



1. E C I S a

Near 4 ea f a i Y e e ha e ed e age d r a i a c i i e d.

The war has had a unique impact on women and girls, exacerbating pre-existing vulnerabilities and inequalities

2.1 Introduction

Near 4 years into the conflict in Yemen, the UN has reported a significant increase in the number of deaths, with a particularly high number of civilian deaths. In 2019, the UN reported that over 10,000 people were killed, with a significant proportion being women and children. The death toll has continued to rise, with over 60,000 people reported to have been killed since 2016, and the death toll is expected to continue to rise.

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

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

Background: Women and girls in Yemen

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

3. The impact of the conflict on civilian infrastructure

Since the start of the conflict, civilian infrastructure has been severely damaged. The impact has been particularly devastating in the areas of health, education and basic services. The destruction of infrastructure has led to a significant loss of life and limb, and has caused a major humanitarian crisis. The impact of the conflict on civilian infrastructure is a major concern of the international community.

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

However air strikes are not the only cause of Yemen's public service collapse. Restrictions on commercial imports – including fuel – have led to a contraction in the delivery of essential services including water provision, and pushed their costs beyond what people can afford.^{xxi} Nearly 20 million

4. Targeted and individualised

The data highlighted the impact of violence on women and girls. In November 2017, OCHA reported that the number of GBV cases had increased by 63 per cent since before the conflict.ⁱ UNFPA also reported that in 2017, 300,000 women and girls were affected by violence, a 60,000 increase since 2015.ⁱⁱ The affected women and girls have been displaced, and in 2015, each day 65,000 women and girls were displaced.ⁱⁱⁱ

Some groups of women are more vulnerable to violence, as a result of the intersection of gender with other factors including age, class, disability, geographic location, and refugee status.^{xiv} A recent internal assessment by IRC found that the most vulnerable women and girls in Yemen are adolescent girls (particularly those living in rural areas), marginalised women (for example those who are divorced

5. Unmet needs and access to health services

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

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

Access to services is further limited by increased restrictions

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

The lack of consultation with, and participation of women's organisations and women and girls in the planning and response to the conflict is a key factor which compounds the lack of an adequate gender-sensitive response in Yemen. It also disregards the multiple and significant roles that women have been playing during the conflict,^{lxiii} including as first responders and peacebuilding agents

7.C c a d c da

Before the 1990s, Yemen was a small country in the Middle East. It was a developing country, and it was a member of the Arab League. It was a member of the Arab League, and it was a member of the Arab League.

Yemen is a developing country. It is a member of the Arab League, and it is a member of the Arab League. It is a member of the Arab League, and it is a member of the Arab League.

The Yemeni government is a developing country. It is a member of the Arab League, and it is a member of the Arab League. It is a member of the Arab League, and it is a member of the Arab League.

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

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



Ab 1 : Abeer Abdul Koreem Nasir, 30, lies on a bed in IRC's maternity ward at Al Sadaqa Hospital after giving birth to a baby boy. Ke e R a / IRC

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