

## HUMANITARIAN CRISIS IN YEMEN GENDER ALERT July 2015

**TAKING INTO ACCOUNT THE DIFFERENT NEEDS OF WOMEN, GIRLS, BOYS AND MEN  
MAKES HUMANITARIAN RESPONSE MORE EFFECTIVE AND ACCOUNTABLE TO ALL  
AFFECTED POPULATIONS.**

Since March 2015, open conflict amongst rival factions has spread across Yemen culminating in the on-going Saudi led coalition's bombing of targets in Houthi controlled sections of the country. OCHA reports 21.1 million (80% of the population) are in need of humanitarian assistance, including 1.26 million internally displaced - primarily in Hajjah (298,788); Al Dhale (227,414); and Aden (184,100)<sup>1</sup>. In addition, there are approximately 250,000 mainly Somali refugees across a number of urban centres who were already in-situ. Of the internally displaced households, current estimates project that 20%-30% of them are female headed – this is compared to an average of 9% female headed households before the current crisis<sup>2</sup>. This is due in large part to many men and boys having been recruited to fight, injured or killed. UNHCR also reports 10,500 refugees and migrants that have arrived by sea since the beginning of the ongoing conflict – primarily from Ethiopia and Somalia – who were duped into believing the conflict was over and Yemen had normalised. Those making the sea crossings – and particularly women and girls – are vulnerable to abduction, attacks, drowning, exploitation and sexual assault.<sup>3</sup>

Prior to the crisis, the situation for women and girls in the country was poor. Yemen was ranked 142<sup>nd</sup> out of 142 in the 2014 Gender Gap Index (as it has been since 2009), with 50% women literate compared to 83% of men and earning approximately 75% less than men on average<sup>4</sup>. Data from 2006 indicate that 52% of Yemeni girls are married – often to much older men – before the age of 18, and 14% before the age of 15<sup>5</sup> - it is predicated this number is likely to rise significantly during the conflict as a coping mechanism and a means of accessing funds through dowry payments. 23% of women and girls aged between 15-49 are estimated to have been subjected to female genital mutilation<sup>6</sup>. There are important disparities between men and women accessing education, livelihood opportunities, protection and political processes. Women are disproportionately affected due to restrictions of mobility, decision making power and lack of access and control over resources. They also have poor access to information, whether it is regarding their rights, or helpful information such as hygiene promotion material.

Due to insecurity and lack of access, a detailed picture of the current plight of crisis affected women and girls across the country has yet to be established. This is further complicated by the shifting regional and tribal variations of gender equality, human rights and living conditions for women and girls across the country, depending on which group has the upper hand in a given location at any given time. As such, it is essential that the World Bank and the Islamic Development Bank planned damage and loss assessment (and any other needs assessment) sufficiently reflect gender in their scope and analysis and are based on accurate sex and age disaggregated data, so that the needs and vulnerabilities of the women, men, girls and boys of the crisis affected population are adequately identified and addressed. Previous gender analysis – which helped in the development of this gender alert - should be used as baseline and updated.<sup>7</sup>

<sup>1</sup> [Yemen: Humanitarian Emergency Situation Report No. 16](#) – OCHA 20 July 2015

<sup>2</sup> [2015 Yemen Humanitarian Response Plan](#) – OCHA 2015

<sup>3</sup> [Yemen receives over 10,000 new arrivals by sea since start of conflict in March](#) – UNHCR 14 July 2015

<sup>4</sup> [Global Gender Gap Report 2014](#) – World Economic Forum

<sup>5</sup> [Multiple Indicator Cluster Survey 2006](#) – UNICEF, PAPFAM, Govt. of Yemen 2006

<sup>6</sup> [FGM Statistical Snapshot](#) – UNICEF

<sup>7</sup> Existing Gender Analysis include: [GenCap](#); [CARE](#); Oxfam

## **PARTICIPATION AND LEADERSHIP OF WOMEN AND GIRLS**

In 2014, the HCT and cluster system in Yemen made a number of [minimum commitments](#) towards ensuring gender equality is adequately mainstreamed throughout humanitarian assessment, planning and response. The objective of the commitments are to make sure that women, girls, boys and men of all ages, abilities and backgrounds have access to the humanitarian assistance and protection that cater to their distinct needs and experiences.

It is essential that during this period of heightened crisis, the HCT and cluster system hold themselves accountable to these commitments to ensure the most effective, rights based response for the entire crisis affected population in Yemen.

The ability of women to access humanitarian aid differs depending on locations. In some places women can be reached directly, whilst in others it is distributed through their male relatives. Special provision needs to be made for women-only distributions to be facilitated where needed and/or direct household delivery services as necessary.

### **Action Points for Participation and Leadership of Women and Girls:**

- All clusters, coordinating bodies and implementing agencies should gather and utilize sex and age disaggregated data.
- All assessments should ensure compliance with official guidance on how to conduct an assessment with adequate provision for the gathering of appropriate and relevant gender information and sex and age disaggregated data. This includes ensuring assessment teams are gender balanced.
- All humanitarian responders must consult with and involve women's civil society groups and women of all ages, including those hard to reach or at risk - such as women with disabilities, and marginalized ethnic groups such as Muhamasheen women.
- All humanitarian responders must make special provision for vulnerable women and girls who are particularly marginalized by harmful traditional practices – including exclusion from society, child marriage, FGM etc – and by regional and tribal variations.
- Special provision should be made for restrictions on women and girls' mobility, decision making power, levels of literacy, lack of access and control over resources and access to information - especially regarding their rights, entitlements etc.
- Ensure that the humanitarian coordination system recognizes gender equality in humanitarian action as a life-saving measure and to facilitate the deployment of the requisite gender-in-humanitarian-action capacity in country.
- Ensure women are represented in all decision making and consultation fora and women are provided with livelihoods and income generation opportunities, based on direct consultation with them to ensure activities are tailored to their needs, circumstances, and capacities.
- Regularly monitor to ensure safe and equal access and participation of women and girls throughout the interventions.
- Humanitarian responders to work with and support women's organizations to promote access and amplify women and girls voice in the intervention.

## **PROGRAMME PRIORITIES TO ENSURE A GENDER-INTEGRATED RESPONSE**

**HEALTH CARE** – UNFPA estimates 2.6 million women of reproductive age have been affected by the crisis, including approximately 257,000 pregnant women. Prior to the current crisis, only 45% of deliveries were attended by skilled medical professionals – due in large part to a lack of female skilled birth attendants in rural areas. However, with disruption to normal health service provision – and a further decrease in female health workers - this is likely to worsen further. An estimated 15% of the pregnant women (38,550) will suffer some form of maternal or obstetric complications and they will face an increased risk that these complications will

become life-threatening as they will have difficulty accessing professional medical care. Women have also 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 diarrhea, measles etc – 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.

#### **Action Points for Health Care:**

- The Health Cluster to roll out the priority life-saving services in the Minimum Initial Service Package (MISP) for reproductive health.
- The Health Cluster to ensure that health services and strategies take into consideration the means of reaching marginalized and potentially secluded women and girls.
- The Health Cluster should endeavor to provide women with access to health care for communicable and non-communicable diseases and ensure equal access to services and essential life-saving medicines and medical supplies.
- The Health Cluster to facilitate Clinical Management of Rape (CMR) in health centers and mobile teams, and post-rape treatment kits are distributed and health actors trained in using the kit.
- The Health Cluster should endeavor to provide women with access to skilled birth attendants for delivery and to basic and emergency obstetric care including a 24 hour 7 day per week emergency referral system.
- The Health Cluster to distribute clean delivery kits to pregnant women in affected areas.
- The Health Cluster should ensure psychological and post-trauma support for women, men and children.
- The Health Cluster to make health education and promotion of women and girls on family health issues and danger signs and when and how to ask for help.
- The Health Cluster to prioritize the distribution of Inter-Agency Reproductive Health Kits in affected areas to service providers.
- The Health Cluster to make family planning supplies freely available, including emergency contraception, to avoid unwanted pregnancies.
- The Health Cluster should ensure standard precautions are in place in health facilities, including protocols for blood safety and free condoms made widely available to prevent the transmission of HIV.
- The Health Cluster to ensure syndromic management of Sexually Transmitted Infections (STIs) is part of routine clinical services for patients presenting for care.
- The Health Cluster should ensure that antiretrovirals are available to whoever use them especially to prevent mother to child (PMTCT) transmission.

**NFI** **NON-FOOD ITEMS** –The high number of potentially vulnerable female headed households in the most affected districts and amongst the displaced population should be prioritized in the distribution of dignity kits and basic NFI materials for cooking, water-storage and lighting (where needed) due to lost and/or damaged property.

#### **Action Points for Non Food Items:**

- Implementing agencies engaged in the distribution of NFI should take care to ensure that vulnerable households, including female headed households, are specifically sought out to assess NFI needs and to deliver if required.
- Culturally appropriate dignity kits and menstrual hygiene materials must be distributed regularly.



**SHELTER** – The revised 2015 Humanitarian Response Plan<sup>8</sup> targets the provision of shelter support for 1.2 million people. This includes the provision of emergency shelter (kits and tents) for 509,000 displaced people and rental subsidies for 357,000. In addition, 100,000 refugees, migrants and asylum seekers require shelter support.

Many people are living in very dilapidated conditions. Some shelters lack doors, windows and roofs affecting privacy which is particularly problematic for women and girls, who must operate within a cultural environment which requires that they remain covered and out of view of men. These situations can lead to verbal, physical and sexual abuse.

**Action Points for Shelter:**

- Shelter agencies must make special provisions to identify and prioritize vulnerable households for shelter material and tent distributions and/or shelter provision, including female headed households and households with disabled, elderly and/or pregnant/lactating members.
- Shelter agencies must make special provision for providing assistance to vulnerable households in any self-build emergency shelter, transitional shelter and/or repair programmes – including the delivery of all building materials and in any necessary construction work.
- Cluster partners to gather sex and age disaggregated data at the household level for internally displaced families, with particular attention to identifying female-headed households
- Partners to refer any vulnerable displaced households – including female headed households – identified to relevant clusters and service providers.



**WATER, SANITATION AND HYGIENE** – With large numbers displaced and with large amounts of rubble and accumulating solid waste, conditions are becoming increasingly unsanitary. Displaced populations need to have segregated and safe toilet/washing facilities. The means of disposing of sanitary items in a safe and dignified manner is also essential.

Prior to the crisis, water was already scarce in Yemen, and women and girls were the ones primarily tasked with fetching water, often travelling long distances (30 minutes or longer). This impacts women and girls ability to attend to their other vital roles – including attending school or engaging in economic activity. With ongoing insecurity, collecting water is a more dangerous activity and is increasingly being done by men and boys in some locations. But this is not the case everywhere, especially for female only households and reportedly rural girls now in urban host-accommodation who are exposed to risk of attack when collecting water.

Water treatment and hygienic practice – including latrine use and handwashing - are sporadic at best, so it is essential that women are targeted in any hygiene promotion activity.

**Action Points for WASH:**

- WASH providers to consult with beneficiary women and girls for the most suitable location of water points, latrines and WASH facilities.
- WASH providers must prioritize the installation of segregated, lockable and well-lit WASH facilities at displaced locations.
- WASH Cluster to create suitable waste management solutions for the safe and dignified disposal of sanitary items.
- WASH Cluster to ensure water distribution allows for separate distribution of water to women and girls as necessary.
- WASH Cluster to target women, men, boys and girls in hygiene promotion and water treatment and waterborne disease campaigns by using gender balanced teams of hygiene promoters and targeted educational materials suitable for all.

<sup>8</sup> Revised Yemen Humanitarian Response Plan 2015 - OCHA

**FOOD SECURITY AND LIVELIHOODS** – Initial assessments estimate that 12.9 million people are in need of food assistance, of which 6 million are considered severely food insecure.

Given the difficulties for many women to access gainful employment or livelihood opportunities and the gender pay-differential, the estimated two to three fold increase in the number of female headed households will need to be ascertained and addressed. Prior to the crisis, 45.1% of female headed households in Yemen were severely food insecure, compared to 40.7% of male headed households. Furthermore, food costs have doubled in some locations and the availability of cooking gas is in chronic short supply. This forces them to spend more time and effort collecting fire wood, whilst having less food to eat at the end of it.

Cash based programmes - including cash-for-work for waste management, debris removal, ordnance removal etc - need to include a focus on female headed households. Special provision needs to be made to help women with their care-giving responsibilities. A full nutritional food basket must be considered in either costing cash transfers or providing food.

Longer term strategies will need to be developed to help women who now find themselves as the main income earner for their household develop livelihood/employment opportunities so that they can provide for their families where necessary. This will be a new departure for a large number of these women and could potentially heighten their exposure to violence and exploitation. Previously many women were involved in agricultural production – providing 60% of crop cultivation labour and 90% livestock tending labour - however, they had very limited access to autonomous economic and social opportunities and land-ownership (<1% agri-land owned by women). On average female agricultural workers earned 30% less than men<sup>9</sup>.

**Action Points for Food Security and Livelihoods:**

- Food clusters must make provision for women and girls to be able to attend (and return from) food/cash distributions and receive their allowance in safety.
- Food clusters must consider times of distribution and distance and should make special provision to deliver food to households unable to attend blanket distributions.
- Cash-for-Work implementing agencies must give women equal opportunity to participate in cash-for-work programmes. Alternative activities should be available that are deemed acceptable for women and women only teams formed.
- Cash-for-Work implementing agencies should make arrangements for child-minding services and working hours for women who want to otherwise participate in cash-for-work activities.
- Longer term livelihood programmes must also be made available for women who want them – especially agricultural recovery programmes.



**PROTECTION** – Domestic violence was believed to be widespread in Yemen before the crisis but there is no accurate data on its prevalence. The lack of specific legislation and confidence in the police to handle the matter contributes to this. As mentioned, child marriage is an ongoing problem with 52% of Yemeni girls married–before the age of 18, and 14% before the age of 15. Anecdotally, this is reported to be increasingly used as a coping mechanism for families during the ongoing crisis and a means to access dowry cash. Conflict-related sexual violence, including sexual violence against men and boys, is reportedly high in Yemen but accurate data is not yet available. Support services must be made available for both females and males.

With the increase in female headed households, many women and girls are having to take on essential roles normally preserved for men. This is particularly difficult for women due to social exclusion, lack of mobility, little access to resources etc. This leads to heightened risk of exploitation and abuse, as well as female headed households being unable to bypass the barriers to access essential humanitarian services and the means of survival.

<sup>9</sup> [Enabling Poor Rural People to Overcome Poverty in Yemen](#) – IFAD 2011

**Prevention of Sexual Exploitation and Abuse (PSEA)** – As with any humanitarian crisis, the risk of sexual abuse and exploitation by either humanitarian actors, security forces, host community members, armed actors and others is high in Yemen. It is important that all prevention, referral and survivor support services are put in place and are functioning at this critical time.

**Action Points for Protection:**

- The Humanitarian Country Team, including the Protection Cluster and GBV sub-cluster to advocate for more support, resources and funding to address the increased risks to protection and GBV cases increased by the protracted crisis and to improve the already existing referral system to support GBV survivors' access to quality care – including emergency contraception - and support.
- The Protection cluster and GBV and Child Protection sub-clusters should prioritize the installation of safe spaces for women and children.
- The GBV sub-cluster to ensure that GBV survivors have access to health and psychosocial support that is culturally appropriate and that health and community based services providers are trained to listen and provide emotional support, and provide information and refer as needed and agreed by survivor.
- The GBV sub-cluster to further develop the referral system to support GBV survivors' access to quality care and support.
- The GBV sub-cluster to continue ensuring safe and ethical data collection via GBVIMS
- The Protection Cluster to provide clear messaging to the crisis affected population on the risks of trafficking and violence in cross-border migration, and how women and men can protect themselves. Protection Cluster to work with national authorities to strengthen the capacity and strength of police border desks to support and respond to victims of violence and trafficking.
- The Protection Cluster to make special provision for women to ensure their equal protection and participation in the humanitarian response and as per the national legislation.
- The Protection Cluster to address harmful traditional practices such as child labour and early marriage which crisis affected populations may resort to as negative coping mechanisms.
- The GBV sub-cluster to inform the displaced populations about the types and nature of GBV and HIV prevention, treatment, care and support services that are available for survivors of sexual violence and exploitation.
- PSEA training must be provided to all personnel involved in humanitarian programming and security/armed forces as a priority – especially amongst those who work closely with IDPs and other members of the local population.
- Develop early warning systems to ensure PSEA and establish feedback and complaints mechanisms with provisions made for receipt, referral and victim assistance in cases of SEA.



**FOR MORE INFORMATION AND TECHNICAL SUPPORT**, please contact the secretariat of the Gender Reference Group at [grg.secretariat@unwomen.org](mailto:grg.secretariat@unwomen.org)