



USAID
FROM THE AMERICAN PEOPLE

YEMEN GENDER ASSESSMENT

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LIST OF ACRONYMS

ADS	Automated Directives System
CC	Communication/Outreach Committee
CDCS	Country Development Cooperation Strategy
CEDAW	Committee on the Elimination of Discrimination against Women
CPR	Contraceptive Prevalence Rate
CSO	Civil Society Organization
DHS	Demographic and Health Survey
EGRA	Early Grade Reading Assessment
FGC	Female Genital Cutting
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
GBV	Gender Based Violence
GCC	Gulf Council Countries
GIZ	German Society for International Cooperation
HRW	Human Rights Watch
IDI	In-depth Interview
IGWG	Inter-Agency Gender Working Group
IUD	Intrauterine Device
JMP	Joint Monitoring Programme
M&E	Monitoring and Evaluation
MCHIP	Maternal and Child Health Integrated Program
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
MoE	Ministry of Education
MoLSA	Ministry of Labor and Social Affairs
MoPHP	Ministry of Public Health and Population
MSI	Marie Stopes International
MSME	Micro, Small and Medium Enterprises
NBEDS	National Basic Education Strategy
NDC	National Dialogue Conference
NGO	Non-Governmental Organization
NWC	National Women's Committee
PDRY	People's Democratic Republic of Yemen
PTA	Parent-Teacher Association
ROGY	Republic of Yemen Government
SBCC	Social and Behavior Change Communication
TFR	Total Fertility Rate
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
US	United States
USAID	United States Agency for International Development
USD	US Dollar
USG	United States Government

WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
YAR	Yemen Arab Republic
YER	Yemeni Rial
YMEP	Yemen Monitoring & Evaluation Project
YWU	Yemen Women Union

EXECUTIVE SUMMARY

Objectives of the Assessment

The purpose of this gender assessment in Yemen, conducted in late 2013, was twofold:

1. To understand the challenges faced by shifting gender dynamics in economic, social and cultural spheres, with an emphasis on access to education, health, political participation, economic empowerment, and water, sanitation and hygiene (WASH). Identify gender-based barriers and opportunities for social and economic development for and by the people of Yemen.
2. To present recommendations on how USAID programs can better address these shifting gender-based challenges as well as how to identify and capitalize on opportunities in both the short and long term. The recommendations will feed into a USAID/Yemen strategy to promote gender equality and female empowerment in Yemen.

The assessment in Yemen was comprised of the following tasks:

- Review key gender issues and gender-based constraints for males and females in Yemen, including youth and vulnerable populations as specific targeted beneficiaries;
- Assess the extent to which gender equality is integrated in ongoing awards and look for opportunities to further integrate attention to gender equality into these interventions, identifying measurable indicators to report on;
- Identify key opportunities for addressing critical gender issues, especially in programming currently under design and for future awards/interventions that fulfill/address the Mission Strategy; and
- Assess the Yemeni institutional context for supporting gender integration with an emphasis on the role played by civil society and policymaking.

Methodology

In the spring of 2013 USAID/Yemen engaged FHI 360 and its partner Apex Consulting to carry out a gender assessment in Yemen. The research team carried out 15 Focus Group Discussions (FGDs), 57 in-depth interviews (IDIs), and desk research to analyze gender issues potentially germane to Agency programming in five sectors: Political Participation, Economic Empowerment, Health, Water Sanitation and Hygiene (WASH), and Education. A sixth section—Security and Gender-Based Violence (GBV)—was pulled out after data collection in order to highlight it separately in this report. After the first round of data collection and analysis the research team and reviewers identified that further details were required in many sectors. Additional fieldwork was not possible due to the security situation and the research team, including additional authors, conducted a second intensive round of desk research on existing literature and primary data in order to provide the maximum amount of detail possible. Please see Annex II for more details on the methodology and primary data collection.

Major Findings

The gender assessment identified major findings across the six areas of interest as follows:

Political Participation

The background review showed increasing but low voter percentages among Yemeni women (42% in 2003), low levels of female political candidates and extremely low numbers of women holding elected high-level positions (one female parliament member out of 300) .² Barriers to women's political participation include entrenched cultural patriarchal norms that do not allow women in decision making roles, and public harassment for some outspoken women.³ Limited mobility was also identified as a barrier to women garnering sufficient support to become viable political candidates. In contrast, the 2011 revolution was partially fueled by women's rights activists and women's vocal participation, and sparked momentum on these topics. The post-revolution National Dialogue Conference and forthcoming new constitution also present significant opportunities to advocate for Yemeni women's involvement in politics and for legal and policy reforms that advance women and girls' rights.

FGD and IDI findings demonstrated participants' perceptions that political parties, by and large, do not foster meaningful participation of women, and that women—when included—are used “for show.” Participants identified a few opportunities in this sphere, including that new political parties may be more receptive to meaningful participation of women, and confirmed that the National Dialogue Conference (NDC) process serves as an opportunity to advance women's and girls' roles.

Economic Empowerment

Relative to its effect in other sectors, the Yemeni legal and policy framework on paper does not significantly constrain women and girls participation in the economic sector. In practice, however patriarchal attitudes and low knowledge, illiteracy and lack of education among women mean that women often do not exercise—or are prevented from exercising—their economic rights. As a result, women largely are financially dependent on their husbands or male relatives.⁴ In terms of labor force participation, there are large gender gaps between adult men and women (74% vs. 24%), and male and female youth (53% vs. 37%), and both adult and young women are much more likely to be unemployed as compared to their male counterparts (12% of adult men vs. 55% of women; 26% male vs. 74% female youth).⁵ Finally,

²Elham Manea, "Yemen," in *Women's Rights in the Middle East and North Africa: Progress Amid Resistance*, ed. Sanja Kelly and Julia Breslin (New York, NY: Freedom House, 2011); World Bank Databank 2012, retrieved 1/17/14

³ Joshua Rogers, Hannah Wright, and Saleem Haddad, "It's Dangerous to Be the First: Security Barriers to Women's Public Participation in Egypt, Libya and Yemen," (Saferworld, 2013).

⁴ Manea, "Yemen."

⁵"World Bank Databank.", 2012. Labor force participation rates (15-64) and (15-24); Unemployment rates (15-64) and (15-24), retrieved 1/17/14

women do not participate robustly in the informal paid economy, and instead dedicate much of their time to unpaid work in agricultural and household settings.⁶ In terms of economic opportunities, youth and women both express interest in starting their own businesses--- and indeed women are more likely to be self-employed than men in Yemen (40% vs. 29% of men).⁷

Field research identified opportunities including included a number of socially-acceptable, informal domestic income-generating activities and some existing programs for female borrowers. Barriers cited for women included harassment and difficulties working in the formal private sector, the lack of access to capital or credit, lack of awareness of economic empowerment programs for women, and social and cultural norms that discourage women from practicing key entrepreneurial behaviors like competitiveness.

Education

Gender gaps in education in Yemen are striking, including enrollment, completion and literacy rates. Almost a quarter more boys complete primary school than girls (72% vs. 53%), and 80% of adult men are literate as compared to 49%-- which indicates the historical legacy of this disparity⁸. Barriers to girls' schooling include a general lack of infrastructure that impacts the quality of both boys and girls education; cultural norms limiting mobility and prioritizing female teacher and separate classes for girls (which are scarce); and remote rural settings that require children from the 70% of the population that lives in rural areas to walk long distances to school, putting girls at risk for GBV. Recent data show that gender gaps are decreasing, however, due to the Republic of Yemen Government (ROYG)'s Ministry of Education's (MoE) commitments to school expansion and reform of the education sector, and its prioritization of geographic areas with low rates of female enrollment. The MoE also established a Girls' Education section in 2005 to monitor gender mainstreaming, female teacher recruitment and training and curriculum development.

Field research participants largely corroborated the results of the desk research. They expressed a preference for sending boys to school over girls, citing availability of school facilities and distance to the schools as a reason for parents of girls to discontinue their education. Security, both from GBV and armed conflict, were of particular concern to parents of girls, as were availability of female teachers and same-sex classrooms. Finally, economic burdens, household responsibilities and early marriage were also cited as reasons for girls' discontinuation of schooling. Participants openly suggested certain educational interventions to increase girls'

⁶ Mansour Omeira, "From Informality to Decent Work in Yemen," ed. International Labour Organization(2013).

⁷"World Bank Databank.", <http://datatopics.worldbank.org/gender/monitoring-progress>, retrieved 1/17/14

⁸"Unesco Databank.". Net enrollment ratio in primary education, 2011, retrieved from Millennium Development Goals Indicators; UIS estimates for adult literacy, 2011, retrieved from UNESCO databank 1/16/14

school attendance, such as incentives for female teachers, increasing same-sex classrooms, and MoE action to advocate for the prevention of child marriage.

Health

The health situation for women and girls in Yemen is dire: they bear a disproportionate burden of disease, total fertility rates are high (4.2 in 2012), and rapid population growth exacerbates existing vulnerabilities and further subdivides scarce resources, including food and water, which contributes to increased morbidity and mortality.⁹ The Yemeni infant and child mortality rates are high (46 and 60 per 1,000 live births respectively), as are maternal mortality rates (200 per 100,000 live births).¹⁰ Gendered disparities limit women and girls' potential for full and healthy lives. These disparities reflect a wide range of factors: women's and girls' lack of decision-making power and control over resources, limited mobility and challenges to accessing health service delivery points, limited knowledge of healthy behaviors and available care options, poor quality health systems, illnesses related to water and food insecurity, reproductive health challenges driven by high birth rates and early marriage, and physical and sexual violence incurred because legal statutes and cultural norms do not protect them from GBV, including child marriage. Many of the other sector opportunities and recommendations proposed in this report will positively affect women and girls health outcomes as well. Meanwhile, the forthcoming Demographic and Health survey presents an opportunity to analyze data to determine key barriers and opportunities related to gender and health.

Field research participants cited gendered barriers related to illness, infrastructure and staffing and services in the health sector. They mentioned that women are more likely to delay seeking care when sick, and that there are many water-related risks for disease for women. Participants discussed low coverage of public health facilities and lack of trained medical staff, particularly in rural areas, which affects women disproportionately because of reproductive health needs. They also mentioned maternal mortality and morbidity, including obstructed labor and other delivery complications; insufficient reproductive health supplies; and high attrition for women health providers and midwives, who leave the profession once married. Participants identified multiple donor- and Ministry of Health-funded projects, suggesting these projects are taking root in Yemen.

Water Sanitation and Hygiene (WASH)

Yemen is well-known for an acute water shortage that threatens food security and clean drinking water. Yemen has one of the lowest per capita water availability rates in the world, uses only 10% of water for household consumption, and the country lacks systems to properly dispense of sewage. As of 2011, only 55% of the country had access to an improved water source, and 53% had access to improved

⁹ WHO database

¹⁰ UNFPA and UNICEF, "Trends in Maternal Mortality:1990-2010,"(Geneva, Switzerland2012).

sanitation.¹¹ Access to improved sanitation facilities was almost 93% in urban areas, as compared to only 34% in rural areas—with another third (32%) of rural Yemenis practicing open defecation.¹² These water and sanitation challenges have a number of economic, social, health and conflict effects, many of which are disproportionately borne by women and girls.

As in other parts of the world, women and girls are almost exclusively responsible for fetching water in Yemen.¹³ Because water is scarce, women and girls spend long hours on this task, with negative health consequences from the physical burden of carrying the water, security risks incurred en route, and time poverty—time spent fetching water leaves them less time for education and social and economic participation.¹⁴ Their multiple water-related roles present a programmatic opportunity, however: women play a vital role in promoting health behaviors in the home in Yemen, including hand washing, proper waste disposal and other hygiene practices, and they prepare food and manage water collection, storage and treatment. While it is important that programs not place the entire burden of family health on women—reinforcing traditional gender norms that women alone are responsible for caregiving and other household tasks—it also is critical that programs aiming to increase knowledge of and promote healthy behaviors *include* women.

Field research findings reiterated the burden on women and girls to fetch water, which consumes much of their time and decreases their participation in school, work and other activities. FGD participants mentioned negative health effects from carrying heavy water containers, and increased vulnerability to GBV and violence from conflict. They also mentioned the impact of the water shortage on agriculture and food security, affecting household food supplies.

Security and Gender-Based Violence

Security and protection from violence are cross-cutting concerns in Yemeni society due to ongoing armed conflict, harmful traditional norms around masculinities and femininities and the absence of laws and policies that protect women and children. Women and girls face pervasive interpersonal and structural violence, and men and boys are vulnerable to involvement in armed conflict. Women and girls are not seen as equals under Yemeni law and culture, resulting in: harassment and physical/sexual violence perpetrated against them; restricted mobility and decision-making; limited access to education, political and social participation; and deleterious health outcomes. Culturally, women and girls' honor is to be protected at all costs, even if doing so requires subjecting them to harmful practices such as

¹¹JMP WHO Database retrieved 1/16/14

¹² Ibid.

¹³ Ministry of Health and Population and UNICEF, "Yemen Multiple Indicator Cluster Survey 2006, Final Report," (2008).

¹⁴ Wiebke Förch, "Yemen: Secondary Data Analysis on Food Security and Vulnerability," (World Food Programme, 2009).

limiting their mobility and access to resources, entering them into early marriage, and physically punishing women and girls viewed as having violated rules of honor. Women and girls are not reliably able to seek redress via state or customary institutions for violence committed against them because of lack of services and fear that the police will be unresponsive or abusive.¹⁵ The lack of good, representative data constitutes a barrier to understanding the breadth and depth of GBV in Yemen. Child marriage is common in Yemen, and FGM is prevalent in coastal regions.¹⁶

Nevertheless, opportunities exist to address gendered issues in security and violence. Increased programming assistance and more vocal advocacy strive to prevent GBV and provide services for survivors. The WNC has established the elimination of GBV as a central strategy in its National Women Development Strategy for 2006-2015.¹⁷ There is growing support for eliminating child marriage: in 2009, activists introduced a draft law establishing a minimum age at marriage, although it ultimately was not adopted.¹⁸ There are several civil society initiatives to combat GBV, including the “*Shima Network*,” which consists of 17 local organizations and the WNC. This network has conducted considerable advocacy on various GBV topics, including the promotion of CEDAW principles, girls’ education, reproductive health and Islamic law, and women’s political participation. Grassroots efforts are also emerging, such as the Safe Streets Campaign, designed to address the issue of gender-based harassment in urban areas in Yemen.¹⁹

Field research participants acknowledged the high prevalence of physical and emotional gender-based violence in Yemeni homes. They mentioned the failure to report violence as a severe problem that prevents decision makers from seeing the extent of the issue and the need for action. Participants offered poverty, unemployment and the unstable political situation as explanations for rampant GBV. Finally, women discussed the power of tribal traditions and norms that dampen or prevent acknowledgement of the extent of violence against women.

Recommendations

Sectoral Recommendations

Political Participation

- ***Build public consensus about the need to treat women as equal citizens*** – for the benefit of everyone in the country, male and female. Specific activities in this area of consensus building should include social and behavior

¹⁵ Rogers, Wright, and Haddad, "It's Dangerous to Be the First: Security Barriers to Women's Public Participation in Egypt, Libya and Yemen."

¹⁶ Violence Against Women Task Force, "Country Assessment on Violence against Women: Yemen," (United Nations Inter-Agency Task Force on Women and Gender Equality, 2010).

¹⁷ Women National Committee, "Women Development Strategy 2006-2015," (Sanaa, Yemen 2008).

¹⁸ Manea, "Yemen."

¹⁹ Rogers, Wright, and Haddad, "It's Dangerous to Be the First: Security Barriers to Women's Public Participation in Egypt, Libya and Yemen."

change communication for the general public, and training of the media, who play an important role in highlighting specific issues *and* candidates.

- ***Sensitize political leadership at all levels on women’s participation and gender equality.*** At the national and local levels, there is a need to sensitize (mostly male) political party leadership and rank-and-file on the advantages to including women in positions of power. Political party leaders need to hear the arguments for and evidence about the improvements in governance and political effectiveness that can result from women’s active participation in politics. To maximize its effectiveness, USAID may wish to target the newer political parties, which show a greater tendency to place women in positions of leadership. One key dimension of this work with the largely male political leadership is to raise awareness of the economic barriers women candidates face, and the challenges of raising support in the face of their limited mobility.
- ***Provide women with training in political leadership and campaign strategies for elections.*** At all levels, women need training on advocacy and communication skills to be able to articulate and defend their rights and assume leading roles in political parties. Specific activities in this domain should include:
 - Capacity building, educational programs and leadership training for women candidates
 - Creation of networks, perhaps SMS-based, that would allow women to communicate with others in their districts to collect the needed 300 backers in order to qualify for candidacy for Parliament
 - New outreach tools tailored for and acceptable to different local communities, particularly for use at the most local and rural level possible, rather than focusing only around the capital and executive decision-making
 - Support for women’s engagement in governance activities at the most local level, where, as it has been shown, involvement often leads to political engagement at higher levels, building on that earlier, more local experience
 - Coordination of exchanges with women leaders from other countries in the region, particularly countries such as Jordan or Lebanon where women are more active in politics. These leaders could share their experiences and encourage Yemeni women to participate in politics, while also raising awareness among men of the possible contributions women can make.
- ***Support the conduct of legislative advocacy on a number of specific topics.*** Build the capacity of women’s groups and other civil society organizations to advocate for implementation of existing equitable laws, the passing of quotas, where appropriate, and the changing or passing of other laws to protect and support women’s rights. The theme of the groups’ advocacy can be equality of rights for women in the New Constitution and equality before

the law. Human Rights Watch has suggested a number of strategic areas in which to advocate:²⁰

- Provide for non-discrimination against women and minorities, and amend laws and policies that are contradictory
- Criminalize all types of violence against women
 - Harsher sentences for honor killings,
 - Decriminalization of sex outside of marriage (*zina*) and immoral acts such as being with a non-related male (*khilwa*)
- Amend personal status law to eliminate provisions that discriminate against women with regards to marriage, divorce, child custody and inheritance.
- Make child marriage illegal
- Equal nationality rights for spouses of Yemenis

Economic Empowerment

- **Strengthen the enabling environment for MSMEs and entrepreneurship**, focusing on removing constraints specific to women, and young women in particular, and those in rural or peri-urban areas with less access to credit and business training opportunities.
 - Work with financial institutions to promote alternative collateral requirements and an expanded menu of financial products for women-owned small/micro businesses.
 - Promote SBCC at community level targeted to whole households (across age and sex) to promote acceptance of women, and young women, entrepreneurs, and to highlight the benefits to individuals, households and the community more broadly of a more robust participation of women in the labor force and in MSMEs.
 - Launch campaigns and other mechanisms to increase awareness of the lending opportunities that do exist for women and MSMEs and are currently under-advertised.
 - Promote entrepreneur training courses for women, taught by women, on how start and run a business. Engage male (and any female) community and business leaders throughout, to build support for the training programs, women-owned businesses and foster linkages to the broader business sector.
 - Support networks of women entrepreneurs (MSME and larger) to encourage mentoring and sharing of best practices; and foster linkages with mainstream business associations to increase acceptance over time of women entrepreneurs.
 - Document and share stories of successful women-owned small businesses started with small/micro loans.

²⁰Liesl Gern, 9/17/2013., <http://www.hrw.org/news/2013/09/17/yemen-hrw-letter-ms-arwa-othman-chairperson-rights-and-freedoms-working-group>, retrieved 1/14/2014.

- **Adapt a wide range of measures to address the lack of opportunities for young women in the labor force, and to better prepare them for jobs** when they are available.
 - At a minimum, skills training programs for youth should aggressively recruit young women participants and simultaneously conduct outreach to participants’ families and local leaders to change norms about the value of training both male and female youth as an investment in the future of the community. Additional considerations for participant safety (e.g. traveling to and from, time of day offered), sex of instructors and single-sex programs may increase family support for participation by young women.
 - Support mechanisms to provide market information to young women (and men) about sex-disaggregated current job trends and opportunities, so they can better target skills training and job searches.
 - Offer programs that build on traditionally accepted income generating activities for women (incense, embroidery) but provide training on how to add value to these products, scale up production and increase incomes.
- **Other options to promote gender equitable economic empowerment** include:
 - Training on household budgeting and joint decision making, offered to men and women in rural areas and in areas with high rates of out-migration.
 - Extension services specifically targeted to improving the quality and marketability of foods processed by women (e.g., pickles and dairy products) from household gardens, to add value to these products and increase women’s incomes.

Education

- **Support the integration of a focus on gender equity at the policy level in both high-level development and education policies.** Including girls in education should be a primary theme in education programming. In a country experiencing the broad development challenges facing Yemen, it is important that a gender perspective be integrated into national development priorities. These often seem to be gender neutral, but provide a very important moment to call out the relative difficulties faced by girls and women in each sector. Nowhere is this more true than in the education sector, both for reasons of the gaps in schooling documented above *and* the copious evidence from around the world of how very important it is to invest in girls’ schooling for virtually every other goal a country might wish to pursue. It will be fundamental to find a way to integrate a strong gender perspective into the National Education Vision for Yemen, 2015.
- **Raise public awareness of the importance of universal education – including for girls - and its benefits for families, communities and the nation.** Because cultural norms also drive the attrition in girls’ school attendance, social and

behavior change communication should be a key component of any investment in the education sector. There is much to be done to educate the public on the benefits to income, family health and prosperity that come from educating girls. Messaging should convey the compatibility of being an educated girl and a good Yemeni woman. It should publicize examples of girls who have successfully attained high levels of education and the respect and opportunities that await them as adult women.

- ***Establish incentives for girls' school attendance.*** Changing public awareness is important, but the economic costs and tradeoffs at the level of individual families still often determine girls' educational prospects. In addition to helping families see that paying for girls' schooling is a wise investment in their futures (described in the previous recommendation), it may be necessary to mitigate the actual costs incurred by families in sending girls to school. In some settings, the government or donors have provided books to families with school-aged children to prevent parents from taking girls out of school due to the cost of purchasing those books. In other settings, the Ministry of Education has established a system through which books are returned to schools for reuse the subsequent year; or used book dealers facilitate the inexpensive recycling of books through the student market.
- ***Improve educational infrastructure and personnel in ways that directly impact gender equity in schooling.*** Girls are most vulnerable to the infrastructural weaknesses in the educational system. As we have seen, schools are often sparsely distributed, poorly equipped, and teacher absenteeism and poor teaching are common. While USAID may not directly invest in education – a role more appropriate for the Government of Yemen – there are a number of strategic investments “at the margins” that could potentially drive improvements and increase girls' access to education.
 - At the institutional level, the MoE should expand its incentive policy to encourage female teachers to increase rates of girls' continuity. Participants of FGDs also suggested increasing the number of segregated schools that are near places where community groups are active. They suggested dividing existing schools into smaller branches in more locations to make them more accessible to villages and raise parents' comfort level with sending girls.
 - Reinforce the MOE incentive program to hire and retain female teachers. Given that USAID cannot contribute directly to this effort, it might consider influencing the local recruitment of female teachers. By recruiting female teachers from local areas, the MoE will develop a labor force that addresses the strong demand for gender-segregated classrooms *and* one that remains for longer periods in the workforce: as they work locally, these women should be inclined to stay in their posts for longer.
- ***Support innovative efforts to strengthen the governance of local schools and the need for accountability within the school system.*** Several specific opportunities present themselves in the Yemeni context:
 - Strengthen teacher management. Around the world, school systems struggle with teacher absenteeism. One innovative approach that has

been tested by the World Bank to great success in India is the use of digital cameras to photograph teacher and students every day.²¹ The dated images provide irrefutable evidence of teachers' presence or absence, and this approach could be used to monitor the presence of *girls* at school, with potential incentives for teachers. Such innovation should, of course, be supplemented with solid supervision, rewards for good and reliable teaching, and opportunities for professional development.

- Strengthen transparency and accountability for local governance
 - Establish and train parent-school associations, and get information to parents' councils and other community stakeholders who provide local supervision over schools. The greater involvement of mothers and especially fathers in school committees is necessary for providing local accountability. Self-interested communities will demand more schools and better schools, report on absent teachers, complain about poor quality of instruction and so on. They provide a local – and usually free – demand-driven governance that can help strengthen the educational system.
- FGD participants suggested the need to support the government in reducing corruption in the school-supply chain (most notably of books) to ensure that resources such as books are well used.
- Strengthen monitoring systems and ensure that sex-disaggregated data are collected and reported upon as part of measuring school performance. In the longer term, USAID has typically supported application of data collection through the Demographic and Health Surveys. Maintaining a strong monitoring system offers another important opportunity to support the Government of Yemen to address gender inequality in the context of the educational system.

Health

- ***Cultivate demand and health-seeking behaviors.*** Some specific areas for intervention in demand cultivation include:
 - Work with men and boys to increase their knowledge of services and healthy behaviors, and to support the access of female family members to services. In a patriarchal society like Yemen, this strategic focus on men and boys is fundamental. A number of USAID's CA partners have strong experiences working to shift gender norms relating to health in other settings. Among the key topics should be information on the early warning signs of pregnancy complications

²¹ Esther Duflo, Rema Hanna, and Stephen Ryan, "Incentives Work: Getting Teachers to Come to School," *American Economic Review* 102, no. 4.

- and the need to have a skilled attendant present at delivery, since men are often making these decisions on behalf of women.
- Offer premarital training courses to engaged couples. Many domestic problems, including instances of violence, arise among newly married young couples. Iran has developed a very successful large-scale program for engaged couples, and it has been very successful in increasing couple communication and contraceptive use, among other indicators.²² Iran's experience indicates that it is possible to design an effective public health intervention in reproductive health that sits well with religious leaders.
 - Establish or more fully implement school health programs that include not only information about health and illness but also about relationships with others and about health services. These programs can be very effective, setting young people up for a lifetime of healthy choices, if the school curricula are thoughtfully designed and the material is covered early enough to capture a significant proportion of young people. Topics ranging from nutrition to reproductive health to human relations, gender equality and mutual respect have successfully been addressed in other settings.
 - USAID has trained sheikhs from around Yemen to speak about issues of reproductive health, and on the importance of family planning.²³ While they are not medically trained, the sheikhs are given accurate information about how to prevent pregnancy and the transmission of disease, as well as information on immunization campaigns, and patient's rights. They have also been instructed to encourage their constituents to go to clinics and allow health workers into their homes.
- **Strengthen the supply of quality health services**
 - The supply-demand split is not without ambiguity. One important area of intervention is the provision of comprehensive social and behavior change communications on a variety of health topics. To maximize prevention of illness and disease, some of the most important topics include nutrition, vaccination, hand washing and proper waste disposal, family planning, breastfeeding, and the danger signs in pregnancy.
 - Social and behavior change can be used to dispel myths around family planning, access to good information on why to use FP (birth spacing, delaying first pregnancy, health impacts on young girls and the links between child marriage and a host of poor health and development

²² F Farnam, M Pakgozar, and M Mir-Mohammadali, "Effect of Pre-Marriage Counseling on Marital Satisfaction of Iranian Newlywed Couples: A Randomized Controlled Trial," *Sexuality and Culture* 15, no. 2 (2011).

²³ Leah Freij, "Muslim Religious Leaders as Partners in Fostering Positive Reproductive Health and Family Planning Behaviors in Yemen: A Best Practice," (Watertown MA: Extending Service Delivery Project, Pathfinder International).

- outcomes) and which methods of family planning are best for men and women at different stages of family life.
- Family planning has been a strong area of USAID investment in many settings for many years. This assessment recommends a continued focus on family planning and maternal health – aligned with the Government of Yemen’s commitment to addressing maternal health – as key steps toward eliminating health and socio-economic disparities. Family planning frees women up for training and economic activities, and protects their health so that they are able to be more involved in the lives of their children and families.
 - Continued investments in quality improvements in FP service delivery and contraceptive security in collaboration with the Ministry of Public Health and Population (MOPHP), should focus on building MOPHP capacity for commodity procurement and logistics to increase geographical coverage of FP and decrease unmet need for FP.
 - Health interventions for vaccine preventable diseases should include training male and female community health liaisons in administering vaccines safely and effectively, to help establish a minimum of disease prevention. Proper recording of vaccination dates and dosages should be a part of this training.
 - One essential component of health care quality, which is particularly important with Yemen’s high rates of preventable maternal deaths is the availability of emergency obstetric care to save maternal lives, and neonatal care to save infant lives. USAID should continue to invest standard care packages to deliver lifesaving maternal and neonatal interventions that include provider training and access to the appropriate technology and commodities.
 - ***Build the evidence on health disparities and patterned weaknesses in the health system.*** This effort contributes to diagnosing the problems, developing solutions to these problems, and monitoring them.
 - The upcoming release of the new DHS data will provide opportunities to examine data disaggregated with attention to age, region and sex to identify patterns. Once the specific gender barriers to health seeking behaviors are more precisely identified, corresponding interventions to remove the barriers can be integrated into health projects.
 - Evidence and data are also important to monitor, evaluate and promote accountability in health systems, to ensure that they are having the intended effects and closing gender gaps in a manner consistent with gender equality goals. Health governance activities, such as monitoring of maternal mortality and morbidity unmask the real impact these health trends have on Yemeni society, reveal opportunities to alleviate these, and hold stakeholders responsible for doing so.
 - Recognize that health-focused interventions alone are necessary but not sufficient to effect lasting change on gendered health disparities. USAID should also support interventions in other sectors—such as

improving girls' education, women's legal rights, women's economic empowerment, and women and girls' security, which have been shown to improve health outcomes for women and families.

Water Sanitation and Hygiene (WASH)

- **Strengthen WASH infrastructure.** Expand coverage and increase access to more technical water management training to decrease women's time and disease burdens from carrying water, decrease distance traveled and thereby decrease risk of GBV (see GBV and Security section for more discussion of this issue.)
- **Involve women in leadership positions in water/resource management.** Women and girls have a vested interest in proper management and reduced time spent in water collection and disposal. Promote women's involvement in advocacy efforts to support implementation of existing policies and laws intended to protect water resources and ensure equitable access to all.
- **Support SBCC on healthy behaviors, targeted to whole households** (males and females of all ages), including on topics related to
 - Hand washing
 - Hygiene
 - Waste disposal
- **Advocate for and facilitate expansion of public hygiene facilities for women/girls.** Particularly in schools, concerns about women's and girls' safety, modesty, and menstrual hygiene are consistently recognized as a barrier to their full participation in social and economic development activities.
- **Build the evidence base about women, water and time use.** Conduct a time-use study of water collection and disposal in rural/urban areas, and analyze and report the data disaggregated by sex, age and geographic location.
- **Invest in water conservation programs that actively engage women at all levels.** Recognizing that 90% of water use is agricultural, work with high-risk communities to increase awareness of conservation strategies, including training and involvement of women in water for agriculture and natural resource management, to build their technical and leadership skills in this area.

Security and Gender-Based Violence

- **Support policy-level interventions to advocate for criminalization of GBV and equal recognition of women before the law.** While this is discussed in greater detail in the political participation recommendations, it is important to highlight a few important interventions here because they will be necessary to achieve recognition of women's basic human rights and effect sustainable change in the reduction of GBV. Investments should be made in activities that:

- Shift public perception of women and girls' rights in order to put pressure on lawmakers to recognize women equally before the law and legislate their protection.
- Build the advocacy capacity and evidence base of CSOs to lobby for specific legal changes such as equal recognition in the Personal Status Law and criminalization of gender-based violence in all forms, including marital rape, child marriage, and stricter sentencing for honor crimes.
- Sensitize current and future decision-makers on the importance of women's rights, including freedom from violence.
- **Support cross-cutting activities and projects to prevent GBV, protect survivors and build accountability**, in line with the *United States Strategy to Prevent and Respond to Gender-Based Violence Globally*.
- **Prevent GBV**
 - Seek out opportunities in sector-specific programs for SBCC to change sociocultural norms regarding violence. These should include working with youth and adults to understand the types, causes and consequences of GBV for women, families and communities and to decrease the normativity of gender-based violence, including child marriage and FGM.
 - Work with men and boys to engage them as supportive, non-violent partners and relatives, and to be agents of change with other men and advocates for a reduction in violence against women and girls.
 - Increase opportunities for women to participate as decision-makers from the household to the nation to ensure that women's security concerns are represented at all levels. At the household level for example, this could come through couple communication as part of health or WASH programming, while at the community level it could be through promoting the involvement and participation of women in parent-teacher associations as part of an education project, and at the national level through a democracy and governance project promoting political and leadership training and other interventions designed to put more women in national positions of influence.
- **Protect survivors of GBV**
 - Map existing GBV services and link to them as part of project activities. Strengthen existing referral systems and create new ones. Build the technical capacity of those providing services, including the provision of globally-validated tools and resources to respond to GBV.
 - Fortify a multisectoral response to GBV, including training and capacity building for the police, those providing psychosocial support, legal support and strengthening health services.
- **Build accountability in efforts to end GBV**
 - Seek out opportunities to collaborate with and build the capacity of NGOs working to promote accountability and prosecute perpetrators. Provide technical support to assist them in creating meaningful, active networks for information exchange and sharing of best practices.

- Support the ROGY to include women in peace and security efforts by increasing the number of women police officers and women participating in the peace process through assistance with recruitment and training. Many women and men have been calling for more female police officers to reduce the barriers women survivors must surmount when denouncing GBV. This intervention alone will not produce the intended effect, it must be coupled with capacity building and sensitivity training for the police force.
- Collect data and carry out research to document the extent and nature of GBV encountered in USAID programs, and provide technical assistance to NGOs and the ROGROGYY to do the same. Building an evidence base on GBV is critical to inform program design for GBV prevention and response, procure higher levels of funding, and to present a robust argument for advocacy to reform and enforce national policies.
- **Support the engagement of women and men in the media as a way of reinforcing all three levels of preventing, protecting and building accountability for GBV.** The media were identified by participants as an important source of information in Yemen, and there are increasing opportunities to use them to promote women's rights post-Arab spring. USAID projects should support men and women in the media through capacity building on media skills, message development and dissemination of evidence about preventing GBV, in line with the SBCC activities to change norms mentioned above. This should also include calls for mainstream media to fact-check and to refrain from perpetrating harmful cultural norms and engaging in shaming, harassment or libel of women. Capacity building and training should also support the media to challenge decision-makers to hold perpetrators accountable for their actions.
- **Mainstream GBV prevention and response throughout USAID interventions in accordance with USG policies.** Several USG strategic and policy documents call for gender integration and provide a framework to guide efforts to prevent and respond to GBV. Most notable are the *US National Action Plan on Women, Peace, and Security*, the *US Strategy to Prevent and Respond to Gender-Based Violence* and the *USAID Gender Equality and Female Empowerment Policy*. In response to this guidance, USAID Yemen should work to integrate gender at the project design level, in order to identify opportunities to prevent and mitigate GBV in all programs, and to avoid potential unforeseen consequences by exacerbating GBV. This purposeful integration will help ensure that systems are in place for projects to look out for and identify GBV that arises from or is exacerbated by their activities, and to take the appropriate steps to protect survivors and pursue accountability. Donors, including USAID, have had a historical tendency to approach GBV as separate issue from the security and counter-terrorism sectors. A comprehensive approach to GBV should be mainstreamed, multisectoral and combined with other USG programs to address gender and security in a comprehensive way.

Common Themes from Assessment and Next Steps

The gender-related barriers and opportunities identified in this document should be addressed holistically and systematically in USAID project design and programming going forward in order to maximize and advance gender equality goals. This section provides overall recommendations for how the Mission should go forward.

Common Themes Across Sectors

1. **Build or reinforce a more egalitarian and protective legal framework for women and girls.** This process should capitalize on the political transition as an opportunity to support Yemeni civil society and government officials in promoting laws and policies that advance gender equality and promote social and economic development. In order to effect lasting change, USAID must continue to support advocates calling for a supportive legal and policy framework for women and girls. While this is a lofty goal, there is gathering momentum on women and girls rights in civil society and there is an opportunity to formalize it within the new constitution.

USAID should provide support to male and female civil society organizations promoting gender equality through advocacy and leadership training, assisting in the provision of evidence for arguments and message development. These advocacy efforts should not be limited to a democracy and governance project, but rather should be incorporated across the sector portfolio. USAID should seek to partner with a wide range of traditional and non-traditional actors representing both urban and rural perspectives and central and decentralized levels. This should also involve a component to strengthen the media and civil society to monitor policy implementation and service delivery. Transparency and governance are important cross-cutting issues and a repeated theme in this assessment. USAID should ensure in its work across sectors that it supports local people in demanding quality services and accountability by decision makers, and in demanding to be heard. These are both key components to ensuring the delivery of quality services and implementation of the legal and policy framework.

2. **Invest in both supply and demand side interventions to reduce gender disparities:**
 - **Supply:** In the education, health and WASH sectors in particular, strengthening basic infrastructure, increasing quality of services and coverage and scaling up of best practices will go a long ways to benefit women and girls and close gender gaps. While these interventions may not seem like gendered in nature, women and girls are often disproportionately affected by infrastructural weaknesses in different sectors. Campaigns to increase awareness of this newly strengthened supply of services should be paired with service improvements.

- **Demand:** USAID interventions should invest in making the public case for the benefits of more fully including women and girls in the life of the country. The assessment confirmed that tribal culture and religion play a central role in the realization of gender equality. Men are the sole decision-makers on most issues such as family planning, education of children, economic participation, and early marriage; and there are deeply entrenched inequalities between males and females, who have limited access to the public sphere. USAID programming should employ project-level, sector-specific strategies for social and behavior change to promote more equitable gender norms, healthy behaviors and knowledge about how and why girls and women can and should access services and participate more fully in society. This should include collecting and sharing the evidence on the impacts of and best practices in women and girls empowerment in all sectors and the active engagement of men and boys.

3. **Employ a long-term vision to transform norms and social relationships that undermine gender equality and achievement of goals in other sectors.** Investments in infrastructure and strategies to accommodate gender inequalities are more concrete and near term fixes to strengthen services and access to services. However, to work towards gender equality and ensure sustainable and meaningful change and true participation in all sectors requires that USAID interventions also employ a long-term vision to transform gender roles and norms in Yemeni society. Female empowerment strategies should be utilized to promote women and girls' freedom to act, exercise their rights (when they are fully granted by law) and be full and equal participants in Yemeni society—with intense attention and accompanying strategies to avoid potential exacerbation of GBV.

Efforts to strengthen policy-level institutions charged with addressing gender equality should be paired with strengthening of CSOs and new or existing networks dedicated to human rights, gender equality and men's engagement. Complementing this approach, because of highly patriarchal tribal and cultural values, it is critical that USAID invest in engaging men and boys in Yemen to both support the women and girls in their lives and promote the importance of women and girls' participation in various sectors to other men and decision makers. This will lay the foundation for a shift towards more equitable gender norms and sustainable change for Yemeni men, women boys and girls.

4. **Design and implement a cross-sectoral approach to security and gender-based violence:** Gender-based violence undermines most other investments USAID might make to improve conditions in the lives of women and girls. It is critically important that USAID support a cross-sectoral approach to reducing and mitigating gender-based violence, to improve both sector and gender equality and female empowerment outcomes. For more details on the

essential components of this comprehensive approach, please see the recommendations proposed in the security and GBV section.

Next Steps for USAID Yemen

To ensure appropriate design and management of the kinds of interventions described in this assessment report, additional investments in technical staff of the Mission and implementing partners may be necessary in the short- and medium-term.

Build USAID capacity and support for gender analysis and integration across the program cycle: In order to maximize impact on sector and gender equality outcomes, USAID Yemen should take a comprehensive and systematic approach to integrating gender, as described below.

- Integrate gender across all sectors in USAID Yemen and throughout the CDCS and project design phase—including the conceptual framework and development hypotheses. This will allow for greater impact on sector and gender equality goals, as well as more robust monitoring and evaluation of gender-integrated strategies.
- Follow the latest gender guidance from USAID from the Office of Gender Equality and Women’s Empowerment, the Automated Directives System and from sectoral and regional policies and experts and ensure explicit operationalization of this guidance through the development of policies, procedures, delineation of roles and responsibilities to address gender analysis and integration needs at the Mission. This should include but not be limited to strengthening the gender focal person at the Mission and preparation of a Mission Order on Gender and/or operational guidance from the Mission’s Program Office.
- Train Mission staff and implementing partners on gender integration methods and the sectoral evidence and arguments for gender integration.
- Form a gender working group with the gender focal person and at least one person from each sector team and the front office to provide a gender review of technical and procurement pieces and technical assistance as needed.
- Include gender analysis questions in all project level research, particularly baseline assessments upon project startup, in order to increase the evidence base.
- Pay attention to gender in M&E plans and reports, including gender-sensitive indicators.
- Document and disseminate successful approaches.

I. INTRODUCTION

A large and growing body of research has shown how gender inequality undermines health and development, and has also demonstrated how working with men and boys as well as women and girls to promote gender equality contributes to achieving health and development outcomes.²⁴ USAID's organizational directives have built upon this evidence and provide a strong logical and institutional rationale for integrating efforts to promote gender equality into its portfolio.

Working toward gender equality by empowering women and engaging men is fundamental to achieving a host of development outcomes, including reducing poverty, improving health and managing and stabilizing population growth. The relationships between women and men can support – or impede – a range of health and development outcomes. Since all members of society participate in reinforcing harmful social norms, shifting those norms requires the full participation of everyone, male and female, old and young.

USAID/Yemen has committed to integrating gender as part of its country development cooperation strategy and project design cycle. This gender assessment was conducted to support the Mission in conducting this process.

I.1 Gender conceptual framework and terminology

Gender refers to the differences between men and women and girls and boys that are socially rather than biologically constructed. As a consequence of the social construction of “masculine” and “feminine” roles, males and females face constraints and opportunities in as they lead their daily lives and try to achieve their potential.

I.2 USG policies on gender integration

The USG has established institutional mandates and policies that emphasize the importance of addressing gender in efforts to achieve sectoral outcomes (including health) and promote equality. From *USAID's Gender Equality and Female Empowerment Policy* to the *Country Development Cooperation Strategy* down through various initiatives and institutional guidance, the USG recognizes the strategic importance of addressing gender inequality in its programming. USAID has been unequivocal in its commitment to addressing gender inequality in its programs, and over time. Indeed, the Automated Directives System (ADS) mandates the inclusion of gender in the work USAID does.

In the Gender Equality and Female Empowerment Policy, USAID defines gender integration as “identifying, and then addressing, gender inequalities during strategy and project design, implementation, and monitoring and evaluation. Since the roles and power relations between men and women affect how an activity is implemented,

²⁴ Interagency Gender Working Group, "A Summary Report of New Evidence That Gender Perspectives Improve Reproductive Health Outcomes," (Washington, DC: Population Reference Bureau).

it is essential that project managers address these issues on an ongoing basis.” Because the findings of this gender assessment are meant to be used in program design, the research team formed actionable recommendations that can contribute to gender integration as USAID/Yemen both creates its strategic plan and designs individual interventions.

The purpose of any gender assessment, including this one, is to enable to Mission’s portfolio to effectively respond to the challenges posed by gender inequality. The basic questions to be answered are:

- What are the different gender-related constraints and opportunities faced by women and men, boys and girls?
- How do gender relations affect outcomes and the achievement of sustainable results?
- How will proposed results affect the relative status of men and women?

1.3 Gender overview for Yemen

Yemen is a vibrant country undergoing political transition in recent years, especially since the Arab spring and resulting crisis in 2011. At the time of this writing, the country is still undergoing National Dialogue Conference (NDC) talks to shape the way forward through recommendations for a new constitution and subsequent elections.

Although this is an exciting time filled with possibilities, very real challenges exist for the country’s social and economic development. Yemen experienced an economic recession in 2011, and economic progress remains very fragile; the country is still one of the poorest in the Arab region.²⁵ The country has a high population growth rate, estimated at 2.4% per year by UNFPA, and is vulnerable to political and environmental shocks that engender humanitarian crises.²⁶ Yemen faces acute water scarcity, greatly constraining agricultural productivity and food security. It has very poor health indicators—particularly among women, children and marginalized groups— due to poor infrastructure, quality and coverage; low demand for services and population and health pressure from very high fertility rates. Although these issues preceded the crisis in 2011, the resulting instability has complicated development efforts to support social and economic development.

There exist great gender disparities in almost every sector in Yemen, exacerbated by discriminatory legal and policy framework and deeply entrenched hegemonic patriarchal social norms. Even where women are legally permitted certain rights and freedoms, in practice many of these are denied or not exercised. Although there is a growing section of civil society that champions women and girls’ rights and women were active in the 2011 revolution, the social changes that followed did not alter the

²⁵ Abdulmajeed Al-Batuly et al., "Assessing Development Strategies to Achieve the Mdgs in the Republic of Yemen,"(United Nations Deapar, 2011).

²⁶ United Nations, "World Population Prospects 2012,"(2012).
http://www.un.org/en/development/desa/population/publications/pdf/trends/WPP2012_Wallchart.

fundamental aspects of male and female roles in Yemen. Men continue to dominate positions of influence in both the private and the public spheres, and women are often excluded from decision-making processes both legally and normatively in both spheres. Women experience wide-ranging forms of structural and interpersonal violence and discrimination, including lesser legal status and high rates of gender-based violence with little legal protection, including rape, child marriage, honor killings and female genital mutilation (FGM).²⁷

Discrimination also extends to the constraining of the freedom of movement for women; restricts their nationality, marital, divorce and custody rights; and denies them equal inheritance.²⁸ Women and girls are often also deprived of access to education, healthcare, and political and economic participation.²⁹ Females among minority groups such as Yemeni Jews, *akhdam*³⁰, and African refugees are perhaps the most marginalized of all, both because of gender discrimination as well as the general discrimination these populations face as minorities. Reflecting these inequalities, Yemen ranks in last place of the 148 countries in Gender Inequality Index in the 2012 United Nations' Human Development Report, and last place of the 138 countries in the 2013 Global Gender Gap Report.³¹

Despite these challenges, the current political transition also provides a unique opportunity to support civil society and incoming government officials to advocate for women and girls' inclusion in society and build their rights into the legal and policy framework. Civil society organizations and the media have growing momentum from the revolution, and there has been increased attention to women's rights in the public sphere.

The North and the South: Two histories, two ideologies for women's advancement

Yemen's complicated history sheds some additional light on the evolution of women's and girl's rights in the country.

²⁷ Manea, "Yemen." Available at <http://freedomhouse.org/uploads/specialreports/womensrights/2010/womensrights2010.pdf>.

²⁸ Gern.

²⁹ UNICEF, "Yemen Mena Gender Equality Profile," in *Status of Girls and Women in the Middle East and North Africa* (2011). <http://www.unicef.org/gender/files/Yemen-Gender-Eqaulity-Profile-2011.pdf>

³⁰ The Akhdam community is a minority group, regarded as 'untouchable' outcasts in Yemen. For centuries the Akhdam people have suffered discrimination, persecution, and social exclusion. They are at the bottom of the social and economic hierarchy when it comes to access to employment and conditions of work, and they are forced to live in isolation from the rest of society. The term 'Akhdam' literally translates as "the servants" and is figuratively suggestive of "people held in contempt and servitude" in Yemen.

While the term 'Muhamasheen' may in some contexts refer specifically to the Akhdam, it is also frequently used to denominate a wider section of marginalized groups in Yemen, including communities not affected by caste-based discrimination, and therefore not subjected to the same forms of gross discrimination and exclusion.

³¹ UN HDR, 2012 <https://data.undp.org/dataset/Table-4-Gender-Inequality-Index/pg34-nwq7>; "The Global Gender Gap Report 2013," (Geneva, Switzerland 2013).

The identity of modern Yemeni women is shaped by two political histories. Before the Unification of 1990, the Yemen Arab Republic (YAR) in the north (created in 1962 after the end of the Zaidi Imamate) was influenced by Nasserite nationalist ideology. Though the Constitution emphasized equality between men and women, gender equality was not a part of everyday discourse. As the religion of the state, Islam was prevalent in community dynamics. Patriarchy shaped the power structure at all levels. Nevertheless, women participated in civil society, notably by establishing the Yemeni Women's Association with branches throughout the YAR, thereby opening a venue for women to play a role in the public sphere.³²

In the south, a socialist ideology shaped the People's Democratic Republic of Yemen (PDRY), established in 1967 after the end of the British occupation. The PDRY offered state protection to women and extensive rights, as embodied in the Family Code, probably the most progressive and egalitarian law in the Arab region at the time. As in the north, Islam was the state religion in the south, but there religion was seen as a private matter.³³ Within this arguably more progressive atmosphere, women assumed a number of high-status roles, including as judges.

When unification took place in 1990, the new Yemen adopted the constitution of the north, under pressure from the Islamist Yemeni Congregation for Reform (i.e., the Islah) party and the Hashid tribe, a major tribe in Yemen and a supporter of conservative views. People from the South did not extensively advocate against the use of the Northern Constitution, which among other provisions allowed polygamy.

Four years after unification a civil war erupted, shifting the political and legal systems of the new Yemen and widening the gap between North and South. Efforts by a range of actors, most recently the Gulf Cooperation Council and United Nations-supported National Dialogue Conference (discussed in greater detail under Political Participation, below), have not yet succeeded in bridging the long-simmering divide that came to a head in 1994.

Former President Ali Abdullah Saleh, who ruled from 1978 in the North and then presided over the unified Yemen, was victorious in the 1994 civil war (and continued to rule until his ouster in 2011). This victory was made possible in part by the support of Islah and the Hashid, which embrace religious and customary law, respectively, and whose position and influence was strengthened by their support for the President. As a result, fundamentalist thinking and centuries-old customs have shaped Yemeni politics, the Constitution, and laws and on family and male and female rights.³⁴

³² Margot Badran, "Unifying Women: Feminist Pasts and Presents in Yemen," *Gender & History* 10, no. 3 (1998).

³³ Ibid.

³⁴ Maxine Molyneux, "Women's Rights and Political Contingency: The Case of Yemen, 1990-1994," *Middle East Journal* 49, no. 3 (1995).

Islam is the state religion and is overwhelmingly predominant, with Judaism, Christianity and other religions making up less than 0.05% of the population.³⁵ It is estimated that 35% of the population is Shia and 65% are Sunni.³⁶ Shari'a law is the source of all legislation, and freedom of religion is not expressly guaranteed in the constitution, although different beliefs are generally permitted. Proselytizing to Muslims and conversion from Islam are both illegal.³⁷

The Tribal Institution

In addition to the political legacy of the State, Yemen has longstanding tribal traditions. Yemeni tribes are patriarchal and hierarchal in nature. The five tribal levels include the *sheikh* who is the leader of the tribe, and who almost always inherits his position; the *saadah*, or judges, who are knowledgeable of *Shari'a* law and are able to resolve conflicts; the peasants, who as vocational workers fall into the fourth category; and the servants or slaves³⁸ and the Jews, in the fifth level³⁹.

Females do not explicitly appear within this tribal structure. They are considered weak beings who must be protected by males, on whom they are utterly dependent. Critically, the concept of honor is closely bound up with notions of gender at the tribal level. Women's honor is part of men's honor, which has two aspects. The aspect of *sharaf*, which can encompass a man's behavior and the deeds he does to establish his own honor, stands in contrast to *'ayb*, individual instances of shame which can damage *sharaf*.

Rights are very much attached to honor: those who have *sharaf* have rights. Rights are usually thought of as collective rather than individual, perhaps an inevitable outcome of the nomadic life from which Yemeni tribes emerged. Since females are attached to males, they do not have independent honor that would confer rights upon them.

Tribalism is regulated by customary law, which exists in parallel to the State statutory law, and is recognized by the State. Under Customary Law, mediation and arbitration are the levels of litigation. Most people resort to this arbitration and mediation because customary tribal law has more enforcement tools than that of the State.

Political struggle engendered conflict in Yemen

Yemen's diverse identities, political ideologies and religious affiliations have been a source of conflict throughout the country's history. Two of the main struggles that affect political dynamics are the Southern Movement, known as Al Hirak, and the Houthi-Salafi conflict.

³⁵ US Department of State, "Yemen 2012 International Religious Freedom Report," (2012), <http://www.state.gov/documents/organization/208632.pdf>.

³⁶ Ibid.

³⁷ Ibid.

³⁸ Slavery is still practiced in some areas of Western Yemen.

³⁹ Fadl Ali Ahmed Abu Ghanem, "El Benya Al Qabalaya Fi Al Yemen Bayna Al Astimrar Wa Al Taghyeer," (1985).

The HIRAK call for secession of the South from the current Yemeni state, motivated by their belief that the North has taken Southern resources and left residents of the South neglected and marginalized. Before the 2011 uprising against the Salah regime, HIRAK's calls for change were largely peaceful. After 2011, they became violent and advocated open conflict with the state.

In the north, the group known as the Houthis defends their Shiite religious identity against the Salafis, a sect of the Sunni school of jurisprudence based in Sa'ada. The spread of Salafi influence in many sectors of society is perceived as a threat by the Houthis. The so-called Sa'ada wars have continued for a decade and are a major drain on the country's revenues.

The deteriorating security situation in Yemen affects public safety and people's access to basic human needs. Families have been displaced, schools are closed, students have dropped out, and businesses have folded. The impact on girls and women and their ability to secure more freedoms and rights is acute, and includes the failure of the state to provide a safe environment for girls and women to pursue educational and work opportunities.

State-Supported Mechanisms for Women's Rights

Yemen has two national mechanisms to advocate for women's rights: The Women National Committee (WNC) and Yemen Women Union (YWU). WNC was created in 1996 as a quasi-governmental entity concerned with women's empowerment for the sake of gender equality.⁴⁰ The WNC integrated the United Nations Convention on the Elimination of Discrimination against Women (CEDAW) as a core component in the Government's 2003-2005 and the updated 2006-2015 National Women Development Strategies. Yemen was one of the first Arab countries to establish a national body to monitor and enhance women's rights in this way. The WNC mechanism was upgraded to the ministerial level in 2003 and a female Minister was appointed for this task.⁴¹

The Yemeni Women Union is similar in several ways to the WNC. The YWU was first established in the South in 1968 as an NGO to promote female rights and empowerment. Based in Sanaa, the organization claims broad outreach and a nationwide presence, including 22 branches and 132 centers across the country. The YWU has received extensive support from the Government of Yemen since its founding, particularly from the Ministry of Labour and Social Affairs (MoLSA). It is one of the only women's NGOs with such broad reach, particularly to rural women.⁴²

Thus it is clear that Yemen has a complex political and institutional history concerning women and gender equality. This provides the layered backdrop for this

⁴⁰ "Sixth Periodic Report of Yemen to Cedaw," (Committee on the Elimination of Discrimination Against Women, 2007).

⁴¹ Amnesty International, "Yemen: The Rule of Law Sidelined in the Name of Security," (2003). Available at <http://www.amnesty.org/en/library/info/MDE31/006/2003>.

⁴² <http://yemeniwomen.org/about-us/>

gender assessment, an effort made all the more challenging by the dynamic and at times unstable political and social circumstances in place in Yemen today.

II. FINDINGS

This section presents the findings of the gender assessment in Yemen from a) a desk review of technical reports, academic articles and international databanks, and b) field research consisting of 15 focus group discussions and 57 individual interviews. Each sub-section contains Context, Findings and Recommendations for the five sectors studied. The five sectors covered in primary data collection are political participation, economic empowerment, education, health, and water, sanitation and hygiene (WASH)—however gender and security has been added as a sixth sector in this report.

2.1 Political Participation

2.1.1 Evidence of Gender Disparities in Yemen: Political Participation

Women received the right to vote in 1967 in South Yemen and in 1983 in North Yemen. Yemeni women have been more active as voters than as political candidates, though their voting participation remains low: in the 1993 elections, women made up only 18% of all voters. But women's share in the active electorate increased to 28% in 1997, and reached its peak in 2003 at 42%.⁴³ In light of this increase in women voters, the continued low numbers of women candidates is striking. In 1993, only 42 of the total 3,182 candidates in parliamentary elections were women.

Their success rate has been similarly dismal, winning two out of 301 seats in 1993. In 2003, the proportions were much the same: only 11 women ran for parliament, compared to 1,644 men. The result was one woman winning a seat, while men won 300 seats.⁴⁴ Women have never held more than three seats out of 301 in the lower house of Parliament, and currently hold just one.⁴⁵ In 2006, for the first time ever, three women received nominations for the presidential election, but none of the three outlasted the nomination process in the parliament. As a consequence, Yemen ranked 131st of 136 countries for political empowerment in the Global Gender Gap Report for 2013.⁴⁶ This index measures the gap between women and men at the highest national levels of decision-making.

One factor inhibiting women's progression from merely voting in elections to successfully running for political office is the continued influence of tribal values, which do not allow women any role in decision-making and discourage them from publicly debating or disagreeing with men.

⁴³ Manea, "Yemen."

⁴⁴ Yemeni Supreme Commission for Elections and Referendum, 1993, 1997, 2001, 2001.

⁴⁵ World Bank Databank 2012, retrieved 1-17-14

⁴⁶ "The Global Gender Gap Report 2013."

A more formal obstacle is Article 85 of Law No. 13 of 2001, which stipulates that for any person to run as a candidate, he or she must be supported by 300 voters representing the majority of polling stations in his or her respective electoral district.⁴⁷ Women's limited mobility constrains their ability to garner the support of voters from across their district. Moreover, since the electoral system is mainly based on single-member districts, candidates bear huge financial costs. As noted in the section on Economic Empowerment, below, women are largely dependent on male guardians or relatives and only comprise one-quarter of the formal, wage-earning labor force. Without an independent revenue stream it is very difficult for women to finance their campaigns.

Because women were part of the genesis and leadership of the 2011 uprising and associated protests, they experienced a powerful but limited opportunity to be vocal and visible, challenging the stereotypically constrained roles of women in the public sphere. International actors recognized the central role played by Yemeni women, with revolutionary activist Tawakol Karman becoming the first Arab woman to receive the Nobel Prize for Peace in 2012.

In an attempt to sustain this forward momentum after the uprising, women's rights activists called for a 30% quota of the seats in all elected and non-elected decision-making positions for the National Dialogue Conference process. This demand was presented to the President and Prime Minister in March 2012, but it was not met, perhaps in part because conservative political leaders gained power in the post-revolution environment.

Although their seats in government were not guaranteed, women did participate at significant levels in the post-revolution conflict mitigation process. The Gulf Council Countries (GCC) Initiative's Implementation Mechanism, which began to broker the political settlement in Yemen with the support of the United Nations (UN) in November 2010, urged adequate representation of youth and women in the National Dialogue Conference (NDC).⁴⁸ Roughly one-quarter of the Communication/Outreach Committee (CC) of the NDC⁴⁹ and of the Preparatory Committee were women; and 30% of participants in the main National Dialogue Conference were women. The transitional government has three female Ministers out of 35.⁵⁰ Mandatory percentages for political seats are neither institutionalized in presidential decrees nor in the State's agreements and quotas are likely to remain a controversial topic in the discussions of the coming constitution.

⁴⁷ Yemen, Law No.13 of 2001.

⁴⁸ Paragraph 20: "With the start of the second phase of transition, the President-elect and National Consensus Government shall call for convening a Comprehensive National Dialogue Conference for all political forces and powers including the youth, southern movement, Huthis, all political parties, civil society representatives and women sector. Women shall be represented among all participating parties".

⁴⁹ The mission of the CC is to accelerate the procedures of constituting the Preparatory Committee of the National Dialogue.

⁵⁰ International Training Programme for Conflict Management, "Female Agency in the Yemeni Transition," *Yemen-Iaty*(2013), <http://yemeniaty.com/female-agency-in-the-yemeni-transition/>.

The relatively progressive mode of thinking in the NDC is reflected in the way it defines “citizen” to include both men and women. The terms “female citizen” and “male citizen” (*mwatinin* and *mawtinat*) appear throughout the whole constitution, reflecting equal citizenship.

Although civil society organizations played an important role in alerting the attention of decision-makers to gender inequality after 2011, the continuous conflict and the unrest prevalent in most of areas in Yemen make their outreach and activities difficult.

Media—an important source of information and participation in Yemen— have boomed since the 2011 uprising, opening a venue for women to speak their minds. FM community radio began broadcasting in August 2012; dozens of newspapers affiliated with political parties opened; and about 700,000 people started to use Facebook, while 200,000 have accounts on Twitter. Although it is unclear how many of these users are women—and many people mask their real names and identities on the sites—social networks have become a safe and a free venue for women to engage in the country's socio-political issues precisely because their identities can be concealed. The scope of social media and internet use in general is limited to cities, however, where only 27% of the population lives; and true liberty of expression for women will occur when they do not need the protection of anonymity to express themselves politically.⁵¹

2.1.2 Field Research Findings: Political Participation

Participants and interviewees agreed that Yemen faces numerous challenges to effective governance, and that one of these is equal access of women and men to the mechanisms of power. There was also a consensus that opportunities for women to participate in politics have improved since 2011, though these improvements have slowed following an initial surge during and immediately after the revolution.

Political participation is bounded by a number of cultural constraints, including tribal norms that do not value female participation in the public sphere, conservative clerics who publicly argue against women's political empowerment, and women's internalized perceptions of lower self-worth, which lead to a lack of confidence.⁵²

Activists are fighting for the 30% quota for female participation that exists in the NDC to be extended to Parliament, executive agencies and the judiciary⁵³, which presents an important opportunity to break down what one interviewee called the “apartheid wall” between men and women⁵⁴. Conservative elements have demonstrated against this measure, but civil society actors feel confident it will be passed.

⁵¹ World Bank Databank, 2012, % of population living rurally, retrieved 1/17/2014

⁵² Interview, Abeer Fareed, Yemen Women's Union, Legal Department, Lihaj, September 26, 2013.

⁵³ Interview, Sharjabi Adib, Program Director at Mercy Corps, Taiz, October 12, 2013.

⁵⁴ Interview, Ali Salaam, administrator, civil society, Aden, October 3, 2013.

Participants in the FGDs⁵⁵ felt that women's roles changed substantially after the 2011 uprising, which in return changed the dynamic between men and women more widely. Women have had more prominent roles not only on the national level but also in local councils.⁵⁶ Society generally has a greater consciousness that women deserve of political rights, partially due to media coverage of women's roles in the revolution and subsequent political processes, particularly the NDC.⁵⁷

As with gender equality in many other sectors, the situation is better for women in urban areas. Sana'a appears to provide the greatest opportunities for women to participate in politics; in Taiz, which sees itself as the cultural capital of the country, there is agitation and public support for greater political participation of women, but it does not often translate to action.⁵⁸

Voting provides women an opportunity to participate in politics, though, again, not to the same extent as men. The security situation is one factor. FGD participants said that women voted in much greater numbers in the 2006 elections, before the revolution, than in the 2012 elections, when levels of violence were much higher. In the latter elections, only those who happened to live near polling stations could easily vote.⁵⁹ Men were presumably affected by the conflict as well, but could likely move with more freedom than women. When women do make it to polling stations, their vote is often directed by their husband or father. There are exceptions, but participants believed they are few.

Participants in the Hodeida FGD spoke of the substantive role that women played during 2011, but most were neither aware of women's role in the NDC nor of the dialogue's issues pertaining to women's rights or equal citizenship. Some males in the same group expressed resentment that women had been politically empowered, and one male said it was not correct that women should aim for offices as high as the presidency, since a woman is traditionally a follower, and a follower cannot be a ruler. Another in the Hodeida group said a female president would have to ask her husband's permission before flying abroad.⁶⁰

A common narrative among participants held that older, male political leaders co-opted the revolution that was started by youth and women. The participation of young women and men in the uprising is recalled in these words of a young male respondent:

We youth were the leaders of the uprising at the beginning. Then tribes and political parties joined youth

⁵⁵ FGDs held in Hodeida and Aden

⁵⁶ Interview, Ali Salaam, administrator, civil society, Aden, October 3, 2013.

⁵⁷ Interview, Abeer Fareed, Yemen Women's Union, Legal Department, Lihaj, September 26, 2013.

⁵⁸ Interview, Maeen Al Abidi, Director, Moen Organization for Rights and Freedoms, Taiz, October 10, 2013.

⁵⁹ FGD, Aden, September 2013.

⁶⁰ FGD, Hodeida, September 2013.

*and women, followed by the occupation of tribal groups and political parties of the squares, excluding youth and women and suppressing them. It ended with the withdrawal of independent women and youth.*⁶¹

Political Parties

Political parties, the main forum for meaningful political participation for both men and women, did not garner a great deal of respect from the FGD participants. Typical comments included, “Political parties do not have actual programs on the ground and tend to be weak at the local level”, and “Political parties are biased toward their ideologies or geographical affiliation and are not inclusive.”

Within parties, and especially older ones, participants noted that members of each sex are expected to fill stereotypical gender roles. Men dominate leadership positions, women are mostly members or heads of Women’s Committees, reflecting the mindset of political parties that women’s participation serves to improve their image but they needn’t truly engage women as active and vocal participants. Other acceptable duties are administrative roles and support to media campaigns for male candidates. One FGD participant mentioned that the use of women seems to spike at certain times: “Male dominated political parties are using women only during election time.” Another said that the parties only seek to recruit women in order to reach their mandated quotas.⁶²

Participants did, however, express some hope that recently established political entities may offer greater roles for women: “New political parties provide women with leading roles in the General Secretariat and accept them as founders”, in the words of one participant.⁶³ More skeptical voices said that new parties were founded by defectors from old parties, and despite their use of youth and women in promotional materials, they would not offer a newly inclusive way of operating.⁶⁴

The position of participants of the Aden female FGD was unique, which is understandable given that some in the South anticipate secession and refuse any political influence from North. These FGD participants said they refrain from participation in any political activity except with Al Hirak (i.e., Tohama and the Southern Hiraks) and local initiatives, because they no longer trust the intentions of political parties. Furthermore, they said they find more opportunities for equality in leadership positions within the Al-Hirak organizations.

Two political initiatives led by women in the South include a campaign to defend the rights of female prisoners and an activity to advocate for abandoning weapons and using peaceful means of conflict resolution. The female FGD participants in Aden

⁶¹ Interview with youth activist, 2013.

⁶² FGD, Hodeida, September 28, 2013.

⁶³ Interview, male respondent, Aden, 6th of October, 2013

⁶⁴ Interview, Warda Bin Sameed, human rights activist, Aden, October 10, 2013.

also said are waiting for the results of the NDC with regards to the Southern cause before they decide how to further invest their energy into politics.

Civil Society

Since 2011, the number of civil society organizations in Yemen has vastly expanded. Women have more opportunities to engage in political activism through civil society, and more organizations are working explicitly on women's issues through a variety of lenses, including education, health care, and political participation. Congruent with the pattern across Yemeni society, there are more such opportunities for women in urban areas. One source reported an estimate that, despite the progress achieved, still only 20% of activists and employees in civil society organizations are women.⁶⁵

One civil society activist said the third sector provides a better avenue for political expression than working through parties, because women who spoke out in parties, or criticized other members of the party, were more likely to encounter hostility in their personal lives as a result.⁶⁶ Parties are also more conservative and cautious, and CSOs more willing to embrace women's rights; for example, the first action against child marriage was taken by civil society, and those political parties that have spoken against it followed the lead of these pioneering CSOs⁶⁷.

Civil society organizations are advocating for the 30% quota in all branches of government (though one said it is unfortunate that 30% has become normalized, and in fact the target should be 50%⁶⁸). In fact, it seems many have internalized the 30% target when selecting beneficiaries for a variety of projects. CSOs are also working to convince political parties to have clearer gender inclusion policies, and are training government offices in gender sensitivity.

A lack of coordination between local civil society organizations hampers the battle to increase women's share of the public sphere, according to local CSO workers. One interviewee from local civil society reported his surprise at the high number of unregistered organizations operating in the field⁶⁹, which makes coordination more difficult. Not only do organizations need better cooperation with each other, but also to link more directly to local councils, an important lever of influence.⁷⁰

International organizations are working extensively on a range of gender issues, including women's political participation. Local civil society actors report working with USAID's Responsive Governance Project, the Danish Refugee Council, Norwegian Refugee Council, Save the Children, UNICEF, Mercy Corps and the World Bank, among others. However, some said that the fluctuation in donor support

⁶⁵ Interview, Amani Hizam, Director General of Kifaia Foundation, Hodeida, September 26, 2013.

⁶⁶ Interview, Alham Al Bahri, Director of Rafah Foundation, Taiz, October 2, 2013.

⁶⁷ Interview, Amani Hizam, Director General of Kifaia Foundation, Hodeida, September 26, 2013.

⁶⁸ Interview, Maeen Al Abidi, Director of Moen Organization for Rights and Freedoms, Taiz, October 10, 2013.

⁶⁹ Interview, Ali Salaam, administrator, civil society, Aden, October 3, 2013.

⁷⁰ Interview, Abeer Fareed, Yemen Women's Union, Legal Department, Lihaj, September 26, 2013.

depending on the current situation in Yemen undermines stability in the civil society sector.

Funding is a constant issue for CSOs. Organizations do not have the skills to effectively communicate to donors their needs for programming to support women’s political participation⁷¹, and at the same time their chances for finding funding locally are very slim.⁷² Some activists say that following the explosion of CSOs after the revolution, there have arisen organizations that claim to work on women’s rights but are only interested in securing money from donors, and have no sincere intention to carry out this work.⁷³

Seven leading human rights activists were asked to name the most important figures in the fight for women’s rights. Their answers appear in the table below.

Who do you think are the most important and influential figures or agents who are supporting women's rights?		
Name	Affiliation	Activity
Fatma Said	Head of Women Union in Laheg/ Yemen	Training and empowering women regarding their rights
Entisar Kord	Director of Literacy Center	Providing successful literacy programs for women
Aeda Atesh	Director of General People's Conference Party	Training women to raise awareness of women's rights
Amal El Basha	Member of the National Dialogue Conference	Advocating for an end to early marriage
Boshra El Maktary	Activist	Writing articles to criticize those who oppose women's rights
Raeda Said Roaishad	Activist	Supporting women in court to secure their rights
Shames El Radaay	Head of Women Union in Amran/ Yemen	Supporting women to start new projects and enterprises
Noaman Doead	Not specified; from Amran	Creating opportunities for women to work in government
Taha Hager		Creating opportunities for women to work in government
Ramzya El Iryany	Not specified	Not specified
Nabiha Taresh	Head of Women's Union in Taiz	
Nada Amen Al Shawafy	Activists	Supporting women's rights
Lina Mansour	CSOs	Raising awareness about women's rights
Nour El Shamy	CSOs	Raising awareness about women's rights
Houd Organization		Working on the rehabilitation of women
Maha Awad	Head of Wogoud Foundation	Raised awareness against

⁷¹ Interview, Amal Basmael, human rights activist, Hadramout, October 11, 2013.

⁷² Interview, Maeen Al Abidi, Director, Moen Organization for Rights and Freedoms, Taiz, October 10, 2013.

⁷³ Interview, Warda Bin Sameed, human rights activist, Aden, October 10, 2013.

	for Human Security	girls early marriage
Gamila Gameel	Media Presenter	Through her program Sonaa El Ghad, she supports youth issues

The NDC

Not only within the FGDs on political participation, but in several sectors, there was agreement that the resolution “Southern question” is a necessary prerequisite to the ability of the country to fully develop. In the political participation FGDs, the NDC was recognized as an important initiative in trying to resolve the conflicts in Yemen, but there was some variation among participants and IDI respondents about the effectiveness of the NDC, as there were discrepancies on the level of awareness on the issues discussed.

Most participants of the FGD in Hodeida mentioned that they no longer follow the activities and news of the NDC after the broadcast of the daily events ceased, and because of frequent power cuts. Most participants, especially men, knew little about the women’s rights that are being discussed within the NDC. One respondent, voiced that he is more interested in the Southern Hirak, the Houthis’ cause and the restructuring of the military.⁷⁴

Participants mentioned on several occasions that not all stakeholders bought into the NDC. Hodeida participants expressed concern that local sheikhs may not accept the outcomes of the dialogue process,⁷⁵ while some in the Aden FGD said that some parties to the negotiations would actively try to sabotage them: “War lords are represented in the national dialogue in Abeen and Sa’ada and they don’t want stability in the country, because their business flourishes with wars and conflicts.”⁷⁶

Some male participants of FGD from Hodeida (which is more conservative than Aden) expressed their refusal to accept a change in women’s roles and denied women’s eligibility for decision-making positions in the NDC, even denouncing their appearing in the public space without a *mehrem* (male guardian).⁷⁷

Two female interviewees reported that the National Dialogue as a mechanism has improved men’s recognition of women’s roles, which has changed the dynamics between men and women.⁷⁸ However, one of these interviewees argued that the improvement of the socio-economic status of both men and women is more important than political participation, while the other expressed concerned about the quality of women’s participation in the NDC, and the sustainability of that participation after the Dialogue ends. One civil society activist worried that even if the NDC results in greater political rights for women on paper, this will falter in

⁷⁴ Male FGD, Amran, 2013.

⁷⁵ FGD, Hodeida, 2013.

⁷⁶ FGD, Aden, 2013.

⁷⁷ FGD, Amran, 2013.

⁷⁸ Two female members of the ND, Interview, 2013.

implementation in the same way Yemen's signature of CEDAW and similar conventions has not translated into practice.⁷⁹

2.1.3 Recommendations: Political Participation

At the time of writing, Yemen is at a point of great political transition. There will be many opportunities to advocate for the inclusion of women and girls. A number of opportunities stand out, however.

Build public consensus about the need to treat women as equal citizens – for the benefit of everyone in the country, male and female. Equal participation in the political arena in Yemen is constrained by cultural, institutional and implementation of existing equitable laws, the passing of quotas, conceptual barriers. This requires working with women *and* men to change public discourse and expectations on the status and treatment of women. It will be necessary to take measures to “specifically address social and cultural impediments to women’s full participation in political life even where their rights are legally and constitutionally protected,”⁸⁰ in order to foster the real participation of women in politics.

Specific activities in this area of consensus building should include social and behavior change communication for the general public, and training of the media, who play an important role in highlighting specific issues *and* candidates.

Sensitize the political leadership at all levels on women’s participation and gender equality. The concept of inclusion is not well established in the mindset of political parties, which tend to deal with gender issues via activities that targeting only women, and remain unaware of the added value of mainstreaming gender into their institutional and programming interventions. At the national and local levels, there is a need to sensitize (mostly male) political party leadership and rank-and-file on the advantages to including women in positions of power.

Political party leaders need to receive education about the improvements in governance and political effectiveness that comes with women’s active participation in politics. To maximize its effectiveness, USAID may wish to target the newer political parties, which show a greater tendency to place women in positions of leadership. One key dimension of this work with the largely male political leadership is to raise awareness of the economic barriers women candidates face, and the challenges of raising support in the face of their limited mobility.

Provide women with training in political leadership and campaign strategies for elections. At all levels, women need training on advocacy and communication skills to be able to articulate and defend their rights and assume leading roles in political parties. Specific activities in this domain should include:

⁷⁹ Interview, Amal Basmael, human rights activist, Hadramout, October 11, 2013.

⁸⁰ Gern.

- Capacity building, educational programs and leadership training for women candidates
- The creation of networks, perhaps SMS-based, that would allow women to communicate with others in their districts to collect the needed 300 backers in order to qualify for candidacy for Parliament.
- Yemenis would also benefit from new outreach tools tailored for and acceptable to different local communities. These tools should be used at the most local and rural level possible, rather than focusing only around the capital and executive decision-making.
- Support women's engagement in governance activities at the most local level, where, as it has been shown, involvement often leads to political engagement at higher levels, building on that earlier, more local experience.
- Orchestrate exchanges with women leaders from other countries in the region, particularly countries such as Jordan or Lebanon where women are more active in politics. These leaders could share their experiences and encourage Yemeni women to participate in politics, while also raising awareness among men of the possible contributions women can make.

Support the conduct of legislative advocacy on a number of specific topics. Build the capacity of women's groups and other civil society organizations to advocate for implementation of existing equitable laws, the passing of quotas, where appropriate, and the changing or passing of other laws to protect and support women's rights. The theme of the groups' advocacy can be equality of rights for women in the New Constitution and equality before the law. Human Rights Watch has suggested a number of strategic areas in which to advocate:⁸¹

- Provide for non-discrimination against women and minorities, and amend laws and policies that are contradictory
- Criminalize all types of violence against women
 - Harsher sentences for honor killings,
 - Decriminalization of sex outside of marriage (*zina*) and immoral acts such as being with a non-related male (*khilwa*)
- Amend personal status law to eliminate provisions that discriminate against women with regards to marriage, divorce, child custody and inheritance.
- Make child marriage illegal
- Equal nationality rights for spouses of Yemenis

Women and men require further capacity building on advocacy, resilience and communication skills to be able to articulate and defend women's rights and, over time, build the skills and knowledge to assume leading roles in political parties. Of special interest at this time in Yemen's political history is the full participation of

⁸¹Ibid.

young people, male and female, who have lives of political engagement ahead of them. The themes of equality and equity often resonate strongly with young people, many of whom are excluded from public discourse and political power on the basis of their age. The extension of this understanding to include gender equality is natural.

Illustrative Indicators

- # of women trained in advocacy or media management
- # of laws, policies or procedures drafted, proposed or adopted to promote gender equality at the regional, national or local level
- Gender Gap Index:
 - Number of female ministers, share of seats in parliament, women holding senior legislative and managerial positions, number of years a female has been head of state⁸² Lopez Claros and Zahidi 2005
- Gender Status Index:
 - Representation in key decision-making positions in the public sector
 - Representation in key decision-making positions in civil society (FAO 2005: 3-4)
- African Women's Progress Scoreboard
 - Implementation of Security UN Resolution 1325 on the impacts of conflict on women and their role in peace-building.
 - Development of effective national women's machinery.
 - Gender equitable decision-making, including support for electoral quotas and gender mainstreaming in all government ministries and departments. (FAO 2005:6)
- Meaningful participation Scale from CARE NORAD⁸³

For indicators on reduction of GBV see the Security and GBV section.

2.2 Economic Empowerment

2.2.1 Evidence of Gender Disparities in Yemen: Economic Empowerment

Yemen's per capita income is \$1270 and 17.5 percent of the population lives on less than US\$1.25⁸⁴. It is one of the poorest countries in the Arab world, and has major gender disparities in economic participation, such that the World Economic Forum Gender Gap Report for 2013 ranked Yemen 133 out of 136 countries surveyed for "Economic Opportunity and Participation." Although the economic situation is among the worst in the region for both men and women—with long-standing

⁸² Justina Demetriades, "Gender Indicators: What, Why and How?," BRIDGE, <http://www.oecd.org/social/gender-development/43041409.pdf>.

⁸³ CARE Norway. 2009. *Guidelines for the implementation of Baseline study for women's empowerment programmes funded by Norad (2009-13)*.

⁸⁴ "World Bank Databank."

poverty exacerbated by a 2011 recession and the already fragile economy imperiled by the political upheaval since 2011—women are disproportionately impacted.

Yemeni laws do not prohibit women's ownership of land and property, and in theory women have complete and independent use of their assets and income. Although there are few legal barriers for economic participation of women, in practice, due to patriarchal attitudes, lack of knowledge and low literacy/education, women do not exercise—or are prevented from exercising—their economic rights. As a result, women are largely financially dependent on their husbands or male relatives.⁸⁵

In many parts of the world, patriarchy has long held sway. In the Arab region, however, men's role as head of household is enshrined in Islamic law. Because men have a legal obligation to spend money on women and the household, whereas women have no such obligation (although in reality they do spend on the household), men are given a host of economic rights which, depending on the country, include entitlement to health benefits, tax deductions and allowances.

While 74% of adult men in Yemen participate in the labor force, only 26% of adult women do so. This gap narrows somewhat among youth (53% of males and 37% of females), driven in large part by a decrease in young men's participation, rather than a large increase in women's participation.⁸⁶ In terms of unemployment, 12% of adult men are unemployed, compared with 55% of adult women. For youth, 26% of young men were unemployed in 2011, compared with 74% of young women.⁸⁷ These data help to illustrate how challenging employment is for Yemeni youth in general, and for young women in particular.

There is little recent data available that accurately portrays the informal and unpaid work sectors, especially for women. The smaller studies available suggest that women do not participate robustly in the informal paid economy, and instead dedicate much of their time to unpaid work in agricultural settings and/or their households (fetching water, firewood, cooking, etc).⁸⁸ Of women who were employed in 2011, however, 40% were own-account workers (self-employed), versus 29% of men⁸⁹. The relatively high percentage of women workers who are self-employed may reflect a lack of other employment opportunities open to them.

One aspect of poverty in Yemen generates a potential benefit for women. Because of the lack of job opportunities in-country, more than 800,000 Yemenis are migrant workers in Saudi Arabia. The vast majority is men, and most of them have blue collar jobs and are paid salaries as low as USD \$200 per month. Yemenis work as home cooks, drivers, office cleaners, sales people in small shops, and in groceries. Among those women who become de facto heads of households (as opposed to those who

⁸⁵ Manea, "Yemen."

⁸⁶ "World Bank Databank." 2012, Labor force participation rates (15-64) and (15-24)

⁸⁷ Ibid. 2010. Unemployment (15-64) and (15-24)

⁸⁸ Omeira, "From Informality to Decent Work in Yemen." Available at http://www.ilo.org/wcmsp5/groups/public/---arabstates/---ro-beirut/documents/publication/wcms_218216.pdf

⁸⁹ "World Bank Databank." <http://datatopics.worldbank.org/gender/monitoring-progress>

get absorbed into extended family households during their husband's absence), they may find they have more freedom of movement, either for work, medical treatment or even social participation. Research on the long-term impacts of migration patterns is needed, however, to document any changes in intrahousehold dynamics, decision-making patterns and women's status in high-migration areas.

In the past Yemenis have seen government jobs as stable and secure sources of income, and hence desirable positions. Where government jobs are unattainable, however, a survey by the USAID-funded Yemen Monitoring & Evaluation Project (YMEP) found a strong majority (91 percent) of youth expressed interest in starting their own businesses. In practice, it is not possible for youth to realize their plans for entrepreneurship due to the extremely limited access to credit for start-up capital in Yemen; this is even more acute in rural areas and for poor women who often lack sufficient collateral. Restrictions on mobility may also restrict entry to certain types of business for women, as can perceptions of the kind of employment/business that is appropriate for women. For example, among female respondents to the YMEP survey, 18 percent responded they could not start their own enterprises due to an absence of family support.⁹⁰ Further analysis of the YMEP data might provide more nuanced understanding of the barriers women would-be entrepreneurs face relative to men.

2.2.2 Field Research Findings: Economic Empowerment

Economic empowerment is at the root of many other issues addressed in this report. With better economic security, both men and women in Yemen can have improved outcomes in health and education.⁹¹

Acceptable Roles

The FGDs and IDIs on women's economic empowerment found that disparities between the genders exist on a number of levels. Although women comprise a disproportionately small percentage of the formal labor and informal labor forces, focus group participants named a number of socially-acceptable income-generating activities:⁹²

- Traditional incense making
- Handicrafts such as hats and ceramics
- Food processing such items as pickles and dairy products
- Sewing
- Embroidery
- Home-schooling
- Babysitting
- Making sweets

⁹⁰ Judy A Benjamin and Nina Etyemezian, "Assessing Youth and Gender Programming in Yemen: Final Report," (Vienna, VA: International Business & Technical Consultants, Inc., 2011).

⁹¹ Interview, Adib Sharjabi, Program Director at Mercy Corps, Taiz, October 12, 2013.

⁹² Hadramout, Taiz and Amran FGDs.

- House cleaning
- Cooking
- Animal husbandry
- Wood gathering
- Hairdressing
- Wedding coordination
- Producing herbs
- Cultivation of *qat*
- In urban areas and to a limited extent:
 - Healthcare
 - Education

The jobs named in FGDs as being usual for men included:⁹³

- Agriculture
- Fishing
- Beekeeping
- Selling livestock
- Selling *qat*
- Migrant work
- Selling firewood
- Shop keeping
- Education
- Health care
- Driving taxis or buses
- Juice carts
- Office work
- Mechanics, electrical work, and engineering

Note that in several cases, such as the production of *qat*, livestock and firewood, the raising or cultivation may be up to the woman, but selling is generally the domain of the man.

“Acceptable work” from a gender perspective also seems to be highly dependent on location and time. While men refuse to carry out “domestic” duties such cooking, cleaning, and helping to take care of children when they are home in Yemen, these are the very tasks many of them are paid for when they go abroad to work (usually to Saudi Arabia). It seems likely this is related to power and authority in the household: when they are home, they are in power and do not feel compelled to do work considered “women’s work.”

Respondents in the mixed-sex FGD in Aden said their area is a pioneer in supporting small and medium enterprises. However they mentioned that both men and women working in the private sector have difficulty obtaining health insurance. Still, they reported that this work is better than being employed by the government, where

⁹³ Ibid.

there are low salaries, harassment issues, and a lack of vacation, retirement plans, or opportunities for promotion.⁹⁴ Background data and smaller studies suggest that women are disproportionately affected by these issues.⁹⁵

FGD participants also discussed the role of men and women in controlling household resources. Some spoke of an oral agreement between husband and wife that even in cases where he is earning the only income (or the vast majority of it), a certain part of his salary would be allocated toward items for the woman and household. Still, both men and women acknowledged the primacy of men in decision-making: “First and foremost the decision is made by the macho man in the family.” They went on to say that men’s control extends to whether a woman may work, what type of job she may have, and what her salary will be spent on. Participants said that women are more likely to be empowered in household decision-making and in spending household income in urban areas than in the countryside.⁹⁶

Interestingly, most interviewees said that there is no real difference in economic opportunities for men and women, when asked that question directly; this contradicts many other statements gathered during the research. In the course of fieldwork, participants cited several challenges specific to women, including the fact that women are not socially permitted to be competitive, a quality that is essential in an entrepreneur. FGD participants in Aden said that sometimes when a woman starts a business, her own family interferes to prevent her from succeeding.⁹⁷ In Taiz it was mentioned that women may be asked to remove their veil for certain occupations, and those unwilling to do so would miss the job opportunity.

Those in Taiz also said that certification and training programs favor men (though participants in Hadramout said opportunity for these two benefits were equal). Women are also discouraged from studying business management, which means they are more likely to lack the skill set to run an enterprise. Education limitations exist outside entrepreneurship as well: A male business owner in Lihaj said that not only are women socially discouraged from studying engineering and mechanics, but that a university department of civil engineering would not even consider an application from a woman.⁹⁸

Access to Capital

It was broadly agreed that barriers to starting businesses are daunting for men or women, one respondent said, “It requires a miracle to get an easy loan from a bank.”⁹⁹ A wide range of interest rates were reported, which likely depends on the financial status of the borrower. One successful business owner said he’d taken a

⁹⁴ FGD, Aden, September 27, 2013

⁹⁵ "Focus on Yemen: Paid Work and Control of Earnings & Assets Topic Brief," (2010), <http://www.ifes.org/Content/Publications/Papers/2010/Focus-on-Yemen-Paid-Work-and-Asset-Control-Topic-Brief.aspx>.

⁹⁶ FGD, Taiz, September 30, 2013.

⁹⁷ Ibid.

⁹⁸ Interview, Ahmed Omar, Tadhamon Bank for Microfinance, October 12, 2013.

⁹⁹ Interview, Amar Ahmed, business owner, October 2013.

loan at 4%, with payments automatically taken out of his salary each month.¹⁰⁰ Another cited common interest rates of 20%.¹⁰¹ A third FGD participant claimed borrowers must return double the amount of the loan.¹⁰² The level of collateral and guarantors required were agreed to be onerous. All three FGs said that the repayment period begins too quickly, giving the borrower insufficient time to start earning profit to repay the loan. Logistical issues can make honoring the loan difficult: a FGD participant in Taiz spoke of the failure of electricity to the area, which makes it impossible to carry out sewing, and hence prevents her from repaying her business loan.¹⁰³

Participants spoke of both inefficiency and corruption hampering entrepreneurs. A typical commenter said:

*We hear a lot that whoever tries to start a new business has to go through an exhausting process, for example to open a commercial register...that can make a businessman give up the idea. If the project will cost 2 million, then another 2 is to be paid off as a bribe. And hence people think that it isn't worth it.*¹⁰⁴

A female business owner from Amran said, “There were difficulties in financing our businesses. For example, the Bank of Bahrain announced loans with requested collateral of 7% interest or gold mortgage. We do not have the required guarantees.” The same woman said that while Al Amal National Bank has micro lending, they only provide loans of less than 200,000 YR (USD 930), and they don’t lend for business expansion purposes.¹⁰⁵ A male FGD participant confirmed the need for guarantees in gold.¹⁰⁶

Organizations targeting female borrowers for business loans include the Social Fund for Development, Al Amal Microfinance Bank, and international donors such as the Netherlands Fund, Oxfam and GIZ (though some participants said foreign actors may face high barriers to implementation due to the security situation¹⁰⁷). One local NGO interviewed spoke of a recent training for 1,000 girls across the country on business management skills. On several occasions, though, participants said that women have difficulty finding the time to attend the training courses that donors and local organizations offer.¹⁰⁸ If attending the course requires travel, women and girls will need the permission of a male guardian, which may be a challenge to secure.¹⁰⁹

¹⁰⁰ Interview, Lihaj, October 12, 2013.

¹⁰¹ Ibid.

¹⁰² FGD, Aden, September 27, 2013.

¹⁰³ FGD, Taiz, September 30, 2013.

¹⁰⁴ Ibid.

¹⁰⁵ IDI in Lahj Majed Nasser Mobiles’ Accessories and Mobiles sales agent, IDI in Amran with Intisar Yahya – Business Owner. Sewing Shop / schools Uniforms.

¹⁰⁶ FGD, Hadramout, October 12, 2013.

¹⁰⁷ FGD, Taiz, September 30, 2013.

¹⁰⁸ FGD, Hadramout, October 12, 2013.

¹⁰⁹ Interview, Hani Bawazeer, Officer for Training and Capacity Building, Hadramout, October 3, 2013.

Private individuals in communities may help to fill the gap left by bank loans with difficult conditions: FGD participants in Taiz named an individual in the village of Alaabos who gives private loans to start businesses.¹¹⁰ Still other participants said friends and parents were better sources of funding than banks.

One business owner interviewed from Lahij said “There are concessionary loans for women's projects like sewing, and crafts, which do not require any collateral, only a personal guarantee written and stamped by the applicant and one of her female friends or relatives.” It may also be the case that men apply for loans in much greater numbers than women due to social pressures, or simply because women do not know about opportunities for loans, especially in rural areas.¹¹¹ Participants in Aden said “Alkuraimi Islamic Microfinance Bank provides young people with loans of 66,000 Riyal. Out of 30 loans given [in a certain period], only 5 females applied for it.”

Running a Business

Once a business is begun, new challenges arise. Respondents mentioned that single women who are employed outside the home are looked down upon by the men with whom they work, and that men would strongly dislike having women as business rivals.¹¹² In fact, a woman who succeeds in securing a loan may be ill-judged by people in the community who doubt she could have come by the money through moral means.¹¹³ Moreover, “women have a difficult time going to court in case of trade disputes.”¹¹⁴ An additional challenge cited is that women are expected to attend to marriage and household management rather than running a business.¹¹⁵

In spite of the barriers, some entrepreneurs succeed. One FGD participant said women participate in arbitrage, buying goods from one producer and re-selling them at a profit.¹¹⁶ A female interviewee in Taiz owns her own photography business, which is successful enough to open a new branch soon, but said she did it without taking a loan from the bank as she could not afford the collateral; instead she shot weddings until she had accumulated enough money to open a studio.¹¹⁷

Discussants knew of a pair of sisters who opened an ice cream business, a woman who had opened her own supermarket, and a woman who was making a high profit exporting incense to other Gulf countries. A male FGD participant in Hadramout described his experience: after taking course work in project management, he and his friend undertook a market study of selling water in plastic containers, decided it

¹¹⁰ FGD, Taiz, September 30, 2013.

¹¹¹ Ibid.

¹¹² Ibid.

¹¹³ FGD, Taiz, September 30, 2013.

¹¹⁴ FGD, Hadramout, October 12, 2013.

¹¹⁵ Ibid.

¹¹⁶ FGD, Aden, September 27, 2013.

¹¹⁷ Interview, Nadia Al Walidi, Photographer and Designer, Taiz, October 7, 2013.

was feasible and obtained a loan from a bank, and is now earning enough profit for the venture to expand.¹¹⁸

The Social Fund for Development was commonly cited as an important actor in supporting economic growth, and not just in entrepreneurship: “The Social Fund in Mocha and Mqubnp helps through labor-intensive projects: men or women in these villages will work on a daily basis for specific tasks and get their wages at the end of the day.”¹¹⁹

2.2.3 Recommendations: Economic Empowerment

A number of programming possibilities flow from the qualitative research and desk review, with the potential to expand gender equitable economic empowerment in Yemen.

Strengthen the enabling environment for MSMEs and entrepreneurship, focusing on removing constraints specific to women, and young women in particular, and those in rural or peri-urban areas with less access to credit and business training opportunities.

- Work with financial institutions to promote alternative collateral requirements and an expanded menu of financial products for women-owned small/micro businesses.
- SBCC at community level targeted to whole households (across age and sex) to promote acceptance of women, and young women, entrepreneurs, and to highlight the benefits to individuals, households and the community more broadly of a more robust participation of women in the labor force and in MSMEs.
- Launch campaigns and other mechanisms to increase awareness of the lending opportunities that do exist for women and MSMEs and are currently under-advertised.
- Promote entrepreneur training courses for women, taught by women, on how start and run a business. Engage male (and any female) community and business leaders throughout, to build support for the training programs, women-owned businesses and foster linkages to the broader business sector. Crucially, ensure that the timing and the location of the courses fit with the schedules of the target audience.
- Support networks of women entrepreneurs (MSME and larger) to encourage mentoring and sharing of best practices; and foster linkages with mainstream business associations to increase acceptance over time of women entrepreneurs.
- Document and share stories of successful women-owned small businesses started with small/micro loans.

¹¹⁸ Male participant, FGD Hadramout, October 12, 2013.

¹¹⁹ FGD, Taiz.

While unemployment rates in Yemen are high for all segments of the population, the rates for young women aged 15-24 are staggering: 3 of every 4 are unemployed, compared with just 1 of every 4 of their male peers. A wide range of measures will be needed to address the lack of opportunities for young women in the labor force, and to better prepare them for jobs when they are available.

- At a minimum, skills training programs for youth should aggressively recruit young women participants and simultaneously conduct outreach to participants' families and local leaders to change norms about the value of training both male and female youth as an investment in the future of the community. Additional considerations for participant safety (e.g. traveling to and from, time of day offered), sex of instructors and single-sex programs may increase family support for participation by young women.
- Support mechanisms to provide market information to young women (and men) about sex-disaggregated current job trends and opportunities, so they can better target skills training and job searches.
- Offer programs that build on traditionally accepted income generating activities for women (incense, embroidery) but provide training on how to add value to these products, scale up production and increase incomes.

Other options to promote gender equitable economic empowerment include:

- Training on household budgeting and joint decision making, offered to men and women in rural areas and in areas with high rates of out-migration.
- Extension services specifically targeted to improving the quality and marketability of foods processed by women (e.g., pickles and dairy products) from household gardens, to add value to these products and increase women's incomes.

Illustrative Indicators

- # of (young) women completing skills training and # successfully employed
- Unemployment rates for youth, disaggregated by sex
- Account at a formal financial institution, disaggregated by sex
- # of loans made to MSMEs, disaggregated by sex, size of loan and collateral type
- # of new entrants entering SME sector assisted by project, disaggregated by sex.
- Change in income level for women with own-account businesses
- Profit margins of products made by women for sale in markets (foods, embroidery, crafts)
- Expressions of support from community and religious leaders about women's participation in the labor force/female entrepreneurship/contributions of women to the economic health of the community
- # of women's associations created or assisted.
- # of clients that receive loans, disaggregated by sex.

- % of women in USG-assisted programs designed to increase access to productive resources
- # of gender-sensitive policies implemented in areas that will assist entrepreneurs
- # of workers employed in sectors, per year, disaggregated by sex (after workforce development activities).

2.3 Education

2.3.1 Evidence of Gender Disparities in Yemen: Education

Yemen has one the worst gender gaps in the education in the world, ranking 134 out of 136 countries studied in the 2013 Global Gender Gap Report published by the World Economic Forum. This ranking is driven by the gender gaps in primary secondary and tertiary enrolment, as well as literacy—which is a more long-term indicator of the persistent historical gender gap in education. However, the report notes that things are getting better, and that Yemen is starting to close their gaps¹²⁰.

While Yemen is growing closer to achieving MDG 2 (universal primary education), stark disparities between boys and girls education remain, and widen greatly as schooling progresses. According to UNESCO, as of 2011, 83% of boys are enrolled in primary school as compared to 70% of girls.¹²¹ Approximately 72% of boys complete primary school, as compared with their female counterparts at 53%.¹²² This gap continues to widen throughout secondary and tertiary education, and is ultimately reflected in the adult literacy scores as well; UIS estimates (for 2011) that while only 49% of adult women are literate, this rises to 82% for adult men, for a gender parity score of .58.¹²³ While the adult literacy rate is more indicative of a historical legacy, gender disparities exists in the youth (15-24) literacy rate as well, which has a gender parity score of .79.¹²⁴

The government of Yemen has dedicated more resources in recent years to improving the education system—with 16% of the total government expenditure on education as of 2008.¹²⁵ Although the education indicators are improving as a result, there persist significant inequalities between boys and girls.

In 2002, the Ministry of Education (MoE) developed the National Basic Education Development Strategy (NBEDS), after the first extensive and participatory process since the Unification in 1990. The strategy puts a great deal of weight on the expansion of schools and reform of the education sector. Expansion focuses on the geographical areas with low rates of female enrollment due to a lack of schools and socio-economic and cultural constraints. Meanwhile, reform should take into

¹²⁰ "The Global Gender Gap Report 2013."

¹²¹ UNESCO. Net enrollment ratio in primary education, 2011, retrieved from Millennium Development Goals Indicators.

¹²² "Unesco Databank."

¹²³ Ibid. UIS estimates for adult literacy, 2011.

¹²⁴ Ibid.

¹²⁵ Ibid. Public current expenditure on education as % of total current government expenditure, 2008.

account strategies to develop girl-friendly schools. This was expanded upon in the Updated Sector Plan 2013-2015. According to NBEDS, the Gross Enrollment Rate should reach 95% by 2015, a goal which they will not likely meet.

Additionally, the MOE established a Girls' Education section in 2005, with the aim of monitoring the approach and strategy of gender mainstreaming throughout the MOE infrastructure, the policy of teacher recruitment, and training and curriculum development.

There are three key contextual factors to take into account regarding the education gender gap:

Institutional and education system: In terms of overall quality of education for both boys and girls, education in Yemen results in poorer outcomes than in other countries, and there are systems level challenges such as having no standardized primary school assessment system, a lack of qualified teachers (and high student-teacher ratios), shortened instruction time, lack of available textbooks and low autonomy and accountability for schools.¹²⁶ There are systemic challenges in unifying policies on construction of schools, curriculum and regulations for boys and girls. Religion has been mainstreamed into the school curriculum, following the Salafi School of interpretation. There were efforts within the NDC to establish a legal article in the constitution to ban politicizing school curricula, but they did not pass.

Cultural norms: Families in rural areas often prefer to send their daughters to “girl-friendly” schools, meaning there are female teachers and separate classes for girls. This is difficult to achieve in areas with few resources for any kind of school. There are reports of the mismanagement of teacher deployment in rural areas, worsening the scarcity of female teachers. The percentage of female teachers in primary and secondary school varies between 27 and 29% nationally.¹²⁷ Reports also show that the gender gap in school enrollment is the lowest in the first year of school and increases as students get older, which indicates parents are making a conscious choice to stop sending their girls to school when they reach a certain age. Data from the 2006 Multiple Indicator Cluster Survey suggest that nationally girls school attendance peaks at age 10 at 77% and then rapidly declines, whereas boys attendance peaks at age 11 at 88% and declines much more slowly.¹²⁸ The forthcoming DHS survey in 2014 should provide an opportunity to examine additional disaggregated data to look at geographic and age differences between boys and girls to guide further programming.

Rural-urban differences: Approximately 70% of Yemenis live in rural areas that are difficult to access. Even in areas where schools are available, students must often walk for an hour to reach the nearest school. Families are much less likely to allow

¹²⁶ Takako Yuki and Yuriko Kameyama, "Improving the Quality of Basic Education for the Future Youth of Yemen Post Arab Spring " in *Global Working Papers*, ed. Brookings Institution(2013).

¹²⁷ "Unesco Databank." 2011, Percentage female teachers.

¹²⁸ Ministry of Health and Population and UNICEF, "Yemen Multiple Indicator Cluster Survey 2006, Final Report."

girls to undertake this long journey than boys, often for security reasons, particularly protection from GBV. According to a 2008 UNICEF report, primary school net attendance rate for girls is estimated at 53% in rural areas, while it reaches 80% percent in urban areas. Moreover, as mentioned above, even when they do attend school, the MOE has difficulties recruiting teachers with needed skills who can teach in rural areas, which drives up the student-to-teacher ratio and impacts the quality of education all children receive.

2.3.2 Field Research Findings: Education

In many respects the findings of the field research corroborated those of the desk research. As in other areas of service provision in Yemen, the government does not have the resources to sufficiently support public education for either gender. Participants spoke of classrooms with 70-80 students, under-maintained school buildings and furniture.¹²⁹ Severe shortages of textbooks leads to books being sold on the black market.¹³⁰ To fill the void in education infrastructure, local merchants sometimes fund the building and rehabilitation of schools.¹³¹

On the positive side, participants said the registration process is relatively easy,¹³² that enrollment for both boys and girls is relatively high in cities, and that some schools have high standards for quality, conducting assessments on entering students so they can help them in their areas of weakness.¹³³

Role of Families, Culture, and Economy

Participants of all three FGDs on education expressed a preference to give opportunities to attain education to boys. Most agreed that the decision as to whether to continue a girl's schooling rests with the father though in cities women contribute more to decision-making.¹³⁴ One participant said that conflicts between husbands and wives over whether to send daughters to school can be a source of domestic violence.¹³⁵

The participants identified a set of criteria for enrollment and for continuity of schooling. At the top of the conditions for enrollment, especially for girls, was the availability of the school facility and distance to the schools. Participants of all FGDs mentioned that in some cases girls and boys walk for an hour to get into the closest school. Under these conditions, when girls complete the 6th grade, or "the moment they learn how to read and write",¹³⁶ parents keep them home. Global research shows this is can often be because of fear of GBV, which is heightened as girls begin

¹²⁹ FGD, Amran, September 28, 2013.

¹³⁰ FGD, Lahij, October 9, 2013.

¹³¹ Interview, Sheikh Abou Awad, Director of the Office of Education, Mukalla, Aden, October 12, 2013.

¹³² FGD, Hodeida, September 26, 2013.

¹³³ FGD, Lahij, October 9, 2013.

¹³⁴ FGDs, Hodeida and Amran.

¹³⁵ FGD, Hodeida, September 26, 2013.

¹³⁶ Female participant, FGD, Amran, September 28, 2013.

to enter puberty. In Yemen, this tendency is further contextualized by the cultural importance of female honor and chastity and men's cultural responsibility to protect women and girls as an aspect of preserving their own male honor. Another concrete constraint is the lack of classrooms and teachers, and when forced to choose, parents chose boys. One participant explained the situation in his village:

We suffer the most regarding girls, because they drop out of school after the sixth grade due to congestion of classrooms. And in our school we have but one female teacher. Most people send their girls to the city of Amran to complete their education, and some other people can't afford sending them to Amran so they make them drop out. Hence, schools are mixed from the elementary level till the secondary and then they have three options; either to be sent to Amran, or study at home, or drop out.¹³⁷

Two other important variables mentioned by participants for girls continuing school were the availability of female teachers and whether the schools have mixed classes. The lack of female teachers is one of the factors that virtually all interviewees and participants of FGDs agreed is influential in making parents hesitant to send girls to schools.

Dropping out of school is a risk factor for early marriage of girls. Most participants in the male FGDs asserted that most the girls get married at the age of 14 or 15, while two participants mentioned that girls in their areas (tribal areas near mountains) get married from the age of eight.¹³⁸ "No serious action is being taken by the MoE with regard to early marriage", said one participant¹³⁹. Another said that members of the community in Amran want to raise the age of marriage. This topic will be further discussed in the GBV and security section, although it is important to understand the impact that girls' education can have in delaying marriage. The situation may also be viewed as a vicious cycle: lack of education about the effects of early marriage makes the institution harder to uproot, and early marriage itself hampers education.

Economic factors were another reason often cited for the removal of girls from school. Participants mentioned that girls who leave school tend to help the family take care of siblings, fetch water, work on the farm or get married. The last two are the most common roles for girls.

The "economic burden is one of the reasons that may drive parents to prefer boys' education than girls", in the words of one male MoE participant, implying that as boys will one day be expected to earn the main wage in the household, their education is more important.¹⁴⁰ The shortage of books means that parents in many

¹³⁷ Female participant, FGD, Amran, September 28, 2013

¹³⁸ FGD, Hodeida, 9/26/13.

¹³⁹ Male member of MoE, interview, 9/25/13

¹⁴⁰ Interview 10/25/13.

cases resort to buying school books from merchants on the black market, putting an extra burden on the family expenditures. To save money, parents take girls out of schools.

Participants mentioned that it is also possible boys might be removed from school for economic reasons—namely, if the parents feel they need their sons to contribute toward income earning at present, and cannot wait until their education is finished. Boys who drop out largely work on the farm. Both boys and girls may be expected to work on the farm as early as age 9 or 10.¹⁴¹

Factors reported by participants that keep parents from sending children to school regardless of sex include:

- Houthi groups in Sa’ada are trying to impose alternative school curricula to those sponsored by the government, a move that pushed a number of Sunni to relocate to Amran.¹⁴²
- Unavailability of qualified teachers
- High student: teacher ratios

Role of Government and Non-government Actors

Well-intentioned but overwhelmed, the government of Yemen faces a daunting set of challenges with limited resources.

The MOE is aware of the importance of female teachers to parents, but one female MoE employee said the MOE’s efforts to date are not enough to change the situation. “Despite the fact that the MOE is applying an incentive policy to encourage female teachers, these incentives are not sufficient. Besides, they are not free to choose this option due to their husbands in case they are married, or due to cultural barriers in case they are still single.”¹⁴³ Another education official acknowledged the problem: “In Mukalla [an urban area] the proportion of female teaching staff is 70% versus 30% males...In the countryside, just the opposite.”¹⁴⁴

The Deputy Director of the Office of Education in Lahij said that the Ministry of Education has been making a concerted effort in the last two years to improve educational opportunities for girls, including giving girls the most convenient matriculation dates in the school year, giving them preference over boys to attend schools closer to home, waiving school fees for girls in rural areas, and reaching out to parents to communicate the importance of educating girls. As a result, he claims there is a higher proportion of girls enrolled than there was two years ago.¹⁴⁵

One important element cited by several interviewees is the disconnect between the Ministry of Education and local councils. According a multiple sources, while direct

¹⁴¹ FGD, Amran, 9/28/13.

¹⁴² Male participant, FGD , Amran,

¹⁴³ Interview, 9/24/13

¹⁴⁴ Interview, Sheikh Abou Awad, Director of the Office of Education, Mukalla, Aden, October 12, 2013.

¹⁴⁵ Interview, Nasser Abdullah, Deputy Director, Office of Education, Lihaj, September 25, 2013.

conflicts are sometimes a problem, more often it is a lack of communication or coordination, where competing or incongruent interests can lead to divergent decisions on staffing, curriculum, and spending. Local councils are closer to tribal institutions and local political machinery,¹⁴⁶ and may have a stronger influence over teachers, for example, than the central government. One exception was cited in Tawahi, Aden, where an education official said coordination between local councils and the Ministry is excellent.¹⁴⁷

Civil society programs work to fill the gaps in education, with courses for women in computer skills, business training and scholarships to study abroad¹⁴⁸, but their efforts cannot meet the full need of the population. International organizations also play a role. Four notable examples were mentioned by the Director of Girl's Education Section at the Office for Education in Taiz (all opinions below are those of the interviewee):

- The World Food Program carried out a school meals program, which can raise enrollment for both boys and girls. However the three districts chosen were of relatively high income and hence not as needy as nearby areas.
- The World Bank and the Social Fund for Development cooperated on a program to give card vouchers to the poor to defray education costs, but distribution was done through local chieftains and parties, and therefore recipients were chosen more by their connections and loyalties than need.
- Community grants funded by the European Union helped with school transportation and giving greater job stability to teachers. This was a successful program but when it concluded the situation returned to its previous state.
- JICA, the Japanese development agency, reduced dropout by 78% in some areas and supported 140 schools with staff training, and books, uniforms, pens and bags for students.¹⁴⁹

Participants had myriad views on changes in the education system since 2011. Some were positive: One said that education improved after the revolution, because corrupt principals and administrators who were part of the old regime were removed, and more girls were enrolled in schools. Officials had been hiring only their relatives, which had raised dropout rates since students believed they didn't have opportunities after graduation. After 2011, people started sending their children in greater numbers.¹⁵⁰ In the same focus group, participants said that the media after 2011 directed more messages to parents saying they should enroll their children in school, and that the Ministry of Education improved its testing system.

¹⁴⁶ Interview, Fadhl Al Hadad, Deputy Director for Education of Girls, Hodeida, September 26, 2013.

¹⁴⁷ Interview, Omar Sabri, Director General, Directorate of Education Tawahi, Aden, October 5, 2013.

¹⁴⁸ Interview, Hani Bawazeer, Officer for Training and Capacity Building, Hadramout, October 3, 2013.

¹⁴⁹ Interview, Afaf Fouad Maki, Director of Girls' Education Section, Office of Education, Taiz, October 7, 2013.

¹⁵⁰ FGD, Amran, 9/28/2013.

Others said the education system was enervated since the revolution. Whether school closings force students into other districts, or whether certain areas, as claimed by some participants, are having rapid population growth, participants feel schools are more overcrowded than ever. The cause is not increased enrollment, as Ministry of Education officials confirm dropout rates for boys and girls both have increased since 2011. Meanwhile, underpaid teachers are forced to take second jobs in grocery stores or as drivers.¹⁵¹

The security factor is more salient since the events of 2011, as there is a perception that safety is not guaranteed. As one participant said, “The roads are not safe due to floods and problems arising from vengeance. Two years ago, a case of revenge led to the shutdown of one school and students had to be moved to other schools.”¹⁵² For fear of kidnapping, some parents in Aden only let daughters travel to school when attended by a male relative.¹⁵³ The conflict affects the availability of schools in other ways as well; FGD respondents from Amran, which receives displaced citizens from Sa’dah, said that schools are used to house displaced people. In other cases, schools have closed completely because of the security situation.

Participants were aware of the National Dialogue Conference, and although they had mixed hopes for its success, they did offer opinions on education-related amendments or provisions they would like to see appear in the constitution:

- Providing a process for ensuring teacher quality, including training on how to teach and how to prevent violence
- Restructuring of the Department of Education, and specifically, improving the supervision and administrative follow-up of schools and teachers.
- Establishing a maximum the number of students per class.
- Creating routes for parent complaints that go directly to administrators and not to schools.
- Increasing the number of schools in the countryside.¹⁵⁴

2.3.3 Recommendations: Education

Some organizations focus on constructing new schools for girls. These are worthwhile efforts, but there also is a need for orchestrated awareness and knowledge-building on the tremendous social, economic and health impacts that come from girls’ education. As a consequence, many donor agencies, international development agencies, and local civil society groups are adopting community-based approaches in addressing education.¹⁵⁵ Recipients for this awareness-raising include

¹⁵¹ FGD, Hodeida, 9/26/2013.

¹⁵² Ibid.

¹⁵³ Interview, Faiza Ahmed, Basic Training Center for Literacy, Amran, September 29, 2013.

¹⁵⁴ Ibid.

¹⁵⁵ Bridge Model by JICA is geared towards establishing a framework mechanism for participatory school planning and its implantation based on a problem analysis to address physical social and cultural obstacles to girls’ enrollment basic (JICA). SFD is focusing on constructing girls’ schools. Oxfam and UNICEF are working on training of female teachers and provide textbooks as well as

key players in the community, such as sheikhs (head of Tribes), parents and religious leaders, as well as local departments of the Ministry of Education and local councils. These recommendations suggest a number of key steps to be taken at five levels: advocating for greater attention to gender equity at the policy level, raising public awareness, establishing incentives for girls' schooling, improving infrastructure and personnel, and strengthening governance and monitoring systems.

Support the integration of a focus on gender equity at the policy level in both high-level development and education policies.

Including girls in education should be a primary theme in education programming. In a country experiencing the broad development challenges facing Yemen, it is important that a gender perspective be integrated into national development priorities. These often seem to be gender neutral, but provide a very important moment to call out the relative difficulties faced by girls and women in each sector.

Nowhere is this more true than in the education sector, both for reasons of the gaps in schooling documented above *and* the copious evidence from around the world of how very important it is to invest in girls' schooling for virtually every other goal a country might wish to pursue. It will be fundamental to find a way to integrate a strong gender perspective into the National Education Vision for Yemen, 2015.

Raise public awareness of the importance of universal education – including for girls - and its benefits for families, communities and the nation. Because cultural norms also drive the attrition in girls' school attendance, social and behavior change communication should be a key component of any investment in the education sector. There is much to be done to educate the public on the benefits to income, family health and prosperity that come from educating girls. Messaging should convey the compatibility of being an educated girl and a good Yemeni woman. It should publicize examples of girls who have successfully attained high levels of education and the respect and opportunities that await them as adult women.

Improve incentives for girls' school attendance. Changing public awareness is important, but the economic costs and tradeoffs at the level of individual families still often determine girls' educational prospects. In addition to helping families see that paying for girls' schooling is a wise investment in their futures (described in the previous recommendation), it may be necessary to mitigate the actual costs incurred by families in sending girls to school. In some settings, the government or donors have provided books to families with school-aged children to prevent parents from taking girls out of school due to the cost of purchasing those books. The Ministry of Education has established a system through which books are returned to schools for reuse the subsequent year; or used book dealers facilitate the inexpensive recycling of books through the student market.

Improve educational infrastructure and personnel in ways that directly impact gender equity in schooling. Girls are most vulnerable to the infrastructural

initiating the first tripartite partnership of its kind with the government and private sector to enhance girls' education.

weaknesses in the educational system. As we have seen, schools are often sparsely distributed, poorly equipped, and teacher absenteeism and poor teaching are common. While USAID may not directly invest in education – a role more appropriate for the Government of Yemen – there are a number of strategic investments “at the margins” that could potentially drive improvements that would increase girls’ access to education.

At the institutional level, the MoE should expand its incentive policy to encourage female teachers to increase rates of girls’ continuity. Participants of FGDs also suggested increasing the number of segregated schools that are near places where community groups are active. They suggested dividing existing schools into smaller branches in more locations to make them more accessible to villages and raise parents’ comfort level with sending girls.

It is clear that the MOE incentive program to hire and retain female teachers needs reinforcing. Given that USAID cannot contribute directly to this effort, it might consider influencing the local recruitment of female teachers. By recruiting female teachers from local areas, the MoE will develop a labor force that addresses the strong demand for gender-segregated classrooms *and* one that remains for longer periods in the workforce: as they work locally, these women should be inclined to stay in their posts for longer.

Support innovative efforts to strengthen the governance of local schools and the need for accountability within the school system. Several specific opportunities present themselves in the Yemeni context:

- Strengthen teacher management. Around the world, school systems struggle with teacher absenteeism. One innovative approach that has been tested by the World Bank to great success in India is the use of digital cameras to photograph teacher and students every day.¹⁵⁶ The dated images provide irrefutable evidence of teachers’ presence or absence, and this approach could be used to monitor the presence of *girls* at school, with potential incentives for teachers. Such innovation should, of course, be supplemented with solid supervision, rewards for good and reliable teaching, and opportunities for professional development.
- Strengthen transparency and accountability for local governance
 - Establish and train parent-school associations, and get information to parents’ councils and other community stakeholders who provide local supervision over schools. The greater involvement of mothers and especially fathers in school committees is necessary for providing local accountability. Self-interested communities will demand more schools and better schools, report on absent teachers, complain about poor quality of instruction and so on. They provide a local – and usually free – demand-driven governance that can help strengthen the educational system.

¹⁵⁶ Duflo, Hanna, and Ryan, "Incentives Work: Getting Teachers to Come to School."

- FGD participants suggested the need to support the government in reducing corruption in the school-supply chain (most notably of books) to ensure that resources such as books are well used.
- Strengthen monitoring systems and ensure that sex-disaggregated data are collected and reported upon as part of measuring school performance. In the longer term, USAID has typically supported application of data collection through the Demographic and Health Surveys. Maintaining a strong monitoring system offers another important opportunity to support the Government of Yemen to address gender inequality in the context of the educational system.

Illustrative Indicators

- improved reading in grades 1 -3 by sex
- improved primary school access for girls
- education quality and access for early grade learners increased, disaggregated by sex
- Literacy by sex
- Educational attainment by sex
- Health system performance improved
- Health seeking behaviors increased.

Performance Indicators:

- % change in EGRA scores.
- # of students benefitting from USG infrastructure improvements.
- # of learners enrolled with USG support
- Number of PTAs or similar 'school' governance structures supported
 - # of women actively participating in these governance structures
- # of teachers/educators trained.
- # of health care providers trained.

Both the Dakar 'Education for All' goals and the Millennium Development goals emphasize two goals, in this regard. These two goals are distinguished as gender parity goals [achieving equal participation of girls and boys in all forms of education based on their proportion in the relevant age-groups in the population] and gender equality goals [ensuring educational equality between boys and girls].

"A consideration of gender equality in education needs to be understood as the right *to* education [access and participation], as well as rights *within* education [gender-aware educational environments, processes, and outcomes], and rights *through* education [meaningful education outcomes that link education equality with wider processes of gender justice]."¹⁵⁷

¹⁵⁷ Ramya Subrahmanian. 2005. "Gender equality in education: Definitions and measurements." *International Journal of Educational Development*. 25(4): 395–407.

MDG 3a¹⁵⁸

- Target 3a: Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015
- Indicator: 3.1 Ratios of girls to boys in primary, secondary and tertiary education

GBV at school¹⁵⁹

- Incidence of sexual harassment or bullying at school
- Incidence of physical or sexual violence at school

Personnel

- % of female teachers at each level (primary, secondary, tertiary) by urban or rural location

2.4 Health**2.4.1 Evidence of Gender Disparities in Yemen: Health**

Women in Yemen bear a disproportionate burden of disease that stems from their lack of decision-making power and control over resources, limited mobility and challenges to accessing health service delivery points, limited knowledge of healthy behaviors and care options available, poor quality health systems, illnesses related to water and food insecurity, reproductive health challenges driven by high birth rates and early marriage, and physical and sexual violence incurred because legal statutes and cultural norms do not protect them from GBV. The challenges are daunting, and arise from a wide variety of social, cultural and infrastructural constraints – dimensions along which solutions must be devised.

High birth rates persist in Yemen despite government efforts to encourage people to carefully plan their families and space out births. Yemen is currently awaiting its first Demographic and Health Survey (DHS) in almost two decades, but according to WHO estimates, the current total fertility rate for women in Yemen was 4.2 in 2012.¹⁶⁰ High fertility has harmful effects on maternal and child health, and population pressure from rapid population growth exacerbates existing vulnerabilities and further subdivides scarce resources, including food and water—which in turn contribute to increased morbidity and mortality.

According to recent estimates by the United Nations, the infant mortality rate in Yemen is 46 per 1,000 live births, while the under-five mortality rate is 60 per

¹⁵⁸ United Nations Development Group, "Thematic Paper on Mdg 3: Promote Gender Equality and Empower Women," (2010). Available at <http://www.oecd.org/social/gender-development/45341361.pdf>

¹⁵⁹ ME Greene et al., "A Girl's Right to Learn without Fear: Working to End Gender-Based Violence at School," (Toronto: Plan Canada, 2012). Available at <http://plancanada.ca/safeschools>

¹⁶⁰ WHO databank.

1,000.¹⁶¹ While this is high, disaggregated data from the most recent MICS survey did not show significant disparities in mortality between girl and boy infants and children. Almost 50 percent of this cohort is affected by malnutrition, however again, there do not appear to be significant disparities between boys and girls. The same holds true for vaccination rates and treatment of diarrheal disease. Both vaccine preventable diseases and diarrheal disease are prevalent in Yemen, contribute to child mortality and are avoidable with low-cost health interventions, but there does not appear to be evidence that suggests differential treatment of boy and girl children¹⁶². These statistics should be examined again in new DHS to ensure that a pattern of disparities does not emerge and verified through a project level assessment of household decision-making to confirm there is not differential treatment of girls and boys with regards to these crucial child health interventions.

Maternal mortality in Yemen has been estimated at 200 per 100,000 live births in 2010.¹⁶³ According to the 2006 MICS figures, many Yemeni women do not have access to lifesaving delivery and pre- and post-natal care. Fewer than half of women (47%) receive any prenatal care at all, and only 37% reporting having delivered with a skilled birth attendant. While they have not been measured since the MICS in 2006, contraceptive prevalence rate is low (28%) and unmet need for family planning is high (24%), and it is not likely that either of these indicators has improved dramatically since that time.¹⁶⁴

In a 2008 study on perceptions of contraception in Yemen, Marie Stopes International (MSI) found that both women and men expressed demand for family planning, but women tended to express it much earlier—either prior to having children or with fewer children as compared to men.¹⁶⁵ Among the 32% of women using FP, the most common methods were the pill (13%), IUD (6%) and injectables (4%), reflecting similar method use found in the 2006 MICS. The MSI study found that family planning services appear to be accepted by Yemeni men and women and that they are seen as a way of spacing births rather than limiting them, and of allowing women to rest between births and to raise each child properly.

However, results showed that both men and women were far more likely to talk about negative effects of FP such as negative side effects and failure rates. Fifty-four percent of women and 73% of men believed that FP methods were likely to fail, and only 49% of men believed it was safe to use FP—demonstrating a lack of correct information about FP.¹⁶⁶ Women's reasons for non-use of family planning included

¹⁶¹ UNICEF estimates, UN MDG Indicators databank, 2012

¹⁶² Ministry of Health and Population and UNICEF, "Yemen Multiple Indicator Cluster Survey 2006, Final Report."

¹⁶³ UNFPA and UNICEF, "Trends in Maternal Mortality:1990-2010." Retrieved from UN MDG Indicators databank 1/17/14

¹⁶⁴ Ministry of Health and Population and UNICEF, "Yemen Multiple Indicator Cluster Survey 2006, Final Report."

¹⁶⁵ Louise Bury, "Perceptions and Realities: Yemeni Men and Women and Contraception," ed. Marie Stopes International(2008).

¹⁶⁶ Ibid.

adverse health effects (37%), wanting more children (28%) or because their husbands didn't want them to (11%).¹⁶⁷ However, when women who were not currently using a method were asked why they were not, 24% of them reported that their husbands did not agree with using FP.¹⁶⁸ Mothers-in-law were also cited as very influential in decisions not to use family planning.

Participants in the Marie Stopes study also made the point that women were justifiably fearful of contraceptive failure due to the high costs it would carry for them in Yemeni society. Women are afraid of being accused of adultery should they become pregnant while using FP, and of the potential for honor crimes and violence against them as a result. The study concluded that limited information on FP for women and men, limited means of transmitting information to women, limited power of decision-making and restricted mobility are all barriers to FP uptake in Yemen.¹⁶⁹

Yemen has high rates of gender-based violence, including child marriage, a form of GBV, all of which contributes to an increased burden of disease for women and girls. These issues will be more completely discussed in the section on Security and GBV, below, but are important to mention as drivers of poor health for women. Child marriage contributes to high fertility, as marriage is highly correlated with sexual activity and when married early, girls start bearing children very early in their reproductive years, achieving cumulatively higher fertility.¹⁷⁰ Bearing children while still children poses significant health risks to immature bodies and can threaten the health and lives of the mothers and their babies. Gender-based violence, both physical and sexual in nature, can have negative mental and physical health impacts for women and girls, contributes to unwanted pregnancy, and, because of the high premium placed on chastity and honor, can in turn provoke further violence against women at the hands of their male relatives.

2.4.2 Field Research Findings: Health

Findings of the in-depth interviews and focus group discussions on health issues are grouped into three categories for the purposes of this assessment: Wellness and Illness, Infrastructure, Staffing, Services (which includes Reproductive Health, and Changes since 2011.

Wellness and Illness

Perceptions of health and illness varied among participants. Three typically diverse definitions of health were “the absence of environmental and human diseases”, “the behavior of the community”, and “nutrition and appropriate hygiene.”¹⁷¹ It is not possible therefore to point to a consensus among participants on the meaning of the

¹⁶⁷ Ibid.

¹⁶⁸ Ibid.

¹⁶⁹ Ibid.

¹⁷⁰ UNFPA, "Marrying Too Young: End Child Marriage," (New York: United Nations Population Fund, 2012).

¹⁷¹ FGD, Amran, 2013.

term “health.” Women perceived their illness in terms of their ability: they consider themselves ill when they cannot carry out their daily duties.

When discussing specific illnesses that affect men and women, participants spoke of *qat*-related afflictions (insomnia, dental problems, malnutrition) affecting men more often.¹⁷²

Discussants identified a failure of the health system to raise awareness on matters of preserving wellness and addressing ill health. A senior official in that system, in Hodeida, gave a bracing estimate of women’s wellness in the province: “A large margin, equivalent to 80%, are affected by malnutrition, malaria, anemia, sexually transmitted diseases, hypertension due to pregnancy, osteoporosis, and dengue fever.”¹⁷³ Another health official, in Lahij, said that three times as many men as women visit doctors for health care.¹⁷⁴

It became clear in the FGDs that women and men both delay seeking treatment until they are quite unwell, or in emergency cases such as the birth of a child. Women appear to seek treatment later than men. Women generally agreed that they “do not go to health centers or hospitals unless [they] reached critical and serious illness stages”, and “only if absolutely necessary after experiencing everything that could be done to relieve pain at home.” One of the women repeatedly emphasized that this true “especially in the countryside.”

Participants also reported delays in seeking care for their children. Even in cities, women do not take their children to hospitals unless they see them in serious condition. One woman said she takes her children “when the skin becomes over bone”, meaning when they are extremely thin. The FGDs did not reveal a difference in whether and when boys or girls are brought by the parents to the doctor.

Rather than taking sick children to services, women usually search for medicines from health stores, including small shops called “dakakeen Al-saha”, a popular grocery that sells traditional painkillers. One such painkiller is *Almamrakha*, made from mixed herbs.

Several significant reasons were cited for participants’ reluctance to go the hospital: poverty and the cost of services, fear of mistakes that can occur in hospitals even with trained staff, distance and difficult roads, worry that doctors and nurses are not properly trained, the lack of female medical staff to attend to women who are sick or injured, and the shortage of professionally equipped laboratories.

Women in the FGDs reported several water-related risks for disease. Whether for paid work or for their homes, women often need to collect water, and carrying heavy containers of water from wells and springs to the places where the water is

¹⁷² Ibid.

¹⁷³ Interview, Dr. Ashwaq Muharram, Deputy Director of the Office of Health, Hodeida, September 24, 2013.

¹⁷⁴ Interview, Mansoor Ali Talha, Director of Immunization, Office of Public Health and Population, Lahaj, September 28, 2013

needed causes spinal problems and other physical strains. Women also reported that infected and stagnant water can be a source of disease for themselves and their children, specifically for malaria, dengue fever, skin infections, and stomach illnesses¹⁷⁵ (discussed as well under the section on WASH, below).

Another major area of morbidity is complications during delivery and after birth. These complications include obstructed labor, hemorrhage and infection and are especially severe in girls and women affected by malnutrition or afflictions such as malaria, anemia and bacterial infections. The delays in seeking health care services described above are seen among pregnant and laboring women as well.

Participants reported a number of complications due to delivery at a young age (15 or 16), with inexperienced doctors, or with a lack of proper medical follow-up after labor and delivery. The complications they mentioned included fevers caused by infections and bleeding from caesarean sections; it should be noted, however, that most deliveries are taking place outside of the medical system, and that access to caesarean section is limited. Improper care during delivery, including mishandling of obstructed labor, can lead to still births. There is a perception among respondents that obstructed labor is more common in the first pregnancy; this may indeed be the case given the young age of many women when they first give birth.

Infrastructure

Respondents reported that clinics are relatively few in number, and are often located far from people's homes, particularly in rural areas. A senior health official in Hodeida estimated the province has hospital capacity to serve about one-quarter of its 2 million residents.¹⁷⁶ An administrator in the Office of the Health Directorate in Aden admitted that poor road quality makes it difficult for people in rural areas to access clinics, and said that security incidents such as clashes between tribes can exacerbate the situation.¹⁷⁷

Construction of hospitals and health centers in many districts and villages where respondents live is either ongoing or has been suspended, leaving the health facilities incomplete. Respondents were not sure of the reasons for the abandonment of construction in the cases they knew about.

One respondent said that although there are lists of medical centers available, some of the listed centers do not in fact exist.¹⁷⁸ They also highlighted a shortage of health care professionals and of medical supplies. The findings indicate that for the most part, men and women experience these shortages with equal severity.

Describing local health centers, one male participant in the FGD in Amran said, "It is terrible, and the neighboring villages [with health centers] are located on very high

¹⁷⁵ FGD, Hodeida, September 28, 2013.

¹⁷⁶ Interview, Dr. Ashwaq Muharram, Deputy Director of the Office of Health, Hodeida, September 24, 2013.

¹⁷⁷ Interview, Ali Najji, October 7, 2013.

¹⁷⁸ FGD, Hodeida, September 28, 2013.

mountainous roads, which makes it difficult to reach there... There is a health center, but no services. Our wives are suffering when giving birth to babies because of distance and poor services.”

Even well-constructed medical centers lack of modern equipment. The manager of an NGO working to fight HIV/AIDS said that clinics outside of major cities do not have the screening equipment needed, an unsurprising result of insufficient operating budgets.¹⁷⁹

Staffing

The very low number of doctors for the population is a major human resources obstacle to health in Yemen, and the fact that the great majority of Yemeni physicians are male may play an additional role in constraining health care for women.

Doctors do not like to be stationed in remote areas and after a few months they leave their posts. Other doctors travel abroad to receive a specialized degree.¹⁸⁰ In some cases no substitute arrives for some time. This forces nurses in health centers to perform as doctors, sometimes under the supervision of trainee undergraduate doctors. Even then, some shifts are not covered by a trained health professional at all, and there is a shortage of medicines and medical equipment.

As one FGD participant explained, “We are surprised by the lack of specialized staff to maintain the old devices [which] are underdeveloped, and then there is an outbreak of disease and epidemics and the Ministry of Health does not cover all cases.”

Respondents reported that the shortage of female staff is especially acute. “There is only one General Hospital in Amran, but they are not able to receive emergency cases, and once the ambulance reaches the hospital, they tell him “go to Sanaa”, as one participant in the Health FGD said.

Services

Research respondents identified a number of obstacles to Yemenis receiving needed care. First, they felt there is an absence of monitoring and control over doctors, some of whose training is insufficient to the task. Their comments suggested a strong lack of confidence in the treatment offered at government clinics. A typical story offered by a male FGD participant told of unreliable information from a doctor:

I once went to a nearby hospital in Amran to check on my wife’s pregnancy. They asked us to make a scan. So we did. And then the female doctor told us that delivery time is still two weeks away. And when I went to a midwife who lives close to us, she informed us that the delivery will happen soon. And in the end, my wife

¹⁷⁹ Interview, Ahmed Ali, October 13, 2013.

¹⁸⁰ FGD, Amran 2013.

*suddenly gave birth that afternoon. And thus I no longer believe in doctors' talk and their diagnostic ability.*¹⁸¹

Another participant spoke of finding better health care in Jordan, a common solution for those in the MENA region: "My female cousin had an accident, and hurt her head. We rushed to a hospital, and she stayed there for a month, lying in a bed, in a coma till her limbs stiffened, and we had to take her to Jordan. And now she is getting better."¹⁸²

Others described doctors prescribing medications may not be needed, such as anti-anxiety medication, or that may harm patients, sometimes even prescribing medicines without examining the patient¹⁸³. Respondents said doctors may prescribe these medications just because they have them, or to make a profit. Similar statements were made about procedures such as caesarean sections.¹⁸⁴

Second, they observed that pharmacists are also sometimes unavailable or unqualified for the wide range of services they are called upon to provide.

Third, as in other poor countries, there is a widespread problem of counterfeit medicine in the pharmacies, and patients cannot be sure of the purity or concentration of the medicines they receive. Smuggling of counterfeit drugs was cited as a problem in Ammar, for example.¹⁸⁵ Taken together, these factors erode public confidence in health services overall.

For their part, health care providers said that ignorance on the side of the populace was one reason people did not visit the doctor soon enough or often enough, and people suffered worse health outcomes when they sought traditional remedies.¹⁸⁶ The simple inability to pay was another reason mentioned by a hospital director.¹⁸⁷

Women are most often responsible for taking their children for vaccinations, and they must care for their children when they are sick. Despite comparatively robust investment in vaccination services, however, respondents reported shortcomings in these services as well. One male FGD participant in Amran illustrated the situation regarding vaccines with this story.

In Joob, one of villages in the Ayal district with 10,000 people, there is one health center that operates on Sundays. The only professionals are a health worker and his wife, and both of them without being accredited or certified are vaccinating children. Most of the time they

¹⁸¹ Mukhtar, FGD, Amran, 2013.

¹⁸² Ammar, FGD, Amran, 2013.

¹⁸³ FGD, Lahij, September 2013.

¹⁸⁴ FGD, Hodeida, September 28, 2013.

¹⁸⁵ FGD, Amran, 2013.

¹⁸⁶ Interview, Mansoor Ali Talha, Director of Immunization, Office of Public Health and Population, Lahij, September 28, 2013

¹⁸⁷ Interview, Mokhtar Al Hammadi, Director of Tawari Hospital, Hodeida, September 25, 2013.

don't have enough vaccines or any database of children's vaccination history. Physicians need to sharpen their skills and to be trained on modern equipment and if you don't have such skills, awareness or support techniques, this will result in speeding up infections and diseases in the district or from one district to another.

Interviews with government officials revealed the existence of a program in the Ministry of Public Health and Population that aims to provide free medical and surgical services in remote areas with high populations. The program uses a mobile team with a variety of medical specialties. In addition to providing free and high quality medical services in different fields for the poorest segments of the population and raising health awareness in the community on how to deal with communicable and non-communicable diseases, the teams can also contribute to strengthening the local health system. They do this by engaging postgraduates and staff in surgical, medical and research areas, registering rare and severe cases of illness for referral to specialized centers, and evaluating the local hospital situation to determine the obstacles and challenge and to work on their solution. Their proximity to the community is especially important to women, whose mobility is often constrained.

International agencies provide a range of medical services in an attempt to help fill the gap. Marie Stopes International and UNICEF have opened reproductive health centers in several provinces, and the World Health Organization is working with donors to coordinate the fight against communicable diseases.¹⁸⁸ These organizations also train young women to administer vaccines and to give health awareness seminars to their peers in schools.¹⁸⁹

Reproductive Health

Reproductive health services are of course critical for women. A housewife interviewed told a story that previous research corroborates as extremely common in Yemen and similar contexts: "I have seven children. My eldest son was born when I was 21...I do not want more children. I wanted only three, but my husband refused and said he wanted many children."¹⁹⁰ The effects of having large numbers of children on women's health and economic empowerment are well known and do not need to be repeated here; suffice it to say that improved access to birth control would benefit Yemeni women.

Education about proper health care during pregnancy is also lacking, for doctors and pregnant women alike. Women are prescribed medicines which cause birth defects; and sometimes they will refuse to take needed medications, or will be prohibited by their husbands, because of ungrounded fears of side effects. There are also,

¹⁸⁸ Interview, Iqbal Ali Shaif, Director of Medical Complex, Al-Qalloua'a, Aden, October 7, 2013.

¹⁸⁹ Interview, Ali Naji, Administrator at Office of the Health Directorate, Aden, October 7, 2013.

¹⁹⁰ Interview, Hodeida, Ziyaad, September 24, 2013.

reportedly, birth defects due to inbreeding. Malnutrition is another threat to pregnant women.

Early marriage can lead to severe bleeding when girls as young as 8 or 10 become pregnant.¹⁹¹ Younger girls and women also tend to have narrow pelvises, which increases the need for caesarian section. A recent increase in ectopic pregnancies has led to more caesarians as well.¹⁹²

One health official lamented that women often show up for prenatal care only in their sixth month of pregnancy¹⁹³, perhaps due to the general distrust of the health system mentioned above.

Yemen suffers from insufficient reproductive health supplies, and the specialists in this field, who are often women trained as nurses or midwives, do not stay in the profession long. Respondents report that these women marry and leave to other regions with their husbands. It is believed that they are less likely to re-enter the workforce after marriage, meaning their expertise is lost to the health system. One senior administrator interviewed lamented the lack of girls who are encouraged to study medicine by their parents, and said the government fails to set a good example because it does not install women in positions of power in the health ministry.¹⁹⁴

Reproductive health has traditionally been seen by couples, rightly or wrongly, as women's domain. This may be changing, however. In Amran, one FGD respondent said that men must receive training in family planning, as the man's decision will be the final one in the household.¹⁹⁵ The head of a hospital in Hodeida said that 30% of attendees in classes on family planning are couples.¹⁹⁶

The lack of consistent reproductive health supplies is very problematic, as women cannot plan their pregnancies if they cannot rely on the next month's supplies of contraceptives, for example.

Local NGOs give education programs in reproductive health awareness targeted at both women and men. One has had success in having these programs sponsored by politicians seeking re-election, who hoped to get positive publicity by supporting the initiatives.¹⁹⁷ Several sources said that some imams were cooperative in allowing awareness-raising programs on reproductive health to take place at mosques. A health official in Hadramout credited "school, civil society and the emergence of

¹⁹¹ Interview, Huriah Al-Aufari, NGO Association "Flowers", which provides prenatal care and education, Amran, September 25, 2013.

¹⁹² Interview, Soliman Al-Morash, head of hospital in Taiz, October 5, 2013.

¹⁹³ Interview, Mansoor Ali Talha, Director of Immunization, Office of Public Health and Population, Lihaj, September 28, 2013.

¹⁹⁴ Interview, October 10, 2013.

¹⁹⁵ Male participant, FGD, Amran, 2013.

¹⁹⁶ Interview, Mokhtar Al Hammadi, Director of Tawari Hospital, Hodeida, September 25, 2013.

¹⁹⁷ Interview, Huriah Al-Aufari, NGO Association "Flowers", Amran, September 25, 2013.

open-minded clerics and moderates” with this development.¹⁹⁸ Government efforts at education include such classes at religious centers, as well as mobile clinics to reach remote areas.

Changes since 2011

Although the participants were initially hopeful that the revolution would bring about change, the situation has not appreciably improved since 2011. Asked whether health services have altered since the revolution, participants generally spoke of negative developments.

An FGD participant in Amran said that health conditions have worsened due to the weakened state’s inability to properly control the medical industry. Another said fees for medical services have increased, whereas many services were free before 2011. One participant said his family was displaced by conflict and that since 2011 the services to displaced people had decreased. Attacks on medical teams transporting vaccinations, and the increase of drug smuggling from Saudi Arabia, were also cited as recent developments.

An NGO manager interviewed said that since 2011, the government has not been able to provide basic antibiotics, anti-diarrhea medications, or vaccines. A government employee gave a similar statement, saying that in the last two years Yemen has needed to depend more on European and American donors to provide health services.¹⁹⁹

Others had positive things to say. A respondent in Amran said there are new mobile teams that give vaccines to children and even livestock, which have only appeared since 2011.

2.4.3 Recommendations: Health

Our knowledge of the social, economic and cultural circumstances relating to health in Yemen suggests the need to know more about household decision-making, i.e., who precisely makes decisions about seeking out health services and at what stage in the health conditions facing the individual or family member. Questions of interest include the divergent treatment of boy and girl children, decisions to seek out health services (including whether delivery takes place at home), who decides when someone – especially a laboring woman – should be taken to the hospital, authority over spending household resources on health care, and so on.

Despite the gaps in our knowledge, three key areas emerge in which work should focus. These areas are: demand creation and health-seeking behaviors (especially for reproductive health services), cultivation of an adequate supply of high-quality services; and collection of stronger data for assessing and monitoring the gender-related causes and implications of poor health in Yemen.

¹⁹⁸ Interview, Saeed Bawazeer, Director of the Office of Reproductive Health, Mukalla, Hadramout, October 10, 2013.

¹⁹⁹ Ibid.

The discussion in each of these three areas is relevant across a variety of health areas. However, from a gender equality perspective, reproductive health and family planning is one of the most important areas of health to address in Yemen. Given resource constraints in Yemen, it is logical that food scarcity and poor nutrition contribute to a host of health problems, creating some and worsening others. USAID's work through MCHIP on home gardening is an excellent example of bringing together a concern with maternal health, behavior change communications, and a nutrition intervention.

Cultivate demand and health-seeking behaviors. Any successful work to improve health in Yemen and eliminate health disparities must be driven by a concern with both demand and supply. This is general but in order to eliminate health disparities, must be done. As USAID's Health Implementation Plan (2013) states, "Overall demand for health services remains low. Many people feel they cannot access services even if they want them, and many are either unaware of, unable or choose not to practice health behaviors at home. Even if health services are weak, several actions could be taken at home or in the community that would improve health outcomes and quality of life. These include actions such as hand-washing, breastfeeding, delay of marriage and childbirth until a safe age for young women, and choosing not to send girls for Female Genital Cutting (FGC)."

Some specific areas for intervention in demand cultivation include:

- Work with men and boys to increase their knowledge of services and healthy behaviors, and to support the access of female family members to services. In a patriarchal society like Yemen, this strategic focus on men and boys is fundamental. A number of USAID's CA partners have strong experiences working to shift gender norms relating to health in other settings. Among the key topics should be information on the early warning signs of pregnancy complications and the need to have a skilled attendant present at delivery, since men are often making these decisions on behalf of women.
- Offer premarital training courses to engaged couples. Many domestic problems, including instances of violence, arise among newly married young couples. Iran has developed a very successful large-scale program for engaged couples, and it has been very successful in increasing couple communication and contraceptive use, among other indicators.²⁰⁰ Iran's experience indicates that it is possible to design an effective public health intervention in reproductive health that sits well with religious leaders.
- Establish or more fully implement school health programs that include not only information about health and illness but also about relationships with others and about health services. These programs can be very effective, setting young people up for a lifetime of healthy choices, if the school curricula are thoughtfully designed and the material is covered early enough

²⁰⁰ Farnam, Pakgohar, and Mir-Mohammadali, "Effect of Pre-Marriage Counseling on Marital Satisfaction of Iranian Newlywed Couples: A Randomized Controlled Trial."

to capture a significant proportion of young people. Topics ranging from nutrition to reproductive health to human relations, gender equality and mutual respect have successfully been addressed in other settings.

- USAID has trained sheikhs from around Yemen to speak about issues of reproductive health, and on the importance of family planning.²⁰¹ While they are not medically trained, the sheikhs are given accurate information about how to prevent pregnancy and the transmission of disease, as well as information on immunization campaigns, and patient's rights. They have also been instructed to encourage their constituents to go to clinics and allow health workers into their homes.

These are all innovative ways of supporting health-seeking behavior by recognizing the moments at which it is possible to reach specific segments of the population.

A strong supply of quality health services

The supply-demand split is not without ambiguity. One important area of intervention is the provision of comprehensive social and behavior change communications on a variety of health topics. To maximize prevention of illness and disease, some of the most important topics include nutrition, vaccination, handwashing and proper waste disposal, family planning, breastfeeding, and the danger signs in pregnancy.

Social and behavior change can be used to dispel myths around family planning, access to good information on why to use FP (birth spacing, delaying first pregnancy, health impacts on young girls and the links between child marriage and a host of poor health and development outcomes) and which methods of family planning are best for men and women at different stages of family life.

Family planning figures on this list and has been a strong area of USAID investment in many settings for many years. This assessment recommends a continued focus on family planning and maternal health – aligned with the Government of Yemen's commitment to addressing maternal health – as key steps toward eliminating health and socio-economic disparities. Family planning frees women up for training and economic activities, and protects their health so that they are able to be more involved in the lives of their children and families.

Continued investments in quality improvements in FP service delivery and contraceptive security in collaboration with the Ministry of Public Health and Population (MOPHP), should focus on building MOPHP capacity for commodity procurement and logistics to increase geographical coverage of FP and decrease unmet need for FP.

²⁰¹ Freij, "Muslim Religious Leaders as Partners in Fostering Positive Reproductive Health and Family Planning Behaviors in Yemen: A Best Practice."

Available at <http://www.pathfinder.org/publications-tools/pdfs/Muslim-Religious-Leaders-as-Partners-in-Fostering-Positive-Reproductive-Health-and-Family-Planning-Behaviors-in-Yemen-A-Best-Practice.pdf>

Health interventions for vaccine preventable diseases should include training male and female community health liaisons in administering vaccines safely and effectively, to help establish a minimum of disease prevention. Proper recording of vaccination dates and dosages should be a part of this training.

One essential component of health care quality, which is particularly important with Yemen's high rates of preventable maternal deaths is the availability of emergency obstetric care to save maternal lives, and neonatal care to save infant lives. USAID should continue to invest standard care packages to deliver lifesaving maternal and neonatal interventions that include provider training and access to the appropriate technology and commodities.

Build the evidence on health disparities and patterned weaknesses in the health system. This effort contributes to diagnosing the problems, developing solutions to these problems, and monitoring them.

The upcoming release of the new DHS data will provide opportunities to examine data disaggregated with attention to age, region and sex to identify patterns. This can serve as the starting point for further research on household decision-making around health that were mentioned earlier, such as differential health decisions for boy vs. girl children, who decides when members of the family go to the hospital and under what circumstances, who controls the resources to do so, if health expenditures are gender neutral, etc. Once the specific gender barriers to health seeking behaviors are more precisely identified, corresponding interventions to remove the barriers can be integrated into health projects.

Evidence and data are also important to monitor, evaluate and promote accountability in health systems, to ensure that they are having the intended effects and closing gender gaps in a manner consistent with gender equality goals. Health governance activities, such as monitoring of maternal mortality and morbidity (especially among girls, where FGD participants mentioned that providers are likely not to report them at all or to attribute them to alternate causes), to unmask the real impact these have on Yemeni society, reveal opportunities to alleviate these, and hold stakeholders responsible for doing so.

It should be noted that health-focused interventions alone are necessary but not sufficient to effect lasting change on gendered health disparities. To reach their health goals and close these gender gaps, USAID should also support interventions in other sectors—such as improving girls' education—including education to become health professionals— women's legal rights, women's economic empowerment, and women and girls' security, which have been shown to better health outcomes for women and families

Illustrative Indicators

WHO indicators on gender and health:²⁰²

²⁰² <http://www.who.int/gender/en/indicat220803.pdf?ua=1>

- % of girls/boys under height for age
- Male/female <1 and 1-4 mortality rates
- Male/female healthy life expectancy at birth
- Maternal mortality ratio
- Unsafe abortion ratio
- Incidence of cervical cancer
- Male/female prevalence of anemia
- Male/female incidence of lung cancer
- Male/female prevalence of HIV infection, 15-24-year-olds

Service delivery

- Number of new doctors, nurses, and nursing assistants trained and dispersed to underserved areas, disaggregated by sex
- Survey of illness, morbidity, and maternal and child health issues in underserved areas (prior to and after medical staff are in place)

Access

- # of initiatives incorporated into project to address mobility concerns.
- Survey of time spent to receive healthcare prior to and after center established, disaggregated by sex.

Other sources include:

- MEASURE Evaluation gender website:
 - www.measureevaluation.org/gender
- Gender scales
 - <http://www.c-changeprogram.org/content/gender-scales-compendium/index.html>
- K4 Health IGWG Gender and Health Toolkit
 - <http://www.k4health.org/toolkits/igwg-gender>
- Resource guide for gender data and statistics (WHO, IGWG/USAID & MEASURE Evaluation)
 - <https://www.cpc.unc.edu/measure/publications/ms-12-52>
- A Framework To Identify Gender Indicators For Reproductive Health and Nutrition Programming
 - http://www.policyproject.com/policycircle/documents/a_framework_to_id%20gender_indicators_for_reprodutive_health.pdf
- For GBV indicators see Security and GBV section

2.5 Water, Sanitation and Hygiene (WASH)

2.5.1 Evidence of Gender Disparities in Yemen: Water and Sanitation

Yemen is well-known for its acute water shortage, which is expected to worsen in coming years due to climate change and population growth—possibly resulting in it becoming the first country in the world to run out of water. Already, the water

scarcity is threatening food security and clean drinking water. Yemen has one of the lowest per capita water availability rates in the world, uses only 10% of water for household consumption, and the country lacks systems to properly dispense of sewage. As of 2011, only 55% of the country had access to an improved water source, and 53% had access to improved sanitation.²⁰³ The access to improved sanitation facilities was almost 93% in urban areas, as compared to only 34% in rural areas—with another third (32%) of rural Yemenis practicing open defecation.²⁰⁴ A significant and growing proportion of the country's scarce water supply goes to cultivate *qat*, which further threatens food security, as it is water intensive, consuming approximately 30% of the water supply that could be dedicated to edible crops²⁰⁵. These water and sanitation challenges have a number of economic, social, health and conflict effects, many of which are disproportionately borne by women and girls.

In spite of efforts by the government and by donors (including a youth initiative in 2012 to facilitate water availability for all, with reasonable and affordable prices), some areas of the country may go three months at a time without water being brought in through the partial pipe infrastructure that exists. To cope, some families obtain water from mosques or by purchasing water tanks. The scarcity of these water tanks, and the difficulty of carrying them to houses along poorly maintained roads contribute to raising the price of tanks outside the reach of many families. In some areas (such as in Misrakh) water tanks can cost 10,000 YR, or USD \$46.5. This is equivalent to one quarter of the average family's monthly income, for a single 50cl tank of water. To help the supply, during the rainy season, pipes are often run from rooftops into reservoirs to collect water.

The shortage of clean drinking water is of critical importance for health and political stability, as it can lead to conflicts and violence, which in addition to causing a loss of life also lead to school closures, disruption in the economy and further surges in the cost of water in tanks and bottles.

As in many other parts of the world, women and girls are almost exclusively responsible for fetching water in Yemen.²⁰⁶ Because water is scarce, women and girls spend long hours fetching water, which has negative health consequences from the physical burden of carrying it, from security risks incurred en route, and from time poverty—time spent fetching water leaves them less time for education and social and economic participation.²⁰⁷

Sanitation, hygiene and overall health are negatively affected by poorly-planned water sanitation infrastructure and a lack of sewage systems in proportion to population density. One result is the incidence, especially in rural areas, of a number

²⁰³ JMP WHO Database retrieved 1/16/14

²⁰⁴ Ibid.

²⁰⁵ Violence Against Women Task Force, "Country Assessment on Violence against Women: Yemen."

²⁰⁶ Ministry of Health and Population and UNICEF, "Yemen Multiple Indicator Cluster Survey 2006, Final Report."

²⁰⁷ Förch, "Yemen: Secondary Data Analysis on Food Security and Vulnerability."

of diseases that are either transmitted through infected water or through insects that thrive in stagnant water. The effects include spine deformities and fractures due to hauling heavy containers for long distances, and kidney infections with stone formations due to heavy and contaminated water sources, Dengue fever, schistosomiasis, malaria, rashes and diarrhea. Children are at particularly high risk. It is not easy for people to move from polluted districts to those with clean water access because of the higher cost of rent.

Women play a vital role in promoting health behaviors in the home in Yemen, including handwashing, proper waste disposal and other hygiene practices. They prepare food and manage water collection, storage and treatment. However, knowledge of healthy behaviors related to water, sanitation and hygiene is low among Yemeni women.²⁰⁸ While it is important that programs not place the entire burden of family health on the mothers—thereby reinforcing traditional gender roles—because they traditionally care for young children and perform household tasks, it also is critical that programs to increase knowledge of and promote healthy behaviors *include* mothers.

Gender differences in sanitation needs are also important—particularly, for women and girls, a lack of latrines/toilets near their houses, in public places and in schools. Lack of toilets can put women and girls at risk of GBV, especially at night. A lack of safe sanitation facilities for women and girls in public places or schools often deters them from going. Similarly parents often do not want their girl children to attend school if there are no safe toilets, particularly once they have hit puberty.²⁰⁹ Needs related to menstrual hygiene are another barrier for women in public places and girls to attend school, and a further reason why sanitation facilities are crucial to facilitating women's and girls' participation and mobility outside the home.²¹⁰ There is also a lack of sanitation facilities for women in public places.²¹¹

2.5.2 Field Research Findings: Water and Sanitation

Respondents reported a wide range of issues related to limited water access and lack of sewage systems in Yemen.

Respondents report no positive changes since the revolution,²¹² and in fact some aver the issue of water access has become more serious in the last two years. Before 2011 women living in cities did not often have to fetch water, while now it is more common for those in urban as well as rural areas due to increasing shortages and the ongoing failure of the state system to provide services.

²⁰⁸ Emtinan Al-Medhwahi, Catherine Briggs, and Susan Keane, "Household Hygiene Improvement Survey in Yemen: Knowledges, Practices and Coverage of Water Supply, Sanitation and Hygiene," (Abt. Associates, 2005).

²⁰⁹ "Gender, Water and Sanitation: A Policy Brief," (New York, NY: UN Water, 2006).

²¹⁰ "Country Assessment on Violence against Women: Yemen."

²¹¹ Ibid.

²¹² FGD, Amran, September 22, 2013.

In the absence of proper systems, the activities of water collection and disposal require time, and a major finding of the fieldwork is that women and girls shoulder the majority of the burden of household water management. It is considered shameful for men to perform the work of collecting water, and women also carry out most of the household tasks where water is used. Water collection and disposal consume much of women's and girls' time and this forces them to neglect other essential activities, such as working in the formal sector, going to school, social and political participation and domestic tasks, including cooking, washing, or taking care of children. Moreover, this heavy labor can take a toll on the body: according to participants in the focus group in Amran, "We send women to collect water ten times a day, and this is hard on their health, including diseases of the spine and rheumatism."²¹³

Without access to systems for water disposal, rural respondents report disposing of grey water by digging a pit near their houses and throwing the grey water in until it is full. At this point they cover it with stones, wood and ashes, and dig another pit.

In the cities there are sewage pipes and shafts. When it rains, these overflow out of the collection drains, causing sanitation issues in these high-population-density areas. The Madam Valley district is exposed to this problem year-round, due to rain and to water pumped by the municipality.

According to participants, the availability of toilets and bathtubs varies widely between cities and rural areas. In the cities there are closed, tiled bathrooms, with taps and water supplies. In most villages bathrooms are covered with wood or zinc ceilings. There is usually no toilet but a set of blocks placed in a square shape, and no taps but containers of disinfectant byproduct water, as is the case in Al Dabab Habashi Mountain.

Traditionally the bathroom was built as the highest point in the house, and waste collected at the lowest point, but participants say it is now common to simply dig a pit near the house for waste. Any sewage piping from the bathroom will be routed to the back of the house or into a nearby stream, which is likely to run to farms in the area. One respondent stated that "the marginalized have no bathrooms, and they don't know where to go and what to do," which results in open defecation.

Grey water reuse is common. In some areas women use water from the kitchen for washing and cleaning, and if the water has no soap in it they re-use it as drinking water for sheep and for planting around the house. In some cities where air conditioners are available women re-use the water expelled by air conditioning units to wash dishes and clothes.

Participants noted a severe lack of water in Taiz, and said they would not move there without planning ahead a source of water. There is an initiative to pump water to Taiz called the Madam Water Project, but the water pumped sometimes needs to be

²¹³ FGD, Amran, 2013.

distilled to be drinkable, or it comes out with the color and taste of rust from the pipes.

Reports of hand washing practices varied among participants. Some said everyone must wash hands with soap and water. Some said they only wash after using the bathroom; some said they do so after returning from abroad. Judging from respondents' comments, however, hand washing with soap and water is common.

A number of health problems are linked to limited water and sewage system access. Not only in the WASH FGDs, but also in those on education and political participation, participants spoke about the negative health effects of improperly controlled sewage, polluted wells, and open, stagnant water. Bacterial infections, infectious diseases like malaria and dengue fever, anemia, skin rashes, allergies, and kidney problems were commonly cited, and said to be especially prevalent in children.²¹⁴ Gravel and salt in drinking water was also mentioned by participants as a health risk, particularly to kidneys.

Extreme cases of health effects were also reported. FGD participants in Hodeida spoke of a village between Zaid and Alalehya where all the men are blind because of the water supply, and another that has a high proportion of cases of epilepsy and mental disease.²¹⁵ Verifying these claims was beyond the scope of this study, but the fact that they were reported means, at a minimum, that residents have reason to be concerned enough about water's effect on health to find the stories credible.

Some women in the FGD reported a perception that unclean drinking water is affecting their reproductive systems as well, over the long term. They reported an increase in recent years of miscarriages during pregnancy, as well as increasing incidence of early onset puberty in girls (age 7-10). The latter, according to respondents, gives parents and tribal societies an excuse to marry girls at a young age. These physical effects are linked in the respondents' minds with the quality of drinking water.

Water shortages have effects on agriculture as well. Some respondents reported that in their villages, *qat* and other crops previously grown are no longer grown because of the lack of water. Respondents in Lahij, Al Hutta said that desperation was driving farmers to use illegal digging and irrigation techniques, which further saps the drinking water supply.

Participants cited examples of conflicts over scarce water resources affecting their communities.

- One female participant mentioned an example of a well in the village where two related families used to get drinking water. Because of an issue between the families, each family has tried to stop women from the other family from getting water. One day, a woman was beaten while trying to bring water and

²¹⁴ FGD, Amran, September 22, 2013.

²¹⁵ FGD, Hodeida, September 30, 2013.

got injured. They did not discover that she was bleeding but in the evening she passed away because of this.

- Overflowing sewers lead to problems between neighbors, when they cause rashes and illness in children and adults.
- To access clean water, two tribes dug a well in Wemrzog and agreed on certain days for each tribe to use it, but one tribe did not like the schedule which caused a conflict resulting in several deaths.

Participants reported gender-based violence tied with water as well, citing that women and girls who travel long distances to fetch water are vulnerable to rape and other forms of GBV. They described that not only can women and girls be subject to rape and sexual assault, but then subsequent honor crimes against the survivors multiply the horror of GBV for them.

2.5.3 Recommendations: Water and Sanitation

The findings from the research point to several key interventions to increase the effectiveness and equitable impact of WASH programming in Yemen.

- Strengthen WASH infrastructure—expand coverage, increase access to more technical water management training-- to decrease women’s time and disease burdens from carrying water, decrease distance traveled and thereby decrease risk of GBV (see GBV and Security section for more discussion of this issue.)
- Involve women in leadership positions in water/resource management, as they have a vested interest in proper management and reduced time spent in water collection and disposal. Promote women’s involvement in advocacy efforts to support implementation of existing policies and laws intended to protect water resources and ensure equitable access to all.
- Support SBCC on healthy behaviors, targeted to whole households (males and females of all ages), including on topics related to
 - Handwashing
 - Hygiene
 - Waste disposal
- Advocate for and facilitate expansion of public hygiene facilities for women/girls, particularly in schools, to address concerns about women’s and girls’ safety, modesty, and menstrual hygiene.
- Conduct a time-use study of water collection and disposal in rural/urban areas, and analyze and report the data disaggregated by sex, age and geographic location.
- Recognizing that 90% of water use is agricultural—water for food!—work with high-risk communities to increase awareness of conservation strategies, including training and involvement of women in water for agriculture and natural resource management (technical skills, leadership).

Illustrative Indicators

- Time spent in water collection and disposal, disaggregated by sex and age

- Knowledge of basics on handwashing, hygiene and waste disposal and evidence of associated positive behaviors
- # of new public hygiene facilities available for women and girls in targeted areas
- #of women in high-risk communities that are involved in WASH-related community groups, committees and NGOs
- # of advocacy initiatives/events conducted that included women leaders in the efforts

See indicators on WASH and gender from the World Bank, including:²¹⁶

- **Impact of the availability of water and sanitation on:**
 - women's and men's productive activities
 - women's and men's leisure
 - child mortality
 - water-related diseases
 - women's and men's community participation
- **Improvement in women's and men's knowledge** about water, sanitation, personal hygiene, health, use of water
- **Improvement of skills:** in self-organization within water groups; decision-making; maintaining water facilities; solving problems.
- **Improvement in attitudes and beliefs:** more women brave enough to attend meetings, talk and make decisions; seek new information, bring new ideas, feel proud of achievements.
- What do women use time saved from fetching water to do? (List activities)
 - Which of these activities produce income for women?

2.6 Security and Gender-Based Violence

2.6.1 Evidence of Disparities in Yemen: Security and Gender-Based Violence

Security and protection from violence are cross-cutting concerns in Yemeni society due to ongoing armed conflict, harmful traditional norms around masculinities and femininities and the absence of laws and policies that protect women and children. Women and girls face pervasive interpersonal and structural violence, and men and boys are vulnerable to involvement in armed conflict.

In Yemen, boys are vulnerable to recruitment by armed forces, both the Yemeni Armed Forces and other armed groups.²¹⁷ They are also disproportionately more

²¹⁶

<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTGENDER/0,,contentMDK:20194584~pagePK:210058~piPK:210062~theSitePK:336868,00.html>

²¹⁷ Office of the Special Representative of the Secretary-General for Children and Armed Conflict, "Report of the Secretary General to the Un Security Council (a/67845-S/2013/245)," (United Nations, 2013).

likely to be victims of or maimed by armed conflict than their girl counterparts, according to UN official statistics from 2012.²¹⁸ The report also suggests that male child soldiers may be at high risk of sexual abuse perpetrated by adult male soldiers. Culturally, Yemeni men and boys are often encouraged to be aggressive and violent among each other and towards women and girls.²¹⁹ These cultural norms put men and boys at risk, prevent alternate expressions of masculinities and serve to perpetuate all forms of gender-based violence against women and girls. Armed conflict also further restricts women's mobility: in Northern Yemen in 2012, women reported limiting their movement and being fearful of leaving their houses because of the conflict there.²²⁰

As detailed throughout this report, women and girls in Yemen suffer from significant and far-reaching gender-based violence that is both structural and interpersonal in nature. Women and girls are not seen as equals under Yemeni law and culture, and this results in harassment and physical/sexual violence perpetrated against them; their restricted mobility and decision-making; limited access to education, political and social participation; and deleterious health outcomes. Culturally, women and girls' honor is to be protected at all costs, even if doing so requires subjecting them to harmful practices such as limiting their mobility and access to resources, entering them into early marriage, and physically punishing women and girls viewed as having violated rules of honor. It should be noted that females are blamed and punished for these honor violations even when they experience non-consensual sex or other violations perpetrated by males.²²¹

Because women are not considered equals before the law, gender disparities exist in laws relating to marriage, divorce, child custody, nationality and inheritance, and women's and girls' physical safety is not well protected.²²² No laws in Yemen protect women from female genital mutilation, child marriage, domestic violence or marital rape; and sentences for honor crimes— including honor killings — are extremely lenient. The law also prohibits women from committing shameful or immoral acts and places women at risk for arrest for very broadly defined crimes, such as being in the company of a non-related man.²²³ This also puts them at risk of incurring further GBV in prison, where rates of violence are very high.²²⁴

The dual legal system of statutory and customary law hinders the process of obtaining justice. It is considered shameful to resort to courts or to visit police

²¹⁸ Marie-Christine Heinze and Sarah Ahmed, "Integrating Women's Security Interests into Police Reform in Yemen: Some Suggestions for Structural Reform," (Sanaa, Yemen: Yemen Pollinc Center, 2013).

²¹⁹ Violence Against Women Task Force, "Country Assessment on Violence against Women: Yemen."

²²⁰ Rogers, Wright, and Haddad, "It's Dangerous to Be the First: Security Barriers to Women's Public Participation in Egypt, Libya and Yemen."

²²¹ Ibid.

²²² Manea, "Yemen."

²²³ UNICEF, "Yemen Mena Gender Equality Profile."

²²⁴ Violence Against Women Task Force, "Country Assessment on Violence against Women: Yemen."; Heinze and Ahmed, "Integrating Women's Security Interests into Police Reform in Yemen: Some Suggestions for Structural Reform."

stations, especially for women, who do not have direct access to tribal justice except through their guardians. Women distrust State security forces and do not believe they will protect them, both because the forces lack capacity, and because they are themselves unresponsive and or abusive.²²⁵ In a recent national survey by the Yemen Polling Center, 82% of women reported that they would not report a crime alone in a police station.²²⁶ Similarly, 92% of men reported that they would not allow their wives, daughters or female relatives to report a crime alone.²²⁷ As a result of these problems, women and girls are not reliably able to seek redress via state or customary institutions for violence committed against them.

Yemen ratified the Convention on the Elimination of Discrimination of all forms of Against Women (CEDAW) in 1984,²²⁸ and the WNC submits periodic reports as required.²²⁹ In response to their sixth and most recent report in 2008, the CEDAW Committee raised concerns about the need for Yemen to increase its efforts to combat GBV, specifically citing the lack of a legal framework for domestic and sexual violence; the lack of infrastructure to protect women from GBV, including shelters and support services for referring victims of GBV; and the difficulties women have in seeking redress for violence committed against them.²³⁰

The lack of good, representative data constitutes a barrier to understanding the breadth and depth of GBV in Yemen. Globally, many forms of gender-based violence are difficult to measure on a large scale because of underreporting due to issues including social norms, taboos, confidentiality, safety and lack of legal protection/redress, and Yemen is no exception to this pattern.²³¹ Relatively few reliable data sources describe the scope of the issue in Yemen, and no population-based data have estimated the prevalence of physical and sexual violence against women since the early 2000s. Anecdotal evidence, smaller studies and qualitative data suggest that the measurements that do exist do not begin to describe the extent of GBV endemic to Yemen.²³² Also, in many smaller studies that have taken place, despite evidence that it is widespread, women are reluctant to discuss interpersonal violence—particularly of the domestic variety. This suggests that it is a taboo topic, but also that it is highly naturalized.²³³

Women's and girls' security in public places in Yemen is threatened by harassment and sexual assault/rape. Women's responsibilities for completing traditional daily

²²⁵ Rogers, Wright, and Haddad, "It's Dangerous to Be the First: Security Barriers to Women's Public Participation in Egypt, Libya and Yemen."

²²⁶ Heinze and Ahmed, "Integrating Women's Security Interests into Police Reform in Yemen: Some Suggestions for Structural Reform."

²²⁷ Ibid.

²²⁸ With an exception to not bind them to enforce the interpretation or application of the Convention.

²²⁹ UNICEF, "Yemen Mena Gender Equality Profile."; Manea, "Yemen."

²³⁰ "Yemen."

²³¹ Rogers, Wright, and Haddad, "It's Dangerous to Be the First: Security Barriers to Women's Public Participation in Egypt, Libya and Yemen."

²³² Violence Against Women Task Force, "Country Assessment on Violence against Women: Yemen."

²³³ Rogers, Wright, and Haddad, "It's Dangerous to Be the First: Security Barriers to Women's Public Participation in Egypt, Libya and Yemen."

tasks at some geographical distance from their homes expose them to violence, as do long walks to schools or clinics. Many Yemeni women report limiting their mobility and participation in the public sphere to avoid GBV and protect their honor.²³⁴ Men are likewise motivated to limit the mobility of their female relatives, pull girls out of school and to marry girls very early to preserve their honor before it is tarnished. Women's mobility is limited not only by the threat of physical or sexual violence, but by the fear of damage to their honor from harassment and attacks on their character in public. In a study by Saferworld, women reported that harassment, slander and rumors are used to intimidate them from participating in public spaces, suggesting that this is a deliberate tactic to control women's behavior.²³⁵

In recent years increased programmatic assistance and more vocal advocacy have strived to prevent GBV and provide services for survivors. The WNC has established the elimination of GBV as a central strategy to its National Women Development Strategy for 2006-2015.²³⁶ Oxfam partner organizations have launched an awareness-raising campaign about the consequences of early marriage. In 2009, activists introduced a draft law establishing a minimum age at marriage, but ultimately not adopted.²³⁷ This campaign is led by the Women's National Committee, the Women's Studies and Development Center, and the Yemeni network to combat violence against women—the "*Shima* Network," which consists of 17 local organizations and the WNC. This network has conducted considerable advocacy work on various GBV topics, including the promotion of CEDAW principles, girls' education, reproductive health and Islamic law, and women's political participation. Grassroots efforts are also taking place, such as the Safe Streets Campaign, designed to address the issue of gender-based harassment in urban areas in Yemen.²³⁸

Child marriage

As mentioned in preceding sections, child marriage is common in Yemen; according to the 2006 MICS, 14% of women interviewed were married by the age of 15, and 52% by age 18.²³⁹ Child marriage is a human rights issue because it denies girls' decision-making power over when they marry and to whom. It decreases a girl child's likelihood of staying in school, while increasing her exposure to domestic violence and maternal mortality and morbidity. Child marriage also perpetuates poverty, isolates young girls from social participation, negatively affects their physical and mental health and leads to early and high fertility, with all of the associated negative development, maternal and child health outcomes.²⁴⁰

FGM

²³⁴ Ibid.

²³⁵ Ibid.

²³⁶ Women National Committee, "Women Development Strategy 2006-2015."

²³⁷ Manea, "Yemen."

²³⁸ Rogers, Wright, and Haddad, "It's Dangerous to Be the First: Security Barriers to Women's Public Participation in Egypt, Libya and Yemen."

²³⁹ Ministry of Health and Population and UNICEF, "Yemen Multiple Indicator Cluster Survey 2006, Final Report."

²⁴⁰ UNICEF, "The State of the World's Children 2009," (2009).

Although good recent data are sparse, studies suggest that female genital mutilation, another form of GBV rooted in harmful traditional practices, is widely practiced in coastal communities in Yemen, with prevalence over 90% in some areas. The most common form of FGM in Yemen is excision (Type II), and it is usually performed in the first month of a girl child's life.²⁴¹ There currently exists no law against FGM in Yemen, but a 2001 Ministerial Decree from the MOH prohibited it from being performed in health centers. As a result, most FGM is performed at home.²⁴² A national plan to reduce FGM was initiated in 2008, but its impact on the practice is yet clear, in large part because of a lack of data.

2.6.2 Field Research Findings: Security and Gender-Based Violence

As anticipated during the research design, gender-based violence had to be discussed sensitively to avoid alienating participants and to create an atmosphere of openness and trust. Once the topic of GBV was successfully broached, female participants spoke about a number of forms of gender-based violence (GBV). Male and female participants acknowledged that physical violence commonly takes place in the home in Yemen, where husbands beat their wives.

They also cited verbal violence as extremely common. In this category they included insults, taunting and reproach without any clear reason or fault.

Participants listed the failure to report violence as a severe problem that prevents decision makers from seeing the extent of the issue and the need for action. In particular, participants mentioned a recent increase in the incidence of suicides as a result of GBV, though these deaths are reported as accidents or due to natural causes, masking the true cause.

They also mentioned chronic cases where women are sent to the hospital with injuries from violence and although they may be in critical condition, the cause of their injuries is not correctly documented in the hospital records. This may arise from patients' reluctance to cite the true causes, or the doctors' unwillingness to record them (doctors and hospital administrators, for their part, said patients do not report the real causes of injury in cases of abuse). These factors demonstrate one dimension of the systematic underreporting of GBV.

An NGO worker who was interviewed spoke of both justice and injustice following acts of GBV: one case she had worked on where a man had raped his daughter resulted in his imprisonment; but when another girl was raped at school, her family killed her to preserve their honor. In still another example, a woman became

²⁴¹ Violence Against Women Task Force, "Country Assessment on Violence against Women: Yemen."; Central Statistical Organization of Yemen and Macro International Inc., "Yemen Demographic and Maternal and Child Health Survey 1997," (Calverton, Maryland, USA: MEASURE DHS, 1998).

²⁴² "Sixth Periodic Report of Yemen to Cedaw."

widowed and was then beaten by her brother-in-law, who also beat her children.²⁴³ There are many similar stories in Yemen.

A senior health official in Lihaj said rape cases are almost never treated by doctors, because of the shame associated with the crime. This was corroborated by two other health officials from elsewhere in the country. On the rare occasions that families do seek medical treatment for a raped family member, they usually travel to a doctor far from their home so their neighbors will not hear of it. “Killings or escaping the area is more often the end to stories like these,” said the Lihaj interviewee.²⁴⁴ Another senior figure, a hospital director in Hodeida, gave a surprising denial when asked about rape cases: “Thank God, we are a conservative society and we no incidents of that sort,” he said, before clarifying that if there *were* such incidents they would be handled outside of hospitals and courts.²⁴⁵

Participants offered poverty, unemployment and the unstable political situation as explanations for rampant GBV. They went on to discuss the anxiety associated with the lack of basic services such as electricity and water and posited that these pressures could increase men’s propensity for violence. Moderators were able to discern a pattern of crime and family disintegration associated with poverty in rural areas in the FGDs, which also contribute to the propensity for violence. A hospital director in Taiz cited *qat* use in men as a further contributor to violence.²⁴⁶

Finally, women discussed the power of tribal traditions and norms in preventing acknowledgement of the extent of violence against women. According to participants, concepts of shame and honor pervade tribal daily life and it is considered shameful to discuss domestic problems like violence outside the walls of the household. This is consistent with other research in Yemen, and suggests that it may have limited open discussion in the IDIs and FGDs as well.

Asked about clinics or support centers focusing on victims of domestic or gender-based violence, health officials from several parts of the country replied that there are no institutions specializing in such care; cases are handled by hospitals or by the police. However, the Yemeni Women’s Union (YWU) is apparently working on the construction of such a center,²⁴⁷ and one source spoke of a clinic set up by Doctors Without Borders in 2012.²⁴⁸

The YWU’s legal department also gives free lawyers to women for court cases on domestic violence, alimony and divorce. YWU is also designing a program for girls under 18 who are victims of GBV to receive protection, education and counseling.

²⁴³ Interview, Huriah Al-Aufari, NGO Association “Flowers”, which provides care during pregnancy, Amran, September 25, 2013.

²⁴⁴ Interview, Mansoor Ali Talha, Director of Immunization, Office of Public Health and Population, Lihaj, September 28, 2013

²⁴⁵ Interview, Hodeida, 2013.

²⁴⁶ Interview, Soliman Al-Morash, head of hospital in Taiz, October 5, 2013.

²⁴⁷ Interview, Abeer Fareed, Yemen Women’s Union, Legal Department, Lihaj, September 26, 2013.

²⁴⁸ Interview, Warda Bin Sameed, human rights activist, Aden, October 10, 2013.

CARE and Save the Children are also known for their work in this field.²⁴⁹ The association Houd makes women and children aware of their rights through advertising campaigns, helps female prisoners re-integrate into society after their release, and advocates for underage girls who have been sentenced to death.²⁵⁰

The YWU reports that while women are still reluctant to use formal courts to claim their right to be free from violence, this is slowly changing, and more women than previously are turning away from tribal systems of justice. In recent years it has brought 150 rape cases to court.²⁵¹

2.6.3 Recommendations: Security and Gender-Based Violence

The issues relating to GBV in Yemen are deeply entrenched, diverse and range from structural to interpersonal. They take on diverse forms, such as women's lack of equal status before the law, physical and sexual violence, harassment, child marriage and female genital mutilation. These forms of GBV cause mental and physical harm to Yemeni women and girls, and limit their participation in many sectors and spheres.

GBV and insecurity are issues that cut across all sectors, which is why they have been treated separately in this document. Addressing GBV in Yemen will require interventions at many different levels and coordination throughout development program sectors.

Support policy-level interventions to advocate for criminalization of GBV and equal recognition of women before the law. While this is discussed in greater detail in the political participation recommendations, it is important to highlight a few important interventions here because they will be necessary to achieve recognition of women's basic human rights and effect sustainable change in the reduction of GBV. Investments should be made in activities that:

- Shift public perception of women and girls' rights in order to put pressure on lawmakers to recognize women equally before the law and legislate their protection.
- Build the advocacy capacity and evidence base of CSOs to lobby for specific legal changes such as equal recognition in the Personal Status Law and criminalization of gender-based violence in all forms, including marital rape, child marriage, and stricter sentencing for honor crimes.
- Sensitize current and future decision-makers on the importance of women's rights, including freedom from violence.

Support cross-cutting activities and projects to prevent GBV, protect survivors and build accountability, in line with the *United States Strategy to Prevent and Respond to Gender-Based Violence Globally*.

Prevent GBV

²⁴⁹ Interview, Aziz Mansour Ali Jeer, human rights activist, Amran, September 25, 2013.

²⁵⁰ Interview, Tariq Soror, Director of Houd and lawyer, Hodeida, September 27, 2013.

²⁵¹ Ibid.

- Seek out opportunities in sector-specific programs for SBCC to change sociocultural norms regarding violence. These should include working with youth and adults to understand the types, causes and consequences of GBV for women, families and communities and to decrease the normativity of gender-based violence, including child marriage and FGM.
- Work with men and boys to engage them as supportive, non-violent partners and relatives, and to be agents of change with other men and advocates for a reduction in violence against women and girls.
- Increase opportunities for women to participate as decision-makers from the household to the nation to ensure that women's security concerns are represented at all levels. At the household level for example, this could come through couple communication as part of health or WASH programming, while at the community level it could be through promoting the involvement and participation of women in parent-teacher associations as part of an education project, and at the national level through a democracy and governance project promoting political and leadership training and other interventions designed to put more women in national positions of influence.

Protect survivors of GBV

- Map existing GBV services and link to them as part of project activities. Strengthen existing referral systems and create new ones. Build the technical capacity of those providing services, including the provision of globally-validated tools and resources to respond to GBV.
- Fortify a multisectoral response to GBV, including training and capacity building for the police, those providing psychosocial support, legal support and strengthening health services.

Build accountability in efforts to end GBV

- Seek out opportunities to collaborate with and build the capacity of NGOs working to promote accountability and prosecute perpetrators. Provide technical support to assist them in creating meaningful, active networks for information exchange and sharing of best practices.
- Support the ROGY to include women in peace and security efforts by increasing the number of women police officers and women participating in the peace process through assistance with recruitment and training. Many women and men have been calling for more female police officers to reduce the barriers women survivors must surmount when denouncing GBV. This intervention alone will not produce the intended effect, it must be coupled with capacity building and sensitivity training for the police force.
- Collect data and carry out research to document the extent and nature of GBV encountered in USAID programs, and provide technical assistance to NGOs and the RGOY to do the same. Building an evidence base on GBV is critical to inform program design for GBV prevention and response, procure higher levels of funding, and to present a robust argument for advocacy to reform and enforce national policies.

Support the engagement of women and men in the media as a way of reinforcing all three levels of preventing, protecting and building accountability for GBV.

The media were identified by participants as an important source of information in Yemen, and there are increasing opportunities to use them to promote women's rights post-Arab spring. USAID projects should support men and women in the media through capacity building on media skills, message development and dissemination of evidence about preventing GBV, in line with the SBCC activities to change norms mentioned above. This should also include calls for mainstream media to fact-check and to refrain from perpetrating harmful cultural norms and engaging in shaming, harassment or libel of women. Capacity building and training should also support the media to challenge decision-makers to hold perpetrators accountable for their actions.

Mainstream GBV prevention and response throughout USAID interventions in accordance with USG policies. Several USG strategic and policy documents call for gender integration and provide a framework to guide efforts to prevent and respond to GBV. Most notable are the *US National Action Plan on Women, Peace, and Security*, the *US Strategy to Prevent and Respond to Gender-Based Violence* and the *USAID Gender Equality and Female Empowerment Policy*. In response to this guidance, USAID Yemen should work to integrate gender at the project design level, in order to identify opportunities to prevent and mitigate GBV in all programs, and to avoid potential unforeseen consequences by exacerbating GBV. This purposeful integration will help ensure that systems are in place for projects to look out for and identify GBV that arises from or is exacerbated by their activities, and to take the appropriate steps to protect survivors and pursue accountability. Donors, including USAID, have had a historical tendency to approach GBV as separate issue from the security and counter-terrorism sectors. A comprehensive approach to GBV should be mainstreamed, multisectoral and combined with other USG programs to address gender and security in a comprehensive way.

Illustrative Indicators

- # of laws, policies or procedures drafted, proposed or adopted to promote gender equality at the regional, national or local level
- % of target population reporting increased agreement with the concept that males and females should have equal access to social, economic and political opportunities
- % of the target population who believe that violence against women is justified for certain reasons
- # of laws, policies or procedures drafted, proposed, or adopted with USAID assistance designed to improve prevention of or response to sexual and gender-based violence at the regional, national or local level
- Proportion of health service delivery sites that have documented and adopted a protocol for the clinical management of GBV survivors
- Proportion of health service sites that have done a readiness assessment for the delivery of GBV services

- Proportion of health service sites that have commodities for the clinical management of GBV, particularly rape
- Number of service providers trained to identify, refer, and care for GBV survivors
- Proportion of women who were appropriately screened for physical and sexual violence during a visit to a health service site
- Proportion of women who reported physical and/or sexual violence
- Proportion of GBV survivors who received appropriate care
- Proportion of cases of domestic violence counseled by qualified personnel

For additional indicators, see these sources:²⁵²

- *Violence against women and girls: A compendium of monitoring and evaluation indicators* is a resource that includes standardized indicators for the range of GBV programming across sectors, including those that can be used in humanitarian emergencies.²⁵³
- *The report on indicators to measure violence against women* introduces a small set of indicators developed by the UN Statistical Division and other UN organizations.²⁵⁴
- *The Geneva Declaration on armed violence and development* provides a number of resources pertaining to violence against women, including resources for indicators.²⁵⁵

III. COMMON THEMES FROM ASSESSMENT AND NEXT STEPS

The gender-related barriers and opportunities identified in this document should be addressed holistically and systematically in USAID project design and programming going forward in order to maximize and advance gender equality goals. This section provides overall recommendations for how the Mission should go forward.

Common Themes Across Sectors

1. **Build or reinforce a more egalitarian and protective legal framework for women and girls.** This process should capitalize on the political transition as an opportunity to support Yemeni civil society and government officials in promoting laws and policies that advance gender equality and promote social and economic development. In order to effect lasting change, USAID must continue to support advocates calling for a supportive legal and policy framework for women and girls. While this is a lofty goal, there is gathering momentum on women and girls rights in civil society and there is an opportunity to formalize it within the new constitution.

²⁵² Shelah S. Bloom, Hannah C. Fortune-Greeley, and Mary M. Kincaid, "Gbv Research Guidance: Considerations for Conducting Research on Gender-Based Violence," (Washington, DC: PSI, 2013).

²⁵³ <http://www.cpc.unc.edu/measure/publications/ms-08-30>

²⁵⁴ http://www.un.org/womenwatch/daw/egm/IndicatorsVAW/IndicatorsVAW_EGM_report.pdf

²⁵⁵ <http://www.genevadeclaration.org/measurability/monitoring-armed-violence/indicators-of-violence-against-women.html>.

USAID should provide support to male and female civil society organizations promoting gender equality through advocacy and leadership training, assisting in the provision of evidence for arguments and message development. These advocacy efforts should not be limited to a democracy and governance project, but rather should be incorporated across the sector portfolio. USAID should seek to partner with a wide range of traditional and non-traditional actors representing both urban and rural perspectives and central and decentralized levels. This should also involve a component to strengthen the media and civil society to monitor policy implementation and service delivery. Transparency and governance are important cross-cutting issues and a repeated theme in this assessment. USAID should ensure in its work across sectors that it supports local people in demanding quality services and accountability by decision makers, and in demanding to be heard. These are both key components to ensuring the delivery of quality services and implementation of the legal and policy framework.

2. Invest in both supply and demand side interventions to reduce gender disparities:

- **Supply:** In the education, health and WASH sectors in particular, strengthening basic infrastructure, increasing quality of services and coverage and scaling up of best practices will go a long ways to benefit women and girls and close gender gaps. While these interventions may not seem like gendered in nature, women and girls are often disproportionately affected by infrastructural weaknesses in different sectors. Campaigns to increase awareness of this newly strengthened supply of services should be paired with service improvements.
- **Demand:** USAID interventions should invest in making the public case for the benefits of more fully including women and girls in the life of the country. The assessment confirmed that tribal culture and religion play a central role in the realization of gender equality. Men are the sole decision-makers on most issues such as family planning, education of children, economic participation, and early marriage; and there are deeply entrenched inequalities between males and females, who have limited access to the public sphere. USAID programming should employ project-level, sector-specific strategies for social and behavior change to promote more equitable gender norms, healthy behaviors and knowledge about how and why girls and women can and should access services and participate more fully in society. This should include collecting and sharing the evidence on the impacts of and best practices in women and girls empowerment in all sectors and the active engagement of men and boys.

3. Employ a long-term vision to transform norms and social relationships that undermine gender equality and achievement of goals in other sectors.

Investments in infrastructure and strategies to accommodate gender inequalities are more concrete and near term fixes to strengthen services and access to services. However, to work towards gender equality and ensure sustainable and

meaningful change and true participation in all sectors requires that USAID interventions also employ a long-term vision to transform gender roles and norms in Yemeni society. Female empowerment strategies should be utilized to promote women and girls' freedom to act, exercise their rights (when they are fully granted by law) and be full and equal participants in Yemeni society—with intense attention and accompanying strategies to avoid potential exacerbation of GBV.

Efforts to strengthen policy-level institutions charged with addressing gender equality should be paired with strengthening of CSOs and new or existing networks dedicated to human rights, gender equality and men's engagement. Complementing this approach, because of highly patriarchal tribal and cultural values, it is critical that USAID invest in engaging men and boys in Yemen to both support the women and girls in their lives and promote the importance of women and girls' participation in various sectors to other men and decision makers. This will lay the foundation for a shift towards more equitable gender norms and sustainable change for Yemeni men, women boys and girls.

- 5. Design and implement a cross-sectoral approach to security and gender-based violence:** Gender-based violence undermines most other investments USAID might make to improve conditions in the lives of women and girls. It is critically important that USAID support a cross-sectoral approach to reducing and mitigating gender-based violence, to improve both sector and gender equality and female empowerment outcomes. For more details on the essential components of this comprehensive approach, please see the recommendations proposed in the security and GBV section.

Next Steps for USAID Yemen

To ensure appropriate design and management of the kinds of interventions described in this assessment report, additional investments in technical staff of the Mission and implementing partners may be necessary in the short- and medium-term.

Build USAID capacity and support for gender analysis and integration across the program cycle: In order to maximize impact on sector and gender equality outcomes, USAID Yemen should take a comprehensive and systematic approach to integrating gender, as described below.

- Integrate gender across all sectors in USAID Yemen and throughout the CDCS and project design phase—including the conceptual framework and development hypotheses. This will allow for greater impact on sector and gender equality goals, as well as more robust monitoring and evaluation of gender-integrated strategies.
- Follow the latest gender guidance from USAID from the Office of Gender Equality and Women's Empowerment, the Automated Directives System and from sectoral and regional policies and experts and ensure explicit operationalization of this guidance through the development of policies, procedures, delineation of roles and responsibilities to address gender

analysis and integration needs at the Mission. This should include but not be limited to strengthening the gender focal person at the Mission and preparation of a Mission Order on Gender and/or operational guidance from the Mission's Program Office.

- Train Mission staff and implementing partners on gender integration methods and the sectoral evidence and arguments for gender integration.
- Form a gender working group with the gender focal person and at least one person from each sector team and the front office to provide a gender review of technical and procurement pieces and technical assistance as needed.
- Include gender analysis questions in all project level research, particularly baseline assessments upon project startup, in order to increase the evidence base.
- Pay attention to gender in M&E plans and reports, including gender-sensitive indicators.
- Document and disseminate successful approaches.

ANNEXES

Annex I: Scope of Work

Overview

USAID has engaged FHI 360's Regional Partnership on Culture and Development (RPCD) Program to conduct two assessments in Yemen: a Gender Assessment and a Conflict Assessment. These studies will inform USAID/Yemen's strategic planning process and potentially provide inputs for future program design.

The program would prefer that both assessments be implemented by the same offeror, however, FHI 360/RPCD reserves the right to issue multiple awards for this work.

The gender assessment will provide RPCD with a comprehensive overview of gender issues in Yemen and will present recommendations for future programming based on an analysis of needs and opportunities. Through desk reviews, focus group discussions and in-depth interviews, the assessment will look into opportunities and challenges faced by Yemeni vulnerable populations, including women, and present recommendations for USAID-funded programs in three main areas:

Macro-Level: Policy and Political Participation of Women

This area looks at how women including youth negotiate their space in relation to the state, as well as how the state positions women in legislation, policies and political parties. This level mainly concerns of the central government and decentralized governorates and political parties but will also include civil society organizations that are acting as a platform in which laws and policies are debated.

- Legislation and state policies in Yemen at both central and decentralized levels
- Electoral processes
- Representation and participation in political parties

Meso-Level: Culture and Social Cohesion

This area explores the many overlapping spaces of the social and cultural fabric within which women and youth exist. It involves the media and information sector as key shapers of people's minds.

- Cultural norms, freedom of choice and an awareness of women's roles (family and public space)
- Access to economic opportunities in health care and education, professional training
- Tribalism as an institution
- Educational system (focus on basic education)
- Citizenship culture

Micro-Level: Institutionalized and Informal Civil Society Initiatives

This area explores women-led and women-targeting formal and informal initiatives that have emerged concomitantly with waves of mass mobilization sweeping across the region. It will also explore shifts at the household level and shifts within the

home and the family, as a core institution within Yemeni communities. It will present an overview of the dynamics that led to the birth of those initiatives as placed within the larger context of shifts taking place at the national level.

Based on the above, proposals should present a detailed plan and methodology that will produce recommendations to be used in USAID/Yemen's strategic planning. Recommendations must refer to the USAID Gender Policy released in March 2012.

Within the context of the above areas, this assessment will focus in-depth on the following sectors: Democracy and Governance, Economic Growth and Trade, Food Assistance, Health, and Education.

Methodology

The selected organization/research center will recruit an experienced assessment team. The assessment team will then develop and submit for approval a work plan with a proposed detailed methodology within the first 7 days of the schedule.

For the gender assessment, the following will be included but not limited to in the team's methodology to undertake the review and analysis:

- Desk research of national and international country reviews and reports with a focus on Gender, Resource Governance, and Access to Education and Health. This will include web based research of challenges faced by women in Yemen, access to education (especially basic education) and healthcare, as well as economic, social and cultural disparities between men and women.
- Field research, which will include the use of two methods of data collection of which at least one will be participatory in nature. Suggested data collection tools are key informant interviews and focus groups discussions. Using participatory research methodology is recommended to bring in community voices and have them involved in the development of the data and the analysis.
- Compilation of data and verification of validity of findings.
- Analysis of findings, identifying recommendations and report writing.

Logistics

The selected organization/center will be responsible for:

- Selection, recruitment and supervision of the assessment team while maintaining communication with the RPCD projects manager.
- Providing the logistics necessary to support the implementation of the assessment, including travel arrangements, lodging, per diem, medical insurance and evacuation, and security.
- Providing financial management, reporting and ensuring that funds are spent for the required purpose.
- Developing a plan to ensure risk mitigation, so that Yemeni participants in focus groups and other methods of data collection will be treated ethically

and not be put at increased risk of harm given their participation in the assessments.

Deliverables and Timeline

Both assessments will take place at the same time. The overall period of the studies will be around two months, starting March 2013. The reports, deliverables and deadlines listed below apply to each study:

- **Work Plan:** A proposed situation analysis work-plan containing a detailed method statement (including interview schedules and a desk research timeline) and a suggested outline for the final report. The situation analysis work plan shall be submitted for approval to RPCD on day 7 (from start of assessment)
- After the approval of the Work Plan and Methodology, fieldwork will be launched.
- **Interim Briefing:** An interim briefing on the assessment team's overall progress and preliminary findings shall be presented to RPCD after 2 full weeks of fieldwork in country.
- **Draft Report:** A draft situation analysis report, with executive summary and major findings and recommendations, shall be presented in writing to RPCD during week 5 after the start of fieldwork. RPCD will provide comments on the draft situation analysis report during the 4 business days following submission of the draft.
- **Debriefing with RPCD and USAID staff:** Study findings shall be presented orally to USAID Staff before departure of expat team member(s) from Yemen.
- **Final Report in English:** A final report shall be submitted that incorporates and adequately addresses all Mission comments received as a result of the briefing and review of the draft final report. The final report should not exceed 30 pages, excluding annexes.
- **Presentation of results to Implementing partners and stakeholders:** The study team shall make an oral presentation on main findings to project partners and stakeholders before departure of expat team member(s) from Yemen.
- **One Page Report Summary in Arabic:** A one page overview of the assessment findings in Arabic and English shall be provided as part of the final report. The final report is subject to approval by USAID and will clearly address each of the research questions and their supporting issues. The assessment report will include the following appendices:
 - A copy of the scope of work;
 - Team composition and research methodology (1 page maximum);
 - Assessment tools; and
 - A list of documents consulted, and of individuals, communes, associations, and partners contacted.

Annex II: Research Methodology

1 Scope and Methodology

USAID requested a broad rather than a deep view of gender inequality issues in Yemen, with five diverse sectors to be covered in a short amount of time. To make the overview as comprehensive as possible, the assessment team triangulated its findings with desk research, focus groups and in-depth interviews.

1.1 Desk Research

To address Objective B and to support all objectives, the team undertook a review of project documents to find current and potential opportunities to integrate gender approaches into USAID activities. Further desk research identified the salient themes for field research for all five subject areas.

1.2 Focus Group Discussions

Given the wide scope of the Gender Assessment and the limited time for field research, fifteen FGDs were conducted, three each on five sectors identified as most important to USAID/Yemen:

- a. Education
- b. Health
- c. Political participation
- d. Economic empowerment
- e. Water sanitation and hygiene (WASH)

The three FGDs for each topic aimed to include a cross-section of society. Youth and vulnerable individuals—including members of lower socio-economic classes, and members of ethnic, tribal or sectarian minorities in their region—were included in the sample.

Participants ranged between age 18 and 35. In each set of three FGD, there was one all-male, one all-female, and one mixed sex focus group. In order to draw responses from a wide sample of the population, participants in each FGD were drawn from diverse locations surrounding a central FGD location, via purposeful sampling. Each FGD was attended by 8 to 13 participants.

Table 1 below summarizes the number and composition of each FGD. The question guides for the FGDs are listed in Annex Two.

Table 1: Composition of FGDs

#	Sector	No. of FGDs	Governorate(s)	No. of Participants
1	Education	1 Male	Amran	10
		1 Female	Hodeida	13
		1 Mixed	Lahj	10
2	Health	1 Male	Amran	8

		1 Female	Hodeida	11
		1 Mixed	Lahj	11
3	Political Participation	1 Male	Hodeida	10
		1 Female	Aden	11
		1 Mixed	Aden	13
4	Economic Empowerment	1 Male	Hadramaot	10
		1 Female	Taiz	12
		1 Mixed	Aden	8
5	WASH	1 Male	Amran	11
		1 Female	Taiz	12
		1 Mixed	Lahj	8

1.3 In-depth Interviews

Desk research and the Focus Group Discussions were complemented by a set of 57 in-depth interviews (IDI) targeting the following entities and key individuals:

- a. Ministries and Governmental Agencies
- b. Youth and Women’s Organizations
- c. Media
- d. Political Participation
- e. Human Rights Activists
- f. Business Owners
- g. Donor Agencies
- h. Health and Domestic Violence Centers

Table 2 below summarizes the number of IDIs per entity.

Table 2: Composition of IDIs

Governorate	Gov. Institutions	Leaders of Youth & Women Organizations	Media Persons/ Journalists	Health	Education	Political Parties	Donor Agencies	HRA	Economic Empowerment	Total
Aden	1	1	1	2	1	1	1	1		9
Lahj	2	1	1	1	1	1		1	2	10
Taiz	1	1	1	2		1	1	1	1	9
Hodeida	2		1	2		1		1		7
Hadramaot	2	1	1	1		1	1	1	1	9
Amran		1	1	1	1	1		1	1	7
Sana'a ¹		5				2	1		1	9
Total										60

¹ The assessment Team met in Sana'a with members/representatives from the NDC, WNC, and donor agencies.

1.4 Orientation and Training of the Data Collectors

Two two-day workshops took place in Sana'a and were led by the assessment Team Leader and Gender Expert. The workshops served to orient each set of data

collectors (five interviewers and three FGD moderators) to the key gender issues within the framework of the desk review report.

The orientation provided participants with grounding in the objectives of the assignment and in the goals of each data collector's task. Also, the workshop aimed at getting feedback and comments on the questions to best fit the Yemeni context.

The workshop included a session on methods to ensure data are collected with confidentiality, and how to discuss this with respondents. FGD participants were guaranteed anonymity; interviewees were informed that they are on the record unless they request otherwise.

1.5 Introduction

In the spring of 2013 USAID/Yemen engaged FHI 360 and its partner Apex Consulting to carry out a gender assessment in Yemen.

The purpose of the gender assessment in Yemen is twofold:

1. Understand the challenges faced by shifting gender dynamics (including men and women) in economic, social and cultural spheres, with an emphasis on access to education, healthcare, political participation, economic empowerment, and water, sanitation and hygiene (WASH). Identify opportunities in formal civil society as well as informal initiatives that have emerged since 2011.
2. Present recommendations on how USAID programs can better address these shifting gender balance challenges as well as how to identify and capitalize on opportunities in both the short and long term. Those recommendations will feed into a USAID/Yemen strategy on gender equality and empowerment in Yemen.

In line with USAID guidance on gender assessments, the assessment in Yemen shall meet the following objectives:

- A. Review key gender issues and gender-based constraints for men and women in Yemen, including youth and vulnerable populations as specific targeted beneficiaries;
- B. Assess gender integration in ongoing awards and look for opportunities to further integrate gender in these interventions, identifying measurable indicators to report on.
- C. Identify key opportunities for addressing critical gender issues, especially in programming currently under design and for future awards/interventions that fulfill/address the Mission Strategy; and
- D. Assess the Yemeni institutional context for supporting gender integration with an emphasis on the role played by civil society and policymaking.

1.6 Methods

USAID has requested a broad rather than a deep view of gender issues in Yemen, with five diverse sectors to be covered by the assessment in a short amount of time. To make the overview as comprehensive as possible, the assessment team will triangulate its findings with desk research, focus groups and in-depth interviews.

1.6.1 Desk Research

To address objective B and to support all objectives, the team will undertake a review of existing USAID programming and analyze relevant documents to find current and potential opportunities to integrate gender approaches into Agency activities.

A desk review has already been conducted to identify the salient themes for field research for all four objectives, and the results are incorporated in this methodology.

1.6.2 Focus Group Discussions

Given the wide scope of the Gender Assessment and the limited time for the field research, the team proposes the following design for the focus group discussions.

Fifteen FGDs will be carried out, three each on five sectors identified as most important to USAID/Yemen:

- a. Education
- b. Health
- c. Political participation
- d. Economic empowerment
- e. Water sanitation and hygiene (WASH)

The three FGDs for each topic will aim to include a cross-section of society to arrive at results that can be considered as typical as possible for the country as a whole. Youth and vulnerable individuals –including members of lower socio-economic classes, and members of ethnic, tribal or sectarian minorities in their region--will be included in the sample. Participants will range between age 18 and 35. In each set of three, there will be one all-male, one all-female, and one mixed gender focus group. In order to draw responses from a wide sample of the population, participants in each FGD will be drawn from diverse locations surrounding a central FGD location. Population centers of major significance to the conflict in Yemen and to USAID programming will be covered.

The desk review unveiled three crosscutting issues that affect women's attainment of basic services and their participation in public life: the debate over women's rights, the change of women's participation after the revolution and the implications of conflict on their lives. The three issues will be discussed in each FGD under crosscutting issues and then there will be specific questions on each sector.

Each FGD will be attended by 8 to 12 participants. The discussion will address a set of 3-6 core questions and further probing questions. The duration of each FGD will be from 90 to 120 minutes. FGDs will be observed by Apex staff members not present in the room to ensure the moderator complies with best practices in qualitative research and adheres to the discussion guide. Sessions will be monitored and full transcripts made available, with anonymous attribution.

Subject	Composition	Total	Date	Location
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Education	1. Males 18-35 2. Females 18-35 3. Mixed	3 FGDs	Week of TBD September 14
Health	1. Males 18-35 2. Females 18-35 3. Mixed	3 FGDs	Week of TBD September 14
Political Participation	1. Males 18-35 2. Females 18-35 3. Mixed	3 FGDs	Week of TBD September 14
Economic Empowerment	1. Males 18-35 2. Females 18-35 3. Mixed	3 FGDs	Week of TBD September 21
WASH	1. Males 18-35 2. Females 18-35 3. Mixed	3 FGDs	Week of TBD September 21

1.6.3 In-depth Interviews

Desk research and the Focus Group Discussions will be complemented by a set of in-depth interviews targeting the following entities and key individuals:

Ministries and Governmental Agencies

Governmental agencies are responsible for planning and implementing policies to engage women and youth. The team will explore the gender mainstreaming strategies and decentralization policies that are adopted to reach women especially in remote areas, and will examine whether and how men and women are engaged differently. Illustrative interviewees include the policy and women's departments at the Ministry of Health and the girls' education sector at the Ministry of Education, in addition to the Ministries of Youth and Human Rights. Moreover, the team will approach the National Committee of Women and the Women's Union. At all stages the team will gather information on how men are affected by policies on political engagement and education to provide comparison.

Youth and Women's Organizations

A new mindset drives civil society organizations' work after the 2011 uprising. The team will interview leaders of youth and women's organizations to explore their agenda for civic engagement in the post-revolution environment, to assess whether and how men's and women's points of entry into civic engagement differ, and to discuss constraints, opportunities and approaches.

Media

The desk review showed that social media is playing a crucial role in opening the space for women to express their views, reshaping their role in public participation. In this respect, the research will approach the leaders of relevant group pages on Facebook and Twitter as well as traditional forms of media such as newspapers, radio and television. The team will assess how men and women use, and are reflected by, these media in different ways.

Political Participation

Recognizing the fact that after the 2011 uprising, many political parties have been established with new agendas for women and youth, the team will interview a number of leaders of those parties, along with the previously established ones, to gain insight into their methodologies to integrate citizens in the political processes, especially at the local level. Meanwhile, the team will target new political movements that have been created to address specific issues, including the so-called “Southern cause.”

Human Rights Activists

The research team will interview a number of independent human rights with a focus of those activists who are devoting their advocacy to women's rights, youth rights, and child rights, and those who carry out their work with a gender lens.

Business Owners

The team will talk to both men and women who run small and large enterprises to see how changes in the last two years have affected their operating environment, and differences between responses from men and women will be compared. The team will seek information on the opportunities available for women and men in work, advancement and access to finance, and how women may participate in entrepreneurship differently from men.

Donor Agencies

A number of donor agencies are operating in Yemen. The team will explore whether an orchestrated effort exists to support women and youth agenda after the uprising. Interviews will also examine donor gender mainstreaming policies.

Health and Domestic Violence Centers

The team will interview midwives and health leaders in rural areas and clinics’ staff to explore the treatment women and men seek and receive, and what instructive differences may exist.

The team will also pay field visits to 29 initiatives that provide support to victims of domestic violence. The team will use an analytical approach to assess the contribution of these initiatives to improve women and youth's status.

Government	Gov. Institutions	Leaders of Youth & Media Persons/ Journalist	Health	Education	Human Rights Activists	Political Parties	Donor Agencies	Health providers	Total
Aden	1	1	2	1	1	1	1	1	8
Lahj	1	1	1	1	1	1	1	1	7
Taiz	1	1	2	1	1	1	1	1	8
Hudaida	1	1	2	1	1	1	1	1	8
Hadramaot	1	1	2	1	1	1	1	1	8
Amran	1	1	1	1	1	1	1	1	7
Total	6	6	10	3	3	6	6	6	54

1.7 Orientation and Training of the Data Collectors

A two-day workshop will be held to orient each set of data collectors (interviewers and FGD moderators) to the key gender issues within the framework of the desk review report. The orientation will provide participants with adequate grounding in the objectives of the assignment and in the goals of each data collectors' task.

The workshop will include a session on how to ensure data are collected with confidentiality, and how to discuss this with respondents. FGD participants will be guaranteed anonymity; interviewees will be informed that they are on the record unless they request otherwise.

Annex III: FGD Questions

Each Focus Group will contain three types of questions: General Introduction questions, which gradually introduce the topic as participants become familiar with the format, the moderator, and each other, and grow comfortable talking openly in a group; Crosscutting questions, which speak to the Gender Assessment research objectives and apply to all five sectors; and Sector-Specific Questions, which dive deeper into the five subjects being discussed. The three sets of questions are presented below.

1.1 General Introduction questions

At the outset of each focus group, the moderator will give a brief self-introduction and participants will be asked to introduce themselves. The moderator will then begin a series of open, general questions to get the discussion started and to acclimate participants to the FGD setting. These may include:

1. What do you know of [*here the moderator inserts the topic of the FGD: educational opportunities, entrepreneurship opportunities, access to health care, WASH issues, political participation issues*] in your city?
2. If someone were thinking of moving to your area and asked your opinion of [FGD topic], what would you say?
3. When was the last time you [tried to enter your children in school, tried to open a business, participated in an election, visited a clinic, etc.]?

1.8 Crosscutting Questions

These questions address research topics of interest to USAID and can apply to all five sectors that the FGDs will address. The moderator will seek opportunities to broach these subjects as the discussions permit. They will not be abruptly introduced, but woven into the conversation when the moment arises, and adapted to the context as appropriate.

1. What do you know of the National Dialogue? Have you heard or are monitoring/following up on its developments? Do you think it will serve your concerns and needs to live a productive and prosperous life? How?
2. What do you know of the status of Yemen's Constitution? Have you heard or are monitoring/following up on the suggested amendments? If yes, do you think that any suggested amendments will address your concerns and needs to live a safe, healthy and prosperous life? What concerns do you have about [FGD topic] that you would like to be included in these amendments?
3. Do you see any changes in the form of women's participation in [FGD topic] after the revolution? Explain. (To be probed by further questions, which will be included in the guideline for facilitators).
4. What are the implications of the conflict/violence on your lives? Possible topics include mobility, participation in public life, and the attainment of basic services.

1.9 Sector-Specific Questions

The following questions will guide moderators in leading focus group discussions. They are not necessarily a script to be followed verbatim, but moderators will ensure that the key research concepts embedded in the questions are thoroughly addressed.

1.9.1 Education Focus Group Questions

1. Do you have children? Girls? Boys? Do you send both to school? Up to what level/age you keep boys and/or girls enrolled in the education system? If girls are withdrawn from the school, at what level/age? Why (probing questions to response for further clarity, especially if relating to culture and local norms)? What levels? Who makes this decision(s)?
2. Are there basic education schools in your area to send your children to? What about secondary school? In your family, who decides who goes to school and for how long?
3. Can everybody who needs an education get it? Are there concerns or issues that you have regarding access to education? What solutions or measures would you recommend to resolve and address them? Who would be responsible? To be probed: do power relations affect your education decisions? Cultural constraints? Economic difficulties? Availability & accessibility to the service?

1.9.2 Health Focus Group Questions

1. How do you define health? When would you consider that you are healthy?
2. When do you consider that you or your family members are unhealthy? And, then seek services to help them?
3. Where do you seek these services? Are they always available to you? Explain.
4. What diseases or sickness does your family/community often have? Women? Children: girls/boys? Men?
5. When do you seek care for each type for each diseases (the following list is for the facilitator to consider if responses allow, this will show practices and preferences of who gets what service/treatment when?): a. Diarrhea, especially for young infants and children below years b. Cough with fever c. Fever d. Bleeding for women, during pregnancy, delivery or after delivery e. Delivery f. Routine services provided at the Health Facilities, like immunization, Oral Rehydration therapy, Family Planning ...
6. What health services are needed in your community? From your point of view, what measures should be addressed to improve health services, access to quality of care for women to improve their health especially during delivery?
7. How would you define conflict? Violence? Abuse?

- a. Are you or have you been exposed to any of these?
- b. How? When?
- c. What did you do to stop this exposure? Did you ask for help? Get help? From whom?

1.9.3 Political Participation Focus Group Questions

1. Do you think that political parties are able to outreach, integrate and communicate to both men and women in your governorate? If yes, please explain what are the forms of participation and what role do you play?
2. Do any barriers face men and women who want to join a political party? To be probed (institutional, training, cultural, etc). What are the main issues that face women as candidates? Why do women participate mainly as voters? Are you aware of women serving in any parties? If so, in what role?
3. What measures should be taken at the local level to enhance women's political participation?

1.9.4 Economic Empowerment Focus Group Questions

1. Do women and men in Yemen occupy different types of jobs? a. Formal compared to informal sector b. Rural vs. urban areas
2. Have you ever tried to start a business? What was the process like?
3. Do any obstacles face women who want to access financial services (getting loans)?
4. What are the measures that should be taken at the local level to enhance women's economic participation?
5. What difficulties do women face in the work environment?

1.9.5 WASH Focus Group Questions

1. Is there a water supply close to your households? Is it piped in? Pumped by well? Who does it belong to?
2. Who collects the water? Ages? How long does it take to collect it? Do they pay for this collection?
3. How is water disposed of? Grey water? Are there latrines? Describe? Where is sewage collected/stored/disposed?
4. What do you know of hygienic practices? Washing hands before food preparation? After using the latrines? After changing infants' diapers?
5. Then some open ended questions related to WASH: is it an issue? Why? What do you suggest to address concerns/solutions? Is it a perceived problem for women? Men? Children? Does water collection disposal take time away from other essential chores/duties of family members?

6. Are there any political, specific district or neighborhood governance issues that relate to WASH?

Annex IV: In-Depth Interview Questions

Guiding questions for each set of interviews are listed below.

1.1 Political Parties

1. How has the participation of women and men in the last two years compared to previous years?
2. Do you know of any female candidates that have become active and visible in the Dialogue or during these past two years? Who? How? Do you support this participation? Why?
3. What obstacles face political parties in approaching women?
4. What are the opportunities available for political parties to approach women with training and participation?
5. What are the forms of women's political participation?
6. How do you evaluate the performance and achievements of the following groups in supporting women's freedom and rights in the last two years?
 - NGOs
 - Ministry of Education
 - Ministry of Health
 - Political parties
 - Media and journalists
7. Do you feel that women and men have different or the same access to:
 - Education
 - Health care
 - Economic opportunities, including self employment and small businesses
 - Political participation
 - Water usage
8. To what extent do you believe that the political parties (old and new) succeed in dealing with gender issues taking into consideration youth and female needs and interests?
9. How do you describe female representation in political parties (quantitative and qualitative) in the last two years? What is the nature of their tasks? What positions are they occupying within the political parties?
10. To what extent have political parties promoted equal citizenship principles in the last two years? How did they do so?
11. To what extent did parties reach women and youth in the last two years, especially on the local community level?
12. What procedures need to be adopted to increase women's political participation?

13. How does the national dialogue help in building a base for women and youth political participation? What are your suggestions, recommendations and what could be the mechanisms?

1.10 Human Rights Activists

1. Do you feel that women have gained more rights in the last two years, relative to men?
2. What obstacles face those working in human rights who wish to approach women?
3. Do any obstacles hinder women from gaining more rights from the National Dialogue Process?
4. How do you evaluate the performance and achievements of the following groups in supporting women's freedom and rights in the last two years?
 - NGOs
 - Ministry of Education
 - Ministry of Health
 - Political parties
 - Media and Journalists
5. In your work, what do you find is the awareness and attitude of the average Yemeni in regard to women's rights? What about the average political leader?
6. Who do you think are the most important influencing figures and change agents in improving women's rights?
7. What do you feel was your most successful action or campaign with regard to human rights in recent years? With regard to women's rights specifically?
8. To what extent did the political parties promote democracy and equal citizenship principles in the last two years? How did they do that?
9. What procedures need to be adopted to increase women's political participation?
10. Do you think the national dialogue helps in building a foundation of women's political participation?
11. Can a human rights framework be applied to daily life situations regarding the basic services? How
12. How can we reach a unified agenda for Yemeni women rights?
 - What are the articles in personal or family laws you hope to be changed or cancelled?
 - What is the level of freedom Yemenis have in choosing spouse, job, post-graduate studies, house location, decisions related to sons and male daughters?
13. How can we ensure the state is protecting women's rights?

1.11 Economic Empowerment & Business Owners

1. How did you decide to open a business? How did you find the process?
2. Do you have competitors in this industry? Are most them female-owned or male-owned businesses?
3. Do you notice whether your customers are generally men, women, or both?
4. Have you ever tried to obtain a loan to start or expand your business? How did you find the process?
5. What are the governmental and nongovernmental services provided to facilitate women's access to financial services?
6. Does Yemen have the following opportunities for both men and women? If not, how do opportunities differ?
 - Vocational Education
 - Service industry training
 - Apprenticeships or internships
 - Certification programs
7. Do men and women face the same challenges when looking for work?
8. Are the types of work men and women should do any different?
9. What household productive activities do women do in Yemen?
10. What household productive activities are rural women doing to generate income?
11. Who makes the decision on spending in the household?
12. What are the factors influence women's economic participation?
13. What do you suggest can be done to improve women's economic participation?
14. If you had the power to start new job creation programs, what would you do?

1.12 Educational Services

1. Do you think boys and girls are educated differently in Yemen? How?
2. Are there any obstacles in getting education to girls living in remote locations?
3. What opportunities are there to get more girls enrolled in basic education?
4. How would you describe girls' continuity in basic education levels in the last two years versus the preceding period?
5. How do you describe the relation between local councils and female education departments?
6. What obstacles do parents face when engaging daughters in basic education in your governorate?
7. What policies has the government adopted to encourage girls' education?
8. From your point of view what procedures should be adopted to enhance and improve girls engagement in basic education in your governorate? What are the mechanisms to be adopted and who should monitor the implementation?

9. How would you describe the governmental support provided to girls' education in the last two years?
10. On the subject of education and school drop-outs, what programs does the government in your governorate provide?

1.13 Media

1. Do you keep data on the gender of your readers/viewers? What percentage are male vs. female?
2. What segment of society—in terms of geography, political or religious affiliation, or other demographic—uses your media outlet the most?
3. Do you perceive any difference in the way men and women use your media outlet? How about in the way they get information generally? Do you have any evidence on this?
4. Do you make any effort to feature stories of interest to women, or about women? How do you do that? What do you feel the public response is?
5. What do you feel about the general level of reporting on women or on women's issues in the Yemeni media? The frequency? The quality?
6. Do you feel women and men are portrayed differently in the news media? How? Do you feel it is fair or justified?
7. What strategies would you employ if you wanted to get more female users/readers?
8. Are there enough women reporters and news presenters? If not, how can this be changed? Are there any challenges specific to women working in the media?

1.14 NGOs

1. Do you think that there is enough women's participation in civil society in Yemen? What channels exist for participation?
2. How would you evaluate the performance and achievements of the following in supporting women and youth's freedom and rights in the last two years?
 - NGOs
 - Ministry of Education
 - Ministry of Health
 - Political parties
 - Media and Journalists
3. Do you feel that women and men have different or the same access to:
 - Education
 - Health care
 - Economic opportunities, including self employment and small businesses
 - Political participation
 - Water usage

4. What is your rating of women's political role in the last two years?
5. Does your NGO have activities explicitly targeting women as a beneficiary group? Does it have any gender-focused policies?
6. Are any women in a leadership role in this NGO?
7. What is your evaluation of recruitment and employment policies in Yemen?
8. What do suggest for better outreach, and wider involvement of women in [area of NGO's work]?
9. What mechanisms do you recommend and who will be responsible of applying and executing them?
10. What are the barriers that you face in reaching out to women? Probing question: How to overcome these barriers?
11. What are the opportunities to improve your outreach? How?
12. How do you assess women's economic participation? Probing questions on barriers, opportunities, measures to be taken & by whom.
13. How many NGOs are in your area? What kind of NGOs are they? Are any led by women? Have women on their Boards?

1.15 Donors

1. Do you have an explicit focus on gender issues in Yemen? If so, how do you define "gender issues"?
2. What do you feel are the most important challenges with regard to gender issues in Yemen? The most important opportunities?
3. How does your programming address what you perceive to be the most important needs on this topic?
4. Would you say gender issues are the target of dedicated programming, or more of a general, cross cutting theme?
5. With whom do you collaborate on gender issues?
6. Do you ever meet with other donors on this subject? With whom? Do you cooperate with them in carrying out activities? How?
7. Are you aware of any coordination between donors more broadly on gender programming in Yemen?

1.16 Health stakeholders

1.16.1 Healthcare providers

1. What types of illness do you see and treat in the clinics and centers? Or if you work in the community what kind of cases are you called to attend and treat?
2. Do women come here to deliver? At what stage of labor do they usually come in?
3. Do you have special family planning counseling center in your clinic? How many women usually attend? Do men also attend?

4. How supportive are community leaders to the messages for reproductive health and family planning? What constraints do you usually encounter with them?
5. Have you noticed whether in your community there are young women who marry before the age of 18? Do you believe women who marry at an age younger than 18 do so due to cultural, economic or religious reasons? Could you please elaborate?
6. If families bring in their children at a later stage of illness is this due to cultural, economic or religious reasons? Please elaborate with examples, especially if there is difference of when families bring in their girl children verses their boy children for the same illness.

1.16.2 Women / grassroots (crosscheck interviews)

1. How many children do you have? How many boys? How many girls?
 - a. Do you have as many children you would like?
 - b. More?
 - c. Less?
2. Have you heard of family planning? Did you ever use any method of the contraceptive? What kind did you use? How long did you use it for? Did you have any complications? What?
3. How old were you when did you delivered your first baby?
4. Did you ever have any miscarriages? How many?
 - a. What did you do?
 - b. How did you know that you are losing your baby? What did you do? Did you seek a midwife? Doctor? Nurse/midwife? What did they do for you?
5. Do you believe that there are enough health providers, clinics, health centers to serve your needs in your governorate? How many would you like to have of each of the above?

1.16.3 Conflict, violence and abuse

1. Do you see any clients/patients that have been exposed to abusive treatment? For instance if they are presenting with unexplained wounds, bruises or other injuries, which might be linked to abuse by a partner or family member (but not usually disclosed as the source of the injury)?
2. What kinds of abuse / violence cases might you see? (Rape; battery (beating); bruising; broken bones; depression/emotional?) How many cases, clients would present in a month? Or would you be called to attend? At what ages are these clients/patients?
3. Are any/many of these clients, young women who are married younger than 18 years old? How many might present in one month/a year?

4. Where do most of these marriages take place, if the woman is younger than 18 years?
5. Do you believe that these marriages were due to cultural, economic or religious reasons? Please elaborate.
6. Is it normal that abused/raped women come to your center? How do they come? Alone? With someone? How do they know that they will find service at your facility? How do they find a way to reach you?
7. Do you have a specialized violence counseling center / house in your area? Sector? Governorate? Do they provide any services? What?
8. Do you conduct health awareness sessions at community locations? (Houses, after working hours at schools?), please elaborate and how many times a month would you do so? And for what kinds of sessions?
9. Did you try to target community leaders (men and women), mosques imams to support you in unlocking community acceptance for these kinds of awareness sessions.

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