

Conflict and Gender Relations in Yemen

Conflicts and humanitarian crises affect men, women, girls, and boys differently due to their different societal roles and deep rooted socio-cultural and economic inequalities which become exacerbated during crises. Men and boys form the vast majority of direct victims of armed conflict and associated impacts like forced recruitment or arbitrary detention. Women bear the burdens of running the households under extreme stress and are often exposed to different forms of gender-based violence. During emergencies, women and girls become more vulnerable as basic services collapse and livelihoods diminish. In order to better understand the impact of armed conflict on men, women, boys and girls and the changes that have resulted in gender roles and relationships at household and community levels since the conflict onset in March 2015, Oxfam, CARE and GenCap in Yemen collaborated to collect and analyse available data and further inform immediate humanitarian response as well as longer-term programming in Yemen.

The assessment covered the governorates of Hajjah, Taizz, Abyan, and Aden. The report should be interpreted in conjunction with other assessment reports. The statements in this report do not reflect the position of CARE International, OXFAM Great Britain, or the Gender Standby Capacity Project (GenCap) of the IASC. The report only reflects the findings and analysis by the assessment team.



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EXECUTIVE SUMMARY

Gender relations in Yemen are shaped by diverse religious, cultural, social and political traditions. They are complex and vary across the North and South, urban and rural, between different tribes and generations. Historically, women in Yemen have had much less power in society than men. The escalation of the armed conflict in Yemen has created, since March 2015, one of the biggest humanitarian crises worldwide. The entire population of Yemen will likely be affected if conflict continues at the current trajectory. In particular, conditions for Yemeni women and girls are deteriorating as the conflict drags on. While the conflict in Yemen is rapidly evolving, a general pattern of deteriorating gender relations and the marginalization of women from participation and leadership in decision-making forums appear evident.

Due to deep rooted socio-cultural and economic inequalities at home and in their wider community conflicts affect men, women, girls, and boys differently. Men and boys are the vast majority of direct victims of armed conflict, forced recruitment, arbitrary detention, while women bear the burden of running the households being exposed to different forms of gender-based violence (GBV). During emergencies, women and girls are more vulnerable. They are more exposed to malnutrition because they have limited access to resources. They work extra time to increase income or access the services. However, all that provides opportunities for the promotion of gender equality and transformative gender relationships because people's life circumstances change along with their gender roles. Women's coping mechanisms, examples of resistance and the fact that women have been able to carve out spaces of agency, hence contradicting the predominant portrayal of Yemeni women as passive victims that are acted upon have been documented. Their increasing roles in distributing community level humanitarian assistance, hygiene promotion, leading on GBV protection projects and facilitating women's access to services need to be further nurtured to expand their resilience and peacebuilding potentials.

In order to better understand the impact of armed conflict on men, women, boys and girls and changes of gender roles and relationships at HH and community levels since the conflict onset in March 2015, Oxfam, CARE and GenCap in Yemen collaborated to collect and analyse available data and further inform immediate humanitarian response as well as longer-term programming in Yemen. Sound understanding of differential impact of the conflict on women, men, boys and girls, helps us adapt our programming to specific life circumstances, capacities and vulnerabilities of men and women but also recognize entry points for transformative gender specific actions that will respond to inequality and injustice in the future.

The assessment built on CARE's and OXFAM's gender assessment tools and used a combined methodology including a secondary data review, 544 household interviews, 40 Focus Group Discussions, and 32 in-depth interviews with significant individuals and officials. The assessment was supplemented by case studies/stories collected from participants and civil society to validate and exemplify the research findings. The geographical scope of the assessment included the areas in Yemen with the most severe needs - Aden, Taiz, Hajjah, and Abyan governorates.

The thematic scope of the assessment covered four gender-specific domains, including a) gender roles and relations, b) capacities and vulnerabilities, c) participation in decision-making (community and intra-HH and level), and d) access to services and assistance. The report concludes with guidance on how to implement humanitarian response and longer - term programming in a way that better supports current women's and men's, boys' and girls' needs and aspirations, strengthening gender equity and equality, and contributing to the long-term transformation of power imbalances between women and men.

1 INTRODUCTION

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, malnutrition, and poverty in Yemen. While the Yemen crisis is evolving rapidly, a general pattern of deteriorating gender relations and the marginalization of women from participation and leadership in decision-making forums appear evident. Advances made in recent years to address gender inequality in Yemen are at risk of reversal during the conflict. This includes recognition of the importance of including women in peace talks as a driver for peace and security in a country that has long been affected by multi-faceted conflicts. Secondly, there are reports of increasing marginalization of women as well as increasing gender-based violence (GBV) in the conflict, and expressed fears that this will serve to further reinforce gender inequality in the long-term reconstruction phase.

Background

A scoping study was conducted by CARE and GenCap to review and assess available information on the impact of the conflict on gender roles and relations, and the consequently different needs of women, girls, boys and men.¹ 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. The study concluded that further gender and generational analysis is needed to ensure humanitarian programming in Yemen is aware of and responsive to changes in gender relations, so that it meets the different needs of women, men, boys and girls.

Humanitarian programs in all sectors need to work to safeguard progress on gender equality that was made prior to the emergency, continue advancing that progress, and lay the foundation for sustainable and gender equitable recovery and reconstruction and the participation of women in peace talks and in the protection of their social and economic rights.

Methodology

The overall objective of the assessment was to inform immediate humanitarian response and longer-term programming in Yemen by identifying and documenting changes in gender roles and relationships at household and community levels since March 2015. The project was implemented between 10 Feb and 09 May 2016. Field data collection was implemented between 28 March and 15 April 2016. The assessment built on CARE's and OXFAM's gender assessment tools and used a combined methodology including a Secondary Data Review (SDR), Household (HH) Interviews, Focus Group Discussions (FGDs), in-depth interviews with key stakeholders and officials, and Case Studies/Stories. The methodology is innovative insofar as it systematically triangulates these qualitative and quantitative data sets. The full SDR Report is available in a standalone document.

The geographical scope of the assessment included the areas in Yemen with severe needs – Governorates of Aden (Dar Saad and Al Boriqah districts), Taiz (Shmayateen and Taziha districts), Hajjah (Abs and Shafar districts), and Abyan (Zonjobar and Khanfer districts). The assessment obtained a sample of 544 HHs interviews, including 280 female (51%) and 264 male interviewees (49%), with an equal number of interviews in urban and rural settings. Urban settings were divided in four geographical quadrants. In each quadrant, the gender-mixed field team (50% female) randomly selected and interview a predetermined number of HHs. In the rural parts, a non-probability sampling method was used.

Secondly, 40 FGDs were conducted, including 16 discussions each with males and females (sep-

arate discussions with host communities and internally displaced people), as well as eight discussions with marginalized groups (separate with males and females), and eight discussions with female and male youth representatives (only urban settings). Thirdly, eight in-depth interviews with activists and local leaders were conducted in each of the four governorates (32 in total). The assessment was supplemented by case studies/stories collected from participants and civil society to validate and exemplify the research findings. Finally, enumerators shared their direct observations during the field work, and feedback was collected from participants and civil society to ensure endorsement and validation of the research findings.



Female Focus Group Discussion in Abyan, © Grassroots Yemen, April 2016

Following completion of the draft analysis, a validation workshop was held in Sana'a, Yemen. The workshop included 36 participants from 10 national NGOs, 15 international NGOs, 6 UN agencies and 5 government representatives. The aim of the workshop was to review the initial findings of the analysis, discuss implications for programming and identify areas for further analysis. The reflections and learnings from the workshop are integrated into this report.



Validation workshop group work, May 23rd, 2016, INGO Forum Office, Sana'a, Yemen, Oxfam 2016

Limitations of the Assessment

The sample was designed to be representative at the geographical area level. For the urban and rural areas of the four covered governorates, the sample allows for a confidence level of 90% a margin of error of plus/minus 10%. The assessment is not representative at town/village level. Further, the assessment does not aim to be representative of findings for more or less conflict-affected areas.

Gender: Respondents were gender-balanced, with 51% of HH representatives interviewed females above 18 years of age. Respondents were not limited to “heads of households”. The views expressed by women and men reflect their individual perception of the overall HH perspective.

Dynamics: The situation in Yemen is quite dynamic, limiting the time span validity of the information contained in this assessment. Results should be reinterpreted in the light of future demographic changes relating to displacement.

Report Structure

After the executive summary and introduction, a context section introduces the background of the research and setting the baseline, pre-March 2015 crisis, including demographics and crisis impact, trends, and main vulnerable groups in Yemen. The key findings and analysis of the report are presented in five gender-specific domains, including:

- Gender roles and relations
- Capacities and vulnerabilities
- Participation in decision-making (community and intra-HH level)
- Access to services and assistance (including mobility)
- Needs and aspirations

Each section provides pre-crisis context and explores the crisis impact on community and HH levels. The report concludes with guidance on how to implement humanitarian response in a way that better supports the needs and aspirations of males and females of different ages, strengthen gender equity and equality, and contribute to the long-term transformation of power imbalances between women and men.

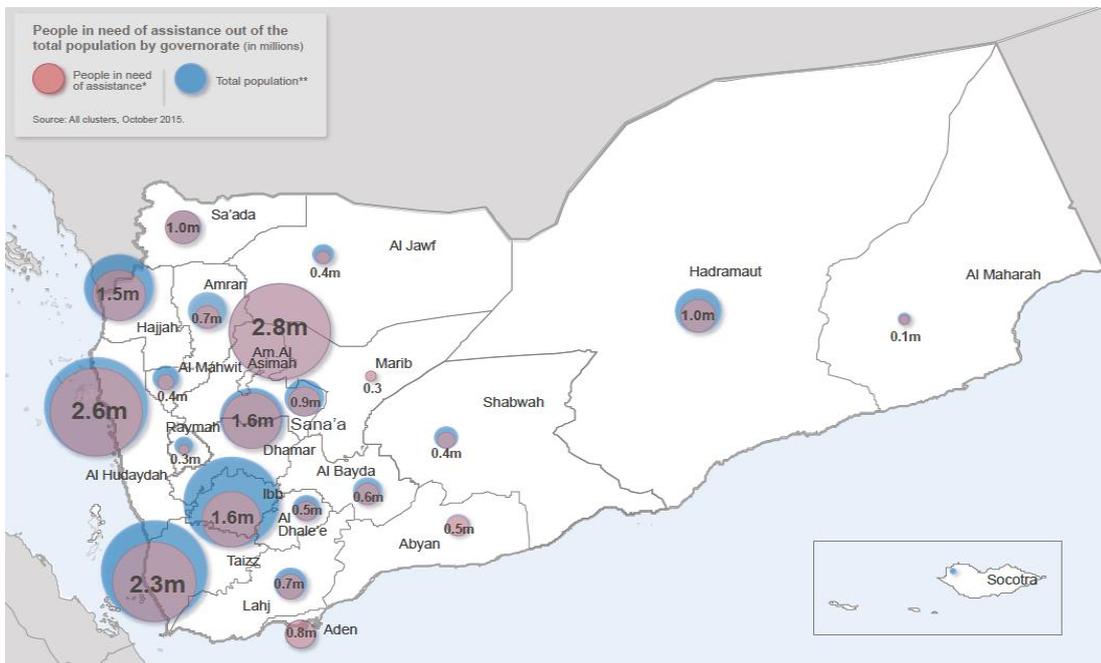
2 CONTEXT

Pre-Conflict Demographic Baseline

In the 20 years after unification, Yemen’s population grew by 58% from 16 million to 25.9 million.² Population growth put pressure on public services and public utilities as well as the labour market.³ Youth (15-29) represent 45% of the population.⁴ Before 2015, about 42% of the population of Yemen lived below the poverty line, two-thirds of Yemeni youth were unemployed and basic social services were in urgent need of support.⁵

Even before the current crisis, Yemen faced high levels of humanitarian need, with 16 million people (61% of the population) requiring humanitarian assistance in late 2014 as a result of years of under-development, environmental decline, intermittent conflict, and weak rule of law, including

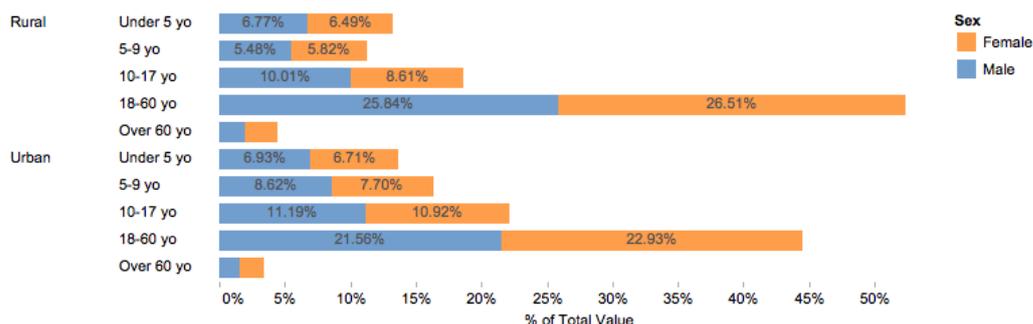
widespread violations of human rights. Following the political turmoil that led to the resignation of President Ali Abdullah Saleh in early 2012, an uneven political transition got under way. This process unravelled in late 2014, when the opposition effectively took control of Sana'a and national institutions, following military expansion in the north of the country.⁶ From 2012 to 2014 as real GDP per capita (already the lowest in the Arab world) declined from US\$590 to \$500.⁷



Throughout this period, 10.5 million people did not have enough to eat. Over 13 million people lacked access to clean water and 8.5 million lacked access to health care. Humanitarian assistance contributed to some improvements during this time, including an estimated 10% decrease in acute malnutrition rates in 2014 and the rollout of a durable solutions programme for the long-term displaced.⁸ In 2014 and prior to the current conflict, 80,000 people were displaced due to localised conflicts. An additional 335,000 Yemenis remained in protracted displacement, mainly in the North.⁹

Yemen's population is young. The proportion of persons in the interviewed households (HHs) under the age of 18 is 74%, while the proportion of individuals age 61 and older is 2%. About 92% of the HHs in Yemen are headed by men.¹⁰ Households in Yemen are large, with almost one-quarter consisting of 9 or more members. The overall average size of the 544 interviewed HHs is 6.7 in line with MoPHP statistics for 2015, with 6.6 in urban areas and 6.7 in rural areas. The HH size is the largest in Taiz (7.5 members) and lowest in Abyan (5.7 members). In larger HHs, economic resources are often more limited. Female-headed HHs are typically poorer than male-headed HHs.¹¹

Figure 1: HH composition in urban and rural settings



Source: 544 HH interviews

Conflict Impact by Demographic Group

Key Figures

- 80% of the population, 21.2 million people, are in need of humanitarian assistance, with 14.1 million in need of protection assistance
- Of the 2.76 million IDPs, about half of are concentrated in Aden, Taiz, Hajjah, and Al Al Dhale'e governorates, with additional significant populations in Abyan, Al Bayda, Ibb, Sa'ada and Amran
- At least 121,000 people, mainly third country nationals, have fled the country
- 6,000 people have been killed since the coalition entered the conflict in March 2015, almost half of them civilians
- Since March 2015, 30 civilians are made casualties of war every day in Yemen
- IDPs are sheltering in 260 schools, preventing access to education for 13,000 children

Source: OCHA 2016, Koesfeld 2016

Conflict Trends

Since the end of March 2015 the escalation of the armed conflict in Yemen, has created one of the biggest current humanitarian crises worldwide.¹² The consequences of the conflict for affected populations have been exacerbated by socio-political inequalities, gender inequality and discrimination, and civil and economic structures. According to OCHA, the entire population of Yemen will likely be affected if conflict continues at the current trajectory.

Coping mechanisms are already stretched to breaking point. Displacement has contributed to rising needs across sectors – particularly shelter and NFIs, for which about 2.8 million IDPs and host community members currently require support. Conflict and import restrictions since mid-March 2015 have accelerated declines in living conditions and reversed fragile improvements recorded in several sectors in late 2014. 19.3 million people need access to safe water, 14.1 million people need access to basic healthcare and 1.8 million children need access to education.¹³

As IDPs move throughout the country in search of safety and shelter, rental prices are rising, creating a further drain on the economic resources of displaced families. Many IDPs are staying with relatives or friends, a situation that adds additional stress on already vulnerable HHs.¹⁴ In particular, conditions for Yemeni women and girls are deteriorating as the conflict in Yemen drags on. The stress and chaos of the crisis, coupled with entrenched gender inequality, have left women and girls extremely vulnerable to violence, abuse and exploitation.¹⁵

The surge in conflict in 2015 has taken a severe toll on civilians' lives and basic rights. Between March and October 2015, health facilities have reported more than 32,200 casualties – many of them civilians. In the same period, OHCHR has verified 8,875 reports of human rights violations – an average of 43 violations every day.

Verified incidents of child death or injury from March to September 2015 are five times higher than 2014 totals.¹⁶ According to the UN, over 14 million people require protection assistance in Yemen, including IDPs, refugees, migrants and conflict-affected people. Civilians are facing increased risk of death, injury, displacement and psychological trauma. The current estimate represents a 23% increase since June 2015. The following populations are especially vulnerable: people living in poverty, women, children, the elderly, people living with disabilities, people living without protection of their family, minority groups, and survivors of human rights violations.¹⁷

Main Vulnerable Population Groups

Figure 2: Needs and Target Requirements

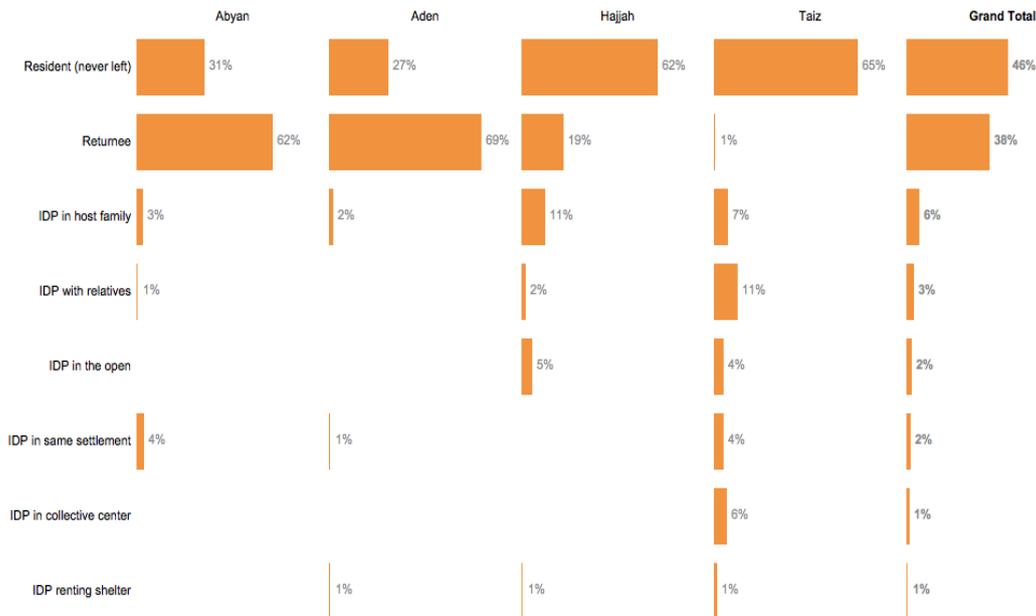
	TOTAL		BY SEX & AGE		BREAKDOWN OF PEOPLE TARGETED				TOTAL REQUIREMENTS		
	People in need	People targeted	Men	Women	Boys	Girls	Cluster Total	Refugees & Migrants	Cluster	Refugees & Migrants	Total (US\$)
Food Security & Agriculture	14.4M	8.9M	2.1M	2.0M	2.4M	2.3M	8.8M	0.07M	\$847.1M	\$1.4M	\$848.5M
WASH	19.4M	7.4M	1.5M	1.5M	2.2M	2.1M	7.4M	0.07M	158.4M	1.7M	160.1M
Health	14.1M	10.6M	2.0M	2.3M	3.2M	3.1M	10.5M	0.09M	182.3M	6.9M	189.2M
Nutrition	3.0M	3.0M	0	0.43M	1.0M	0.96M	3.0M	0	178.9M	0	178.9M
Shelter/NFI/CCCM	2.8M	2.0M	0.52M	0.58M	0.41M	0.43M	1.9M	0.07M	156.2M	6.8M	163.0M
Protection	14.1M	5.6M	1.5M	1.6M	1.2M	1.1M	5.4M	0.15M	52.4M	38.4M	90.8M
Child Protection	7.4M	2.0M	0.10M	0.10M	0.89M	0.89M	2.0M	0	22.6M	0	22.6M
GBV*	0.59M	0.59M	0.08M	0.23M	0.09M	0.19M	0.59M	0	9.1M	0	9.1M
Education	3.0M	1.8M	0.01M	0.01M	0.79M	0.96M	1.8M	0	27.5M	0	27.5M
Early Recovery	6.9M	3.4M	0.93M	0.89M	0.82M	0.79M	3.4M	0	51.1M	0	51.1M
Logistics	-	-	-	-	-	-	-	-	39.0M	-	39.0M
ETC*	-	-	-	-	-	-	-	-	1.8M	-	1.8M
Coordination & Safety	-	-	-	-	-	-	-	-	17.6M	-	17.6M
Refugees & Migrants Multi-sector	0.46M	0.46M	0.25M	0.10M	0.07M	0.04M	0.46M	0.46M	-	-	0
TOTAL	21.2M	13.6M	2.8M	2.6M	4.0M	3.8M	13.2M	0.46M	\$1,742.9M	\$55.2M	\$1799.3M

Source: HRP 2016

Conflict exposes civilians to heightened risks of death, injury, displacement and psychological trauma. An estimated 12.4 million people are living in districts affected by recurrent airstrikes, anti-aircraft fire or armed clashes, including 2.3 million IDPs and 460,000 vulnerable host community residents.¹⁸ The most heavily conflict-affected districts are concentrated in Taiz, Sa'ada, Hajjah, Marib and Sana'a. The highest reported displacement concentrations are in Aden, Taiz, Al Dhale'e, and Hajjah.¹⁹ In FGDs in Abyan participants reported that large areas of agricultural land are now inaccessible due to landmines.

Displaced women often bear additional burdens including caring for injured members, dealing with loss of breadwinners, and challenges in accessing assistance, especially outside their communities. A UN held estimate is that as many as 30% of displaced women may now be heading their families.²⁰

Figure 3: HH status and displacement



Source: 544 HH interviews

Of the 544 HHs surveyed, 15% are currently displaced by conflict, 38% returned to their homes after displacement, while 46% currently remained at their place of origin. Of the interviewed IDPs, 81% are living with neighbours or relatives, which places additional stress on often already vulnerable families. IDPs living in the open or in unprotected spaces are perhaps the most vulnerable to further harm, especially in Hajjah, where 27% of the interviewed IDP population is living in the open (13% in Taiz). These risks include a large threat of GBV. Also of concern are the issues of overcrowding and lack of clean water and sanitation services, further exacerbated by the lack of healthcare facilities and food shortages. 260 schools are currently sheltering IDPs, mainly in Taiz and Ibb.²¹

Interviews in Hajjah and Taiz revealed that a substantial proportion of the people displaced by the current conflict are from marginalized groups ('Muhamasheen'), which are considered particularly vulnerable, especially in Taiz, where they have reduced access to income and education. The exposure to violence and displacement and further reduced access to resources exacerbate their experience of marginalization and discrimination.

There are also an estimated 460,000 refugees and migrants in Yemen need humanitarian assistance. Female FGDs in Aden confirmed that refugees and migrants often face greater difficulty in accessing services than Yemeni nationals. Those with the most severe needs are mainly located in coastal governorates and major urban centres. Compared to the 2015 HNO, the number of refugees and migrants in need of assistance has fallen by about half due to the suspension of forcible large-scale expulsions of migrants from Saudi Arabia. If expulsions resume, the number in need could rise quickly. Despite the surge in conflict, 60,000 new refugees and migrants arrived in Yemen in 2015 (same as pre-conflict level). Vulnerable refugees and migrants need a range of services, including referrals to other services, including GBV counselling and child protection.²²

The humanitarian situation in Yemen increases women's risks of violence, harassment and abuse, sexual and labour exploitation, as well as early, child, and forced marriage. It is likely that the current conflict will worsen the issue of gender based violence, increasing the need for adequate protection and support mechanisms.²³ Recorded GBV incidents show an upward trend since March 2015, with 70% more incidents reported in September than March 2015. Overall, women are also more acutely affected by declines in living conditions and service availability.²⁴

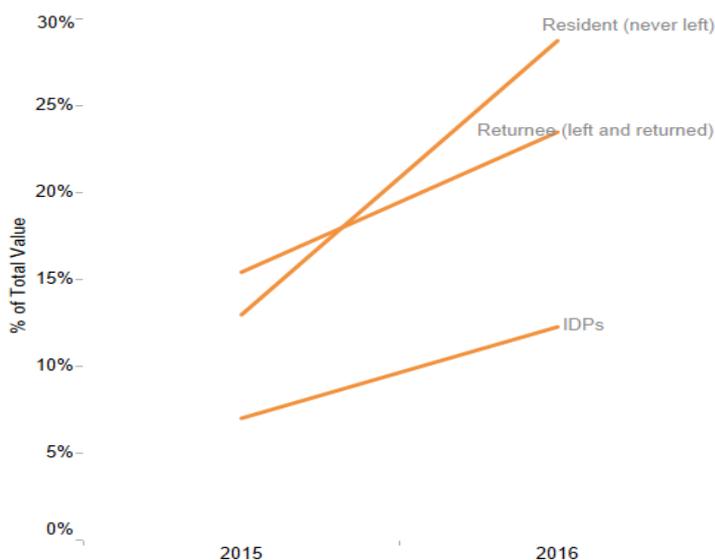
According to the FGDs, internally displaced women are most vulnerable, as many have lost their property and access to livelihoods. Women are more vulnerable where they are living in makeshift

shelters (most common in Taiz and Hajjah), where there is insufficient access to basic services (Abyan and Hajjah) and in areas controlled by militant groups like Abyan. Participants in FGDs reported that girls of marginalised groups are especially at risk from violence, frequent harassment by armed groups at checkpoints, and kidnapping.

Survivors of GBV in Yemen often have no access to support services, or knowledge of where existing services are. This places survivors at particular risk of fatality or complications from physical injury, HIV contraction, sexually transmitted infections (STI) and pregnancy – all of which could be prevented if they were able to access appropriate care. In general, women and girls in Yemen are often denied access to resources, opportunities and services – another form of GBV.²⁵

An important trend is the increase in number of pregnant and lactating women (PLW) when comparing the pre-conflict situation in 2015 and today: 23.4% of HHs reported having PLW in their family before the crisis started in March 2015, and 44.3% today. While this trend is true for all interviewed population groups, it is the highest for HHs that did not leave their place of residence because of the conflict (residents, 15.8% increase), and the lowest for IDP HHs (5.3% increase). FGD participants confirmed these findings, reporting that husbands are spending more time at home due to loss of employment, and many families do not have access to contraceptives. During the validation of the assessment findings participants also shared that the community leaders are encouraging women to reproduce because the country needs offspring to recover after the war.

Figure 4: HHs reporting pregnant or lactating women



Source: 544 HH interviews

Female headed-HHs are generally more at risk of food insecurity due to the few female work opportunities. Women are generally excluded from economic transactions in the local markets.²⁶ The most vulnerable groups are identified as the marginalized groups ('Muhamasheen'), women who are disabled, widows, divorcees, prisoners and wives of prisoners, wives whose migrant-worker husbands fail to send remittances, refugees, youth, and the elderly.²⁷

Children and youth are also highly vulnerable. There are an estimated 1.3 million malnourished children in Yemen, and a further 880,000 are at risk of malnutrition. 1.8 million children have been out of school since mid-March, increasing the risk of recruitment by armed groups and other forms of abuse. 7.4 million children need protection, including the estimated 20% of migrants in Yemen who are unaccompanied boys. Rates of grave violations of child rights including child recruitment continue to increase dramatically.²⁸

Youth, particularly young men, are not only at vulnerable to recruitment by armed groups, they are increasingly likely to carry weapons more generally. FGD participants cited this as one of the most serious emerging problems. Key informants reported that one of the armed groups used weapons as prizes in their cultural programmes to honour young achievers not yet members in their group. And in the absence of employment for young people, joining armed groups as a source of income is becoming more attractive to youth. In one FGD, a girl indicated her readiness to also join armed groups as long as that brings an income for her family.

People with special needs (physical disabilities, mental disorders, and chronic illnesses) are the most vulnerable persons among these population groups. Of the 544 interviewed HHs, 6.7% report having HH members with special needs, with the highest number in Hajjah (7.3%) and the lowest in Abyan (5.7%).



Women and children waiting for distribution of humanitarian aid by OXFAM in Al Hodeidah. © Wolfgang Gressmann/ Oxfam 2012

3 GENDER ROLES AND RELATIONS

Pre-Conflict

Historically, women in Yemen have had much less power in society than men. Despite gains made during the NDC process, women's political participation has been sidelined as a political issue in the wake of the current conflict. Before the current crisis, Yemen was ranked 142 out of 142 countries in the World Economic Forum's Global Gender Gap Index, a position it has held for almost a decade and which reflects its complex and diverse gender inequalities.²⁹ Although the Government of Yemen has made efforts to improve the rights of women in Yemen, including the

formation of a Women's Development Strategy and a Women Health Development Strategy, many cultural and religious norms, along with poor enforcement of this legislation have prevented Yemeni women from having equal rights to men.³⁰

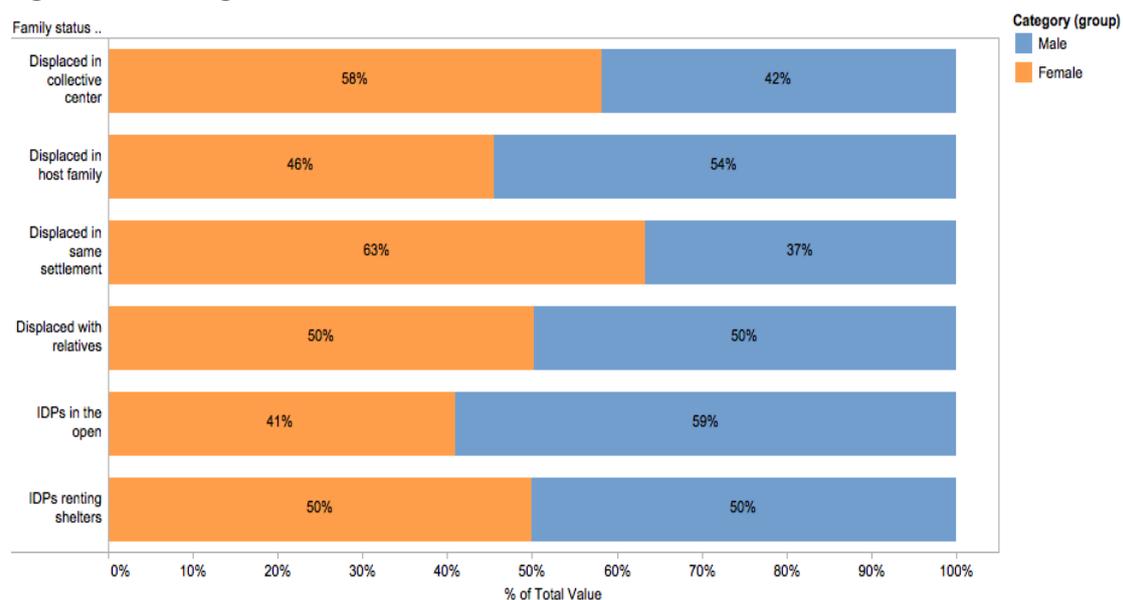
Women are traditionally the primary caregivers at the household level. Women and girls have primary responsibility for cooking, cleaning, collecting water and firewood and childcare. They are also responsible to taking care of the elderly, sick and people living with disabilities. In addition to these roles, women provide 60% of the labour in crop cultivation, more than 90% in tending live-stock while earning 30% less than men.³¹ When food is scarce, females are the first to eat less as a coping mechanism, even though they continue to do hard activities as for example working in the fields.³²

The heavy care burden that falls to women limits their ability to engage in paid work. For girls, this burden often means they are unable to attend school. Out-of-school rates are higher among girls. They represent 63% of school dropout children.³³ They are the first to be withdrawn from school to save money or be engaged in early marriages. Gender roles (for example fetching water in rural areas) and a general lack of appreciation for girls' education contribute to lower attendance rates. Girls also need more privacy in schools (latrines, etc.). In rural areas, if a school is under a tree, this will often create a barrier for girls' enrolment. Control of ultra-religious groups over government institutions could complicate access to schools in some regions, especially for girls.³⁴

Conflict Impact

During conflict men and young boys are more likely to be killed or injured while fighting. This means that many women and girls taking on roles normally preserved for men. This is particularly difficult for women due to social exclusion and lack of mobility due to cultural norms, and limited access to resources. This was confirmed by focus group discussions. It leads to heightened risk of exploitation and abuse, as well as increased vulnerability, particularly for female headed HHs, if they are unable to overcome cultural barriers to access essential humanitarian services and essential means of survival.³⁵ The weakness of rule of law institutions and protection systems disproportionately affects women, boys and girls, making them more vulnerable to grave violations of their rights, and exposes them to exploitation and face multiple barriers to justice.³⁶

Figure 5: Percentage of male and female members of IDP HHs



Source: HH interviews

Civilian men and young boys can suffer from humiliation and denigration from the armed groups, arbitrary detention and summary execution. FGD participants reported an increasing trend of young men joining armed groups either with the aim to provide an income for their families or out of patriotism and feeling the need to contribute to resolving the current crisis. This trend is not limited to specific groups and was reported in all four governorates. Young men joining armed groups receive salaries or financial support from the groups or supporters (especially in the northern governorates) and have easier access to limited resources such as fuel or food. FGD participants reported that HHs in the southern parts are often more hesitant to send their young men to fight with certain groups. One woman stated: “They come back as different men” – influenced by the ideology and often traumatised.

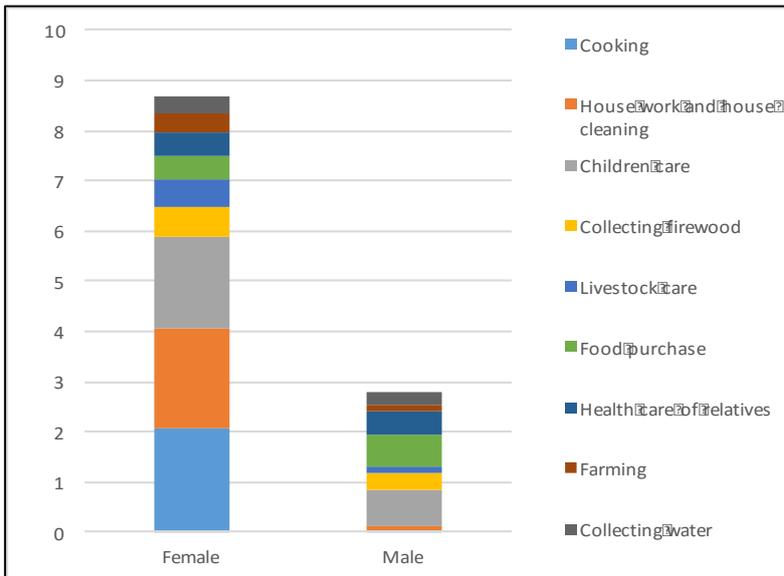
At the same time, FGD participants reported that for men who stay at home, their limited ability to earn income and their “idleness” often becomes the cause of domestic conflict and violence. Related, interviewees reported increased conflict between husband and wife as a result of enhanced roles of female household members in earning income and managing the household, while men often see themselves as being forced to take on women’s roles in the household, including the collection of water, cooking, or child care, or to stay idle in the house. FGD respondents reported that forms of violence by men at HH level often include verbal abuse of women, and physical abuse of children.

Nonetheless, FGDs and Key Informants Interviews (KIIs) highlighted some positive changes in the roles and responsibilities of women and men as a direct consequence of the prolonged conflict, including what is seen as appropriate behaviour or work for women and men. In a number of communities FGD participants reported an 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 women. According to female HH respondents, husband and wives used to “quarrel a lot” in many locations before the conflict, especially when the men were working as daily labourers. “Wives kept on pushing them to get more work to get more income.” Today, lack of income opportunities is recognized more as a general problem, not individualised to HH level.

FGD participants also reported that the experience of conflict reduced the impact of restricting cultural norms and traditions regarding the role of the woman in labour and participation in community life, as well as increased openness to engage in “shameful” professions that used to be associated only with marginalised groups, such as butchers, barbers, or selling chicken. This includes increased engagement of women in the management of family affairs and contribution to HH 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 neighbours or to borrow money.”

Household interviews under this assessment found important differences in gender roles and the involvement of female and male HH members in tasks related to their daily life remain. On average, women are engaged 8.7 hours in HH tasks, when compared to 2.8 hrs for male HH members. The main tasks women are engaged with are cooking (2.1 hrs per day), housework and cleaning (2.0 hrs) and childcare (1.9 hrs). The main tasks within the family for men are childcare (0.7 hrs per day) food purchase (0.6 hrs), and health care of relatives (0.5 hrs).

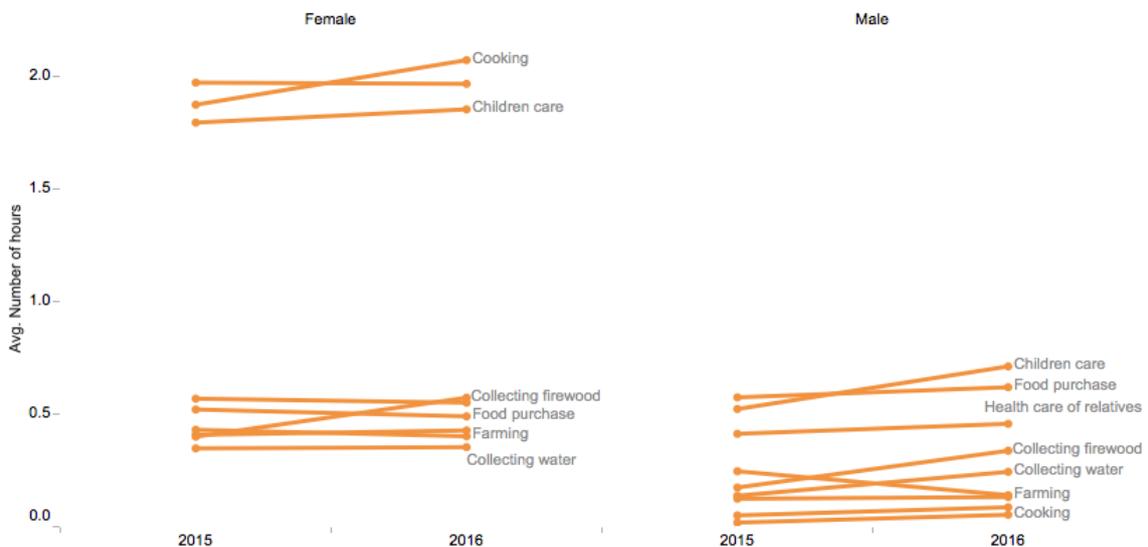
Figure 6: Engagement of males and females in HH tasks in hours per day



Source: HH interviews

Both men and women report spending more time on household tasks compared to before the conflict. Female respondents reported longer engagement for collecting firewood, cooking (as many HHs are now using firewood as cooking fuel), and childcare. Male respondents reported spending more time on collecting water and firewood, as well as childcare.

Figure 7: Hours spent on HH tasks before conflict (2015) and today



Source: HH interviews

With ongoing insecurity, collecting water and grazing livestock are more dangerous and are increasingly being done by men and boys in some locations, particularly in areas marked by the presence of armed groups, and especially among displaced populations and in rural areas. Female-only HHs and rural girls now in urban host-accommodation still carry out these tasks, placing them at risk of harassment and potential GBV. Women and children are also at risk of being injured by mines and UXOs while accessing WASH facilities and services.³⁷

Case Study: Disability, a Journey of suffering – Ahmed’s Story

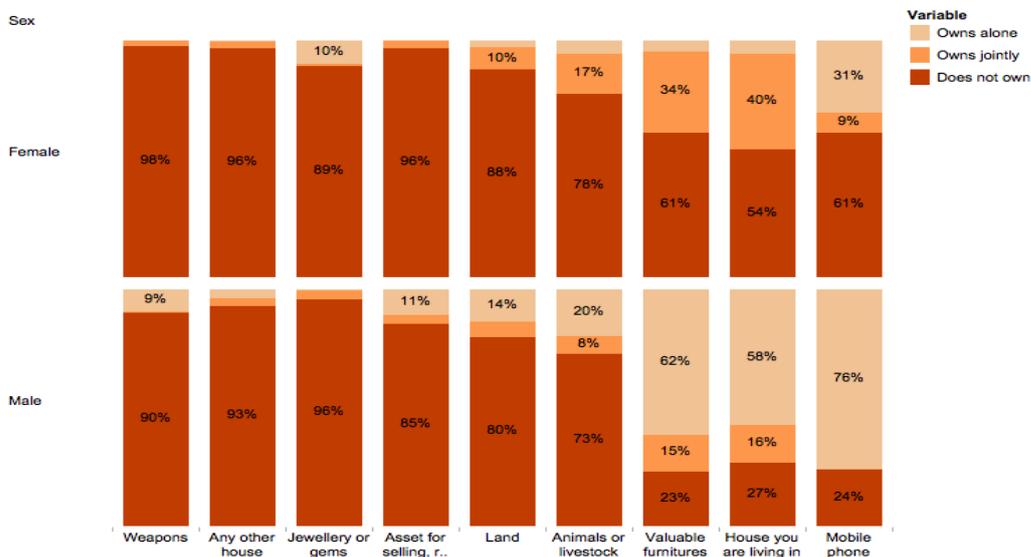
I used to work in Taiz for a private telecommunication company. I lived with my family in my own home. We were happy with our simple life. One day I had an accident. At the beginning I was hoping to recover, but when the surgery failed that hope faded away. I became disabled.

The company paid me a little money as compensation. I spent this to open a small grocery store in one room of my house after I got trained to move with a wheelchair. It barely covered my family’s food need. We didn’t expect the war, which worsened our already difficult life.

At the beginning of March last year, we were at home when rockets started to fall down from all directions. We didn’t have a choice and left the house. There were four of us: my wife, me, a boy of ten and a girl of seven. We fled to our original village and lived in house that belongs to one of my relatives. My family and I used to get aid from relatives for a year, but up to when? The school of my children, which they loved, In addition, my wife lost her job in the city. We are unable to cover our children’s needs. I became frustrated day and night. Under these circumstances my wife is responsible for the house and the decision making, dealing with my brothers and sisters who assist us. (Ahmed, 36 yrs)

The increased contribution of women to household income is leading to shifts in the views among women, about joint ownership of household assets. As a trend, female respondents report more “joint ownership” with their spouse when it comes to livestock (17% when compared to male: 8%), valuable furniture (34%; male: 15%) or their house (40%; male: 16%). This observed trend is higher in rural settings when compared to urban settings. According to key informants interviewed under this assessment, the different views on ownership were “more a perception than a fact”. Key informants believe that this different perception of ownership is likely to cause increased conflict between spouses at household level.

Figure 8: Ownership of HH assets as reported by male and female respondents



Source: HH interviews

There are indications that households have fewer assets now than before the conflict, suggesting households are selling assets as a consequence of the crisis. 13% of HH respondents reported owning jewellery before the crisis, while only 8% reported owning them today. Similarly, 29% reported animals and livestock before the crisis, but only 25% today. (For decision making on the use of assets on HH level please refer to section F below).

Focus Group Discussions under this assessment reported that the experience of the prolonged conflict has led to an increase in number of men married to more than one woman. An estimated 6-7% of wives in Yemen were married to polygamous husbands before the current conflict.³⁸

Marriage is a common traditional and culturally accepted practice and coping mechanism, both for protection against harassment outside the extended family and to reduce economic pressure. As one female FGD participant reported: “The war offers chances for men to get married easier than ever before. Dowry payments are less now, as parents are more determined to marry their girls.” In a FGD with marginalised women, polygamy was indicated as a strategy by men to increase their income from begging conducted by multiple wives.

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.³⁹

FGD respondents reported that the economic hardship is not expected to become better after the conflict ends, and polygamy is expected to continue increasing as a common coping mechanism, even in southern governorates where it used to be less common.

4 CAPACITIES AND VULNERABILITIES

Case study: Suad’s Story

Most of the families in the village are fishermen, like my father used to be. My mother is taking care of the children. That was our life until the war. My father was out on the sea when we had to escape, only with the clothes that we were wearing and 4000 Yemeni Riyal. We were hosted by a family in Khaisah. We did not know what happened to my father.

Our host family didn't only save us, but also taught us how to continue living. They were not rich but they were able to sustain themselves because the wife made incenses and perfumes. When I saw that people are buying these products, I wanted to learn how to make them. The woman encouraged me and showed me how to mix and pack the products.

We returned to our village when the fighting stopped. My father also came back but he was wounded by shell fragments during the clashes in Dhobab district. An armed group had taken his boat. My father has become disabled and my mother is illiterate and unable to do any work outside of the house.

Somebody had to work and cover the daily expenses of our family. Their only hope was me. I had to work to protect my family and myself. I borrowed 5000 Riyals from my neighbour and started producing incenses and perfumes. It was like the first step in a thousand-mile journey. I started to make enough profit for me and family to live on. Then we started selling our products in the neighbouring areas. My family's income increased and our life became much better than before. We thank God and the family who took good care of us when we were displaced in Khaisah (Suad, 24 yrs).

Capacities and Resources

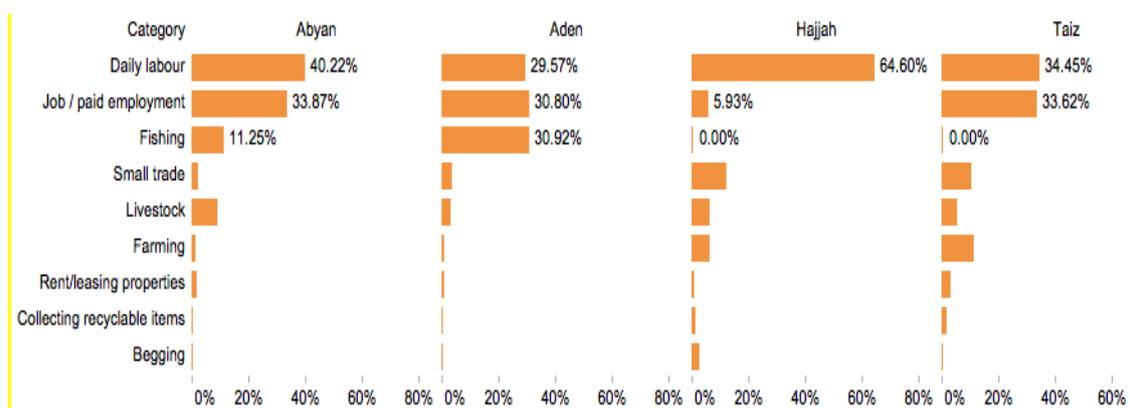
Employment and Income According to secondary data, some 10% of married women age 15-49 were employed at some point before the 2015 conflict. There is substantial variation in women’s employment status. Married women in Sana’a Governorate are most likely to be currently employed (32%), while those in Ibb Governorate are the least likely (3%). Ever-married women with higher education are far more likely to be currently employed (43%) than women who

have less education, at 8%.⁴⁰ Of those, 44% did not receive any form of earnings for their work, especially in the agricultural sector. Younger women are more likely than older women not to be paid for their work.⁴¹ According to pre-crisis statistics, women earn substantially less than men (1,751 YR compared to 6,343 YR).⁴²

Before the crisis, many women were involved in agricultural production – providing 60% of crop cultivation labour and 90% livestock tending labour. Despite that, they had limited access to autonomous economic opportunities and less than 1% of agricultural land was owned by women. On average female agricultural workers earned 30% less than men.⁴³

On HH level, 15% of the 544 interviewed HHs reported having no access to income from paid livelihoods. This percentage is the highest in Hajjah (26%) and Taizz (21%), and the lowest in Aden (4%) and Abyan (8%), where the population has access to the profession of fishing. Male respondents reported this percentage of income higher when compare to females, which could be an indication for some assessment bias. The main livelihoods differ between rural and urban settings and the four governorates, but with no large differences between female and male respondents. Daily labour is the main paid livelihood (41%), especially in urban settings, followed by jobs and paid employment. Fishing is an important source of income (only in Abyan and Aden), followed by small trade, livestock, and farming.

Figure 9: Main type of livelihoods by governorate



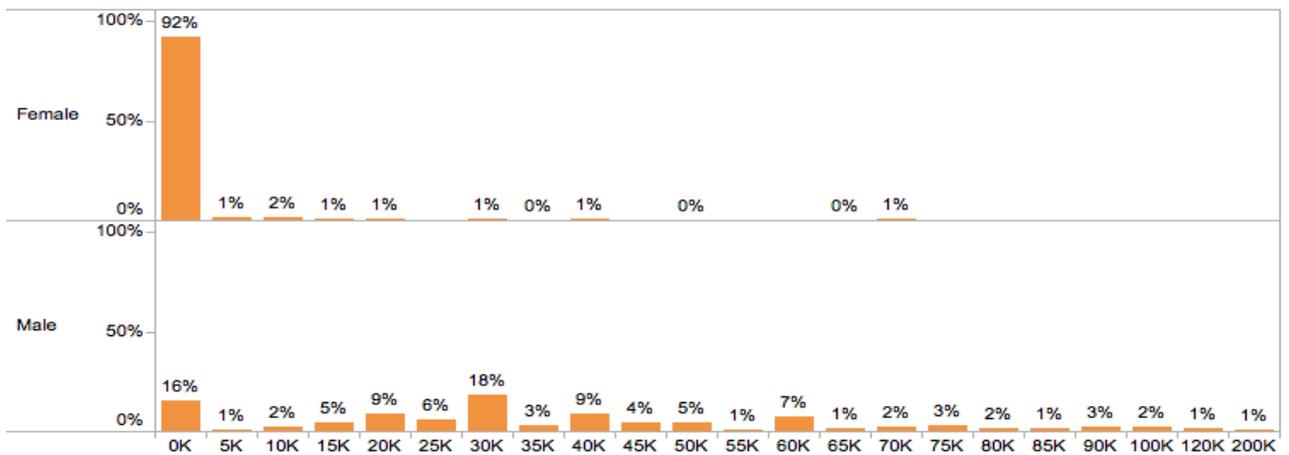
Source: HH interviews

A striking 92% of interviewed women report no regular personal monthly income. This percentage is the highest in Aden (97.1%) and the lowest in Abyan (86.4%). Only 26 out of the interviewed sample of 280 women reported a personal monthly income. This sample is not sufficient to determine average salary levels for women. Half of the women with an income only earn between 3,000 and 10,000 Rial per month (12 – 40 USD). Women that earn more (up to 280 USD/month) are mainly residing in Abyan (where communities have access to fisheries). In comparison, 16% of male respondents declared no monthly income today. The average income of male respondents who receive a monthly income is 42,500 Yemeni Rial per month (170 USD). The average income of male HH members corresponds with the declared family income, averaging at 42,500 Rial, with the largest proportion of HHs (17%) earning an average of 30,000 Rial (120 USD) per month.

The vast majority of male respondents with an income reported to share their entire income with the family. The percentage of male respondents that share only part of their income decreased from 8% pre-crisis to 2.4% today. Interestingly, female respondents with an income (note: only 26 out of 280 women) are more inclined to share only part of their income. Reasons for this include, maintaining men’s motivation to looking for new jobs, a belief that women in Yemen are

more “wise” in spending limited HH resources or that women are more likely to save as a contingency against shocks. In the words of one female FGD participant: “Women can keep feeding the whole family with a limited amount of money.”

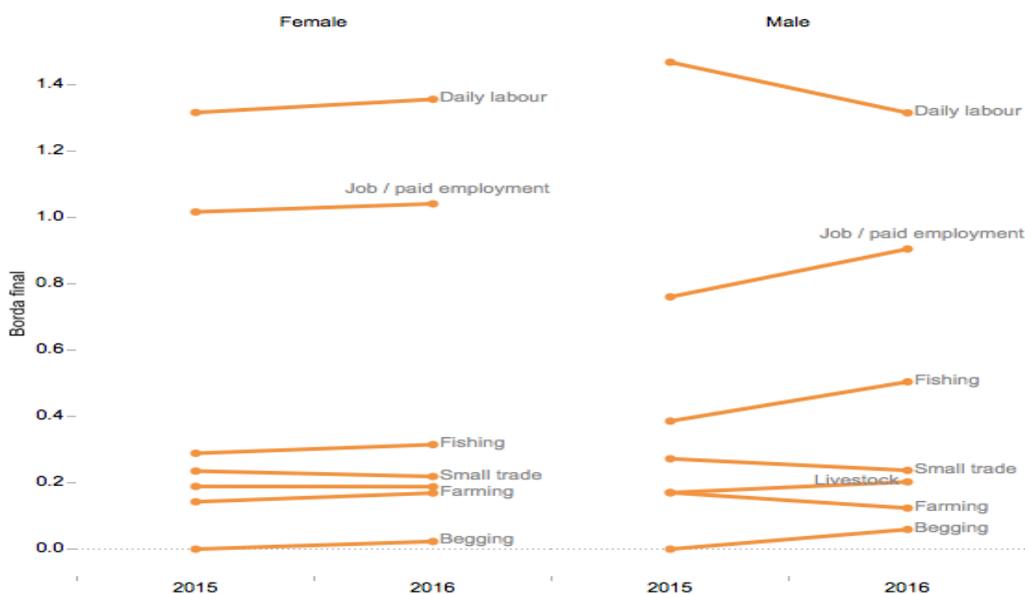
Figure 10: Personal income interval by sex



Source: HH interviews

Male and female HH respondents report changes in their main livelihoods before the crisis and today. While women report an increase in day labour, male respondents report increased importance of paid employments/jobs. According to key informants, this is more a perception issue. Men often reported to have relied on their government subsidies and salaries⁴⁴, which was supplemented by other jobs before the crisis. The significance of fishing as a main source of income is reported in Abyan and Aden. While an increase in begging was reported especially in Hajjah and Taizz. There, a high number of marginalised groups are residing, for whom begging is customarily a source of income. Many displaced HHs prefer not to reside in camps or collective accommodation because they are afraid to be stigmatized. They often resort to begging and sending their children to traffic points as a sort of livelihood, especially in less conservative urban host communities where they are not personally known.

Figure 11: Main type of livelihoods before conflict and today



Source: HH interviews

At HH level, a clear negative impact of the prolonged conflict on income levels was observed. This most likely linked to the reported decline in working hours since the start of the conflict. The number of male workers that used to work from morning to evening dropped from 41% pre-crisis to 23% today, where they report to work only half a day or less than 3 hours. The means of payment changed marginally, with a decrease in payment by cash (still the main way of getting paid) and a slight increase (from 1.4 to 4%) of payment in-kind. As a consequence of the crisis, average monthly HH incomes declined (including HHs with no income) from 49,110 Rial (197 USD) to 39,110 Rial (157 USD) - a drop by more than 20%.

Figure 1: Personal and HH income pre crisis/today by sex

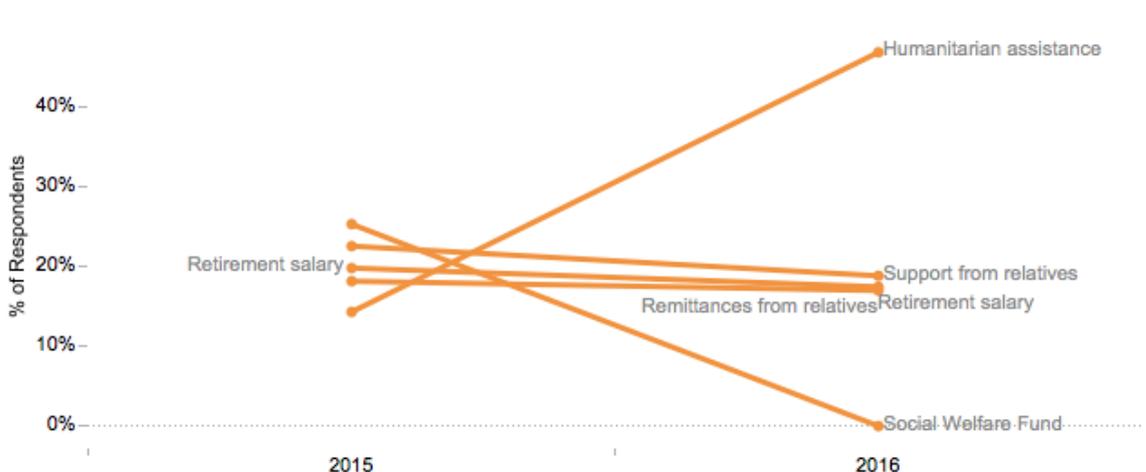


Source: HH interviews

"Children beg for vegetables from the market and women go to the village to beg for flour and other food. Most people here eat only bread and tea"
(Female participant of FGD with marginalized groups - Taiz)

The majority of respondents (65%) reported that they are receiving no additional income outside their main paid livelihoods. The percentage of HHs depending on additional income increased from 30.5% pre-crisis to 35.1% today. Looking at the sources of additional income, the percentage of HH receiving humanitarian assistance has increased dramatically in comparison to assistance from relatives, retirement salary, or remittances, when compared to pre-crisis levels. Conversely, the number of HHs that reported support from the Social Welfare Fund (SWF), the key social protection mechanism in Yemen, dropped from 25.3% in 2015 to zero today. This confirms findings from the secondary data review: The SWF that used to cover almost 35% of the population is reportedly not able to provide cash transfers since the first quarter of 2015.⁴⁵

Figure 13: Sources of additional income



Source: HH interviews

This further exacerbates the fragile situation of most vulnerable HHs. Female FGD respondents reported that the support from SWF was generally used to pay back loans from relatives, shops

and groceries, or from traditional women's groups (common among women in all sites and all social categories). Reduced income levels and lack of access to SWF support impacts severely on the ability to pay these loans back, and accessing new loans becomes even more challenging. It's unclear whether humanitarian assistance is able to fill the gap left by the SWF.

Access to formal financial services is generally low in the assessed governorates, especially in rural areas. Female respondents in rural areas reported in 85% of cases that financial services are "rarely" or "never accessible (male: 62%)". In urban areas this percentage is significantly lower by 23% (female) and 62% (male). Before the conflict, widespread use of informal saving mechanisms was reported by women in rural areas and poor communities. Such practices among women have been reported in coastal areas including Tihama, Aden and parts of Abyan and Taizz. Larger risk sharing schemes are more common in the northern governorates, where more advanced tribal networks exist, with wider coverage and more buy-in and support from communities.

Before the crisis, indigenous women's saving groups ("*Hakbah*") were described by FGD participants as very effective in supporting vulnerable community members in cases of emergencies (hospital visits, deaths) or marriages, becoming de-facto health, life, and accident insurance schemes. However, female FGD respondents indicated that the limited amounts they used to save in groups became insufficient to meet the unexpected demands caused by the crisis. Many of these solidarity groups had to stop working or significantly reduce their activity to extreme emergencies, especially in Abyan and Aden, while their functionality remains higher in Hajjah and Taizz.

Buying on credit from (female) door-to-door traders has become inaccessible in many of the visited areas, as many traders had to stop their small business because they could no longer get goods on credit from private suppliers, combined with the difficulty of receiving payment at household level. "Social guarantees" (one well-known person introduces people who need goods or credit to the related suppliers and ensures re-payment if not fulfilled), remains a common practice for accessing credit from groceries and shops.

Community Governance and Protection At HH level, the perception by female and male respondents where community members can ask for help when they have been victims of violence has changed as a consequence of the conflict. Male and female respondents report both a decrease in the importance of formal protection mechanisms, in particular a sharply reduced role of police (especially in the perception of male respondents), while the importance of informal protection service providers increased, especially community leaders, religious leaders, and family members (mainly for female respondents).

Interestingly, and while both female and male respondents reported that sheiks remain the main authority for community protection concerns, female respondents report a decreased role of sheiks when compared to the pre-crisis situation, while male respondents see an increase – possibly as a substitute for the less functional police capacities today. According to a pre-crisis report, and while both men and women can access tribal actors, women face higher barriers to access and expressed a preference to approach the wives of senior and influential members as a first point of contact.⁴⁶



Women baking bread in a village in Taizz ©Thana Farooq/Oxfam 2014

Main Vulnerabilities

Women in Yemen face pervasive discrimination in both law and practice as a result of their prescriptive gender constructs and norms. Women have limited access to political participation and representation, economic opportunities, educational opportunities, and access to healthcare. Gender based violence (GBV) before the current conflict reportedly constituted a serious problem in Yemen.⁴⁷ GBV before the war included forced marriages, early marriages, exchange marriages, polygyny, FGM, denial of inheritance, and restrictions to mobility.⁴⁸ Additionally, 90% of women faced sexual street harassment.⁴⁹ The lack of specific legislation, low confidence in the police and social acceptance contributed to this. In a pre-conflict survey by the Ministry of Public Health, half of all interviewed women believed that a husband is justified in beating his wife.⁵⁰

According to FGDs, the psychological impact of the conflict affects all HH members, irrespective of gender, age, or displacement status. As for women, FGD participants reported psychological distress caused by violence, fear for their children and family members, including men, and fear of arrest or detention by armed groups. With regard to men, psychological stress was attributed to loss of livelihoods, restricted mobility, and being forced to perform “women-specific roles” which reportedly often leads to increased levels of domestic violence.

Yemen is no exception. The escalation of the conflict and increase in displacement has increased risks and incidence of gender based violence, including sexual abuse.⁵¹ OCHA also noted an increase of GBV incidents by 70% between March and September 2015. Those included sexual violence, domestic violence, early marriage and trading sex to meet basic survival needs. Recent data estimates that 52,000 women are likely to suffer from such incidents and require responsive critical medical care and immediate and long-term psychosocial support. The lack of such services, as well as a lack of safe refuges for victims of abuse compounds the problem as victims may face 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.⁵² IDPs and host communities are especially at risk, with displaced children and children separated from their families particularly vulnerable.⁵³

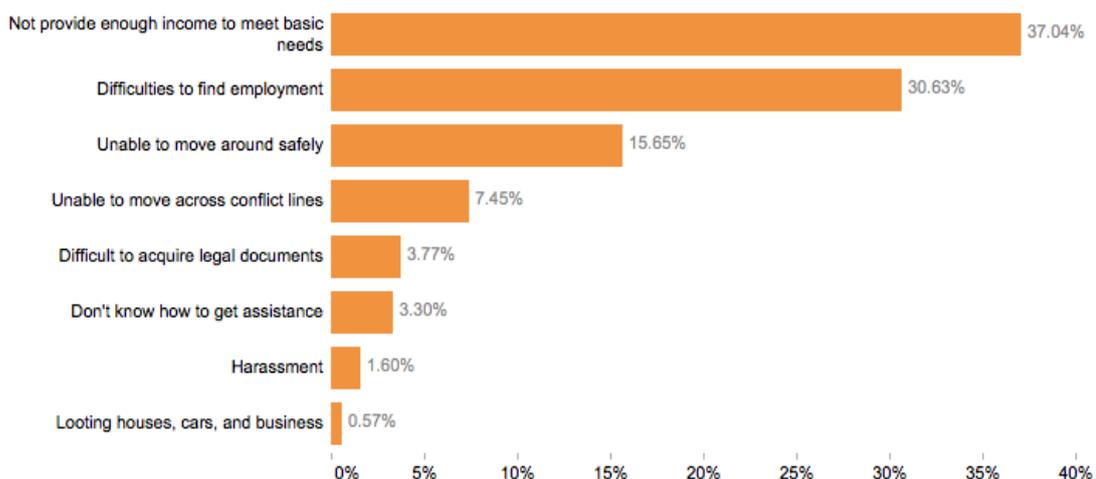
Child marriage is pre-existing problem with 52% of Yemeni girls married before the age of 18, including 14% before the age of 15. However it is reportedly increasing as a coping mechanism for families during the ongoing crisis and a means to access dowry payments.⁵⁴ An IDP assessment in Taiz revealed that 8% of girls age 12-17 were pregnant, indicating a prevalence of early marriage.⁵⁵

The majority of victims of gender-based violence (GBV) are women and girls, although men and boys are also affected. CARE reports accounts of sexual violence by armed actors against men and boys, as a form of torture and when captured.⁵⁶ During this assessment, one case was reported by HH respondents (Abyan). Such cases are usually not reported, for fear of putting the reputation of the entire family at risk, especially in the northern governorates.

Young men and women interviewed reported frequent feelings of frustration and fear, being forced to contribute to family income by selling qat or working as day labourers, with limited opportunities to improve their income or study, and often feeling indoctrinated by conflict parties and media to partake in the conflict. For girls, the most reported reasons of psychological distress were the feeling of helplessness caused by their inability to change or influence their situation, displacement, being forced to work, and being denied access to schools. Some FGD participants reported forced and early marriage of underage girls, or harassment in public places, especially of displaced women and girls, who are reportedly more likely to experience GBV, particularly due to the lack of privacy and security in IDP shelters, and the extremely low degree of power and influence displaced women command, economically, socially, and politically.

When asked about the main challenges HHs are facing today, both female and male respondents are reporting similar priority concerns: The main worry is the lack of income to meet basic needs (37%), followed by difficulties to find employment (31%), and the inability “to move around safely” (16%). At HH level, 74% of respondents report an increase in security concerns for women and girls since the beginning of the crisis in 2015. 84.6% of female and 62.5% of male respondents report such an increase.

Figure 14: Main challenges today

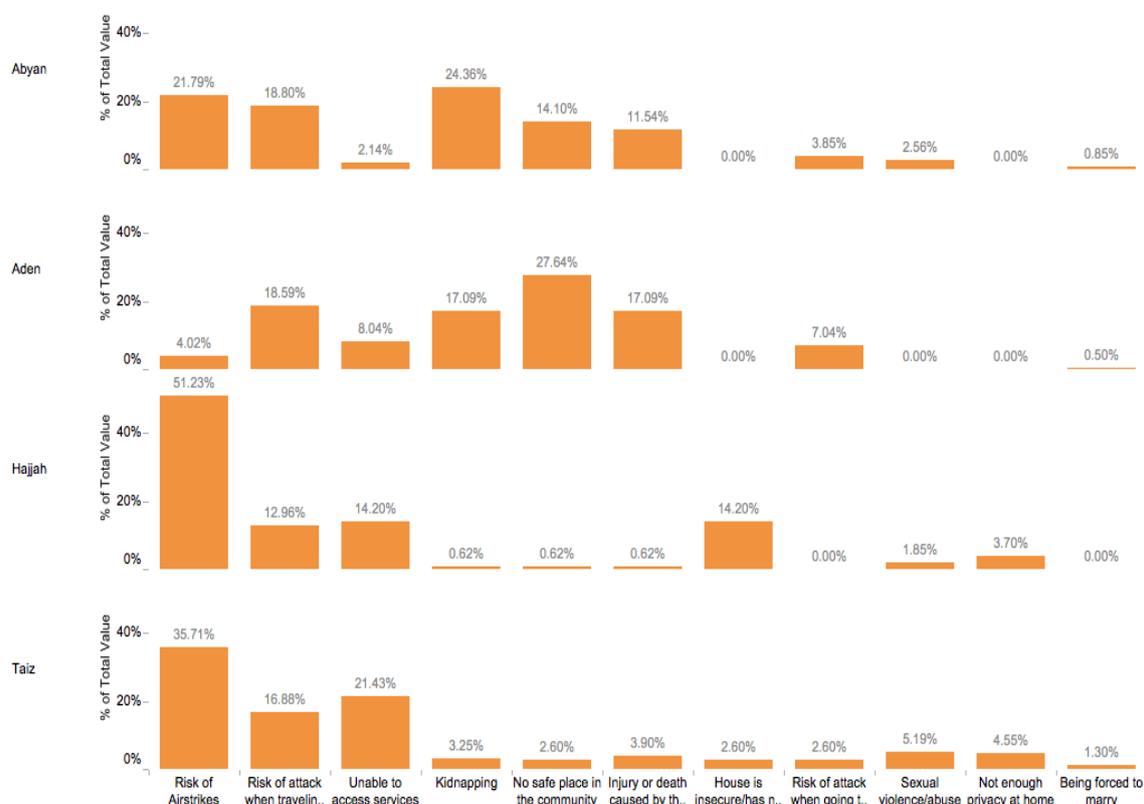


Source: HH interviews

The perception of these risks is different between the four governorates: The main threat to women and girls’ safety in Hajjah and Taizz is the risk of airstrikes (according to 51% and 36% of respondents respectively), while the risk of “kidnapping” is more prominent in Abyan (24.4%) and Aden (17%). When asked about the risk of kidnapping of females, FGD participants reported that this is usually linked to marriage without parental consent. One FGD participant in Abyan reported: “There was this young man who was close to AQAP. He wanted to marry a girl. Her parents did not approve, but he just took her and married her.” Of note in this context is that young males are

attempting to become more powerful when they join armed groups, challenging pre-crisis cultural barriers.

Figure 15: Main security risks for women and girls today by governorate



Source: HH interviews

The risk of sexual violence against women and girls is considered the highest in Taizz (by 5.2% of HH respondents, see figure 22 below). This is explained by the large presence of marginalised groups (also represented in the sample for this assessment). One female participant of a FGD with marginalised groups in Taizz reported: “At checkpoints, our women get harassed by armed men of every side of the conflict. This is only because we are black.”

79% of HH respondents also report a higher percentage increase in security concerns for men and boys since the beginning of the crisis. When compared to the concerns for women and girls above: 91% of female and 66.3% of male respondents report such an increased risk for men and boys. The main difference in risk for men and boys, when compared to women and girls, is recruitment/coercion by armed forces, especially in Abyan (23% of respondents) and Aden (19%). Of note is the reported risk of sexual violence against men and boys in Abyan (2% of respondents).

Case study: Ammar's Story

I have seven boys and girls. The oldest is in his twenties, the youngest is only six months old. We used to live in our house in the city of Taiz. I used to work as a bus driver. I covered all my family's expenses. Our life was normal, until the war started.

One day, while we were all at home, we heard a loud explosion directly in front of our house. I looked outside the window, I didn't see anything and I was sure that the explosion had happened further away. Then I heard someone yelling my name. I opened the window and my heart was

beating heavily. When the man saw me he said: "Ammar the bus is gone, the bus is gone". I ran out and my entire family followed me. We saw that the bus was totally destroyed by a rocket.

Suddenly another loud explosion happened. My family and I ran back to our house. Where our house used to be, a column of smoke went up to the sky. It looked like a huge chimney. The second rocket had destroyed one room and the roof, and all doors and windows were gone. I found myself like a blind man in the street. I had no bus and no house anymore. The only consolation was that the second rocket didn't kill us, either by chance or by the grace of Allah.

I brought my family to my father's house, and returned to my destroyed house to investigate the damage. It was totally destroyed. A month later I gathered my strength and decided to restore my house in order to return with my family. I started rebuilding with a small amount of money. It was not enough, but at least I started.

Then another rocket killed my neighbour and destroyed his house. This was like a last warning. I decided to evacuate my family to a safer place. I sold my wife's jewellery and moved away. Now we have been in Batra Taiziyah area for six months. Some of my friends are living here. They welcomed me and my family for two weeks despite their own difficulties. Then we found a temporary shelter at a dysfunctional health centre, but finding a job here or anywhere else is impossible.

My wife is now gathering firewood, collecting water, and cooking whatever we have, in addition to taking care of the children, while I go searching for work or humanitarian aid. I can't travel far away looking for work because I don't want to leave my family alone (Ammar, 44 yrs).

5 PARTICIPATING IN DECISION-MAKING

Before the Conflict

Although women in Yemen have considerable productive and reproductive roles and responsibilities, they have traditionally had limited participation in society and a lower social status than men. Men have always been the primary decision-makers both inside and outside of the HH.⁵⁷ Some progress had been made since 2011 in terms of women's participation in and public life, but the risk of backsliding is extremely high.⁵⁸

The 2011 Uprising challenged this norm. Women were at the heart of the 2011 protests where they actively participated in demanding a better political life and livelihood opportunities.⁵⁹ They represented more than one quarter in the National Dialogue Conference (NDC) in 2014.⁶⁰ Through the NDC women were able to achieve important agreements, including the 30% quota for women's political participation and a law to increase the age of marriage to 18 years, to form part of the new constitution. Overall, there were more than 173 articles and outcomes related to women.⁶¹

During the NDC, traditional actors, along with fundamental religious movements, opposed demands by women and youth that challenged cultural practices and historical narratives. Gender issues and women's rights not only proved to be highly contentious issues in discussions, but

women delegates were also in many cases publicly threatened for participating, and even physically attacked. There are reports about female delegates being singled out by name and in pictures on the internet calling them 'dishonourable' for going to dialogue meetings unaccompanied and at night. To counter those dynamics, women's human rights organizations, such as the Sisters Arab Forum for Human Rights (SAF), and the UN Special Adviser and his team increased their efforts to support and encourage women to participate and raise issues they cared about. Importantly, there were also several NGOs that supported the women by facilitating workshops and providing training sessions.⁶²

At community level, a pre-crisis report recognized that a growing number of active women in Yemen have engaged with in civil society organisations or partisan and political frameworks. They aimed to find safer environments to help them enter a public life that was dominated by and largely restricted to men, who were considered the source of 'hamiyah' (protection) in intercommunity relations.⁶³

At the household level, some women are more likely to be involved in decision-making than others. Older women, employed women, women living in urban areas, and those who have more education are more likely to make decisions for themselves. Married women are as likely to say that decisions about women's own health care and about making major HH purchases are made by the husband and wife jointly as to say they are made mainly by the husband alone. 8-9% of married women say they make these decisions themselves.⁶⁴ Women in Sana'a City and Aden Governorate are most likely to participate in making HH decisions.⁶⁵

There is a difference in control over women's cash earnings by residence: 57% of urban and 49% of rural women mainly decide how to spend their earnings. Women with no education are slightly less likely than women with any education to decide themselves how to spend their earnings.⁶⁶

"When a woman works and brings money for the family, she has more power over family decisions. But the man feels humiliated and stays quiet in the house"
(Female FGD participant in Taiz)

Impact of the Conflict

Despite Yemeni women's demands and UN's calls for women's participation, key warring parties have blocked women from travelling to peace talks. The UN has not called for inclusion of an independent delegation of women.⁶⁷ In response around 50 Yemeni women regrouped in October 2015 to form the Yemeni Women Pact for Peace and Security. It brings Yemeni women leaders together to improve women inclusion in peace building processes and security. The Pact is facilitated by UN Women and has officially met with the UN Special Envoy two times since its establishment. The Pact is currently focusing on an initiative to build the trust between parties to the conflict.⁶⁸

The environment in some areas limits the participation of women and youths in humanitarian processes and systems (needs assessments, capacity building activities, and community committees) which affects the quality and outcome of the assistance provided.⁶⁹

At **community level**, spaces and forums (formal and informal) used to make decisions (including traditional legal ones) by communities include:

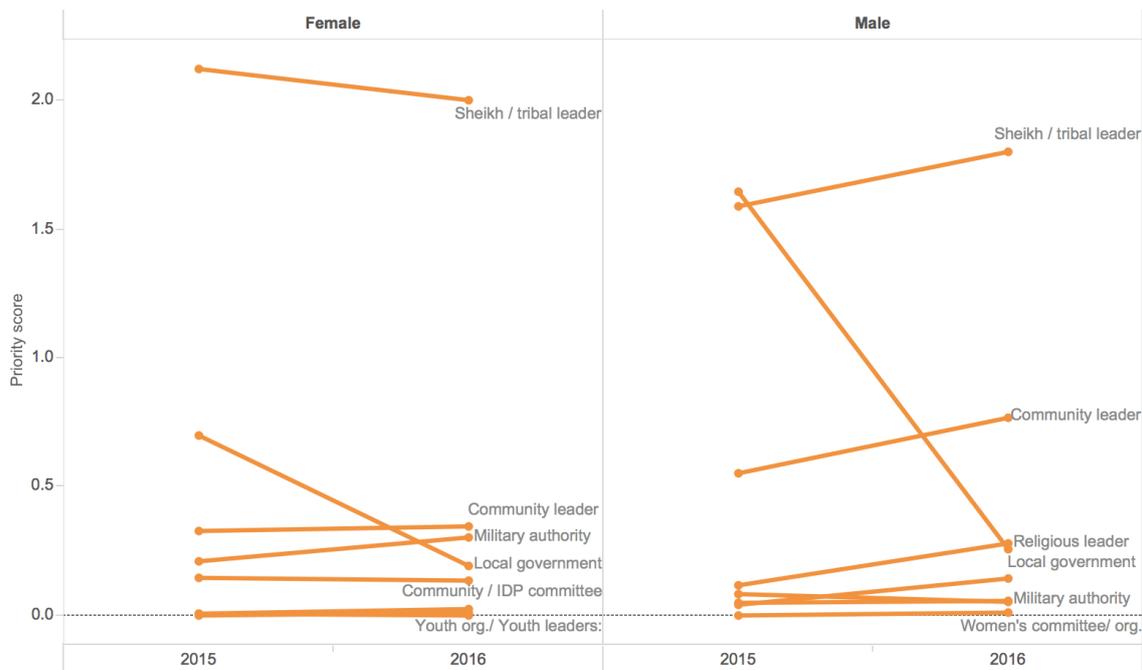
- **Local authorities and service management committees:** Pre-conflict, the majority of community decisions were made by local government authorities, such as managers of public service programmes. Men dominated these spaces and women's participation was limited,

especially in the northern governorates. These structures witnessed major change as a result of the crisis. Some organizations maintained their capacity due to their affiliation to the party in control of the area. As a general trend, the role of woman in these remaining structures declined further. According to key informants, these offices and committees now entirely dominated by males.

- **Sheikhs and tribal leaders** are another set of important actors of communal decision-making with jurisdiction at the sub-district level. These are mostly men, but occasionally female Sheiks are selected by the community. Furthermore, wives of sheiks or community leaders are reportedly a traditional route of referral for local women to these decision-making structures.
- **Powerful individuals** including high-ranking officials with extensive relationships, as well as cultural and academic members of the community, religious leaders and businessmen. Women's engagement with these decision-makers is reportedly limited charitable programmes.
- **Development and charitable societies:** These are characterized by women's leadership, particularly in rural development and woman-related activities. The majority of such societies in the northern governorates stopped their activities as a direct consequence of the conflict while the number of societies in Aden and Abyan increased as a result of enhanced external funding of humanitarian assistance activities. Women are often involved in the management of aid programs and volunteer work initiatives.
- **Community and traditional leaders:** Especially in rural areas, male and female leaders were relatively active before the crisis. Their decision-making power is considerably reduced now, except for those who are affiliated to a conflict party in control of the area.
- **Armed groups** existed before, but had no formal decision-making authority at community level. When the conflict started, their role as a source of decision-making at the community level increased substantially in all four assessed governorates. These groups are exclusively run by men.
- **Community committees:** Often supported by INGOs, these committees have formed in some communities as a result of the to provide health services, protection services, or humanitarian aid. Where they exist (especially in Aden, Abyan and Taiz) some women participate, especially for the delivery of women-specific services. Today, these INGO-supported structures are the main channels for decision making with the participation of women.

Based on the HH survey for this assessment, female and male respondents confirm the described declining role of formal structures (e.g. local government) in community decision-making. Male respondents reported a sharper decline in the importance of local government as community decision makers, compared to female respondents. They see an increasing role for sheiks and tribal leaders, while female respondents report a decreasing role (albeit for both, sheikhs and tribal leaders remain the main decision makers at community level). Only a small number of respondents are confirming the presence of women's committees or other community based organisations in community decision making, both before the crisis and today. Aside from conflict resolution and lobbying for services, the capacity of informal actors to assist communities is limited.⁷⁰

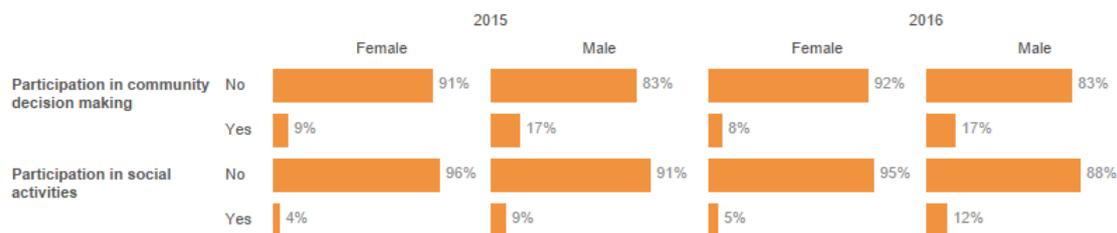
Figure 16: Key community decision makers pre crisis/today by sex



Source: HH Interviews

Some FGD participants reported that they resort directly to armed groups to solve their disputes. Female FGD participants reported a preference to address their concerns to community leaders and committees, particularly with regard to their right of access to humanitarian aid. Taking these findings into account, it is not unexpected that the overall level of engagement of HH respondents in community decision making and social activities is low – both before the conflict and today. The participation in community decision making and in social activities has increased, though, for both male and female HH respondents. This reflects increased engagement in the distribution of aid and outreach as a result of interventions by INGOs and the above-noted emergence of community committees in some areas. FGD participants also reported women’s engagement as volunteers supporting armed groups (especially in Aden and Taiz), especially when their family members and relatives are active in these groups.

Figure 17: Involvement in community decision making and social activities pre crisis/today by sex



Source: HH interviews

At HH level, FGD participants reported some changes in decision-making as a direct consequence of the prolonged conflict experience, including increased participation of female HH members in income generating activities. This change was reported more often in urban areas, where women have better income opportunities when compared to rural areas. On decision making of household income use (see section E), male and female respondents reported differently. More than half (52%) of female respondents report that such decisions are made only by their husband or another male HH member, while only 39% of male respondents reported that males are the only decision makers (average: 46%). A 25% of female respondents report that only the wife/another female HH member decide how HH income is spent, while only 2% of male respondents

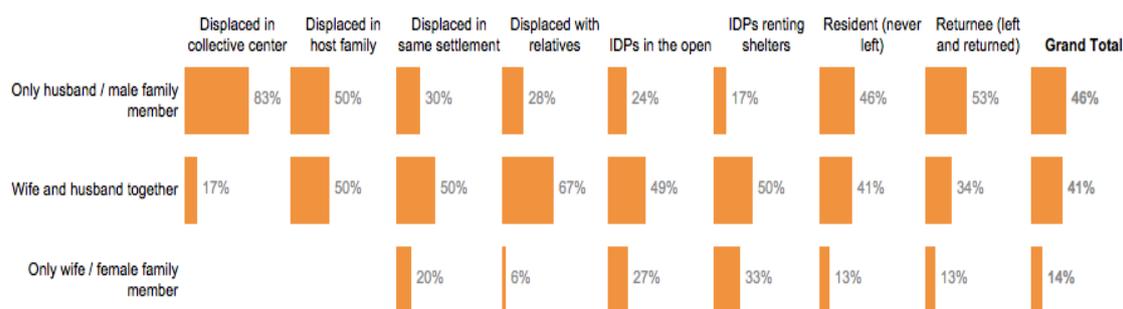
agreed with that (average 14%). No large differences between rural and urban settings were observed.

Focus Group Discussions revealed that *decision making* is often perceived differently from *controlling the use of economic resources*. In general, and while men continue to be perceived as the main decision makers at HH level, the role of women in controlling the use of resources increased (see also section E). 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 the money more wisely and for the benefit of the family.”

Female respondents tend to report being less engaged in financial decision-making, which is largely considered the responsibility of their spouse/another male HH member. They reported being more engaged in decisions related to children’s welfare and education. Male respondents reported that their decision making responsibility is more pronounced when compared to female respondents. They agreed, however, that HH mobility (including the decision to migrate or visits to relatives) is usually a joint decision with their spouses.

Among IDPs, type of residence is a key factor in who controls household income. A striking 83% of IDPs residing in collective centres report that only the husband/male HH member is taking financial decisions (17% wife and husband together), while IDPs residing with relatives are more prone to take decisions together by wife and husband (67%). IDPs in collective centres are the poorest and often more conservative. Additionally, because of the lack of privacy in the camps men take responsibility to protect family assets. According to FGD participants, the participation in decision-making related to expenditures has increased in IDP communities especially where men lost their access to income. As for male HH members within marginalized groups, their traditional role in HH decision-making remained high as a result of the predominant culture among those groups, and despite the growing involvement of women in generating income.

Figure 18: Decision makers how HH money is spent by population group



Source: HH interviews

Case study: Changes in gender relations – Hamida’s Story

I am a government employee and a housewife. I used to spend my own salary on myself, because my husband who was working in Sana’a used to cover the family expenses. Then, my husband lost his job due to the war. He returned home but couldn’t find another job. Now I spend all my income on the family. I also joined a new organization that helps families in my village to increase their incomes. And I am now a volunteer with Social Fund for Development. All this gives me more power to influence decision making in my village.

Since my husband returned home he assists me with the housework. Now he is responsible for collecting water, he cooks when I am away, and he takes care of the children, while it is my responsibility to cover the family’s expenses (Hamida, 31 yrs, Taiz).

6 ACCESS TO SERVICES

Even before the current crisis, access to adequate healthcare and basic education in Yemen was restricted, especially in rural areas and the highlands.⁷¹ Key issues include restrictions on mobility for women and girls due to cultural norms which impose restrictions on women, which are further aggravated by restrictions imposed by the conflict parties. Conflict and displacement bring instability and redefine gender roles in conflict-affected populations, which lead to further breakdowns in community support, systems and protection mechanisms, and availability and access to basic services. Many Yemeni families have had to flee fighting, sometimes in the middle of the night, with little or no belongings.

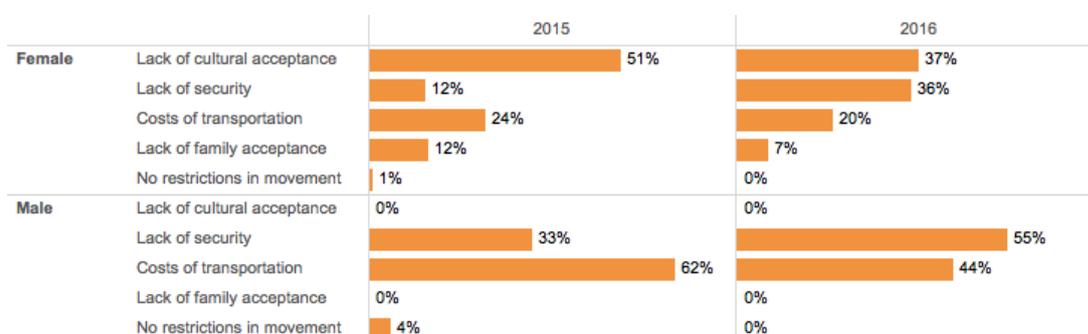
According to the HRP 2016, Yemen’s gender context creates additional obstacles to ensuring equity and accountability in assistance, and relief providers face difficulties in reaching women and girls even in communities where humanitarian access is unrestricted. The Access Monitoring and Reporting Framework has included an additional reporting element in Yemen that tracks restrictions limiting direct access to or engagement with conflict-affected women.⁷²

Freedom of Movement

The absence of security forces, proliferation of armed groups, as well as the widespread presence of weapons, large numbers of checkpoints on roads, widespread recruitment of children and young men, increasing risk of arrest and detention, and imposition of curfews in most cities have had a major negative impact on the freedom of movement of men and women. Even before the crisis, women usually required a male relative (for movements outside the place of residence) or by another woman or child (within place of residence). This has increased as a result of the conflict, making it more difficult for women to access services. For men, the conflict has brought new restrictions on freedom of movement, particularly to other towns or governorates.

Key factors limiting women’s freedom of movement before the crisis included the lack of cultural acceptance (51% of female respondents) and the cost of transportation (24%). This has changed. While cultural acceptance still ranks highest, “lack of security” is now the second major obstacle cited by women. For male respondents, the main obstacles impacting on their ability to move is now the lack of security (55%) and the cost of transportation (44%).

Figure 192: Main obstacles to freedom of movement pre-crisis/today by sex



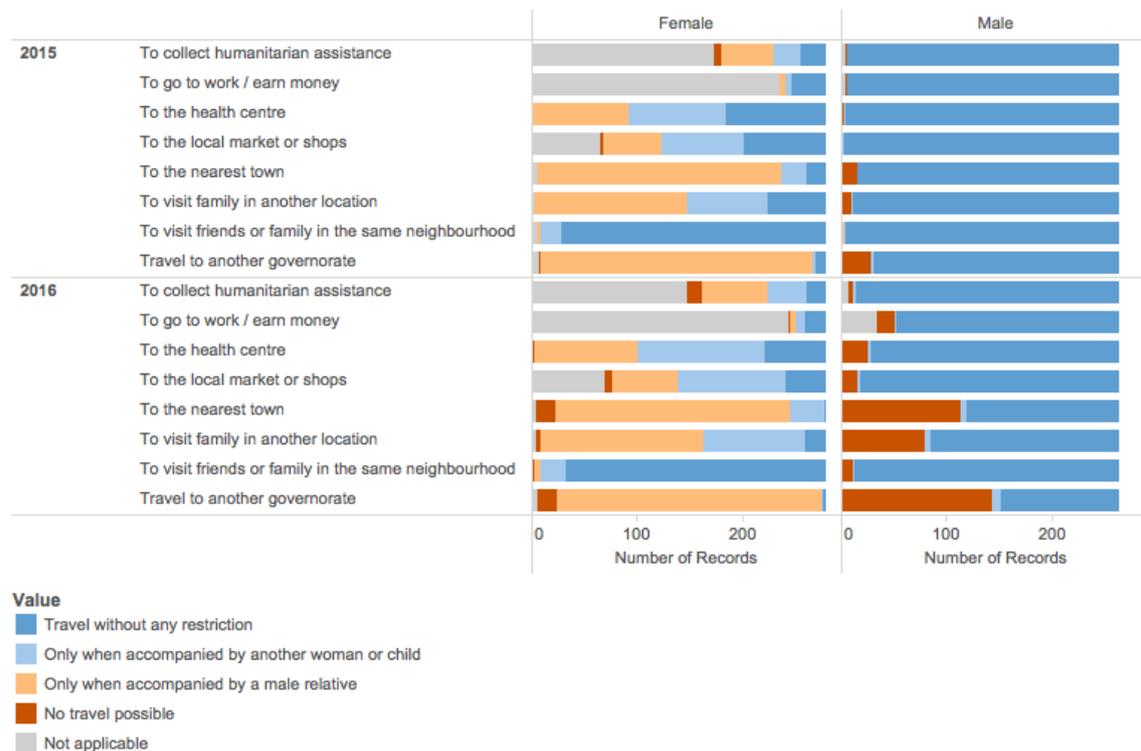
Source: HH interviews

According to male FGD participants, men are especially targeted at checkpoints and risk arrest or detention when travelling. In areas controlled by less conservative militias, women who are not from marginalised communities are generally more respected and are stopped less often than men. According to FGD participants, in some areas this has led to a trend of HHs sending women

to markets, rather than men. However, women and girls, and especially members of marginalized communities remain extremely vulnerable to harassment in many situations.

In areas controlled by armed groups, FGD participants reported that men at checkpoints increasingly insist on “Mahram” - the cultural obligation of women to be accompanied by males in public. In Abyan, which had the highest number of women working in public services, including hospitals and schools, this is particularly problematic. As one female FGD participant in Abyan reported: “Women cannot go easily to work anymore because they don’t always have a male companion available.” Even when using public transport, women in these areas report being afraid to be stopped at check points and asked where their male escort is.

Figure 20: Freedom of movement pre-crisis/today by sex



Source: HH Interviews

Access to Humanitarian Assistance

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.⁷³ In some places women can be reached directly, whilst in others aid is received through their male relatives. Challenges in accessing assistance, especially outside their communities, are even more acute for female-headed HHs, which comprise over 30% of displaced HHs in some areas. The HRP 2016 reported that in 2015, humanitarian organisations in Yemen improved the gender-sensitivity of their projects, for example several clusters are not reporting sex- and age-disaggregated data and using this data to inform their response.⁷⁴ However, gaps remain in terms of implementation, monitoring and reporting. Alternatives, including women-only distributions, and/or direct HH delivery services could be explored further.⁷⁵

More than half of the interviewed HHs (56%) reported receiving humanitarian assistance during the previous three months. The percentage is higher in urban areas (65%) than in rural areas (46%). Assistance is mainly collected by male adults (88% in urban and 74% in rural areas), and to a lesser extent by female adults (14% rural and 9% urban). This confirms findings from previous assessments, indicating that restrictions on mobility are an obstacle for women and girls.⁷⁶ Lack

of official papers also makes it difficult for women, boys and girls to register for food assistance. In rural areas, 7% of respondents reported that men and women collect aid together, while only 1% of respondents in urban areas reported that this is the case.

The majority of respondents (72%) reported that there is “no difference in the assistance provided to males and females”, with no difference between urban and rural areas. Where a difference was reported, the main reasons include that there is “not assistance for all” (71%), or that priority is given “only to men” (17%), “only to women” (11%). Of note, male respondents reported a higher percentage of prioritized assistance for women (21%), when compared to female respondents (9%).

67% of respondents reported that relief agencies have assessed humanitarian needs on the ground. The percentage is similar in urban and rural areas but higher for male respondents (75%) than female respondents (60%). Talking directly to families is reported to be the main method of data collection (34% average male/female respondents), followed by talking only to women (25%) or only to men (22%).

Access to registration and information: Women’s illiteracy is an obstacle to accessing and understanding relevant information which as a consequence reduces women’s access to assistance and other services. In particular, women, children, elderly and disabled people often faced difficulties to register for official IDs, especially in rural areas. This presents a major obstacle when they are head of HHs and all family members depend on their official ID to be entitled to humanitarian aid. In some areas Yemeni women cannot travel alone to the registration point, and need to be accompanied by a male relative. Elderly and disabled people can also face more mobility difficulties.⁷⁷

Access to Healthcare

Health services in Yemen are collapsing under the strain of the conflict. The UN estimates that 14.1 million people lack sufficient access to healthcare; 3 million children and pregnant or lactating women require malnutrition treatment or preventive services. Medical supplies for mass casualty management and medicine for chronic diseases are in increasingly in short supply. Nearly 600 health facilities have stopped functioning due to conflict-related damage or lack of fuel, staff and supplies.

“My wife went to the hospital. They said there was no electricity to do medical tests. The hospital was full of casualties of war.”

- Male, Hajjah

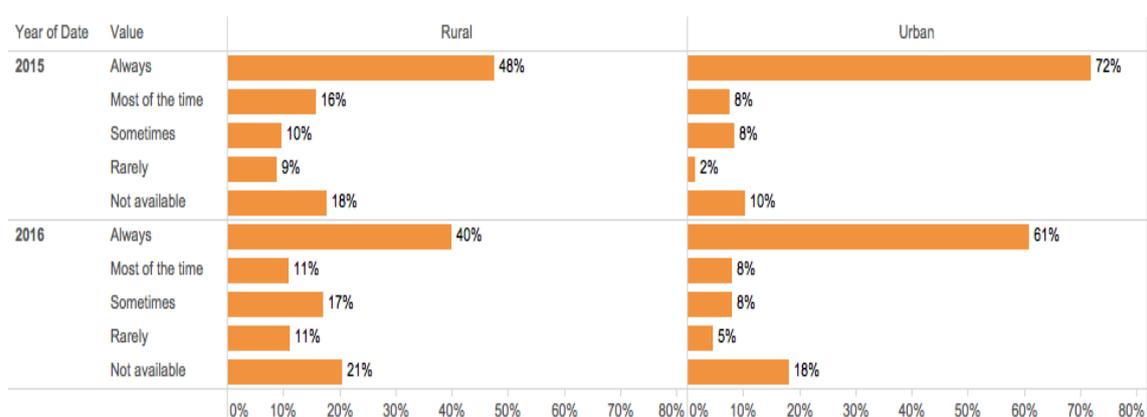
Yemen’s health system was strained before the conflict, with three doctors per 10,000 people in 2010. Restrictions on women’s mobility as well as the lack of female health workers and medical staff in remote rural areas made it difficult for women to access basic health services for themselves and their children.⁷⁸ Yemen already had a high maternal mortality rate - estimated as 148 deaths per 100,000 live births. 55% of deliveries were not attended 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.⁷⁹

Resources are often unavailable to provide routine medical care, and families are increasingly unable to cover the costs for transportation to health facilities outside their districts. FGD participants confirmed that women, especially pregnant women in rural areas, children under-5, and people suffering from chronic diseases are particularly disadvantaged by the lack of gender-sensitive health services.

Men are particularly at risk of injury during fighting. They are often in need of specialist services to address disabilities, rehabilitation or for psychosocial support.⁸⁰ People living in areas directly affected by conflict face additional risk of injury and further reduced availability of health services. IDPs living in remote areas or in areas where existing services are stretched often have no access to medical care. Both male and female FGD participants reported resorting to buying medicine at pharmacies without medical consultation, increasing health risks, especially for women, children and individuals with chronic diseases in rural areas.

Access to health services varies between the assessed governorates, but has declined everywhere as a result of the crisis. While the majority of respondents in Abyan and Aden reported that health services are “always” or “most of the time” available, respondents in Hajjah and Taizz reported markedly reduced access to health services. This is particularly a challenge for women: At the time of the assessment, access to maternal health and family planning services was a challenge for half of the female population in Hajjah and the majority (67%) in Taizz.

Figure 21: Access to maternal health and family planning services pre crisis/today by type of sub-district

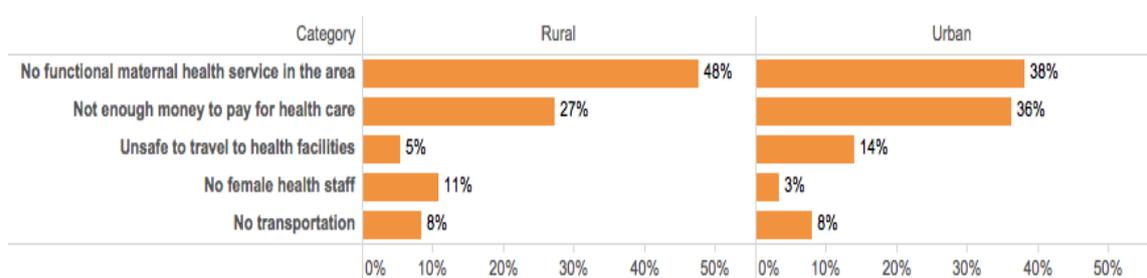


Source: HH Interviews

Today, UNFPA estimates 2.6 million women of reproductive age have been affected by the prolonged conflict, including 257,000 pregnant women. An estimated 15% of the pregnant women suffer maternal or obstetric complications which could become life-threatening without access professional medical care.⁸¹ More than 522,000 women are currently estimated to be pregnant in Yemen – nearly 80,000 of whom are expected to face complications in delivery.⁸²

According to respondents to the HH assessment, maternal health services are “not available” or “rarely” available for 32% of women in rural areas and for 23% in urban areas. The main reasons are that maternal health services are not functional (44% of respondents), HH cannot afford the health services (31%), and it is unsafe travel to available facilities (reported by 9%). The challenges are more evident in rural areas. The absence of female health staff is a key constraint for 11% of female respondents in rural areas (3% urban).

Figure 22: Reasons for lack of access to maternal health and family planning services today by type of sub-district



Source: HH Interviews

Some women reported increased pregnancy rates within their communities during the conflict because men are at home more often and for longer periods. Women also report a lack of reproductive health services. Also, female FGD participants reported that women in their community try to get pregnant to benefit from food assistance that is only available to pregnant women. This could lead to preventable maternal and infant deaths, unwanted pregnancies and subsequently unsafe abortions.

Access to Food and Livelihoods

Amidst the conflict and economic crisis, half of conflict-affected people have lost their livelihoods. The reasons people have lost their livelihoods are diverse and particular, but the impact is broadly the same: it is now more difficult from them to meet their basic needs, a challenge which has been exacerbated by rising food, fuel and water prices.⁸³ Cross-border trade with Saudi Arabia used to be a key source of income in the western part of Hajjah including for a large number of marginalized communities (though small trade, daily labour, transport of goods across the border especially goats and qat). Farmers in conflict affected areas missed the planting season as a result of displacement, destruction of assets, water and fuel shortages and other missing agricultural inputs.⁸⁴ Women in areas controlled by armed groups face increased difficulties getting to work. While women in rural areas reported increased hurdles (landmines in Abyan, armed groups in Abyan, Hajjah and Taizz and airstrikes in Hajjah) in accessing natural resources, they had relied on in recent year.

As a result of the loss of traditional livelihoods, FGD participants report men are now working in jobs that would have been “unacceptable” before the crisis, including selling goods in the streets, collecting firewood, construction work, mining, butchery, hairdressing and begging. There are some positive examples of coping strategies or at least less negative strategies. Some day labourers and traders are able to find a few days work as a result of the movement of people.⁸⁵ There are also some examples of women finding new sources of income by providing repair services for the increasingly common solar power systems.

Overall, however, families are increasingly resorting to negative coping mechanisms to meet their basic needs. These range from relying on help from relatives or neighbours, buying cheaper, less nutritious food, limiting portion sizes, reducing the number of meals to borrowing food or money. According to a recent UNDP survey, 42% of respondents had borrowed money in the past month.⁸⁶

Worryingly, there is also an increase in child labour (both girls and boys) as households struggle to make ends meet. FGD participants observed school-aged girls engaged in selling goods in all sample areas, especially in urban areas but also increasingly in rural settings. While only 1.46% of respondents in a recent UNDP survey reported resorting to sending their children to work,⁸⁷ 14% of respondents in the survey conducted for this research stated that boys “need to work for money”. This rose to 25% in rural areas. Children face multiple protection concerns when they are working, including hazardous conditions and working with armed groups; this is particularly the case for IDPs and other vulnerable individuals.



Women buying food at a market in Taizz ©Thana Farooq/Oxfam 2014

The ramifications of rising prices and loss of income are apparent in deteriorated food security, particularly in conflict-affected areas. The UN estimates that nearly 14.4 million Yemenis are food insecure, with 7.6 million severely food insecure. Nearly 320,000 children are severely acutely malnourished.⁸⁸ The impact of the conflict on access to food was mentioned in all FGDs as one of the biggest challenges in all assessed governorates, particularly in areas with armed conflict, and especially for marginalized and displaced HHs. Pre-crisis assessments in Yemen demonstrated that women in food-insecure families often eat less in order to provide for their children – a phenomenon likely to increase amid rising food insecurity.⁸⁹ Children under five and pregnant women are most at risk of malnutrition. Female-headed HHs experience higher levels of food insecurity than male-headed HHs.⁹⁰

Access to Education

The education system in Yemen is weak, especially in rural areas. It is not compulsory in Yemen for parents to send their children to school. Before the current surge in conflict, 43% of females and 21% of males had never attended school; 12% of females reached secondary school or higher, compared with 23% of males. Rural females and males were about twice as likely as their urban counterparts to have no education.⁹¹ Cultural norms, long distances to schools and a lack of female teachers, particularly in rural areas as well as limited employment prospects reduced girls' access to education. The conflict has exacerbated this.

We do not send our children to the school. It is next to a place used by armed groups. It is scary and can be targeted by airstrikes at any time.

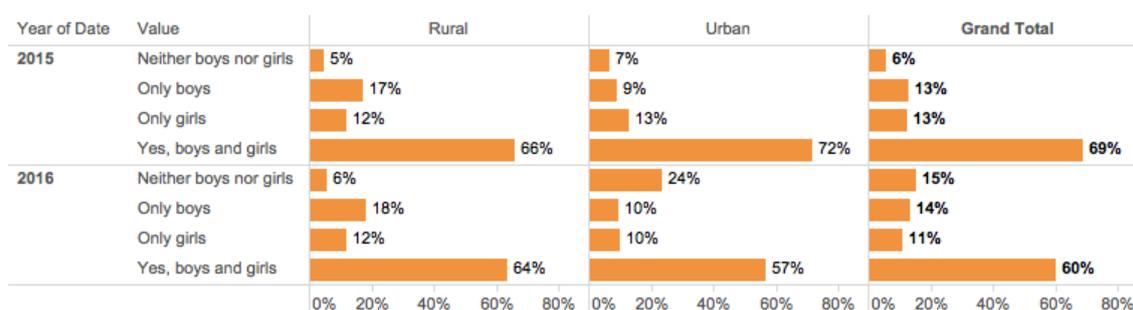
- Mother, Hajjah

Comparison of data from 2013 with 1997 shows some improvement in educational attainment prior to the current crisis. Between 1997 and 2013 the proportion of those age 6 and over with no education declined from 67% to 43% for females and from 33% to 21% for males.⁹² However the conflict has reversed most of these gains. According to the UN, 1.8 million children or one-third the school-age population in Yemen have been out of school since the beginning of the conflict in March 2015. In 2015, the percentage of Yemeni women who are illiterate was projected to again reach 66%.⁹³

More than 1,100 schools are currently unfit to re-open for the school year, the start of which has already been delayed several times due to conflict. In 2015, 174 schools have been destroyed and 611 damaged since the conflict had begun. In addition, 260 schools are hosting IDPs, affecting access to education for 91,000 children. Armed groups have occupied 58 schools - almost all in Taiz.⁹⁴ Displacement of children, teachers and other educational staff compounds the situation. The UN estimates that about 416,000 school-aged children are among the 2.3 million IDPs in the country, while the number of displaced teachers is unknown.⁹⁵

The respondents of the HH assessment confirmed that access to education for both girls and boys declined as a direct consequence of the prolonged conflict in all four assessed governorates. The percentage of boys and girls having access to regular education declined between March 2015 and today from 69% to 60%, especially in urban areas.

Figure 23: School-age children with access to education pre-crisis/today



Source: HH Interviews

In areas where children can go to school, FGD participants reported a chronic lack of teachers and overcrowded classrooms, negatively affecting the quality of education. IDP children who lack their education certificates are often unable to join schools in the host communities. FGD participants also reported instances where children of marginalized groups are not allowed to join schools, in violation of Education Office directives. FGD participants confirmed the availability of some female teachers in urban areas, but only a very limited number in rural settings. This creates additional hurdles for girls.

The main reasons cited for why girls cannot go to school were that it is considered unsafe, especially in rural areas (67% of respondents), followed by the need for girls to work at home (27%). The main reason why boys cannot go to school, is that the HH does “not have enough money to send all children to school” (71% of female and 80% of male respondents). Instead of sending their boys to school, 14% of respondents reported that boys “need to work for money”, especially in rural areas (25%).

Access to adult education has also declined since the beginning of the crisis in 2015 in all four assessed governorates. At average, 55% of respondents had no access to adult education in 2015. Today, this percentage has increased to 76%. This is especially a problem for women. 83% of female respondents indicated that they have no access to adult education (men: 63%), especially in rural areas. Other key challenges faced by women include the lack of support from the government on training and support to Women’s Development offices and rural women extension agents.⁹⁶

Access to Water and Sanitation

One of the most water scarce countries in the world, the UN estimates that 19.3 million people in Yemen do not have access to safe drinking water and sanitation, twice as many as before the conflict as a result of fuel shortages, damage to infrastructure and increased prices from private vendors.⁹⁷ In areas with hot temperatures and areas of intensified armed clashes, water purchase

accounts for a large proportion of family income, and frequently results in disputes between IDPs and the host communities.

Pre-crisis, the majority (59%) of people accessed water from an improved source of water, but nine out of ten households did not treat their water and only 5.5% used an appropriate method. According to the household survey, 52% of urban and 40% of rural HHs are currently connected to piped water. Families without piped water in rural areas rely on community wells located inside (17%) or outside (30%) the village. In urban areas, 25% of the households surveyed rely on water trucking to meet their needs.



Public Water Well in Yemen © Grassroots Yemen April 2016

The time needed to collect water has increased in all assessed areas, when comparing pre-crisis situations and today. More than half of the respondents (55%) in both rural and urban areas reported that it currently takes them more than one hour to collect water, which often needs to be done several times a day. The water points are generally described as “safe”. Only six respondents reported that water points are not always safe, and female respondents indicated that they are “going in groups” to these water points. For households without piped water, it is primarily the responsibility of women to collect water, especially in rural areas (48% of respondents). This often means travelling long distances (30 minutes or longer) to the detriment of their ability to attend school or engage in economic activity.⁹⁸

Figure 243: Responsibility to collect water pre-crisis/today by type of sub-district

Year of Date	Value	Rural	Urban
2015	Adult women	48%	29%
	Adult men	27%	44%
	Girls	12%	7%
	Girls and boys (children)	7%	15%
	Boys	6%	5%
2016	Adult women	47%	29%
	Adult men	23%	26%
	Girls	15%	13%
	Girls and boys (children)	8%	23%
	Boys	7%	10%
	Children	1%	

Source: HH Interviews

More than half of HHs reported sharing improved toilets with others, while 25% of HHs have no toilet at all. There are large differences in sanitation methods between urban and rural areas.⁹⁹ Latrine facilities were generally described by respondents as safe, but 16% of respondents in rural areas and 18% in urban areas describe facilities as unsafe. Female respondents were more likely to report latrine facilities as unsafe, especially in urban areas. Reasons range from inappropriate design or materials (37% of female respondents), no lock on the door (31%), or no latrine at all (21%). In urban areas with higher population density, female respondents reported additional problems including that the latrines were not secure at night, were located in unsafe areas, or lacked separate spaces for men and women (6% each).

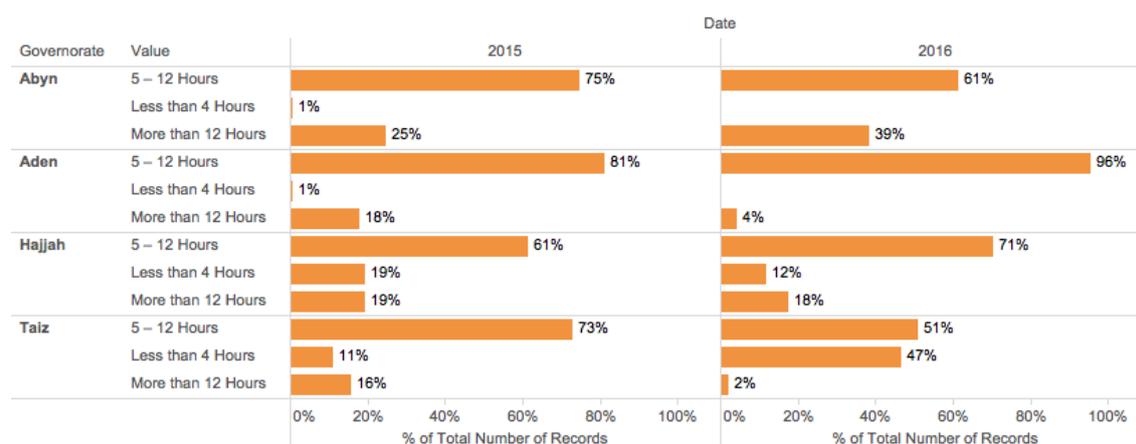
Women and girls are especially vulnerable when they have to travel long distances to use shared toilets, or practice open defecation. Many choose to wait until nightfall (sometimes more than 12 hours), making them vulnerable to harassment or violence. Many also limit their consumption of food and drink to delay the need to relieve themselves. Both strategies increase the chance of urinary tract infections. The shame and indignity of defecating in the open and the lack of water for washing clothes and personal hygiene affects women’s self-esteem.¹⁰⁰

Uncollected waste, especially in urban areas, is exacerbating risks of a public health crisis.¹⁰¹ Sewage treatment is at risk throughout Yemen and is only partially operational in Sana’a and Sa’ada.¹⁰² According to key informant interviews children often suffer from diarrhoeal and other water borne diseases. Women play a critical role in promoting good hygiene practices at household level, such as hand washing and proper waste disposal. They are also responsible for preparing food and managing water collection, storage and treatment.

Access to Electricity and Fuel

Interviewed HHs reported that access to electricity has declined on average from 84% before the crisis to 61% today (no large differences reported between female and male respondents or urban and rural areas). 74% of HHs reported that electricity is available between 5-12 hrs a day, while 7% reported electricity for less than four hours. Respondents in Hajjah reported less access to electricity when compared to the other governorates (12% reported less than four hours a day).

Figure 25: Access to electricity pre crisis/today by governorate



Source: HH Interviews

Female FGD participants reported that many women and children in the coastal areas where temperature are high are suffering as a result of power cuts, and are not able to keep food and some medicines for longer periods with resulting negative health consequences. FGD respondents also pointed out the fragile security situation, which is exacerbated by the lack of lighting, increasing the risk of GBV. This affects particularly women and girls practicing open defecation mainly at night time. Electricity shortages have also had a negative impact on the ability of children

to study. The lack of reliable access to electricity has also led to the collapse of some businesses, for example those reliant on refrigeration.

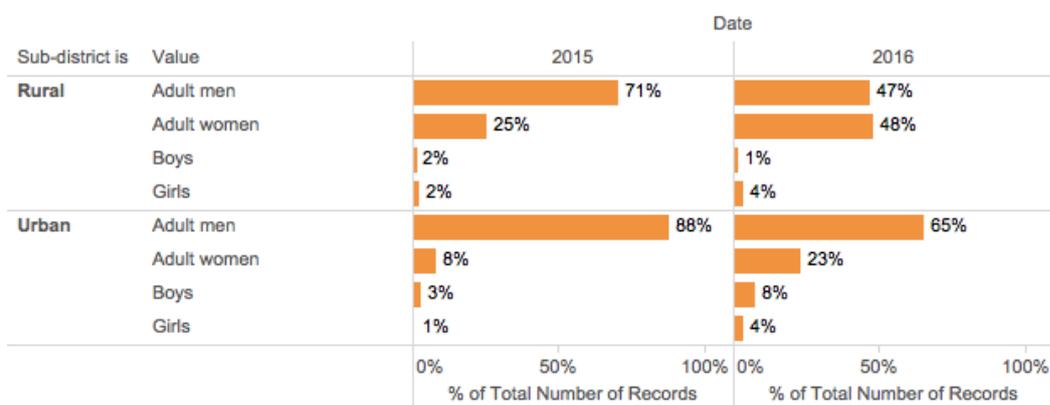
Cooking fuel shortages (and the resulting spike in prices) is considered a major problem by female FGD participants, with many HHs now allocating large parts of their income for the provision of gas. According to HH survey, since the beginning of the crisis, the number of HHs with access to gas, the preferred cooking fuel, declined from 80% to 46% today. Access is worst in Hajjah, where half of all respondents reported access to gas in 2015. Today, only 4% can access gas, which is essentially replaced as cooking and heating fuel by firewood, especially in rural areas.

According to male FGD participants, competition for scarce resources, including gas or even firewood, has resulted in conflicts between IDPs and host communities. Female FGD participants from rural communities in Hajjah expressed fears about how they will cope in the future if trees continue to be cut down at the current rate.

Pregnant and lactating women together with their children have been most affected by the lack of fuel and are the most vulnerable to the risks of shelter fire, especially within the marginalized groups and IDPs in makeshift shelters (tents and huts). Finally, extremely vulnerable HHs often resort to the use of plastic materials as firewood for cooking purposes, which causes substantial health threats.

The responsibility to collect fuel has changed since the beginning of the crisis with the type of fuel utilised. It was mainly the duty of adult men to collect fuel before the crisis; now it is increasingly the responsibility of women to collect firewood, especially in rural areas and among IDPs in host communities. This increases their risk of exposure to GBV. Forms of GBV reportedly include mainly verbal harassment, especially of marginalised women. Further, the time women and girls spend collecting firewood plus the time it takes to fetch water take away from time and effort that could otherwise have been spent on economically productive activities.

Figure 26: Responsibility to collect fuel pre crisis/today by urban/rural areas



Source: HH interviews

The importance of improved access to energy sources has been highlighted in many FGDs during this assessment, but also as a possible entry point for empowering communities and especially women across all sectors, including improved protection, reduced risk of miscarriages (for pregnant women carrying heavy loads of wood and water), improved education, improved access to food (instead of buying gas bottles) and so forth. Possible interventions could include support to small-scale electrification projects (“off-grid systems”) at community or HH levels.

Access to Justice

Even before the current conflict, women in Yemen faced difficulties in accessing the courts because of social constraints, widespread discrimination, as well as cultural norms and certain procedural and administrative impediments inside the system. Female participants in FGDs reported that seeking legal assistance is often considered a violation of cultural norms and might lead to greater harassment or violence. At the same time, because of high illiteracy rates, and a lack of public awareness, women remain unaware of their constitutional rights, which further inhibits their ability to access the justice system.

When women are involved in court cases, they can find themselves abandoned by their families with no place to turn or support to fight against the accusations. These women, even if they can afford the costs of legal prosecution, will still have to go through a discriminatory system with limited awareness of their legal rights believing that male members of the community should not be challenged. Some women experience discriminatory treatment from enforcement institutions which violates their rights.

When asked about the accessibility of legal support and police services, important differences emerge between male and female HH respondents. For 97% of female respondents in rural areas, legal services are “rarely” or “never accessible” (male: 68%). Access for women to legal services in urban areas is better than in rural areas, at about 10%. Female participants in FGDs conducted as part of this assessment reported limited knowledge of how to access legal assistance, especially regarding property and inheritance disputes within extended families.

Figure 27: Access to legal support and police services by sex

Sub-district is	Accessibility	Female		Male	
		Legal support	Police	Legal support	Police
Rural	Always accessible			12%	13%
	Often accessible			8%	8%
	Sometimes accessible	3%	6%	12%	8%
	Rarely accessible	15%	19%	7%	10%
	Never accessible	82%	75%	61%	61%
Urban	Always accessible		2%	14%	25%
	Often accessible	3%	3%	7%	5%
	Sometimes accessible	10%	12%	5%	9%
	Rarely accessible	19%	24%	4%	7%
	Never accessible	68%	59%	70%	54%

Source: HH interviews

Focus Group Discussions under this assessment reported that that in most locations courts have been closed since the start of the conflict in March 2015. In some locations, armed groups were reported having created parallel legal systems and police forces. Participants of FGDs reported a trend that people are increasingly approaching these institutions to seek justice – due to the absence of formal mechanisms, to save time and resources, and to see the immediate implementation of verdicts reached – often in favour of the person who approached the armed groups first.

Women’s limited access to justice should be understood within the context of wider legal discrimination against women. Women cannot marry without the permission of their male guardian; they do not have equal rights to divorce, inheritance, or child custody; and a lack of legal protection leaves them exposed to domestic and sexual violence. Child and forced marriage are common. The NDC produced many recommendations to bolster women’s and girls’ rights. In response, in April, the Minister of Social Affairs and Labour, and the Minister of Legal Affairs, submitted a draft Child Rights Law to the cabinet. The draft law sets the minimum age for marriage at 18, and provides criminal penalties for its violation. The draft law also addresses other important rights for girls and women, including criminalizing the practice of female genital mutilation. The law remained pending in the cabinet at time of writing.¹⁰³

Access to Communication

Out of all services previously run by government, telecommunication in Yemen was less affected by the outbreak of conflict when compared to other services. Landline, mobile networks, and internet services remained largely at pre-conflict levels in most parts of the assessed areas. Nevertheless, access to telephone and internet services was described by HH respondents as generally low. It is better for men than for women, and higher in urban areas than rural areas. A 95% of female respondents in rural areas and 89% in urban areas reported that internet is “rarely” or “never accessible” (male: 98% rural and 83% urban).

Figure 28: Access to basic services by sex

Sub-district is	Accessibility	Female		Male	
		Internet	Telephone	Internet	Telephone
Rural	Always accessible	2%	31%	7%	73%
	Often accessible		6%	2%	5%
	Sometimes accessible	3%	15%	2%	7%
	Rarely accessible	10%	19%	9%	
	Never accessible	85%	30%	79%	16%
Urban	Always accessible	7%	49%	9%	83%
	Often accessible	1%	4%	2%	6%
	Sometimes accessible	4%	15%	6%	1%
	Rarely accessible	4%	4%	3%	
	Never accessible	85%	27%	80%	10%

Source: HH interviews

Limited use of internet and telephone is largely an access rather than an availability issue. Reasons indicated by FGD participants include cultural barriers, especially in more conservative rural areas, where Internet is still considered as “western” or “haram”, especially for women. At the same time, women also reportedly lack the financial resources to buy the required hardware, or don’t have experience using smart phones. 30% of rural and 27% of urban women report never having access to a telephone; half (49%) of rural women have phone access rarely or never.

7 The Way Forward

This section draws on focus group discussions and key informant interviews conducted as part of this assessment. Participants were asked to share their strategic needs and aspirations at the end of each meeting. Additionally, during the validation workshop, participants, representatives from national and international NGOs, UN agencies and government, were asked to reflect on how to operationalise the findings of the analysis. The objective was to identify entry points for programming and to identify ways of how to utilize and modify available social capital for more gender responsive initiatives. The responses from participants in the assessment and validation workshop form the basis for the list below. These are not recommendations in the traditional sense, they provide an on the ground perspective of the priorities, needs and aspirations of conflict-affected communities.

Overall, stability and safety dominated needs and aspirations were emphasised in most visited sites especially among women in areas with active armed conflict, followed by reduced prices for essential commodities and fuel, access to basic services and opportunities to improve livelihoods. In areas with a high presence of displaced populations, participants prioritized the return to their areas of origin and improved access to equitable and sufficient humanitarian assistance. Among the key informants, interviewed activists emphasised needed changes in governance at commu-

nity and national levels, improved access to information, peace-building initiatives at various levels and across all governorates, and better freedom of movement. The needs and aspirations were categorised into the four main domains of this assessment: gender roles and relations; capacities and vulnerabilities; participation in decision-making; and access to assistance and services.

Gender Roles and Relations

- Support existing positive changes in gender roles and relations at HH and community levels, especially different coping strategies used by men, women, boys, and girls.
- Areas to explore could include coping strategies to meet food insecurity, psychological distress, health issues, limited financial resources, mobility constraints, limited natural resources, social stigma, participation at community level, access to services, access to humanitarian aid, legal assistance, limited fuel, lighting, counselling, remittances, accessing information.

Capacities and Vulnerabilities

- Gender responsive initiatives to support the resilience of men and women in Yemen should build on existing capacities at community and HH levels, including indigenous conflict mitigation schemes.
- Assist and support community-based and community level preparedness structures and building their resilience to shocks and conflict, through participatory planning, mitigation, assessment of available resources (including alternative shelter, water resources, financial resources, or community contingency plans) with an explicit inclusive approach to ensure participation by female IDPs, marginalised groups and wage labourers.
- Strengthen the outreach capacity of community-level networks and stakeholders, especially women's groups, community development groups, and women saving groups
- Women cooperative saving groups should be supported and scaled-up. They have proven to an effective community based mechanism to support vulnerable families, not only in Yemen, and not only for saving schemes. They could also for a platform for income generation activities, and community-based health, accident, and life insurance schemes. Building on indigenous, culturally accepted, and tested schemes, and with professional guidance and best practices from similar context could have a substantial impact for many conflict-affected communities.
- Identify and strengthen formal and informal social protection mechanisms to assist in addressing the high levels of insecurity and lack of safety in the conflict-affected communities, especially for women.
- Existing GBV prevention and response structures need to be scaled-up, including 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.

Participation in Decision-making

- Notwithstanding the need to increase engagement with women-led local NGOs, new gender responsive strategies should include (more) males in community mobilization efforts in recognition of their significant control over HH resources and practices.
- Newly established committees should have, whenever possible, a membership of 50% women and men, and equal numbers of women and men in leadership positions.
- At HH level, gender sensitive response initiatives can build on the growing role of women in income generation and the resulting increasing role in HH decision making. Building on that, family-based income generation projects preferably run by (trained and capacitated) local community organizations can be further developed.
- Scale up efforts to improve coordination mechanisms, information share, and adherence to international humanitarian norms among all stakeholders at the community level (including government, CSOs and INGOs).
- Sheikhs/Akhils, alongside local councils and CBOs, are essential interlocutors for community acceptance and dialogue. For programmes specifically targeting women, sheikhs' wives and teachers, should be engaged to improve outreach and community acceptance.
- Ensure that efforts to increase women's participation in community decision-making are rooted in strong, inclusive and participatory local gender and power analyses. Every community has different dynamics, in some communities local councils have high acceptance and activity in others the tribal leaders have more say, etc.
- Gender equality education through formal education system in coordination with the Ministry of Education is seen as another entry point for programming, for example, awareness raising for school children and similar.
- Organisations should ensure that their media messages are culturally sensitive, particularly in their presentation of vulnerable women.
- Further research is required on the role of traditional women leaders within extended families or the community, and how they can be supported. Female FGD respondents highlighted their role especially in rural areas in providing consultation and representing women in front of men in the family or community leaders in culturally appropriate manner.

Access to Services and Assistance:

Livelihood opportunities:

- While promoting women's access to livelihoods is critical, organisations should also ensure that men and youth have adequate access to livelihoods activities. There are opportunities to work with men to diversify their skills and livelihoods activities as a way of building resilience.
- Ensure that programmes aimed at improving women's access to livelihoods address the wide range of mobility issues women face, particularly in rural areas and areas controlled by armed groups

- Advocate for the reactivation and improvement of Social Welfare Fund programmes, including a review of beneficiary lists and benefits. In light of current deficiencies in the lists, international organizations should use participatory approaches to identify and target the poorest households.
- Support small scale producers to improve marketing of their produce to be able to better compete with imported goods in agricultural markets.

Basic services:

- Efforts to improve access to medical services should focus on increasing the number of female medical staff, the availability of maternal and child health care and the affordability of healthcare.
- Support development and improved availability of vocational training and education that would enable both literate and illiterate youth to gain access to immediate livelihood opportunities. Work to ensure that trainings offered reflect current aspirations or preferred learning styles of youth.
- Pilot interventions for small scale electrification projects (off the grid systems) at community and household level to provide households with alternative energy sources, including exploring ways to support existing women-led initiatives using solar power.
- The availability of mobile phone networks and internet connectivity could be a favourable entry point for targeted interventions to empower women, including the promotion of social media as a tool to introduce better coping mechanisms, early warning, availability of aid and more.

Humanitarian aid:

- Male and female FGD participants requested more initiatives to support income generating opportunities, especially for IDP women and host communities, including: a) inputs to support home-based work and training, b) special provision to help women with their care-giving responsibilities, c) support to vulnerable people that are not able to participate in such activities, and d) activities to prevent the recruitment of minors by armed groups.
- The interviewed male and female populations also emphasised the importance of being always consulted by relief providers in the design and implementation of humanitarian interventions, in order for their views to be taken into account. Concerns included the whole range of access to information about available aid, registration, targeting, distribution, and the availability of complaint mechanisms.
- When providing NFI support it is important to respect do-not-harm principles. The provision of gas stoves might support some families, while it imposes economic pressure on others, now forced to buy expensive gas bottles instead of spending their resources for other purposes. Wood stoves also increase the risk of fire, especially for IDP families residing in improvised shelter and tents.
- Ensure the specific needs of polygamous HHs when it comes to food, NFIs, hygiene kit distribution and to shelter assistance are addressed, ensuring all the wives and their children have the same access to humanitarian resources.

- When making cash-transfers conditional on girl's access to education, agencies should ensure that the do no harm principle is respected. While it is good to create an increase in number of girls going to school, HHs are sometimes putting their girls at risk while significantly increasing pressure on mothers.

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⁴⁴ This result could also reflect a sampling issue: Enumerators reported that the selection of male respondents was often difficult during daytime in the sampled villages. Those who were identified and interviewed were often government employees in their home.

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