

UNTIL
WE **NO**
LONGER
CAN HEAR
SHOOTING
OUTSIDE

**NO PLACE IS
SAFE IN YEMEN**



Save the Children

The impact of seven years of
conflict on children in Yemen
March 2022

ACKNOWLEDGEMENTS

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In order to protect children and the families who agreed to be interviewed by Save the Children, names in this report have been changed and exact locations omitted.

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Flower mural on the ruins of school destroyed by an airstrike in the city of Taiz southwestern Yemen, March 2022. Albaraa Mansoor/Save the Children

I. CHILD'S FOREWORD

I assumed the sniper will spare me when he sees I am only picking up the ball. He doesn't usually shoot at us, he rarely does, but he did. He shot my leg.

We were playing football in the schoolyard, it's my favorite game, and I never miss a chance to play football with my friends at school. As the game was going, someone kicked the ball hard, and it rolled over to the other side of the school yard. That side was exposed to a sniper, and we were told not to go there.

I didn't think about it, I didn't want the game to stop and just ran to pick up the ball. I assumed the sniper will see am only picking up the ball and will spare me. He doesn't usually shoot in this direction, he rarely does. I picked the ball and turned around to run to my friends. I didn't feel anything, I remember looking down to see the flesh hanging from my leg, blood pouring out, I understood he shot me!

I was bleeding and absolutely terrified, but I kept crawling away to take cover from the gunfire, and once I got to safety a man carried me to a hospital. I was still in shock; I didn't really feel the pain in the beginning. It was a few hours later when the pain had grown intolerable, I have never felt anything like this pain before, I needed sedatives to sleep. I have also never felt so scared of being at school, but now, I am very scared because the school is not safe anymore.

My friends don't feel safe at school because of incidents like this. I wish I had the ability to build high walls around schools so children can learn and play safely. I really love school, and I wish I could go every day, but I'm also worried for my friends and myself. It's not only the snipers, but also airstrikes and bombardment. Teachers have evacuated us many times because of the bombardment, once the shells fell on our schoolyard, and we were sent home. Four days ago, we didn't go to school because of the bombing.

We can't play anywhere, not even outside the house. A sniper once shot the water tanks next to where we were playing, and we got very scared and ran away. At home there's no electricity and we can't watch TV. There're areas in the city where fighting and bombardment is so intense, children never go to school. I feel very sorry for them, and I wonder, what kind of a future is waiting for them. Children need to live in a safe place in order to go to school and in order to play safely.

It is the love of my family and friends that helped me recover, and I want to tell all children who got injured or wounded like me: Don't give up and keep going to school. This war will come to an end, and you will recover.

II. COUNTRY

DIRECTOR'S FOREWORD

Difficult experiences affect each one of us differently. However, if the experience occurs at an early age; at critical time in our lives, a time when we are still dependent on the care and compassion of our parents and family, the impact is sadly multiplied. When children in Yemen experience the horrifying events that you can read in this report, we know it has not only left them with physical and mental scars, but also with adverse effects on the entirety of their life trajectory.

We know children are resilient, and we know they recover, but children in Yemen have been going through a series of horrifying experiences that would need them years, if not decades, to recover from. Seven long years of vicious violence have left thousands of children dead, tens of thousands maimed and injured and millions more struggling to cling to a life they can only imagine could be without hunger or bombardment.

Yemen has been forced into one of the worst man-made disasters, and the country has been turned into a true hell on earth. Constant conflict, many unmet needs, and different compounding crises that have been choking the entire population for years way beyond their ability to withstand. Everyone in Yemen is utterly exhausted, and everyone is struggling to survive the day; fathers skipping meals to feed their children, mothers selling the very little they have, and young boys and girls are laboring day and night to help put bread on their families' tables.

Parents who don't know when the next meal will be, and where the next violence will erupt can only work to try and make sure their children survive the day. This is becoming a norm, a whole generation of children is struggling daily, with detrimental impacts not only on the children's future, but on the future of the entire country.

There is no safe place for the children to hide. Their schools and hospitals are ravaged by repeated and senseless fighting, their playgrounds are turned into graveyards, and their homes are struggling to feed them or keep them safe. They are starved, isolated, left behind, neglected, and forgotten by the rest of world, as if their suffering is some sort of a natural order; when the suffering of children is the most unnatural order of all. It is an order that we are calling on the world not to accept; to say enough is enough.

Rama Hansraj
Yemen Country Director

III. EXECUTIVE SUMMARY

No one in Yemen has survived the past seven years unscathed. Not a single person in the country has not suffered a loss. Children have seen their friends, parents and teachers killed. They have witnessed the repeated attacks on their schools and have seen the hospitals they rely on to recover damaged and crippled beyond what the health sector can cope with. Ultimately, these unforgiving years have left children afraid, traumatized and in urgent need of humanitarian intervention.

In combination with a comprehensive desk review of open sources and humanitarian updates, this report contains the findings from 40 key informant interviews, as well as surveys with 400 children and 100 parents and caregivers. These interviews and surveys were conducted by Save the Children in eight Governorates during December 2021, in an effort to document first-hand accounts that aim to assess and understand the direct and profound impact these attacks have had on children, their families, their teachers and the wider communities in Yemen.

EDUCATION AND PROTECTION

Since the beginning of conflict, there have been at least 376 airstrikes against educational facilities across the country, with Taiz the governorate where almost a third of these attacks took place.¹

Despite the continuous appeals made to warring parties in Yemen, schools repeatedly come under attack, killing and injuring students and teachers, and causing considerable material damage. The reduced number and diminished capacity of operational schools across the country has resulted in overcrowded classrooms. In some places, Save the Children observed numbers of more than 80 children per classroom.² This in turn affects teachers' capacity to effectively manage the classroom via engaging teaching techniques and increases child protection risks.

Teachers described the desperation that ensues every time an attack occurs during a school day. Due to the reoccurring attacks against schools where they work, school staff started implementing safety measures to protect students and themselves, but 'There aren't any safety measures for contingencies, the school is already severely damaged because it has been repeatedly hit...' an educator told us in Al Dhale.

Additionally, continuous attacks on schools profoundly affect children's emotional well-being and educational attainment. Moreover, it exposes children to a wide array of protection risks, including the worst forms of child labour, child marriage, sexual and gender-based violence, recruitment by armed groups, and severe psychological damage. The attacks also have profound effects on teachers, who not only are constantly at risk of attack, but also do not get paid on time, if at all, leaving them in precarious socio-economic conditions.

HEALTHCARE

As it stands, the health sector in Yemen faces insurmountable challenges. The COVID-19 pandemic, in addition to food insecurity, increasing rates of acute malnutrition and low vaccination coverage has put immense pressure on the health system in Yemen, eroding its ability to provide vital health services to the most vulnerable groups, including women and children, elderly and internally displaced persons (IDPs). In 2021, more than two-thirds of the total number of districts (273 of the total 333 country districts) were in severe need of health services.³

Since 2015, there were at least 76 airstrikes reported against healthcare facilities, including hospitals, clinics and health centres across Yemen.⁴ The highest number of airstrikes against healthcare facilities was reported in Sa'ada, followed by Hajja and Taiz, and nearly half of the healthcare providers interviewed reported being present at the healthcare facility during an attack, and ninety-three per cent of health workers surveyed said that services at health facilities where they work have been repeatedly suspended due to attacks.



Children outside the Save the Children clinic in al-Rawdah, Yemen. c. 1972. The end of eight years of civil war gave the Fund an opportunity to establish long term development programmes. A survey carried out in June 1972 was followed by the opening of five mother and child welfare clinics, with the Fund's centre of operations at al-Rawdah. Through these clinics much assistance was given to disabled children and those suffering from polio. An immunisation programme was also introduced with work initially being concentrated on Sana'a and the surrounding area. Exact date unknown. Save the Children.

Lack of adequate access to healthcare severely affects women and girls of child-bearing age (15 – 49 years). At least five million women and girls, including 1.7 million pregnant and breastfeeding women have extremely limited or no access to reproductive health services.⁵ This includes antenatal care, safe delivery, postnatal care, family planning and emergency obstetric and new-born care.

In addition to this, around one million pregnant and breastfeeding women are acutely malnourished, leaving their new-borns at risk of severely stunted due to food insecurity. As a result, a woman dies every two hours during childbirth from entirely preventable causes. According to the UN, poor access and utilisation of lifesaving reproductive health services are the key drivers for maternal mortality in Yemen, which is five times the average of the Middle East and North Africa region. In 2017, there were 164 maternal deaths per 100,000 live births.⁶

ERODING RESILIENCE

Contextualising attacks on education and healthcare within the wider socio-economic impact of the conflict on Yemen is crucial to understanding how it affects people at the household level.

The escalation of conflict and political turmoil in Yemen has contributed to the value of the currency in Yemen plummeting to unprecedented levels, reaching as low as YER 1,700 per USD 1, in the south,⁷ but only YER 600 per USD 1 in areas controlled by De facto authorities (DFA) in northern Yemen. This schism is a result of the splitting of the Central Bank of Yemen into two separate entities, each managed by one of the opposing parties of the conflict. This is symptomatic of the inconsistency that characterises economic, financial and monetary policies implemented across the various parts of the country.⁸

Additionally, the World Bank estimated that the Yemen economy shrunk by 8.5 per cent in 2020, and indicators point that it has contracted by an additional two per cent in 2021. This is caused by the impact of the COVID-19-induced slowdown in trade on non-oil economic activity and scarcity of inputs. Ultimately, this has led to sharp increases in the price of commodities making essential food items harder for families to obtain.⁹

Today in Yemen, food insecurity levels are particularly worrying; only seven per cent of parents surveyed reported that they have sufficient access to basic goods and services. The majority, around 65 per cent, said that they have insufficient (55 per cent) or totally insufficient (10 per cent) access.

Failing to act immediately to assist children, protect them, and hold warring parties accountable for their actions will likely worsen the situation for vulnerable children in Yemen. The UN predicts that more than eight million children need emergency education support, while at least four million children are at risk of dropping out. With households progressively exhausting their means and falling further into debt, children will increasingly become at risk of child marriage, especially girls, and will likely be forced to drop out of school to support their families, especially boys.

RECOMMENDATIONS

The conflict in Yemen has reversed decades of educational gains for Yemeni children. The continuation of attacks on education, in all its forms, is yet another example of warring parties' blatant disregard for their obligations under International Humanitarian Law (IHL).

We call on warring parties in Yemen to prioritise the protection of civilians, including children at all costs, and provide them with unimpeded access to schools and educational and medical facilities safely, as well as guarantee humanitarian actors unconditional access to assist those most in need.

We also ask parties to the Safe School declaration to call on warring parties in Yemen to cease all forms of attack on education and exert diplomatic pressure on them to ensure they adhere to the principles enshrined in the Safe Schools Declaration.

To alleviate the suffering of children in Yemen, we urge donors to increase their support for emergency educational interventions, healthcare in emergencies and child protection services, to ensure children receive quality and protective education in schools across Yemen.

We also invite donors to fund and support, as a matter of urgency, stand alone and integrated child protection programming, including the capacity building of the social workforce and gender sensitive child protection systems and GBV services, including mental health and psychosocial support. In the same vein, we encourage humanitarian actors to centralise protection in all aspects of the response to Yemen and scale up and strengthen integrated and multi-sectorial child protection interventions to reach more students, teachers, patients and health personnel in need.

Lastly, we call on the Human Rights Council to establish an international, independent and impartial mechanism with dedicated child rights expertise to collect, consolidate, pre-serve and analyse evidence of abuses and violations of IHL and IHRL to prepare files in order to facilitate and expedite fair and independent criminal proceedings, in accordance with international law standards, in national, regional or international courts or tribunals that have or may in the future have jurisdiction over these crimes.

IV. BACKGROUND

As the conflict in Yemen enters its eighth year, it shows no signs of slowing down. In fact, it has intensified during the last year. By the end of October, there were 47 identifiable active conflict front lines, compared to 33 at the beginning of the year. During the past seven years, the conflict in Yemen has killed at least 377,000 people, which amounts to four children dying everyday over the past seven years of conflict.

Sixty per cent of deaths have been the result of preventable causes including (but not limited to) lack of food, health services and inadequate infrastructure.¹⁰ As of December 2021, there are 20.7 million people in need of some form of humanitarian assistance in Yemen, 12.1 million of which are in acute need.¹¹

Four out of five children in Yemen need humanitarian assistance, and approximately 400,000 children under five years suffer from severe acute malnutrition. More than 2.2 million school-age children are out of school, and approximately 8.1 million children need emergency education support.¹² Teachers are not faring better. More than 190,000 teachers, have not been paid regularly in over four years, forcing many of them to pursue other types of work to gain income and support their families.¹³

Over the past seven years, the health sector in Yemen has fallen into a state of decay, with only half of hospitals in the country fully functional. Across Yemen, only 11 health workers are available per 10,000 people, with only two out of 22 governorates reportedly meeting the WHO's minimum benchmark of >22 health workers per 10 thousand people. Moreover, there are reportedly no specialists in 35 per cent of hospitals, and 19 per cent of districts have no doctors at all. There are less than five available beds per ten thousand people, with only two governorates having enough inpatient beds according to WHO standards. In Marib for example, only 20 per cent of healthcare facilities are fully functional, the rest are either partially functioning (42.5 per cent) or not functional at all (38 per cent).¹⁴

High levels of insecurity, lack of physical access and non-payment of salaries are the top factors that force healthcare practitioners to leave their locations, causing acute shortages in the number of health workers. The majority of those who remain in functional facilities rely on incentives offered by humanitarian actors to support themselves.¹⁵

Continued attacks on healthcare facilities and schools further compound the structural problems affecting the healthcare and education sectors driving up protection risks for children. Between March 2015 and February 2021, there were at least 465 verified attacks and military use of education facilities.¹⁶ Many healthcare facilities are badly damaged, and those still functional are underequipped and understaffed, struggling to meeting the rapidly growing needs of people, particularly women and children. This report examines the immediate and long-term impact of the attacks on education and healthcare on children in Yemen. It will analyse the localised impact of vital infrastructure destruction on children's access to healthcare and education, revealing the serious protection risks that children face as a result.



The front side of a building that sustained damage during ground fighting and bombardment in the city of Taiz, March 2022. Albaraa Mansoor/Save the Children

V. UNPROTECTED, IN AND OUT OF SCHOOL

Since the beginning of conflict, there were at least 376 airstrikes against educational facilities across the country, with Taiz the Governorate where almost a third of these attacks took place. In total, 293 people were killed and 248 others injured because of these attacks.

In Yemen, being out of school exposes children to a range of protection risks. However, being at school is also sometimes risky. Between January 2019 and December 2020, there were 37 recorded attacks against schools, and 8,526 verified grave violations against 3,503 children, (2,698 boys and 805 girls), the top three of which have been obstructing access to humanitarian assistance, killing and maiming, and child recruitment.¹⁷

Continued attacks on education threaten children and teachers' right to life, drive children to drop out of school, and force them to leave the environment where they should have been protected and nurtured. Attacks on schools also destroy education infrastructure, diminishing the operational capacity of schools and restricting the number of children who can attend classes.

Moreover, such attacks reduce inclusive infrastructure, leaving children with disabilities without access to learning, especially in the absence of viable alternatives. The reduced number and diminished capacity of operational schools result in classrooms overcrowded with more than 80 children in one room. This in turn affects teachers' capacity to effectively manage the classroom via engaging teaching techniques and increases child protection risks.

ATTACKS ON STUDENTS, TEACHERS AND SCHOOLS

Despite the continuous appeals made to warring parties in Yemen, schools repeatedly come under attack, killing and injuring students and teachers and causing considerable material damage. Between March 2015 and February 2021, 3,336 children have been killed in Yemen.

During the same period, there were 465 verified incidents of attacks against schools. Seventy-two per cent of children interviewed said that the school in their community has been attacked. Of those, 55 per cent reported that schools in their community came under attack at least once every year. These attacks included airstrikes, artillery shelling, and firearms exchange near schools. Fifty-eight per cent of education workers interviewed said that more than 40 per cent of schools in their communities have been damaged.

Additionally, 25 per cent of education workers interviewed reported more than 60 per cent of schools in their communities have been damaged.

Also 58 per cent of respondents reported that schools in their communities sustained significant damage, out of which, 45 per cent of the respondents described the damage as critical (25 – 50 per cent), while 54 per cent of the respondents described the damage as catastrophic (more than 50 per cent).

All education personnel interviewed reported that schools where they work have been attacked. These attacks included artillery shelling, airstrikes, being caught in the crossfire, and armed groups forcefully entering the schools. Half of education personnel interviewed reported being at school at the time of the attack.

In one incident, a deputy school principal from Al Dhale described the harrowing events when his school came under attack: “One time while at school, the school was hit by heavy artillery shelling, and several projectiles landed right next to the school, just as students were leaving. Several students were killed and injured then. This is hardly an isolated incident as it has taken place in many other schools”.



In another incident, a female psychosocial counsellor at a school in Marib described the time her school came under attack: “Clashes regularly breakout next to the school. Once, intense shooting began, and one student (a girl) was killed during the exchange. This caused a state of panic and fear among students and teachers in the school.”

Teachers described the horror that ensues every time an attack occurs during a school day. Due to the reoccurring attacks against schools where they work, school staff started implementing safety measures to protect students and themselves. “If fighting breaks out during school hours, we suspend classes and move everyone to the lower floors, away from windows and doors. We keep everyone there until the fighting subsides, then we ask parents to come pick their children up. Teachers only leave once all students have been evacuated,” said a psychosocial counsellor of a school in Marib.

However, in some cases, the damage to schools is so severe that there are no safe zones where teachers and students can take shelter if the school comes under attack. “There aren’t any safety measures for contingencies, the school is already severely damaged because it has been repeatedly hit... There are no safe zones or spaces inside the school, when the school comes under attack classes are suspended and children are evacuated promptly. If the fighting is very intense, both teachers and children remained in the school until the situation calms,” said a deputy school principal from Al Dhale. Both education workers interviewed in Al Dhale reported that 60 – 80 per cent of schools in their communities have been harmed or damaged by the conflict, as well as their own schools sustaining critical and catastrophic damage.



A group of student and their teacher having their class under a tree following the destruction of their school in an aerial attack in southwestern Yemen. January 26, 2021. Save the Children

There aren't any safety measures for contingencies, the school is already severely damaged because it has been repeatedly hit... There are no safe zones or spaces inside the school, when the school comes under attack classes are suspended and children are evacuated promptly. If the fighting is very intense, both teachers and children remain in the school until the situation calms

Deputy school principal from Al Dhale

IMPACT OF ATTACKS ON SCHOOLS ON CHILDREN

Continuous attacks on schools profoundly affect children's emotional well-being and educational attainment. Moreover, it exposes them to a wide array of protection risks, including the worst forms of child labour, child marriage, sexual and gender-based violence, recruitment by armed groups, and severe psychological damage. The effect on teachers is not only profound, not only are they constantly at risk of attack, but also do not get paid on time, if at all, leaving them in precarious socio-economic conditions.¹⁸

Deterioration of children's mental health and educational attainment

Repeated attacks on schools and civilians can cause children to live in constant fear. A study conducted by Save the Children's partner Mwatana in 2021 found that 60 per cent of children whose school come under attack do not return to learning.¹⁹ Additionally, attacks on schools cause children to suffer from profound negative emotions that leave them feeling worried for their safety and the safety of everyone around them.

Eighty-four per cent of children (88 per cent of girls, 81 per cent of boys) surveyed said they fear that their schools will be attacked again in the future. All education staff surveyed flagged concerns about the emotional toll of attacks on schools on children. They reported children suffering from chronic depression, anxiety and

isolation. “Seeing the destruction and rubble left by the war in the region, especially remains of a school that a child used to attend, contributed to the deterioration of children’s psychosocial well-being. Children are beginning to exhibit signs of chronic anxiety, fear and insecurity...Unable to actualise their right to education and emotional well-being, children are drifting further into despair,” said a school principal from Taiz. According to a study conducted by Save the Children in Iraq in 2017, exposure to extreme levels of violence and deprivation can also cause children to suffer from “toxic stress”—the most dangerous form of stress response—which can have severe consequences for their long-term physical and mental health if they do not receive adequate support.²⁰

While moderate, short-lived stress responses in the body can promote growth, toxic stress is the strong, unrelieved activation of the body’s stress management system in the absence of protective adult support. To help protect children against the toxic stress and traumatic experiences induced by displacement conditions, the mental health and wellbeing of their caregivers needs to be protected and supported.²¹

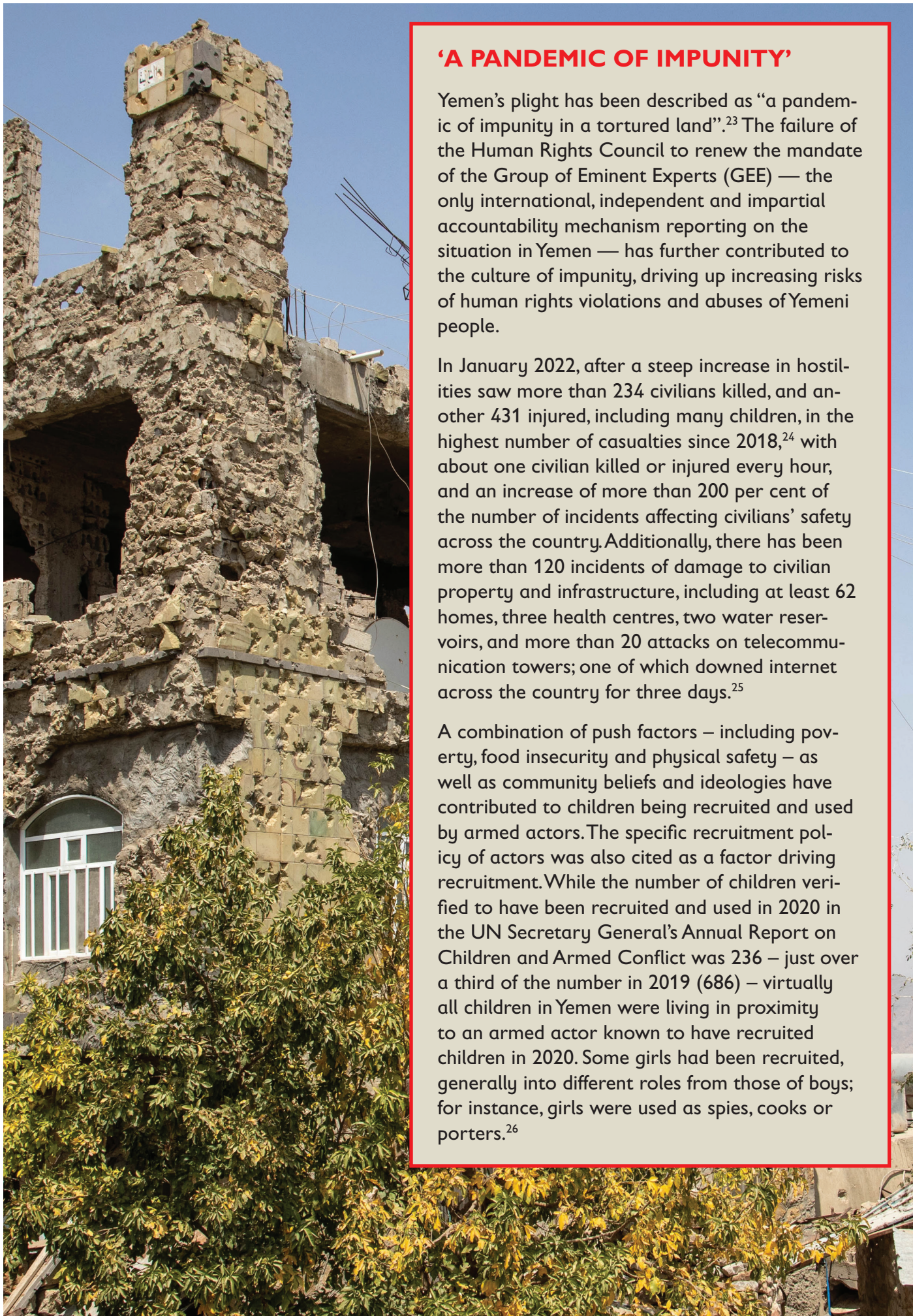
Protection risks and exposure to grave rights violations

Ninety-six per cent of school staff and aid workers respondents flagged concerns about the increasing number of dropouts. “More children drop out of school each day; this is making children inherently vulnerable to exploitation and child labour,” said an aid worker from Lahj. In many cases, children, particularly boys, are coerced into dangerous and exploitative forms of child labour, including joining armed groups.

More than 40 per cent of boys surveyed said that they fear dropping out of school. At least 3,600 children are believed to have been recruited to armed groups since the beginning of the conflict.²² This figure is likely to be a fraction of the real number given the challenges and sensitivities of monitoring and reporting on this practice.

Clashes regularly breakout next to the school. Once, intense shooting began, and one student (a girl) was killed during the exchange. This caused a state of panic and fear among students and teachers in the school.

Psychosocial counsellor at a school in Marib



‘A PANDEMIC OF IMPUNITY’

Yemen’s plight has been described as “a pandemic of impunity in a tortured land”.²³ The failure of the Human Rights Council to renew the mandate of the Group of Eminent Experts (GEE) — the only international, independent and impartial accountability mechanism reporting on the situation in Yemen — has further contributed to the culture of impunity, driving up increasing risks of human rights violations and abuses of Yemeni people.

In January 2022, after a steep increase in hostilities saw more than 234 civilians killed, and another 431 injured, including many children, in the highest number of casualties since 2018,²⁴ with about one civilian killed or injured every hour, and an increase of more than 200 per cent of the number of incidents affecting civilians’ safety across the country. Additionally, there has been more than 120 incidents of damage to civilian property and infrastructure, including at least 62 homes, three health centres, two water reservoirs, and more than 20 attacks on telecommunication towers; one of which downed internet across the country for three days.²⁵

A combination of push factors – including poverty, food insecurity and physical safety – as well as community beliefs and ideologies have contributed to children being recruited and used by armed actors. The specific recruitment policy of actors was also cited as a factor driving recruitment. While the number of children verified to have been recruited and used in 2020 in the UN Secretary General’s Annual Report on Children and Armed Conflict was 236 – just over a third of the number in 2019 (686) – virtually all children in Yemen were living in proximity to an armed actor known to have recruited children in 2020. Some girls had been recruited, generally into different roles from those of boys; for instance, girls were used as spies, cooks or porters.²⁶

VI. UNWELL: THE IMPACT OF ATTACKS ON HEALTHCARE

Children have been among the groups worst affected by the deterioration of healthcare provision in the country. Extremely high rates of child poverty, linked to the rapid deterioration in the economic conditions of households, means that children are not receiving adequate food and nutrition, leaving an estimated 1.8 million children malnourished, with 400,000 suffering from severe acute malnutrition.²⁷ In addition to the direct implications of lack of access to healthcare on children in Yemen; the continuing conflict and the constant anticipation of attacks against civilian facilities exposes children, parents, and health workers to live in constant anxiety and fear of the next attack.

The conflict in Yemen has damaged at least 540 health facilities, 84 of which have been destroyed.²⁸ Attacks against and near healthcare facilities affect their functionality, often rendering them unsafe and inaccessible.



Social Centres are an important place for learning and play for children in Yemen. They give children a special place to be with their friends, or just have a break from everyday life. At this social centre in Taiz, children and young adults play organised games, learn crafts or try new skills such as hairdressing or sewing. The dedicated staff and volunteers ensure the environment is COVID-19 safe while they have an enjoyable time. Photo taken on August 26, 2021. Save the Children.

As a result, civilians fear for their lives, thus hesitating to seek much needed health care. In addition to this, they put the lives of healthcare workers and staff at risk and forces them to flee to safer areas. With health resources and workers being so scarce across the country anyway, this element of fear is highly problematic because it induces a great deal of stress and anxiety.

As it stands, the health sector in Yemen faces insurmountable challenges. The COVID-19 pandemic, in addition to food insecurity, increasing rates of acute malnutrition and low vaccination coverage has put immense pressure on the health system in Yemen, eroding its ability to provide vital health services to the most vulnerable groups, including women and children, elderly and IDPs.²⁹ In 2021, more than two-thirds of the total number of districts (273 of the total 333 country districts) were in severe need of health services.³⁰

The persistent fuel crisis in Yemen also continues to hinder accessibility to and provision of health services to the population in need and limiting the referral process from primary health care to the secondary and tertiary care levels, decreasing the availability and increasing cost of primary and specialized care.³¹ The deteriorat-

The number of [visitors to] the facility decreased because people fear being caught in a bombing or clashes that may erupt near the facility.

A doctor in Al Dhale

ing economic conditions affected Yemeni families profoundly, so much so that they cannot afford to pay for transportation to reach healthcare facilities.³² Additionally, the road networks across Yemen have significantly deteriorated over the past seven years due to lack of maintenance, leaving many roads, particularly outside of cities, unusable. Lack of support and funding for healthcare facilities prevents health workers from conducting the necessary repairs after facilities come under attack. As of October 2021, only a fifth of the funding requirements for the health response in Yemen for the past year have been met³³.

ATTACKS ON HEALTH WORKERS AND FACILITIES

Attacks on healthcare facilities

Since the beginning of the conflict, at least 76 airstrikes have been reported against healthcare facilities across Yemen, including hospitals, clinics and health centres. The highest number of airstrikes against healthcare facilities was reported in Sa'ada, followed by Hajja and Taiz.³⁴

This does not include other types of attacks affecting healthcare facilities, all of which are just as critical in terms of their deadly impact on civilians, as they impede their physical access to healthcare facilities. Healthcare facilities are also often caught in the crossfire, particularly when localised clashes between armed groups erupt suddenly.

Nearly 72 per cent of children respondents reported that the hospital, clinic, or health centre in their community was attacked. This includes 46 per cent of children reporting that health centres in their communities came under attack at least once every year since the conflict began.

Health facilities have suffered significant amounts of damage due to the conflict. Nearly 50 per cent of informants in assessed communities reported that 60–90 per cent of healthcare facilities in their communities sustained damage during the past seven years as a direct result of the conflict. Additionally, more than fifty per cent of health workers reported that the damage sustained by their respective health facilities ranges from critical (25–50 per cent), to catastrophic (more than 50 per cent). Critical and catastrophic levels of infrastructure damage were mainly reported in Al Dhale, Taiz, Abyan, Lahj and Mahrah, with Mahrah, Marib and Al Dhale being the most affected (all reporting catastrophic damage).

Healthcare facilities are prone to various forms of attack, including shelling, airstrikes, bombings and small and medium arms fire. They often also get caught in the crossfire. In one instance, a healthcare facility in Marib came under attack because of its proximity to a municipal administration building, which has repeatedly been targeted by warring factions.

In another incident, a healthcare centre in Abyan came under attack after an armed group forcefully took shelter in it, causing significant damage to the building. Also, in Aden, a health centre's windows and walls were damaged after an improvised explosive device, which was planted in the road next to hospital to assassinate a member of an armed group, was detonated.

In several cases, hostile activities by warring parties resulted in damaging vital facilities of hospitals and healthcare centres. In one incident in Shabwah, a missile fired by one of the warring parties struck the oxygen storage facility, causing an explosion that destroyed the oxygen storage room, leaving the hospital without oxygen supplies for months.

In the same attack, the dialysis department and patient isolation departments were destroyed. Not only are several hospitals in Mahrah have been affected by shelling, they also are damaged by ongoing flooding, with extreme weather conditions identified by all health workers interviewed in the area.

Attacks on healthcare personnel and patients

Nearly half of the healthcare providers interviewed reported being present at the healthcare facility during an attack. "Clashes broke out next to the health facility, many were injured and wounded, an atmosphere of fear and tension dominated all those present in the facility at the time, including workers and patients." highlighted a female nurse from Al Dhale.

Furthermore, healthcare staff explained that working in partially damaged building is extremely risky. “The walls are cracked and liable to fall, and the rubble is still present inside the centre and hinders the medical staff and the beneficiaries” said a staff member of a hospital in Marib.

In Al Dhale, a female nurse explained that armed clashes often breakout in the vicinity of the facility where she works, causing injuries to healthcare workers. In one instance, she also described a time when warplanes struck the facility, “on one occasion, the facility was bombed by warplanes, which destroyed some departments, and sent everyone inside into a state of panic and fear as several workers got injured.”

Another female nurse in Aden described a time when clashes suddenly broke out next to the hospital during her shift; “a clash between two groups occurred suddenly near the facility. It was terrifying, everyone in the health complex that day panicked, including staff and patients, everyone remained in the facility, cornered away far from windows and open areas, such as the main entrance. We stayed like this for hours, until we could no longer hear shooting outside. Even then, we feared going out, people began to move outside of the facility very cautiously, fearing clashes could erupt again.”



A wide shot of a camp for Internally Displaced People (IDP), Lahj, Yemen. Photo taken on November 08, 2018. Save the Children

IMPACT OF LACK OF ACCESS TO HEALTHCARE

Ninety-three per cent of health workers surveyed said that services at health facilities where they work have been repeatedly suspended due to attacks. This includes suspension because of health workers' inability to reach the facility, destruction of facilities including oxygen reservoirs, water tanks, and equipment and medication.

A female nurse from Al Dhale said: “[Services] are affected by the insecurity in general as [repeated] attacks diminish staff capacity, and cause damage to medical equipment necessary to operate. Medicine stock also get burned, particularly those required to treat malnutrition. This simply leaves patients with no treatment to their illness”. A health worker in Shabwah told Save the Children that during clashes between to armed groups, bullets penetrated the water tanks and oncology centre, damaging their equipment, including the dialysis machines. It took several months for the equipment to be fixed or replaced, essentially cutting these services for the period.

Health workers also voiced concerns regarding the deteriorating health of people who are reticent to seek treatment due to fear of attacks. “The number of beneficiaries of the facility decreased because people fear being caught in a bombing or clashes that may erupt near the facility” said one doctor in Al Dhale.



Samar who is 11 months old, she lives in a village in the Al-Buraqa district, in Yemen, with her father, grandmother, grandfather, aunt and uncle. Photo taken on July 10, 2019. Noora Nasser / Save the Children.*

In addition to this, poor electricity and water infrastructure significantly affects healthcare facilities' ability to provide services. For example, a health centre manager in Taiz told Save the Children that they cannot provide patients with any sort of healthcare in the evening and during the night because of power cuts.

Dire needs for adequate healthcare

At least two million children in Yemen are acutely malnourished, 325,000 out of which are under the age of five and suffer from severe acute malnutrition, fighting to survive considering the deterioration of living conditions, the collapse of state health facilities, and the shortage of medical staff that directly provide healthcare services.³⁵

All health workers surveyed reported receiving and treating children with malnutrition in their respective facilities. "Children have been directly affected by the lack of healthcare, particularly malnutrition, families are struggling and cannot feed children properly, children are suffering as a result, there are countless cases of children who already suffered irreversible damage, such as skeletal muscle mass loss", said a hospital manager in Marib.

Lack of access to healthcare also affects mothers. In fact, many expectant mothers are reportedly experiencing complication in childbirth. Parents of sick children are also unable to reach medical care either safely or timely, often leading to deadly consequences.³⁶ Attacks on health facilities and their surrounding often impede women and children's access to healthcare.

This includes urgent care for pregnant mothers, treating a child for malnutrition, or even delivering vaccinations. The number of people able to receive treatment thus decreases, putting their lives at risk. "People fear coming to seek medical attention because sometimes their lives become even more at risk when they are present at a healthcare facility during an attack. In several instances, clashes occur while the facility is operation, forcing patient to stay until clashes subside. At times, patients find themselves forced to remain for lengthy periods."

The devastation caused to the health system and its negative consequences is compounded by a lack of expert health specialists, including those delivering professional mental health and psychosocial support services. As evident in the previous section of this paper, the conflict has taken a heavy toll on the emotional and psychological well-being of children in Yemen.

Children in Yemen have experienced traumatising events including the loss of friends and family members, as well as seeing their schools and hospitals destroyed, leaving them with no access to life-saving food and medicine. This prolonged exposure to traumatic events and the stress and anxiety they induce can be extremely damaging to children's emotional well-being, particularly if they could not receive adequate psychosocial support.

Despite that, children suffering from psychological distress have very limited access to sufficient support to help them cope. According to the World Health Organization (WHO), in 2017, there were merely 40 psychiatrists across the country. This means there is only one psychiatrist for approximately every 700,920 people. The

lack of understanding and recognition of the negative impact of mental health issues of children's health among people in Yemen further compounds the issue. Save the Children's research from 2018 found that 79 per cent of children exhibited signs of serious psychological consequences, with parents noticing children bedwetting, refusing to be alone and not wanting to leave the house.³⁷

More than three years later, recent research still shows that not much has improved. All health workers recently surveyed identified psychological harm as one of the primary issues children struggle with due to the absence of adequate healthcare.

Women and girls at risk

Lack of adequate access to healthcare severely affects women and girls of child-bearing age (15 – 49 years). At least five million women and girls, including 1.7 million pregnant and breastfeeding women have extremely limited or no access to reproductive health services.

This includes antenatal care, safe delivery, post-natal care, family planning and emergency obstetric and new-born care. In addition to this, around one million pregnant and breastfeeding women are acutely malnourished, leaving their new-borns at risk of severely stunted due to food insecurity. As a result, a woman dies every two hours during childbirth from entirely preventable causes. According to the UN, poor access and utilisation of lifesaving reproductive health services are the key drivers for maternal mortality in Yemen, which is five times the average of the Middle East and North Africa region. In 2017, there were 164 maternal deaths per 100,000 live births.³⁸

As insecurity persists, so does the shortage of qualified obstetric gynaecologists, anaesthesiologists and midwives, all of which are vital to provide obstetric care, and lifesaving caesarean operation when needed, as between five to ten cases, mothers and their new-born babies require caesarean intervention to save their lives.

However, as referral systems are absent in most districts across Yemen, women end up dying before even reaching the hospital. Moreover, pressing shortages of medicines and reproductive health supplies at hospitals leaves women (especially pregnant women) with no choice but to buy medicines from private pharmacies. This particularly challenging for women with low income, who often face the difficult choice of deciding whether to buy the medicines they so direly need or prioritise feeding their families. As this situation persists, approximately one million women estimated to deliver annually are particularly at risk.³⁹



Two school kids walking back home by the ruins of buildings destroyed in bombardment in the city of Taiz, March 2022. Credit: Albaraa Mansoor/Save the Children

VII. ERODING RESILIENCE OF CHILDREN

Contextualising attacks on education and healthcare within the wider socio-economic impact of the conflict on Yemen is crucial to understanding how it affects people at the household level. The latter is particularly necessary to understanding how it profoundly affects children on the long-term. This section analyses how families' resilience has eroded over the past seven years, as a direct result of the crumbling economy, lack of income, access to services and humanitarian assistance. It demonstrates how this will likely affect children in the long-term.

THE IMPACT OF ECONOMIC DETERIORATION ON HOUSEHOLDS AND CHILDREN

The escalation of conflict and political turmoil in Yemen caused the value of the currency in Yemen to plummet to unprecedented levels, reaching as low YER 1,700 per USD 1. This however was only in southern Yemen, as effectively, the Yemeni Riyal trades for two different values. In areas controlled by De facto authorities (DFA) in northern Yemen, the exchange rate floated around YER 600 per USD 1.

This schism is a result of the splitting of the Central Bank of Yemen into two separate entities, each managed by one of the opposing parties of the conflict. This is symptomatic of the inconsistency that characterises economic, financial and monetary policies implemented across the various parts of the country. Competing monetary policies and attempts made by the DFA and the Internationally Recognized Government of Yemen (IRG) to regulate the economy and monetary flow, such as the DFA ban on using newly printed Yemeni Riyal banknotes, dual taxation systems in the north and south, and crackdown on Yemeni financial service providers; affected trade and monetary flow across the country.

The World Bank estimated that the Yemen economy shrunk by 8.5 per cent in 2020, and indicators point that it has contracted by an additional two per cent in 2021. This is caused by the impact of the COVID-19-induced slowdown in trade on non-oil economic activity and scarcity of inputs. Ultimately, this has led to sharp increases in the price of commodities.⁴⁰

Lastly, the declining remittances of Yemeni's abroad, which reportedly dropped by as much as 70 per cent in 2020 due to labour market reforms in key host countries – especially Saudi Arabia, the largest host of Yemeni workers abroad – as well as the COVID-19 related knockdown effects on economies in Gulf countries, the US, and the United Kingdom. Remittance constituted around 20 per cent of the Yemeni economy in 2018, and injected USD 3.4 billion into the economy.⁴¹



Suha*, 8 months, back at home after receiving treatment for malnutrition, Taiz, Yemen. Photo taken on January 26, 2021. Anna Pantelia / Save the Children

Additionally, remittances are one of the primary sources of foreign currency, which is critical to financing imports and Yemen's balance of payments.⁴² Throughout the past seven years, remittances helped vulnerable households in Yemen (many of which remittances constituted their primary source of income) stay afloat and cope with the various socioeconomic shocks that swept the country, including the sharp depreciation of the local currency, loss of income, inflation, and rising unemployment.⁴³

This additional economic support for families can also help reduce the increased protection risks for children that come from living in poverty, including increasing numbers of child marriage, child labour and recruitment into armed groups. Per the latest figures, and as of January 2022, Yemeni households need at least YER 84,700⁴⁴ to buy the least amount of food necessary to survive. This is at least 79.8 per cent more than what they needed a year ago.⁴⁵

Facing these challenges, vulnerable households in Yemen face difficult choices to secure adequate income to meet their needs. When asked about their top three coping mechanisms to secure their basic needs, parents surveyed reported that borrowing money from family and friends and buying on credit is their top choice (79 per cent).

Excessive borrowing caused many households to struggle with debt. Eight-six per cent of households surveyed reported that they are indebted, with only 18 per cent of which have clear plans to payback their debtors. Consequently, families get stuck in a cycle of borrowing and then having to pay off their debts. This became evident as 48 per cent of parents reported that debt support is their top need after food and healthcare, prioritising it to education, shelter, water, and hygiene.



Children playing with a ball in their backyard. Photo taken on February 04, 2020. Sami M. Jassar / Save The Children

Additionally, a third of parents who reported taking their children out of school reported that they did so due to financial constraints. This includes children being taken out of school to work and support providing income to their families. With the child poverty rate of approximately 85 per cent, children find themselves forced to work in sectors including agriculture, industry and services.

Children also find themselves coerced to engage in the worst forms of child labour, including commercial sexual exploitation and recruitment into armed groups. Girls are particularly at risk as child marriage is another negative coping mechanisms and means of survival for impoverished households.⁴⁶ Nearly 72.5 per cent of girls in Yemen get married before they reach 18 years of age, and as much as nine per cent of women aged 20 – 24 reportedly marrying before age 15.⁴⁷

LACK OF ACCESS TO SERVICES AND ASSISTANCE

The UN estimates that in 2021, more than 24.3 million people in Yemen were at risk of hunger and disease, 14.4 million of whom were in acute need of some form of assistance.⁴⁸ Children in Yemen continue to face catastrophic levels of hunger. An assessment in 2021 highlighted that more than 400,000 children need urgent food and nutrition support to survive.⁴⁹

A combination of blocking ports and airports, the climate crisis, damage to productive assets, the prevention of activities such as fishing, and restrictions on humanitarian assistance has led to a crisis of food insecurity affecting more than 16 million people. Many people are living in famine-like conditions: when food is available, it is unaffordable, with markets collapsing under the economic pressure of the conflict.

The currency is at an unprecedented low, and while the ad hoc top-ups to the humanitarian response plan have managed to keep the man-made famine at bay, constant deficits and the fact that the humanitarian response plan is only about 50 per cent funded put millions of people at risk of falling into famine. Only seven per cent of parents surveyed by Save the Children reported that they have sufficient access to basic goods and services.

The majority, around 65 per cent, said that they have insufficient or totally insufficient access. When asked to identify the top three barriers to meeting their households' needs, parents reported that insufficient money/lack of income is the top barrier (75 per cent), followed by insufficient assistance or support provided by the government (48 per cent) and physical and logistical constraints to access markets and service providers (44 per cent). Nearly a third of the parents cited insecurity at markets and on the way to markets as the fourth top barrier to accessing necessary commodities and services.

On top of these difficulties accessing markets, parents also reported inadequate access to humanitarian assistance, with 62 per cent of parents surveyed reporting not having received any type of humanitarian assistance in the past three months. Of those who received humanitarian assistance, only two per cent were very satisfied with the amount of assistance they received, with 24 per cent reporting that they were moderately satisfied.

Those who received humanitarian assistance said that they received food, nutrition, vouchers, cash and water. Only two respondents reported that their children received education support, while none reported receiving any health assistance, despite healthcare being respondents' second top priority, after food. There was a consensus among aid workers surveyed that despite scaling up humanitarian operations over the years of the conflict, needs constantly outgrew the amount of assistance provided.

When asking them to identify the top three challenges impeding humanitarian access, insecurity ranked at the top, followed by the rapidly growing and fluctuating cost of providing assistance, and lastly the delays in delivery.

All government officials and NGO workers that were surveyed reported that the continuous plummeting in the value of the Yemeni Riyal, depletion of foreign currency reserves and resulting rapid inflation, and the non-payment of salaries are the drivers of the economic crisis in Yemen.

Yemen relies on imports to fulfil market demand of basic commodities. In fact, Yemen imports 90 per cent of its food needs, including a 90 per cent of its wheat needs and a hundred per cent of its rice needs.⁵⁰ The currency's loss of value, persisting restrictions on ports and the depletion of foreign currency reserves and the non-payment of salaries for extended periods (months and years in some cases), particularly for government workers, have exacerbated the hardships faced by those who relied on their salaries to survive. In some cases, some government employees in Al Dhale did not receive their salary since the beginning of the conflict.

LASTING IMPACT ON CHILDREN

Children surveyed for this report frequently knew of someone injured during an attack, either a relative, a community member, including a healthcare or education worker. Children reported having been injured themselves in limited, albeit critical, cases. Namely, in Marib, where 8 per cent of children reported being injured in an attack. Consequently, 78 per cent of boys and girls surveyed said that they fear for their personal safety, and nearly 84 per cent reported frequently fearing for the safety of their family and friends.

Heightened insecurity, financial pressure on parents, and lack of child friendly spaces such as parks playgrounds, mean that children can no longer adequately engage with their community and friends; losing an aspect of life that is crucial to shaping their personalities.

This has been a recurring theme in conversations with public service officials and aid workers surveyed. An aid worker from Taiz said that children in his community suffer from chronic fear and anxiety as they are repeatedly exposed to sounds of clashes, bombing and airstrikes. In fact, a study conducted by Save the Children at the beginning of 2020 found that almost half of children in Yemen are sad or depressed.⁵¹ The findings of the current study would indicate that little has changed since. When asked about their ability to cope with stressful events, half of the children surveyed reported that they cannot bounce back quickly after going through hard times.

Nearly 70 per cent of children said that they have trouble making it through stressful events, while 72 per cent of children said that they take a long time to get over difficulties and bad events in their lives. Moreover, while a third of children surveyed said that they prefer to stay on their own to cope with stress, a sizeable majority (nearly 60 per cent) said that they seek solace through communicating with members of their family at home, community, and their friends at school.

Ninety per cent of aid workers surveyed in Al Dhale, Abyan and Shabwah described how the competing priorities of heads of households led to children being deprioritised by their parents, who struggle to secure food and water so that their families would not starve. Getting deprioritised at home, combined with being unable to attend school, play outside or interact with their friends and peers effectively cuts children away from one of their primary mechanisms to cope with stress. Those surveyed, including health, education and aid workers expressed their concerns about children growing afraid, isolated, and lacking social skills that are critical for their development.

“Children are growing isolated and introverted; they no longer interact with their communities and peers...some have been born into this and do not know what a friend is” said an aid worker from Taiz. In fact, an aid worker in Al Dhale expressed particular concern about girls’ ability to develop their personalities and awareness in these circumstances, as to begin with, girls have very limited spaces to interact with others outside of their homes. Therefore, not being able to go to school to interact with their peers significantly affects their development, awareness and self-confidence, but most importantly, their ability to cope with stress.



The remains of a building damage by ground fighting and bombardment in the city of Taiz, March 2022. Albaraa Mansoor/Save the Children

THE COST OF INACTION

Parents, aid workers and public service officials surveyed expressed deep concerns about the long-term impact of the conflict on children. Ninety-three per cent of parents surveyed said they are worried that the current crisis will leave negative marks on children's lives in the next five years.

Additionally, 98 per cent of parents are worried that their children's psychosocial well-being has significantly deteriorated over the past year alone. In fact, all aid workers and public service officials surveyed acknowledged the detrimental impact of the crisis on children's mental health.

They also warned that due to the absence of appropriate support to children, symptoms of negative coping mechanisms and internalising stress are appearing, particularly among boys, who are increasingly exhibiting signs of aggression and violent behaviour. "Untreated psychological challenges, combined with isolation and parents' negligence are all factors that are making boys growing more aggressive and violent... They just do not know or have not been taught any better" said an aid worker in Al Dhale.

Failing to act immediately will likely worsen the situation for vulnerable children in Yemen. UNICEF predicts that more than eight million children need emergency education support,⁵² while at least four million children are at risk of dropping out.⁵³

With households progressively exhausting their means and falling further into debt, girls will increasingly become at risk of child marriage and boys will likely be forced to drop out of school to support their families. In fact, just in one of the districts surveyed, 42 per cent of parents said that they might consider taking their children out of school if their situation does not improve. A third of the parents in the same district said that they could consider marrying off their children.

People in Yemen are gravely concerned about the future of Yemeni children, with these many children being out of school and subjected to varying violations of their rights. "The current situation shows how to systematically raise children that are untaught and uneducated so that they become inefficient members of their future society and a liability to their country", said an aid worker from Marib.



A drawing of a flower done by a 13-year-old girl from the city of Taiz as part of a drawing workshop conducted by Save the Children's child protection team in March 2022.

VIII. RECOMMENDATIONS

The conflict in Yemen has reversed decades of educational gains for Yemeni children. The continuation of attacks on education, in all its forms, is yet another example of warring parties' blatant disregard for their obligations under International Humanitarian Law (IHL). Save the Children urges immediate action by parties to create a step change in a spiralling crisis to protect children's futures, and calls for:

UN MEMBER STATES, ESPECIALLY STATES PARTY TO THE SAFE SCHOOL DECLARATION TO:

- Call on the parties to the conflict to cease all attacks against schools and universities and their use for military purposes and implement the commitments set out in the Safe Schools Declaration and the Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict.
- Call for the integrity of the CAAC mandate and for the publication of a complete and accurate list of perpetrators of grave violations against children in the Annexes of the Secretary General Annual Report on Children and Armed Conflict, which is evidence-based and accurately reflects data collected and verified by the United Nations Monitoring and Reporting Mechanism (MRM), and free from political considerations.
- Call for unhindered access for the monitoring and reporting on grave violations against children in all parts of the country and ensure the MRM is resourced to do so, including by funding dedicated child protection capacity, and providing with the required financial, political, and operational support to fully deliver on child protection needs.
- Exert diplomatic pressure on parties to the conflict and work with them to ensure the principles of the Safe Schools Declaration are adhered to in Yemen.
- Call for a new, effective, independent, international investigative mechanism with dedicated child rights expertise to ensure accountability for violations of IHL, international human rights law (IHRL) or other serious crimes against civilians, especially children.
- Actively collect data on violence against health care and education facilities, including developing systems to receive information from NGOs and civil society organizations regarding acts that interfere with, obstruct, threaten, and assault workers in both education and healthcare.

- Suspend and ban the supply, export or transfer of arms, weapons and other military assets, including dual use goods, to parties to the conflict in Yemen, given the risk that these arms may be used to commit or facilitate the violations of IHL, international human rights law (IHRL) or other serious crimes against civilians, especially children.

WARRING PARTIES IN YEMEN

- Ensure the protection of civilians, including children, is prioritised at all costs. This includes ensuring military operations are undertaken in line with IHL and IHRL, including taking precautionary measures to minimise harm, children are not recruited or used by armed forces or groups and that both parties ensure landmines are not planted in residential areas, especially next to schools and hospitals.
- De-militarise schools, by removing all military presence from schools, including using schools as military objectives.
- Guarantee humanitarian access, so children can access schools and educational and medical facilities safely, and humanitarian actors can have access to such areas to provide services, including child protection.
- Preserve and prioritise support for schools, students and teachers to ensure the continuity of education, as well as medical facilities and personnel.

DONOR STATES AND INSTITUTIONS

- Increase support for emergency educational interventions, healthcare in emergencies and child protection services, to ensure children are provided with quality and protective education in schools across Yemen, including rehabilitating damaged schools and hospitals, and ensuring both are equipped with basic WASH gender segregated facilities and food, with a clear referral pathway for protection services.
- Support livelihood interventions centred around children's protection, such as cash distributions, to alleviate the pressure on vulnerable households to mitigate negative coping mechanisms, including child labour, recruitment in to armed groups and child marriage.
- Fund and support, as a matter of urgency, stand alone and integrated child protection programming, including the capacity building of the social workforce and gender sensitive child protection systems and GBV services, including mental health and psychosocial support.
- Ensure adequate, multi-year funding to support international investigations and prosecution of crimes against children in Yemen to enable them to be prioritised and mainstreamed in national and international judicial and non-judicial accountability mechanisms.

- Invest and advocate to build the capacity and capabilities of the education sector in Yemen, with a particular focus on local actors, so that the sector can implement quality and appropriate responses.
- Engage religious leaders and scholars in Yemen whose views of Islamic Law of Conflict promote humanity, to be the first line of protection for children, as many of the restrictions placed on combatants by Islamic law go far beyond what is required by IHL, especially in the arena of non-international armed conflict.

HUMANITARIAN ACTORS

- Scale up and strengthen integrated and multi-sectorial child protection interventions to reach more students, teachers, patients and health personnel in need, including increasing, developing and rolling out of targeted psychosocial support.
- Promote the importance of education among community members, particularly for girls who are at greater risk of being taken out of school for other than financial reasons.
- Ensure that all humanitarian needs assessments and humanitarian response plans are informed by a rapid intersectional gender and power analysis and the safe and ethical collection and analysis of sex-, age-, and diversity disaggregated data.
- Centralise protection in all aspects of the response to Yemen, particularly in traditional relief operations such as nutrition and food distribution.
- Humanitarian actors must use livelihood interventions strategically targeting adolescent boys and girls in impoverished households at higher risk of child marriage, recruitment and other worst forms of child labour.

HUMAN RIGHTS COUNCIL

- Establish an international, independent and impartial mechanism with dedicated child rights expertise to collect, consolidate, pre-serve and analyse evidence of abuses and violations of IHL and IHRL to prepare files in order to facilitate and expedite fair and independent criminal proceedings, in accordance with international law standards, in national, regional or international courts or tribunals that have or may in the future have jurisdiction over these crimes.
- Establish a mechanism that investigates alleged violations of IHL and IHRL in Yemen and identify those responsible with a view of ensuring that perpetrators of violations, including those that may constitute crimes against humanity, are held accountable, with a clear mandate on public reporting.

- Strengthen alignment with existing accountability mechanisms, particularly the MRM, through providing resources and diplomatic support to fulfil their respective mandates.

WHAT SAVE THE CHILDREN IS DOING

- Save the Children currently supports 202 facilities with nutrition services for the treatment of malnutrition in children below five years and pregnant and lactating women. Since March 2015, Save the Children treated 347,514 children under five have been treated for malnutrition.
- Save the Children supports 186 fixed health facilities including 10 hospitals and two COVID-19 treatments centres. We are responding to deadly disease outbreaks such as cholera and diphtheria via our four Diarrhoea Treatment Centres, a Diphtheria Isolation Unit and Oral Rehydration Treatment posts. We have provided consultations for over 4,000,000 people, including over 2.1 million children, so far and have trained 22,991 health care providers and community volunteers in providing health care services, prevention and management of malnutrition as well as the provision of nutrition education.
- Save the Children is currently running 202 Infants and Young Children Feeding (IYCF) corners inside health facilities to provide nutrition consultations for parents who have children less than two-years-old.
- Since March 2015, over 2.1 million people, including over 1.1 million children have received food baskets or cash transfers through Save the Children's Food and livelihood interventions.
- Save the Children have established Child Friendly Spaces which offer children safe areas where they can learn, play, and begin the long journey to recovery. Additionally, we run Child Protection Committees as well as Community Awareness sessions on issues such as Gender Based Violence and Exploitation. Since March 2015, more than 252,629 children were registered in our Child Friendly Spaces across the country.
- To ensure children do not miss out on education, Save the Children have set up Temporary Learning Spaces and supports existing schools and education programmes in refugee camps by training teachers, providing essential equipment and running 'Accelerated Learning Programmes' for children who have missed out on school. Since March 2015, Save the Children distributed school bags and/or uniforms to 148,238 children, and facilitated access to education for over 166,000 children.

IX. METHODOLOGY

The methodology for this research combined both quantitative and qualitative data collection. Data collection took place in December 2021, with the necessary COVID-19 precautions applied.

The Research entailed the following data sources:

Children surveys (400 interviews): This element of data collection entailed quantitative questions complemented by very limited qualitative elements where necessary. These surveys interviewed children from different age groups/school age, between 5 and 18 years old, ensuring representation of the different groups. The surveys focused on collecting the feedback of children and recording their experiences and issues they face because of the ongoing conflict, with a deep focus on the impact of damage of schools and health infrastructure on their wellbeing. The tools captured the interests and hopes of Yemeni children, map their fears, and ask about their prospects for their future. The design of the surveys maximised the sensitivity of speaking with children, and the informed consent of these children was taken in advance to conducting any interviews.

Parents surveys (100 interviews): this element of data collection entailed quantitative questions complemented by very limited qualitative elements where necessary. These surveys interviewed parents of surveyed children, including a representation of 50% female and 50% male parents. The surveys focused on collecting the feedback of the parents on the impact of the ongoing conflict on their children and on the household. The tools also focused in analysing the broader challenges affecting local families, in terms of access to services and good, displacement, livelihoods, and humanitarian assistance.

Key Informant Interviews (40 interviews): This source of information collected qualitative feedback of local stakeholders from different types, to address the information needs referred to in the research objectives. These interviews relied on mobilizing semi-structured tools that allow stakeholders to provide feedback using their own words. KIIs contributed to collect the recommendations of different stakeholders to address issues resulting from the damage to education and health infrastructure in Yemen. Participants included health professionals, education professionals and NGOs representatives.

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