



## ACTION BRIEF



# Priorities for Gender Equality in Yemen's COVID-19 Response

12 May 2020

## What is the issue?

On 11 March 2020, the World Health Organization (WHO) declared COVID-19 to be a pandemic.<sup>1</sup> The pandemic also reached Yemen with the first laboratory confirmed case of the corona virus in Yemen on 10 April 2020.<sup>2</sup> Since then, 36 more cases and 8 deaths have been reported.<sup>3</sup>

The population of conflict-affected countries such as Yemen are especially vulnerable to outbreaks of diseases. In recent years Yemen has fractured into competing power centres, adding layers of vulnerability for women and youth and exacerbating existing gender and age-based inequalities, reinforcing the exclusion of women and girls from decision-making about their own lives and that of their family and community. The appearance of the infection in Yemen is frightening as the health care system has dramatically suffered during the ongoing six-year conflict and nearly 80 percent of the population requires some form of humanitarian assistance and protection.<sup>4</sup> This, coped with the extremely fragile economic and livelihood systems and the ongoing struggle to carry out inclusive peacebuilding processes, is putting Yemeni women and girls more at risk than ever.

This brief outlines gender issues related to the COVID-19 pandemic and response in Yemen. A series of recommendations is also provided for effective measures and actions for COVID-19 stakeholders in Yemen.

## Key considerations related to the COVID-19 outbreak in Yemen:

### **1. Women & COVID-19 in conflict settings:**

Despite the fact that the protection of women and girls, their inclusion in formal peace efforts and active

engagement in building and sustaining peace is at the heart of what we know as the Women, Peace and Security (WPS) Agenda, in situations of conflict women are often excluded from efforts to prevent, resolve and rebuild from complex crises. Furthermore, crisis situations – such as the spread of COVID-19 pandemic - in conflict settings have a disproportionate impact on women and girls, including vulnerable population groups such as gender-based violence (GBV) survivors, displaced women, female victims of domestic violence, the elderly and people with disabilities as well as detainees.<sup>5</sup>

The Yemeni health system has profoundly suffered during the ongoing conflict including deterioration of basic services. There is a limited access to critical health information and services such as primary, sexual, or reproductive health, and only half of the health facilities in the country are fully operational. There are gaps in basic equipment's, medicine and funding for public institutions providing health care.<sup>6</sup> Yemeni women and girls face serious threats to their reproductive health as only 20 percent of health facilities provide maternal and child health services: in Yemen, a woman dies every two hours due to pregnancy- or childbirth-related complications.<sup>7</sup> This situation significantly increases the vulnerabilities of women and girls. The pandemic and its impact on the fragile public health system threaten to expand existing inequalities and enhance women and girls' vulnerability, triggering a further decline of the already dramatically limited rights of Yemeni women and girls.

The needs and priorities of women and girls must be integrated and addressed in Yemen's COVID-19 crisis response mechanisms and plans by all actors.

## **2. Gender Based Violence:**

Gender-based violence (GBV) is globally increasing because of COVID-19: the pandemic calls for restricted movement and social isolation measures which consequently lead to increased tensions at household level and higher rates of domestic violence.<sup>8</sup> Specifically, women and girls are forced to stay in crowded households and have limited access to information and support services. This situation increases their level of vulnerability as well as the risk for them to be victims of abuse.

The position of women and girls in the Yemeni society was extremely weak before the war as they already had limited access to education, livelihoods and health services.<sup>9</sup> Within this context, women and girls experience multiple forms of GBV and they are extremely vulnerable to violence and abuse because of the lack of protection mechanisms. Furthermore, women and girls are exposed to the risk of GBV due to their role as caregivers and because they are primarily responsible for providing food and collecting water for the household.<sup>10</sup> The situation has worsened significantly since the beginning of the conflict due to displacement, disrupted livelihoods and lack of access to public services: GBV prevalence in Yemen – including sexual assault and rape, domestic violence and child marriage – has increased by 63 percent in the past few years.<sup>11</sup>

The pandemic and the subsequent limitations to movement put in place as a prevention measure, force women and girls to be in close contact with their abusers. Moreover, access to support services for GBV survivors (such as health and psycho-social support, legal aid and security services) has been significantly limited by COVID-19 outbreak and most of the protection facilities in place – including shelters and safe houses for survivors of violence managed by civil society organizations (CSOs) – have been forced to temporarily suspend the provision of services.<sup>12</sup>

National and international actors operating in Yemen should continue to provide medical support to survivors of violence and respond to different forms of violence through the provision of psycho-social support, legal aid, and access to safe houses.

## **3. Women's meaningful participation in decision making:**

Strengthening the role of women in peace processes has been a priority for the international community since the adoption of the UN Security Council Resolution (UNSCR) 1325 on Women Peace and Security (2000). Research has proven that peace agreements are more likely to be sustainable when women are included in their formulation and implementation: women and girls' participation in decision-making about the future of their own countries broadens the issues discussed and leads to more effective agreements.<sup>13</sup> The Gender and COVID-19 Academic

Working Group has also stated that a better inclusion of women front-line workers in all decision-making and policy spaces can improve health security surveillance, detection, and prevention.<sup>14</sup>

Despite their efforts, since the start of the conflict in 2015 Yemeni women have not performed an active role in peace-making processes through official channels, generally being excluded from formal peace processes and high-level peace talks, with a few exceptions.<sup>15</sup> The general security situation in the country has recently benefitted by a ceasefire declared between the conflict parties at the beginning of April, representing an opportunity to promote peace while slowing the spread of COVID-19 in Yemen.<sup>16</sup> Within this context, the "Group of Nine" Network - established by UN Women between nine Yemeni women's groups to harmonize efforts for the implementation of UNSCR 1325 in Yemen - represents a powerful mechanism to advocate for joining forces with all local and international women's groups as well as with government agencies, civil society organizations and the international community to work together to prevent the spread of COVID-19 and overcome the additional challenges to women's inclusion in peace processes posed by the pandemic.

Restrictions to movement imposed by COVID-19 and the subsequent recent shift to online discourse, coupled with the limited e-capacity of Yemeni women-led organizations and networks, are likely to further challenge the participation of Yemeni women in decision-making processes, directly affecting their capacity to benefit from mentoring and skill building support as well as to participate in advocacy initiatives and to monitor ongoing peacekeeping rotations, mediation processes and diplomatic efforts in support of women and girls' rights.

It is essential to have a well-informed and skilled core of women leaders who can perform a key role in the peace and security fields, including in rebuilding the economic system after the conflict and the current pandemic crisis, contributing to long-term sustainable peace. Also, the participation of women and girls – including women-led organizations and networks as well as other civil society organizations – must be recognized and strengthened in all planning and programming efforts during the COVID-19 response and the aftermath.<sup>17</sup>

## **4. Economic and Livelihood impacts:**

Globally, women have less secure jobs, earn less and are more likely to be employed in the informal sector. Furthermore, women and girls are often the main responsible for caretaking at household and community level, especially in conflict settings where the public healthcare and social support systems are extremely fragile or completely absent.<sup>18</sup>

The Yemeni female labour force has one of the lowest rates in the world.<sup>19</sup> Yemen's social norms are a key factor contributing to low female labour force participation as there is a strong belief that women's roles are primarily domestic and entail extensive household and caretaking responsibilities. There is also a negative stigma around women who work outside the home.<sup>20</sup> Therefore Yemeni women were extensively responsible for unpaid care work – such as taking care of children, the sick and elderly – before the beginning of the conflict. The conflict-driven economic collapse has hit working women harder: women lost their jobs and were pushed even further into poorly paid or informal labour like domestic work.

According to evidence on the impact of COVID-19, women's economic situation will be affected by the pandemic in a different way than men's.<sup>21</sup> Specifically, the pandemic crisis will increase the burden of unpaid care work on women and girls: this, together with the existing gender pay gap, women's marginalization from the labour market and women's overrepresentation in the informal and care sector will disproportionately hinder women's labour participation and engagement in income generating activities.<sup>22</sup>

All actors in Yemen should conduct extensive gender analysis of Yemen's national policies to take into account existing gender roles and dynamics in order to improve the understanding of the factors hindering women's access to the workforce and the impact of COVID-19 on women's labour participation. Furthermore, women need to improve their skills to respond to the changes within the labour market caused by COVID-19, including through specialized training and capacity building.

### Key questions for all actors responding to COVID-19 in Yemen:<sup>23</sup>

1. How are gender statistics and sex disaggregated data being collected and reported on to inform crisis response and recovery plans? How can COVID-19 response and recovery plans effectively be gender-responsive and adequately include women and girls' needs and priorities?
2. How can women and girls' meaningful participation in decision-making processes related to COVID-19 response and recovery be promoted? How can we reflect women's voices and interests in the decision-making processes and outcomes we are leading? Are women's organizations, women's shelters or other civil society organizations consulted?
3. How can national and international actors continue to provide essential medical supplies to GBV survivors and respond to different forms of violence through the provision of psychosocial support, legal aid and health care services? How can women and girls' access to resources, hotlines and shelters be ensured? How can women's health, including the health of mothers, continue under safe circumstances for staff and women?

4. What is needed for a thorough gender analysis of Yemen's national policies to improve the understanding of and response to the factors hindering women's entry to the workforce and the impact of COVID-19 on women's labour participation?
5. How can we ensure that policy processes in Yemen regarding economic responses also target working poor and unemployed women, and women who work in the informal sector?
6. How can economic recovery packages be designed in Yemen that recognize and place a value on unpaid care work and also engage men to equally share the responsibilities of unpaid care and domestic work?
7. How can we ensure that gender equality is front and centre of learning and skills development during response and recovery? How can Yemeni women and girls increase their skills through access to specialized training and capacity building to effectively respond to changes in the labour market caused by COVID-19?
8. How can local and national women-led groups as well as government agencies, civil society organizations and the international community effectively join forces as one integrated entity in the response to COVID-19 in Yemen?

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