence of violence between family members.

Capacity of the community to address mental health issues:

Despite the prevalence of distress in the living environments of displaced families and communities, mental health services or programs addressing mental health problems are not provided in a consistent or systematic way for IDPs. Moreover, available health workers are not oriented or trained about recognition and management of psychosocial and mental health problems of IDPs.

The child protection and psychosocial support teams have moved very quickly to provide supportive services to the encamped populations since the initial phases of response. However, it was not evident on the ground that any of the psychosocial actors had specific expertise in responding to psychosocial or mental health disorders. During subsequent discussions with child protection teams, it was suggested that counselors who are well trained on psychosocial counseling should be deployed to the field.

Most of the interviewed key informants reported that traditional medicine is an essential option for treating psychosocial problems and mental illness in conflict-affected governorates. The majority of people in Sa'ada use traditional services for the treatment of psychosocial and mental health disorders. They usually visit the local healer because it is easier than traveling to the health center or hospital. Healers address both physical and psychological problems, ranging from bone-setting and persistent or recurrent pain to spiritual possession and the

casting out of magic spells that cause illness. Some healers addressed social and economical problems. However, many healers imposed different types of doubtful methods against the body of a patient to enforce spiritual possession to get rid of the possessed body. Some patients come from distant districts of Sa'ada and some stay in the home of a healer for days.

Many people think that some healers have a healing hand or rather they have the ability to call forth and channel the healing hand of God. Some healers brought religious elements to bear on the treatments they prepare and give to their patients. The Arabic language term “Ruqia” usually involves the recitation of selected Quranic verses upon either the preparation offered to the patient or upon the patient himself. Other widespread practices called “Mahw” or “Sarf”. The “Mahw” is certain verses of Quran or Islamic prayers written in an ordinary paper and sink it into a glass of water to remove its ink. The mixed juice is drunk to heal or protect from a disease or any other hurt. The “Sarf” is similar to the Mahw but kept between clothes or belongings of a person.

Community support:

The well-being of both children and their caregivers is linked to the availability of supportive structures within the local community. In emergencies, these may be weakened or hard to maintain. Key resource persons may have been killed, injured or weakened. In addition to the loss of physical infrastructure, destruction and dislocation can result in the disbanding of social groupings due to separation. In many ways, emergencies can undermine the social networks, local institutions and family, school and village relationships that support normal development, emotional security, children’s learning, and their sense of self and identity.

Just as individuals can be resilient, communities can also be resilient. By addressing community resilience, a more holistic approach is promoted and local resources are valued. Qabyala, or tribalism, is a normal way of organizing society in these conflict-affected areas. Moreover, qabyala functions as both a method of social organization and a complex of values informing the way people evaluate their actions and those of others. Tribes become explicitly relevant to their members and to outsiders when challenges of resource management and individual or group protection require collective responsibility and obligation. In this regard, 41% (219) of caregivers reported receiving some material and psychosocial support from their tribal and community families. Such support included food, shelter, drugs, clothes, money, as well as taking care of separated and unaccompanied children. However, 59% (313) of caregivers reported a lack of tribal or community support.

Many observers noted that the conflict has weakened greatly the tribal principles and traditional norms of people in all affected areas. Qabyala was used to protect weak and vulnerable individuals and groups, including: women, children, people with disabilities as well as displaced people in general. The host, under Qabyala law becomes the guarantor of the safety, security, and sharaf (honor), as well as the temporary provider of hospitality. Any act that affects the displaced person's honor is considered as an act against that of the protector. Physical assault (including violent attack, murder, kidnapping and arrest) is not just a disgrace, but 'ayb" (a black shame). It is thus particularly disgraceful for the host himself to commit aggression against the guest. Unfortunately, the armed-conflict in Sa'ada seems to change the entire dynamic of the tribal values and norms.

Warfare has severely altered interpretations of long-standing local norms and diminished the durability of traditional social ties. Examples that demonstrate the potential distortion of traditional qabyala norms are blockades of roads, hijacking of humanitarian aids in Sa'ada, Amran and Al-Jawf governorates. Another example was the refusal of some tribes in Amran governorate to establish camps for displaced people linked with another competing tribe.

Many public institutions and service facilities (such as health centres, schools and mosques) were severely damaged and looted in tribal areas during and after the six cycles of war. This has affected the delivery of much needed services as well diminish employment where many employees such as health workers and teachers have been unable to return to their work in conflict-affected areas.

Likewise, the religion plays an important role in creating and sustaining beliefs and social values in Yemen. The Huthi conflict can be said to have emerged from the domain of religion into the field of tribes. The kinds of alliances the Huthis and the GoY have made, as well as the interpretation of offenses and the enactment of responses to them, have used religion and sect as the means of mobilization and action throughout the six rounds of conflict.

Community education and awareness programs about to psychosocial well-being and problems appear to be extremely limited. Yet, there are some child protection teams in all affected governorates that are engaged in family and community awareness activities to ensure that people are informed about the rights and psychosocial well-being of children.

Basic needs and services:

While the government and international and local non-government organizations mobilized significant assistance, displaced children who participated in focus group discussions reported that they still encountered many problems with inadequate shelter, food supply and sanitation, excessive weather conditions, overcrowding, and limited access to health care facilities in all affected governorates. Poverty was a contributing factor to the problems faced by displaced and affected children. Most displaced families came from and fled to very poor areas, and displacement exacerbated their poverty.

Most caregivers from affected areas who participated in focus group discussions reported that “the families' biggest problem is poverty”. They reported that their children have “no adequate food, no health facilities, no safe drinking water and no schools”. Security concerns have hampered effective provision of basic necessities to the vast majority of affected and displaced people. In many areas of displacement, particularly in Al-Jawf, Harf Sufian, Razeh, Saqin and Haydan, humanitarian access is extremely limited.

Shelter:

Lack of adequate shelter remains a major concern among scattered IDPs, particularly in Amran and Al-Jawf Governorates. Moreover, the majority of displaced caregivers in Sana’a and Amran cities reported that they are facing the problem of overcrowding, high costs of rents as well as discrimination by host communities. Many of them have depleted their savings and are at risk of eviction from these apartments. All of the IDPs in Al-Jawf governorate and many of IDPs in Amran are living in very bad settlements.

According to observations of assessment team, the wealthiest IDPs fled to major cities outside the conflict areas including Sana’a city. The more vulnerable were displaced within their governorates of origin or to neighboring districts; and the most vulnerable and poor went to camps. It is estimated that over 80% of IDPs are living in scattered settlements and rented apartments.

Cultural and social differences in addition to fear of sexual exploitation of girls and women have enforced most IDPs to settle outside camps. One caregiver said that "a person who goes to an IDP camp is not a good Muslim, it is just a shame for a tribal man to settle inside a camp". These issues in addition to other factors increased the vulnerability of IDPs outside camps and exposed them to hazards greater than those in camps. Many displaced children have revealed that they faced inadequate shelter and overcrowding in places of displacement in host communities. Many community leaders reported that IDPs inside the camps were better off

than those in host communities. Typically, IDPs in camps had more stable shelter, food and access to health facilities, and they were living to some extent together with their own community people. Aid providers in Hajja governorate believed that IDPs scattered in host communities were more vulnerable than those living in camps: they had inadequate shelter, insufficient food for their children, and limited access to potable water and health care.

The vast majority of children in camps were sheltered in tents with their families. The quality of camp facilities varied greatly from camp to camp. For instance, camp II in Al-Mazraq (Hajja governorate) had relatively better facilities, as camps I and III were not as well supported as camp II. Among IDPs who seek settlement inside camps, it was noticed that IDPs of relatively higher social status dictated to some extent to their choice of camp, consequently the relatively lower class families often lived in the worst camps. Moreover, many IDPs migrated from mountainous areas such as Raze and Hydan districts in Sa'ada with colder climates to camps and host community shelters located in the plains such as Al Mazraq area in Hajja governorate, where the heat was sometimes extreme. The heat – exacerbated by the tent structure and the crowding particularly in camp I and III – caused skin diseases for many children as well as heightened the discomfort and suffering of all of them. In contrast, when winter approached in Sa'ada and Amran governorates, the temperature is dropped to lower than 0 degree centigrade. Aid providers are facing also the difficulty of ensuring adequate shelter against cold weather and the heavy rains in Amran and Al-Jawf governorates.

Many community leaders, particularly in Amran and Al-Jawf governorates, talked about the lack of appropriate spaces for play in the settlements. Boys and girls were given less freedom of movement than they were used to: one protection team noted that whereas children used to have the ability to walk around, they “are now kept in”, and consequently became frustrated and violent with each other. The scarcity of recreational spaces particularly affected girls, who were often kept in tents most of the day so they would not be seen by unrelated males. Girls who were kept inside most of the day suffered extreme tension and stress.

“Child-friendly spaces” that provide activities and normalize the lives of children have been established in many areas of displacements and provided children with a sense of safety in an otherwise chaotic and insecure world. Activities included: free drawing, puppet-making, playing, drama, singing and dancing, story-telling and non-formal education. Among other things, these activities also allow for the release of stored distress. However, these activities need to reach all the affected children by the conflict.

Distribution of food:

The Government and WFP with NGOs worked to provide food and non-food rations to IDPs in all affected governorates. However, it appears that the quantity, frequency, and coverage of food aid are decreasing with time. Transitory food insecurity among IDPs is of serious concern particularly among those out of reach of aid agencies. According to 80% of community leaders in Al-Jawf governorate, no food aid reached to their areas to date. In line with this finding, most participated IDPs families reported that food is neither enough in quantity nor in quality. According to caregivers in Amran (60%) and Al-Jawf (100%), the basic food items provided were insufficient to cover need. Moreover, families in Amran (32%), Sa'ada (34%) and Hajja (29%) complained of inappropriate systems of distribution.

The nutritional situation of IDPs can deteriorate very quickly. Following a three-month blockade of Sa'ada town during the 5th war, an inter-agency assessment in September 2008 in Sa'ada found that 83% of adult IDPs either did not eat the entire day or were skipping meals on a daily basis, while most IDPs reported to consume smaller quantities and lower quality of food. In this assessment, 25% of IDPs caregivers reported eating twice per day and 15% once per day. A series of monitoring and evaluation exercises conducted in May 2009 found that more than 86% of families in Sa'ada camps had acceptable food consumption scores (FCS) when receiving assistance, but dropping to 11% acceptable when not receiving assistance.

Under-funding has been reported to be the main cause for food shortage according to the UN reports. Insecurity may be the second cause for shortage of food among displaced communities. The intermittent clashes between tribes and hijacking of humanitarian materials and assets have forced some aid agencies to suspend operations in Amran and Al-Jawf governorates thus leaving thousands of children in need of relief support.

Water and sanitation:

According to the Water, Sanitation, and Hygiene (WASH) Cluster, IDPs are being provided with at least 20 liter per capita per day of safe drinking water. The assistance cover the needs of 32,000 IDPs residing in Al-Mazrak in the Hajja governorate as well as to 1,600 IDPs residing in Khaiwan camp in the Amran governorate. However, quality of water is a major concern for displaced and affected families outside camps who do not benefit from the trucking of safe water. Water quality control has been addressed since late last year for the drinking water supply to Al-Mazraq camps and other IDP communities outside the camps. Risks of infection exist for those IDPs who get their daily water needs from unsafe sources such as water pools and puddles. In Al-Jawf, the assistance is still limited to hygiene kits and water filters but has

not been extended to water supply and sanitation. The situation is more critical for families in war affected districts such as Haydan, Saqin and Shadha as well as for displaced families in Al-Jawf and Amran governorates. The following were considered by many displaced and residents caregivers as causes for unavailability of enough and clean water: long distance of the water source, difficult geography or road to water source, lack of appropriate water utensils, hot climate and ongoing drought. The average time needed to get to the water sources is 1 or 2 hours for the resident population in conflict-affected districts in Sa'ada governorate. Girls and women usually carry the burden of water collection to their families and animals.

Phase one of the new water scheme in Haradh is complete and should solve many of the problems where IDPs inside and outside camps will benefit in addition to some host communities through filling points. Phase two is expected to start soon, and will connect a number of villages to the newly constructed water network.

Lack of sufficient water created continuous tensions, conflicts and sometimes aggression between either displaced families or between IDPs and their host communities. These conflicts compound the tensions between the people, who once shared a sense of solidarity and cohesion before the armed conflicts. Lack of appropriate and clean latrines as well as accumulation of large quantity of waste products were reported by many IDPs, particularly in Amran and Sa'ada governorates. Inappropriate type of water was also reported by displaced IDPs in Amran. Water scarcity has not been caused by the Sa'ada wars, but it is seriously aggravated by several factors related to the conflict. Local water networks were damaged during war and generators were destroyed. *Birkets* (reservoirs) in conflict-affected areas were already low due to lack of summer rain and were also damaged. Additionally, in Sa'ada and other conflict-affected areas, diesel shortages meant that many water pumps were not operating. The option of transporting water into hard-to-access regions is both difficult and expensive, rendering safe drinking water unaffordable for many and forcing recourse to less-healthy supplies.

Large displacement flows into Sa'ada City and its environs at the height of conflict have further drained the local water table. The lack of access to clean water during conflict can increase the prevalence of waterborne diseases, reduce immune system resilience, and threaten overall health and nutrition of longtime residents and IDPs. Furthermore, over time, this situation risks transforming water into a strategic commodity manipulated by conflict protagonists to secure the loyalty of Sa'ada residents. Throughout the visited districts in five governorates, a general lack of access to hygiene items has been reported by most of community leaders particularly in Amran and Al-Jawf governorates. In presence of overcrowding, scarcity of these hygienic materials will be reflected badly on the health of displaced children and adolescents.

One important pillar of WASH interventions is WASH in Schools. A number of schools hosting IDP children in Haradh have seen some rehabilitation of the WASH facilities, such as latrines and water supply. There is still a need in Sa'ada for the rehabilitation of the facilities to be ready for the new school year.

Education:

Education is critical to any child's development, and crucial to internally displaced children. School can provide the stability and psychosocial support needed to counter the upheaval and insecurity of displacement. Education protects children from exploitation and can provide life-saving information. School can be a place that offers structure and stability for children. Returning them to school and the routines associated with school life is important in re-establishing structure and purpose in children's lives, and affording them a sense of control over some aspects of their lives.

Some community leaders reported that schools are considered as safe spaces for children: "If they're not there, they will be at very high risk". Child protection teams reported that it is easy for them to provide life skills, including mine risk education and other programs in schools. However, children's education is reported to be severely affected by the Sa'ada conflict. It is estimated that around 250 out of 700 schools in Sa'ada have been partially or completely destroyed.

Displaced children in host communities and camps lost many months or even years of education. Although educational activities had been resumed after ceasefire of conflict in many schools, large numbers of IDP children are still not enrolled in any regular education activities. In camps, a strong effort was made to provide education, but this did not cover all camps. Meanwhile, there was only limited access to education outside camps. In some areas of displacement, there was no access to education while, in other areas, that access was extremely limited. For example, in Amran governorate there is extreme limited access to education, while in Al-Jawf governorate and in all conflict-affected areas of Sa'ada and Harf Sufian children have no access to education.

In this assessment, 50.6% (269) of interviewed children reported not attending their school. The enrolment rate of girls is lower than boys in all conflict-affected areas. Most of caregivers who participated in focus group discussions reported that their children regularly drop out of school from the age of 12 years upwards. They estimated that at least one third of children

drop out of their primary schools per year particularly in rural areas. Girls were noted to drop out more often than boys in primary schooling. Some educational officers estimated that about 70% of girls left schools just after finishing their primary education. Boys seem to delay their decision to drop out of education until they are in secondary school.

Insecurity, poverty, child labor, child recruitment and loss of interest were the main causes of lower enrolment and drop out among boys. 37 % of boys above the age of 14 do not believe that attending school could help them improve their social and economic status. In addition, it was noted that children look at those who are older, and then they see that there is no hope for them. So they leave school and start to work. They have seen work as easier and faster for them. Social traditions, insecurity, long distances to school, unavailability of separated schools for girls, domestic labor and early marriage were the main causes of non attendance and drop out among girls.

Malnutrition, poor physical and mental health are also associated with long-term effects on the development of the cognitive, emotional and behavioral aspects of development. The eldest children in sibling groups may become heads of household, taking on significant responsibilities and hardships. In addition, displaced caregivers may have less time to care for children as they seek economic opportunities to provide for basic needs. Moreover, during periods of displacement, families may be forced to live in crowded accommodations that present risks to health, hygiene, safety as well as education.

Loss of educational opportunities can lead to negative effects on children's development. Children whose primary education is disrupted often find it difficult to return to schooling later in their childhood. Girls are particularly likely to discontinue education. The absence of basic education violates the rights of children and can be a life-long handicap. The use of corporal punishment in schools has received much attention in recent times especially in states of complex emergencies such as internal displacement. It was usually cited as a reason why students drop out of school. 20.3% (108) of interviewed displaced children reported their exposure to corporal punishment from their teachers. Evidence seems to suggest that it is not only teachers who assault students: physical violence by students against their teachers was frequently reported by teachers and key informants in most of conflict-affected areas particularly in the Sa'ada governorate. It was reported recently that at least ten teachers were physically attacked by their students in some of secondary schools in Sa'ada governorate. The exact cause of this new and dangerous phenomenon is not clear. However, it may reflect emerging of vicious circle of violence between teachers and their students in conflict-affected areas. Lack of appropriate problem solving skills, high level of emotional distress among

teachers and students and lax administrations were reported to be among the causes of this violence in schools. It may also reflect a new feature of insurgency against authority in the field of education.

Health and nutrition:

WHO reported that no communicable disease outbreaks have been found among IDPs but the risk still high due to inadequate health services, inadequate sanitation and lack of safe drinking water. The health problems frequently reported by health workers in conflict-affected areas are the already endemic ones such as communicable diseases (diarrhea diseases, malaria, respiratory tract infections, measles, meningitis, urinary infections and skin infections), war related injuries, acute malnutrition, anemia as well as psychosocial problems. Although rates of malaria have been reported to be decreased, however, levels of acute malnutrition, anemia, skin infections and psychosocial problems were reported by health workers to be raised especially among children.

The abovementioned diseases have been reported to be caused as a direct consequence of lack of appropriate and enough shelter, polluted water, poor water quality, lack of hygiene, extreme changes of weather as well as reduced food rations. The huge increase of IDP population at host communities is not reflected in an increase in medical services, which highly increased a burden on both the IDP population and the host communities. In contrast, health officers in all affected governorates, particularly in Amran and Sa'ada, reported that most of public health facilities, services, staff and programs are either dysfunctional or inaccessible to people. In conflict-affected areas, most of the already poorly developed health infrastructures were reported to be severely damaged during war. Difficulties encountered by most of caregivers were lack of access to health facilities, unavailability of medical staff, long distanced health centers, lack of transport, lack of drugs and lack of medical supplies.

Lack of financial resources exacerbated greatly their health vulnerabilities. Mental health and reproductive health services are completely absent. Finally, health problems faced by internally displaced persons (IDPs) in five affected governorates are being made worse by a combination of lack of funds, a lack of women doctors and cultural constraints.

The Health Cluster was established by the Ministry of Health and WHO in collaboration with other national and international organizations in August, 2009 in order to address the huge and multidimensional demands of affected and displaced population. The MoPH established, in coordination with WHO, mobile medical clinics in the IDP hosting governorates of Al Jawaf,

Hajjah, and Amran, in addition to a fixed clinic in Al-Mazraq camps in Hajjah. MSF Spain provided basic health care services clinic including emergency room, reproductive health (with delivery services) and nutritional services at the Al-Mazarq 3 camp.

Vaccination campaigns did not cover all affected and IDP children. The MoPH in coordination with WHO, UNICEF and MSF-France conducted a mass vaccination campaign against measles, whooping cough, meningitis, tetanus, and diphtheria in April 2010. The campaign addressed children from 6 months to 15 years in seven accessible districts in Sa'ada governorate.

MSF France in coordination with the MoPH are running three health programs in Sa'ada and three health programs in Amran governorates. The MSF France health programs included emergency rooms, mother-child health, intensive care units, and inpatient and outpatient departments. Mediciens Du Monde provided primary health services to IDPs in camps through four medical mobile clinics (two in Sa'ada and two in Hajja), in addition to one outreach medical team for IDPs outside camps.

The Health Cluster reported recently 100 percent health coverage in IDP camps and 20 percent health coverage for IDPs residing outside camps in Hajja Governorate. Some national and international agencies tried to provide health services for IDPs residents outside camps. However, most of these services appear to be drop-in centers, which may not be easily accessible to many of the displaced and affected IDPs.

Malnutrition seems to be widely raised among IDP children throughout the five conflict-affected governorates. A rapid assessment was done in September 2009 in Al-Mazraq Camp. The assessment reported that 8.6% of children were suffering from severe and 12.3% were suffering from moderate acute malnutrition. In June a nutrition working group has been initiated in Saada and one Therapeutic Feeding Centers (TFC) has been established as well as some outpatient therapeutic program (OTP) centers in Sa'ada city and accessible districts. In Amran governorate, during May, MoPH with support from UNICEF conducted training course for 320 health workers and 160 community volunteers for the outpatient therapeutic program (OTP). This is supposed to improve community management of acute malnutrition within IDPs and host communities. However, the numbers of established TFCs inside Sa'ada governorate are very low which hinder enormously the nutritional support programs. The MoPH, UNICEF and MSF France are providing some nutritional supplies, conducting screening and running nutritional activities in conflict-affected areas, particularly in Sa'ada city. WFP distributed also some nutritional materials to IDP children under 5 years in Hajja and Amran governorates.

Coordination of national and international responses

Since the beginning of the sixth cycle of armed conflict in Sa'ada governorate the following coordination and capacity-building strategies have been implemented by national and international aid organizations and bodies:

Coordination mechanism for the child protection response:

The Child Protection Sub-Cluster was established in October 2009 in Yemen with UNICEF and MoSAL as co-chairing a group of child protection agencies. The Sub-Cluster reports to the Protection Cluster, which is chaired by UNHCR. It comprises membership from UNICEF, UNHCR, Save the Children, MoSAL, CSSW, the Islamic Relief, SIYAJ, IOM, CHF, as well as other active national and international agencies. Child Protection Working Groups were established for Hajja in January and for Sa'ada in June 2010, while coordination in Amran is done under the Protection Working Group. The Child Protection Sub-Cluster meets on a fortnightly basis, and has developed a clear TOR and monitoring, reporting and referral forms. The Child Protection Sub-Cluster actively participated in developing the Child Protection Component in the Yemeni Humanitarian Response Program (YHRP).

Rapid assessment of psychosocial needs:

UNICEF conducted a rapid assessment in Almazraq camp just one month after the start of the Sixth war in August 2009. The assessment findings highlighted the overall emergency situations among the already arrived displaced population including child protection and psychosocial conditions. The IOM conducted an assessment project about human trafficking at the beginning of 2010. In February, 2010, the UNFPA conducted a three days project to assess referral mechanisms for gender-based violence (GBV) inside and outside IDP camps. Since then a referral path system for GBV and standard operating procedures have been established and are used as working tools. Siyaj NGO, with technical and financial support from UNICEF conducted a monitoring mission in December 2009 and reported on various child rights violations in three conflict-affected governorates, Hajja, Amran and Sa'ada.

Monitoring, reporting and advocacy:

During December 2009, Seyaj Organization (with technical and financial support from UNICEF) conducted the first field monitoring report on the impact of war on children. The report was based on the UN Security Council Resolutions 1612 and 1882. Approximately 30 field workers were recruited and trained for data collection from Sa'ada, Hajja, Harf Sufian and

Amran. The Child Protection Sub-Cluster developed a monitoring form for field and humanitarian workers. So far, more than 3,000 protection cases were documented and referred through the developed referral system.

Capacity building of stakeholders and right holders:

UNICEF supported MoSAL in Amran, Sa'ada and Hajja governorates to train 105 social workers and school counselors on child protection and psychosocial support frameworks and strategies in October 2009. UNICEF developed and distributed a field manual for social workers and child protection actors in January 2010. More than 500 stakeholders, including: social welfare officers, security officers, and religious and community leaders were trained on child protection issues. At least 50,000 IDPs were sensitized on relevant child protection issues, including the risks of mines and UXOs. Two hundred community volunteers were recruited and trained to work in child friendly spaces located in their areas of displacement. MoSAL and IOM convened a workshop to discuss trends of smuggling and trafficking of people. Sixty stakeholders participated in this workshop, including government officials, diplomats, civil society organizations and UN staff.

Awareness raising and provision of services:

Child protection and psychosocial centers and child friendly spaces with recreational kits and games were established by the MoSAL and the UNICEF in IDP camps of Sa'ada, Amran and Hajja governorates in November 2009. Save the Children established also 12 child friendly spaces and conducted mine risk education campaigns both inside and outside camps in Harad, Amran and Sa'ada. In the Al-Mazrak Camps, Hajjah governorate, UNICEF conducted a community-based education campaign on life-skills and HIV awareness. Peer educators between the ages of 15 and 18 years were trained. MoSAL and UNICEF have reported that at least 140,000 children benefited from daily activities, including mine risk education campaigns, child-friendly spaces inside and outside camps in Sa'ada, Amran and Hajjah governorates during the first half of 2010. At least 3,000 protection cases were identified to date and provided with protective services. The Charitable Society for Social Welfare (CSSW), in partnership with UNHCR, provided child protection services, including psychosocial support, for more hundreds of IDPs in Amran and Hajjah governorates as well as provided training on child protection in emergencies for professionals and service providers. Eight mobile teams, initiated by MoSAL and UNICEF, are providing recreational activities and psychosocial support to IDP families outside camps in Amran and Hajjah governorates. Mobile child protection and psychosocial teams were established inside and outside camps by the MoSAL and the UNICEF in Amran, Sa'ada and Hajja governorates. Psychosocial outreach teams

inside and outside camps have assisted vulnerable individuals who were referred to access basic services. The Islamic Relief Organization provided financial support to approximately 300 orphans in Sa'ada governorate.

The Child Protection Sub-Cluster organized a joint mine risk education campaign in Sa'ada, Amran and Hajjah governorates to reach approximately 30,000 people from displaced and host communities, predominantly children. Save the Children also conducted mine risk education campaigns (inside and outside camps) in Harad, Amran and Sa'ada.

Further Notes About the Assessment:

Methodology

This assessment used the following methodology:

1. Review and analysis of relevant literature and existing information from multiple resources, including published reports and articles;
2. Interviews with key informants, including international, national and local stakeholders (including professionals and community leaders);
3. Individual interviews with caregivers of displaced children;
4. Individual interviews with displaced children (8-18 years old) living with the abovementioned caregivers;
5. Focus group discussions with displaced adults (caregivers); and
6. Focus group discussions with displaced children.

Duration and steps of the assessment:

The Inter-Agency Child Protection Needs Assessment was carried out through different stages during May and June 2010. These stages included the following steps:

1. Identifying of objectives, terms of reference and designing of the assessment plan;
2. Reviewing, developing and adapting of the tools;
3. Selecting and briefing team leaders;
4. Selecting and training team members,
5. Supervising field work, including providing regular technical and logistical support to team members; and
6. Collecting field reports; analyzing data and preparing final field reports.

The field work of the assessment was conducted during the period 21 – 27 May 2010.

Assessment tools:

The Inter-Agency Comprehensive Child Protection Assessment in Conflict-Affected Governorates in North Yemen was conducted utilizing tools adapted from the Inter-Agency Emergency Child Protection Assessment Toolkit (Global Child Protection Working Group); forms developed and used in Palestine, Iraq and Sudan and local assessment tools. The attached interview forms were used to assess children's experiences, their psychosocial functioning and capacity of the protective environment. .

The assessment tools included the following:

- 1) A semi-structured interview form for displaced children;
- 2) A semi-structured interview form for caregivers of children;
- 3) A semi-structured interview form for community leaders and stakeholders;
- 4) A guided form with discussion points for group interviews to displaced caregivers; and

5) A guided form with discussion points for group interviews to displaced children and adolescents.

Sample Size and Selection:

It was determined that 5% of the internally displaced population is a sufficient size of sample in order to apply the resultant rates to the internally displaced population in Yemen. A cluster sampling approach was adopted in order to select the interviewed displaced households or families in the target areas. Accordingly, sample selection was conducted through the following steps:

1. The geographic bounds of the displaced areas were identified;
2. The locations and number of IDP households within each area were determined;
3. The IDP clusters to be assessed were selected;
4. The households within each IDP cluster were chosen; and
5. The caregiver and one of his or her children between the ages of 8-18 years within the selected household were invited to be interviewed.

Target area

The locations and areas covered by the assessment were determined in advance in coordination with Child Protection Sub-Cluster. The assessment was carried out in Sa'ada, Hajja, Amran, Al-Jawf governorates as well as Sana'a city. Table 2 lists the districts and areas that were determined to be covered by the assessment team. Due to security constraints, it was not possible to visit Haydan and Baqim (Sa'ada governorate), Harf Sufian district in Amran and Alzaher district in Al-Jawf.

Interviewers:

Field workers were selected in collaboration with the members of the Child Protection Sub-Cluster (particularly from the MoSAL and Islamic relief, Save the Children, Seyaj, Shawthab, UNHCR and UNICEF). In total, 48 local interviewers were engaged to collect the information (20 in Sa'ada, 12 in Hajja, 8 in Amran, 4 in Al-Jawf and 4 in Sana'a city). Twice as many interviewers were male: 16 were female and 32 were male. The researchers encountered significant difficulties in identifying appropriate female interviewers for the task.. Most of the interviewers had a professional background in social work, psychology or education as well as experience in working in emergency settings and child protection activities. Interviewers received a 2 day training course in child protection issues, psychosocial problems of conflict-affected children, assessment methodologies, and crisis intervention. During the training, the assessment tools were adjusted according to feedback from the participants regarding language and processes that may have reduced participation because of cultural reasons.

Table 2: Districts covered by the assessment:

Sa'ada	Hajja	Amran	Al-Jawf	Sana'a
<i>IDPs camps</i>	<i>Harad</i>	<i>Amran city</i>	<i>Almuton</i>	<i>Alhuraf</i>
<i>Sahar</i>	<i>Abs</i>	<i>Khamer</i>	<i>Almatama</i>	<i>Althawra</i>
<i>Haydan</i>	<i>Khayrn</i>	<i>Khaiwan</i>	<i>Baradh</i>	<i>Assunaina</i>
<i>Saqin</i>			<i>Almarashi</i>	<i>Maeen</i>
<i>Razeh</i>			<i>Alhumaidat</i>	<i>Bani Alhareth</i>
<i>Baqim</i>				<i>Shuoob</i>

Field work:

Permission to carry out the assessment in the 5 conflict-affected governorates had been issued from MoSAL as well as the corresponding Governors. Every data collector were assigned to conduct a certain number of individual and group interviews in each selected district. In each location, the data collector selected randomly 10 households and asked permission to meet the caregiver (male or female) from the household. Each interviewer greeted the caregiver with the following statements:

“Hello, my name is.... I am selected to work with MoSAL in a cooperative project with UNICEF to learn about issues of child protection concerns and psychosocial problems after the end of the sixth circle of the armed conflict. We are particularly concerned on children and adolescents. I would like to invite you and one of your children to participate in this assessment. May I continue?”

Interviewers had to respect confidentiality and privacy at all times. After the interview had been completed with the adult caregiver, he or she started to interview the nominated child (between the ages of 8-18 years). The data collector continued until the required number of households had been interviewed. The data collector had been also trained to offer a crisis intervention when he or she believed that the participant needed psychological support. The form was then dated by the interviewer only and every household caregiver and child interview was assigned a numerical code leaving no personal identifiers in order to ensure the

anonymity of all respondents. Interviewers compiled a list of households in each selected displaced or affected location.

Characteristics of the assessment:

- Participatory: the child protection Sub-Cluster, displaced children, their caregivers, authority representatives and aid workers participated in this assessment.
- Quantitative and qualitative methods have been used to collect information for their assessment, including individual and group interviews for primary data as well as desk review for secondary data.
- Wide in terms of its breadth of topics covering the experiences of children, their caregivers and facets of the protective environment.

Analysis of Data:

The Statistical Program for Social Sciences (SPSS) was used for analysis of assessment data.