

# NASEEJ PROJECT BASELINE REPORT

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**OXFAM YEMEN**

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| ACRONYMS |  |
|----------|--|
| CSQ      | Community Survey Questionnaire                                   |
| FGD      | Focus-Group Discussion   |
| FGM      | Female Genital Mutilation  |
| GBV      | Gender-Based Violence  |
| IGBVS    | In-depth interview with GBV survivor                             |
| INGO     | International Non-Governmental Organization                      |
| KII      | key Informants Interview   |
| KII      | Key Informant Interview  |
| LNGO     | Local Non-Governmental Organization                              |
| NGO      | Non-Governmental Organisations                                   |
| OCHA     | UN Office for Coordination of Humanitarian Affairs               |
| SGBV     | Sexual Gender-Based Violence                                     |
| UN       | United Nations   |
| UNESCO   | United Nations Educational, Scientific and Cultural Organization |
| UNFPA    | United Nations Population Fund                                   |
| VAWG     | Violence against women and girls                                 |
| WRO      | Women Rights Organization  |
| YWU      | Yemeni Women Union   |

## EXECUTIVE SUMMARY

The project “Naseej: Connecting Voices and Action to End Violence against Women and Girls in the MENA Region” is funded by the European Union aiming at Promoting Gender Equality and women’s and Girls’ empowerment in developing countries. Project timeline started on 1<sup>st</sup> March 2019 and will end on 31<sup>st</sup> August 2022 (42 months).

As part of the initial project implementation activities, Oxfam commissioned a baseline study with the objective of establishing the initial programmatic benchmarks upon which later measurements of performance would be based. The baseline also aimed at generating recommendations to inform programmatic decisions. The survey took place from the 14th – 29th September 2020, in the four governorates of Sana’a (Al-Sabeen), Aden (Dar Saa’d), Lahj (Al-Musimir), and Taiz (AL-Shamayteen and Al-Ma’afr). The baseline was conducted by an independent consultant.

Highlights of key findings of the baseline survey is summarised and presented under the following section below.

### **GBV is widespread in Yemen**

In the Yemeni context, gender-based violence (GBV) is a very sensitive issue. Women and girls do not report violence due to the fear of being killed, detained, or exposed to further violence. Many forms of violence prevail in Yemen: “beating, cursing, shouting, mockery, verbal abuse, handcuffing girls, depriving girls of education, restricting the movement of girls” are some of the types of violence experienced by GBV survivors’ interviewed for a recent Naseej baseline study that was conducted in 2020.

UNFPA has also reported an increase of GBV incidents in Yemen by 50% in the case of physical assault, 35% of sexual abuse, 25% of psychological abuse, 17% denial of resources and 11% of child marriage. The baseline study showed that verbal abuse emerged as the most common GBV form in Yemeni society, followed by child marriage, deprivation of resources and physical abuse. Respondents confirmed that in certain cases the intensity of physical violence may endanger the women or girl’s health and lead them to seek medical support.

### **GBV is Justified and Tolerated in Yemen**

The baseline findings show that 71% of the community members interviewed in four-targeted governorates: Sana’a (Al-Sabeen), Aden (Dar Saa’d), Lahj (Al-Musimir), and Taiz (AL-Shamayteen and Al-Ma’afr), have justified husband’s violence against his wife. Women themselves agree that “\*a woman deserves to be punished by her husband if she leaves the house without his permission\*” referring to the societal practices that give male guardians the right to punish women and girls if they disrespect certain social norms.

Male interviewees in Dar Saad said that “a man has the right to punish a woman by either hitting or shouting at her when she makes mistakes, neglects family duties, misbehaves with her mother-in-law or when she wastes his time by calling a lot.” Gender relations in Yemen are formatted by culture, religion, social and political traditions, and men misuse their power and authority, thus actually abusing women.

### **Awareness-Raising Is Key**

Yemeni women have been marginalized, lack access to knowledge of their rights and are often excluded from decision making. They are expected to support any decisions made by men. This often leads to limited capacity in self-protection from violence, coercion, and deprivation. Such limitations mean that women lack space to speak up their concerns including domestic violence. Therefore, it is important to raise awareness among Yemeni women and girls about what constitutes violence, as they are often not

aware of their rights. The baseline findings showed how important it is to work with men and boys to promote positive forms of masculinity and non-violent conflict resolution.

### **Women's Rights Organizations Leading the Change**

Providing comprehensive GBV services with a survivor-centred approach has proven to be very difficult. In addition to all challenges mentioned above, there is a lack of specialized service providers with the right capacities and skills. However, Yemeni women rights organizations (WROs) are at the forefront of the struggle to end GBV in Yemen.

WROs play a key role in raising awareness of GBV as well as providing services to GBV survivors, including safe spaces to report or talk about their GBV experiences. Their work is highly appreciated by the Naseej female baseline study respondents, who also emphasized that if such organizations were to increase their advocacy work to end impunity for perpetrators of GBV, they would gain even more community trust. However, the baseline study highlighted a different position of male participants who had negative views on the work of WROs, claiming that WROs are empowering women against their husbands.

The Naseej project will focus on providing much needed support to 4 WROs working on the frontline to deliver immediate and vital GBV services, as well as raise awareness with all members of the targeted communities, including men, boys, local leaders and decision-makers. Naseej will continue to challenge abusive social norms, traditions and practices that still make GBV such a widespread phenomenon in Yemen.

### **Key Recommendation**

#### **At individual level**

- Educate and sensitize women and girls on overcoming fears related to different forms of GBV and encourage disclosure of violations.
- Training and raising awareness of Yemeni family; fathers, mothers, brothers, and sisters about the risks of gender-based violence.
- Educate women on conflict management and dispute resolution in marriage to reduce domestic violence.

#### **At the Community level**

- Continue raising awareness about GBV to community leaders such as Immams of the mosques, sheikhs, and Ouqal al-Harats (heads of neighbourhoods).
- Conduct open dialogue on the relations between customs and traditions and GBV occurrences.
- Conduct campaigns geared towards convincing girls to go back to schools.
- Supporting and providing remote villages with water projects to be accessible to everyone.
- Conduct trainings and awareness raising for the judicial and security control agencies GBV case management.
- Enforce legislation and laws that deter perpetrators of VAWG and capacitate state agencies and judicial authorities on the issue of GBV.
- Undertake legal forms particularly targeting laws that discriminates women and encourages violence against women.
- Continue with advocacy efforts aimed at passing into law GBV related recommendations submitted by civil society and women rights organisation.

### **Women Rights Organization**

- Conduct community dialogues aimed at raising awareness on mandates and responsibilities of women rights organisations.

- Build capacities of local NGOs and prioritise provision of high quality GBV services.
- Explore alternative means of expanding GBV services reach across all communities of Yemen.
- Expand GBV services and safe houses all over the Republic of Yemen.
- Establish GBV case management information systems at village, district, and governorate and at the national level.



## 1. INTRODUCTION

Since 2006, Yemen as a country has been ranked last in the World Economic Forum's Global Gender Gap index for 13 consecutive years, women have been suffering from deeply entrenched gender inequality rooted in a patriarchal society with rigid gender roles. Gender-based-Violence (GBV) is particularly salient in Yemen among conflict-affected communities and internally displaced people, which leads to serious threats to lives and health of women and girls. Several reports indicate increasing incidents of GBV against women and girls. For instance, in November 2017, the UN Office for Coordination of Humanitarian Affairs (OCHA) reported 63% increase in GBV incidences including rape, sexual assault, intimate violence, and early and forced marriage of girls. A study conducted in 2018 in eight Yemeni districts including indicated an increasing incidence of sexual violence against poor women, female beggars, displaced women, and marginalized (Muhamasheen) women.

Naseej project provides a regional approach to one of the most critical issues affecting the realisation of women's empowerment in the Middle East and North Africa (MENA) region: sexual and gender-based violence (SGBV) in conflict and fragile settings. SGBV not only violates women's and girls' human rights, but also limits progress towards the Sustainable Development Goals (SDGs) by hindering women and girls' outcomes in health, education, and participation in public life, as well as negatively affecting peace, stability and economic prosperity. The Action targets the 3 fragile and conflict-affected countries of Yemen (North and the South specifically in Sana'a, Lahj, Aden and Taiz), Iraq (retaken governorates of Diyala and Anbar), and the Occupied Palestinian Territory (OPT – West Bank, in particular, Area C, East Jerusalem, Gaza Strip). These countries and locations have been chosen due to the scale of SGBV, as well as Oxfam and our partners' presence and experience on the ground. By working across 3 countries with a regional component, the action will achieve a multiplier effect by enabling WROs to come together at the regional level, supporting cross-country knowledge transfer on promising approaches to addressing SGBV, linking and learning between different fragile and conflict-affected contexts, and supporting joint advocacy through regional and international platforms.

Activities in Yemen is tailored to the realities of the operating context and based on Oxfam's experience and lessons learned from implementing gender equality programmes during the conflict. This includes i) a smaller number of grantees in Yemen (up to 4) compared to the other 2 countries to reflect a measured and realistic approach that focus on supporting quality interventions with both new and more established WROs; ii) measuring and monitoring implementation and documenting approaches that are most successful, sharing learning across the sector so that it can be applied by other development and humanitarian actors in Yemen; iii) focusing on supporting women and girls most affected by the crisis through direct provision of SGBV services; and iv) engaging with influential traditional leaders and mobilizing communities to help positively shift attitudes and behaviors.

The project aims to contribute to more gender-equitable societies in Iraq, Yemen, and OPT, in which women and girls live free from violence across all spheres of life (overall objective of the action) and to support civil society to effectively prevent and respond to SGBV during conflict (specific objective). The Action will address SGBV in the 3 contexts of conflict, post-conflict, and occupation through a multifaceted approach in line with global best practices on preventing SGBV and minimum standards on responding to SGBV in emergencies. In Yemen the Project is being implemented in three target areas mainly in the south governorates of Taiz, Aden and Lahj governorate as context in north is extremely challenging for a GBV response. Three intermediary outcomes (iOCs) have been established to achieve the expected changes. The 3 iOCs are complementary and holistic, in line with Oxfam's Gender@Work Framework, which recognises the multi-dimensional nature of SGBV. The underlying assumption to the Action's theory of change, organizational). It further assumes that working on multiple areas at the same time (services and

reporting; social norms; and policy change) will be more effective and efficient and will produce a greater impact in the longer-term.

Oxfam and Co-Applicants and Associate Partners focus on transferring our experience on social norms change, research methodologies and MEAL to grantees to enable them to use in their everyday work. Oxfam has undertaken capacity building on Gender Leadership in Humanitarian Action via its global 'Institutionalising Gender in Emergencies Programme. The comprehensive capacity building package will also ensure that grantees have improved capacity on case management and referrals during emergencies and post emergencies. Innovative learning and evaluation methodologies (including effectiveness reviews, most significant change, and life story vignettes to understand, respond to and measure change at individual, community and systemic levels) will be applied to understand and measure impact. This will benefit from Oxfam's institutional expertise on feminist and conflict-sensitive monitoring, evaluation, accountability, and learning (MEAL) methodologies including indices for measuring women's empowerment.

The Naseej Baseline study was commissioned as an integral part of Naseej MEAL initiatives which aims to identify the impact of such interventions and activities, documenting learning from approaches which seems to provide the most desirable gender outcomes. The objective of the Naseej baseline survey is further explained in the following section.

## **2. OBJECTIVES OF THE BASELINE STUDY**

The baseline study was conducted at the start of the project, to establish a benchmark against which all future indicator measurements at output, outcome and impact would be based. The baseline study was conducted to achieve the following specific objectives.

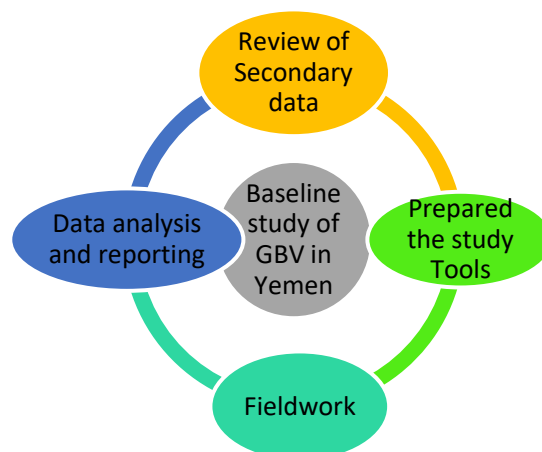
- 1) To gain an understanding of current community perceptions of SGBV, women and girls' and barriers to reporting SGBV as well as limitation to service access.
- 2) To profile and generate information upon which the project objectives and strategies can be adjusted to match contextual realities of Yemen.
- 3) Setting up the base background to assess, monitor and assess project progress, efficiency, effectiveness, and impact in final evaluation stage.
- 4) To establish trustworthy baseline information upon which immediate outcome, mid-term outcomes and impact can be based.
- 5) To generate recommendations to inform implementation strategy of the project.

## **3. METHODOLOGY**

### **3.1. Study Approach**

The baseline study consists of two parts: a review of secondary data as well as the collection and analysis of primary data using four research methods.

**Figure1: Baseline study strategy**



### 3.2. Sampling

To respond to the baseline study objectives, a non-random sampling approach was utilised. This approach is particularly recommended for research assignment which are either qualitative, or exploratory in nature. Also, when time is not adequate to reach a huge sample size. The baseline study utilised a purposive sampling reaching 180 individuals across the four governorates of Sana’a, Aden, Lahj, and Taiz. In addition, 8 FGDs, 12 in depth KII interviews, and 8 face-to-face interviews were conducted. The table below shows distribution of samples across these study areas.

| Location       | Number interviewed |
|----------------|--------------------|
| Al-Sbeen       | 40                 |
| Dar-Saad       | 40                 |
| Al-Musimir     | 40                 |
| Al-Ma’afr      | 30                 |
| Al-Shamayateen | 30                 |

*Table 1: Sample Distribution by District*

### 3.3. Study Method

The baseline study relied on multiple data collection methods. Data were collected through a review of relevant secondary literature on GBV in Yemeni context. In addition, multiple qualitative research techniques were utilised, including FGD, KIIs, and in-depth interview with GBV survivors. The CSQ was administered as the main source of quantitative data for the baseline study. This ensured findings were adequately triangulated and based on strong evidence.

#### 3.3.1 Literature Review

The baseline study consultant conducted a comprehensive desk review of secondary information from trusted sources such as the UN, INGOs/NGOs reports as well as publications from research institutions.

#### 3.3.2 Primary data-collection tools

The Community Baseline Survey Questionnaire and Focus-group discussion (FGD) tools were based on the baseline tools used in Palestine and Iraq. The tools were however adapted and contextualised to Yemen context before they were used. The FGD tool covered eight themes related to GBV. Similarly, the Key Informant Interview (KII) and in-depth survey form for GBV survivors were based on available tools used

in the region and Oxfam country assessments. The tools were developed in close collaboration with the Oxfam Gender program team. In the table below, you can find the types of tools utilised.

| Method          | Tool  |
|-----------------|---|
| 1. Quantitative | Community Survey Questionnaire (CSQ)  |
| 2. Qualitative  | <ul style="list-style-type: none"> <li>○ Focus Group Discussion (FGD) Guide</li> <li>○ Key Informant Interview (KII) Guide</li> <li>○ In-depth GBV Survivor Interviews (IGBVS)</li> </ul> |

Table 2: Data Collection methods and Tools

### 3.4. Baseline Study Process

The data collection took place between 14 September and 29 September 2020, in the four governorates of Sana'a (Al-Sabeen), Aden (Dar Saa'd), Lahj (Al-Musimir), and Taiz (AL-Shamayteen and Al-Ma'afr). While, the study was conducted during period from 1st of September to 17th of October. Eight enumerators (4 males and 4 females) were recruited and equipped with skills on questions administration, research ethics and principles during two-days remote training sessions.

#### 3.4.1 Focus Group Discussion (FGD)

The FGD participants were local community members residing in the four-targeted districts. Participants were selected based on their unique social, educational and settlement background and type in each location. Up to 8-FGD sessions were conducted in Sana'a (Al-Hutihili), Aden (Dar Saa'd), Lahj (Al-Musimir), and Taiz (AL-Shamayteen and Al-Ma'afr), were 80 participants comprising of 41 female, and 39 males were engaged. Focus groups were segregated according to gender and age, where facilitators were assigned to each group based on the gender of each groups. The FGD groups comprised of members between 0-8 participants.

#### 3.4.2 The key Informants Interview (KII)

In-depth interviews were conducted with 12 respondents in the four governorates of Yemen. The respondents comprised of GBV experts, Women Rights Organisation (WRO) representatives, male gender experts, and local authorities' representatives in each district.

The criteria used to select the experts to participate in the KII interview were:

- Being involved in civil society activities,
- Holding or heading local Women Right Organization (WROs),
- Membership to the national GBV forum in Yemen.

#### 3.4.3 In-depth interview with GBV survivor (IGBVS)

To respond to the study purpose, the female enumerator conducted 2- face-to-face interviews in each governorate, guided by the principals of do no harm, 8- GBV survivors were interviewed in each district. The average age of the respondents was 24.9 years, while the mean age of survivors at the time they got married ranged 13-18 years.

### 3.5. Ethical Consideration

All members of the study team were given guidance about this research in order to meet the highest ethical standard. The data collections were conducted in a manner that guaranteed total anonymity, confidentiality, security of all participants, and taking into consideration the sensitivity of GBV related

topics. Participation in the study was voluntary hence participants were encouraged to decline to answer any questions they were not comfortable with. The study was conducted in strong adherence to the WHO COVID-19 prevention measures such as sanitizing, observing social distancing, washing hands with alcohol-based hand wash and always use of face masks.

### **3.6. Limitation of the baseline study**

Due to time constraint a non-random sampling approach was utilised, however this was compensated for engaging more participants in the focus group discussion from different communities and social backgrounds.

## 4. FINDINGS:

### 4.1. Demographics

The baseline survey targeted community members who were between 17 and 60 years of age, the survey drew samples from a group of community members who were from diverse social, economic, and political backgrounds, comprising of host communities, IDPs, literate and illiterate, well- educated, marginalized, and traditional or tribal people. The demographic characteristics of the respondents are summarized in the table below.

| Gender of Respondents        | Percentage |
|------------------------------|------------|
| Male                         | 50%        |
| Female                       | 50%        |
| Marital Status               | Percentage |
| Married                      | 68%        |
| Single                       | 23%        |
| Divorced                     | 8%         |
| Widowed                      | 2%         |
| Dwelling type                | Percent    |
| Rural                        | 58%        |
| Urban                        | 42%        |
| Education Profile            | Percentage |
| Able to read and write       | 21%        |
| Primary school certificate   | 7%         |
| Basic school certificate     | 12%        |
| Secondary school certificate | 32%        |
| Undergraduate                | 27%        |
| Post graduate certificate    | 2          |

Table 3: Demographic of respondents

### 4.2. The Influence of Social Customs and Traditions on Women and Girls

An inclusive interview with Gender expert Fatima Mashour indicates that women and girls in Yemen do not enjoy equal rights as men and boys. “The social customs and tradition in Yemen relegate women to second-class citizens hence infringing on their rights to education, decision making, gainful employment, ownership of property and assets” she added. According to the Demographic and Health Survey, Yemen has one of the lowest female labour force participation rates in the world. The World Bank report indicates that more than 90% of Yemeni women who are in the working-age do not participate in the workforce, and those employed are either underpaid or not paid at all. Most women engage in non-paid domestic works such as farming, livestock keeping and other domestic chores.

According to Radhia Shamsheer (a gender expert), the 1994 constitution of Republic of Yemen recognized women as only “sisters of men” and thus does not clarify aspects of equality or lack thereof. She added that “the current constitution pronounce equality between men and women as stipulated in Article 41, however, the will to enforce these provisions are lacking in practice<sup>1</sup>. She further alluded to the fact that legal instruments such as the Penal Code, Personal Status Act, and Citizenship Act and Criminal Code all contain provisions that discriminate against women.

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<sup>1</sup> Ministry of Legal Affairs (2008). Crimes and Penalties Law, 2<sup>nd</sup> ed. April 2008. Republic of Yemen.

Analysis of the primary data collected from the GBV surveys reveals that majority (69%) of the respondents do not believe that there are equal rights between men and women in Yemen. They further reported that women do not have equal rights in areas such as household decision making (57%), however, can only make decision with permission from either their fathers, husbands or sometimes brothers. Almost three-quarters (63%) acknowledged that men and women have equal rights when it comes to raising and disciplining children.

#### 4.2.1 Attitudes toward Gender Equality between Men and Women

The baseline assessment set out to establish whether respondents believe that it is justifiable for a man to engage in an act of violence against women for any reasons. To investigate this aspect, a set of six statements with a yes/no response categories were administered to survivors of gender-based violence in the four governorates. Response show that majority (71%) of the respondents believe that it is okay for a man to engage in an act of violence against a woman in circumstances such as, when she argues with her husband (71%), raised her voice against her husband (52%), and left the house without his permission (48%). Few of the respondents however acknowledged that it was not justifiable for a man to be violent to a woman if she breaks furniture (3%), for underperformance of her children (21%) and neglecting her children (34%) as presented in figure 1 below;

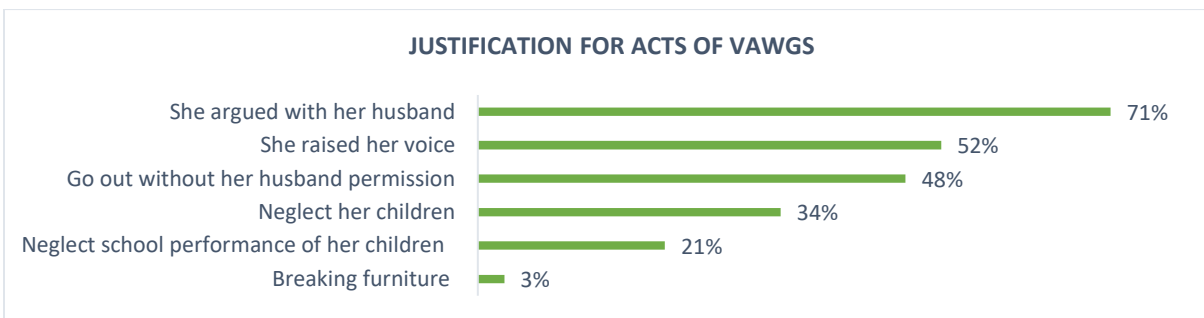


Figure 1: Justifications advanced for acts of VAWG

As with the rest of the FGDs with the Male respondents across the four governorates, in Dar Saad it was acknowledged that a man can punish a woman or girl by either hitting or shouting at her whenever she makes mistakes such as neglecting family duties, disobeying her mother-in-law and wasting time on cell phones. Findings from both female and male respondents strongly suggest that acts of VAWGs are perceived as acceptable and normal across communities in Yemen, even strongly among women who bear the brunt of this injustice. There is therefore need to engage both male and female members of the communities on issues related to women's rights and conflict resolution.

#### 4.2.2 Family Honour and its Relation to GBV

According to the UNFPA assessment report of 2015, VAWG victims prefer to remain silent whenever they come across/experience violence for reasons associated with social stigma, fear of revenge, and honour disrepute. The FGDs findings from Al-Huthili, Sana'a highlighted serious concerns around threats and vulnerabilities women and girls have in the name of protecting family reputation and honour. Participants explained further that, the main danger with "family honour" issue is that girls would always be forced into marriage at an early age and hence missing out on many opportunities in life. Female FGD conducted in Sana'a intimated that early marriages in communities often serves as a measure to shield and prevent families and tribal settings from reputational damage.

Female participants in Al-Musimir area intimated that family honour was one of the major injustices that must be addressed. They explained that the danger with the practice, is that if a woman/girl makes a

mistake, she could either face serious consequences such as death, shaming or even face stringent restrictions. To capture the gravity of this matter, the male FGD participants were asked what they would do if a woman made a mistake that affected their family reputation, to this one of the male respondents shouted that, “ *I will give her a shot and a shroud (a piece of fabric for covering a dead body)*”. These findings highlight serious impacts of family honour practice in the study area.

#### 4.2.3 Perception on Early Marriages, Divorce and Childcare responsibilities

The baseline study also explored the community perception on age of consent, early marriage as well aspect of childcare in an event of separation/divorce. Regarding age of consent, respondents were asked at what age girls should be given in marriage. Almost half (44%) of the respondents indicated girls should be married when they are at least 15 years of age, a quarter (33%) of the respondents however think it is ideal for girls to marry when they are below 15 years. The remaining segment of the respondents indicated that a girl should be married when they are at least 16 years. According to the secondary information referenced on this matter, findings show that there is no age of consent in marriage in Yemen. Girls may wed at any age, but sexual activity is illegal until the onset of puberty, defined by ulama as age 9.

Respondent were also asked when they thought it was appropriate for boys to get married, to this, the majority (68%) of respondents reported that boys should get married when they are at least 17, whereas only 9% indicated that boys should marry when they are less than 15 years old. In summary therefore most (68%) of the respondents supports marriage of girls at the age of 15 years, and similarly boys at 17 years.

Factors responsible for early marriage were explored during the baseline assessment. Findings show that culture and customs (33%) was the main contributing factor followed by economic pressure (31%) and honour concerns (16%). Illiteracy levels and desires by parents to have grandchildren were among factors that fuel drives early marriage as depicted in figure 2 below.

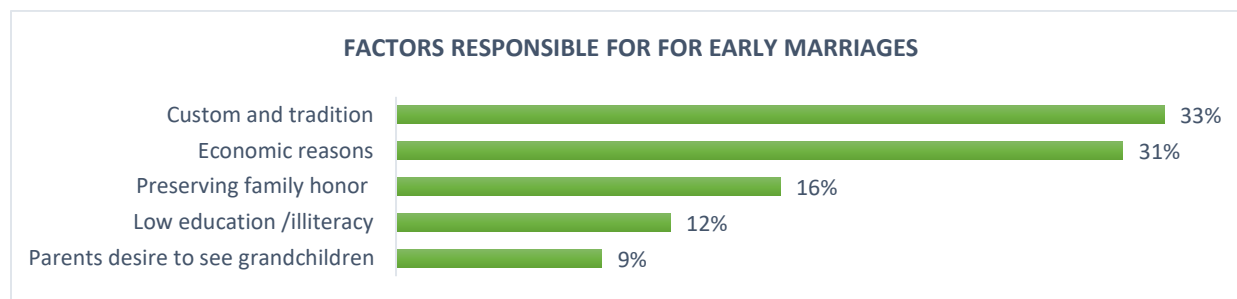


Figure 2: Factors that drive early marriages in Yemen

#### 4.2.4 Rights to Divorce and Parental Responsibilities.

Regarding the rights to divorce by women, majority (82%) of the respondents recognize that a woman has the right to ask for a divorce, whereas, 14% indicated that a woman right has no right to divorce. Respondents perception on the danger of polygamy was explored, to this a large proportion (82%, n=172) intimated that polygamy was harmful, as opposed to 14% who says that polygamy was not harmful.

Regarding parental responsibilities in an event of divorce, majority (74%) of the respondents indicated that a woman has the right to keep her children under her guardianship, whereas ,15% indicated that both parents have the rights to raise their children based on mutual agreement. Only 11% of the respondents supported the notion that the man should keep his children under his guardianship.



### 4.3. The GBV Prevalence against Women and Girls

To understand the forms and prevalence of gender-based violence against women and girls and their drivers within the surveyed communities, GBV survivors were asked to enumerate forms of violence they encountered in their communities. To this Verbal abuse (61%), early marriages (51%), and deprivation of women from co- owning family assets (50%) was mentioned by half of the respondents interviewed. Other forms of GBV such as physical abuse, force marriage, rape was mentioned by a small proportion of the respondents as shown in figure 3 below.

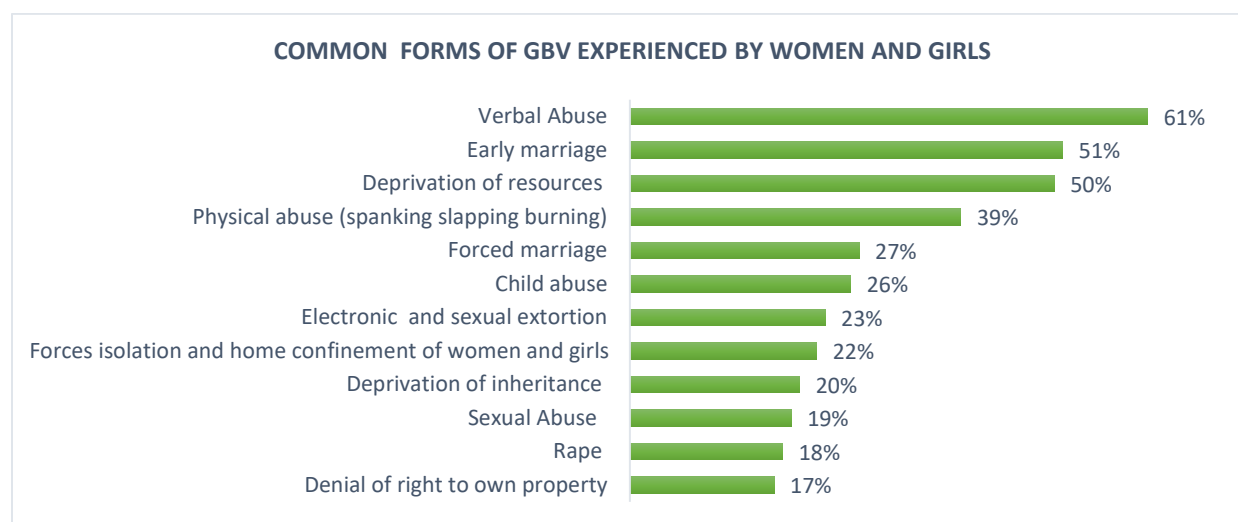


Figure 3: Common Forms of GBVs in Yemen

According to Al-Ammar et al, the war in Yemen has magnified the prevalence of VAWG by shifting gender roles and putting more pressure on women<sup>2</sup>. Women have been forced to work to support their families, whilst men have become unemployed and sometimes have undertaken chores which were traditionally performed by women<sup>3</sup>. Such changes in gender role is increasing intimate violence against women. FGD transcripts is littered with evidence and narratives which confirms prevalence of several forms of GBV against women.

From the male FGD conducted in Dar Saad, an unfortunate form of GBV was reported were two fathers gave their daughters to a male grocery owner to pay his dept. Much as this could be an economic situation induced act of VAWG, it is believed to have cultural connotation to it.

#### 4.3.1 VAWG Situation in Communities

Survivors of GBV were asked whether women in their communities had any fears that they would experience any forms of GBV anytime soon, and if so, to what extent they were afraid of this predicament. To this, more than half (51%) of the survey respondents indicated that women feels a little fear, followed by 30% who indicated women have a lot of fear, while 19% indicated that women feel so much fear of falling victim to VAWG.

Up to 33% of the respondents witnessed an act of VAWG within their households, 12 months prior to the baseline survey. Husbands (49%) were ranked as the worst perpetrators of VAWG, followed by fathers (40%) and other members of households who contribute up to 11% of the VAWG violations within

<sup>2</sup> Al-Ammar, K. Fawziah, Hannah Patchett & Shams Shamsan (December 2019).

<sup>3</sup> Valette, Delphine (January, 2019). Protection, Participation, and Potential: Women and Girls in Yemen's War International Rescue Committee.

households. Only 8% of the victims of VAWG accessed social and psychological services. Household respondents were asked what they make of the protective role of the police with regards to VAWG issues, to this, majority (69%) indicated that the police do not take issues of VAWG seriously, as opposed to 27% who think the police takes VAWG concerns seriously in their communities. FGD participants noted the decreasing role of police in their communities and the expanding role of sheikhs, community leader and religious leaders in resolving GBV violations. FGD participants cited numerous instances where police officers played the role of perpetrators of VAWG. In the FGD it was frequently highlighted that police department were not easily reachable in communities, and even so, did not have female staff to address female concerns.

To explore further the status of VAWG situation in communities, survivors of GBV were asked to indicate to the extent to which they agree or disagree with selected statements which depict status or prevalence of VAWGs activities within their communities.

Findings from responses were analysed and presented in figure 4 below.

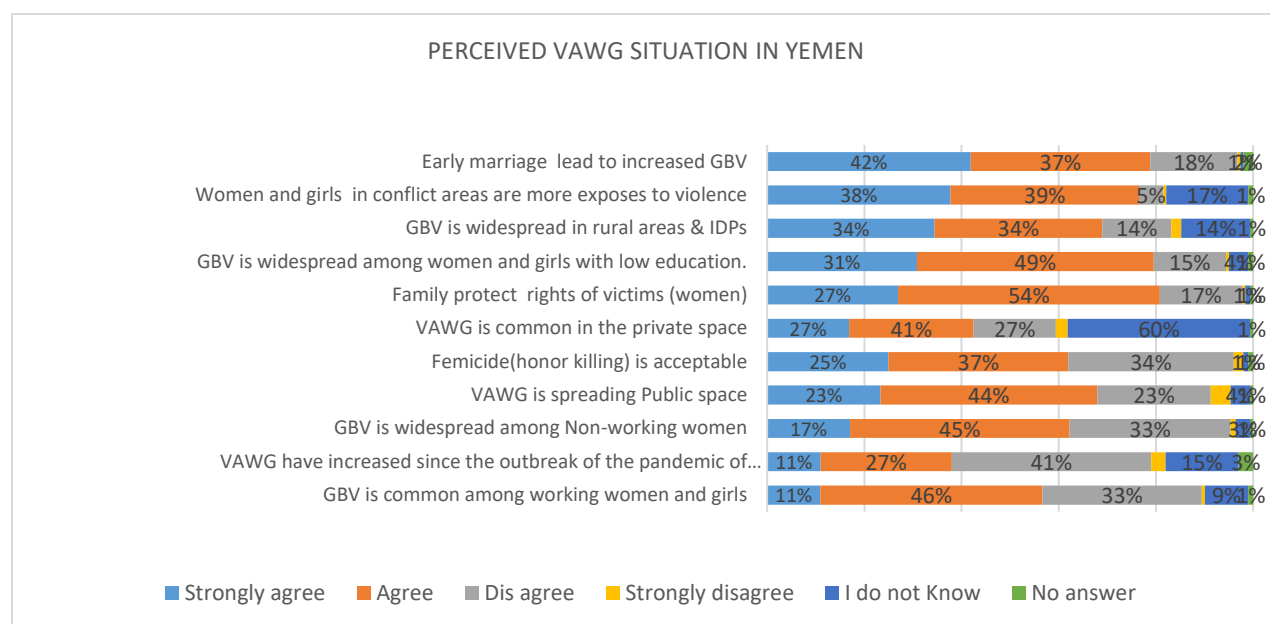


Figure 4: Perceived WAWG Situation in Yemen

#### 4.4. Reporting of VAWG Cases and Community Participation.

Regarding reporting of VAWG violations, more than half (52%) of the respondents indicated that they would be able to report any violations that they encounter one in their communities. Majority of the respondents however indicated that they would report violations to Women's Institutions /Protection facilities (98%), family channel (62%), and tribal institutions (86%) and as their most preferred channels to report violations. Other actions related to addressing violation is summarized in figure 5 below.

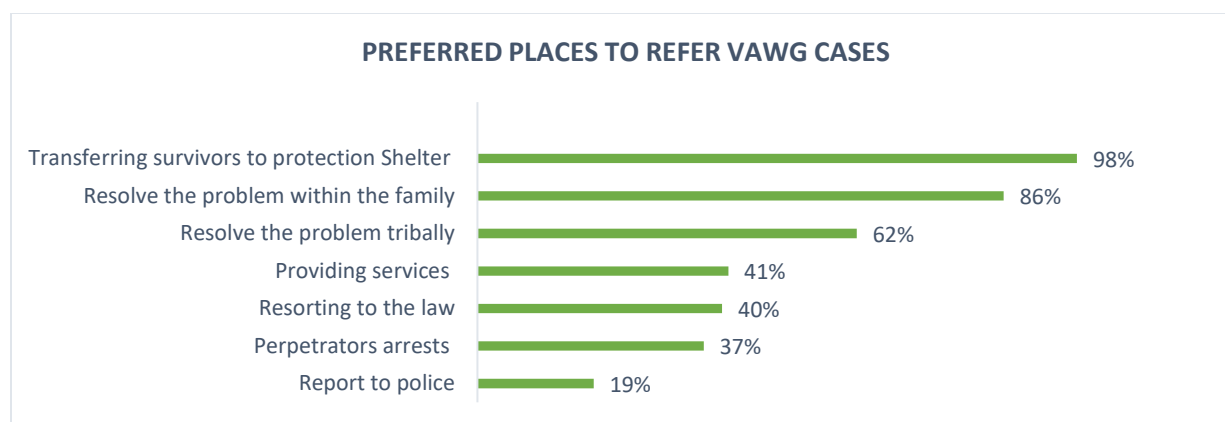


Figure 5: Preferred places for VAWG case referrals

According to Fatimah Mushour<sup>4</sup>, customs and traditions prevent women and girls from reporting violations to competent authorities such as police, while affected girls and women are not able to complaint against male guardians, and spouses because of the biased societal view which empowers father, husband, or brother to raise and correct woman's and girls.

Regarding sexual abuse or rape, different views emerged across the four Yemeni governorates. Participants in Al-Musimir (Lahj governorate) indicated that women or girls would be immediately killed if they were victims of sexual abuse or rape. In Sana'a participants indicated that a girl would be kept safe, however, she would be overcome with shame and remorse. The perpetrator would be imprisoned or even killed together with the girl if they had consented to commit sexual sin. In Taiz governorate respondents intimated that in their community it is likely that both the survivor and the perpetrator will be forced to marry. Commonly, both the girl and her family will suffer huge shame and should eventually relocate to a different place.

#### 4.4.1 Incidences Reporting Improved

According to the gender experts engaged in this baseline, despite the major structural and cultural hurdles, GBV incident reporting has improved steadily over the past one year across the study area. Further that Incorporating GBV incident reporting in Qat sessions has proved useful in encouraging women to open-up and report violations. Women encourage survivors of GBV to report to the YWU channels for support. According to the KII women's ability to report GBV incidents depended very much on their ability to express themselves freely.

The FGD conducted in the study sites reveal a serious level of frustration and mistrust men have against Women's Rights Organizations such as YWU for their alleged/perceived role in encouraging women to oppose and disobey their husbands, custom and traditions. Women's Rights Organisation such as YWU are renowned for their pivotal role in supporting GBV survivors through the provision of legal services, medical support, and psychological first aids to women. FGD further reveal that women do not report GBV cases because most available reporting channels such as through sheiks, police and tribal channels are dominated by men who often are biased. women also do not report GBV cases because of fear of social stigma. Absence of police station make it difficult for cases to be reported, even so reporting to police is sometimes regarded as an act of indiscipline which may put the life of the culprit to great danger. A case

<sup>4</sup> President of the Fawz Forum for Independent Women Interviewed on 21 September 2020.

in point was when a woman in Al-Musimir district reported a GBV incident to the police and she was immediately killed by her father and brother.

KII respondents seems to agree in their opinion about the social interaction and general perception about GBV reporting. For instant Walid Abdel Hafeez<sup>5</sup> in his submission, described Yemeni society as patriarchal and hence the belief violence against women and girls is considered as a disciplinary or corrective measure. Sexual violence is often regarded as disgraceful, shameful, and a societal stigma, hence, these are often covered up to preserve family reputation.

#### 4.4.2 Capacity of Legal and Justice System to Address VAWG

Perception on capacity of Yemeni legal and justice system to address issue of VAWG was explored among survivors of gender-based violence. Women were asked to what extent they agree to the statements that: 1) Yemeni law guarantees women's rights, 2) police protect women's rights, 3) the law shall punish the perpetrators of violence and, 4) whether a wife must not report the husband is the perpetrator for violence. To this, majority (77%) of the female respondents indicated that wives must not report their husbands if they commit act of VAWG, followed by 68% others you believe the law shall punish the perpetrator of violence. Conversely, a significant proportion of women (68%) do not agree that Yemeni law guarantees women's right, and 56% others, do not believe that police protect women's rights. The extent to which respondents agree or disagree with each of the topic is presented in figure 6 below.

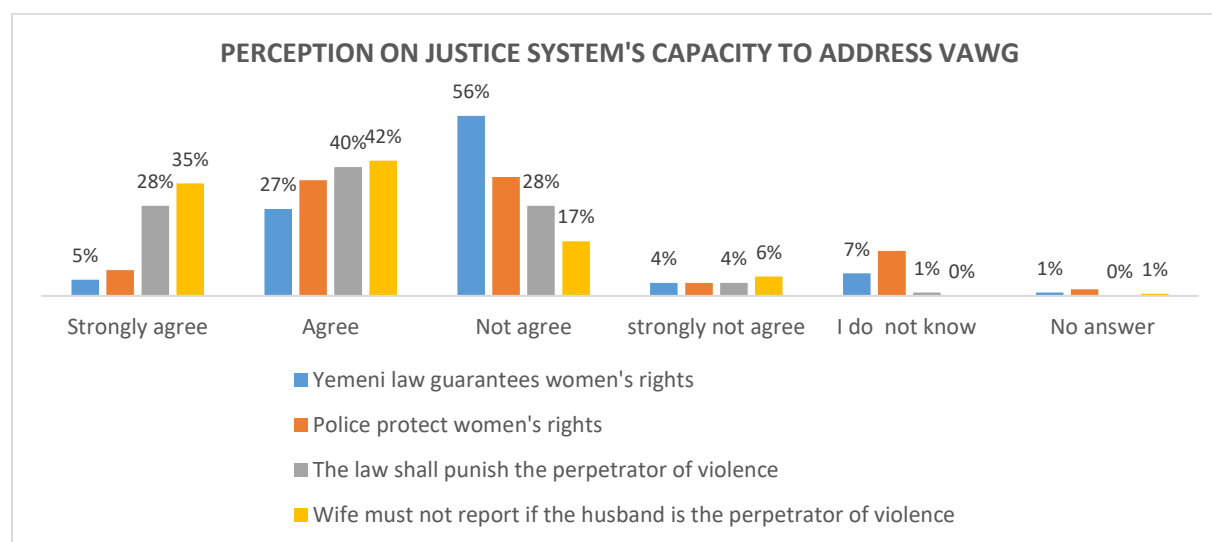


Figure 6: Community perception on justice and legal systems capacity to address VAWG

#### 4.5. Awareness About GBV services in Community Centres

Respondent's knowledge of GBV service centres within their communities was explored. Findings show that almost all (99%) of the women indicated that they did not know where to access GBV services within their communities. Findings further show that all GBV services are in high demand across all areas of intervention as can be seen in figure 7 below.

<sup>5</sup> Gender and consultant expert and member for the national team of GBV, interviewed on 22 September 2020.

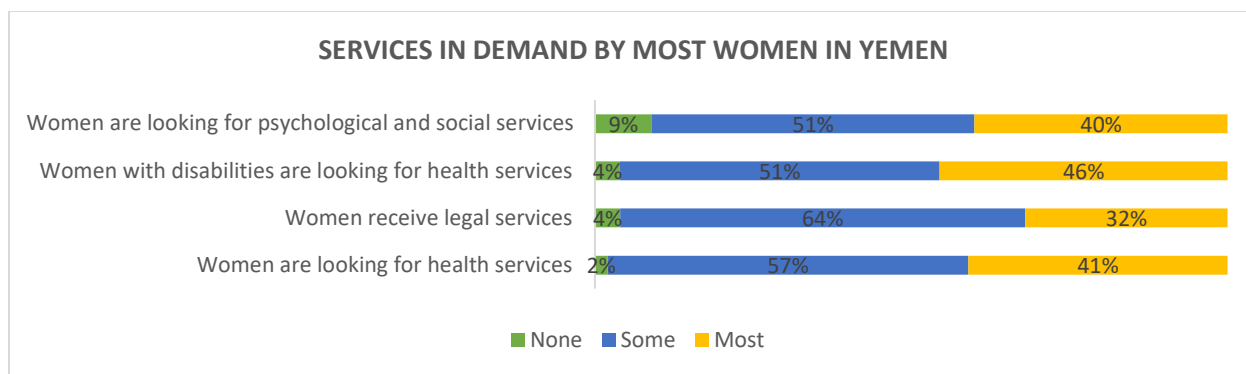


Figure 7: Most demanded GBV services in Yemen

#### 4.6. Factors hindering women's access to GBV Service.

The baseline survey explored factors which hinder most women from accessing GBV services within their communities. Findings show that fear of social stigma, fear of more violence and lack of support services in communities are among the key factors that prevent women and girls from accessing GBV services, as presented in figure 8 below.

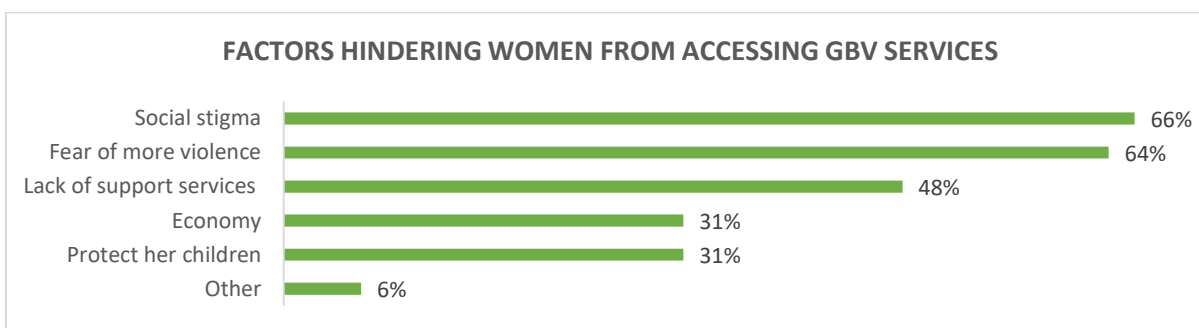


Figure 8: Factors for limited access to GBV services

#### 4.7. Where Respondents Turn to when facing GBV

GBV survivors were asked where they would seek help from in an event they experience any GBV. To this majority (85%) of the respondents indicated they would seek support of their household members, followed by close to half (45%) of the respondents who would seek the help of their extended families. The proportion of those who would seek services and support from formal legal institution and Women Right Organisations were very few as presented in figure 9 below. The above finding is rather concerning considering that most victims opt not to report GBV if it is perpetuated by a household member.

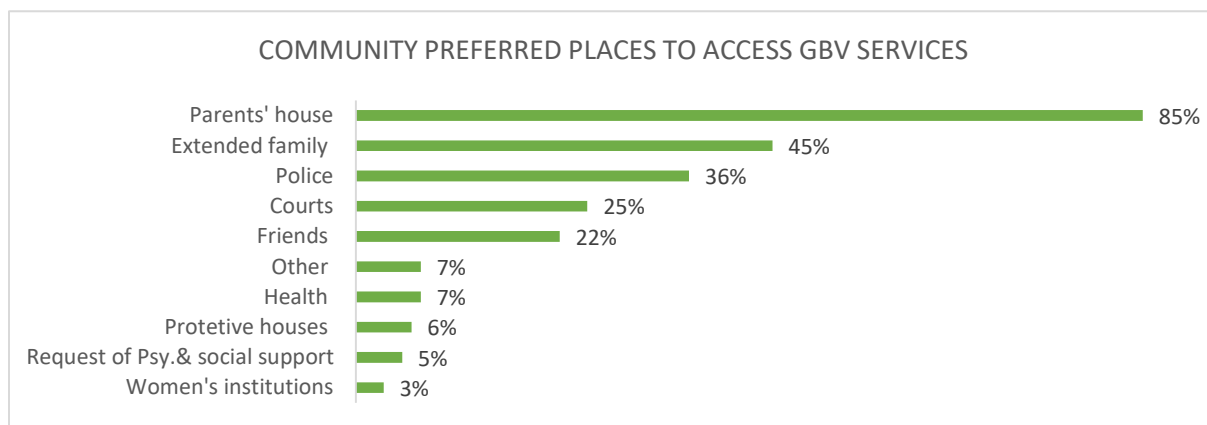


Figure 9: Community preferred places to access GBV services

#### 4.8. GBV Services offered by Women's Institutions

GBV survivors were asked to mention GBV related services that Women's Institutions are offering in their areas. Almost half (45%) of the respondents indicated that most women's support institution provides social and psychosocial services (45%), followed by cash support (16%) and legal assistance (15%). Health and safe shelter support were mentioned by small proportion of the respondents as presented in figure 10 below.

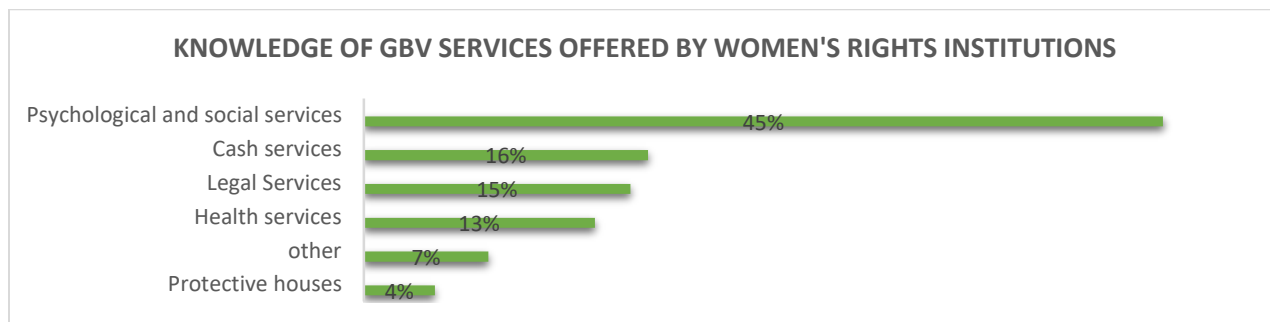


Figure 10: Knowledge on GBV services provided by Women's Right Organisations

#### 4.9. Trust in Women's Institution Services

A couple of random questions related to trust, capacity and parameters required for women's support organisation to provide quality GBV services were administered to both FGD and individual respondents. Statements were read in turn and respondents were asked to provide an appropriate response. Finding from session was summarised and presented in figure 11.

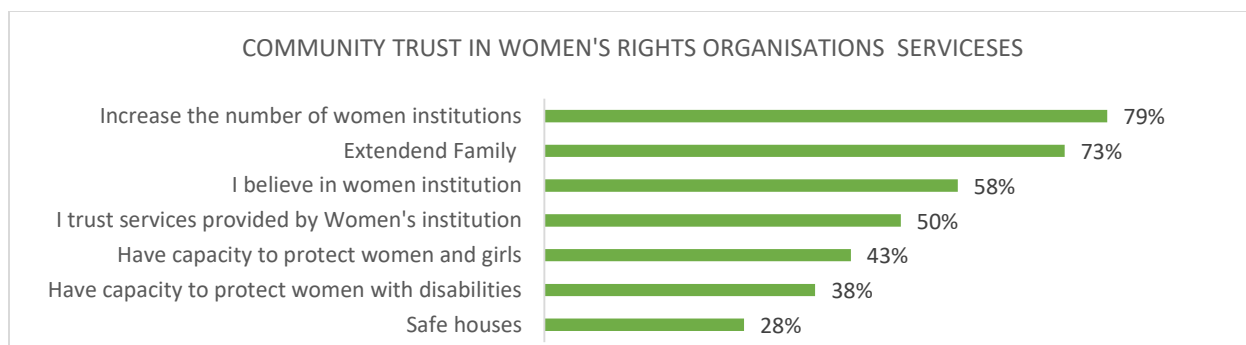


Figure 11: Level of trust in women's rights organisations

In general, the perception of community members on services provided by women's support institution is positive. Evidently, more females trust women's rights organizations more than their male counterparts. Many female FGD participants claimed that they have received guidance on how to improve their psychological status and behave in order to reduce domestic violence. For the male FGD participants, when they were asked about their perception on trustworthiness of women's rights institutions, they replied that women were highly trusted. Even so, some male FGD participants, in Sana'a and Lahj governorates insinuated that they did not have complete trust in women rights organizations, because of the belief that women's rights organizations empower and incites women against their husbands.

Female FGD participants of marginalized (Muhamasheen) from Al-Birien recorded that GBV services provided by INGO or YWU have both merits as well as risks associated with them. They further noted that GBV support by organisations has resulted to an increase in violence against women because husbands of Al-Muhamasheen resort to violence against their wife to obtain help from NGO. Nonetheless, the psychological and counselling services have helped and reduced family disputes.

#### 4.10. GBV Survivors Opinion on GBV Service Provision

Overall, there is high level of satisfaction with the GBV interventions provided across all the four governorates by GBV actors. Interviews with respondents reveals that survivors have trust in in women led organizations such as Yemeni Women's Union, majorly because of their high level of professionalism, good client care, and case management especially in the aspect of respecting client's privacy. Respondents across the study sites acknowledged that in addition to receiving GBV support, they also receive resilience-based skills development opportunities in any of their areas of interest such as engraving, sewing, first aid and embroidery. Much as efforts have been put in providing quality GBV services, there are still gaps that affect some section of GBV survivors. A GBV survivor in one of the safe houses in Sa'ana noted that absence of internet in some of the safe house hinders students like her from continuing with her education.

With regards to satisfaction with services provided by GBV stakeholders, respondents were asked to rank in the scale of 1-10, their level of satisfaction with GBV services (i.e. Medical, legal, psychological, and social services) with regards to adhering to key quality parameters such as survivors' safety, quality of services, survivors satisfaction and sufficiency of services. To this, psychological and social services component received the highest mean score of (8.7 out 10) satisfaction whereas medical and legal services components both an average score of 7.5 out 10 as presented in figure below.

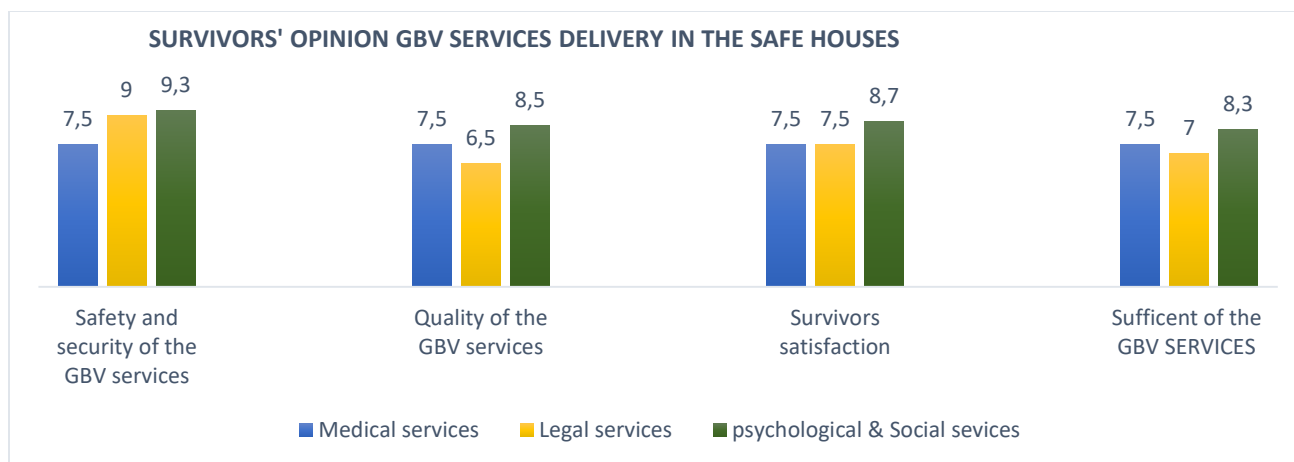


Figure 12: Perception on quality of services offered in protection facilities

#### 4.11. Community Participation in Raising Awareness

Survey findings show that there was good community participation in awareness raising activities across the four governorates visited. Findings from the individual survey conducted shows that majority (54%) of the respondents were knowledgeable about awareness creation activities conducted by women institutions/women in their communities. Almost half (46%) of the respondents indicated that they had participated in at least one VAWG awareness raising activity in their community. More than half (68%) of survey respondents expressed willingness to participate in activities which are aimed at reducing violence against women and girls in their communities.

Both male and female FGD respondents acknowledged that the awareness campaigns have significantly reduced violence among family members in their communities. The female FGD in Al-Musimir, Lahj governorate narrated their wonderful experience during the 16- days of activism implemented by Coalition of Women Voices, and have expressed interest to continue implementing similar initiatives in their district particularly targeting community leaders, such as imams of mosques and sheikhs. They also acknowledged that Save the Children implemented a go back to school campaign which encouraged young girls to return to school within their communities.

#### 4.12. Awareness of the work of women's rights institutions

When asked how respondents obtained information about GBV, majority (89%) indicated they had accessed information through other sources such as social media and social networks. A small proportion of the respondents received GBV information from their family members as presented in figure below.

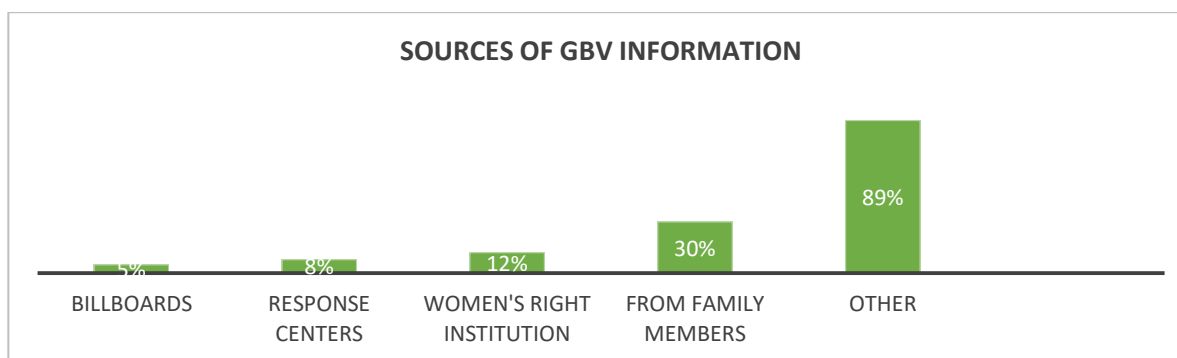


Figure 13: Sources of GBV information received



When asked about the role of women's rights organisation in reducing violence against women and girls, respondents acknowledged that women right organisations succeeded in reducing VAWG. In addition, the women's rights organisation activities improved societal awareness on the danger of VAWG.

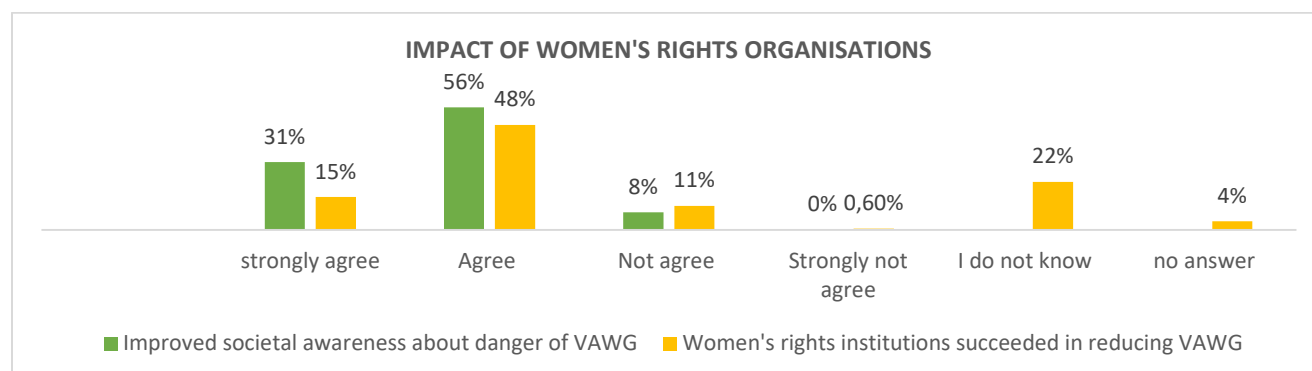


Figure 14: Perceived impact of Women's rights Organisations

### 4.13. Taking Action to End VAWG

The baseline study explored plausible means regarding responsibilities of all stakeholders in ensuring that VAWG is systematically addressed in communities. A set of statements with VAWG undertone was administered to GBV survivors with the intention of understanding their perception on ending violence against women and girls. Respondents were asked to indicate the extent to which they agree or disagree with each statement read to them in turn. Analysis of response from this session are presented in the table below.

| STATEMENTS  | AGR<br>EE | DISAG<br>REE |
|---|-----------|--------------|
| Society should pay attention to ending violence against VAWG.   | 98%       | 2%           |
| The responsibility to end violence against women and girls rest with the extended family.   | 97%       | 3%           |
| Men's society is responsibility to end violence against women   | 91%       | 9%           |
| Women and girls should disclose violence against them to relatives and friends  | 89%       | 11%          |
| Government is responsible to end violence against women   | 78%       | 22%          |
| Women and girls usually stand up for themselves in when they exposed to domestic violence.  | 75%       | 25%          |
| The responsibility to end violence against women on women and girls rest with their family.   | 74%       | 26%          |
| Women and girls wear clothing that does not conform to the beliefs her family in which justify a violence against them. inappropriate clothes | 72%       | 28%          |
| Woman and girls have the right to make their own decisions  | 71%       | 29%          |
| Women's right institutions are responsible for ending violence against women  | 57%       | 43%          |

Table 4: Respondents taking action to end VAWG

## 5. CONCLUSION AND RECOMMENDATIONS

### 5.1. Conclusion:

In conclusion therefore, the baseline survey succeeded in establishing the baseline conditions as set out in the term of reference. Findings show that VAWG is widespread in communities and that women and girls are hindered from reporting these violations for several reasons such as fear of further violence, economic and structural limitations. Further that contribution of Women's Right Organisations to address GBV is well acknowledged however are often hindered to provide services to many Yemenis due to of logistical and financial constraints. The legal system doesn't seem to be responsive enough to address VAWG hence more institutional reforms by all stakeholders is required to strengthen justice and legal system. A wide range of recommendations were highlighted to be addressed during the current project implementation, and for future project development initiatives.

### 5.2. Recommendations:

#### 1. At individual level

- Educate and sensitize women and girls on overcoming fears related to different forms of GBV and encourage disclosure of violations.
- Encourage women and girls to demand and defend their rights at all levels, right from family level i.e., right to education, right to work, and decision on who and when to marry
- Encourage and educate female school going children to report harassment and sexual violence.
- Conduct training and awareness session to teachers on GBV issues.
- Training and raising awareness of Yemeni family; fathers, mothers, brothers, and sisters about the risks of gender-based violence.
- Educate wives on conflict management and dispute resolution in marriage to reduce domestic violence.

#### 2. At the Community level

- Continue raising awareness about GBV to community leaders such as Immams of the mosques, sheikhs, and *Ouqal al-Harats* (heads of neighbourhoods).
- Conduct open dialogue on the relations between customs and traditions and GBV occurrences.
- Conduct campaigns geared towards convincing girls to go back to schools.
- Supporting and providing remote villages with water projects to be accessible to everyone.
- Conduct trainings and awareness raising for the judicial and security control agencies GBV case management.
- Enforce legislation and laws that deter perpetrators of VAWG and capacitate state agencies and judicial authorities on the issue of GBV.
- Undertake legal forms particularly targeting laws that discriminates women and encourages violence against women.
- Continue with advocacy efforts aimed at passing into law GBV related recommendations submitted by civil society and women rights organisation.

#### 3. Women Rights Organization

- Conduct community dialogues aimed at raising awareness on mandates and responsibilities of women rights organisations.

- Build capacities of local NGOs and prioritise provision of high quality GBV services.
- Explore alternative means of expanding GBV services reach across all communities of Yemen.
- Expand GBV services and safe houses all over the Republic of Yemen.
- Establish GBV case management information systems at village, district, and governorate and at the national level.

## 6. ANNEXES:

### 1. List of the KII Respondents

| N  | Name                     | Position   | Governorate    |
|----|--------------------------|--|----------------|
| 1  | Fatima Ahmed Mashour     | President of the Fawz Forum for Independent Women                          | Capital Sana'a |
| 2  | Tahani Al-Khybah         | Counselor of the Central Bureau of Statistics                              | Capital Sana'a |
| 3  | Walid Abdel Hafeez       | Consultant with civil society organizations                                | Capital Sana'a |
| 4  | Radhia Shamsheer         | Advisor of the Arab Foundation for the Support of Women and Juvenile Issue | Aden           |
| 5  | Maha Awad                | President of Wujud Foundation for Human Security                           | Aden           |
| 6  | Yasser Mounir Mubarak    | Director of Media and Supervisor of IDPs Camps in Dar Saad, Aden           | Aden           |
| 7  | Hafizah Saleh Sheikh     | Secretary General of the National Commission for UNESCO                    | Lahj           |
| 8  | Weam Ali Abu Talib       | Women empowerment and Economic officer, Care                               | Lahj           |
| 9  | Ahmed bin Ahmed Al-Hamid | Acting Director of Al-Musaimir Directorate                                 | Lahj           |
| 10 | Salah Al-Tamimi          | Coordinator of the local council in the Directorate of Shamayateen         | Taiz           |
| 11 | Elham Al-Ariqi           | Head of the Yemen Women Union branch, Taiz                                 | Taiz           |
| 12 | Layla AL- Rabbasi        | Activist and worked in the Yemeni Women's Union previously                 | Taiz           |

Table 5: List of KII Respondents






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