# YEMEN GENDER ANALYSIS

UN WOMEN

FOR **ALL** WOMEN AND GIRLS

## ABBREVIATIONS AND ACRONYMS

| | |
|---|---|
| CRC | Consultation and Reconciliation Commission |
| DFA | De facto Authority |
| FGD | Focus Group Discussion |
| FGM | Female Genital Mutilation |
| FHH | Female-Headed Households |
| FLFP | Female Labour Force Participation |
| GBV | Gender-based violence |
| GDP | Gross Domestic Product |
| HHS | Household Survey |
| IDP | Internally Displaced Person |
| INGO | International Non-Governmental Organization |
| IPC | Integrated Food Security Classification |
| IRG | Internationally Recognized Government |
| KII | Key Informant Interview |
| NGO | Non-Governmental Organization |
| PLC | Presidential Leadership Council |
| UN | United Nations |
| VAWG | Violence Against Women and Girls |
| WASH | Water, Hygiene and Sanitation |
| WGSS | Women and Girls Safe Spaces |
| WLO | Women-Led Organization |
| WPS | Women, Peace and Security |

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## EXECUTIVE SUMMARY

The protracted conflict in Yemen has entrenched and deepened pre-existing gender inequalities, leaving women and girls, specially in displaced settings, facing intersecting barriers to safety, livelihood, and participation in governance. The report finds While international and local humanitarian actors actively work to address the challenges faced by women and girls, persistent obstacles, including funding limitations and systemic policy and legal gaps, continue to hinder progress. The report further finds that while women-led organizations (WLOs) remain vital to humanitarian and recovery efforts, they continue to operate in a highly restrictive legal, social, and security environment.

**Humanitarian Gaps and Actions:** Internally displaced women and girls face distinct and persistent barriers to accessing humanitarian assistance, particularly in food, health, education, protection, and livelihood support. Mobility restrictions, compounded by security risks and re- strictive cultural norms, severely limit their ability to reach essential services. Humanitarian aid design and targeting frequently overlook gender-specific needs, especially in WASH and reproductive health, increasing women's and girls' exposure to safety and health risks. The elderly and persons with disabilities face heightened vulnerability due to the absence of effective support mechanisms, inadequate service provision, and chronic financial neglect.

**Economic Empowerment:** The collapse of Yemen's economy has pushed increasing numbers of women into income-generating activities, often as primary household earners. Many have entered informal, low-wage, and insecure sectors, such as sewing, handicrafts, small-scale trade, and daily labour. Displacement and loss of traditional livelihoods have compelled women to diversify income sources, sometimes engaging in multiple jobs simultaneously. While some programmes, led by UN agencies, INGOs, and WLOs, livelihood support programming, limited funding, restricted mobility, and cultural resistance constrain scale and sustainability. Female-headed households remain disproportionately affected by food insecurity and economic vulnerability exacerbated by movement restrictions and cultural norms.

**Violence Against Women and Girls (VAWG)** is widespread yet significantly underreported, with survivors often deterred from seeking justice due to stigma, fear of reprisals, and weak institutional responses. Domestic and sexual violence are identified as the most prevalent risks, exacerbated by early and forced marriages and the overall breakdown of community safety. Legal provisions, such as lenient penalties for so-called "honour" crimes, and absence of criminalizing domestic violence, perpetuate impunity and undermine deterrence. GBV services remain critically limited, particularly in rural and conflict-affected areas, where deep-rooted social norms and low confidence in protection systems further prevent survivors from accessing essential services or pursuing justice.

**Decision-Making and Political Participation:** Women's participation in governance and decision-making remains severely constrained at all levels. Within households, women are frequently excluded from key decisions despite increasingly serving as primary earners. At the local level, exclusion from committee selection processes, compounded by entrenched gender norms, limited invitations, and security risks, restricts their involvement. The absence of enabling legal frameworks and established policies further denies women political assurance and sustained representation. Nonetheless, displacement has, in some contexts, opened opportunities for women to join community committees, lead aid distribution, and participate in local mediation efforts. In these cases, male allies, including tribal leaders and family members, have been instrumental in facilitating women's engagement and overcoming community resistance.

## CROSS-CUTTING OBSERVATIONS

**Movement restrictions** severely curtail women's and girls' mobility, blocking access to humanitarian aid, health, education, and livelihoods while restricting leadership opportunities. These barriers also limit the mobility of female humanitarian staff, further weakening service delivery and equitable access.

**Overlapping Marginalization:** Women and girls are disproportionately affected, with rural women, female-headed households, women with disabilities, and elderly women facing compounded exclusion, restricted access to essential services, and deepened economic marginalization.

**Nexus of VAWG, economic hardship, and exclusion from public Life:** Conflict-driven economic collapse and displacement have heightened women's exposure to domestic and sexual violence, exacerbated by early and forced marriage. Weak protection systems and unsafe infrastructure further limit access to basic services and rights and exclude women from meaningful participation in public life.

**Gendered education gaps undermine leadership pipelines:** Limited access to secondary and higher education, exacerbated by school closures, economic pressures and systemic discrimination has reduced the pool of women equipped for leadership roles in governance, academia, and the workforce.

**Opportunities through displacement and crisis adaptation:** Displacement has created entry points for women into community committees, aid distribution, mediation, and economic activities. Yet these gains remain fragile, highly context-specific, and contingent on male endorsement and cultural acceptance, limiting their sustainability and broader impact.

**Underfunded and under-recognized role of WLOs:** Women-led organizations are central to providing gender-sensitive services and ensuring access for vulnerable populations in hard-to-reach areas. Yet, chronic underfunding, exclusion from formal coordination structures, and reliance on short-term project-based donor support severely undermine their sustainability and influence. These constraints weaken the continuity and quality of support services, limiting the effectiveness of humanitarian response for the most vulnerable.

**Legal and policy gaps:** The absence of legislation guaranteeing women's political participation leaves them without assurance of representation or influence in decision-making. Yemen also lacks a comprehensive legal framework to prevent and respond to VAWG, while existing laws perpetuate impunity and fail to provide adequate survivor protection. Labour laws remain weak, with no enforceable provisions ensuring equal pay, safe working conditions, or protection from workplace harassment, further entrenching gender-based discrimination and restricting women's full participation in the economy.

# 1. INTRODUCTION

Yemen's protracted conflict, now entering its second decade, continues to exert a devastating toll economically, socially, and psychologically. As of 2025, over 19.5 million people require humanitarian assistance, including 9.5 million women and girls, many of whom face compounded vulnerabilities shaped by both conflict and gender-based inequities[1]. This reality underscores the importance of examining how the crisis has reshaped gender roles, responsibilities, and access to resources, while also identifying opportunities for resilience and leadership among women and girls.

The Gender Analysis was developed to provide an evidence-based understanding of the differentiated impacts of the conflict on women, men, girls, and boys. It highlights the barriers that perpetuate inequality, the coping strategies communities adopt, and the role of women-led organizations in bridging critical service gaps. The analysis also aims to inform humanitarian and development actors so that interventions are responsive to immediate needs while contributing to longer-term gender equality and women's empowerment in Yemen.

# 2. GENDER ANALYSIS METHODOLOGY

## 2.1. METHODOLOGY FOR DATA COLLECTION

To ensure the collection of high-quality, gender-sensitive data, a structured mixed-methods approach was implemented across 12 governorates in Yemen. These governorates were selected based on operational accessibility, security conditions, and the presence of active humanitarian programming. Given the ongoing conflict and a number of areas that limited access to northern areas, the scope of the study was largely confined to governorates under the control of the internationally recognized government, with additional coverage in selected areas under the De Facto Authority. This approach ensured feasibility and data quality while also capturing a diverse geographic and socio-economic profile across accessible regions.

A purposive, stratified sampling design guided the selection of participants across governorates. This approach enabled balanced representation across gender, age, stakeholder groups, and geographic contexts (urban and rural), while remaining sensitive to cultural norms and logistical constraints. In each governorate, a team of four trained data collectors—two males and two females—was deployed. Data collectors worked in gender-matched pairs to ensure cultural appropriateness, participant comfort, and adherence to ethical data collection standards.

A combination of quantitative and qualitative tools was employed, including structured household surveys (HHS), Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), and a Safety Audit. This enabled triangulation of findings strengthened the reliability of results and allowed the analysis to capture both statistical trends and nuanced insights into gender dynamics.

UN Women Yemen partnered with the University of Aden as the field implementation partner for primary data collection. UN Women developed all data-collection tools and led enumerator training (ethics, cultural sensitivity, and gender-responsive facilitation). Enumerators were identified with the University's support and deployed in gender-matched pairs. Fieldwork progress was jointly tracked by UN Women and the University through daily check-ins and supervisor logs. Data verification (spot checks, back-checks, and consistency reviews) was conducted jointly by both institutions.

## 2.2. INCLUSIVITY AND DIVERSITY OF RESPONDENTS

To capture a wide spectrum of perspectives, the sampling design deliberately considered key factors including:

- Age: youth and adults (18–65 years), and elderly (65+ years).

- Marital status: married, single, divorced, widowed.

- Ethno-religious groups: reflecting local diversity.

- Displacement status: IDPs and returnees.

- Residential status: those living in their own homes, camps, and temporary shelters.

- Household status: Male-headed households and Female-headed households.

- Disability status: women, men, and youth with physical and sensory impairments.

- Employment status: employed, unemployed, self-employed, and NEET.

- Education status: individuals in higher education, secondary school, drop-outs, or not pursuing formal education.

- Geography: residents of both rural and urban areas.

## 2.3. TARGET GROUPS

The Gender Analysis engaged a wide range of stakeholders and community members to ensure comprehensive

1. Government Officials – Representatives from relevant ministries and agencies, including:

- Ministry of Social Affairs and Labour

- Women's National Committee

- Ministries of Education and Higher Education

- Ministry of Health

- Ministry of Youth

- Human Rights Commission

2. Women's Rights and Women's Empowerment Organizations – Key actors advancing gender equality, including:

- Yemen Women Union

- Yemeni Association for Reproductive Health

- Youth Leadership Development Foundation

3. Humanitarian Actors – Staff from UN agencies, INGOs, and local NGOs involved in gender, protection, and humanitarian response.

4. Community Leaders – Traditional leaders, religious figures, and influential community members including in host communities providing insights into gender norms and community impacts.

5. Women, Men, and Youth (including Adolescents) – Engaged through FGDs to capture gendered experiences and perceptions of :

- Women including displaced women, women who are heads of households, women with disabilities, and those from diverse socio-economic backgrounds.

- Men including fathers, husbands, community leaders, and youth, to explore male perspectives on gender norms.

- Youth: young women and men, and particularly those affected by displacement, to understand their challenges and aspirations.

## 2.4. GEOGRAPHIC SCOPE AND COVERAGE

This Gender Analysis was conducted through intensive data collection across 12 governorates in Yemen, namely Abyan, Al Dhale', Aden, Al Hudaydah, Al Mahrah, Sana'a, Hadramaut, Ibb, Lahij, Marib, Shabwah, and Taiz. The study covered both IRG-controlled (10 governorates) and DFA-controlled areas (2 governorates), including the dual-governance context of Taiz where Al-Huban remains under DFA control. Data collection was designed to ensure representation from both rural and urban areas, capturing variations in gender dynamics across different geographic and socio-economic contexts.

## FIGURE 1: QUANTITATIVE DATA COLLECTED FROM FGDS AND KIIS IN 12 GOVERNORATES OF YEMEN

| FGDs Men |
| --- |
| 12 Men FGDs from over the 12 governorates. |

| FGDs Women |
| --- |
| 12 Women FGDs from over the 12 governorates. |

| KII |
| --- |
| The KIIs will be uploaded today in the below folder. |

## FIGURE 2: QUANTITATIVE DATA COLLECTED FROM SAFETY AUDIT TOOL ACROSS 12 GOVERNORATES IN YEMEN

Safety Audit

The safety Audit from over the 12 governorates got 23 responses divided as
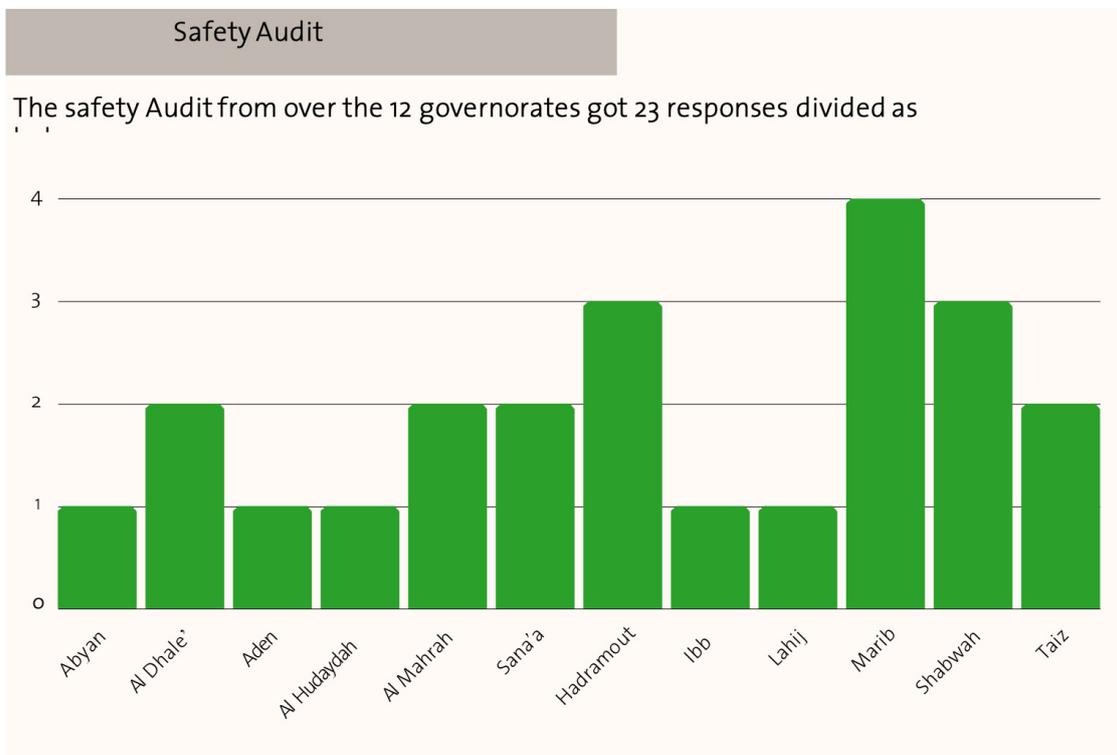
## FIGURE 3: QUANTITATIVE DATA COLLECTED FROM HOUSEHOLD SURVEYS ACROSS 12 GOVERNORATES OF YEMEN

Survey

We already have 929 responses for the household questionnaire over the 12 governorates.



Taiz 75  Abyan 84
Shabwah 72  Al Dhale' 76
Marib 75  Aden 78
Lahij 74  Al Hudaydah 72
Ibb 74  Al Mahrah 72
Hadramout 104  Sana'a 71

Two respondents did not mention the governorates.
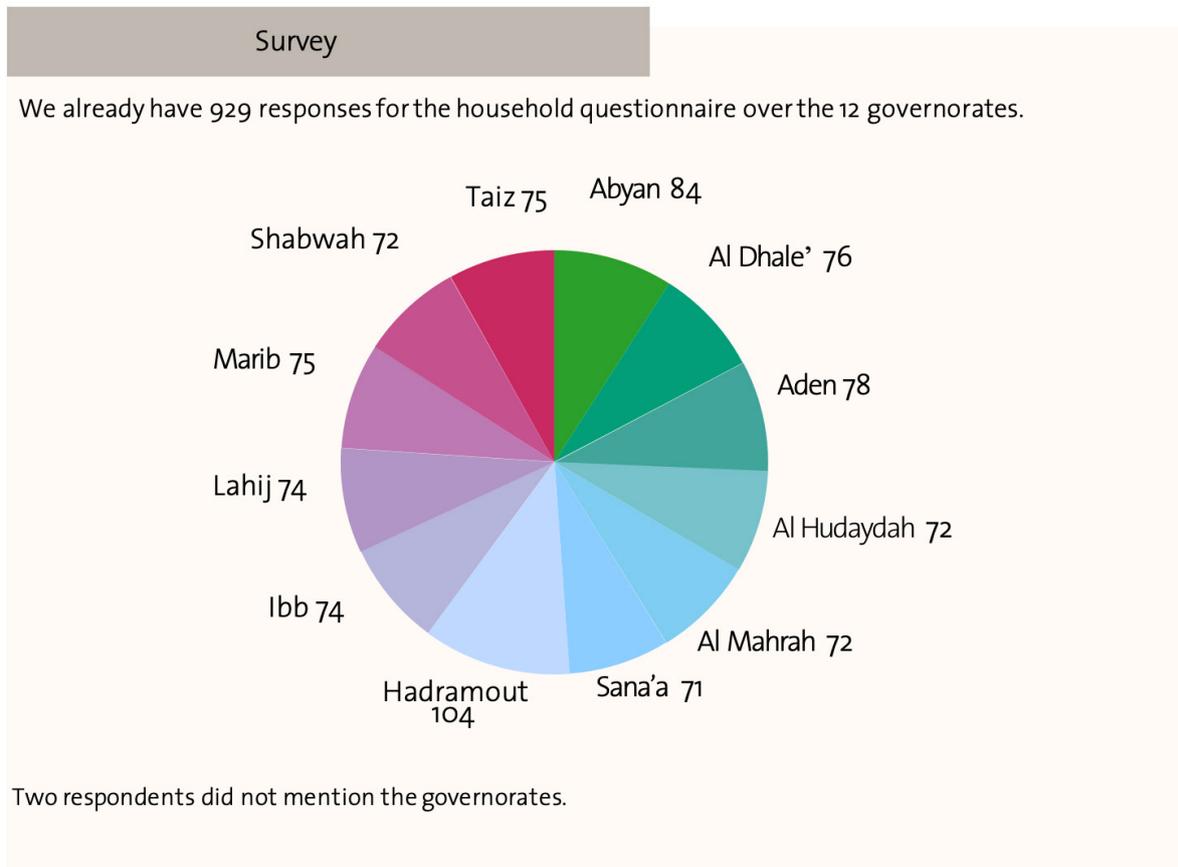
## 2.5. ETHICAL CONSIDERATIONS

All data collection activities were guided by strict ethical standards. The Do No Harm principle was applied throughout the process to ensure that participation did not expose respondents to any risks, harm, or discomfort. Informed consent was obtained from all participants prior to their engagement, ensuring that participation was voluntary, confidential, and based on a clear understanding of the purpose and use of the information collected. Particular care was taken to safeguard the privacy and dignity of respondents, especially when discussing sensitive topics.

## 2.6. CHALLENGES AND MITIGATIONS

The table below outlines the key challenges encountered during data collection and the mitigation measures applied to address them.

| Challenges of Data Collection and Mitigation | |
|---|---|
| **Data Collection Challenges** | **Mitigation** |
| Delays in Participation: Some respondents were unavailable due to competing livelihood responsibilities, seasonal work, or household duties, leading to slower data collection. | Data collection timelines were extended, and visits were rescheduled at times convenient for participants, including evenings or weekends where needed. |
| Sensitivity of the Subject Matter: Respondents, particularly women and adolescents, sometimes expressed hesitation in discussing sensitive issues such as gender-based violence, mobility restrictions, or household dynamics. | Facilitators emphasized confidentiality and anonymity, obtained informed consent prior to each interview or discussion, and applied the Do No Harm principle to ensure participants felt safe. Gender- sensitive and culturally appropriate facilitation techniques were used to encourage open dialogue. |
| Access to Rural and Remote Areas: Travel restrictions, poor infrastructure, and security concerns created challenges in reaching rural communities, especially in DFA-controlled areas. | Local data collectors with contextual knowledge were engaged to reach rural populations, and remote approaches (phone interviews) were used where physical access was not possible. |
| Participation of Women and Girls: In rural settings, cultural norms and household responsibilities limited women's ability to attend focus group discussions (FGDs) or interviews | Facilitators explained the purpose of the study clearly, reassured participants of the independence of the analysis, and built trust through transparent communication. |

Qualitative research findings were limited, as data collection on women and girls in Yemen remains severely constrained by the protracted conflict, restricted access, and weak institutional capacity. There is a notable absence of gender-sensitive studies that comprehensively examine the humanitarian, social, and economic impacts of the war on women and girls. National statistical systems have been largely disrupted, resulting in a lack of updated and reliable official data, particularly gender-disaggregated information, across key sectors such as health, education, livelihoods, and protection. However, despite limitations, this report draws on data and evidence from national sources, as well as recognized international and local organizations, to substantiate qualitative insights and strengthen the quantitative findings of the assessment.

# 3. GENDER ANALYSIS FINDINGS

The following sections present the key findings of the Gender Analysis, capturing the differentiated experiences of women, men, girls, and boys across the 12 governorates. The results highlight the gendered impacts of the conflict and reveal specific challenges, barriers, and coping strategies, as well as opportunities for resilience and empowerment. Each thematic area concludes with targeted recommendations to guide humanitarian and development actors in addressing identified gaps and advancing gender equality in Yemen.

## 3.1. WAR AND ITS EFFECTS ON COMMUNITIES IN YEMEN

Findings from across these governorates paint a stark picture. Responses by community leaders and FGD participants indicate that soaring prices, unaffordable living costs, absent or irregular salaries, and deepening debt have plunged families into chronic economic insecurity. Many community leaders interviewed reflected on a time before the war when salaries could cover basic needs and public services, though limited, yet accessible. They also emphasized that, even essentials such as food, water, electricity, healthcare, and education are often out of reach, and families struggle daily to survive.

> *"Due to displacement and a changed surrounding environment, it has become difficult for women to move easily. The economic decline of the family itself after the war has also deprived many women from continuing their education."* **~ A female respondent from Al-Dhale'e ~**

Community leaders opined that the collapse of public infrastructure has further intensified these challenges. As shared by community leaders, households that could afford it rely on solar panels or shared generators to cope with electricity outages which could last for months in some areas. Interviewed community leaders also shared that water shortages have led communities to dig wells or collect water from remote sources. FGD participants, HHS responses and community leaders also shared that public health and education services have deteriorated, with many facilities destroyed or operating at minimal capacity, and protection services stretched thin.

Displacement remains a defining feature of life for millions. Families have been uprooted, forced to abandon homes, lands, and livelihoods, and are now scattered across host communities, informal settlements, and overcrowded camps. As of early 2025, around 5.2 million people were internally displaced or returning from forced displacement[2]. Displaced individuals report significant difficulties integrating into new communities, especially in areas lacking adequate support structures. These disruptions have fractured family structures, eroded social ties, and left many, particularly women, children, the elderly, and persons with disabilities, without adequate shelter, income, or safety.

The conflict's toll on psychological well-being is equally grave. Men who have lost their livelihoods, women who have faced or fear gender-based violence, and other vulnerable groups speak of growing psychological distress, exhaustion, and hopelessness. While psychosocial support services are available, they are often geographically limited and primarily provided by international organizations which is insufficient to meet the scale of need, exacerbated by US and other global funding cuts for humanitarian assistance heavily impacting aid organizations in Yemen[3].

Although men and women both suffer from economic hardship, HHS and community leader responses indicate that women often carry additional burdens. According to survey responses and FGD participants, many women have assumed the role of primary breadwinner following the loss of a spouse or male provider, seeking informal or multiple sources of income to sustain their families. HHS and FGD responses further indicate that girls' education is frequently deprioritized due to financial pressure, risks of violence against women and children are rising, particularly in overcrowded and displacement settings.

Ultimately, the gendered impact of Yemen's conflict is deeply disproportionate. Women and girls are navigating intersecting challenges such as economic marginalization, restricted mobility, reduced access to essential services, and increased exposure to violence. Financial barriers, entrenched cultural norms, and limited avenues to economic and social empowerment continue to undermine the safety, dignity, and potential for advancement of women and girls.

## 3.2. COMMUNITY CHANGES IN DISPLACEMENT SETTINGS: INSIGHTS FROM COMMUNITY LEADERS, IDPS AND HOST COMMUNITIES

Interviews with community leaders and individuals across displacement settings in Yemen highlight worsening living conditions, growing pressure on resources, and entrenched inequalities. Displaced populations reside in diverse settings. Household Survey (HHS) data indicates that 34% live in temporary settlements, 27% with host families, and 19% in collective centers. Around 20% are returnees, either having returned to their original homes or experiencing secondary displacement. These varied living arrangements reflect the protracted nature of displacement. They also highlight continuing gaps in shelter, stability, and access to essential services.

As indicated by HHS results, the management of displaced communities varies considerably. In most cases, local government bodies (59%) and armed forces (30%) are responsible. They often work in coordination with NGOs, UN agencies, or the Executive Unit for Internally Displaced Persons (IDPs). Despite these arrangements, both community leaders and displaced populations report that the capacity and effectiveness of these actors remain limited.

*"We have gone through difficult economic conditions, rising prices and cost of living, and now the salary is not enough for the month, repeated debt, and not obtaining enough food from time to time. As for the community, there have been many changes; people have become concerned only with themselves due to the situation in the country. Education has deteriorated, and crime, weapons, and drug use among youth have spread."* **~ A community leader from Abyan~**

Surveyed households and Key Informant Interviews (KIIs) across both rural and urban areas consistently reported critical challenges. Basic services such as water, electricity, shelter, healthcare, and education were either unavailable or severely inadequate. Community leaders and IDPs interviewed highlighted the rising cost of living, high rent, and scarce livelihood opportunities, as additional strain. KIIs further pointed to poor infrastructure, ongoing displacement, and a general sense of humanitarian despair as major concerns. Recurrent conflict and weak social cohesion were repeatedly cited as compounding factors that leave communities vulnerable and underserved.

For displaced persons, the absence of civil documentation remains a major obstacle to accessing aid and basic services. Community members identified the lack of ID cards and birth certificates as one of the most pressing barriers, particularly for those in camps and temporary settlements. Across Yemen, 37% of adults lack national IDs while nearly half of all children do not have birth certificates. As at end 2024, an estimated 9% of IDPs do not have any form of civil documents[4].

Additional problems were noted in host communities. Community leaders reported occasional tensions over the distribution of humanitarian assistance where host community members sometimes demand equal access to aid earmarked for IDPs. These tensions risk undermining social cohesion and complicated aid delivery.

Community leaders further indicate that certain population groups are disproportionately affected by the crisis. Widows, divorced women, and children are among the most vulnerable. They frequently face malnutrition and have limited or no access to healthcare. Elderly individuals are severely impacted by the absence of senior care services and the erosion of traditional social support networks. Persons with disabilities encounter persistent barriers to services, restricted mobility, and widespread discrimination. Community leaders further highlighted that internally displaced persons, particularly those residing in camps, face overcrowding, insecure shelter, limited privacy, and minimal support from aid organizations and local authorities.

Community leaders observed that women and girls face heightened risks of gender-based violence, economic insecurity, and restricted access to health and protection services. Girls' education is often deprioritized, limiting

future opportunities, while boys and men face widespread unemployment and are frequently pushed into informal labor under exploitative conditions.

Overall, the insights from surveyed individuals reveal a sobering reality in Yemen's displacement settings characterized by neglect, ongoing vulnerability, and critical unmet needs, with women and girls among the most affected along marginalized groups.

## 4. GENDERED IMPACT OF THE CONFLICT AND HUMANITARIAN ACTIONS

The conflict in Yemen has profoundly disrupted daily lives of women, as consistently reported across HHS, FGDs and KIIs. Their sense of safety, freedom of movement, and access to essential services such as healthcare and education have been severely impacted. Women FGD findings indicate that women generally felt safer and enjoyed greater mobility before the conflict, especially in urban areas. FGD participants shared that access to services, though uneven and shaped by societal norms, was relatively better prior to the conflict. They explained that health centers were more accessible, and many girls could attend school, despite cultural constraints such as early marriage or conservative attitude.

However, since the onset of the conflict, safety and security risks, displacement, and widespread violence have made daily life increasingly dangerous for women and girls. FGDs and HHS findings indicate that 43% of women fear harassment or attacks when travelling within or outside their communities. As a result, many women have restricted their movements, often travelling only in groups or refraining from traveling altogether. Families have further reinforced these restrictions by imposing strict limits on women's movement.

*"It has become very difficult to walk alone, even to buy bread; I don't feel safe. Before the war I used to go to school and visit my neighbours; Now I am afraid of harassment or explosions. Life has changed a lot, even fetching water has become an adventure. We try to out in groups to protect one another; it's a scary situation."* **~ A woman from Al-Mahrah~**

Interviews with community leaders indicate that displacement has severely undermined livelihoods, especially for households previously dependent on farming and livestock. As shared by community leaders and female FGD participants, the loss of land and productive assets has increased women's domestic and survival burdens. Conflict-driven disruptions in family structures have further intensified these pressures. Many women have been compelled to assume new and often overwhelming roles due to the loss of male income earners, changes in marital status, or widowhood.

Household dynamics have shifted significantly due to the conflict. HHS findings indicate that the proportion of women serving as primary income earners has nearly doubled since the onset of the war. At the same time, 13% of households reported that men had lost their role as the main breadwinner. Men are increasingly engaging in responsibilities traditionally associated with women . For example, 36% of male respondents reported full involvement in farming, collecting water, gathering firewood, and tending livestock. However, fewer than 10% reported full engagement in childcare, and 80% reported no involvement in cooking or cleaning, which continues to be perceived as women's tasks (Figure 4). In contrast, over 90% of female respondents reported full or partial engagement in farming, tending livestock, gathering firewood and water, and caregiving while nearly all women continue to bear full responsibility for cooking and cleaning (Figure 5). On top of these traditional roles, women's growing participation in income generation has considerably increased their overall workload.

Survey findings reveal that women now serve as de facto heads in nearly 22% of the 928 surveyed households. They bear primary responsibility for income generation and exercise greater decision-making authority over critical issues such as budgeting, shelter, and education. However, this shift in household decision making roles is not universal. Many women remain excluded from key decision-making processes, even in households where they are recognized as heads of household. Survey data of 207 female-headed households shows that about 20% women reported having no say in household decisions related to the purchase or sale of assets, visits to relatives, or migration caused by displacement. Similarly, in 17% of these households, women were not involved in decisions about their own access to healthcare (Figure 6). These findings highlight persistent gendered power imbalances within households and indicate that the expansion of women's responsibilities does not automatically translate into greater decision-making authority.

## FIGURE 4: MALE PARTICIPATION IN HOUSEHOLD AND CARE RESPONSIBILITIES (% OF HOUSEHOLDS)
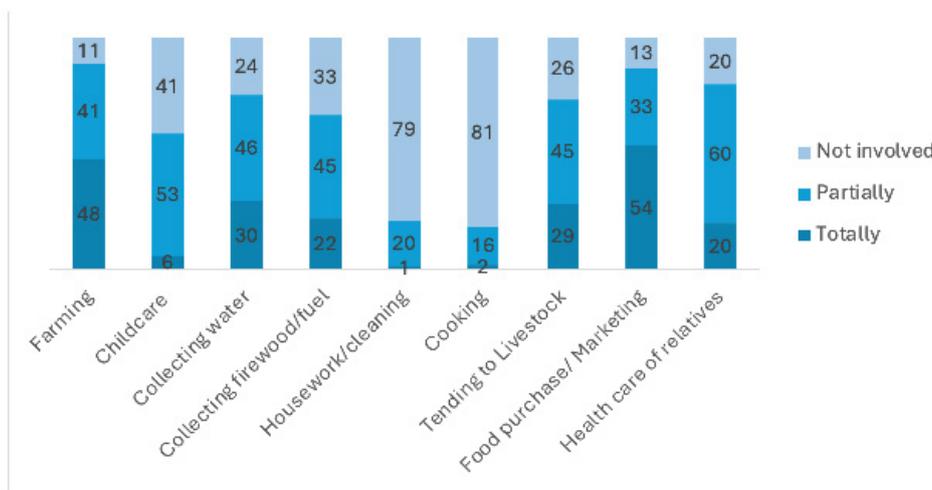


Source: Based on 924 households surveyed

## FIGURE 5: FEMALE PARTICIPATION IN HOUSEHOLD AND CARE RESPONSIBILITIES (%OF HOUSEHOLDS)
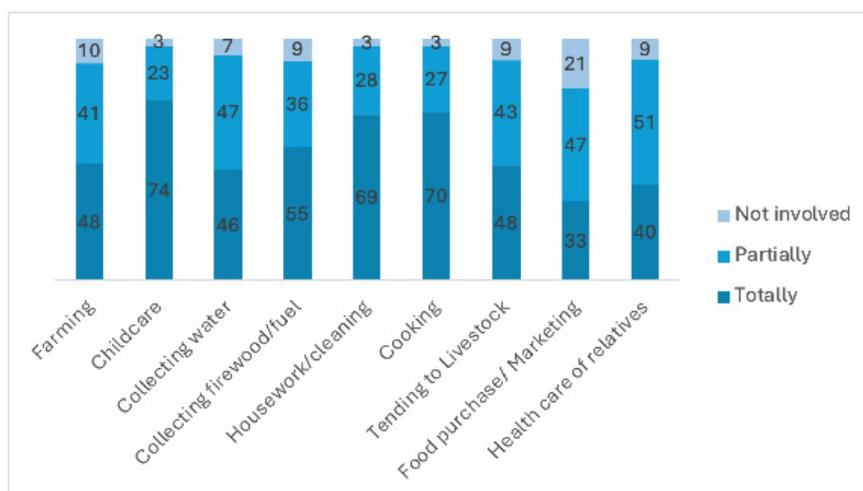


Source: Based on 924 households surveyed

**FIGURE 6: DECISION MAKING POWER BY FEMALES IN FEMALE-HEADED HOUSEHOLDS (%)**



Source: Based on 207 female-headed households

## 4.1. PRIORITY NEEDS AND THE ACCESS AND CONTROL OVER FOOD AND NON-FOOD ITEMS

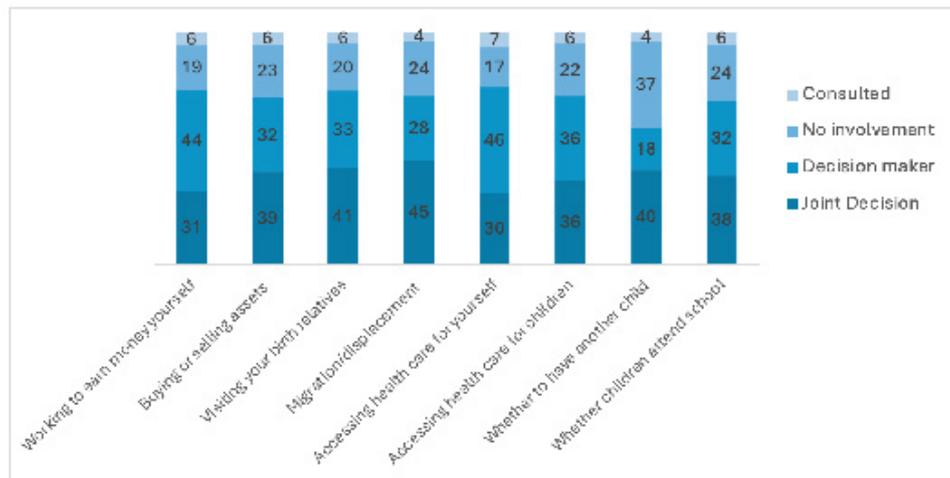Survey findings indicate that households face multiple overlapping needs. Over half (52%) of 924 households surveyed identified healthcare among their top three priorities, followed by food (50%), livelihood support (43%), education (31%), and access to water (28%). Approximately 20% of respondents highlighted protection and shelter as critical needs. Among 715 respondents, an overwhelming 76% households had not received any humanitarian assistance in the preceding 30 days to the interview. Findings from KIIs, FGDs and HHS confirm that women and girls face significant barriers in accessing and controlling essential resources.

### Healthcare

Female FGD participants and HHS respondents emphasized that healthcare services are often poor in quality, unaffordable, or inaccessible. Nearly 40% of health facilities are either non-functional or only partially operational[5]. Women participating in FGDs reported that while government hospitals and health centers, often supported by NGOs, continue to provide some services, chronic understaffing, weak infrastructure, and the high cost of care undermine their effectiveness. Long distances to reach functioning facilities further limit access.

HHS data show that 39% of respondents reported the absence of functioning healthcare facilities in their areas. The absence of services was most frequently reported in governorates hosting large numbers of displaced persons, including Abyan (20%), Al Dhale'e (16%), Aden (13%), Al Hudaydah (12%), Shabwah (9%), and Marib (9%) These findings point to significant geographical disparities in healthcare access, with areas of high displacement particularly underserved[6].

Among households surveyed, 70% cited lack of financial resources as the primary barrier to accessing healthcare services. Safety concerns while travelling to facilities were highlighted by 23% of households, with the majority of these concerns reported in Abyan, Shabwah, Hadramaut, and Al Mahrah governorates. These governorates are often characterized by weak local governance structures and the presence of external military influences, which further exacerbate insecurity and restrict movement[7].

Pregnant and lactating women face severe challenges in accessing healthcare. Female FGD participants highlighted rising healthcare costs, poor service quality, and the lack of accessible, well-equipped facilities as persistent barriers. Women reported frequent delays in seeking treatment due to transportation constraints, the requirement for male approval, and long distances to clinics. Rural and conflict-affected areas are particularly disadvantaged, as most services remain concentrated in urban centers.

HHS results confirm these barriers. Around 66% of households reported that women and girls cannot access maternity and reproductive health services due to financial constraints. Another 10% identified the lack of female medical staff as a critical barrier, especially in Hadramaut and Al Mahrah, where cultural norms restrict women from seeking care from male providers. These findings illustrate how financial hardship, weak service provision, and entrenched gender-based restrictions converge to limit access to essential maternal and reproductive health services. As a result, women and girls face heightened risks of preventable complications during pregnancy, childbirth, and early motherhood.

## Food

Results from HHSs and FGDs with men and women both show that access to food largely depends on market purchases, aid from organizations, and, to a lesser extent, agricultural production or family contributions. While humanitarian assistance from NGOs helps supplement resources, respondents shared that it is often inconsistent and limited in frequency or quantity. As a result, women bear the brunt of scarcity. HHS findings indicate that 42% of women reduce meal sizes, skip meals, or limit their intake to provide food for their children, compared to 37% of men. Women reported going without food for longer periods, reducing their intake more frequently, and cutting back on meals for an average of five additional days over a six-month period compared to men.

According to the Integrated Food Security Classification (IPC), food insecurity in Yemen is intensifying, particularly in government-controlled areas. Over 17 million people endured severe food insecurity (IPC Phase 3 or worse) between May and August 2025 of which 5.2 million people (15% of the population) experienced Emergency food insecurity conditions (IPC phase 4)[8]. UN Women estimates that at least 8.4 million females in Yemen are food insecure[9].

Malnutrition among mothers and infants is common, and basic supplies like vitamins, milk, or diapers are often unaffordable. An estimated 1.2 million pregnant and lactating women in Yemen suffer from moderate or severe malnutrition[10]. Among the households surveyed, nearly 30% reported that women and girls had experienced malnourishment in the 30 days preceding the survey.

## Education

Survey findings among 826 households with school-aged children indicate that the absence of accessible or secure schools prevents boys and girls from accessing formal education in 13% of households. The absence of schools is primarily evident governates such as Al Dhale'e, Aden, Shabwah, Taiz, and Marib which face heightened security and governance vulnerabilities[11] while also hosting large number of IDPs[12]. Across Yemen, over 2,900 schools have been destroyed, damaged, or repurposed for non-educational use since the onset of the war[13], impacting 10.6 million school aged children[14].

Additionally, 36% of households surveyed reported that children were prevented from attending school due to financial barriers (41%), engagement in domestic labour (17%), and participation in paid labour (17%).

Girls are disproportionately impacted as 12% of households reported sending only boys to schools. Majority of these households cited financial constraints (44%) and requiring girls to perform domestic tasks (33%) as primary reasons for keeping girls away from formal education. Across Yemen, girls are nearly three times more likely than boys to be burdened with household work where 12% of girls aged 5-17 are engaged in unpaid household chores compared to 4% of boys[15]. This reflects entrenched gender norms that priorities boys' education, while exposing girls to heightened risks of early marriage, economic dependency, and long-term marginalization.

## Shelter

Shelter remains a critical concern for displaced and vulnerable households. Among 917 households surveyed, 56% live in light or partially damaged homes, while 5% reside in completely destroyed dwellings. Household sizes are often large, with over half housing 5–10 members and 18% accommodating 10–20 individuals.

Overcrowded and unsafe living conditions have made women and girls particularly vulnerable to communicable diseases. Household survey findings indicate that 46% of the 765 households reported cases of diarrheal illness among women and girls, while 42% reported dengue fever within the 30 days preceding the survey. More than 30% of households indicated acute respiratory infections, and one in four reported cholera cases affecting female family members. Nearly 60% of these respondents resided in single-story houses and reported higher disease incidence among female residents. Elevated rates of communicable diseases were also noted among households living in tents and apartment blocks, underscoring how inadequate shelter conditions contribute directly to poor health outcomes for women and girls.

Shelter conditions remain dire across displacement settings. One-third of 921 households surveyed reported the need for construction materials and tools to improve safety. Others identified immediate requirements for tarpaulins (22%), mosquito nets (21%), and bedding (18%). Cost and lack of financing were cited as the primary barriers to improving shelter conditions. Women in particular noted cases of gender-based discrimination in accessing support. Around 8% of households reported that the absence of civil documentation prevented them from securing adequate shelter, further exposing displaced families to insecurity and poor living conditions.

## Water and Electricity

Access to water and electricity remains limited across surveyed communities. Power outages in Yemen can exceed up to 18-20 hours a day in some governates[16] leading to water supply disruption[17]. Community leaders interviewed reported that many households rely on solar panels or small generators, which are often financed individually or through collective pooling of resources. However, these options remain unaffordable for poorer households. In Aden, prolonged power outages have impacted operations of Women and Girls Safe Spaces (WGSS) which function as critical entry points for case management, psychosocial support, referrals, and economic empowerment services. As a result, essential services are frequently delayed, disrupted, or cancelled altogether, undermining the continuity and reliability of support for women and girls[18].

Women and girls bear a disproportionate burden in securing water for their households. Many must travel long distances, often through unsafe areas, where they face heightened risks of harassment and sexual violence. Around 32% of 471 HHS respondents reported that women spend 30–60 minutes fetching water per trip, while 28% spend more than one hour. Water scarcity and challenges in access are most acute in Shabwah, Sana'a, Ibb, and Al Mahrah governorates, where households described daily struggles to meet basic water needs[19].

## Humanitarian Assistance Gaps

HHS respondents, FGD participants, community leaders, and key informants attributed unmet needs and humanitarian gaps to systemic issues such as economic collapse, weak governance, limited aid coverage, corruption, and social marginalization. Vulnerable groups including women, girls, the elderly, people with disabilities, and displaced families face compounded barriers due to discrimination, logistical challenges, and exclusion from aid. FGD participants expressed frustration and exhaustion in securing necessities amid prolonged instability.

Funding cuts from key donors including the US and European countries have worsened the situation. By mid-2025, humanitarian organizations had received only 13.6% of required funding for the year, limiting response capacity. As a result, only 25% of targeted individuals were reached in the WASH and Health clusters, 22% in Protection, 10% in Education, 48% in Food Security and 41 % in Nutrition clusters respectively, with women and girls disproportionately underserved[20].

Overall, women are disproportionately impacted by the conflict, bearing the greatest burden of food insecurity, limited access to healthcare, malnutrition, and disrupted education, while also assuming increased household and income-generating responsibilities with little control over essential resources. Overcrowded living conditions and inadequate healthcare infrastructure increase exposure to disease and malnutrition. Economic hardships and gender-based restrictions further constrain women's ability to meet their own and their families' basic needs.

## 4.2. CHALLENGES FACING SERVICE PROVISION TO VULNERABLE COMMUNITIES

Community leader interviews and key informant interviews highlight fragmented and inconsistent service provision across Yemen. As indicated by interview responses, the government remains the primary provider of education and some health services, while UN agencies and NGOs supplement food, health, and relief support. As shared by community leaders, in areas where state institutions are non-functional or inaccessible, residents rely on private clinics, charitable actors, or civil society organizations. These services are often limited, as their continuity depends on external funding, which key informants report is insufficient to meet community needs. The collapse of essential services, combined with rising living costs, has severely affected communities across Yemen.

The elderly and people with disabilities represent a highly vulnerable population in Yemen due to the absence of adequate formal support services. A Key informant from Hudaydah report that many elderly individuals have lost access to healthcare and caregiving support as a result of the ongoing conflict, while the government-sponsored Disability Fund has ceased providing essential services. Evidence from community leader interviews further indicates a progressive deterioration in both the mental and physical health of elderly individuals and persons with disabilities, underscoring the urgent need for targeted policy interventions and sustained support mechanisms.

Key informants shared that in the absence of formal mechanisms and lack of essential services, communities have developed their own coping strategies. Households often sell their assets, such as land and gold, to meet basic needs. Women have taken on additional responsibilities to earn income for their families. However, limited access to job opportunities, compounded by social norms and mobility restrictions due to cultural and security concerns, have constrained women's earning potential, increasing both financial and psychological burdens. Key informants also observed that although mental and psychosocial support services exist in some communities (less than 20%), they are largely insufficient. Approximately 10% of key informants noted that rising costs of birth control are limiting women's ability to manage pregnancies and reproductive health, increasing both financial and health-related risks.

Overall, the limited and fragmented service provision disproportionately affects women, the elderly, and people with disabilities, exacerbating their financial, physical, and psychological vulnerabilities. Insufficient access to healthcare, essential services, and livelihood opportunities force these groups to bear heavier burdens, while social norms and mobility restrictions further constrain their ability to seek support or participate fully in community life. This cumulative impact deepens inequality and underscores the urgent need for targeted, inclusive, and well-resourced interventions.

## 4.3. CHALLENGES FACING WOMEN-LED ORGANIZATIONS IN ADVANCING GENDER EQUITY

Women-led organizations (WLOs), supported by local civil society groups, play a pivotal role in advancing women's empowerment in Yemen.

The most common focus among surveyed WLOs is gender-based violence (GBV), addressed by about 85% of organizations, followed by Women, Peace and Security (WPS) priorities (69%), and women's economic empowerment (62%). Other prominent areas include social protection (46%), women's political participation (46%), food security/ livelihoods and education (38%), and reproductive rights (38%). Less common but still

notable are interventions on norms change (31%) and racial justice/migrants (15%), with a small number of organizations working in specialized areas such as indigenous rights.

## FIGURE 7: PRIORITY AREAS OF ENGAGEMENT AMONG WLOS (% OF ORGANIZATIONS)
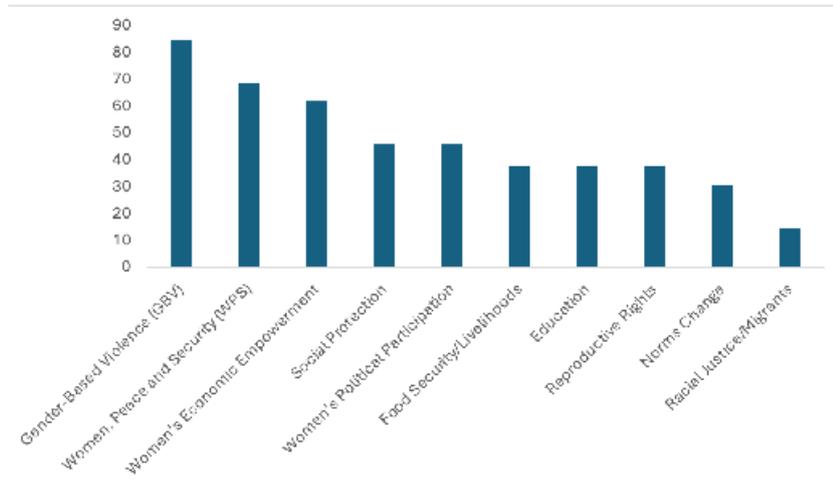


Source: WLO-WRO survey results

Around 70% of the 23 WLOs surveyed were established and operational prior to the conflict. Around 60% of these organizations have since shifted their focus and programming to address the evolving needs and priorities arising from the crisis. Across all surveyed organizations, work with IDPs saw the largest proportional rise, increasing from 28% of organizations before the crisis to 77% after, reflecting a shift towards humanitarian relief in response to large-scale displacement. Engagement with GBV survivors also grew markedly, from 22% to 46%, indicating heightened recognition of protection needs in crisis settings. New focus groups emerged after the crisis, including retired women (23%), widows/divorced women (8%), women who lost the breadwinner (8%), and ethnic minorities (8%), none of which were recorded before. Work with women with disabilities remained high (around 60% before and 77% after), suggesting sustained prioritization but with expanded reach. (Figure 5: WLO engagement before and after the crisis)

## FIGURE 8: WLO ENGAGEMENT BEFORE AND AFTER THE CRISIS  (% OF ORGANIZATIONS)
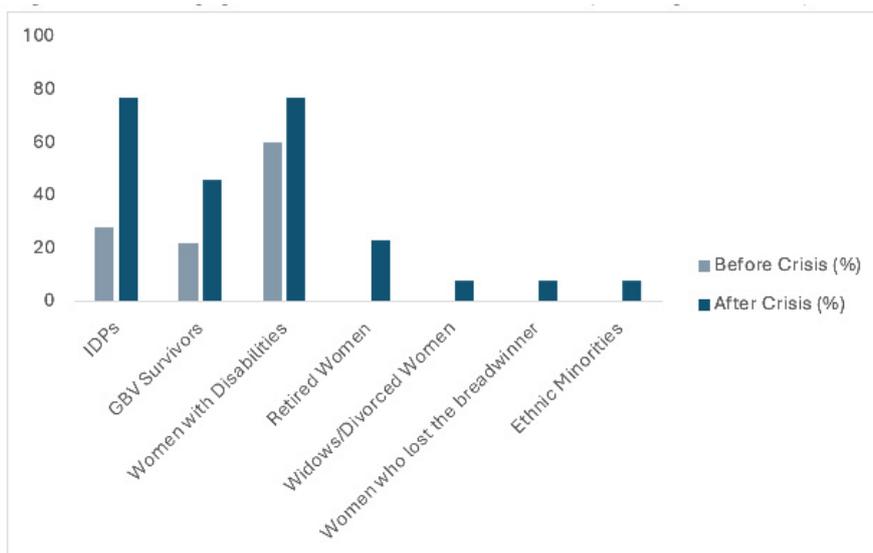


*Based on organizations established before the war
Source: WLO-WRO survey results

Governorate-level shifts show particularly notable changes among surveyed WLOs. Organizations in Aden added ethnic minorities to their scope while dropping broader community and some vulnerable groups. In Al Dhale'e, WLOs introduced targeted programming for retired women, widows, and women living with HIV, while organizations Al Mahrah expanded to include both GBV survivors and IDPs where neither had been central before. In Sana'a, new attention was given to retired women and women who lost the breadwinner, while in Hadramaut divorced became new focal points.

WLOs across the sample consistently identified funding shortages as their most critical barrier, with every organization reporting insufficient or unreliable financial resources. Beyond funding, around 80% of WLOs highlighted weak humanitarian linkages and poor communication with the wider sector, while 75% cited a lack of recognition and support from key stakeholders. Operational challenges were also widely reported: 70% pointed out supply chain disruptions, and 60% noted staff displacement or the inability to retain personnel, which significantly undermine continuity of services. Access-related obstacles remain pronounced, with nearly half of WLOs facing difficulties related to banking and financial services (45%) or restrictions on mobility (45%), and 40% reporting limited access to offices or equipment. Finally, one in three organizations (30%) flagged the cessation of subcontractor operations as a serious disruption. Taken together, these findings illustrate the systemic fragility of WLOs, where chronic funding shortages intersect with structural exclusion, resource gaps, and movement or financial restrictions. These factors collectively erode their ability to operate effectively and sustainably within Yemen's complex crisis environment.

*"We work to support women, combat violence against them, and empower them economically to face life's challenges. We stand beside them, helping them overcome difficulties— even hiring lawyers when needed—creating a positive impact on the women themselves, their families, and society as a whole. Yet, we face significant obstacles, including restrictive social norms, insufficient funding, and limited capacity to implement projects for women."*
**~A WLO from Shabwa~**

As indicated by interviewed organizations, WLOs in Yemen rely overwhelmingly on external and project-based funding, with all surveyed organizations (100%) dependent on international donors, UN agencies, and grant-based financing. This structural reliance underscores the fragility of their financial base, as sustainability is tied to external priorities and cycles of donor funding. At the same time, nearly all WLOs demonstrate resilience by mobilizing self-funding or drawing on community contributions (95%), while private donations (90%) also play a significant complementary role. In contrast, government support is far less consistent, reported by only three-quarters of organizations (74%), and is generally insufficient to sustain core operations. Taken together, these patterns highlight a dual dependency on international assistance and community-level resourcefulness, with government engagement remaining limited. This financing landscape places WLOs in a precarious position, where their ability to operate effectively is shaped by external donor cycles and the informal safety nets they can mobilize locally.

All surveyed women's rights organizations (WLOs) unanimously identified funding as their most urgent requirement over the next three months, underscoring the centrality of financial resources to sustain operations. Alongside this, a large majority emphasized the importance of developing capabilities to deliver new services (95%) and forging new partnerships (90%) as critical short-term priorities to expand their reach and effectiveness. Approximately 85% of organizations also anticipate making programmatic or operational adjustments, with qualitative responses highlighting strategies such as adapting delivery models, reallocating budgets, and introducing new areas of work. Additional priorities raised by WLOs include the need for mental health and psychosocial support for employees (85%), as well as measures to ensure staff safety (80%), reflecting the broader operational and well-being challenges these organizations face in a highly constrained environment. Surveyed WLOs shared that a lack of experience and capacity within organizations, particularly in areas such

as proposal writing, reporting, and navigating a competitive funding environment, has significantly limited organizations' ability to secure resources needed to support women's advancement programs. This challenge is compounded by language barriers and limited access to leadership training or higher education, especially in marginalized areas. Moreover, internal resistance within organizations, combined with prevailing societal attitudes, continues to contribute to the underrepresentation of women in decision-making roles across civil society organizations, further hindering their meaningful participation.

Overall, WLOs in Yemen face severe funding challenges, including weak humanitarian linkages, limited recognition, and access barriers. They are also constrained by operational difficulties such as supply chain disruptions, staff displacement, and mobility restrictions. At the same time, concerns around staff well-being and safety further undermine their ability to operate effectively. Together, these constraints highlight the urgent need for more stable support to enable WLOs to sustain and expand their role in crisis response. Prioritizing partnerships among WLOs, INGOs, community leaders and government institutions are vital to ensure gender sensitive and inclusive humanitarian support.

## 4.4. BARRIERS FACING WOMEN IN ACCESSING HUMANITARIAN AID: CHALLENGES AND RECOMMENDATIONS

Surveyed KIIs, and female FGD and HHS respondents report that not all community members can access available services, with women and girls facing extra barriers. Cultural norms and safety concerns often restrict their mobility and access to essentials. Displaced families, the poor, and other marginalized groups are at high risk of exclusion due to systemic inequalities, limited service capacity, and strained resources.

## 4.4.1. KEY CHALLENGES FACED BY WOMEN AND GIRLS IN ACCESSING HUMANITARIAN AID:

• **Economic hardship** is a major barrier to accessing humanitarian needs. Many households cannot afford transportation, private healthcare, or basic tools such as electricity. Among households surveyed, 71% cited lack of financial resources as the main obstacle to safe healthcare access. Similarly, 66% of households without maternal or reproductive health services identified cost as the primary barrier.

• **Mobility and Male Control:** Movement restrictions whether due to security risks, cultural norms, or male guardianship rule remain major barriers to accessing services. Almost 51% of surveyed households reported that women cannot access services without male permission, while 22% said services are only sometimes accessible without approval. These restrictions were most common in Abyan, Marib, Al Hudaydah, Taiz, and Hadramaut, while Aden, Al Dhale'e, Lahj, and Shabwah showed greater flexibility.

• **Lack of inclusivity especially for the elderly and people with disabilities.** Community leaders and WLO responses indicate that these groups face additional Barriers to services and basic needs are particularly severe in displacement and camp settings due to limited infrastructure and support. Across all displacement settings, KIIs noted that toilet facilities often lack accessibility features for people with disabilities. Mobility constraints caused by inadequate infrastructure further prevent the elderly and persons with disabilities from accessing aid and humanitarian programs. A WLO reported that the International Red Cross provided tailored support, such as transportation for women with disabilities, enabling their participation in one of its programs. However, no other service providers or WLOs reported similar interventions, underscoring the scarcity of such targeted support for marginalized women.

• **Administrative Corruption and Bias:** Female FGD participants frequently cited corruption and nepotism in aid registration and distribution. Some reported that assistance is accessed only through personal connections or favors facilitated by influential community members or local leaders. Others highlighted a lack of transparency in targeting, with favoritism and regional or partisan bias influencing eligibility. Although HHS data suggests this is not a widespread practice, it still undermines fair access to basic needs for the most vulnerable.

- **Lack of Inclusion in decision-making and Representation:** Women reported feeling excluded from planning and feedback processes related to aid. In the HHS, 85% of female respondents said they had never been consulted about their needs by aid organizations leading to gaps in effective humanitarian programming, specially those targeting women and girls.

- **Lack of legal Documentation and Awareness Gaps:** Some women in surveyed households lacked the necessary legal documents to register for aid, while others were unaware of available assistance or how to access it due to poor outreach and limited public information. Although not widely reported in HHSs, these gaps hinder effective and inclusive aid distribution.

- **Lack of Safety and Overcrowding at Distribution Points:** Aid distribution points are often overcrowded and insecure, with some women reporting harassment or fear of exploitation. Female FGD participants stated that the lack of separate spaces for women and female staff supervision deters many from showing up or accessing their entitlements.

These barriers intersect to create compounded exclusion for the most marginalized women, particularly women with disabilities and the elderly. Combined with limited representation, administrative bias, and unsafe distribution environments, these factors significantly reduce their ability to obtain essential services, leaving them at heightened risk of neglect and protection concerns.

## 4.4.2. RECOMMENDATIONS FOR IMPROVED AID DELIVERY

- **Humanitarian actors must prioritize gender-sensitive aid delivery by institutionalizing women-only distribution points with separate queues, private spaces, and trained female staff.** This is critical to uphold dignity, privacy, and safety, particularly in contexts where mobility restrictions, male guardianship requirements, and security risks limit women's access to services. These spaces should be systematically integrated into existing aid delivery systems and expanded to reach displacement settings and remote areas. By adapting delivery methods to local social dynamics, humanitarian responses can not only guarantee equitable access but also strengthen community trust, participation, and accountability.

- **Integrating women's leadership into humanitarian decision-making must be a core priority.** Establishing women-led committees with a formal mandate in aid planning, distribution oversight, and community feedback ensures that women's perspectives directly shape program design and delivery. NGOs, humanitarian agencies, and local authorities should embed these structures within official mechanisms to institutionalize women's voices. Women's active participation strengthens transparency, enhances accountability, and ensures aid is delivered equitably to those most in need.

- **Expand supportive services such as childcare, safe transportation, and simplified registration to remove barriers for women and marginalized groups.** NGOs, humanitarian actors, and local authorities must prioritize inclusive service delivery by reducing documentation requirements and introducing mobile aid distribution in areas where cultural norms, security concerns, or poor infrastructure limit women's mobility. Special attention needs to be given to women with disabilities, widows, and female-headed households to ensure equitable access and participation.

- **Safeguarding and accountability** must be strengthened through regular, field-level needs assessments and by minimizing reliance on intermediaries like community leaders to protect the neutrality of aid registries. Limited transparency and favoritism have already eroded trust among female beneficiaries, weakening humanitarian impact and excluding the most vulnerable. NGOs, humanitarian agencies, and aid organizations must actively raise awareness of aid programs through tailored, community-specific communication, ensuring information reaches women directly. Corruption and exploitation should be tackled by instituting confidential complaint channels, rigorous oversight, and mechanisms that embed women's direct participation in decision-making, ensuring aid is distributed fairly and without bias.

# 5. LIVELIHOOD AND WOMEN'S ECONOMIC EMPOWERMENT

The prolonged conflict and economic collapse have forced many women into the workforce, with some entering paid employment for the first time and often becoming their household's primary earners. FGDs and KIIs reveal that women frequently take on multiple roles, including informal or home-based work such as sewing, handicrafts, or small-scale trading, to support their families. Those who were previously students or part-time workers now carry full financial and caregiving responsibilities. HHS findings show that the number of women as primary earners nearly doubled since the conflict began, while over 13% of men stepped down from this role.

Since the onset of the war, employment patterns have shifted significantly. HHS data from 914 households shows that families previously engaged in farming, small trade, or livestock now rely primarily on daily labor (28%) and other forms of informal work (19%) as their main sources of income (Figure 6). Almost 23% of these households depend on multiple sources of income.

## FIGURE 9: MAIN LIVELIHOODS OF HOUSEHOLDS BEFORE AND AFTER THE WAR (% OF HOUSEHOLDS)
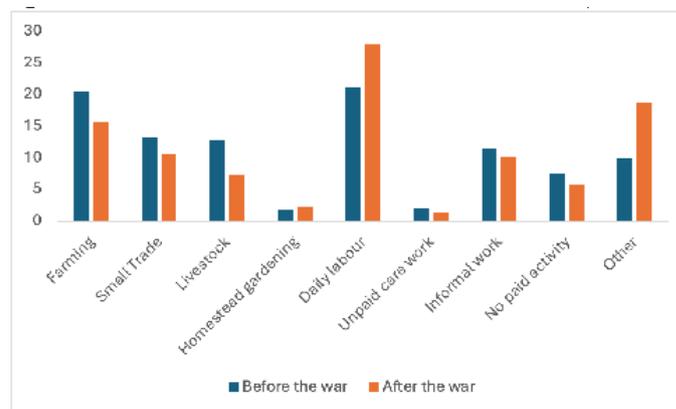


Source: HHS

As shared by female FGD participants, dwindling livelihoods have compelled many women to work longer hours, often in informal and low- paying jobs, in order to sustain their households. Female FGD participants consistently cited rising prices, safety risks, and limited access to electricity, water, education, and healthcare as major stressors that compound this burden. These conditions not only increase the time and physical effort required for daily survival tasks but also force women to balance these demands alongside the added responsibility of securing income, intensifying their overall workload and vulnerability.

Survey findings of 225 female-headed households (FHHs) indicate that women bear the primary financial burden, relying largely on daily wage labor (37%) or small-scale trade (12%) to support their families. Living conditions are dire, with nearly 70% of these households residing in partially or completely damaged homes. Approximately 35% of FHHs are displaced. Additionally, cultural and legal norms, such as the Mahram requirement, severely curtail movement and access to services by females in FHHs or in households where they are the primary breadwinner.

Rooted in tribal, paternalistic, and conservative norms, adherence to Mahram restrictions varies by region, social class, education level, and family dynamics, with stricter enforcement observed in governorates such as Al Jawf, Al Mukalla, Amran, Hadramaut, Hajjah, and Sa'dah[21]. While Yemen's personal status law states that a husband cannot prevent his wife from leaving the home for a legitimate reason, such as work[22], the practice of male guardianship or Mahram requirement, often overrides this legal right. Although male guardian approval for women's travel existed before the conflict, it was typically treated as a formality, with authorities applying the rule with greater flexibility[23]. However, since the legal imposition of the Mahram restriction in DFA controlled areas[24] and to some extent in areas under the Government of Yemen[25], women's mobility has been severely curtailed. This has particularly impacted female-headed households, who now face serious barriers in accessing economic opportunities and basic services[26].

## 5.1. CHALLENGES TO WOMEN'S ECONOMIC EMPOWERMENT IN YEMEN

Female labour force participation (FLFP) in Yemen has long been low and has worsened significantly due to the ongoing conflict, dropping from 10% in 2010 to an estimated 4.9% in 2025[27]. This is far below the average of 18.9% for Arab States and 48.9% globally[28]. The share of employed women compared to the overall female population has also more than halved during the conflict falling from 8% in 2014 to just 3.4% in 2025[29].

A mix of economic decline and deep-rooted structural and social barriers has made it even harder for women to enter the workforce. With the economy shrinking for much of the conflict[30], job opportunities have become scarce. Overall unemployment in Yemen, which was at 13.5% in 2014, is expected to reach 17% in 2025[31]. For women, the situation is even more severe, with unemployment rising from an already high 26% in 2014 to a projected 29% in 2025[32].

Yemen's tribal and patriarchal social norms are a major barrier to female labor force participation. Deep-rooted beliefs that a woman's role is primarily domestic, combined with social stigma against women working outside the home, have severely limited their access to paid employment[33]. However, even in formal care work, women earned significantly less than men, receiving only 75% of what their male counterparts earned in the sector in 2014[34]. Cultural restrictions on interaction with men have further confined women to traditionally "feminine" roles such as clerks, secretaries, teachers, and nurses[35].

While the services sector accounted for nearly 60% of Yemen's GDP in 2021[36], women made up less than 5% of its workforce by 2023[37] reflecting a major gap in female participation in one of the country's most important economic sectors. Instead, most formally employed women, or around 45%, work in the agriculture sector representing around 10% of the total waged agriculture workforce[38]. Additionally, women contribute around 60% of the labor in crop farming and 90% in livestock farming. Yet despite their significant role in the agricultural sector, women in Yemen own less than 1% of agricultural land[39]. FGD participants reported that in some cases, social norms prevent women from exercising full control over assets legally inherited in their names. Others noted that women are often denied the right to own property altogether, with assets instead registered under male family members.

Yemen's Constitution and Personal Status Code guarantee the right to inheritance for all citizens, including women, in line with Islamic law. Women are entitled to a specific share, typically half that of a male relative in the same position, reflecting the man's financial responsibility for the family under Islamic principles[40]. However, as indicated by FGD participants and HHS, the conflict has increasingly shifted the financial burden onto women, underscoring their growing role as primary providers amid limitation to economic opportunities and financial access.

Limited educational attainment has further constrained women's economic opportunities. As revealed by HHS, Barriers such as displacement, long distances to schools, insecurity, lack of female teachers, and the lack of gender-sensitive and inadequate Water, Sanitation and Hygiene (WASH) facilities continue to heighten vulnerabilities, especially for girls. As of 2024, only 65% of girls completed primary education, compared to 71% of boys. The gap widens at the upper secondary level, with just 32% of girls completing their education, compared to 41% of boys[41]. Women's literacy levels remain low in Yemen, with only half of women aged 15–49 able to read and write[42].

## 5.2. CHALLENGES TO NEW ECONOMIC OPPORTUNITIES FOR WOMEN AMID CONFLICT

As more women in Yemen become primary earners amid ongoing social and economic shifts, this has created significant opportunities for economic empowerment for women. Many have turned to home-based work, including tailoring, handicrafts, and small-scale trade, fostering female entrepreneurship. However, structural barriers persist, including limited access to formal credit and inadequate infrastructure such as electricity and telecommunications[43][44].

**Women's access to formal financing**

Low asset ownership continues to limit women's financial independence and access to formal credit, which often requires collateral. HHS data show that 76% of women do not own any assets. Only 9% own assets independently, mostly jewelry, with a few owning houses or land. About 16% reported joint ownership of property with husbands or other family members.

**Women's access to communication devices**

HHS data indicate that mobile phone ownership is largely controlled by men. In 54% of 914 surveyed households, male and female members both shared mobile phone ownership. However, in 34% of households only males owned mobile phones. In around 16% of these households a male child is the sole owner of a mobile phone excluding adult females and girls. Sole ownership of mobile phones by women or girls was mostly limited to FHHs, underscoring gender-based disparities in access and control over communication tools significantly hindering women's advancement knowledge and skill attainments and in economic and livelihood opportunities.

The conflict has also opened new professional opportunities for women in the humanitarian sector, which once expanded with the influx of aid funding. A 2018 study by Sana'a's Center for Strategic Studies found that women were more likely than men to work with national NGOs. Their roles have included distributing aid, facilitating service access, managing gender-based violence and hygiene projects, providing psychosocial support, delivering livelihood training, and raising awareness on health and education[45]. However, movement restrictions imposed on women, particularly through the formal enforcement of the Mahram requirement by the  DFA, and to some extent informally by the IRG, have significantly limited women's participation in humanitarian organizations and NGOs. An assessment conducted by UN Women in 2025[46]  found that these restrictions have subjected female humanitarian workers to severe mobility constraints and harassment while traveling, forcing many to shift to office-based roles or leave their jobs altogether.  As of 2025, women represent only about 30% of national staff in INGOs and UN organizations[47]. This reflects significant underrepresentation, despite persistent humanitarian needs of women and girls.

While conflict and shifting economic dynamics have created new opportunities for women in Yemen, these gains remain fragile. Structural barriers, inadequate infrastructure, and gender-based restrictions, continue to limit women's participation in formal economic activities and entrepreneurship. Social norms and mobility constraints further exacerbate these challenges. Tackling these systemic obstacles is crucial for achieving sustainable economic empowerment for women in Yemen.

## 5.3. RECOMMENDATIONS FOR ADVANCING WOMEN'S ECONOMIC EMPOWERMENT AND LIVELIHOODS

• **Expand and scale up livelihoods and skills development programs through NGOs and local initiatives,** with priority given to displaced households, female-headed households, and persons with disabilities. These programs must deliver targeted training and knowledge enhancement while fostering community-based networks that improve women's market access and enable peer-to-peer learning. Donors and local authorities should commit dedicated, sustained funding to women-led organizations and NGOs to ensure these initiatives are not only implemented but institutionalized as part of longer-term recovery and resilience strategies.

• **Increase access to finance and assets to strengthen women-led businesses and entrepreneurship.** Establish development banks, mobile banking solutions, and low-cost financing instruments with minimal collateral requirements to expand financial inclusion of women. Central and local governments must create enabling legal frameworks and regulatory reforms that support these initiatives, ensuring women's equitable participation in capital markets and fostering sustainable economic empowerment. Further, strengthening legal frameworks is imperative to guarantee women's rights to inheritance, and to obtain, own, and control land and property. Governments must enact and enforce reforms that remove discriminatory provisions, ensure equitable access to justice, and protect women's ownership rights. Prioritizing women's secure access to assets is essential for advancing economic independence, reducing vulnerability, and enabling their full participation in recovery and development.

- **Strengthen women's economic participation through targeted legal and structural reforms.** Governments must urgently reform labor and personal status laws to eliminate all forms of discrimination against women. Legal reforms should guarantee women's equal access to jobs, fair pay, safe working conditions, and career advancement opportunities without structural or cultural barriers. Current legislation in Yemen limits women's economic participation and empowerment by restricting their rights in the workplace[48]. Policy reforms must dismantle mobility constraints rooted in formal regulations and entrenched cultural norms to ensure women's full participation in the workforce. Legal and institutional frameworks should guarantee humanitarian actors, particularly women engaged in empowerment programs, safe and accessible reporting mechanisms for workplace harassment, alongside provision of legal aid. Governments, NGOs, WLOs, and UN agencies must collaborate across sectors to establish an enabling policy environment that aligns with international standards and best practices, ensuring women's protection, dignity, and equitable participation.

- **Investing in infrastructure and support services is essential to expanding women's economic participation.** Access to communication must be prioritized by promoting women's mobile phone ownership through financial support, removal of gender-based barriers, and the introduction of women-targeted packages and affordable devices via public–private partnerships. NGOs and WLOs should lead awareness campaigns that emphasize the role of communication in enabling women's economic engagement, particularly for female-headed households. Additionally, livelihood initiatives must integrate childcare, safe transportation, and mobility support for persons with disabilities to ensure women can participate fully and equitably in economic activities.

- **Promoting women's leadership and dismantling restrictive social norms demands coordinated community-level action.** WLOs, NGOs, religious leaders, and local authorities must lead targeted awareness campaigns that highlight women's economic contributions and foster male support for gender equality. At the same time, women's representation in local councils, cooperatives, and trade associations must be actively expanded to secure their meaningful participation in economic decision-making and community governance.

Overall, while women's economic contributions have become increasingly essential, legal, social, and structural barriers continue to limit their empowerment and access to opportunities. Addressing these challenges requires coordinated action by the government, local authorities, WLOs, NGOs, and community-based initiatives to create an enabling environment that maximizes women's economic participation and leadership.

# 6. VIOLENCE AGAINST WOMEN AND GIRLS AND PROTECTION RISKS

Security concerns have significantly increased in Yemen since the onset of the conflict, particularly in displacement-affected areas. FGD participants and community leaders described a decline in safety, with growing fears of violence, instability, and security risks dominating daily life. As one community leader revealed, communities that were perceived as peaceful, such as Aden, have become unsafe, with widespread availability of weapons, the collapse of law enforcement institutions, and a rise in drug use and criminal activity.

FGDs and HHS with women and girls reveal widespread exposure to violence, persistent protection risks, and low trust in available support systems. Key concerns include safety lack of space spaces (17%), risks while traveling within and outside of communities (16%), domestic violence (15%), sexual harassment (15%), and early and forced marriage (11%). Respondents also cited limited access to supportive services (11%), lack of privacy at home (9%), unsafe housing (3%) and threats such as human trafficking and cyber exploitation (2%) as additional security and safety risks.

Although half of HHS respondents reported that women face no restrictions or safety concerns when visiting family or neighbors within their communities, 38% still relied on male relatives, other women, or children to accompany women to travel within their community. Additionally, 51% of surveyed women required accompaniment to local markets or health facilities, and the same proportion needed men to accompany them when traveling to nearby towns or other governorates. 58% identified security concerns and cultural norms as the primary barriers to independent movement while 41% also cited transport cost as a deterrence to movement.

The lack of basic services has significantly heightened safety risks for women and girls. Frequent power outages, limited lighting, and inadequate infrastructure exacerbate vulnerability during travel or accessing basic needs in poorly lit areas, particularly in displacement settings. Among 17 Safety Audit key informers, 15 reported that that latrines, water points, health posts and pathways within their community are poorly lit. Additionally, of 23 KIIs, 70% of respondents reported feeling unsafe during evening and late-night hours (between 7:00 pm and 6:00 am) due to poor or absent lighting in public spaces. KIIs further reveal critical protection gaps in WASH infrastructure with 80% of toilets and washroom facilities lacking external lighting, and 30% lacking internal lighting. According to KIIs, nearly half (43%) of WASH facilities are not gender-segregated while 30% of these non-segregated facilities lack internal locks, significantly increasing women's and girls' vulnerability to harassment and violence. These conditions underscore the urgent need to integrate protection-sensitive design standards into WASH programming to safeguard the dignity, privacy, and safety of women and girls.

Similarly, male FGD participants across multiple governorates highlighted a range of risks facing women and girls, including harassment, domestic violence, early marriage, and denial of inheritance. Respondents emphasized that vulnerabilities are most acute when women access basic needs such as water and firewood in poorly lit or remote areas. Markets, public transport, and conflict-affected zones were also identified as high-risk environments, while in villages and camps, weak security, the presence of weapons, and lack of oversight further heightened threats. Regional variations emerged during male FGDs, with fewer incidents reported in Shabwah and Lahj, while discussions with participants from Sana'a were constrained by cultural sensitivities that limited open dialogue on these issues.

In addition to existing security concerns and infrastructure weaknesses, violence against women and girls (VAWG) in Yemen is further intensified by systemic legal gaps, entrenched social norms, and weak institutional capacity. As shared by female FGD participants, GBV and negative perception of women in public spaces deter women from public engagement and participating in community and leadership initiatives, marginalizing women from decision making processes. Safe spaces that once played a vital role in supporting women and girls, offering protection gender-based violence[49], as well as mental health and reproductive health services[50], are now at risk of closure due to funding cuts. By early 2025, funding suspensions had already led to the shutdown of 22 safe spaces, leaving over 11,000 women and girls in high-risk areas without access to essential services[51]. Among the 762 women surveyed, 45% reported that the absence of safe community spaces posed a significant security risk for women and girls.

As indicated by FGD participants, HHS results and community leaders, the prolonged conflict has eroded the rule of law, weakened protection systems, and collapsed formal reporting and response mechanisms. Household survey data from 923 respondents shows that 54% indicated victims of violence would turn to family members for help, 49% to community leaders, but only 36% to the police. The absence of safe, confidential, and accessible reporting channels leaves many survivors without meaningful recourse, heightening their vulnerability and deepening social isolation[52].

## 6.1. SYSTEMIC AND LEGAL CONSTRAINTS IMPACTING WOMEN'S VULNERABILITY TO VIOLENCE

School dropouts among girls, combined with the financial and security challenges faced by families, often lead to early marriage further deepening economic and social vulnerability of women and girls[53][54]. Among households surveyed, girls were particularly concerned about forced marriage, with 14% citing it as a primary safety risk compared to 8% of women. An estimated 32% of women in Yemen are married before the age of 18 while 1.4 million or 9% of girls are married before the age of 15[55].

Yemen's Personal Status Code and its amendments fail to establish a minimum age for marriage[56], increasing the vulnerability of girls and denying them essential legal protection. Women also do not enjoy equal rights in matters of marriage and divorce. Legally, a wife is expected to obey her husband, and men can unilaterally divorce their wives through repudiation without court involvement. In contrast, women have access only to limited forms of divorce, all of which require court approval[57]. Additionally, Yemen does not have domestic violence legislation. and marital rape is not specifically criminalized. As the Personal Status Code obliges a woman to obey her husband, the courts interpret this to mean that a woman cannot refuse her husband's request for intercourse[58]. Although women in Yemen can legally testify or press charges, their participation is heavily stigmatized, and their testimony is valued at half that of a man's, requiring male corroboration. As a result, victims are often prosecuted instead of perpetrators, deterring many from reporting rape or abuse[59].

Girls in Yemen struggle not only with the harmful practice of child marriage, but also with female genital mutilation (FGM). While 33% of women aged 18 to 49, have experienced child marriage, 8% have been subjected to both child marriage and FGM[60]. Although a 2001 Ministerial Decree prohibits the practice of female genital mutilation/cutting (FGM/C) in both public and private hospitals and clinics in Yemen, the decree lacks legal enforcement mechanisms, as it does not include any penalties for violations[61]. As a result, the ban remains largely symbolic, with limited impact on curbing the practice.

While the conflict has contributed to a shift in traditional gender roles within some households, with women becoming primary earners and men engaging in domestic tasks, this transition has also fueled rising domestic tension and incidents of violence. According to the Sana'a Center for Strategic studies[62], the shift in gender roles at homes has triggered a rise in verbal and physical abuse against women and children, often fueled by men's frustration over the loss of their financial status and a perceived erosion of their societal role.

> *"The most common types of violence women face are physical and verbal, especially married women, due to lack of work opportunities for husbands. Women also face verbal abuse from some segments of the society when going out to work. With almost no support systems, tradition often forces women to endure abuse quietly, carrying their pain in silence."*
>
> **~ A female FGD participant~**

In other cases, women's confinement to the home due to security risks has deepened their dependence on male family members, further straining marital relationships and exacerbating domestic violence[63]. HHS indicate that 15% of women and girls consider domestic violence to be a main safety risk.

Discussion of domestic violence remains limited. According to male and female FGD participants, most cases are handled privately by families or tribal elders. Counseling services are largely unavailable or unknown to respondents. In some areas, such as Lahj and parts of Al-Mahra, FGD participants noted awareness sessions, advice from community leaders, and informal mediation. However, formal psychosocial support and legal advisory mechanisms remain scarce across most areas.

As shared by female FGD participants, women and girls face substantial barriers to reporting violence, driven by fear of shame, retaliation, or disbelief, particularly from male relatives, religious leaders, and authorities. Female

FGD participants reported instances where police dismissed survivors, and cases were sometimes suppressed to protect family "honour." Social stigma and entrenched cultural norms frequently result in survivors being socially isolated or, in extreme cases, subjected to violence to safeguard the family's reputation.

*"I know I am supposed to go to the police, but honestly, I don't trust them to do anything. Sometimes the police themselves mock women who report abuse or harassment"*
**~ A female respondent from Al Mahrah~**

Male FGD participants confirmed that violence against women is widely perceived as taboo within their communities. As shared by these participants, incidents are frequently concealed and resolved privately through tribal mediation or, in extreme cases, in forced marriage. As mentioned by FGD participants, open discussion of incidents related violence against women and girls is generally discouraged to protect family reputation, reinforcing a culture of silence and stigma around survivors. While participants in Lahj noted slightly greater openness, prevailing social norms across most regions continue to suppress disclosure and perpetuate impunity.

*"Violence against women is considered 'shameful' and a private family matter. Therefore, families hide the incidents within the community for fear of scandal and spoiling the tribe's reputation. The victim is blamed, the case is buried, and open discussion is prevented out of fear of stigma or revenge."*
**~ A male FGD participant~**

The Yemeni legal system reinforces the deeply entrenched discriminatory status of women and girls by providing lenient penalties for so-called "honour killings". Yemen's penal code stipulates that a man who kills or injures his wife or female family members, or her partner upon catching them committing adultery is subject to a maximum prison sentence of one year or a fine. In contrast, most other murder cases carry the death penalty[64]. The leniency provided by the penal code often victimizes survivors of rape or sexual abuse. "Honour" killings remain widespread, yet are rarely documented, with many cases deliberately misclassified as natural deaths, especially in rural areas. In rape cases, the law is often circumvented by reclassifying the crime as adultery, resulting in victims being prosecuted alongside their attackers. This legal distortion deters women, particularly those from poor or marginalized communities, from reporting rape. When the perpetrator is influential, survivors may be coerced into falsely confessing to adultery, placing them at risk of imprisonment or even "honour" killing by their own families[65].

Female FGD participants reported that their primary coping mechanisms to violence against women and girls include avoiding public spaces, remaining silent about abuse, or relying on family and community leaders for protection or justice. These approaches, however, provide little real recourse and often force women to endure violence without accountability or support. While a few FGD participants were aware of hotlines or women's departments within police stations, most expressed mistrust of formal institutions or fear of retaliation. Customs and social stigma therefore remain major deterrents to seeking help and perpetuate cycles of violence and impunity.

In response to these risks, community leaders interviewed reported that a range of safety measures have been introduced across different communities. Reported actions include:

- Increased police patrols, including the deployment of female officers
- Community-based patrols and peacekeeping efforts
- The formation of community safety groups
- Awareness campaigns on gender-based violence (GBV) and prevention

- Community led initiatives targeting men and boys as allies in preventing GBV
- Guidance campaigns for women and girls on how to safely report incidents

While these interventions indicate a growing recognition of GBV risks, gaps remain, especially in remote areas and informal settlements where law enforcement is weak or absent. Sustained and inclusive safety measures, tailored to the needs of women, girls, and other vulnerable groups, remain critical to reducing the risk of violence and restoring a sense of security in Yemen's fractured communities.

## 6.2. RECOMMENDATIONS TO CREATE SAFER ENVIRONMENTS FOR WOMEN AND GIRLS

• **Establishing and sustaining women-only centers that provide integrated psychosocial, legal, and economic support must be treated as a priority intervention.** These centers should be designed to be safe and fully accessible, including for women with disabilities, and must be staffed with trained female personnel to ensure gender-sensitive and confidential service delivery. Governments, women-led organizations, community-based organizations, national and international NGOs, and UN agencies should collaborate to fund, operate, and monitor these facilities while embedding them within national protection and service frameworks. Partnerships with UN agencies can play a critical role in strengthening technical capacity, ensuring compliance with international protection standards, and securing sustainable financing. In parallel, economic empowerment initiatives must be integrated with GBV prevention frameworks and legal and psychosocial support in order to promote resilience, enhance rights awareness, and advance the social and financial independence of women.

• **Training female police officers and establishing confidential reporting units** are essential to improving access to justice and protection for women and girls in Yemen. Survivor-centered and confidential reporting mechanisms should also be established within camp settings to strengthen protection for displaced populations. Training front-line staff to effectively address and manage gender-sensitive safety concerns is critical to ensuring the effectiveness of protection and gender-based violence prevention efforts. Government security forces, in collaboration with women-led organizations, NGOs, and UN agencies, should lead the implementation of these training programs and operationalize safe and confidential reporting mechanisms. These can include raising awareness about mobile reporting hotlines, expanding women-only police desks, and establish camp-based complaint boxes that together enhance accountability and strengthen survivor protection.

• **Raising awareness across communities through schools, mosques, local councils, and respected community leaders** is essential to fostering a culture of safety, inclusion, and respect for the rights of women, girls, and children. As highlighted by community leaders, community-led awareness initiatives combined with active participation, such as organized security patrols, have proven effective in enhancing protection. Local and national government bodies, religious leaders, civil society organizations, women-led organizations, and national and international NGOs can jointly design and implement these programs. Partnerships with UN agencies can provide technical guidance and monitoring to ensure messaging is gender-sensitive, rights-based, and accessible to marginalized groups. Sustained engagement with community, including adolescent girls, widows, and women with disabilities as explicit target groups, helps embed these practices into long-term social norms and ensures that protection measures reach the most vulnerable.

• **Ensure that basic facilities and humanitarian programs, particularly in camp and displacement settings, are gender-sensitive and actively work to prevent GBV.** Common infrastructures such as washrooms, water points, pathways and public spaces should integrate safety and gender-sensitive features, including gender segregated services, consistent and adequate lighting, and security measures. Community-based protection mechanisms, such as patrols and trained security personnel, can further enhance the safety of women and girls. Local governments, camp management authorities, host communities, and NGOs must ensure that all services are delivered with robust gender-sensitive and protection measures, safeguarding the rights and safety of women and girls while promoting equitable access for all community members.

• **Reforming and enforcing laws that criminalize violence against women** is crucial to addressing systemic gender-based violence in Yemen, where legal and cultural barriers often prevent survivors from seeking justice. Legal reform needs to focus on ensuring women's testimonies are valued equally, strengthening protection for survivors, and holding perpetrators accountable, while eliminating discriminatory provisions that punish victims. The Penal Code on "Honour killing" allowing for reduced sentences should be repealed and amended to reflect penalties applied for similar crimes such as murder. Additionally, legal recognition and criminalization of domestic violence and marital rape needs to be introduced. Government authorities, including the Ministry of Justice and local law enforcement, alongside national and international NGOs, women-led organizations, and UN agencies, can play a coordinated role in revising laws, training judicial and security personnel, and conducting public awareness campaigns to shift societal norms and improve access to justice for all women.

In summary, the findings reveal that violence against women is both widespread and underreported, with survivors lacking adequate protection, awareness, and safe reporting mechanisms. Nonetheless, women expressed a strong desire for change and offered practical, community-rooted solutions to improve safety, accountability, and empowerment. Sustaining these solutions will require coordinated, multi-sectoral action among government institutions, NGOs, WLOs, community leaders, and international partners.

## 7. EXPANDING WOMEN'S ROLES IN DECISION-MAKING AND LEADERSHIP

Across Yemen's conflict-affected areas, traditional social and cultural structures remain central to community decision-making, though the war has altered their composition and function. HHS data indicate that decision-making authority is still largely concentrated in formal institutions, with local governments cited by 59% of respondents and military authorities by 30%. As indicated by interviewed community leaders, the erosion of state institutions has enabled the persistence and expansion of informal mechanisms. Approximately 60% of community leader interviewed pointed to shifts in governance structures, with community-based committees increasingly assuming responsibilities once held by formal authorities. In some cases, these committees now include women, a development linked to their growing economic role as primary household earners in post-war Yemen.

Community-based dispute resolution and decision-making mechanisms have become more decentralized, creating entry points for women's participation in leadership and governance. The Hadramaut Women for Peace initiative offers a notable example: in 2016, eight women launched a successful advocacy campaign to reopen Al-Rayyan airport and the Al-Dhabba road in Mukalla. By mobilizing local authorities, security leaders, political parties, and the media, the initiative not only achieved its immediate goal but also inspired further community-driven advocacy campaigns[66]. Similarly, in Taiz, four women leaders served on a Sub-District Community Committee and spearheaded the design and implementation of a solar-powered water project, demonstrating the ability of women to lead formal community initiatives[67].

International support has further strengthened women's leadership roles. In Aden, the United Nations Development Programme (UNDP) facilitated the establishment of six Community Mediation Committees, ensuring women's representation in each. These committees, in partnership with local authorities, have improved conditions in detention centers and institutionalized their work through the creation of local offices UNDP has also supported six peace committees across Aden, Hadramawt, and Lahj, where female participation has been particularly prominent in Aden and Lahj. Such initiatives highlight how targeted international engagement can expand women's roles in governance, mediation, and conflict resolution while reinforcing community trust[68].

## 7.1. WOMEN'S DECISION-MAKING POWER IN HOUSEHOLDS

Despite their growing financial contributions to household income, most women participating in FGDs reported being excluded from major household decisions such as property ownership or relocation. Some women described modest gains in decision-making, such as having influence over small household purchases, family visits, or in a few cases decisions about children's education and health. However, these gains remain limited. Data from surveyed male-headed households reinforce this disparity. Decisions on buying or selling assets were primarily made by men, accounting for 38% of responses, while 29% reported that such decisions were made jointly. In matters concerning children's health and education, more than half of respondents indicated that decisions were made jointly, although approximately one quarter stated that men retained sole authority. Similar patterns were observed in decisions regarding family planning and having more children, underscoring the persistence of male dominance in critical areas of household decision-making.

In many communities, deeply rooted traditions continue to restrict women's influence, particularly in areas such as market access, marriage, and family planning. As a result, women continue to carry the burden of household responsibilities while male authority over key decisions remains largely unchanged. In female-headed households, women's autonomy in decision-making is still constrained. Approximately 40% of such households reported that decisions are made jointly with other family members, while only 35% of women reported being able to make decisions independently.

## 7.2. WOMEN'S INVOLVEMENT IN THE COMMUNITY

While a few women participating in FGDs noted limited involvement at the household level, their influence in public decision- making remains extremely limited. HHS data indicate that among 903 households, 11% of male participate in community decision-making, compared to 9% of women. Men's involvement was consistent across urban and rural areas, whereas women's participation was concentrated in urban settings, with 65% of female decision-makers residing in cities. This underscores both the progress made and the persistent structural barriers limiting women's full inclusion in governance.

Most women in FGDs reported having no previous or current membership in community groups. However, 41% of women reported joining committees after displacement or the onset of conflict, with motivations often shaped by the urgent needs and challenges of their new circumstances. The most frequently cited reasons by FGD participants included addressing critical community needs such as education, healthcare, water access, and child protection (42%), ensuring women's perspectives and needs are represented in decision- making spaces (36%), seeking economic empowerment and livelihood opportunities (31%), aspiring to leadership roles or greater influence in local governance (24%), and contributing to community service and problem-solving (22%). Respondents often cited multiple reasons, reflecting the overlapping social, economic, and protection factors that shape women's engagement. These motivations were particularly prominent in Al Mahrah, Aden, Lahj, and Hadramaut, where women emphasized both the importance of meeting immediate needs such as water management or livelihood support and the opportunity to strengthen women's voices in local decision- making processes.

Among women who are not currently part of any committee, 58% expressed a clear willingness to participate, particularly in women-led or decision-making bodies. This interest was most visible in Aden, Lahj, and Hadramaut, where female FGD respondents emphasized the importance of transparent selection processes and proactive outreach to encourage women's engagement. At the same time, across these governorates and others, women consistently identified barriers that prevent participation, including exclusion from selection processes, absence of invitations, and limited opportunities to join existing committees.

This marginalization has deepened since the onset of the conflict, driven by rising safety concerns, conservative backlash, and a shrinking civic space. While 62% of surveyed WLOs along with international agencies, including UNDP[69] implementing programmes aimed at enhancing women's leadership and political participation, persistent structural and legal gaps, entrenched cultural norms, and the absence of genuine political will continue to marginalize women from decision-making processes.

## 7.3. WOMEN IN GOVERNANCE AND PUBLIC LIFE

Women's representation in governance in Yemen remains minimal, reflecting entrenched gender disparities and systemic exclusion. At the national level, women's political participation has been severely constrained. In the 301-seat parliament elected in 2003, only one woman won a seat, and no parliamentary elections have been held since due to ongoing political instability. By June 2021, 51 members of the 2003-elected parliament, including the sole female representative, had passed away, leaving a body of 250 male members and no female representation at the national level[70]. Additionally, the government formed in 2020 under the Riyadh Agreement marked the first cabinet in nearly two decades without a single female minister. More recently, under the political framework established in 2022, the Presidential Leadership Council (PLC) comprises eight male members with no female representation, while its advisory body, the Consultation and Reconciliation Commission (CRC), includes only five women among its 50 members[71].

The 2015 draft constitution introduced a 30% quota for women in all elected and appointed bodies, including local councils[72]. However, the draft was never ratified due to the escalation of conflict[73], leaving women without an enforceable legal framework to guarantee their political participation.

Women in Yemen's higher education sector experience similar patterns of marginalization and underrepresentation, reflected in limited access to leadership roles, academic opportunities, and institutional decision-making spaces. At Sana'a University, the country's largest university, gender disparities are stark, especially in leadership and academic ranks. Research conducted in 2023[74] revealed that the university had only 12 female professors compared to 211 male professors, and similarly low female representation at associate and assistant professor levels. The university's 32-member governing council includes no women, and key bodies such as the Academic Council, Graduate Council, Personnel Affairs Committee, and Student Affairs Council each have only one female representative. Comparable trends are seen in other universities; for example, Abyan University has only two women on its 32-member council and no female deans or directors-general. The conflict and ensuing economic hardship have disproportionately impacted female academicians. University staff in DFA areas often go unpaid, while in other regions, salary devaluation has rendered academic incomes insufficient to meet basic living costs. Women, especially those who are primary breadwinners, are disproportionately impacted. Limited access to travel, international conferences, and scholarships has also hindered their professional growth. Even before the war, opportunities for academic advancement abroad were largely reserved for men, and this gender bias persists. Women continue to receive a fraction of the available scholarships, restricting their ability to pursue higher education or participate fully in the academic spheres. Without equitable opportunities to pursue higher education women face diminished prospects for attaining the qualifications, networks, and credibility needed to enter decision-making roles. This educational gap perpetuates a cycle in which women remain underrepresented in leadership positions, further entrenching gender disparities in Yemen's political and academic spheres.

## 7.4. PERCEPTION ON WOMEN'S PARTICIPATION IN PUBLIC LIFE

Male participants in FGDs across several governorates expressed generally positive perceptions of women's involvement in decision-making, employment, and peacebuilding. Approximately 78% of participants reported supportive or accepting attitudes toward women's public engagement, although much of this support was conditional, often limited to socially accepted sectors such as health, education, and aid distribution. A strong preference was expressed for participation within local areas or in gender-sensitive environments such as private workshops, community centers, or women-only spaces, reflecting both cultural norms and concerns for women's safety. At the same time, many participants emphasized that women's engagement is critical for advancing peace processes and ensuring family representation in tribal councils.

However, around one quarter of male FGD participants expressed outright opposition or highly restrictive views regarding women's participation. Resistance was particularly strong in Sana'a governorate, where 70% of participants stated that women's roles should be confined to the home and rejected their involvement in decision-making altogether. Respondents from Sana'a also expressed strong opposition to women's involvement in public meetings or mixed community events, reflecting deeply entrenched gender norms that restrict women's mobility, visibility, and public engagement.

*"The woman's role is important at home, and that's enough. Decision-making, employment and peacebuilding are men's matters. I don't see a place for women in these areas."* **~ Male respondent from Sana'a~**

Respondents from Ibb governorate unanimously agreed that women have minimal influence in decision-making, with their presence in local government largely seen as symbolic to appease international observers. Women are typically confined to lower- and mid-level positions, and their role in peacebuilding is limited.

Customs and traditions were identified as the most significant barrier to women's participation in public life, cited by more than 60% of male FGD participants, followed by negative societal perceptions (approximately 40%) and lack of education and skills (around 30%). At the same time, a majority of participants (64%) stressed that male support is critical for advancing women's participation in public and professional life. Men were seen as pivotal actors in enabling women's engagement by encouraging their involvement in community and work-related activities, sharing household responsibilities to ease domestic burdens, and providing visible public endorsement of women's roles. Participants further emphasized the importance of men defending women against social stigma and advocating for their access to education, skills development, and empowerment opportunities. These measures were viewed as essential to fostering a more inclusive and enabling environment for women's leadership and participation.

Several male FGD participants provided real-life examples illustrating how male support has been instrumental in enabling women's participation in work, leadership, and community service. In Al Mahrah, tribal leaders permitted women to manage water distribution, resulting in a 25% increase in supply. Young men supported a women's sewing initiative that doubled household incomes, while male family members facilitated women's employment in pharmacies, schools, and NGOs, leading to improved household livelihoods. In one village, a woman was appointed to lead an aid distribution committee and was widely regarded as more effective than her male counterparts. However, participants also acknowledged that such support remains limited, with some men facing social backlash for encouraging women's engagement, particularly in conservative settings.

While women's participation in decision-making remains limited, some shifts have occurred since the war. In areas like Hadramout and Aden, women have become more active in community committees and project implementation, partly driven by economic necessity and donor requirements for gender inclusion. Development projects have created limited but meaningful opportunities for women to contribute, including training, community outreach, and support roles in local infrastructure initiatives. These changes are seen as significant by participants, even if the number of involved women remains small.

## 7.5. BARRIERS TO FEMALE PARTICIPATION IN PUBLIC LIFE AND DECISION MAKING

Female and male respondents to FGDs identified several barriers to active participation in public life and contributing towards community empowerment and peacebuilding efforts. These include:

• **Lack of political will** among authorities to promote women's empowerment, such as failing to implement gender quotas, and insufficient training or awareness-raising on leadership and peacebuilding.

• **Cultural norms and patriarchal attitudes** discourage women from engaging publicly and speaking out. Fear of mockery, judgment, or harassment, particularly when women raise opinions in male-dominated settings, also discourages participation.

• **Childcare responsibilities,** lack of transportation, distance to meeting locations, unfavourable timings, and male objections were frequently cited as barriers for women to participate in community meetings.

- **Lack of information, invitation, or established groups** in their areas as major limitations as decision making was primarily led by men, male community leaders and local authorities.

- **Safety concerns**, including gender-based violence and harassment, remain a major deterrence to women's participation in public life. Displacement settings and informal settlements expose girls to further insecurity due to lack of safe spaces and poorly monitored facilities.

- **Lack of education and skills** among women was also viewed as barrier in engaging public life and limiting their participation. Adult literacy rate[75] among women in Yemen was only 54.1% in 2023[76], with the literacy rate declining among women who were married earlier (before age 18)[77]. The lack of formal education and necessary skills discourage women from participating in public life due to the lack of self-confidence and perceived social awareness.

## 7.6. RECOMMENDATIONS TO SUPPORT WOMEN IN PUBLIC LIFE AND DECISION MAKING

- **Provision of enabling support services is essential to guarantee women's meaningful participation in communities and decision-making bodies.** Female FGD respondents emphasized the need for accessible childcare, safe transportation, and flexible meeting schedules as critical measures to overcome barriers tied to caregiving and household responsibilities. Without these services, women will continue to face exclusion from public life and decision-making spaces. Local governments, NGOs, WLOs, and community leaders must prioritize and institutionalize these support systems to ensure inclusive, equitable, and sustained participation of women in governance and community leadership.

- **Establish safe, and if required female-only, spaces that allow women and girls to participate and voice their opinions without fear of discrimination**. Currently, six safe spaces are implemented by the UNDP across Aden, Hadramout, and Lahj governorates with the support of several NGOs[78]. Workshops under these spaces have created a platform for open dialogue, engaging both men and women in shared discussion. This inclusive approach highlights collective approach and shared responsibility for safe environments, helps reduce stigma, encourages incident reporting, and fosters a culture of mutual respect and protection. However, when establishing safe spaces, cultural sensitivities must be carefully considered, particularly in areas where gender segregation is the norm, to ensure women's active participation. The presence of well-trained female moderators is critical to creating an environment where women feel comfortable, encouraged, and able to engage fully in discussions. Such spaces empower women to contribute meaningfully to governance, planning, and community initiatives, ensuring their perspectives are heard and integrated into local development processes.

- **Implement sustained community awareness campaigns to dismantle harmful social norms that silence or stigmatize women for speaking out.** WLOs, NGOs, community leaders, and religious authorities should lead these initiatives to promote positive narratives about women's participation, emphasize their contributions to governance and community development, and cultivate supportive attitudes among men and boys. Involving respected male community figures and religious leaders as programme ambassadors will strengthen credibility and accelerate societal acceptance. Such campaigns are vital to building an enabling environment where women are empowered to voice their perspectives and actively participate in decision-making.

- **Establish active community-based societies and organizations that address urgent local needs while ensuring inclusive participation of women**. Host communities, tribal and religious leadership, NGOs and WLOs need to take the lead in establishing such organizations, especially in marginalized communities such as IDP camps and rural areas. Effective female participation should be institutionalized through the creation of formal women's committees and guaranteed invitations to decision-making processes. Sustainability requires dedicated donor funding, including from international organizations and partner governments, coupled with formal endorsement from local authorities to provide legitimacy and long-term impact.

- **Implement targeted capacity-building initiatives, vocational training, and economic empowerment programs** to enhance women's skills, strengthen their economic independence, and expand their leadership potential.

These programs, delivered by NGOs, WLOs, and relevant government agencies, should focus on leadership skills, financial literacy, and entrepreneurship, enabling women to participate confidently in economic, social, and decision-making roles within their communities. By linking women's training directly to key community sectors such as water management committees, school boards, local cooperatives, aid distribution, and GBV prevention initiatives, women can be positioned to exercise immediate influence over service delivery, governance, and resource management. This approach ensures that skills development translates into visible and measurable contributions to community development and local decision-making processes, while simultaneously strengthening accountability and advancing gender-responsive governance.

• **Enhance female political participation in National, local, institutional and community levels through policy reforms**. These include formally introducing gender quotas in national and local elections, and in public and private institutional leadership bodies and recognizing contributions of females in essential sectors such as education, healthcare, security, peacekeeping and in within local communities.

However, these efforts will only succeed with genuine political commitment and a fundamental shift in societal attitudes. Integrating these recommendations into Yemen's broader recovery and peacebuilding frameworks is essential to ensure that women and other marginalized groups are not passive recipients but active contributors to rebuilding communities, strengthening social cohesion, and shaping inclusive and sustainable development.

# CONCLUSIONS

The gender analysis demonstrates that Yemen's protracted conflict has not only intensified existing inequalities but also created new and complex barriers for women and girls. Across governates, women and girls face challenges in protection, humanitarian access, economic participation and exclusion from public life. Systemic gaps in legal protections, policy frameworks, service provision along with entrenched gender norms continue to limit their rights, opportunities, and safety. While women-led organizations remain central to humanitarian and recovery efforts, they operate in an environment marked by restricted civic space, chronic underfunding, and limited inclusion in decision-making processes.

Humanitarian response mechanisms do not always account for gender-specific needs adequately, resulting in women, girls, the elderly, and persons with disabilities being disproportionately affected. In the economic sphere, women's increasing role as primary earners has not been matched by enabling policies, secure livelihoods, decision-making powers or equitable access to resources. The intersection between economic vulnerability and exposure to Gender-based violence is stark, impacting girl's access to education, early marriages and domestic violence.

Despite the depth of these challenges, the findings reveal that displacement, shifting household roles, and shifting social attitudes, in some contexts, opened pathways for women's participation in community leadership, humanitarian actions, and mediation. These opportunities, though fragile, point to the potential for targeted interventions to shift social norms and expand women's empowerment.

To achieve sustainable progress, future strategies must address the structural drivers of exclusion, strengthen legal protections, and integrate gender equality into all stages of humanitarian and development programming. This requires not only resources and policy reform, but also deliberate engagement with communities, including local governments and community leaders, to foster acceptance of women's leadership and participation. Empowering Yemeni women and dismantling the barriers they face is central to the country's recovery, peacebuilding, and long-term sustainable development.

# RESOURCES

1. Yemen Humanitarian Needs and Response Plan 2025 | OCHA
2. Yemen Displacement Tracking Index | IOM
3. Yemen Humanitarian Needs Response Plan 2025 | OCHA
4. A Right to Belong |IOM
5. Yemen Humanitarian Needs and Response Plan 2025 | OCHA
6. Yemen CCCM Overview | UNHCR
7. Yemen Regional Profiles | ACLED
8. https://data.humdata.org/dataset/yemen-population-estimates
9. Yemen (GoY): Acute Food Insecurity Situation for May-August 2025 | IPC
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11. Yemen Regional Profiles | ACLED
12. Yemen CCCM Overview | UNHCR
13. UNICEF Yemen
14. Yemen Security Council report April 2025 Forecast | UN Security Council
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16. No power, no protection| Reliefweb
17. Electricity Collapse Triggers Mass Protests in Hadhramaut's Coastal Capital | Reliefweb
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20. Yemen Humanitarian Response Snapshot June 2025 | OCHA
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# ANNEX I - PROPOSED METHODOLOGY FOR DATA COLLECTION – YEMEN GENDER ANALYSIS

To ensure the collection of high-quality, gender-sensitive data for the Gender Analysis, a structured, mixed-methods data collection approach has been designed for implementation across 12 governorates located in South Yemen. These governorates were selected based on a combination of operational accessibility, security conditions, and the presence of active humanitarian programming. Given the ongoing conflict and bureaucratic restrictions limiting access to northern areas, the selection was purposefully confined to governorates under the control of the internationally recognized government, where safe and uninterrupted data collection can be realistically carried out. This ensures both feasibility and data quality, while also capturing a diverse geographic and socio-economic profile within accessible regions.

A purposive, stratified sampling design will guide the selection of participants across governorates. This approach enables balanced representation across gender, age, stakeholder groups, and geographic contexts (urban/rural), while remaining sensitive to cultural norms and logistical constraints. In each governorate, a team of four trained data collectors—two males and two females—will be deployed. These data collectors will operate in gender-matched pairs to ensure cultural appropriateness, participant comfort, and adherence to ethical data collection standards. The inclusion of both qualitative and quantitative tools—Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), and structured interviews—further enhances representativeness and allows for data triangulation. This design enables the Gender Analysis to meaningfully capture the experiences, perceptions, and priorities of both women and men across diverse localities in South Yemen.

Similarly, to ensure inclusivity and diversity, the sampling design would take into consideration male and female respondents based on:

- Age (e.g. adolescents, youth, adults representing different age groups from age 18-65, elderly (aged65+))
- Marital Status (Married, Single, Divorced, Widowed)
- Ethno-religious groups
- Displacement Status (IDPs, Refugees, Returnees)
- Residential Status (Living in own homes, living in displacement camps, Temporary Shelters etc.)
- Disability Status
- Employment Status (Employed, Unemployed, self-employed, NEET)
- Education Status (those in university, higher education institutes, Secondary school, drop-outs, not pursuing formal education)
- Residents in Urban and Rural areas

## 1. Target Group

The target groups for the Gender Analysis will include a diverse range of stakeholders and populations to ensure comprehensive and inclusive data collection. These groups are:

**1. Government Officials:** Relevant representatives from local and national government agencies who are involved in policy-making, gender equality, or humanitarian efforts including, but not limited to, the following:

- Ministry of Social Affairs and Labour
- Women's National Committee
- Ministries of Education and Higher Education
- Ministry of Health
- Ministry of youth
- Human Rights Commission

**2. Women's Rights and Women's Empowerment Organizations:** Key actors working on gender equality, women's empowerment, and rights-based initiatives at the community, regional, and national levels. Such organizations include, but not limited to:

> o **Yemen Women Union**
> o **Yemeni Association for Reproductive Health**
> o **Youth Leadership Development Foundation**

**3. Humanitarian Actors:** Staff from UN agencies, INGOs, and local NGOs involved in the humanitarian response, particularly those with a focus on gender and protection.

**4. Community Leaders:** Local leaders, including traditional leaders, religious figures, and influential community members who can provide insights into gender dynamics and community-level impacts.

**5. Women, Men, and Youth (including Adolescents):** These groups will be engaged through FGDs to capture gendered experiences and perceptions across age, gender, and geographical divides.

> o **Women:** Including displaced women, female-headed households, women with disabilities, and women from various socio-economic backgrounds.

> o **Men:** Including fathers, husbands, heads of households,  community leaders and youth, to understand male perspectives on gender norms and roles.

> o **Youth:** Both young men and women, particularly in areas affected by displacement, to understand their experiences, challenges, and aspirations.

**6. Displaced Communities:** Individuals and families who have been displaced due to the conflict, particularly female-headed households and households with employed females and/or female breadwinners, to capture the gendered impacts of displacement.

**7. Female-Headed Households:** A specific focus on households led by women, as they face distinct challenges related to access to resources, protection, legal restrictions and decision-making.

## 2. Team Composition and Role Allocation

Each data collection team for the qualitative data collection tools will include:

- **DC1 & DC2 (females)** –  One facilitator and one note-taker (roles alternating as needed) for all female respondents.

- **DC3 & DC4 (males)** –  One facilitator and one note-taker for all male respondents.

All data collection activities will be conducted over a five-day period in each governorate, with the same schedule replicated across the 12 locations.

**Day 1 & Day 2: Key Informant Interviews (KIIs)**

- **DC1 & DC2 (females)** will conduct 2 KIIs per day with female key informants.

- **DC3 & DC4 (males)** will conduct 2 KIIs per day with male key informants.

- After completing the interviews, each pair will collaboratively finalize the KII notes and ensure all qualitative insights are captured, transcribed, and presented clearly.

**Day 3: Focus Group Discussions (FGDs)**

- **DC1 & DC2 (females)** will conduct 1 FGD with 10–12 female participants.

- **DC3 & DC4 (males)** will conduct 1 FGD with 10–12 male participants.

- Each team will jointly develop comprehensive reports based on the discussions, ensuring themes, patterns, and quotes are well-documented and analyzed.

**Day 4 & Day 5: Individual interviews**

    • Each DC will conduct 9 structured interviews with participants of their own gender, resulting in 36 interviews per governorate across both days.

    • The interviews will be designed to complement qualitative findings and allow for comparative gender-disaggregated analysis.

## 3. Sample Size

The sample size of 1,200 participants (100 per governorate 12 governorates) was determined, using a simplified sampling formula rationale suitable for gender analysis in humanitarian contexts:

The total target sample of 1,200 participants was determined using a stratified purposive sampling approach, balancing operational feasibility, gender balance, and the need for robust qualitative and quantitative data from diverse stakeholders across 12 governorates in South Yemen. While the study is not designed to produce statistically generalizable results, a sampling logic was applied to guide the minimum number of participants required for representativeness and triangulation.

**Sampling Formula (Slovin's Formula for interviews)**

To determine the appropriate number of interviews participants per governorate:

$$n = \frac{N}{1 + N\,(e)^2}$$

Where:

    • n = required sample size

    • N = estimated total number of relevant population in the governorate (e.g., affected population or humanitarian stakeholders)

    • e = margin of error (commonly 10% for social research in humanitarian settings)

Assuming:

    • N ≈ 1,000 individuals relevant to gendered humanitarian service delivery per governorate

    • e = 0.10 (10%)

$$n = \frac{1000}{1 + 1000\,(0.10)^2} = \frac{1000}{11} \approx 91$$

We round this to ~100 participants per governorate to accommodate additional layers of analysis (gender, sector, urban/rural). This allows the interviews component (36 respondents) to be complemented by qualitative tools (FGDs and KIIs) for triangulation.

## 4. Scale and Coverage

    • **Number of Governorates:** 12

    • **Duration per Governorate:** 5 days

    • **Number of Participants per Governorate:** 100

        o 4 KIIs (2 male, 2 female)

        o 2 FGDs (1 male, 1 female with 10–12 participants each)

        o 36 individual interviews

    • **Total Estimated Reach:** 100 participants x 12 governorates = **1,200 participants**

    • **Total number of DCs: 48 (12 governorates x 4 DC)**

This approach ensures gender sensitivity, balanced representation, and rich data triangulation, enabling a robust and inclusive Gender Analysis that reflects the realities of both women and men in South Yemen.

## 5. Data Collection Plan per Governorate

| Description | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Total number of participants/ governorates |
|---|---|---|---|---|---|---|
| DC1 | DC1 & DC 2 = 2KII | DC1 & DC 2 = 2KII | DC1 & DC 2 = 1FGDs | 9 | 9 | |
| DC2 | | | | 9 | 9 | |
| DC3 | DC3 & DC 4 = 2 KII | DC3 & DC 4 = 2 KII | DC3 & DC 4 = 1 FGDs | 9 | 9 | |
| DC4 | | | | 9 | 9 | |
| Total number of participant/ day | 4 | 4 | 2 | 36 | 36 | |
| **Total number of participants/days** | 4 | 4 | 20 | 36 | 36 | 100 |

## 6. Quality Control Measures

### 6.1 Trained and gender-matched data collectors

o Each team includes two male and two female data collectors trained to conduct interviews and FGDs in gender-sensitive and culturally appropriate ways.

o Facilitator-note-taker pairing allows for internal cross-checking and support.

### 6.2 Standardized data collection tools

o Use of structured guides for KIIs, FGDs, and individual interviews to ensure consistency across locations and teams.

### 6.3 Daily Spot Checks and Team debriefings

• Daily debriefings will be conducted among data collectors to:

o Validate the completeness and clarity of notes,

o Discuss emerging themes,

o Address challenges or ambiguities in real time.

• Supervisors from University of Aden will conduct spot checks on interview transcripts or field observations to assess quality.

### 6.4 Data Triangulation

o Multiple methods (KIIs, FGDs, individual interviews) are used to ensure cross-verification of findings.

o This enhances credibility and reduces bias.

### 6.5 Transcription and Review

o KII and FGD notes will be finalized collaboratively by facilitators and note-takers immediately after sessions to ensure accuracy and minimize recall error.

o Notes will be checked for completeness, internal consistency, and key quotes/themes.

### 6.6 Sampling Consistency

o A **stratified purposive sampling** approach is used to ensure demographic and geographic representation.

o Sample sizes are standardized across governorates (100 participants per governorate) to support comparability.

### 6.7 Ethical Oversight

o Gender-matched interviews protect participant confidentiality and **promote candid responses**.

o All teams are trained in Do No Harm, informed consent, and data protection protocols.

## 7. Contingency Planning and Adaptive Methodology

Given the volatile security context in Yemen—including sudden escalations in violence, access restrictions, and bureaucratic delays—the Gender Analysis methodology incorporates flexible, risk-responsive adaptations to ensure continuity and safety during data collection. These include:

### 7.1 Remote data collection options

• **KIIs** and selected **individual interviews** can be conducted remotely (via phone or secure online platforms like Zoom or WhatsApp) where face-to-face engagement is not feasible.

• Enumerators will be trained in **remote facilitation techniques**, including maintaining respondent confidentiality and mitigating digital fatigue.

### 7.2 Local enumerator deployment

• Priority will be given to recruiting and training **local data collectors** who reside in or near the target governorates.

• This reduces travel-related risks, enhances contextual knowledge, and promotes safer community access.

### 7.3 Staggered or phased rollout

• Data collection may be rolled out in **phases** based on real-time access assessments and evolving security conditions.

• Governorates facing high-risk conditions may be postponed or replaced with alternate sites sharing similar socio-demographic profiles.

### 7.4 Digital individual interviews substitution

• Where individual interviews are not possible in person or via phone, **digitally administered structured surveys** may be deployed through mobile platforms (e.g., KoBoToolbox, ODK).

• These would include closed-ended questions pre-tested for clarity and brevity, with multilingual options as needed.

### 7.5 Real-time risk monitoring

• Daily security briefings will be coordinated with relevant security advisors at University of Aden and local partners to determine feasibility.

• **Data collectors will be empowered to pause or adapt their plans** if safety concerns emerge.

### 7.6 Partnering with local organizations

• Collaboration with **women's rights organizations and local NGOs** will help identify safe venues, trusted facilitators, and appropriate participant recruitment channels.

• These partners will also support post-collection validation and contextual interpretation of findings.

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