

**RESEARCH STUDY ON ASSESSING  
SAFETY & PROTECTION NEEDS  
OF MUHAMASHEEN WOMEN AND  
GIRLS IN AL HUDAYDAH, YEMEN**

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ENSURING RIGHTS AND CHOICES FOR ALL



UNITED NATIONS POPULATION FUND

## EXECUTIVE SUMMARY

This study, conducted in collaboration with the Yemen Women Union, and with technical support from the Global Area of Responsibility (AoR) examines the safety and protection needs of women and girls of the Muhamasheen, an ethnic minority community in Al Hudaydah Governorate of Yemen.

The study aims to identify the specific safety and protection needs of the community women and girls in the context of the ongoing conflict. It also analyses the impact of the pre-existing marginalization on their vulnerability to gender-based violence and informs the development of targeted and tailored GBV programming strategies and interventions by UNFPA and the GBV AoR members to effectively serve the Muhamasheen community and other marginalized groups.

The study establishes the pre-existing marginalization of the Muhamasheen community and the disproportionate impact of the ongoing conflict on their basic needs. Their access to basic needs such as food, water, healthcare, education, safe housing, and regular income is severely impacted. The desperate search for necessities, particularly food security, disproportionately burdens women and girls within the community. The community also lacks secure housing and regular income, forcing many to spend most of their days searching for food. The research identifies the lack of legal frameworks prohibiting discrimination and promoting Muhamasheen inclusion as a key factor hindering their well-being. Furthermore, the absence of pre-conflict and current reintegration strategies from both the government and humanitarian actors exacerbates their vulnerabilities.

While the research focuses on Al Hudaydah, the findings likely resonate with the Muhamasheen community across Yemen. The proposed interventions hold potential for application nationwide.

**The study proposes a multi-pronged approach to address the critical needs of Muhamasheen women and girls, as well as other marginalized groups. This includes providing immediate and long-term solutions:**

- Ensure safe and dignified access to food assistance, WASH services, free healthcare, and safe housing, particularly for females.
- Prioritise education through food incentives, development of alternative income sources, and integration of WASH facilities in schools.
- Promote inclusion strategies through education quotas, recruitment of Muhamasheen graduates, and capacity building for local Muhamasheen NGOs.
- Establish safe spaces for women and girls, offer support through female caregivers, and provide mental health services for GBV survivors



## BACKGROUND AND METHODOLOGY

The Muhamasheen are an ethnic minority group with communities present throughout Yemen. Notably large populations reside in governorates like Al Hudaydah, Taizz, Ibb, Lahj, Al Mahweet, and coastal areas of Hajjah and Hadramaut. Though no verified data is available about the population size of the Muhamasheens, estimates suggest their numbers range between 300,000 to 500,000 across the country. Out of this number, approximately 300,000 individuals live in Al Hodeidah Governorate. This study represents the first targeted investigation into the specific vulnerabilities faced by Muhamasheen women and girls in Al Hudaydah. The study employs a tailored methodological approach conducted using tailored tools that are fit for purpose with the technical support of the GBV approach developed in collaboration with the Global Gender-Based Violence Area of Responsibility (GBV AoR) in Geneva to ensure its effectiveness within the Muhamasheen community context.

### Methodology:

This study employed a mixed-methods approach to gather data on the vulnerabilities faced by Muhamasheen women and girls in Al Hudaydah Governorate.

Two phases of focus group discussions (FGDs) were conducted. The first phase (four groups) explored the general living conditions of Muhamasheens in Bajil, Hajjailah, and AlHawak. The second phase (19 groups) focused specifically on GBV attitudes and behaviors, held in Ali-Hali, Zabid, Az Zydiah, Maraweah, Al-Hawak, Hajjailah, and Bajil districts. Participants included adolescents, women, and men from the Muhamasheen community and other communities.

In-depth interviews were conducted with 120 key informants from Zabid, Al-Hali, Maraweah, and Al Zydiah districts. Interview topics covered living conditions, violence against women, provision of services, challenges that Muhamasheens face regularly, and their coping mechanisms for survival.

The study engaged a total of 367 participants across FGDs and KIIs. These participants included adolescents, women, and men from the Muhamasheen community and other communities, along with key informants.

Following data collection, a reflection session was conducted that allowed researchers to discuss the tools applied and lessons learned. A separate data analysis session was organized to validate information before the dissemination of the final report.

1. Report of the Special Rapporteur on Minority Issues, United Nations Human Rights Council Thirty-First Session, January 28, 2016. Available at [http://ap.ohchr.org/documents/dpage\\_...asp?si=A/HRC/31/56](http://ap.ohchr.org/documents/dpage_...asp?si=A/HRC/31/56). Accessed June 4, 2019.

2. Focused Group Discussions, meeting with SCMCHA, NGO working with Muhamasheen, results were as follows: Recent figures collected from twelve districts indicate total 15,307 HH from Muhamasheen reported by SCMCHA (data at household level): 289HH Tuyta, 1742HH Jarahi, 585HH Durahami, 3741HH Zuhrah, 943HH Ad Dhahi, 1588HH Qanawis, 906 HH Maraweah, 1192 HH Mighlaf, 1313 HH Mansoryai, 82 HH Muneerah, 654 HH Bajil, 1800 HH Jabal ras. Female-headed households 3251. These figures don't show all figures but figures shared are accurate. Caseload in Hodeidah city (three districts) is much higher compared by any other three districts, in addition Zabid is the origin of Muhamasheen countrywide



## KEY FINDINGS AND ANALYSIS

Focused Group Discussion Sessions with the Muhamasheen community and interviews with key informants

Data from focus group discussions with the Muhamasheens community and key informants interviews revealed extensive time spent outside the home (14-15 hours daily on average for various activities. Here is a breakdown of these activities:

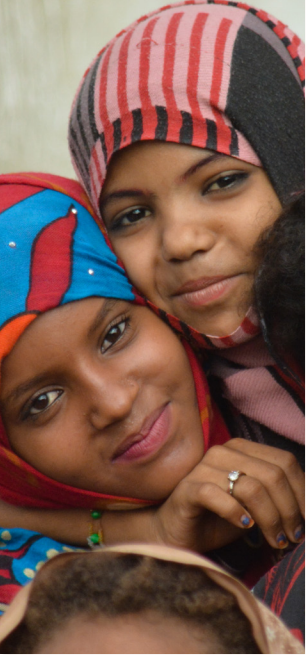
- **Essential tasks for living and livelihood:** begging, looking for food, collecting plastic bottles (recyclable), firewood and water, casual farm labour in exchange for food, serving as maids at homes, clothes washing, domestic work, collecting FUL (Arabian Jasmine), and selling goods at checkpoints.
- **Social and leisure activities:** Attending qat sessions, celebrations, and shopping, watching TV, participating in weddings, and other social activities
- **Household responsibilities:** childcare, cooking, cleaning, fetching water, hand washing of clothes, housekeeping, and household maintenance.

Key informant interviews additionally highlighted time spent on activities perceived as unproductive, such as wandering the streets during the day and chasing men in night markets, and extensive use of social media.

FGDs revealed a gendered division of labor, with women and girls often engaged in:

- Domestic chores (cooking, cleaning, childcare)
- Fetching water and firewood
- Selling goods
- Participating in social activities (weddings, celebrations)

The FGDs from Zabid and Jarahi districts raised concerns about children working in banana farms' exposure to chemical pesticides reportedly affecting their health, leading to skin discoloration and malnutrition.



## Girls education:

Both focus group discussions (FGDs) with the Muhamasheen community and key informant interviews (KIIs) revealed significant barriers hindering girls' education. The enrollment rate for Muhamasheen girls is estimated to be between 2-3%, with less than 1% reaching the university level. Here's a breakdown of the identified factors:

### Factors preventing girls' education:

1. **Socioeconomic Hardship:** Extreme poverty limits families' ability to afford school fees, uniforms, supplies, and daily necessities like transportation or lunch money.
2. **Discrimination and Marginalization:** Social and sexual harassment, negative attitudes towards girls' education among Muhamasheen, and societal discrimination contribute to their exclusion.
3. **Lack of documentation:** The absence of birth certificates, a common issue within the Muhamasheen community, can further restrict access to education.
4. **Distance and Safety Concerns:** Schools in some cases are located too far from Muhamasheen settlements, raising safety concerns for girls traveling long distances.
5. **Competing Needs:** Daughters are often pressured to contribute to household survival through domestic chores, income generation (harvesting, begging, street vending), or childcare.



While some key informant interviews confirmed limited school attendance among Muhamasheen girls, others highlighted a few exceptions where fathers working abroad facilitated their daughters' education. However, some KIIs also expressed concerns about disruptive behavior by Muhamasheen girls in schools, such as beating other female students, stealing money and books, etc.,. Families don't have money to cover school fees, curricula costs, and clothes, among other things. The majority of girls join their mothers in harvesting Ful, collecting leftover food from restaurants, begging at markets, cleaning cars, selling goods at traffic junctions or wandering the streets.

FGDs revealed a sense of helplessness among mothers who lack control over their daughters' education due to financial constraints, coupled with the fathers' disapproval of girls' education, and daughters' disinterest stemming from a lack of role models and exposure to alternative activities like social media or domestic work such as serving as maids, fetching water and firewood collection.

Limited access to higher education: Focus group discussions (FGDs) revealed underutilization of Muhamasheen quotas in higher education. Barriers include:

- Meeting minimum requirements to be eligible for scholarship including an in-person interview of father and student (based on skin color, among others) at the national level, followed by a competency test.
- Families often cannot afford transportation costs associated with scholarship applications. This significantly reduces the pool of applicants, with only a small fraction (10 out of 50) pursuing higher education opportunities.



### **Social hierarchical classification:**

FGDs revealed the Muhamasheen community perceives Yemeni society as divided into a social hierarchy of community groups among which they see themselves as the most marginalized one for being, being of black skin. They view themselves as the lowest tier, discriminated against based on their dark skin and non-Arab origin.

Both Akhdam and Raisah groups are distributed in all districts and they perform two different roles. Akhdam is engaged in cleaning and washing, household chores, drumming, and dancing while Raisah cooks food, do haircuts, animal slaughter for food (domestic livestock), and bridal suitcase packing, and carrying. Usually paid in some cases unpaid.

### **Safety concerns:**

Focused Group Discussions and KIIs identified both pre-existing and conflict-exacerbated safety concerns:

- Pre-Existing Vulnerabilities: Violence, verbal abuse, denial of resources, and limited protection mechanisms plagued the Muhamasheen community even before the war.
- Conflict-Induced Risks: Displacement, economic hardship, increased time spent outdoors, and movement restrictions heightened safety concerns for women and girls.





Key informant interviews (KIIs) revealed a critical situation for Muhamasheen women and girls:

- Inadequate Shelter:
- Limited Mobility:
- Domestic Violence and Coercion:
  - Forced Marriage:
  - Exposure to Abuse:

### **Vulnerability of Women and Girls:**

FGDs and KIIs highlighted the heightened vulnerability of women and girls. KIIs indicated that some women are compelled by their husbands to beg, facing physical violence, threats, denial of resources, and other forms of abuse (verbal, and corporal punishment).

- Domestic Violence: Fear of physical violence if unable to secure family needs.
- Sexual Violence: Risk of rape and sexual harassment while begging or seeking work.
- Limited Agency: Forced to leave home alone for essential tasks, increasing their exposure to risks.



### **Negative coping mechanism:**

FGDs revealed desperate measures resorted to by some Muhamasheen women and girls and their families:

- **Survival sex:** Exchanging sex for food or medicine due to extreme poverty.
- **Child Marriage:** Early marriage as a means of survival and security.

Many are child marriages, uneducated with limited capacity to work, and resort to either begging or accepting inferior work modalities such as cleaning and collecting plastic bags. These mechanisms and strategies have long-term consequences regarding mental health, rights, education, economic opportunities, and limited access to public services.



### **Discrimination and social exclusion:**

FGDs revealed negative stereotypes and discrimination faced by Muhamasheen women and girls: They experience social exclusion and inhuman treatment. There is a negative perception portrayed about the Muhamasheen women. They are seen as aggressive, improperly dressed, and lacking good character.

They are accused of theft, devil power, and deviant behavior. The portrayal is also because of limited interaction and understanding between the Muhamasheen community and broader society.

Factors contributing to violence:

Focus group discussions (FGDs) and key informant interviews (KIIs) identified several factors contributing to violence within the Muhamasheen community:

### **Socioeconomic Hardship:**

- Extreme poverty, and limited access to necessities like food, water, and shelter create desperation and tension
- Racial prejudice and social exclusion faced by the Muhamasheen community contribute to feelings of marginalization and frustration

### **Gendered Vulnerabilities:**

Time Spent Outside: Women and girls spending extended periods outside the home to secure essentials like firewood and water increases their exposure to risks. KIIs specifically mentioned fetching water at night to avoid daytime conflict with other community members.

### **Domestic Pressures:**

- Early Marriage: Combining early marriage with poverty can strain households and contribute to domestic violence.
- Unfulfilled Needs: The inability to provide for basic family needs due to poverty can lead to frustration and violence.

### **Mental Health and Social Support:**

- Negative Mental Health: FGDs hinted at potential mental health issues stemming from poverty, violence, and social exclusion.
- Lack of Support: Limited access to support systems, including family, public institutions, and the broader community, exacerbates vulnerabilities.

### **Living Conditions:**

- Poor Shelter: KIIs described inadequate housing conditions, including crowded slums and makeshift shelters, lacking basic sanitation facilities (latrines).

### **Additional Concerns:**

- Illiteracy: Limited education opportunities can hinder access to resources and coping mechanisms.
- Long Distances: The need to travel long distances for basic necessities further increases vulnerabilities.
- Resource Scarcity: Limited resources within the community create competition and potential conflict.
- Lack of Awareness: KIIs suggested that some Muhamasheen may be unaware of their rights and available support mechanisms

### **Violence against spouse and alleged perpetrators:**

Both focus group discussions (FGDs) and key informant interviews (KIIs) confirmed the prevalence of gender-based violence (GBV) within the Muhamasheen community. Here's a breakdown of the key findings:





### **Perpetrators of Violence:**

- All FGDs confirmed women and girls experience violence from their spouses.
- KIs identified additional perpetrators including mothers-in-law, fathers-in-law, brothers-in-law, fathers, uncles, and grandfathers.

### **Justifications for Violence:**

#### **Patriarchal Norms:**

Some participants viewed men as having a duty to “nurture” women but also holding authority over their behavior.

Disobeying a husband or his family’s wishes was cited as justification for punishment as well as going out without prior permission

Maintaining Control: Dominant mothers-in-law may use violence as a means of controlling their daughters-in-law’s behavior.

Mother-in-law plays an important role in husband-wife relationship, considered a “touchstone” guiding/dictating wife’s behaviors (knows better what is right for daughter-in-law and how to please husband).

#### **Forms of Violence:**

- Physical Abuse: Wife beating was acknowledged as a common form of punishment.
- Verbal Abuse: Insults and humiliation were also reported.
- Psychological Abuse: Threats and intimidation tactics were mentioned.
- Divorce and Child Custody: Fear of being divorced and losing access to children was described as a powerful tool for controlling wives’ behavior

### **Normalization of Violence:**

- Limited Options: Some FGD participants expressed a sense of resignation, believing wives had to endure abuse for the sake of their children.
- Husband's Right: KIs revealed that some participants viewed wife punishment as a husband's right

### **Risk Factors:**

#### **Mobility and Social Interactions:**

- Visiting local markets.
- Engaging in casual farm labor or firewood collection (increasing isolation).
- Using public spaces like parks or water collection points.
- Walking alone, especially at night or during the hot season.
- Attending school.
- Begging or selling goods at checkpoints.

#### **Misconceptions and Stigma:**

- Viewed as aggressive and disobedient.
- Seen as a source of temptation for men.
- Their motives are often questioned.

### **Normalization of Violence:**

- Violence against women is not considered a serious issue.
- Physical punishment is seen as a form of "proper upbringing" for women and girls.

### **Community Norms and Beliefs:**

- Immediate punishment for perceived "immoral" behavior.
- Muhamasheen
- Strict patriarchal leadership where fathers control daughters' behavior and husbands control wives'.
- Violence is seen as a sign of masculinity.





### Impacts of Violence:

- Psychological and Physical Harm: FGDs reported a range of negative consequences for women and girls who experience GBV:
- Mental health issues (depression, loneliness, memory loss).
- Physical injuries.
- Forced marriage to unsuitable partners.
- Neglect and social isolation.
- Suicidal thoughts and attempts.
- Escaping home (potentially leading to further risks).
- Desensitization: Some FGD participants expressed a sense of resignation, suggesting some women develop an “immunity” to violence due to its prevalence

### Sexual Violence :

We hear ongoing stories of girls raped, tortured, and infants thrown in street, increased during conflict, strangers coming everywhere, increased fear and insecurity. Fear of bringing “ZAR” real evil if prevented from food assistance. If a woman walks along with her daughter is considered bad luck in community if rejected from assistance. “A participant in Al-Hali FGD”

## Child marriage practices in the Muhamasheen community:

Analysis of FGDs indicates an average marriage age of 11.6 years across four districts. KIs corroborate this, with ten out of eleven sessions confirming marriages between 11-12-15 years old. Only one FGD reported instances adhering to the legal minimum age of 15. A high prevalence of child marriage (80%) was consistently reported across all FGDs within Muhamasheen communities.

### Reasons for child marriage :

**FGD participants:** Poverty, social norms, misconception about daughters' physical readiness for marriage, fear of societal repercussions if marriage proposals are rejected, lack of alternative sources of income, limited living space, perceived need for moral protection, men's tendency marrying off young daughters, lack of caregivers, fear of father death, emerged as primary motivations and reasons for child marriage

**Key Informants:** Economic hardship illiteracy, perceived benefits from dowry, number of daughters within a family, lack of access to education, and limited understanding of the detrimental health consequences of child marriage were identified as key drivers. Additionally, some informants mentioned child marriage as a reaction to or preventative measure against sexual and gender-based violence (SGBV) incidents.

Common misconceptions included the absence of a specific marriage age if a suitable suitor ("NASEEB") appeared, the belief that daughters would mature within the husband's household, the preference of men for young brides, and the association of rejecting proposals with misfortune. Additionally, the perception that the majority of child marriages lead to successful outcomes and a fear of daughters' vulnerability if unmarried were reported. Interestingly, some families were willing to offer daughters in marriage without demanding a dowry.

### Female Genital Mutilation (FGM):

This study investigates the prevalence and justifications for Female Genital Mutilation (FGM) within Muhamasheen communities. Findings from focus group discussions (FGDs) and key informant interviews (KIs) reveal a concerning persistence of FGM in three out of four targeted districts. While some decline is observed, the practice remains significantly more prevalent among Muhamasheen compared to non-Muhamasheen groups. The research delves into the reasons behind continued FGM and explores community perceptions surrounding the practice.







**FGD participants:** Data suggests FGM is undergone by girls in Maraweah and Zabid districts, but has been eliminated in Az Zydyiah and is declining within the city. This highlights a geographical variation in the practice. Quantitative estimates from Zabid illustrate the disparity, with a reported prevalence of 30% overall, and a significantly higher rate of 90% among Muhamshen residents.

**Key Informants:** KIs corroborated these findings, confirming the continuation of FGM in Zabid, Al-Hali, and Maraweah, while acknowledging its eradication in Azydyiah.

### **Reasons for Female Genital Mutilation:**

**FGD participants:** A complex interplay of factors influencing FGM practices emerged. Some participants cited the belief that FGM curbs sexual desire and safeguards virginity. Additionally, old traditions, cauterization practices, and perceived purification were mentioned as justifications. Interestingly, some participants acknowledged the potential negative consequences of FGM while still endorsing the practice. Notably, the decline of FGM in certain locations was attributed to the ability of families to benefit financially from their daughters' work, potentially implying a shift in economic priorities.

**Key Informants:** KIs highlighted a perception and a stereotype that Muhamshen girls exhibit greater readiness to deviate from moral codes compared to other groups. Consequently, FGM is viewed as a tool to control their sexual desires. Religious and moral justifications, alongside the notion of purification, were also presented as motives. Interestingly, a decline in FGM in some areas was attributed to men's preference for marrying girls who haven't undergone the procedure.

Key Informant Interviews revealed a lack of clarity regarding decision-making structures within Muhamshen communities. The village chief holds formal authority, often guided by informal female

**Why should I respect father who is not fulfilling his role as care giver, doesn't hesitate happy to see us begging in the street , taking over his role risking our life feeding him while happy with Qat sessions. 18 years participant, during FGD Al-Hali from Akhdam**

## **Chiefs:**

While some uneducated elderly women wield significant influence during elections, chief nominations, conflict resolution, and humanitarian aid distribution, their involvement appears limited to these specific contexts. Family caregivers and women generally do not participate in broader decision-making processes. The prevailing illiteracy among women and their minimal engagement with NGOs further marginalizes their voices. Notably, some participants expressed negative stereotypes regarding influential Muhsheen women, attributing to them “inherited Satan’s power” and aggressive behavior, deeming them unfit for leadership roles and disrespectful of societal norms.

## **Societal Response to Violence:**

This study explores societal responses and community perceptions surrounding violence against women, with a particular focus on the experiences of Muhsheen women. Data collected through focus group discussions (FGDs) and key informant interviews (KIIs) reveal concerning trends of victim blaming, social stigma, and a lack of support for survivors.

**FGD participants:** Narratives from FGDs depict waxing violence that often neglects or even accuses women facing violence. Survivors experience verbal abuse, blame from family members, and additional domestic burdens. Notably, responses varied based on Muhsheen subgroups. Fathers within these communities sometimes seek disciplinary measures from the community chief, who may exploit the situation to manipulate both the victim and perpetrator.

Key informant interviews verified these findings, highlighting the stigmatization of female survivors. Gossip, blame, and social isolation are common experiences, leading to depression among survivors. Participants expressed a perception that Muhsheen communities tolerate all forms of violence, including premarital pregnancy and abandonment of infants. A sense of lacking ethics, faith, and empathy toward survivors was attributed to these communities. Additionally, feelings of manipulation, inferiority, and victimization were reported by Muhsheen women at both the family and community levels. However, some participants expressed empathy, albeit with a reluctance to interfere due to fear of repercussions.

## **Barriers to Reporting Violence:**

Key informant’s interviews indicated certain community norms and beliefs prevent female survivors from reporting violence. The fear of disrupting societal harmony, normalization of violence against Muhsheen members, and dismissal of cases involving non-Muhsheen perpetrators were identified as significant barriers. Additionally, some participants within the community believe Muhsheen women should handle violence internally and avoid seeking external support, even expressing pride in taking revenge. Shamelessness and a lack of concern for reputation were attributed to Muhsheen women by some participants.



## **Reporting Mechanisms and Access to Support Services for Survivors of Violence:**

This study also examines the reporting mechanisms utilized by survivors of violence within Muhsameen communities and explores their access to support services. Data from focus group discussions (FGDs) and key informant interviews (KIIs) reveal a complex landscape with limited support options and cultural barriers hindering help-seeking behaviors.

FGD Participants: Survivors reported seeking support from various sources, including family members (fathers, brothers, cousins, sons, husbands, boyfriends), trusted friends, community leaders (chiefs), and through public discussions. In some instances, formal channels such as the police and national NGOs were also utilized.

FGD interviews highlighted limitations in the scope and frequency of support provided. Discrimination against Muhsameen communities was identified as a significant barrier, with external support viewed as unwelcome interference unless explicitly requested. Additionally,

### **Access to services:**

**FGD participants:** A significant barrier to accessing support services was the lack of information on available resources. Travel costs and denial of service by providers further restricted access. Discriminatory practices against Muhsameen were also reported, with examples such as young boys being denied entry to mosques within the city.

FGD sessions revealed a perception that services were sometimes provided out of fear, with some community members attributing negative characteristics like “pure evil” and rudeness to Muhsameen.





### **Help-Seeking Behaviors and Barriers to Support for Survivors of Violence:**

This study investigates help-seeking behaviors and barriers to support services faced by survivors of violence within Muhamasheen communities. Data from focus group discussions (FGDs) and key informant interviews (KIIs) reveal a concerning trend of under-reporting and limited access to essential resources.

#### **Types of Violence Reported and Not Reported:**

- FGD Participants: While 50% of participants confirmed women often don't seek assistance, specific instances of reported violence were identified. These included physical violence in public spaces (markets), domestic abuse by husbands, violence against individuals with disabilities, eviction from homes, and physical assault by male relatives (outside the context of moral actions). Notably, a significant range of violence remained unreported. This included sexual acts, rape, domestic violence by husbands and their families (if the perpetrator is a brother or father), harassment, and psychological abuse.
- Reporting Mechanisms: When reporting did occur, it often took informal forms such as public confrontations of the perpetrator, seeking help from the police or community chief, or confiding in close friends.

#### **Barriers to Seeking Support:**

- FGD Participants and Key Informants: Shame, fear of reprisal from husbands (especially if basic needs are unmet), financial constraints (transportation costs), lack of awareness about available services, illiteracy, fear of rejection by service providers, and legal limitations requiring prior consent from a male custodian for seeking help were identified as significant barriers.
- Power Dynamics and Service Providers: KIIs revealed a limited network of protection services, particularly outside Hodeidah city. Available services in some districts were restricted to one or two NGOs offering basic medical treatment for acute physical violence. Collaboration between traditional figures (chiefs, Women's Unions, and benefactors) was identified as a positive aspect. However, participants from both FGDs and KIIs reported a lack of cooperation from humanitarian organizations, healthcare providers, security forces, the judiciary, and school administration.

## Resilience, Coping Mechanisms among Survivors of Violence within Muhsameen Communities and Positive Practices:

This study also explores some of the coping mechanisms and support systems employed by women and girls experiencing violence within Muhsameen communities. Data from focus group discussions (FGDs) and key informant interviews (KIIs) reveal a range of strategies utilized to navigate a challenging environment.

**FGD participants** highlighted various self-protective measures adopted by women and girls. These protection measures include walking in groups, yelling loudly at perpetrators in public (implicit request for support), personal protective weapons for self-defense including keeping a small dagger, securing daily allowance from fathers/caregivers to avoid domestic violence, group attacks against the alleged perpetrator, accompanied by family boys while going out, stay at home and being self-discipline.

Additionally, some participants reported strategies such as spending extra time securing food to gain respect within the family, showing empathy towards the elderly, and cooperating with community leaders' initiatives to improve access to basic necessities like water. Notably, some FGDs mentioned the positive role of benefactors who support female-headed households and develop solutions tailored to the specific needs of Muhsameen communities.

**Key Informant's interviews** revealed other coping mechanisms that women/girls follow such as escaping the house, avoiding returning home empty-handed(bringing some food/money), limiting travel distances or traveling in groups,, accompanying younger brother, husband, or father, yelling in public against a perpetrator to mobilize other Muhsameen members available in the area, going back home early, avoiding taking routes where no people are available. Additionally, adhering to conservative dress codes and behaviors were mentioned as strategies to avoid unwanted attention.



## Plausible recommendations:

**FGD participants** emphasized the need for material support programs such as cash assistance, improved accountability in humanitarian aid distribution, and the creation of sustainable income sources. Regular food distributions, housing assistance, and economic empowerment initiatives were also identified as crucial. Furthermore, participants stressed the importance of education, awareness campaigns promoting empathy within the community, and the establishment of women's networks to foster collective support.

**Key informants' interviews** echoed the need for material support but also proposed interventions tailored specifically for Muhamshleen women and girls. These included creating safe spaces and activities designed for women, prioritizing formal education opportunities,

providing shelter and residential care, and offering a combination of cash assistance, psychosocial support, and capacity-building programs. The importance of legal aid, Quranic education, mental health treatment, and job creation initiatives within public institutions was also highlighted. Finally, the crucial role of Civil Society Organizations (CSOs) in raising awareness and promoting positive practices within the wider community was emphasized.







**RECOMMENDED INTERVENTIONS FOR  
MUHAMSHEN COMMUNITIES: A FOCUS  
ON SAFETY, EMPOWERMENT, AND  
INTEGRATION**

Based on the study findings, the following recommendations are proposed for a comprehensive and multi-pronged approach to address these challenges.



### **Lifesaving Interventions and Long-Term Support:**

- Immediate Needs: Prioritization of lifesaving interventions such as food assistance, improved Water, Sanitation, and Hygiene (WASH) facilities, access to essential healthcare services, and ensuring safe and secure housing for Muhsheens communities.
- Education and Livelihoods: A focus on education, with incentives such as food assistance or alternative income sources, alongside WASH programs, to promote school attendance and empower Muhsheens girls and women.

### **Durable Solutions and Reintegration Strategies:**

- Pilot Intervention: Establishment of a pilot program to identify suitable locations for sustainable reintegration. This program should provide proper housing, connect residents with essential services, and facilitate dialogue between Muhsheens and other community members. Advocacy efforts should focus on creating an enabling environment where Muhsheens can enjoy basic rights and live free from discrimination. Additionally, national-level advocacy is crucial to ensure Muhsheens are prioritized in national policies, fostering dialogue with public institutions, and promoting their inclusion in peace-building and development initiatives.

### **Addressing GBV and harmful traditional practices:**

- Design and implement community- centred and system driven (i) integrated GBV-SRH response through Women and Girls (Health) Friendly Spaces, (ii) Provision of civil and legal documentation assistance(iii) tailored vocational and livelihood opportunities to ensure effective prevention, mitigation and response mechanism are in place at the community level with community ownership and leadership.
- Establishing partnerships with both UN and non-UN agencies are seen as critical to effectively empower women economically, socially and politically. These opportunities will help equip women and adolescents with the means to achieve financial independence and control over their income and lives through;
  - Offering vocational training programmes to equip women and girls with marketable skills and qualifications
  - Micro Financing
  - Entrepreneurship support to start or grow their businesses
  - Conditional cash transfer, to incentivize girls education, which will delay the age of marriage
  - Livelihood support, including livestock, agricultural tools and seeds, etc.

### **Community Engagement and Capacity Building:**

- Collaborative Efforts: Engagement of local authorities, and community leaders (chiefs and female chiefs) throughout all intervention phases to ensure smooth implementation and community buy-in.
- Reintegration Activities: Organization awareness sessions and other activities to promote successful reintegration, including fostering dialogue and understanding between Muhsheen and other community members.

### **Infrastructure Development:**

- Improved Living Conditions: Rehabilitation of existing Muhsheen settlements, including installing proper sanitation facilities (toilets) and providing opportunities for employment and regular income generation. Additionally, ensuring access to healthcare services for chronic diseases is crucial.

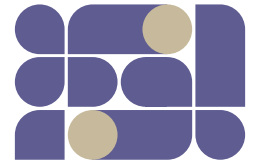
### **Humanitarian Assistance:**

- Inclusive Criteria: Review and revision of eligibility criteria for humanitarian assistance programs to ensure Muhsheen is not excluded from receiving critical support.

### **Supporting Alternative Livelihoods:**

- Supporting Raisah: Provision of alternative income sources for Raisah, the identified female FGM practitioner, as a means to discourage the continuation of this harmful practice.





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