



No Future for Yemen Without Women and Girls

OVERVIEW

There is an increasingly desperate situation for women and girls across most aspects of life in Yemen. This is further compounded by gaps in the response to their needs. From immediate and life-threatening concerns to deteriorating gender relations, being a woman or girl in Yemen has become even more challenging.

Despite the deteriorating circumstances, there are some glimmers of hope that have emerged, pointing to how the current uncertainty created by the conflict can provide windows to change gender norms over the long term.

Introduction

Since March 2015, the escalation of the armed conflict in Yemen has catapulted the entire population into a humanitarian catastrophe. Over 13 million people need immediate life-saving assistance, and with the conflict unresolved the humanitarian situation continues to deteriorate.ⁱ Even before the crisis, Yemen was the poorest country in the Middle East, and as the conflict drags on, the economy continues to suffer – Yemen's GDP shrunk by almost 35 percent in 2015.ⁱⁱ Any fragile development gains that had been achieved over the past several decades are quickly eroding.

Humanitarian actors are working to respond to this enormous crisis, and to date, close to 100 humanitarian actors are operating inside Yemen. Despite Yemen being one of the most challenging operating environments in the world, more than 8 million Yemenis in all 22

governorates in Yemen received some form of life-saving assistance in 2015.

While the conflict has affected the entire population of Yemen, it is important to recognize the unique impact it is having on women and girls. Gender inequality and the specific barriers faced by Yemeni women and girls in achieving their full potential have long been recognized as both underlying and direct causes of food insecurity, undernutrition, and poverty in Yemen. Since 2006, Yemen has ranked last in the World Economic Forum's Global Gender Gap (145 out of 145 countries in 2015).ⁱⁱⁱ

Prior to the conflict CARE and other organizations made positive progress in addressing the inequalities facing Yemeni women and girls working particularly on women and girls' empowerment and preventing gender-based violence. However, advances made in recent years to address inequality in Yemen have come under severe strain during the conflict because of rising violence and lack of necessary goods and services. One concern is that in the absence of systematic analysis of and planning for gender-associated risks, humanitarian programming could be at best ineffective and at worst do harm by being blind to these concerns.

In order to ensure gender-sensitive programming, the specific needs of women and girls must first be articulated. In November 2015, CARE and GenCap conducted a scoping study^{iv} to review and assess available information on the impact of the conflict on gender roles and relations, and consequently, the different needs of women, girls, men and boys. It found that while there was good pre-conflict information on gender issues in Yemen, most assessments conducted since March 2015 have been gender-blind.

To address this information gap, CARE, Oxfam, and GenCap jointly conducted a gender assessment to analyze the impact of conflict on gender dynamics in Yemen. Through this assessment, researchers conducted 554 household interviews, 40 focus group discussions, 32 in-depth interviews with individuals and officials, and a secondary data review. The assessment covered some of the hardest hit areas – Aden, Taiz, Hajjah, and Abyan governorates.

The findings of the gender assessment are intended to inform program development to address the specific needs and changing roles of women, girls, men, and boys and to strengthen gender equity and equality. The assessment goes well beyond this, however, providing a concrete evidence base to illustrate the importance of supporting a comprehensive Gender in Emergencies (GiE) approach in Yemen. The data points to a need for greater investment in women and girls across the aid sector, both in emergency response and longer-term programming, to ensure the highest quality programming and greatest impact on the Yemeni people today and for years to come.

CARE'S GENDER IN EMERGENCIES APPROACH

Recognizing that women and girls are often left behind in an emergency, CARE has prioritized empowering women and girls affected by crisis in our broader goal of reaching over 20 million people affected by humanitarian crisis by 2020. CARE recently published a report articulating our unique Gender in Emergencies (GiE) approach and the steps we are taking to achieve gender equality in humanitarian programming. From the need for robust gender-specific analysis to ensuring that humanitarian programming not only supports women's immediate needs but helps to empower them as well. This Yemen Gender Assessment illustrates the findings of CARE's global GiE report.

CARE's GiE report finds that:

1. Improving Sex and Age Disaggregated Data (SADD), and making GiE tools and approaches is non-negotiable.
2. Explicit investments to empower women in humanitarian action must be ensured
3. Successes and lessons learnt from GiE work must cross over into longer-term resilience work to sustainably reduce vulnerability of women and girls
4. Working in partnership with local partners should mutually build competencies and accountabilities to reach and empower women and girls in an emergency.

Key Findings

Unsurprisingly, the gender assessment found an increasingly desperate situation for women and girls across most aspects of life as well as gaps in the response to their needs. From immediate and life-threatening concerns to deteriorating gender relations, being a woman or girl in Yemen has become even more challenging. Despite the deteriorating circumstances, there are some glimmers of hope that emerged in the assessment, pointing to how the current uncertainty created by the conflict can provide windows to change gender norms over the long term.

The findings below are broken into two areas – gaps in gender-sensitive humanitarian programming and areas ready for gender-transformative work.

GAPS IN GENDER-SENSITIVE HUMANITARIAN PROGRAMMING

Gender-Based Violence (GBV):

Before the war, GBV was commonplace in Yemen, including early and forced marriage, genital mutilation, and restrictions on mobility. Women and girls were also often denied access to resources, opportunities and services – yet another form of GBV. The current conflict has further exacerbated the preexisting vulnerabilities Yemeni women and girls faced.

Since the current conflict intensified, there has been a substantial increase in recorded GBV incidents – there was a 70% increase in reports in September 2015 compared to March 2015.^v Many of these GBV survivors will require responsive critical medical care and immediate and long-term psychosocial support – services that are currently severely lacking or non-existent in Yemen. The lack of such services, as well as a lack of safe refuge for victims of abuse compounds the issues victims already face including stigma and rejection from their families and communities. Cultural norms and stigma related to sexual violence crimes further discourage survivors from both reporting and from seeking necessary medical and psychosocial services.^{vi}

Interviewees reported that as women take on roles that were traditionally seen as male roles and men are staying home in greater numbers due to a lack of employment opportunities, intra-household conflict is rising. Focus group respondents reported that forms of violence by men at the household level often include verbal abuse of women and physical abuse of children.

Findings from the assessment point to clear gaps in necessary medical care and immediate and long-term psychosocial support to respond to the increase in GBV incidents. Additionally, steps must be taken to begin to destigmatize reporting of GBV incidents within the

communities in which NGOs operate.

Health:

Pre-conflict, Yemen had a high maternal mortality rate - estimated as 148 deaths per 100,000 live births. The health system in Yemen was strained, with three doctors per 10,000 people as of 2010.^{vii} UNFPA estimates 2.6 million women of reproductive age have been affected by the prolonged conflict, including 257,000 pregnant women. 55% of deliveries were not attended to by skilled medical professionals, due in large part to a lack of female skilled birth attendants in rural areas. With disruption to normal health service provision and a further decrease in female health workers this is likely to worsen further.^{viii} An estimated 15% of these pregnant women suffer maternal or obstetric complications and face an increased risk that these complications will become life-threatening as they have difficulty accessing professional medical care.^{ix}

Women in Yemen have often lost access to family planning, exposing them to potential unplanned pregnancies in perilous conditions. With the heightened risk of communicable-disease outbreaks, including dengue fever, bloody diarrhoea, and measles, it is essential that adequate and appropriate messaging for women and girls is made available – especially given high levels of female illiteracy – to help them prevent infection and to identify symptoms and seek treatment.^x

More specific medical care that addresses the needs of women – both family planning as well as maternal and child health services – and community awareness activities that educate women about communicable disease outbreaks and other health risks are needed.

Food Security:

Women and girls in Yemen generally prepare the household's food and also have primary responsibility for collecting water and firewood, cleaning, and childcare. When food is scarce, females are the first family members to eat less as a coping mechanism, even though they continue to do hard activities such as working in the fields.^{xi} In addition to these roles, women provide 60% of the labor in crop cultivation and more than 90% in tending livestock while earning 30% less than men.^{xii}

As the conflict continues, the normal disparities between

women and girls' and men and boys' food access and household and agricultural duty responsibilities are further exacerbated. These findings point to the need to ensure that food aid programming (and other humanitarian programming) is not gender blind.

Humanitarian Access:

Since the onset of the conflict, it is now estimated that as many as 30% of displaced women may now be heading their families.^{xiii} The ability of women to access humanitarian aid differs depending on locations.

According to the UN, women and girls in Yemen often remain invisible to humanitarian actors and miss being targeted with aid assistance.^{xiv} In some places women can be reached directly, while in others aid is received through their male relatives.

Special provision needs to be made for women-only distributions, and/or direct household delivery services as necessary.^{xv}



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A WAY FORWARD: AREAS READY FOR GENDER TRANSFORMATIVE WORK

Despite the general pattern of deterioration, the conflict has revealed some glimmers of hope for transforming roles and empowering women in Yemen. Both focus group discussions (FGDs) and key informants interviews highlighted a change in the roles and responsibilities of women and men as a direct consequence of the prolonged conflict, including what is seen as appropriate behavior or work for women and men. FGD participants reported that the experience of conflict reduced the impact of restricting cultural norms and traditions regarding the role of women in labor and participation in community life. This includes increased engagement of women in the management of family affairs and contribution to household income. As one FGD participant reported: "It is no longer shame for woman to go for work or to go and seek food assistance from neighbors or to borrow money."

FGD participants in a number of visited communities also emphasized positive experiences, including increased appreciation of women and men's roles and an improved sense of how gender roles are mutually reliant on each other. As one male participant in Hajjah stated: "When we had to stay at home we saw how difficult it was for our wives to take care of all family issues, especially to get firewood and water." More men are taking on these roles now, previously reserved for cultural reasons only for women.

FGDs revealed that decision making is often perceived differently from controlling the use of economic resources. In general, while men continue to be perceived as the main decision makers at the household level, the role of women in controlling the use of resources has increased. As one female FGD participant in Taizz said: "Our husbands used to bring goods to the house. But

we don't know if they can bring more tomorrow. So they leave it in the hands of us women to spend his money more wisely and for the benefit of the family."

This assessment also points to the need for increased vocational training and livelihood programming for women and men alike, to occur alongside other immediate humanitarian programming. This programming can seize upon changing sentiments around gender roles to continue important women's empowerment and gender-transformative work that NGOs had been working on prior to the conflict.

From other emergency settings, NGOs have learned that there can be a struggle post-conflict to maintain the flexibility within gender norms that tend to arise in these unstable environments. Additionally, greater freedoms for women can be accompanied with violent backlash. It is critical that programming begin as soon as possible to support an enabling environment and to mitigate backlash in order to capitalize on the current flux in gender norms. Equally important is that men and boys must not be excluded from the picture. They need to be provided with vocational training and livelihood programming and should be a key participant in other gender-transformative initiatives to ensure that there is full community buy in to prevent future backslides in gender equality.

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RECOMMENDATIONS

To ensure a gender-sensitive humanitarian response in Yemen:

Donors should:

1. Financially support continued gender analyses throughout the crisis and across the country to ensure that there is a baseline dataset for gender and age-disaggregated information and to ensure that programming is as effective and gender-sensitive as possible.
2. Require NGOs to articulate and report on how their programming integrates gender, including specific steps they will take to mitigate any risks of gender-based violence and how they will ensure women's meaningful participation in design, monitoring and evaluation of programs throughout the full program cycle.
3. Invest in and scale up existing GBV prevention and response structures including clinical management of sexual assault, psychosocial support, legal assistance and safe shelter for GBV survivors, as well as training to health and community based services providers to listen and provide emotional support.
4. Elevate maternal health and family planning as priorities in the emergency response on par with other lifesaving programming.
 - Specific interventions include universal, free access to family planning services, mainstreaming (and modernizing) the Minimum Initial Service Package (MISP) for reproductive health in emergencies, and ensuring emergency obstetric care is available in the immediate and longer-term.

The UN should:

1. Guarantee that a gender advisor is deployed to Yemen at all times and that gender assessments are routine.
 - A gender advisor should be an essential and continual part of any UN humanitarian team, deploying from the onset of a crisis to ensure that a gender analysis is conducted in the early stages of the response as well as tracked throughout the response.
2. Use its global platform to advocate for the full funding of the GBV sub-cluster, which is currently only funded at 26%.^{xvi}
3. Use its good offices to promote women's participation and leadership in all elements of the humanitarian and political response to the crisis.

NGOs should:

1. Consult with beneficiary populations in the design and implementation of humanitarian interventions which, among other things, will help to ensure that programming is not gender blind.
2. Establish community committees, whenever possible, that have a membership of 50% women and men, and equal numbers of women and men in leadership positions to ensure that gender-specific needs are included in the design and implementation of all programming.
3. Create accountability mechanisms that are sensitive to gender barriers to ensure that concerns from women arising from programming are addressed rapidly and appropriately.
4. Partner with women's rights organisations to benefit from the insight, analysis, and legitimacy they have on tackling gender inequality.

To ensure a gender-transformative humanitarian and longer-term response in Yemen:

Donors should:

1. Immediately reinstate development funding for livelihoods, vocational training, and conflict mitigation programming with a particular focus on ensuring women's needs are heard and that they are actively included in these programs.
 - Gender transformative women cooperative saving groups, should be urgently supported and scaled-up, including a strong component of engaging male partners of participants to build male and community acceptance. Savings groups have proven to be an effective community based mechanism to build the resilience of vulnerable families, not only in Yemen, and not only as a safety net. They are also a platform for income generation activities, and community-based health, accident, and life insurance schemes, as well as a way of building greater social protection for women. Building on indigenous, culturally accepted, and tested schemes, and with professional guidance and best practices from similar contexts, these groups could have a substantial impact at scale for many conflict-affected communities.
 - Vocational training and education should enable both literate and illiterate youth to gain access to immediate livelihood opportunities to improve their current livelihoods, rather than learning things that may not fit their current aspirations or preferred learning styles.

- Funding for livelihoods activities, particularly which target youth and women, can provide an important, legal alternative to economically support one's family, reducing the need to resort to harmful and dangerous coping strategies such as joining armed groups.
- Fund cash programs that target women. Recent evidence looking across multiple studies has shown that cash transfers increase women's decision-making power and choices including women's choices regarding marriage, fertility and engagement in sexual activity.^{xvii} The same studies found that there was not a reduction in emotional abuse making additional activities that engage men and boys in communities necessary accompaniments to cash programs targeting women.

The UN should:

- Seek out partnerships with women's rights organizations to ensure that their voices and experiences are being heard, supported, and acted upon.

NGOs should:

- Ensure that gender-transformative initiatives are appropriately framed, highlighting that these initiatives are meant to improve coping mechanisms, not directly emphasizing the need to enhance gender roles and relations. The latter can be perceived negatively and lead to defensive attitudes. The same ends can be achieved in a more culturally sensitive, effective manner by using a narrative of coping mechanisms.
- Engage with men and boys to support the longer term entrenchment of the more flexible gender roles currently being observed; to ensure that there is full community acceptance of women's new role in the economy; and to combat GBV.

Notes

ⁱ<http://www.un.org/apps/news/story.asp?NewsID=54252#.V2wxAfkrLIU>

ⁱⁱ<http://reliefweb.int/sites/reliefweb.int/files/resources/OCHA%20Yemen%20Humanitarian%20Bulletin%20Issue%2012%20-%202012%20June%202016.pdf>

ⁱⁱⁱ<http://reports.weforum.org/global-gender-gap-report-2015/economies/#economy=YEM>

^{iv}CARE, GenCap, Different Needs, Hidden Needs? A scoping study of the inclusion of gender into assessments of the impact 2015 conflict in Yemen (November 2015).

^vUN Office for the Coordination of Humanitarian Affairs (OCHA). Draft Humanitarian Needs Overview for 2016, October 2015.

^{vi}Jadallah, Alma Abdul Hadi, PhD., Conflict Analysis of the Republic of Yemen for United Nations Country Team, June 2015.

^{vii}Logue, Teresa, Yemen: Health Inequality Between the Genders, Yale Global Health Review, May 2014.

^{viii}IASC Humanitarian Crisis in Yemen. Gender Alert. July 2015.

^{ix}Ibid.

^xIbid.

^{xi}Jadallah, Alma Abdul Hadi, PhD., Conflict Analysis of the Republic of Yemen for United Nations Country Team, June 2015.

^{xii}CARE International, Rapid Gender Analysis of Yemen, June 2015.

^{xiii}Ibid.

^{xiv}Ibid.

^{xv}IASC Humanitarian Crisis in Yemen. Gender Alert. July 2015.

^{xvi}<https://fts.unocha.org/pageloader.aspx?page=AlternativeCosting-AltCostReports&appealid=1132&report=AltCostCluster&filetype=pdf&altcostid=2>

^{xvii}<https://www.odi.org/sites/odi.org.uk/files/resource-documents/10748.pdf>

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