



# Narrowing the gender gap in Yemen

## *A gender analysis*



## YEMEN

## GENDER ANALYSIS

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	From:	To:
<b>Assessment Period</b>	<b>03.07.2019</b>	<b>03.08.2019</b>

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### Executive Summary

The International Rescue Committee (IRC) in Yemen conducted its first gender analysis with a programmatic focus in July-August, 2019. The findings have implications for IRC programs across a number of sectors. In total, 465 participants were consulted in 7 governorates and the findings reveal the “big picture” gender-related data trends in IRC’s areas of operation, with a focus on the following sectors: health, WASH, food security, cash assistance and NFI distributions, education and protection. The gender analysis was overseen by the Gender Equality Manager, **Nuria Shuja Al-deen**, with technical support from the East Africa Gender Advisor, **Emmy Moorhouse**, Senior Program Coordinator, **Geneviève Gauthier** and sector leads. Gender Equality Officers, **Nessreen Hasan** led the data collection efforts in Sana’a; and **Rula Raed**, led the activities in Aden, Abyan, Al Dhale’e and Lahj.

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# YEMEN GENDER ANALYSIS

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# 01 Overview.

Between July 3<sup>rd</sup> and August 3<sup>rd</sup>, 2019, the International Rescue Committee (IRC) in Yemen conducted its first program-related gender analysis. The gender analysis has two primary aims: the first is to identify the risks, barriers and safety concerns that women and girls face when accessing IRC Services and the second is to identify the socio-cultural norms that drive gender inequality in the health, WASH, food security, education, and protection sectors. The team drew on qualitative methods for the analysis, and interviewed 465 women, men, boys and girls across 7 governorates. As an agency, the IRC aspires to offer high quality programs that deliver equal outcomes for its clients, whether male or female. The findings of the gender analysis offer insight into ways that the IRC can more effectively address female beneficiaries' concerns in terms of safety and access, and that address root causes of continued inequality between client groups. Key findings are summarized in Table 1 below. An in-depth discussion of data trends follows, along with comprehensive recommendations for consideration by program staff.

Table 1. Key findings by category

Category	Finding
Roles and Responsibilities	Traditional gender roles are evolving, with women slowly moving into paid labour and men spending more time at home. These changes have led to significant stress for both sexes, with women feeling overwhelmed by their growing workload and men feeling frustrated by their inability to provide materially for their families.
Cash assistance and NFI Distributions	Cash assistance and NFI distributions should consider the different needs, priorities and constraints of men, women, boys and girls. Of note is the fact that women in several areas preferred food baskets or in-kind vouchers to cash transfers, so they could avoid arguments with their husbands over the use of funds.
WASH	Chronic water shortages and the rising costs of water purchase from private actors mean that women spend several hours more each day collecting water. Water user committees lack female representation and as a result offer services that fail to cater to the needs of women and their families.
Health	Lack of equipment, medicine and female doctors, in rural areas, are major factors limiting women's access to ante- and post-natal care, and fueling rising levels of maternal mortality. Family planning methods are largely unavailable in the South, and local authorities are moving increasingly in the direction of pro-natalist policies. Men's control over health-related decisions and expenditures is another area requiring attention.
Food Security	Research shows that female headed households are more vulnerable than male headed households and should but are not currently prioritized in food security programs. Resource constrained households suffer from a lack of dietary diversity and inequitable feeding practices exist in many areas and contribute to poor health outcomes for women and girls.

<b>Education</b>	Large numbers of children are currently out of school due to widespread insecurity and school closures. When resources are tight, families prioritize boys' education over girls' for cultural reasons. Schools are not designed in a way that accommodates girls' needs, including the need for female teachers and role models and for separate bathrooms and washing facilities.
<b>Protection</b>	Rampant arms and the lack of a rule of law, have left men, women, boys and girls feeling frightened and helpless. Different gender and age groups face different challenges, men primarily fear kidnapping, detention and conscription and women early and forced marriage, street harassment and rape. All groups feel that the breakdown of the formal system, means that the local authorities are in - many cases - their best hope for accessing justice, even though they can be biased and discriminatory towards women.

## 02 Yemen Gender Analysis.

The International Rescue Committee (IRC)'s mission is to help people, whose lives and livelihoods have been shattered by conflict and disaster, to survive, recover and gain control of their future. The IRC is one of the largest humanitarian organizations providing relief services to the people of Yemen. With its head office in Sana'a, the IRC is operational in 7 Governorates (Sana'a, Al Hudaydah, Aden, Lahj, Abyan, Al Dhale'e and Shabwah) and offers direct programming and partner-led interventions in the areas of health and nutrition; water, sanitation and health (WASH); food security; economic recovery and development (ERD); education; child protection; and women's protection and empowerment (WPE).

The IRC first began assisting the people of Yemen in 2012, providing clean water and emergency aid to villages in the south of the country. Due to escalating violence, it suspended relief programs in May 2015, but resumed lifesaving operations one month later. The country portfolio is estimated at USD 33 million and offers integrated relief and development services to 621,242 male and 931,821 female beneficiaries, with support from USAID, OFDA, SIDA, ECHO, SDC, GFFO, and SV. Examples of program activities include:

- Provision of health, nutrition and water and sanitation services to over a quarter of a million people;
- Provision of essential drugs and medical supplies to hospitals;
- Skills building training for health staff on disease prevention and control;
- Advocating for direct humanitarian air service and a country-wide ceasefire;
- Advocating for the international community to help achieve a lasting peace.

Following a global assessment, the IRC recognized the need to strengthen its gender equality work outside of its WPE programs. In 2018, the organization commits to promoting gender equality through intentional efforts to narrow the gender gap between male and female staff and clients. In its programs, the IRC commits to implementing activities that address the barriers that women, men, boys and girls face to leading healthy, educated, safe, powerful and economically productive lives. In its operations, the IRC pledged to create a diverse, safe and inclusive workplace for staff, as the foundation for its programmatic success.

In 2019, the IRC Yemen unveiled a new multi-year, country-level **Gender Equality Strategy** which articulates the team's vision for achieving gender equality in its programs and operations. Part of the strategy involves the establishment of an independent Gender Equality Unit, led by a Gender Manager and overseen by a Senior Program Coordinator. The Gender Manager works closely with the leads for child protection, WPE, M&E, health, WASH, and livelihoods to ensure that programs incorporate a robust gender lens. As part of this work, the Strategy called for a country-level gender analysis to build the team's contextual understanding of the gender dynamics in the communities it serves and how these dynamics can impact on the organization's ability to deliver equitable outcomes for clients in the health, WASH, education, protection and livelihoods sectors.

Different organizations have different understandings of “gender analysis” and “gender assessment”, but the IRC understands **gender analysis** to refer to a process where a team seeks to understand the complex relationships between men, women, boys and girls, their access to and control over resources, their time use, mobility, and the formal and informal legal and cultural norms that shape their experience in the humanitarian system. Conducting a gender analysis was a priority for IRC Yemen because, although there is significant pre-conflict information on gender dynamics in the Yemen context, a recent CARE and GenCap report found that the majority of program related assessments since March 2015 have been gender blind, indicating a gap and a risk for programmers<sup>1</sup>.

For its first country-wide, programmatic gender analysis, the Gender Equality Unit used the IRC’s basic gender analysis tool, CARE’s rapid gender analysis tool, and the Inter-Agency Standing Committee (IASC)’s guidance for conducting sector-specific gender assessments. In total, the team consulted 465 stakeholders from July 3<sup>rd</sup> to August 3<sup>rd</sup>. Data collection activities included 48 Focus Group Discussions (FGDs) with community members and 17 Key Informant Interviews (KIIs) with government officials and technical experts. Tables 2 and 3 below give an overview of the demographic breakdown of participants. Participants were drawn from 5 governorates where the IRC has programs including: Sana’a, Aden, Abyan, Lahj and Al Dhale’e. Although the team planned to include Al Hodeida and Shabwa, these governorates could not be accessed within the assessment timelines, due to insecurity.

Table 2. Gender Breakdown of FGD Participants

Governorates	Districts	FGDs	Women (29-45 years)	Men (29-45 years)	Boys (15-25 years)	Girls (15-25 years)
Sana’a	Al Sabeen-Maeen – Al Wahda – Shoaoob –Al Tharer-Azal	19	128	22	9	39
Aden	Al Boreqha (9 neighborhoods )	15	78	12	8	18
Abyan	Khanfar –Lawder – Muda	6	38	8	-	12
Lahj	Al Habeleen	4	20	10	-	-
Al Dhale’e	Al Dhale’e – Al Zanad	4	32	-	-	4
<b>Total</b>		<b>48</b>	<b>296</b>	<b>52</b>	<b>17</b>	<b>73</b>

Table 3. Gender Breakdown of KII Participants

Governorates	Districts	KIIs	Women (29-45 years)	Men (29-45 years)
Sana’a	Al Sabeen-Maeen – Al Wahda – Shoaoob –Al Tharer-Azal	20	12	8

<sup>1</sup> Gressmann, W. (2016). From The Ground Up: Gender And Conflict Analysis In Yemen. Oxfam. Retrieved from: <http://www.careneland.org/content/uploads/2016/11/Yemen-gender-conflict-analysis-201016-en.pdf>

Aden	AL Boreqha (9 neighborhoods )	3	-	3
Abyan	Khanfar –Zanjibar	1	-	1
Lahj	Al Habeleen	1	-	1
Al Dahle	Al Dhale'e – Al Zanad	2	-	2
<b>Total</b>		27	12	15

The Yemen gender analysis had four main objectives:

- To understand how gender influences IRC Yemen's programs
- To assess the potential positive and negative impacts of IRC programs on male and female clients' safety and access to services
- To assess the capacity of IRC programs to address gender-related challenges and opportunities
- To provide recommendations to support the IRC's ability to advance gender equality objectives through its programs

The Gender Manager oversaw the design of the gender analysis tools, the data collection efforts, and the analysis of trends. She was supported by two Gender Officers – one in Sana'a and one in Aden – who led the field-level data collection activities. The data for the gender analysis was first collected in Arabic, then translated into English, and compiled and analyzed by the team. An initial workshop was held in Aden in August 2019, with 17 staff from the environmental health and WASH teams, who identified programmatic adjustments that it would make as a result. Additional workshops are planned for early 2020 with the education, livelihoods and protection teams to reflect and agree on ways to take the gender analysis recommendations forward for greater impact.

## 03 GENDER DYNAMICS IN YEMEN.

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Prior to starting the gender analysis, the Gender Equality Unit conducted a desk review to gain a foundational understanding of gender dynamics in Yemen. The desk review informed the team's subsequent efforts to develop a data collection plan and the accompanying tools for conducting a country-level gender analysis. The findings of the desk review are summarized in this section.

Continued conflict and import restrictions have precipitated a sharp decline in the living conditions for the Yemeni people, as well as serious reversals in human development gains. Currently, 24.1 million people are in urgent need of humanitarian assistance; 20 million people are food insecure; 19.3 million people lack access to safe water; 14.1 million people lack access to basic healthcare; and 1.8 million children lack access to education<sup>2</sup>.

Despite pre-crisis commitments to gender equality - Yemen approved a Women's Development Strategy and a Women's Health and Development Strategy and has ratified important global instruments like the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child, which set the minimum age of marriage at 18. In 2014, the country ranked the lowest in the World Economic Forum's global Gender Gap Index (142<sup>nd</sup> out of 142 countries) and remained in the bottom position through 2017 (ranking 144<sup>th</sup> out of 144)<sup>3</sup>. Gender equality indices were low prior to the conflict, but conditions for women and girls have worsened since this time. The prolonged crisis, ensuing stress and chaos, and entrenched patriarchal norms, have exacerbated women and girls' vulnerability and exposure to violence, abuse and exploitation.

The reverses in gender equality have occurred in a number of areas. For example, prior to the conflict, there were steady improvements in the area of education. However, between 1997 and 2014, the proportion of girls aged 6 and above without formal education declined from 67% to 43% and from 33% to 21% for boys aged 6 and above<sup>4</sup>. However, many of these achievements have been overturned since the start of the conflict, with over 1.8 million children (or a third of the school going population) out of school since March 2015. There have been similar reversals for women in public life. Women represented nearly a quarter of National Dialogue Conference (NDC) representatives and successfully advocated for agreements, like a 30% quota for women in public life and an 18-year minimum age of marriage, but these agreements have since fallen through<sup>5</sup>, as women find themselves sidelined from decision making.

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<sup>2</sup> United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (2018). "Yemen Crisis Overview" Retrieved from: <https://www.unocha.org/yemen/crisis-overview>

<sup>3</sup> Awadh, Mawa and Shuja'adeen, Nuria. UN Women (2019) "Women in Conflict Resolution and Peacebuilding in Yemen" Retrieved from: <https://yemen.un.org/sites/default/files/2019-09/WomenInConflictResolutionAndPeacebuildingInYemenFIN.PDF>

<sup>4</sup> CARE, OXFAM, GENCAP (2016). "Conflict and Gender Relations in Yemen" Retrieved from: <https://www.care-international.org/files/files/YemenGenderReport171116.pdf>

<sup>5</sup> Roweheder, Brigitte. Institute of Development Studies" (2017) "Conflict and Gender Dynamics in Yemen" Retrieved from:



Women have also been heavily impacted by the collapse of the health system. A significant proportion of the 14.1 million people who lack adequate access to healthcare are either pregnant and lactating mothers or children. The maternal mortality rate is not surprisingly one of the worst in the Arab world, with 164 deaths per 100,000 live births<sup>6</sup>. This number is expected to rise due to insufficient care for new and expectant mothers, resulting from growing restrictions on women's mobility, a lack of qualified female doctors and constricted resources.

Conflict has also seen a rise in the number of pregnancies. At least 44.3% of households have pregnant or lactating mothers compared to 23.4% prior to the conflict<sup>7</sup>. The rise in the number of pregnancies has been attributed to a rise in male idleness due to unemployment and time spent at home, and a lack of access to modern family planning methods. Communities also report that a growing number of women are getting pregnant so they can access food assistance.

Although GBV was pervasive prior to the conflict and took a myriad of forms including forced marriage, female genital mutilation, and the denial of women's economic rights, including their right to inheritance. These cultural practices have intensified and worsened since 2015. According to OCHA, there was a 70% spike in GBV in 2015, and increased rates of child marriage as a coping mechanism for vulnerable families<sup>8</sup>. One study suggested that 90% of women face sexual harassment in public spaces, resulting in restricted mobility and barriers to accessing aid. Although men face security risks, they are in a better position to defend themselves by carrying a weapon or using public or private means of transport. That said, men have unique vulnerabilities including exposure to forced recruitment and arbitrary detention by armed forces and to death and injury as a result.

Gender roles have shifted as a result of the conflict, with some positive and some negative effects. For example, men who are idle and unable to find paid employment are playing a growing role in the home. In contrast, women have become increasingly involved in both paid and subsistence labour, particularly women who have lost their husbands or been displaced. The changing roles have helped to lighten women's domestic responsibilities and to reinforce their social status. On the flip side, the changes have served to intensify conflict between married couples, as men are displaced and increasingly frustrated by their inability to provide materially for their families. The disruption in gender roles offers unique opportunities for social transformation beyond the crisis period, if programs are intentional about their approach to gender.

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[https://assets.publishing.service.gov.uk/media/5ba3772be5274a55e18d2ba0/K4D\\_HDR\\_Conflict\\_and\\_Gender\\_dynamics\\_in\\_Yemen.pdf](https://assets.publishing.service.gov.uk/media/5ba3772be5274a55e18d2ba0/K4D_HDR_Conflict_and_Gender_dynamics_in_Yemen.pdf)

6 UN News (2019). "Yemen: Maternal and newborn health 'On the brink of total collapse'" Retrieved from: <https://news.un.org/en/story/2019/06/1040531>

7 Gressmann, W. (2016). From The Ground Up: Gender And Conflict Analysis In Yemen. Oxfam. Retrieved from: <http://www.careneland.org/content/uploads/2016/11/Yemen-gender-conflict-analysis-201016-en.pdf>

8 United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (2019). "Being a Girl in Yemen" Retrieved from: <https://www.unocha.org/story/being-girl-yemen-jehan-and-hamamah's-story>

## 04 Cash assistance and on-Food Item — (NFI) Distributions.

A major component of IRC Yemen programs is the cash assistance and non-food items (NFI) distributions. Cash assistance and NFI distributions are designed to ensure that the basic needs of both IDP and host communities, where the IRC operates, are met. Cash assistance and NFI distributions are critical because the war has led to a situation where basic government services are no longer available, and people have less money or no money at all due to salary cuts or unemployment. Cash assistance and NFIs help individuals and families, who lack access to cash or who have cash but are unable to purchase what they need due to disruptions in the market. The gender analysis explored the cash assistance and NFI needs of men, women, boys and girls in Heziat, Sana'a and Al Boreqa, Khanfar and Modiya, Aden to get a sense of gender and age-related differences and the degree to which IRC interventions are responsive.

**Data Trend #1.** Women in Abdallah and Abyan expressed a preference for food baskets over cash transfers. This was because of the concern that men do not consult their wives on the use of cash, preferring to use the money on luxury items such as khat, or even taking an additional wife, as opposed to meeting the basic needs of families. In contrast, men across all sites preferred cash in hand to NFI distributions, which they viewed as restricting individual freedom/choice in meeting the basic needs.

**Data Trend #2.** Geographic differences emerged in the NFI items requested by male and female clients. A major difference was that in the South both men and women asked for spare articles of clothing. This was due to the hot weather, which required men and women to change more frequently, and to air out sweat soaked clothes at the end of the day. In Sana'a where the weather is milder, the need for additional changes of clothes did not emerge as a priority. Clients also asked for culturally sensitive clothing, and in particular "jalabia" for inside the home and "abayas" for outside the home.

**Data Trend #3.** Across all sites, women and girls expressed a need for menstrual hygiene products. Women reported that this is the one item that is consistently missing from NFI distributions because male NGO staff and men in the community do not see women's personal hygiene challenges as a priority. Women differed in their preferences of sanitary products – with women from the North preferring disposable pads and women from the South preferring reusable cotton cloths.

**Data Trend #4.** Sources of fuel for cooking is a major priority for both women and men. There has been a significant increase in the time and money spent by women on firewood collection and fuel purchase. In the North, gas is expensive and often unavailable. In Aden, gas is available, but expensive. As a result, women must leave their homes early in the morning to collect firewood, increasing their time poverty and limiting the time spent on other more productive work. In rural areas and IDP camps, women are responsible for collecting firewood, whereas in urban areas it is mostly men.

**Data Trend #5.** In the North, girls' needs aligned with adult women's. This is because girls in the North spend more time helping their mothers both inside and outside the home, so their needs

are focused on practical, household items like clothes, blankets, cooking utensils and furniture. In contrast, girls in the South requested money for transport to take them to school. In the South, schools are far apart and the cost of transport is high. While boys can travel on motorbikes, this form of transport is prohibited for girls. In more conservative communities, like Abdallah, girls also require a mahram (or male family member) who can accompany them to school.

**Data Trend #6.** Girls appear to have the least access to cell phones and the internet. This is because parents restrict their access out of fear that the phones will be misused and their daughters dishonoured in the process. Girls would like at least occasional access to mobile devices so they can communicate with their friends. Boys appear to have intermittent access to cell phones.

**Data Trend #7.** While not technically an NFI, both women and girls expressed a need for women-only spaces, where they could meet, socialize, and access new information and services. Few such spaces currently exist due to cultural norms that restrict female meetings and gatherings to family events inside the home.

**Data Trend #8.** In the South, boys asked for reinforced plastic bags so they could help their mothers carry heavy items from the market (male respondents noted that a growing number of boys are playing the role of absentee husbands/fathers). Boys also asked for shoes to play football, and for designated areas where they could do sports. This last request shows the difference between boys and girls in Yemen. Whereas boys have free time when they are not in school, girls are busy with household tasks, and eager to go to school.

### Recommendations

- Teams responsible for distributions should work closely with the Gender Equality Unit to ensure that cash assistance and NFI items respond to the unique needs of men, women, boys and girls. This could involve pre-distribution assessments and client satisfaction surveys conducted over the course of the project cycle to assess gender sensitivity.
- Teams should consult with female clients prior to starting a cash transfer program. In some areas like Abdallah and Abyan, where women have limited control over household income, cash transfers should be replaced with food baskets or vouchers to prevent men from misusing money. In areas, where long-term interventions are planned, program teams should explore interventions to increase couples' communication and joint financial planning.
- Menstrual hygiene kits should be included as a matter of course in all NFI distributions. To ensure that the right products are procured, women and girls should be consulted about their needs/preferences, and WASH and GE staff should work together to ensure that the distribution of kits is accompanied with basic information about the use and disposal of sanitary items.
- Teams should respond to the energy needs of women IDPs and their families. This will relieve the time and cost burden associated with searching for and securing fuel each day, as well as the safety risks associated with firewood collection. Women in all sites expressed a preference for gas, which reduces the time spent on cooking and asked for cookstoves with double burners, which reduces the time needed to cook for large families.
- When providing non-cash clothing assistance, differences in climate should be considered (in the South, people require a spare set of clothing), as well as cultural preferences (jalabias and abayas).

- Teams should establish safe spaces where women and girls can meet, socialize, share information, sell or exchange household goods and receive distributions. As a minimum, these spaces should be covered, and the location determined by women, with support from local sheiks/imams.

## 05 Water, Sanitation and Hygiene (WASH).

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Currently, over 14 million people in Yemen have inadequate access to clean water and sanitation, which has increased the spread of disease. The conflict has forced women and children, which are the groups responsible for collecting water, to travel longer distances in search of water, posing new risks to their safety. The IRC supports 135,433 people to access WASH services in Aden, Lahj, Abyan, Al Dahle'e, Shabwah, Amanat Al Asimah, Sana'a and Al Hodeidah. IRC's WASH programs have two main components –improving communities' access to safe drinking water and building local capacity to provide WASH services. The gender analysis explores the roles and responsibilities of men, women, boys and girls in relation to WASH, the ways different groups are impacted by water shortages, and if and to what extent WASH services are responsive to the needs of women and girls.

**Data Trend #1.** Across all sites, women, men, boys and girls report having less access to water than previously and that the amount of water available to them is insufficient to meet families' daily needs. The problem is compounded by the fact that men, who are the ones responsible for making financial decisions, do not prioritize water purchase, even when this is an option. Women believe that this is because men are less acutely aware of families' consumption needs and are less affected by water shortages.

**Data Trend #2.** The water crisis has dramatically increased the time that women and girls spend on water collection. In urban areas, women spend an average of thirty minutes on water collection each day, whereas in rural areas, women spend one to two hours twice a day. In Abyan, Abdallah and certain areas of Sana'a, water is available from water trucking companies and private sellers, but the cost ranges from 6,000 to 10,000 rials a day, depending on the size and consumption needs of the family. Despite the fact that water is available locally, the high cost forces women to make the long, daily trip to public taps.

**Data Trend #3.** The long trips to public taps, expose women and children to violence and abuse. Women in Sana'a, Aden, Dhale'e, Lahj and Abyan reported frequent experiences of sexual harassment. Boys and girls who help their mothers to collect water also face harassment but are more vulnerable due to their age and lack of experience. All groups report feeling unsafe around the packs of wild dogs that roam near water points, and which they fear carry disease.

**Data Trend #4.** Water collection points are unsuitable for people living with disabilities and for vulnerable groups like the elderly or the sick, as they are not designed with their needs in mind. For example, many water collection points have been built on a hill or incline.

**Data Trend #5.** In Sana'a, Aden, Dhale'e, Abyan and Lahj, water points do not have public toilets or bathing areas that women can use. This is because they are built on the streets with little privacy. This has led to improper bathing routines and menstrual hygiene practices for women.

**Data Trend #6.** Water user committees are currently managed almost exclusively by local leaders who are men. Male leaders set policies that are insensitive to the needs of women.

For example, public water points are open during hours that clash with women's schedules or ignore their safety concerns.

**Recommendations:**

- To address insufficient water supply and women's increasing time poverty, teams should consider supporting free water trucking services that bring the supply closer to women, particularly in the southern governorates.
- In communities where the IRC has WASH programs, teams should work with communities to set a mandatory 30% quota for female water committee members, or advocate for the inclusion of at least one female representative (a female teacher, or the wife of a sheik etc.) who is responsible for consulting with women about the design and management of water points
- Support female water user committee members to advocate for more gender responsive WASH services – including earlier hours of operation (from 6 am to 8 am as opposed to 8 am to 5 pm), which are more convenient for women and safer from the perspective of sexual harassment.
- WASH teams should work to ensure that the design of water collection points are sensitive to the needs of women and other vulnerable groups (e.g., that taps are built on flat surfaces that are easy to access, that bathrooms allow women to wash in private, and without fear of harassment etc.).
- With the support of the GE /WPE teams, find ways to quickly and carefully address the sexual harassment concerns raised by female water users.
- Ensure that women's menstrual management concerns are addressed in the design of public washing facilities, that hygiene kits are systematically included in NFI distributions, and that information about female hygiene is mainstreamed in WASH outreach.
- Target male members of water user committees and male community members in sensitization activities to increase men's involvement in water collection tasks and their support for water purchase to reduce women's time and labour burden.

## 06 Health.

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Access to healthcare services has been seriously disrupted since 2015, with frequent shortages in medicine, equipment and staff. Women's access to maternal healthcare has been particularly affected, with more than 2.2 million Yemeni women and girls of childbearing age at risk<sup>9</sup>. It is estimated that over 500,000 pregnant women are unable to find safe, affordable medical services, with reproductive health services in less than 32% of IDP settlements, and 28% of returnee communities<sup>10</sup>. Yemen continues to have one of the highest maternal mortality rates in the Arab region, a situation which is worsened by a lack of access to nutritious food, and a crumbling health system. Gender norms, and emerging safety issues, have further limited women's freedom of movement and access to health care as a result. The IRC provides a range of primary health care services to 19.7 million people. The gender analysis looks at gender dynamics, including harmful socio-cultural practices that act as barriers to women and girls' access to nutrition and to the products and services that support optimal health.

**Data Trend #1.** In terms of health, men and women have been affected by the crisis in different ways. Water scarcity, lack of access to medicine and medical practitioners and a general lack of awareness about prevention has led to a proliferation of largely preventable diseases like cholera, diphtheria and rabies. As the primary caretakers and the ones responsible for health and hygiene in the home, women are the most impacted when a family member falls ill. They are also less able to engage in self-care when family members fall ill because of their heavy work schedules. Men on the other hand are more vulnerable to conflict-related injuries and death, particularly in the Aden, Al Dhale'e, Lahj and Abyan areas where there has been heavy fighting. When men are away fighting, or when they die or are seriously hurt, the nutrition of the entire family is affected, through the loss of an income stream.

**Data Trend #2.** Despite their role as caretakers, women's access to information about the practices that support good health are restricted. Whereas women tend to come into contact with new information through female friends and family members or when they visit health centers, men are more mobile and have access to a range of information sources including mosques, markets and community gatherings. Access to information about health is critically important as families transition from herbal remedies and home based treatment to a modern medical system, which is new.

**Data Trend #3.** Men control decisions about health care expenditures, which means that women are dependent on men in these matters. This can lead to conflicts when men and women disagree about treatment options for sick family members.

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9 United Nations Population Fund (UNFPA) (2017) "Women and Girls Among the Most Vulnerable in Yemen"  
Retrieved from: <https://yemen.unfpa.org/en/news/women-and-girls-among-most-vulnerable-yemen>

10 Office for the Coordination of Humanitarian Affairs (OCHA) (2017) "Humanitarian Needs Assessment Overview"  
Retrieved from:  
[https://www.unocha.org/sites/unocha/files/dms/yemen\\_humanitarian\\_needs\\_overview\\_hno\\_2018\\_20171204.pdf](https://www.unocha.org/sites/unocha/files/dms/yemen_humanitarian_needs_overview_hno_2018_20171204.pdf)

**Data Trend #4.** A major barrier to maternal health is the lack of female doctors. Culturally there is a strong taboo against women being treated by male doctors for pregnancy and reproductive health. In fact, many husbands refuse to let their wives go for ante-natal and post-natal checks for this reason. The recruitment of female doctors in remote villages is extremely challenging, and some organizations have resorted to deploying foreign medical professionals to fill the gap – which is a temporarily effective but unsustainable strategy.

**Data Trend #5.** Across all sites, men take the lead on family planning (how many children to have, the spacing, use of contraceptive methods etc.). Prior to 2015, the government supported family planning programs, but not all methods were available. Since the war, family planning interventions have been halted in the North, where Houthi authorities have taken the position that families should have as many children as possible to contribute to the war effort. In the South, family planning methods are difficult to find and expensive.

**Data Trend #6.** In Sana'a, Aden, Al Dhale'e and Abyan, communities continue to practice harmful behaviours with regards to pregnancy, birth and childcare, with negative impacts for parents and children. Examples of harmful practices include substituting breastmilk with animal milk, keeping animals in living spaces and using animal waste as fuel. All of these practices lead to poor nutrition and worsening environmental health.

**Data Trend #7.** The focus on basic health care provision has not always been sensitive to the needs of vulnerable groups. In Aden, Al Dhale'e and Abyan, elderly people suffering from chronic illnesses like heart disease and cancer cannot access the care they require. They report traveling long distances to access major health facilities like Al Habileen hospital or paying up to 20,000 rial to travel by road. Also, since most health centers are not equipped with devices like walking sticks, wheelchairs, glasses, hearing aids, and dentures, the elderly lack basic equipment.

#### **Recommendations:**

- To improve women's access to maternal and reproductive healthcare, teams should identify women who can be trained as midwives through a six-month program. Upon completion of the program, the women can be employed by local health facilities or remunerated by the community. There should be simultaneous efforts to increase men's (and male community members)' understanding of the grave health consequences that can arise when women fail to receive proper care by male medical staff, when the situation requires it. Another option is to increase support for mobile health clinics staffed by female doctors, with a focus on villages in rural areas and the governorates of Al Dhale'e, Abyan and Lahj.
- The majority of healthcare interventions target women, but men are important decision makers when it comes to adopting new health seeking behaviours and spending on treatment/care. Teams should design interventions that target men as gatekeepers of health seeking behaviours and health expenditures. This will create an enabling environment for health promotion activities. Men should also be encouraged to take a more active role in caretaking activities in the home, to lessen the burden of care that currently falls to women and girls.
- When planning health promotion activities, teams should consider the different ways that men and women receive information. While home visits and outreach in health centers may be effective ways of reaching women, information campaigns targeting men should utilize community meetings, khat chewing joints, schools, markets and mosques.



- For future health proposals, teams should build in components that address family planning gaps, in the South to begin and in the North as the situation allows.
- Where possible, teams involved in basic healthcare provision should address the healthcare needs of vulnerable groups like the elderly and people living with disabilities, through training for medical professionals and stocking local health facilities with the appropriate equipment and medicine.

## 07 Food Security.

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In Yemen, over 7.4 million children suffer from acute malnutrition and 67% from Severe Acute Malnutrition (SAM). The conflict has led to a growing number of female-headed households – some estimates the figure at 10 to 30% of IDP households<sup>11</sup>. It is a well-known fact that female-headed households are at a higher risk of food insecurity, especially when the female head is young, elderly, has a disability, is an IDP, refugee or part of a minority ethnic group<sup>12</sup>. Female heads of households' vulnerability is exacerbated by the fact that, without an adult male in the household, their income decreases. This forces women into the position of assuming the role of provider, but cultural norms and security considerations do not allow them to the same degree as men. Women also face a number of well documented challenges accessing humanitarian aid.

The IRC supports several food security programs. Relevant activities include outpatient supplementary feeding programs – Outpatient Therapeutic Programs (OTPs) and Therapeutic Feeding Centers (TFCs) – to address the needs of severe, acute malnutrition (SAM) for children under 5. The IRC also offers specialized care for vulnerable groups with a focus on pregnant and lactating women and children suffering from malnutrition. Exclusive breastfeeding and positive feeding practices are promoted with mothers with children under 5 through dialogue sessions and cooking classes. The gender analysis looks at the gender dynamics that affect household food security, as well as the entry points for programs.

**Data Trend #1.** In Sana'a, Aden, Al Dhale'e, Lahj and Abyan, female headed, child headed and elderly headed households are the most food insecure and individuals in these groups report that they do not have sufficient food to meet their daily needs unless one or more family members has stable employment, or consistent access to cash transfers and rations through INGOs.

**Data Trend #2.** There were no food-related taboos or dietary restrictions for women or men in Sana'a, Aden, Al Dhale, Lahj and Abyan. However, when there are food shortages, women will eat smaller portions than men, and tend to eat last.

**Data Trend #3.** There is a widespread belief that cooking is a woman's job and despite the fact that cooking takes longer than it did in the past due to fuel restrictions, men are reluctant to support women with food preparation tasks.

**Data Trend #4.** All groups concurred that girls forced into early marriage are less knowledgeable about correct breastfeeding practices, and that their children are more likely to be malnourished. Men believe that male infants are better fed than females, although women disagreed that this is the case.

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<sup>11</sup> Gressmann, W. (2016). From The Ground Up: Gender And Conflict Analysis In Yemen. Oxfam. Retrieved from: <http://www.careneland.org/content/uploads/2016/11/Yemen-gender-conflict-analysis-201016-en.pdf>

<sup>12</sup> Gressmann, W. (2016). From The Ground Up: Gender And Conflict Analysis In Yemen. Oxfam. Retrieved from: <http://www.careneland.org/content/uploads/2016/11/Yemen-gender-conflict-analysis-201016-en.pdf>

**Data Trend #5.** Women reported that their diets are not rich enough in vitamins and minerals. Limited household resources limit families' ability to purchase fruits and vegetables at the market, which men agree with.

**Data Trend #6.** In Sana'a, families showed more concern for the nutritional status of men and boys than women and girls. This is due to the belief that boys eventually leave the home in search of work and need to be physically strong.

**Data Trend #7.** At health centers, malnourished children are sent to feeding centers to access therapeutic feeding with their older brothers and sisters, as opposed to parents who are busy. Such cases cause challenges for staff in terms of clearance, and result in children being turned away from centers, and not returning.

**Recommendations:**

- Food distribution activities should prioritize vulnerable households (female-headed, child headed etc.), and develop criteria to identify groups that are at high risk within the community.
- Food distributions made to male-headed households should consider power dynamics and cultural norms within the household that prevent women and girls from benefitting fully from rations. For example, prior to food distributions, teams should take time to educate clients about gender equitable feeding practices, and the need to carefully monitor and support the nutrition of pregnant and lactating mothers.
- Activities designed to raise awareness on exclusive breastfeeding, should not only tackle local practices like the substitution of breastmilk for animal milk, but should focus on young women and adolescent girls, and on breastfeeding practices that favour male infants.
- Teams should consider incorporating permagarden components into existing food security programs, so families (and pregnant and lactating women in particular) can access a more diverse, nutrient rich diet that includes fruits and vegetables.
- Teams should strengthen mobilization efforts so that messages on outpatient intake for supplementary feeding activities is clear. This will help to avoid situations where malnourished children are turned away by health staff, and do not return.

## 08 Education.

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In Yemen girls have historically had less access to education than boys. When resources are scarce, families prefer to send boys to school and to hold girls back so they can help with household chores. Early marriage is another major reason for girls' school drop-outs. Statistics indicate that 52% of Yemeni girls marry before they reach eighteen, and 14% before they are fifteen<sup>13</sup>. Girls' access to education has worsened since the onset of conflict, with an estimated 800,000 to 1.2 million girls unable to go to school because of displacement, the destruction and closure of schools, or safety concerns<sup>14</sup>. In 2018, the IRC launched an education program with the goal of restoring access to educational opportunities for out of school boys and girls. The program seeks to expand access to safe, quality education; build the capacity of teachers; provide effective psychosocial support to children; and deliver educational services that are effective and responsive to local needs. The gender analysis assesses the barriers to equitable school enrollment, completion and achievement.

**Data Trend #1.** In Sana'a, the security situation, displacement of students and teachers, lack of salaries for teachers and rising poverty of students' families pose serious challenges to school attendance. In the South, young people have better access to education, but live far from schools, and lack transport. Widespread poverty poses an additional challenge to access.

**Data Trend #2.** Challenges to girls' school attendance differ by region. In the North, girls are held back from school to help their mothers with domestic chores. In the South, transportation is a more significant challenge because schools are far from communities. Even if families can afford to send their daughters to school by motor-taxi, it is considered "shameful" for women. In both the North and the South, rising rates of early marriage negatively impact girls' school completion rates.

**Data Trend #3.** Boys reported that they too face certain risks when traveling to school in Aden, Al Dhale'e, Lahj and Abyan, the primary of which is kidnapping. However, this challenge can be overcome by families who can afford to pay for motor-taxis or other private means of transport.

**Data Trend #4.** In the North and South, schools are even less accessible to children with disabilities. Currently, the needs of this group are not reflected in the design or lay out of school premises (e.g., the need for ramps as opposed to stairs), and the distances that children need to travel to access school.

**Data Trend #5.** School toilets are also not especially gender sensitive or accommodating of girls' menstrual hygiene needs. In Sana'a, school toilets are accessible and safe but there is an insufficient supply of clean water because schools lack the funds to purchase water or pay

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13 Gressmann, W. (2016). From The Ground Up: Gender And Conflict Analysis In Yemen. Oxfam. Retrieved from: <http://www.careneland.org/content/uploads/2016/11/Yemen-gender-conflict-analysis-201016-en.pdf>

14 Gressmann, W. (2016). From The Ground Up: Gender And Conflict Analysis In Yemen. Oxfam. Retrieved from: <http://www.careneland.org/content/uploads/2016/11/Yemen-gender-conflict-analysis-201016-en.pdf>

water bills, or access to power sources needed to pump water. Schools in Aden, Al Dhale'e, Lahj, and Abyan struggle with access to water, which poses a special challenge for girls during their menses. In these governorates, girls reported feeling unsafe and embarrassed using the same toilets as boys. Girls did not draw a direct link between bathroom facilities and school attendance, but research conducted by a GIZ-funded WASH program in Yemen in 2017 in 12 governorates in the North/South showed that there was a relationship between girls' irregular school attendance and eventual drop-outs and the lack of piped water and bathroom facilities in schools. Risks for school drop-outs intensify when girls reach 12 years of age, and begin to have their periods.

**Data Trend #6.** Another major barrier to girls' school attendance and achievement is the lack of female teachers. Finding teachers of either sex with adequate training and experience is a significant challenge, but particularly for female teachers, in the South in Abyan and Al-Dhale'e. In Sana'a, teachers generally have the requisite qualifications and experience but many stop teaching due to low salaries. The decision to enroll girls in school is usually made by the father or the brother if the father is absent or away. Mothers/grandmothers will sometimes try to influence men, if they refuse to enroll girls in school, and they feel strongly about its importance.

**Data Trend #7.** Respondents did not openly discuss sexual harassment and gender-based violence in schools. However, they noted that schools have systems in place for handling incidents, where school administrators and teachers refer children to the social worker. If the social worker is unable to resolve the problem, he/she calls the student's parent or guardian. A growing number of local and international organizations have supported training for school social workers on this topic.

#### **Recommendations:**

- Future projects in the education sector should prioritize the rehabilitation of damaged schools, as well as upgrades to existing schools to improve responsiveness to vulnerable groups, like disability friendly ramps, sex separate toilets, adequate washing facilities and drying racks for girls during their periods.
- Education sector teams should promote girls' school attendance through outreach with community leaders and school supplies, cash incentives and food assistance to families. Outreach should emphasize the importance of girls' education and delaying marriage.
- Consider ways to make gender friendly, affordable transport options available for school age children. This could be a project that the education team tackles in partnership with the livelihoods team, by supporting the emergence of locally-based private sector transport operators.
- Invest in teacher training, with a focus on female teachers. Work closely with local education actors and communities to overcome barriers to female teacher retention, by improving salary, safety and relocation packages.
- With the WPE team, consider investing in teacher training in GBV prevention and response in schools. One option that can be considered is Raising Voices' Safe Schools methodology, which has been used successfully in a variety of contexts.

## 09 Protection.

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Protection is a theme that cuts across IRC's work. Given the situation of deteriorated security, and the acute vulnerabilities of men, women, boys and girls, particularly in IDP settings, it is an area that has received special attention from the IRC's WPE and child protection teams. The IRC first launched its WPE and child protection work in 2017 to respond to GBV and protect and empower women and children through direct assistance in five governorates – Abyan, Aden, Al Dhale'e, Sana'a and Al Hodeidah. The assistance is channeled through the following three components: 1) Prevention and risk reduction through community engagement; 2) Static and mobile response via women and girls' community centers (WGCC); 3) Establishing safe spaces for women and girls at health centers and through mobile safe spaces; and 4) Building the capacity of local NGOs and CSOs to provide GBV services. The gender analysis looks at the protection concerns of different gender and age groups in a changing environment to assess whether programs are responsive.

**Data Trend #1.** As might be expected, protection risks were different for different gender and age groups. For men and boys, fears centered around kidnap, arrest, arbitrary detention and forced conscription, injury and death, and the lack of employment opportunities. For women and girls, street harassment, rape, and forced marriage were major concerns. For their part, children live in a perpetual state of fear that something will happen to their caregivers, leaving them to fend for themselves and their siblings.

**Data Trend #2.** All groups were concerned about the proliferation of small arms and handheld weapons. Rampant arms increase the risk of violence and a feeling of vulnerability. Several respondents described the situation as "tragic" and referred to Yemen as an "armed society".

**Data Trend #3.** A number of respondents discussed the poor roads and broken wires, which increase the risk of motor vehicle accidents and electrocution.

**Data Trend #4.** All groups discussed what they described as the lack of a functioning legal system and general lawlessness, with an emphasis on Aden, Al Dhale'e, Lahj and Abyan. Men said there was a need for stronger laws and respect for human rights ("there are no longer any rights to violate..."). They argued that in the absence of this, men and boys will continue to go to war so they can defend their country and families. Women emphasized that families wouldn't need to discuss strategies for keeping women safe, if the law worked.

**Data Trend #5.** Although women agreed that customary law was flawed and biased against them, it was often preferable to the formal legal system. However, in general women are reluctant to approach male leaders unless there is a serious problem or dispute within the family.

### Recommendations:

- Increase efforts to educate both formal and informal justice actors about the principles of gender equality, and GBV case management and referral. Make the

services more accessible to women so they are not seen as the last resort, once a conflict has escalated.

- Governance teams should assess opportunities to advocate for disarmament campaigns.
- Mainstream human rights and legal information across IRC's programs to increase awareness and pressure authorities to respect legal protections for men, women, boys and girls.
- Although domestic violence was not discussed openly in the interviews, statistics suggest that intimate partner violence is widespread and on the rise. Sector leads should consider the risk of domestic violence for women and girls when planning and implementing programs that involve injections of cash or other resources into the household.

## 10 Conclusion.

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The Yemen gender analysis points to clear challenges and opportunities where gender equality is concerned. While there are strong standalone WPE and child protection program components, it is clear that there are gender aspects that need to be addressed in sector work to ensure equal access to program activities and services by men, women, boys and girls. For example, women's preference for NFIs over cash, the need for more representative water user committees that can advocate for inclusive services for women, the need for female teachers, who can create a safe space for female students in government run schools. There is also a clear need to address gender dynamics, which, left unaddressed, could undermine programmatic outcomes. Examples include men's control over household finances, which in some cases diverts program resources away from the family and harmful patriarchal norms around breastfeeding, and the types and quantities of food consumed by men and women, which lead to unequal health and nutrition outcomes for women and girls.

As a next step, the Gender Equality Unit will disseminate the gender analysis findings, and schedule workshops with the food security, health, cash transfer, education, WPE and protection teams so they can reflect on the implications of the gender findings for their sector, consider the recommendations proposed by the Gender Equality Unit, and chart a way forward with technical support of the Gender Manager and Gender Officers. However, this process will only be successful if teams have strong managerial support from the Deputy Director of Programs, Senior Program Coordinator, and M&E Specialist, and who can commit the necessary resources (human and financial), in particular for gender transformative activities, that call for long term behavior change.



