



# Protection, Participation and Potential

Women and Girls in Yemen's War

International Rescue Committee

## **Acknowledgements**

Written by Delphine Valette, January 2019.

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**Front cover:** Fatma Ahmed in front of her temporary home in Ras Imran village, Yemen. *Kellie Ryan/IRC*

# 1. Executive Summary

Nearly 4 years of war in Yemen have led to the largest humanitarian crisis in the world.

The war has had a unique impact on women and girls, exacerbating pre-existing vulnerabilities and inequalities rooted in patriarchal structures and norms. Violence against women and girls (VAWG) in particular, has substantially increased since the beginning of the conflict in 2014.<sup>i</sup> In November 2017, the UN Office for the Coordination of Humanitarian Affairs (OCHA) reported that incidents of gender-based violence (GBV) including rape and sexual assault, intimate partner violence, and early and forced marriage of girls, had increased by over 63 per cent since before the conflict.<sup>ii</sup>

Unprecedented efforts have been taken by humanitarian actors – NGOs, UN agencies, civil servants, and national civil society – to deliver lifesaving interventions to the millions of people affected by the war. However, there are critical gaps in reproductive health as well as GBV prevention and response services across the country. This is due to the direct impact of the fighting on health facilities and health workers, restrictions on humanitarian aid, as well as insufficient donor prioritisation and funding. The latter is largely compounded by shortcomings in the application of a gender-sensitive approach to Yemen's humanitarian response.

Grand commitments on tackling GBV in emergencies have been made by donors, including through Call to Action on Protection from Gender-Based Violence in Emergencies,<sup>iii</sup> but much more needs to be done to deliver a concrete, targeted, and meaningful agenda for women

and girls in Yemen. What is also often ignored is that although they pay the heaviest price of the war in Yemen, women and girls have been making critical contributions to community cohesion and peace building at the local level. Yet, their participation in Yemen's peace talks has been weak to date. Peace talks held in Rimbo, Sweden have created some positive breakthroughs in addressing the conflict, including an agreement, yet to be honoured by the parties, on a ceasefire in Hodeidah. However, numerous issues vital to addressing the humanitarian response and the future of the country still remain, such as the meaningful participation of women in the peace talks.

This policy brief provides an overview of the entrenched gender inequalities and vulnerabilities which affected women and girls before the war and which have been exacerbated over the past 4 years. It then considers the specific impact of the conflict on women and girls' health and protection. Particular attention is paid to GBV given its dramatic increase since the conflict started. The brief argues that the war is having a devastating impact on women and girls and that failure to include a stronger focus on gender considerations in the humanitarian response is causing irreparable damages to their lives. It then highlights the critical role of women in securing a response which addresses the needs and rights of Yemeni women and girls, and in ensuring that a gender transformative agenda is part of Yemen's future. It concludes by setting out recommendations aimed at all humanitarian actors, including the need to increase funding towards GBV prevention and response as a matter of priority.



**Above:** Young girl treated for cholera at IRC supported hospital in Aden, Yemen. *Kellie Ryan/IRC*

## Recommendations:

- Women and girls are paying the price of the war in Yemen – Humanitarian actors must increase the priority given to women and girls' needs, with specific attention to GBV prevention and response, and reproductive health services.
- Women are part of the solution – The UN and donors must ensure the meaningful participation of women's organisations in Yemen's peace talks.
- The war has no military solution – The UK and other allies of the Saudi/Emirati-Led Coalition should deploy their considerable influence to secure progress on a rapid de-escalation of the conflict in Yemen.
- Yemenis cannot wait – Warring parties must lift all humanitarian access restrictions and donors must deliver on their funding commitments. Addressing these restrictions should be a priority at the next round of peace talks.

## 2. Introduction

Nearly 4 years into the war in Yemen, it continues to devastate the country, and the UN is warning that the situation will continue to deteriorate in 2019.<sup>iv</sup> Ongoing gross violations of international humanitarian law and human rights law are leading to the deaths of men, women and children. Recent data suggest that more than 60,000 people have been killed since 2016, although the death toll is “still underestimated”.<sup>v</sup>

The war has exacerbated the country’s existing humanitarian crisis<sup>vi</sup> and the dire situation of Yemen’s population. Nearly 80 per cent of the population are now in need of lifesaving humanitarian assistance,<sup>vii</sup> and an estimated 10.25 million people at risk of famine.<sup>viii</sup>

Women and girls have been disproportionately affected by the war, first and foremost because of their gender. The conflict has aggravated women and girls’ existing vulnerabilities and increased the health and protection risks they face daily.

**Incidents of gender-based violence have increased by over 63 per cent since before the conflict**

**The rate of forced and early marriage of girls has tripled since 2015**

**Since 2006 Yemen has consistently ranked last in the World Economic Forum’s Gender Gap Index**

### Before the war: the reality for women and girls in Yemen

Before the war, women and girls in Yemen already faced entrenched gender inequalities due to the deeply engrained patriarchal social norms and a highly conservative political and legal system.

For example, the Penal Code, Personal Status Act, Citizenship Act and Criminal Code all contain provisions that discriminate against women, and whilst the Constitution proclaims equality between men and women (Art. 41), it does not enshrine the principle of equality between women and men in all spheres.<sup>ix</sup> Yemen adopted the Convention on the Elimination of Discrimination against Women (CEDAW)<sup>x</sup> in 1984 but the lack of progress on its implementation has been widely criticised by the CEDAW Committee and in NGO shadow reports.<sup>xi</sup>

Since 2006, Yemen has consistently ranked last in the World Economic Forum’s Gender Gap Index<sup>xii</sup> and in 2017, the country was officially listed the worst place in the world to be a woman.<sup>xiii</sup> Yemen’s patriarchal structures means that women and girls are often held in subordinate positions of power that affect every aspect of their personal and public lives, including their freedom of movement, decision making in the household, their access and control over resources and services, and their participation in political processes. For example, women and girls have limited access to reproductive and maternal health services, education,<sup>xiv</sup> and livelihoods opportunities.

Sexual violence, forced and early marriage of girls, and female genital mutilation (FGM) were also already common place before the war. In a 2013 Demographic and Health Survey, 92 per cent of women interviewed said that violence against women was common in the home.<sup>xv</sup> There is, however, no legislation that specifically protects women from gender-based violence.<sup>xvi</sup> For example, whilst there have been some efforts by the government to curtail FGM, including by issuing a decree prohibiting FGM procedures in government and private health facilities in 2001, the decree does not provide penalties for violations.<sup>xvii</sup>

# 3. The effects of public service collapse on women and girls

Prior to the war, the civil service was the cornerstone of public service delivery. Yemenis' access to health as well as water and sanitation facilities was heavily reliant on government run and maintained infrastructure. But across much of Yemen, the war has destroyed these life-sustaining systems.

Whilst all sides of the conflict bear responsibility for the destruction of infrastructure as a result of fighting, the use of airstrikes by the Saudi/Emirati-Led Coalition has been particularly devastating. Since the war began the Coalition has launched over 18,000 airstrikes, hitting civilian targets, including markets, schools and health facilities.<sup>xviii</sup> In just 10 days, following the US call for a cessation of hostilities on 31st October 2018,<sup>xix</sup> the Yemen Data Project reported that of the 42 Coalition air raids across Yemen where a target could be identified, 62 per cent hit civilian targets.<sup>xx</sup>

However air strikes are not the only cause of Yemen's public service collapse. Restrictions on commercial imports – including fuel – have led to a contraction in the delivery of essential services including water provision, and pushed their costs beyond what people can afford.<sup>xxi</sup> Nearly 20 million people have no access to safe drinking water and sanitation.

**UNFPA reported that among the 10,000 pregnant women caught in the fighting in Hodeidah city, an estimated 1,500 were likely to encounter complications during pregnancy and childbirth.**

Financial constraints also play a key role in the current situation. The fighting has caused an economic crisis, resulting in inflation and the non-payment of salaries of over 1.2 million Yemeni civil servants, including tens of thousands of health workers, for over 2 years.<sup>xxii</sup>

Only 50 per cent of health facilities are now functioning, and they rely on NGO support for medicines, equipment, and staff.<sup>xxiii</sup> An estimated 14.8 million people lack access to basic healthcare.<sup>xxiv</sup>

The breakdown of public services has had a unique impact on women and girls, by impeding their ability to access healthcare, especially maternal care and family planning services further. In August 2018, UNFPA warned that pregnant women were at "extreme risk" as it became harder to access care, with the maternal death rate likely to have doubled from its 2015 tally of 385 deaths per 100,000 live births.<sup>xxv</sup> And whilst the country has seen an increase in the number of pregnant and lactating women<sup>xxvi</sup> since the beginning of the conflict, WHO estimates that only 35 per cent of maternal and newborn health services are fully functional.<sup>xxvii</sup>

Despite NGOs and UN agencies scaling up the delivery of health interventions and providing help and support to health workers, including incentive payments when state salaries ceased, current efforts are insufficient to meet the critical needs of women and girls. In March 2018, CARE International reported that more than 3.25 million women of reproductive age in Yemen were facing increased health and protection risks, and warned that the situation was worsening.<sup>xxviii</sup> In November 2018, UNFPA reported that among the 10,000 pregnant women caught in the fighting in Hodeidah city, an estimated 1,500 were likely to encounter complications during pregnancy and childbirth.<sup>xxix</sup>

Women and girls' challenges in accessing healthcare are also exacerbated by increased restrictions on their mobility imposed by social norms and the conflict parties,<sup>xxx</sup> the rising costs of fuel which make transport unaffordable, and increasing opposition from the Houthis (Ansar Allah) to the provision of family planning.



Above: Young girl being treated at an IRC-run diarrhoea treatment center in Al Dahle'e, Yemen. Will Swanson/IRC

**“The state doesn’t provide any medicine for women’s health or obstetric and gynecological services. Gulf countries donate to hospitals, but it isn’t what is needed by women except maybe the intravenous fluids.... We are being given bandages meant for war injuries, not what we need to provide basic care to women and kids here.”**

Hospital manager in Aden.<sup>xxxix</sup>

**Only 35 per cent of maternal and newborn health services are fully functional**

Food insecurity and malnutrition have also reached staggering levels due to restrictions on imports,<sup>xxxii</sup> inflation,<sup>xxxiii</sup> currency depreciation, and the impact of the war on local food production.<sup>xxxiv</sup> Women and children are bearing the burden of malnutrition, with 1.8 million children and 1.1 million pregnant or lactating women being acutely malnourished.<sup>xxxv</sup> The country’s health system is struggling to cope, and this is likely to get worse as new data published in December 2018 by the Integrated Food Security Phase Classification (IPC) confirmed that women and children in Yemen are being starved to death as a result of the war.<sup>xxxvi</sup>

The conflict has also impacted on children’s education. Schools have been destroyed and teachers who were not paid have left the education sector. UNICEF recently reported that the education system is on the brink of collapse.<sup>xxxvii</sup> More than 2 million children have lost access to schools.<sup>xxxviii</sup> The conflict has reversed two decades of progress on increasing girls’ access to education, including by stopping the adoption of a law setting 18 as the minimum age for marriage and for girls to remain in school. As girls no longer go to school, and as a consequence of the war on livelihoods and families sliding deeper in poverty, parents are increasingly resorting to marrying off their daughters.<sup>xxxix</sup>

## 4. The silent epidemic – violence against women and girls

The war has intensified the risk of violence that women and girls face.<sup>xi</sup> In November 2017, OCHA reported that incidents of GBV increased by over 63 per cent since before the conflict.<sup>xii</sup> UNFPA also recently warned that more than 3 million Yemeni women and girls were at risk of gender-based violence, and there are 60,000 women at risk of sexual violence.<sup>xiii</sup> The rate of forced and early marriage of girls has risen dramatically, tripling since 2015 to reach an estimated 65 per cent.<sup>xiii</sup>

Some groups of women are more vulnerable to violence, as a result of the intersection of gender with other factors including age, class, disability, geographic location, and refugee status.<sup>xiv</sup> A recent internal assessment by IRC found that the most vulnerable women and girls in Yemen are adolescent girls (particularly those living in rural areas), marginalised women (for example those who are divorced or unmarried with no male head of household), and women who are the head of households.

One of the main factors increasing women and girls' risk of violence is the impunity of perpetrators and the common view that men in the family provide a "protective layer". Without the presence of a man, women and girls are further exposed to physical attacks and sexual harassment when they are outside their home.

The sharp rise in the number of acts of violence against women and girls since the war began should not be seen as unique to Yemen. The link between conflict and gender-based violence has been highlighted in several studies across a number of contexts,<sup>xv</sup> and the situation in Yemen provides another striking example of the endemic nature of GBV in conflict.<sup>xvi</sup>

**3 million Yemeni women and girls are at risk of gender-based violence, and there are 60,000 women at risk of sexual violence.**

In Yemen, the increase in all forms of VAWG has been attributed to a number of key factors, particularly the effects of the war on households and on the country's public services and infrastructure.

At the household level, the conflict has had a strong impact on gender roles. Women have been taking on jobs to support their families, whilst men have been left unemployed and having to undertake chores traditionally performed by women.<sup>xvii</sup> This change, combined with reduced mobility, frustration and distress, has led to an increase in intimate male partner violence.<sup>xviii</sup> In addition, as noted above, the war and its economic repercussions have escalated the number of forced and early marriages of girls.<sup>xix</sup>

Displacement has also directly affected women and girls' vulnerability to VAWG. Women and children account for roughly 75 per cent of those displaced by the war in Yemen, and about 20 per cent of female-headed households in internally displaced persons (IDP) and host communities are headed by girls below the age of 18.<sup>i</sup> Displaced women – particularly in women-headed households and adolescent girls – are at a greater risk due to the lack of male presence, greater food insecurity, a lower monthly income, and the daily chores they have to perform, leaving them exposed to attacks. In addition to forced and early marriages, women and girls have also reported being asked for sex in exchange for basic services in both displaced and host communities.<sup>ii</sup>

Finally, as discussed above, women and girls face heightened security risks as a result of the collapse of infrastructure. For example, the breakdown of water systems means that women and girls – who traditionally collect water – have to travel further.<sup>iii</sup>

## 5. Unmet needs: the impact of the war on women and girls' access to lifesaving services

In spite of the painful realities facing women and girls, critical gaps and challenges continue to severely impact the delivery of lifesaving healthcare interventions and GBV services.

In addition to being depleted, health services that are available are not adequately staffed or equipped to deal with the critical and urgent needs of women and girls affected by violence. Health workers are most often not trained to respond to cases of sexual violence, including providing emotional and psychological support, and medical supplies are insufficient. The lack of female health professionals and safe spaces for GBV survivors also act as a deterrent for women and girls accessing the few available services. An IRC internal assessment on GBV prevention and response in Yemen found that around 70 per cent of survivors felt it was safer to keep silent and not seek help for fear of experiencing stigmatisation or reprisal. The needs of particular groups, including adolescent girls, are also often not catered for.<sup>liii</sup>

Access to services is further limited by increased restrictions on women and girls' mobility and the current barriers to the provision of humanitarian aid, such as the denial of visas and travel permits for aid workers. As a result, lifesaving and urgent services, including for sexual and reproductive health, the treatment of sexual violence related injuries, and the prevention of HIV and other sexually transmitted infections, cannot reach women and girls who need them.

But the current gaps and challenges in the provision of GBV services – particularly availability, quality, and appropriateness – are also largely the result of the inadequate inclusion of gender perspectives into Yemen's humanitarian programming cycle across all sectors, including protection.

The lack of a stronger gender equality focus in the overall planning and response to the war has been highlighted in several reports.<sup>liv</sup> For example, most needs assessment do not contain a gender lens,<sup>lv</sup> which impacts on the consideration of the specific needs of women and girls in humanitarian response plans. Gender disaggregated data is rarely included, making an evidence-based prioritisation on women and girls nearly impossible. Despite the serious and potentially life-threatening consequences of GBV, including physical injuries and psychological and emotional trauma, and pregnancy complications, reproductive health<sup>lvi</sup> and GBV services<sup>lvii</sup> are not prioritised, and therefore remain underfunded.

This is not unique to Yemen and the need for a stronger gender-sensitive approach to overall humanitarian programming – in particular with regards to gender-based violence – has been highlighted by NGOs,<sup>lviii</sup> UN agencies, and donors. In August 2018, a Joint Statement by UN Women Executive Director and the European Commissioner for Humanitarian Aid and Crisis Management was unequivocal about the current failings of the humanitarian system to respond to GBV:

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**“Addressing gender-based violence is life-saving. Despite its prevalence, prevention of and response to sexual- and gender-based violence are rarely undertaken from the earliest stages of emergencies. Moreover, there are insufficient mechanisms in place at the policy, funding, systems, and implementation levels to ensure that this violence will be comprehensively addressed and prioritised.”<sup>lix</sup>**

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In October 2018, Sweden called for a gender dimension to be included in planning processes in conflict contexts and for gender equality to be mainstreamed in conflict analysis.<sup>lx</sup> The 2018 G7 Whistler Declaration on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action also reiterates the need for governments to do more to integrate gender equality and women empowerment into humanitarian programming. G7 governments vowed to strengthen prevention and response to GBV in crises, including supporting the field implementation of the Call to Action on Protection from Gender-Based Violence in Emergencies.<sup>lxi</sup>



Yet, despite States' international obligations to prevent and prohibit GBV,<sup>lxii</sup> as well as global and donor-led initiatives, such as the Call to Action, rhetoric has still not turned into reality on the ground, including in Yemen.

The lack of consultation with, and participation of women's organisations and women and girls in the planning and response to the conflict is a key factor which compounds the lack of an adequate gender-sensitive response in Yemen. It also disregards the multiple and significant roles that women have been playing during the conflict,<sup>lxiii</sup> including as first responders and peacebuilding agents at the local level. Without a drastic change in the current gender approach to humanitarian policy, programming and funding in Yemen, the long term gender-transformative agenda in the country will be significantly impacted.<sup>lxiv</sup>



**Above:** Tete Jesinta Lebsonga, IRC Women's Protection and Empowerment Coordinator in Aden. Tete supports survivors of GBV. *Kellie Ryan/IRC*

## 6. Women, peace and security in Yemen

The rise in women's participation and influence in political processes before the war, and their role in promoting community cohesion and peace building at the local level,<sup>lxv</sup> show the vital contributions that women can make to Yemen's peace agenda. Prior to the conflict, women became increasingly involved and influential in the country's political processes. Between 2011 and 2014 they secured some important achievements, most notably by influencing the drafting of the new constitution and securing the recognition of women as equal citizens and independent individuals, as well as a 30 per cent quota in decision-making positions. Unfortunately the war has led to major setbacks in women's participation in the political sphere and the country's gender equality agenda. The draft constitution, for example, was never ratified.

The role of women in peace and security processes has been evidenced by several pieces of research.<sup>lxvi</sup> One study found that women's involvement in peacebuilding increased the probability of ending violence by up to 24 per cent.<sup>lxvii</sup> Yet, women's participation in peace processes continues to be insufficient. 95 per cent of the 1,187 peace agreements signed between 1990 and 2017 did not contain any reference to conflict-related GBV.<sup>lxviii</sup> Yemen is no exception.

The inclusion of women in Yemen's peace talks and processes is a prerequisite for ensuring that the response to the conflict addresses the needs and rights of Yemeni women and girls, and that a gender transformative agenda is part of Yemen's future.

The Yemen Women's Pact for Peace and Security – formed by a group of women representing different fractions including political parties, media, and civil society in October 2015 and supported by UN Women – has been working to bring gender equality perspectives in peacebuilding and reconstruction processes in the country. Other women's groups in Yemen have also come

together calling for women's meaningful inclusion in the peace process.<sup>lxix</sup>

Yet, despite UN Security Council Resolution (UNSCR) 1325<sup>lxx</sup> which reaffirms the role of women in the prevention and resolution of conflicts, and Resolution 2242<sup>lxxi</sup> which calls for member states to support women's involvement in "mechanisms for the prevention and resolution of conflict", women's participation in Yemen's rounds of peace negotiations<sup>lxxii</sup> has been low.<sup>lxxiii</sup> This lack of meaningful participation has resulted in women and girls being largely invisible in the UN Security Council's Yemen agenda. For example, Resolution 2216<sup>lxxiv</sup> on ending violence in Yemen does not explicitly call for the inclusion of women and limits women's participation to dialogue processes, not peace negotiations.

The recent peace talks in Sweden have provided another example of the marginalisation of women in Yemen's peacebuilding agenda. Whilst it was reported that 8 women – still a very small number – had been invited by the UN Special Envoy to Yemen to join the discussions, only one woman was present at the negotiating table.

# 7. Conclusion and recommendations

Before the war, Yemen was already the Middle East's poorest country, with acute levels of food insecurity and malnutrition, as well as records on education and health, including high levels of maternal and child mortality.

Yemeni women and girls already experienced systematic discrimination and marginalisation because of their gender. Violence against women and girls was common and widespread at home and in society. The war worsened the situation and created a protection crisis.

The current humanitarian response is largely failing to meet the needs of women and girls. Whilst peace is the only viable option to help the Yemeni population, specific and targeted actions to prioritise gender equality need to be implemented by all humanitarian actors.

## Recommendations:

### 1. Women and girls are paying the price of the war in Yemen – Humanitarian actors - donors, the UN, and NGOs, must increase the priority given to women and girls' needs, with specific attention to GBV prevention and response and reproductive health services. In particular:

- They must make all forms of violence against women and girls a priority:
  - The Call to Action commitments must be implemented. Donors and the UN should increase dedicated funding to VAWG. For example the GBV sub-cluster and UNFPA's Yemen Humanitarian Response Plans should be fully funded.
  - The UN and NGOs must promote and ensure accessibility, availability, and quality of GBV services for Yemeni women and girls at risk of violence.
  - The UN should appoint a GBV advisor to be based in Yemen and responsible for ensuring that a gender lens is applied to assessments and that UN coordination on GBV across UNICEF and UNHCR is improved.
  - All humanitarian actors must implement established guidelines and best practices to prevent, reduce, and respond to GBV, including UNFPA's *Minimum Standards for Prevention and Response to GBV in Emergencies*.
- They must adopt a stronger gender-sensitive approach at all stages of the programming cycle across all sectors. This must include:
  - The inclusion of gender considerations in needs assessments.
  - Gender equality based outcomes, indicators and monitoring systems.
  - Gender and age disaggregated data.

- Ensuring the meaningful participation of women and girls in the planning and implementation phases of the response.
- Increasing the prioritisation of funding and technical support and services towards women and girls.
- The Call to Action must lead this change agenda:
  - As Canada takes over coordination of the Call to Action it is uniquely placed to push for increased attention and support to ending VAWG in Yemen.
  - Canada can continue to demonstrate its leadership on gender equality, including by calling for the GBV funding gap in Yemen to be filled.
  - The Call to Action partners need to take a stronger stand on GBV prevention and response in the current conflicts, including in Yemen.

### 2. Women are part of the solution – The UN and donors must ensure the meaningful participation of women's organisations in Yemen's peace talks. In particular:

- Governments must deliver on their commitments to include women and girls in discussions and decisions that affect them, including by increasing their participation in peace talks.
- The UN Special Envoy to Yemen, Martin Griffiths, must ensure that women's organisations are at the peace talks and that their views are meaningfully represented and considered.
- As part of its seat on the UN Security Council, Germany should build on Sweden's leadership on the inclusion of women in the peace and security agenda and promote a gender-sensitive approach to the conflict response.

### Recommendations (continued):

**3. The war has no military solution – The UK and other allies of the Saudi/ Emirati-led Coalition should deploy their considerable influence to secure progress on a rapid de-escalation of the conflict in Yemen. In particular:**

- The UK, US and France should secure support for the full implementation of UNSCR 2451 that codifies the ceasefire in Hodeidah, work to quickly pass a further technical resolution to mandate a full UN monitoring mission, and encourage warring parties to extend the ceasefire nationwide.
- The Houthis must also play their part in ending the violence and the slide into humanitarian catastrophe.
- Germany and the EU, through relations with Iran, should seek to encourage the Houthis to implement agreements reached in Sweden and build on this progress towards peace.

**4. Yemenis cannot wait – Warring parties must lift all humanitarian access restrictions and donors must deliver on their funding commitments. Addressing these restrictions should be a priority at the next round of peace talks. In particular:**

- Warring parties should ensure that all seaports and Sana'a airport are opened and fully operational for humanitarian and commercial traffic. Bureaucratic impediments placed on the delivery of humanitarian assistance by the Houthi authorities and Hadi Government must be addressed through the formalisation of (and adherence to) clear standardised procedures.
- Warring parties should commit to the payment of salaries of civil servants responsible for the delivery of essential services.



**Above:** Abeer Abdul Koreem Nasir, 30, lies on a bed in IRC's maternity ward at Al Sadaqa Hospital after giving birth to a baby boy. *Kellie Ryan/IRC*

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- iii.** The Call to Action is a donor and UN led global initiative set up in 2013 to secure systemic change in the humanitarian response to GBV from the onset of a crisis.
- iv.** UN warns humanitarian crisis to deteriorate next year <https://news.un.org/en/story/2018/12/1027521>, retrieved 17th December 2018.
- v.** The Independent (2018) Yemen war: At least six times as many killed in conflict than previously thought, report says <https://www.independent.co.uk/news/world/middle-east/yemen-war-death-toll-saudi-arabia-coalition-military-assistance-uk-a8678376.html>, retrieved 14th December 2018.
- vi.** Before the war, Yemen needed large amounts of humanitarian assistance, with 15.9 million people – 61 per cent of the total population – in need.
- vii.** OCHA (2018) Global Humanitarian Overview 2019 <https://www.unocha.org/global-humanitarian-overview-2019>, retrieved 14th December 2018.
- viii.** IPC (2018) Yemen: IPC Acute Food Insecurity Analysis December 2018 – January 2019 <http://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1151858/>, retrieved 14th December 2018.
- ix.** For a detailed overview of relevant laws: <https://www.genderindex.org/wp-content/uploads/files/datasheets/YE.pdf>, retrieved 14th December 2018.
- x.** Reservation to Art. 29 relating to the settlement of disputes concerning the application and interpretation of the convention applies.
- xi.** 10 years after the 2008 concluding observations of the Committee on CEDAW which provided a damning report on gender inequality and discrimination in the country, the situation of women and girls has not improved. Whilst the Women's National Committee has played an important role in promoting women's rights in its role as a consultative body within the Government, its recommendations have not been adopted by the Parliament.
- xii.** The Gender Gap Index looks at disparities across four thematic dimensions—Economic Participation and Opportunity, Educational Attainment, Health and Survival, and Political Empowerment.
- xiii.** Global Gender Gap Report 2018 [http://www3.weforum.org/docs/WEF\\_GGGR\\_2018.pdf](http://www3.weforum.org/docs/WEF_GGGR_2018.pdf), retrieved 19th December 2018.
- xiv.** Global Gender Gap Report 2014 <http://reports.weforum.org/global-gender-gap-report-2014/>, retrieved 14th December 2018.
- xv.** UNFPA (2018) Violence against women escalates under Yemen's brutal conflict <https://www.unfpa.org/news/violence-against-women-escalates-under-yemens-brutal-conflict>, retrieved 14th December 2018.
- xvi.** For example, there are no specific laws addressing sexual harassment, although Articles 270-274 of the Criminal Code stipulate that anyone who commits an offending act in public can be sentenced to up to six months in prison or fines. The punishment rises to up to one year in prison and fines for forcing a female to behave immorally. However, there must be a witness to the harassment in order for the punishment to be applicable and the law is rarely enforced. In addition, although Article 273 criminalises "shameful" or "immoral" acts, this leaves women vulnerable to arrest for reasons such as being alone with a man who is not her relative.
- xvii.** Human Rights Watch, Submission to OHCHR, Yemen HRW FGM Report Excerpts, November 2014.
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- xx.** <http://yemendataproject.org/data/>, retrieved 14th December 2018.
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