



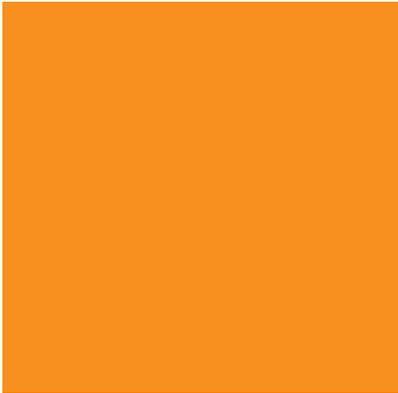
# Humanitarian Crisis in Yemen: Preventing Gender-based Violence & Strengthening the Response

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## List of Acronyms

CHH	Child-headed households
EFSL	Emergency food security and livelihoods
FHH	Female-headed households
GBV	Gender-based violence
GBV SC	Gender-based violence sub-cluster
IDPs	Internally displaced persons
INGOs	International non-governmental organizations
NFIs	Non-food items
SAM	Severe acute malnutrition
SOPs	Standard operating procedures
TFFPM	Task force for population movement
UNFPA	United Nations Population Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
WGMB	Women, girls, men and boys
YHRP	Yemen Humanitarian Response Plan

# 1. Key Donor Asks

To holistically prevent and respond to GBV during the humanitarian crisis in Yemen, the GBV sub-cluster partners established a funding request in 2016 of **\$9 million**, of which a total of \$2.3 million has been secured (26% of the total funding requirement).

In order to address the funding gap of **\$6.7 million**, donors should support GBV partners in the prevention and response to GBV in Yemen by:

- Undertaking special measures that promote the safety, security and dignity of GBV survivors and at risk groups.
  - Supporting GBV survivors to access safe and confidential multi-sectoral GBV services, which include health services, psychosocial support, security, shelter, legal aid and livelihoods.
  - Supporting the scaling up of safe houses for GBV survivors in Hajjah, Sa'ada and Amran.
  - Supporting the establishment of women's wellbeing centres for at risk groups in Sana'a, Aden, Al Hudaydah and Ibb, including safe spaces in collective shelters.
  - Promoting and supporting efforts that integrate the 2015 Inter-Agency Standing Committee guidelines on GBV prevention and mitigation across the humanitarian sector response.
  - Supporting efforts that tackle the gendered impact of the conflict and root causes of gender inequalities and relations through empowerment and resilience programming through approaches that aim to strengthen women and girls capacity to survive, cope and thrive.
- Funding priorities focused on reducing vulnerabilities to GBV; and support cash for GBV prevention and response services as well as women's economic empowerment as a prevention strategy.
  - Supporting knowledge and evidence production on the impact of the conflict on gender and GBV in terms of needs, vulnerabilities and capacity to bounce back with its associated linkages to the socio-economic context, risk and threats.
  - Supporting cluster partners in strengthening the capacity of service providers, sector actors and governments in GBV prevention and response.
  - Supporting cluster partners in community awareness campaigns that challenges negative norms and practices and help in transforming the gender norms, particularly amongst men and boys, thought leaders, policy makers and service providers, so that women and girls are able to access resources and live free from violence and the threat of violence. In addition, incorporating GBV prevention messaging, engaging men and boys and raising community awareness around all forms of GBV.

## 2. Problem Statement

**The protection and safety of vulnerable women, girls, men and boys is not optional.** The prevention of gender-based violence is a critical life-saving intervention alongside shelter, food, water and medical care. ***Gender-based violence in Yemen is not a threat, but a reality*** that is entrenched in structural gender inequality, discriminatory norms, practices and powerlessness that exists in Yemen. It has been exacerbated by the current conflict,

displacement and the humanitarian emergency. Despite the pervasive, devastating and life-threatening impact of GBV, it continues to remain unaddressed, and is not given due prioritization as part of life-saving interventions. **The responsibility to protect and help gender-based violence survivors is a collective responsibility and should be placed at the heart of the humanitarian agenda.**

## 3. Yemen GBV Situation Analysis

In Yemen, GBV is rooted in gender and power inequalities that existed even prior to the current conflict and humanitarian crisis, but have been exacerbating during the crisis.

The protracted conflict, displacement, poverty, humanitarian crisis and import restriction has exacerbated individuals and households vulnerabilities and risks specifically by women and girls due to socially prescribed gender identities, entrenched gender discrimination and socio-economic inequalities and powerlessness experienced prior to the crisis. As a result, women and girls are not just experiencing violence but multiple forms of GBV. Thus, women and girls especially displaced are disproportionately suffering not just from the byproduct of the conflict and humanitarian crisis but also as a target, both at the household and societal level, for violence, abuse and exploitation.

While the conflict affects everyone, the impact is not gender-neutral. Conflict magnifies existing inequalities, reinforcing the disparity between women and men in their vulnerability to the effects of conflict and in their capability to cope. While men may face the greatest threat of death, loss of income and employment and displacement, this insecurity and loss often transmits into abuse of women.

### Fast Facts

**12.2 million** People are in need of immediate life-saving assistance

**3.0 million** Women and girls of reproductive age are at risk to GBV

**61,000** women and girls are at risk to sexual violence, including rape

**17,277** GBV incidents reported

**3.1 million** People have been displaced by the conflict with Sanaa, Aden and Hajjah governorates hosting the largest numbers of IDPs

**788,643** of the IDPs are women and girls between the ages of 15-49, who are at risk to GBV, with 15,773 of them at risk to sexual violence, including rape.



Some of the **key issues affecting women and girls include** conflict, displacement, safety and security, access to basic needs; in particular access to safe shelter, health, food and NFIs. According to the latest TPFM report, 3.1 million people are displaced across the 21 governorates, mainly in Taizz, Hajjah, and Sana'a, which represent eight percent of the country's population<sup>1</sup>. An estimated 2.8 million IDPs and host communities currently require immediate support. Nearly 62 percent of the IDPs are currently residing with host families, whilst 19 percent are in rented accommodations. The remaining 19 percent includes 420,000 IDPs that have sought alternative shelter arrangements in collective shelters and spontaneous sites such as incomplete, abandoned public and private buildings, schools.

Some 14.4million people are food insecure, out of which 7.6 are in need of immediate food assistance. About 2.1 million people are currently acutely malnourished, including 1.5 million children, 370,000 of whom are suffering from severe acute malnutrition (SAM). IN Estimated that about 14.1 million people are unable to access essential basic health care<sup>2</sup>. Based on UNOCHA available data, more than fifty percent of all health facilities in 16 governorates are currently non-functional or partially functional (approximately 1,900 out of 3,507 facilities), as a direct result of the ongoing conflict and additional health facilities continue to close<sup>3</sup>. 19.3 million people require humanitarian assistance to access safe drinking water and sanitation; out of which 9.8 million

<sup>1</sup> 10<sup>th</sup> report TPFM, July 2016

<sup>2</sup> UNOCHA – YHRP 2016

<sup>3</sup> UNOCHA – YHRP 2016

people are in need as a direct result of the conflict.

The situation worsened by displacement, disrupted livelihoods, disrupted access to public services, overcrowding, rising rent and food prices, exacerbated by the import restriction and lack of employment, income or government inability in paying salary. The resulting increase in the cost of living has drained people's resources, thus, pushing them to breaking point.

Women and girls are exposed to risks of GBV, in particular, due to their role as caregivers. They are there responsible for preparing the household's food and have the primary responsibility for collecting water and firewood, cleaning, and childcare. As a result, when food is scarce, females are the first family members to eat less as a coping mechanism. In situation of unmet basic needs, and services women and girls often resort to begging, leaving them extremely vulnerable to violence, exploitation and abuse.

The impact of the crisis must be understood in terms of its gendered impact and the coping strategies individuals and households will adopt to survive and cope with the crisis and unmet needs. With the collapsed of the formal and informal protection, traditionally provided by the sheikhs, traditional leaders, police, and the wider government apparatus, women and girls are especially vulnerable to violence and exploitation.

In addition, the gendered impact of the conflict has resulted in distinct needs, vulnerabilities, capacities and coping strategies. The current trends in the coping strategies for bridging income, access to basic needs, services gap adopted by vulnerable IDPs and at risk groups include, child marriage, survival sex, sex for rent, begging, forced/coerced prostitution, begging, child labour, sexual harassment and assault, eating less, borrowing, thus exposing them to exploitation. According to the UNFPA managed GBV Information Management System the perpetrators are close family members; including fathers, brothers and husbands and extended family members.

Exposed to protection risks outside and inside the house because of the conflict, proliferation of arms groups and absence of security forces and checkpoints has affected the freedom of movement of both men and women with gendered risk and threats. Coupled with lack of services and coverage of services across governorates and districts, women and girls in particular suffer from inability to access basic services like health. Conflict dynamics has introduced new actors with different perspective in dealing with GBV survivors "tribal solution" has been reported by UNFPA partners which has resulted in women and girls not coming forward with cases due to fear of honor killing. Uprooted from the protection of familiar communities and the need to survive and access basic needs has exposed displaced women, men, boys and girls to increases harassment, physical assault and exploitation. Threats to their physical safety and security and on-going sexual harassment are part of the daily reality for many IDPs and refugee women and girls in public spaces. Widows and female-child headed household especially are acutely vulnerable to sexual violence while fleeing to and within their new communities.

Changing gender roles and responsibilities, insecurity, lack of jobs, and ability to earn income has resulted in men staying home, unable to fulfill their "traditional" role as protectors and providers; which in turn has translated into increase household conflict. A situation made worse by the increased role of women working outside the home, albeit in low-high risk jobs and in some instances changing household power balance between the sexes, which in turn translates into feelings of emasculation.

Since January 2016, there have been 4,416 GBV cases reported across Yemen. Sexual violence is a major concern, despite it being highly underreported due to a number of serious factors. These include, threats and potential trauma faced by those that come forward; significant gaps in available services to address sexual violence; restrictions on movement; shame, fear, stigma and discrimination; risks of retaliation and "honor killing"; impunity for

perpetrators; and the existence of mandatory reporting on sexual violence by service providers.

Gains made in addressing gender inequalities, GBV preventions and access to justice prior to the conflict are at critical risk of being eroded; due to increase in violence, impunity, lack of access of comprehensive services for GBV survivors and at risk groups. Situation made worse by the shortage in GBV prevention and

response funding and its prioritization as a life-saving service in the current context.

It is essential that the prevention of GBV be placed at the forefront of the Yemen humanitarian response. The specific need of people at risk of GBV, especially women and girls, has been neglected across all sectors, while the potential to minimize GBV risks and provide quality multi-sector care for survivors is enormous. As the crisis in Yemen evolves, it is imperative to organize and provide a life-saving response to prevent gender-based violence.



## 4. Gender-based Violence Sub-Cluster in Yemen

The Yemen Gender-based Violence sub-cluster (GBVSC) includes local organizations, civil society, International Non-Governmental Organizations (INGOs), local authorities, UN agencies and research institutions. ***Drawing on Yemen's vibrant civil society, with 30 cluster partners strong, all working together towards the same goal to prevent and respond to gender-based violence in Yemen*** through standalone and mainstream approaches.

***The Sub-cluster is led by UNFPA, the United Nations Population Fund and INTERSOS. We are primarily targeting*** GBV survivors, at risk groups (adolescent girls; women; elderly women; female-headed households (FHH); child-headed Households (CHH); GBV survivors; separated and unaccompanied girls and boys; orphans, women and men involved in forced and coerced prostitution, as well as sexual exploitation; and women, girls, men and boys (WGMB) living with disabilities). The target groups include internally displaced persons (IDPs), and host communities. The Yemen GBVSC has an ***operational presence*** in 19 governorates, with coordination mechanisms at the national level in Sana'a and the north and south of Yemen, which is coordinated through Al Hudaydah and Aden respectively. Additionally, the GBVSC has five international and national GBV coordinators based in Aden, Al Hudaydah, Ibb, Saa'da and Sana'a, who all contribute to the ***strong technical and operational capacity of the sub-cluster***.

### 4.1 Yemen Gender-based Violence Sub-Cluster Objectives

1. Ensure GBV survivors have access to safe, confidential and multi-sector services in a timely manner.
2. Strengthen the capacity of service providers and sector actors in mitigating GBV risks and threats.
3. Promote GBV survivors, vulnerable women, and girls' access to skills-building and income generating activities.
4. Advocate for the safety and security of women and girls and ensure adequate resources are allocated for GBV prevention and response initiatives.

### 4.2 Main Types of Violence

- Rape
- Sexual violence/assault
- Forced marriage/child marriage
- Psychosocial and emotional abuse
- Domestic violence
- Denial of resources

### 4.3 Target Locations

Target locations are determined by conflict status, number of IDPs, GBV prevalence, lack of GBV services and lack of access to basic and or adequate needs. Currently the target locations include the following governorates: Abyan, Aden, Al Bayda, Al Dhale'e, Al Jawf, Al Hudaydah, Al Mahwit, Amanat Al Asimah Amran, Dhamar, Hajjah, Ibb, Lahj, Raymah, Sana'a, Sa'ada, Shabwah and Taizz.

## 5. Collective Achievements of the GBV Sub-cluster in 2016

- Provided access to safe and multi-sector services to 12,000 GBV survivors.
- Established two operational safe houses for GBV survivors and their families, offering multi-sector services, including childcare, in Sana'a and Al Hudaydah; and rehabilitating shelter in Aden and Ibb.
- Working with a network of 36 lawyers tasked with providing legal services to GBV survivors across 18 governorates.
- 130,000 female and male dignity kits have been procured by UNFPA and distributed in 19 governorates, in partnership with other humanitarian actors (INTERSOS, CARE, and RAF, among others) to the most vulnerable and conflict affected women and girls. In coordination with the WASH cluster, the GBVSC is on course to distribute 15,000 dignity kits, in conjunction with hygiene and NFI kits, and will utilise public health promotion community engagement component of WASH actors to integrate prevention activities and awareness raising.
- Established and maintains a national hotline service to provide support for women and girls experiencing gender-based violence.
- Completed a gender-based violence services and partner mapping across 19 governorates.
- Capacity-building services that include training for 95 health providers on clinical management of rape and minimum initial services package for reproductive health in emergencies. Working closely with the health cluster in ensuring the minimum initial service package is part of the mobile clinic minimum service package, as well as training for health providers on survivor-centred approach and service needs.
- UNFPA in partnership with the British Council, Yemen Women Union and CSSW have adapted and is rolling out the Springboard Programme for GBV survivors, targeting 30 GBV survivors and 30 at risk women and girls in Al Hudaydah, Hajjah and Sana'a at present.



## 6. Prevention and Mitigation Achievements

- In rolling-out of the 2015 IASC Guidelines on GBV prevention and response, one multi-sector training has been conducted. Thematic area of responsibility training will be completed from October to January 2017 for WASH, health, EFSL and shelter sector partners.
- Rolling-out sector specific essential action plans for GBV prevention and response in Yemen.
- In the area of social and economic empowerment, CASH4 services and skills building is incorporated into the prevention strategy and successfully implemented in the current CERF allocation.
- Currently developing national GBV SOPs, as well as a centralised information management database that will be housed within Yemen Women's Union.

## 7. Capacity to Respond

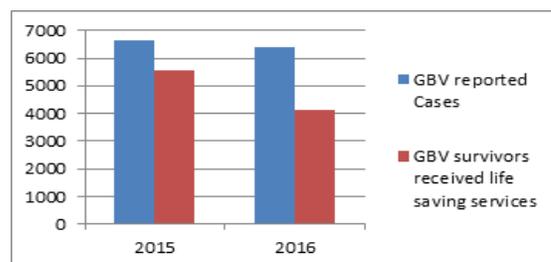
**Coordination:** UNFPA is the mandated agency and chairs the national level GBVSC and supports INTERSOS, which chairs the north and the south GBV working groups with fully dedicated staff. In addition, up to 50 percent of available resources are allocated for Sa'ada and Taizz hubs. The GBV response is optimised by willing and capable cluster partners, despite this, access remains a major constraint in identified working areas.

**Capacity and coverage:** Collectively, GBV SC partners cover 19 governorates, with interventions at the district, governorate and

national level, while working with IDPS, host communities, refugees and migrants.

## 8. Challenges - Responding to Gender-based Violence in Yemen

1. **Availability and accessibility to GBV response services within 72 hours:** Large gaps exist in the provision of multi-sector services to survivors, in providing reported cases with immediate, life-saving and adequate services. In most cases, services are only available at the governorate level and not at the district level. In addition, damaged facilities, lack of medical personnel, remote locations and the cost of access compounds the issue even further. This is illustrated in the graph below.
2. **Access and security:** Lack of humanitarian access to severely conflict-affected areas is



hindering the provision of much needed life-saving humanitarian assistance. The focus needs to be on facilitating safe, unimpeded and sustained humanitarian access to people in need, as well as the voluntary movement of civilians to reach humanitarian assistance.

3. **Funding constraints:** Gender-based violence is not considered as a life-saving intervention and it is not prioritised within the wider humanitarian response. In addition, the traditional gender or GBV actors, both at the international and national

level, have de-prioritized gender-based violence prevention. Local organisations working on GBV are unfunded, and under-capacitated, especially in conflict-affected areas, in turn, undermining reliable provisions of these services.

4. **Standard operating procedures:** In Yemen, there is an absence of a harmonised national SOP on GBV prevention and response and ineffective referral pathways.
5. **Shortage of gender-based violence research:** There is limited knowledge and evidence to inform GBV prevention and response strategies both at the mainstream and at a standalone level. A GBV situational analysis is critical priority for the sector in terms of better understanding the impact of the conflict on vulnerable groups, including IDPs and urban populations and the GBV threats and risk they face.
6. **Lacks of long term commitments in terms of resource allocation** by donor on women empowerment programmes that tackle root causes of GBV.

## 9. Gender-based Violence Sub-cluster Overarching Approaches

- Collective approach is grounded in the understanding that gender inequalities and power relations coupled with negative norms, attitudes and practices sustained by a discriminative normative framework are the underlying roots of the current GBV situation in Yemen.
- Prevention and response interventions must go beyond addressing the immediate basic needs of GBV survivors and at risk groups and address the strategic needs of vulnerable women, men, boys and girls. Through strategic interventions that address the root causes of gender inequality that's embedded in the culture and reflected in the attitudes and practices of individuals, household, and societies.
- Ensure that women are aware of their rights, have the ability and capacity in accessing information on service.
- Men and boys are engaged as part of change drive i.e. act as agents of change in the fight against inequality and discrimination against women.
- Supporting initiatives and opportunities that create the means for women to have access to and control over economic resources and income, to essential services, and to have a say in service provisions.
- Strengthening the capacity of local service providers and women's rights organisations in GBV prevention and response.

