



Impact of social protection policies responding to COVID-19 on gender equality in **Yemen**

 **UN
WOMEN** 



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KEY MESSAGES

Findings:

- During the pandemic there were relatively few gender sensitive policies:
 - Working hours were reduced for the civil service; female civil servants were given paid leave;
 - Pregnant women were given the option of not going to work;
 - Women's traditional role of caretaker was recognized critically important in preserving their families.
- Women were included in bodies formed to counteract the pandemic on an ad hoc basis. Women's participation varied from none at all to 15 per cent or 20 per cent;
- A gender-sensitive response to the COVID-19 crisis is clearly missing. Inequalities remain across key spheres of life and in the public sphere;
- Women are increasingly vulnerable. Women in many jobs were the weakest link, i.e. the first to be let go. Women are also under the burdens of intensified chores sanitizing and cleaning the home as well as increased responsibilities managing domestic affairs and the household economy.

Recommendations:

- For social welfare and social protection, more and better financial and in-kind assistance is suggested, accompanied by small projects that lead to self-sufficiency, including for women;
- Authorities should allow civil society organizations to participate in the distribution of humanitarian assistance and monitoring of the implementation of assistance programmes;
- Interventions should be based on the needs of the Yemeni people and their country rather than preconceptions and assumptions;
- International donors and civil society organizations are advised to examine social protection services they provide to Yemeni society and ensure that they adequately address gender considerations;
- Initiatives to expand the registry of vulnerable people and improve the delivery mechanisms for all aspects of social protection should be based on an understanding of and consideration for gender constraints;
- Authorities should be cognizant of socio-cultural barriers, such as lack of decision-making power among adolescent girls and women over expenditures, restrictions on their mobility and cultural attitudes that reinforce harmful traditional practices.

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INTRODUCTION

When COVID-19 started spreading all over the world, there were those who thought of it as **“the great equalizer”**: it could reach rich and poor alike, it could affect both the industrialized world and developing nations, and both men and women were prone to it.

However, this idea soon proved to be a myth, with disparities in power becoming more pronounced and the exacerbating inequities across the world starkly increasing (Ryan and El Ayadi, 2020; Lokot and Avakyan, 2020).

Several studies have shown that women have had to endure the brunt of COVID-19 much as they do whenever famine, war or natural disasters strike (McLaren and others, 2020). Unfortunately, the increasing vulnerability of women has not been acknowledged by most COVID-19 related policies. Whether female health workers or housewives, women have been at the frontline of dealing with the pandemic.

In a brief but highly impactful publication entitled “Gender Equality in the Wake of COVID-19”. UN WOMEN (2020a) highlights how much COVID-19 has hindered if not totally stymied women’s livelihoods and opportunities to access services.

The report surprises us with the finding of WHO that, even though only 37% of confirmed cases worldwide had been segregated by sex and age, feminized sectors would likely be hit the hardest, showing how precarious women’s economic security is.

Researching the impact of COVID-19 social protection responses on gender equality while the pandemic is still raging is not an easy task. Researching it in a fragile state such as Yemen increases the challenges several-fold.

Although, according to the OECD (2008), there is no consensus on the definition of a fragile State, common features include “demographic pressures, massive movement of refugees and internally displaced peoples, legacy of vengeance-seeking

group grievance, chronic and sustained human flight, well-being and quality of life... uneven economic development affecting fractions of the population” (NSDS, nd) and **“lack of capacity to perform key government functions”** (OECD, 2008, p. 14).

The challenges of conducting research under such conditions cannot be understated, and the spread of the pandemic exacerbates the difficulties.

Lockdown measures implemented by most countries to slow down the spread of COVID-19 have led to deepening problems of economic stagnation, poverty and starvation.

To counteract this, social protection programmes **“especially cash-based programmes – have been promoted worldwide to mitigate the fall-out of lockdown measures, especially for those without the luxury of working from home or the ability to self-isolate”** (Swinkels and Itcovits, 2020)

The writers assert that the sudden increase in demand for social protection has exposed cracks in established systems, presenting many challenges such as identifying the people who need support and designing timely and safe delivery systems of assistance.

Before the onset of the pandemic, the social protection mechanisms that existed in Yemen can be summarized as follows (MOPIC, 2020a):

1) The social safety net:

- The Social Welfare Fund (SWF): covers groups that are unable to join the labour market and persons with full or partial permanent or temporary disability who are under 18 years of age;
- Social Fund for Development (SFD): as the major social protection mechanism, SFD has four main programmes: community and local

development, capacity building, development of SMEs and a cash for work programme;

- Public Works Project (PWP): provides job opportunities for skilled and unskilled labour and delivers basic services to the neediest groups;
- Small and micro enterprises financing programmes and institutions: aims to reduce unemployment, support livelihoods and alleviate poverty by providing low-income individuals with loans and financial services to promote savings.

2) Social insurance

- General Authority for Insurance and Pensions: covers the public and mixed sectors;
- General Corporation for Social Insurance;
- Pension Fund for the Military;
- Disabled Care and Rehabilitation Fund.

Against the above backdrop, this study aims to develop a better understanding of the impact of social protection policies in Yemen on gender equality as part of COVID-19 responses; draw recommendations for policymakers on how to adapt such responses; and explore the social protection measures that have been adopted and their possible impacts on gender equality.

The main goals of the study are as follow:

- Explore and explain using existing data the increased risks and vulnerabilities that women from different social cohorts have encountered during the COVID-19 crisis;
- Using existing analysis and reflecting on political

structures and declared states of emergencies, review the restrictions and opportunities for women's participation in decision-making processes and policies pertaining to COVID-19;

- Analyse the relevance and gender-responsiveness of welfare and protection policies announced during the COVID-19 crisis;
- Examine the potential differential gender impact of welfare and protection policies on women and men during the COVID-19 crisis;
- Explore and highlight the potential areas of increased vulnerability of women from diverse cohorts during COVID-19 and identify potential gender-responsive and targeted solutions to reduce the risks;
- Review and assess the level of benefit and access women have had to social protection policies and services introduced during COVID-19;
- Assess the communication modes and tools used to announce social protection policies and programs during COVID-19;
- Define potential opportunities to protect women's rights during the COVID-19 crisis and make concrete recommendations for policymakers.

This report was commissioned simultaneously with a similar report on the impact of social protection policies responding to COVID-19 on gender equality in Yemen. The two reports are based on the same theoretical framework and have adopted the same research methodology.

Hence, the first three chapters of the two reports are identical, except when the text necessitate a particular reference to either Iraq or Yemen.

I. SOCIAL PROTECTION, COVID-19 AND GENDER ISSUES

Prior to discussing the research, it is essential to review how COVID-19 has affected social protection systems and focus on lessons learned from previous gender

assessments of social protection systems, especially those that took into consideration the life cycle. This will allow for an operational definition of social protection to be adopted and an analytical framework to be selected.

Social protection has been defined in different ways depending on the objectives of programmes and the various approaches in question.

While the United Kingdom Department for International Development holds the view that *“Social protection encompasses —a sub-set of public actions, carried out by the state or privately, that address risk, vulnerability and chronic poverty”* (DFID, 2005 as cited in OECD, 2009, p. 19); the OECD states that:

Social protection refers to policies and actions which enhance the capacity of poor and vulnerable groups to escape from poverty, and better manage risks and shocks. It encompasses the instruments that tackle chronic and shock-induced poverty and vulnerability ... can help promote empowerment and security by improving risk management ...

It supports human capital development, expanding the capabilities of poor and vulnerable individuals and helping to break the inter-generational transmission of poverty. OECD (2009, p. 17)

OECD goes further to stress that the state should be the primary actor in delivering social protection, highlighting that this legitimises and strengthens the state.

It also stresses the importance of maintaining a rights-based approach to social protection, focusing on empowerment and addressing social inequalities across the lifecycle (OECD, 2009, pp. 24–25).

In addition to the objectives and approaches, the economic situation of the country/ies in question also

plays a role. Another key difference between the various definitions surveyed for this report is that some of them highlight the objectives of social protection whereas others focus on the key instruments used to achieve it. Therefore, for this report, an operational definition must be coined that reflects the situation of Yemen and the type of services offered.

Although social protection is usually provided by the state, there are definitions that focus on “public actions”, so that “public” could refer to both governmental and non-governmental actors (O’Brien and others, 2018).

Sabates-Wheeler and Kabeer (2005), both pioneers in introducing gender issues into social protection services, have noted that gender is rarely used in the **“various ramifications of the social protection agenda”**.

Unfortunately, fifteen years later the situation has not improved much, with a rapid assessment of the gender sensitivity of initial COVID-19 social protection responses (as of 3 April 2020) showing that, out of 418 social protection initiatives, only about 11 per cent show some (but limited) gender sensitivity (Hidrobo and others, 2020).

This brief introduction is necessary in order to develop a suitable operational definition for this report which should take into consideration the vulnerable situation of the country under study before the advent of COVID-19, the COVID-19 crisis and all the policies put in place to face it, and be flexible enough to allow for addressing gender inequalities by *“integrating traditional social protection instruments... with complementary interventions, such as awareness-raising about the social norms that underpin inequality, and by ensuring better linkages to other government services.”* (Newton 2016: 3)

After reviewing various articles, we found that the definition proposed by O’Brien and others (2018) is quite suitable since it is specifically coined to deal with

shocks and the different demands that accompany the various stages of the life cycle and hence can be applied to Iraq, while at the same time it is gender responsive and includes the non-poor exposed to risks, which is quite suitable for the COVID-19 era. Their definition is as follows:

Social protection, ... is the set of public actions that deal with, both the absolute deprivation and vulnerabilities of the poorest, and also with the need of the non-poor for security in the face of shocks and the particular demands of different stages of the life cycle. This 'public' response may be governmental or non-governmental. O'Brien and others (2018, p. 5)

Since Yemen has for some time now had international organizations operating to address challenging humanitarian crises, we agree with Harvey (2009, p. 184) that humanitarian aid is a subset of social protection rather than a separate category. Hence, the public actions alluded to in the above definition would include actions in the arena of social

protection implemented by governmental, non-governmental, United Nations or international non-governmental organizations (NGOs).

Hence, the operational definition of social protection adopted for this report would be amended as such:

Social protection, ... is the set of public actions (that deal with, both the absolute deprivation and vulnerabilities of the poorest, and also with the need of the non-poor for security in the face of shocks and the particular demands of different stages of the life cycle. This 'public' response may be governmental or non-governmental or United Nations or international NGOs.

The range of social protection instruments is very well detailed in Hebbbar and Phelps (2020, p. 5). For this report, we have borrowed from their outline the instruments that exist in Yemen. They are listed in the following table:

Non-contributory social protection	Cash transfers	<ul style="list-style-type: none"> •Poverty-targeted cash transfers; •Conditional cash transfers; •Social pensions (disability).
	In-kind transfers	<ul style="list-style-type: none"> •School food programmes; •Food distribution programmes.
	Public works	<ul style="list-style-type: none"> •Cash for work.
	Fee waivers	<ul style="list-style-type: none"> •Health insurance; •Electricity subsidy; •Agricultural input subsidies.
Social insurance	Contributory pensions	<ul style="list-style-type: none"> •Old age; •Disability; •Survivor benefits.
	Other social insurance	<ul style="list-style-type: none"> •Paid sick leave; •Occupational injury; •Maternity leave

The onset of COVID-19 with such force and speed paralysed systems all over the world, among them social protection systems.

In order to provide support in emergencies, relies on either having resilient systems to ensure uninterrupted delivery of their services; or they have to be flexible enough to devise new types of responses (Hebbbar and Phelps 2020).

Even prior to the onset of COVID-19, it had been established that:

- “Crises can intensify existing gender inequalities... women and girls are often disproportionately affected by shocks;
- “Despite the increased investment in shock-sensitive social protection in recent years, most

programmes have been gender-blind, with little attention given to the specific needs of women and girls across the life cycle in the context of crises;

- *“Overlooking gender and inclusion issues risks exacerbating poverty, vulnerability and gender inequality; and misses opportunities for empowerment and transformative change.”*

(Holmes, 2019, p. 1).

It has been rightly pointed out that amidst such a crisis, *“gender considerations are likely to be overlooked in an urgent effort to save lives and provide critical economic support”* (Hidrobo and others, 2020, p. 1).

Almost all papers published on gender and COVID-19 reiterate the same issues. Suggestions for ensuring gender equality during the pandemic have included the areas of health, education, economic conditions and agency (World Bank 2020). Alternatively, Hidrobo and others (2020) focus more on adapting existing schemes of social protection, targeting, delivery mechanisms and complementary programming.

The MENA region has had its share of the ramifications of COVID-19, only to exacerbate the problems that have been faced by several states in the region, where man-made and natural crises have affected two thirds of it (WHO, 2020). Poverty, forced displacement of millions of people and weakening service delivery systems have all been noted in those areas. The economic recession linked to the pandemic is likely to have long-term impacts.

Hence WHO recommends measures targeting economic responses, social protection and basic services, social cohesion, and community resilience.

OECD (2020a) goes further in describing the situation of the region under COVID-19 by adding the region-specific restrictive social norms and legal frameworks that increase the challenges faced by women in the MENA region.

After this brief on social protection, gender and COVID-19 we now turn to a discussion of how we reached the analytical framework for this report. Although there are several social protection conceptual frameworks that have been developed over the last twenty years, none of them seemed to fit with

the needs of this study. Ideally, any social protection framework that fits this study should:

- a) Consider the impact of a high-risk disease or natural disaster,
- b) Deal with social protection in fragile states,
- c) Not necessitate having data from households or individuals,
- d) Include a strong focus on gender issues,
- e) Preferably include gender issues throughout the life cycle.

It was hard to find all of these factors together in any single conceptual framework, despite coming across some excellent frameworks in our literature review. For example, Harvey (2009) looks at social protection in fragile states, but the framework does not look at gender differences.

Newton (2016) looks at risks across the life cycle, but her framework, strongly influenced by Devereux and Sabates-Wheeler (2004), stresses the importance of looking at “transformative” elements in dealing with social vulnerability which, given that Yemen is doubly burdened with being a fragile State and facing COVID-19, would be rather preposterous.

It would have been ideal to use this framework, and we refer to it in certain instances, but it could not be the framework on which the full study relies since half of it cannot be adhered to.

Holmes and Jones (2010a), who also adopted Devereux and Sabates-Wheeler’s transformative social protection conceptual framework, explain that, in addition to being protective (providing relief), preventive (averting deprivation) and/or promotive (enhancing incomes and capabilities), social protection interventions may be transformative by aiming *“to address concerns of social equity and exclusion which often underpin people’s experiences of chronic poverty and vulnerability”*. (Holmes and Jones, 2010b, p. 4)

However, we do recognize that even when dealing with only protective and preventive measures (the first two measures before reaching promotive and transformative measures), power relations between men and women need to be addressed to become more balanced (Devereux and Wheeler, 2004).

We also tried to use the recently published UNICEF (2020) gender-responsive age-sensitive social protection framework, but it did not meet the five criteria mentioned above, although it is quite a comprehensive framework.

Since we could not find a framework that fits our criteria, we developed our own analytical framework which considers the fact that Yemen is a fragile state by highlighting the fragility as encircling the whole environment of the study.

As if fragility by itself were not enough to hinder transformative policies, the impact of the COVID-19 pandemic upon the country is also on the outside periphery, engulfing the research. However, the arrow that comes out of COVID-19 also shows that it led to lockdown measures including school and workplace closures, cancel-

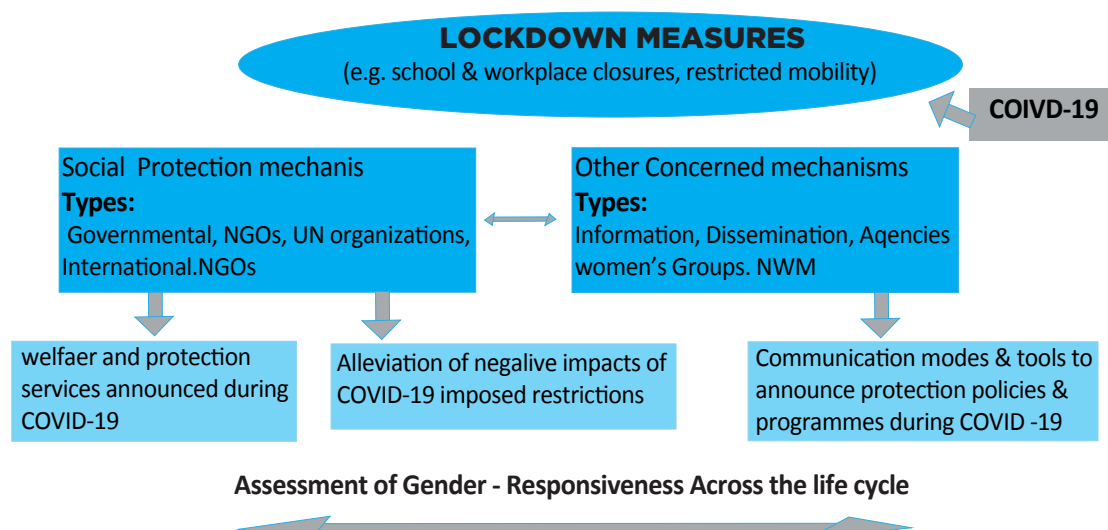
lation of public events, restricted mobility, confinement and social distancing, among many others.

Bearing in mind those two major impediments, we move on to look at how social protection delivery mechanisms and other relevant mechanisms reacted to the impact of COVID-19 and the lockdown in terms of delivering welfare and protection services and alleviating the negative effects of the restrictions due to COVID-19, in addition to the communications modes and tools that were used to announce the protection policies and programmes during COVID-19. These three issues will be looked at in terms of their gender-responsiveness and, whenever possible, looking at the differing impacts across the life cycle.

Impact of COVID -19 SP Responses on Gender Equality in Iraq

ANALYTIC FRAMWORK

FRAGILESTATE:



II. METHODOLOGY

This study uses a qualitative methodology incorporating the following components: a literature review, a gender assessment of social protection services provided since the onset of COVID-19 in Yemen and interviews with government and non-government representatives.

The research was conducted by a national researcher and an international researcher.

A. GENDER ANALYSIS AND ASSESSMENTS

Gender-sensitive vulnerability assessments were conducted to cover the following issues:

- The gender-responsiveness of welfare and protection policies announced during the COVID-19 crisis;
- The potential differential gender impact of welfare and protection policies on women and men during the COVID-19 crisis;
- The potential areas of increased vulnerability of women, from diverse cohorts, during COVID-19.

To assess the communication modes and tools used to announce social protection policies and programs during COVID-19, a gender analysis was conducted of them. The communication modes and tools were analysed for gender sensitivity not only in terms of their content but also in terms of the means of delivery, to ensure that women received the messages as well as men.

The fragile situation in Yemen has exacerbated the absence of women in decision-making processes. The advent of the COVID-19 emergency and its impact on women's inclusion in decision-making positions has not yet been assessed.

Hence this report will attempt to review the restrictions and opportunities for women's participation in decision-making processes and policies pertaining to COVID-19.

The gender-sensitive vulnerability assessments

conducted on existing data reveal the increased risks and vulnerabilities that women from different social cohorts have encountered during the COVID-19 crisis. This, in combination with all the above tasks, allowed the international and national researchers to:

- a) Identify potential gender-responsive and targeted solutions to reduce the risks and impacts of COVID-19;
- b) Define potential opportunities for women to enjoy their social protection rights during the COVID-19 crisis;
- c) Make concrete recommendations that UN WOMEN can submit to policymakers in Yemen.

B. INTERVIEWS

The aim of the interviews with government officials and stakeholders is to better understand gender aspects of the social protection measures implemented due to the COVID-19 emergency. The interviews also addressed the actual benefits, perceptions and attitudes towards gender equity during emergencies.

The interviews were in-depth and semi-structured. The research team developed different sets of questions that included some common questions for all organizations but otherwise focused on the type of work that the organizations were mandated with: (i) government officials including representatives of national women's machineries (NWMs), (ii) staff of United Nations agencies and international NGOs operating in Yemen and (iii) representatives of civil society.

C. RESEARCH PARTICIPANTS

The research participants were selected in order to represent the types of institutions outlined above. A total of 35 interviews were conducted for this report, distributed as follows: Ten interviews with representatives of the internationally recognized government; eight interviews with representatives of the de facto government; interviews with representatives of two United Nations organizations; two

interviews with representatives of the same international NGO; nine interviews with representatives of civil society and four interviews with representatives of the private sector who were active in relief work during the pandemic.

In our analysis and reporting, the private sector interviews were grouped with civil society.

D. DATA ANALYSIS

The data collected from the literature review and the interviews was coded and broadly categorized into the major issues that this report addresses and assessed for their gender impact, namely: the gender responsiveness of measures introduced during COVID-19; the potential differential gender impact; communication modes and tools; and restrictions and opportunities for women's participation in decision-making processes and policies pertaining to COVID-19.

E. ETHICAL CONSIDERATIONS

The national researcher ensured that the purpose of the research was fully explained to the participants before conducting the interviews. Participants were also assured that the data gathered from interviews would only be used for the purposes of research and only the research team and UN Women would have

access to the raw data.

All other ethical considerations required for such interviews were upheld.

The names of all governmental institutions, United Nations organizations and international NGOs, civil society organizations and the names of representatives who were interviewed are not mentioned in order to protect them from any possible retribution or backlash.

F. VALIDATION

The results of this report have undergone a two-tier peer validation method with the initial drafts reviewed by the international/regional consultant first and then by UN WOMEN and ESCWA.

G. LIMITATIONS

Due to the pandemic and the security situation in Yemen, there were some difficulties in obtaining up-to-date data. Although many attempts were made to obtain such data through the interviews, participants frequently responded that they did not know. Very few respondents were able to give definitive answers, but where possible they gave the best estimates they could

III. YEMEN: THE PANDEMIC AND GENDER ISSUES

Yemen continues to experience the worst humanitarian crisis in the world. Nearly 80 per cent of the population — more than 24 million people — need some form of humanitarian aid and protection.

UN Humanitarian Coordinator in Yemen, 2020

The spread of COVID-19 all over the world brought with it several challenges.

In attempting to mitigate the impact, governments have had to impose strict measures only to have certain groups suffer more due to lockdown, loss of jobs, inability to access facilities and many other consequences. The loss of human lives and the worsening economic, social, psychological and health impacts of all this cannot be underestimated. However, in a fragile state like Yemen, the challenges become nearly insurmountable, and too often gender issues are allowed to slip lower in the ranking of priorities.

This chapter begins with an overview of the special measures that were undertaken in Yemen to face the pandemic, their gender impact and the specific impact this has had on women's access to services and social protection. The second section reviews the increased vulnerabilities and risks that women from different social cohorts have encountered during the COVID-19 crisis. The third section focuses on a gender assessment of the communication modes and tools used to announce social protection policies and programmes during COVID-19; while the last section of the chapter presents some potential solutions.

A. SOCIAL PROTECTION DURING THE COVID-19 CRISIS

This section reviews the special measures and protection policies in Yemen due to COVID-19 and then moves on to analyse their gender responsiveness, examine the differential gender impact of these measures and policies and review and assess the level of benefit and access women have had to the social protection policies and services implemented during COVID-19.

It should be noted here that in Sana'a, the Supreme Committee for Epidemic Control is in charge of anything

related to the pandemic, while in Aden the Supreme Committee for Emergencies, which is chaired by the prime minister, is in charge.

1. SPECIAL SOCIAL PROTECTION MEASURES

Given the political situation in Yemen and the mixture of local and international actors providing assistance, it was not easy to find a comprehensive list of COVID-19 related policies and measures.

Relatively few gender-related social protection policies have been announced since the start of the COVID-19 pandemic, and those that do mention gender at all still do not offer gender-segregated data.

This is true of both official Yemeni publications and United Nations organizations operating in Yemen. For example, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) issues a weekly update in which numbers of people reached in awareness-raising programmes are noted. The only gender-related statistic in a list of thirteen is the one that mentions: "1.49 million people reached in nearly 141,000 community gatherings and women social events" (OCHA, 2020).

A publication by the Ministry of Planning and International Cooperation (MOPIC, 2020b) reviews the social protection programmes offered by international organizations during the pandemic, and only two of around twenty projects specifically mention women as part of the beneficiaries. MOPIC states several shortcomings that need to be overcome, one of them highlighting the importance of developing *"programs responding specifically to the needs of women and children, especially protection against violence, access to employment, education and health services"* (MOPIC, 2020b, p. 10).

The imposition of curfews led to a drastic decrease in economic activity and temporary employment, usually an important source of income for poor families.

Many respondents were not aware of what compensation was received by those whose employment was terminated; nor did they know what type of support, if

any, those who were laid off received.

In some interviews, the neighbourhood headman or “aqil” was brought up as the person responsible for distributing assistance or informing authorities about households in need.

Although there are some reported instances in which women have taken over the role of “aqil”, it remains open to question how gender sensitive one person, usually male, can be under the circumstances.

One NGO representative mentioned a programme that started before the COVID-19 pandemic that focused on paying subsidies to housewives, since they are the ones who work the hardest, while the men enjoyed chewing qat.

The issue of qat was brought up in several other interviews, echoing the same themes.

One international organization stated that it gave out vouchers to the poorest groups, especially women and girls. Another stated that just before the pandemic they were planning to do something similar, but given the circumstances they had to resort to the old lists of beneficiaries.

Organizations that provide direct assistance (cash or in-kind) had some qualms about giving out cash, as doing so might even cause problems within a family since there are often conflicting opinions on how the cash should be spent. One NGO representative even stated that the man might opt to spend it on qat while his children starve, leading to problems between husband and wife!

Civil society organizations were unanimous in expressing their regret that the government did not allow them to participate in any humanitarian assistance distributions or monitor whether it went to the right people.

Assistance from international organizations are better monitored than assistance from civil society.

Needs assessments are ongoing to decide on criteria for providing support. One international NGO ensured through its programming that men, women and children have their needs taken into consideration whenever they plan a project. They also have complaint boxes, one for the literate and one for the illiterate, to inform the NGO of their grievances.

Although several NGOs lauded the cooperation between them, there were those who, as with civil

society everywhere, had some complaints about each other: “The environment in which work is conducted in the third sector in general, though we are one of them... is a chaotic environment because there are no lofty goals. Unfortunately, we work and others work; we spend and others spend, but the achievements are not coordinated or organized. I mean nothing has changed for many years”.

2. WHO IS VULNERABLE?

It is important to know how the government, civil society and international organizations decided on their assistance criteria for targeting the most vulnerable. Inquiries about these criteria for determining the most vulnerable groups received conflicting responses. Some said there were no criteria, while others said that they targeted areas that were most affected by COVID-19 or the most crowded and poorest. Responses varied between different governmental organizations. There were organizations that relied on ‘aqil al-hara’, or the neighbourhood chief, to decide who deserved any assistance. The only response that was gender responsive came from an NGO representative who noted that female breadwinners were a top priority since many of them who had previously worked in the private sector had been laid off.

One civil society organization tried to draw its own criteria of the most vulnerable groups by uploading an electronic form on social media, *“but we discovered that some families do not have Internet, so we decided to form survey teams to visit these families... and identify those families who are most vulnerable and in need, in addition to the form that we had on social media”*.

Some civil society organizations cooperated with the Supreme Council for Management and Coordination of Humanitarian Affairs (SCMCHA) by making field visits. If they found families that met the criteria of SCMCHA but were not on its lists, they asked the Supreme Council to add them.

Among local NGOs, the most comprehensive list of targeting criteria for humanitarian response which pays special attention to gender issues as well as differential age impacts was one that detailed pregnant and/or lactating women; vulnerable female-headed households; child-headed households; and vulnerable households with no productive assets or functional means of income / reliable source of income (YLDF, 2020).

One NGO representative reported that their criterion for giving out assistance was: *“the neediest group, not a question of women”*. They target certain areas that are very poor, neglected areas, but highlight that in such areas the percentage of children and women is very high, and *“this program talks about families and does not talk about women”*.

Another NGO decided on three criteria: poverty, crowding and the hygienic situation.

Then they trained the target group on issues of prevention within the household: how to use regular sterilizing chemicals, how to mix them and methods of sterilization. Each household received a package of soaps, sterilization materials and spray bottles.

Only one government entity had an already established mechanism to set criteria through the use of the Proxy Means Testing system (PMT is a method using observable characteristics of the household or its members to estimate their incomes or consumption when other income data are unavailable or unreliable). Experience with having officials make subjective evaluations was not successful since, according to the respondent, some individuals provided more assistance to those that shared familial ties with them instead of the people who most deserved the assistance.

No wonder that amidst the stressful situation of COVID-19 and the increasingly urgent fight against cholera, services have been strained to the utmost and gender issues were often not even noted by respondents. Only a few of our interviewees were aware of any special measures targeting women or children, and even fewer were aware of how much more was needed to reach the entire population: *“Seriously, this work does not meet even one per cent of the need”, commented one government official.*

One government official was quite angry at how the state treated citizens during the crisis, especially employees of both the public and private sectors, who had very limited guarantees for their rights in general. In his opinion, the state tended to care about the insurance and social security organizations more than the people.

The most poignant answer to the inquiry on criteria for determining the most vulnerable was: *“the whole society, the whole Yemeni society is exhausted from aggression during the past six years ... any disease, even COVID-19 will be less painful.”*

3. WOMEN'S ACCESS TO SOCIAL PROTECTION

Although the past two decades have seen more interest in women's issues in Yemen, with special governmental entities being established for the purpose and various plans and strategies adopted, it has been noted that women's issues have only received marginal attention and *“even the urgent priorities for women were not identified or addressed”* (Al-Sakkaf, 2019, p. 652). Bluntly stated, Yemen has maintained the lowest rank in the global Gender Rank Index for more than ten years (WEF, 2019).

International organizations are cognizant of the difficulties encountered in mentioning gender equality or related ideas in a conservative society such as Yemen. However, they do try to address gender-based vulnerabilities in their programmes. Some of these programmes are not directly related to the pandemic, but in programmes that started before the onset of COVID-19 they have had some successes in dealing with the issue.

One United Nations organization stated that project proposals by civil society organizations must be clearly gender sensitive, yet it questioned the extent of implementation at the field level, admitting that there is still a gap between what is required and what is actually done.

Looking at the level of benefits women receive and their access to social protection services introduced during COVID-19, one is left wondering how much women have actually benefited at all. This corroborates the finding of UN WOMEN (2020a) that the onset of COVID-19 took away any small successes women had achieved, with the closing of many small businesses in addition to the increased burdens of childcare for mothers whose children could not go to school anymore.

The role of women in protecting their family members was frequently highlighted, whether the work was done in cities, rural areas or among displaced persons. This caretaker role was one very good reason — if not the only one — why women protect themselves: *“we explained to them how to protect themselves, because it is the basis for protecting their family.”*

The caretaker theme was repeated in many different ways: *“I believe that housewives were the safety valve for the current situation ... the ones who provided a clean and safe environment in their homes, disinfecting their*

homes, disinfecting their husbands' clothes, protecting their families and their children...They had a role of course, actually, a big role."

Moving away somewhat from the theme of the caring housewife, one international organization provided training for 140 midwives nationwide, so that they could also provide other health services.

It was important to determine whether civil society organizations had any mechanisms in place to receive complaints from citizens, especially women. Only two such organizations had hotlines, and one had a complaint box as well. Otherwise, it was found that such mechanisms were either totally absent or quite rudimentary. Some said that the head of the organization received phone calls, or they investigated any complaints received through social media, e-mails, websites or mobile numbers. One organization reported that it opens its doors on certain days of the week and people from two queues at the door, one for men and one for women, and the NGO attempts to deal with the issues at hand, *"solving what we can."*

International organizations had better arrangements for such issues, though they were not sufficient as per their own admission, with one of them contacting a third party to receive complaints, though *"not specifically for gender"*. They also use feedback from focus groups to ensure that there are no complaints about their work. This section on social protection during the COVID-19 crisis, the criteria for receiving assistance, the various means of assistance, and women's access to social protection services has shown that a gender-sensitive response to the COVID-19 crisis is clearly missing. Inequalities in key areas of the public sphere (specifically employment) and the private sphere (specifically family life and responsibilities) have only deepened. Those who mentioned the few social activities that women used to engage in before the pandemic did so with disdain, as if women should not engage in such social activities at all. While all this can be linked to the gender norms prevalent in Yemen before the pandemic, it is sad to note that women have embraced these changes at the expense of increased burdens and psychological impacts on them.

The lack of gender-segregated data and the general nature of responses did not allow us to examine gender issues across the life cycle, which is very important to include in a report such as this. Apart from the fact that pregnant women were given the alternative of not

going to work, we could not find much else. We tried to investigate school food programmes to get an idea about the situation of children, but were unable to obtain any satisfactory data on that.

Elderly women were completely absent from participants' responses. This absence only echoes the lack of attention paid to women after their child-bearing years. There was a total lack of information about women from various age cohorts, confirming that women were only viewed as homemakers and caretakers. Meanwhile, girls and all the challenges facing them were also absent. Obviously, the summary given by SPCC (2020) of the result of the pandemic in Yemen, namely less access by women and children from vulnerable groups to social protection services and increased gender inequalities, rings true in our research as well.

B. INCREASED VULNERABILITIES

It has been strongly established that during disasters, natural or man-made, women endure additional burdens whether in their paid or unpaid work (McLaren and others, 2020). It is also well documented that during such times women become increasingly vulnerable, with gender divisions increasing during disasters (Dutta and others, 2020). Rural and marginalized communities are usually the worst hit in any pandemic or crisis, and Dutta and others (2020) followed an intersectional approach in finding that patriarchal norms are amplified during such crises, which when coupled with gender-blind state welfare policies obliterates the presence of women, making them "invisible" in their own communities.

This section will explore the increased risks and vulnerabilities of women from different social cohorts during COVID-19.

When asked whether working women were compensated when they stayed home to care of their children during the pandemic or if special measures had been taken to protect women working in the public and private sectors, government officials responded that minimal measures were taken, such as reduced working hours for the civil service or paid leave for women civil servants. Many in the private sector simply lost their jobs.

Women in many jobs suffered from low seniority and being outside of decision-making positions. As a result,

they were the first that employers let go.

As one of the interviewees noted: *“Women carried the greatest burden, especially at home because men sat at home”*. Some women bore additional burdens due to quarantine procedures and increased responsibilities of managing the affairs of the home, the household economy and the family’s livelihood. Women found themselves confined to the home, even those who were used to attending social gatherings for women on occasions such as weddings and children’s gatherings

A few participants brought up psychological issues that accompanied the pandemic. Fear and anxiety from COVID-19 during the first weeks forced everyone to stay home. *“Society was depressed ... Women were the most oppressed in this pandemic.”*

Another touching comment that carried with it all the miseries of a war-torn country with no solution on the horizon was when one government official noted that women *“did not realize the dangerous implications of COVID-19 because they are basically living in a very difficult situation. Some of them wish that they would die rather than continue living in the conditions they exist in”*.

The World Health Organization (2020) admits to the limited availability of sex- and age-disaggregated data, which restricts any meaningful analysis of the gendered implications of COVID-19 and the development of appropriate responses. So it is no wonder that only very few of our respondents were aware of the existence of disaggregated data on the COVID-19 social protection response in Yemen. Some did not respond to this question; others gave a fleeting answer naming one ministry or another. Only one participant from the public sector knew that such data exists: *“It is organized, detailed and adequate. It is found with the Supreme Council for the Management and Coordination of Humanitarian Affairs (SCMCHA)... it speeds up the work of donor organizations. UNICEF has complete detailed lists since they operate small financing projects.”*

Monitoring and follow-up mechanisms as reported by the governmental respondents were mostly lacking, an understandable finding given the overburdens of attempting to deal with the pandemic itself. International organizations were more proficient at this, stating that they had several mechanisms for verification, tracking and evaluation.

C. COMMUNICATION MODES AND TOOLS

This section reviews some of the communication modes and tools that have been used to announce social protection policies and programmes during COVID-19. Salmen and Ahmad (2020) noted that many humanitarian organizations in Yemen have become largely dependent on internet-based social media. Yet one could wonder about the coverage of such messages, as not all Yemenis have access to the internet. In June 2020, only 26.5% of the Yemeni population used the internet (Internet World Stats)

Respondents from all types of organizations were generally satisfied with their messages and means of communication. Most messages highlighted the importance of using masks, gloves and sterilizers; maintaining social distancing and how to sterilize tools used at work. Means of communication included radio and television, brochures, SMS messages and social media, with WhatsApp and Facebook taking the lead, in addition to billboards, with use of them apparently donated by the private sector. Posters were distributed to explain how the disease is transmitted between people, teach proper ways to avoid infection and illustrate social distancing and symptoms of the disease. One participant noted the importance of using language that is understood by everybody in the community, *“I don’t try to use complicated terms”*.

Only one government respondent highlighted the importance of messages that were broadcast by radio. Some of these messages targeted women and others targeted children. She noted that these messages were especially effective in rural areas where use of the internet is not widespread. Another government official stated that they did not have the financial capability to provide special messages for women.

Among governmental organizations, the General Authority for Environmental Protection and its branch offices were at the forefront of awareness-raising. They used social media and published relevant awareness-raising materials. They evaluated the reception of their messages based on the number of visitors to their accounts. We had the opportunity to review some of the communication materials they used; all copies we received showed only men and boys, with the single exception of one veiled young girl! However, it seems that the people who were responsible for producing

communications materials, depending on where they lived, decided whether women should appear or not. In the health environmental awareness guide about the virus, the drawings included a mix of genders, with pictures of both male and female children in addition to female and male adults. Additionally, there is a drawing of a woman as a health worker.

One training manual (MOPHP, 2020) issued by a public institution covered many topics related the pandemic. However, there is no mention of, for example, pregnant or breastfeeding women or the elderly. As is often the case with the Arabic language, the manual only uses the masculine form. The only time that a distinction between men and women is made is in the section explaining the procedures for handling the corpses of suspected or confirmed Coronavirus deaths, where we find one clause addressing women and another for men.

An NGO headed by a woman had a publication that highlighted the importance of women in the development of Yemeni society. The publication also enumerated a range of actions and roles performed by women in Yemeni society.

Three brochures published by a volunteer campaign team provided information on how to prevent COVID-19.

The drawings in the brochures were diverse, including women, men and children.

Due to reductions in some services during the pandemic, the Women's Protection Cluster published "Standard Procedures Manual for Remote Consultation Services — Reduced services during the COVID-19 outbreak", which aims to ensure the rights of women and girls to access women's protection services while adhering to the principle of "do no harm" in the context of the pandemic. This guide offers advice for women on how to handle health or psychological issues during the pandemic.

One government official was proud that when UNICEF started working on COVID-19 issues, they tried to educate people through local radio stations using the same messages that were used by his organization and they also had mosque preachers as part of the awareness campaign.

The local NGO community was also quite active in the communication field. One creative example is a popular comedy radio show that a Marib NGO started. An anecdote by a woman head of an NGO noted that at the beginning of the epidemic, most women refused to

believe that the virus even existed. Since women were concentrated at the market, the members of the NGO went to the market to convince women of the importance of taking precautions!

D. ASSESSING BENEFITS AND OPPORTUNITIES FOR WOMEN

In the last section of this chapter, we will review any benefits that women have enjoyed from social protection policies and services and any opportunities for them to participate in decision-making processes and policies pertaining to COVID-19. We will also identify potential gender-responsive and targeted solutions to mitigate risks.

It has been noted that support from politicians or the lack thereof was the main contributing factor to the failure of gender-related goals and strategies. The same study argues that due to the weakness of the women's movement, *"politicians did not feel the need to commit to their promises on gender equality. Similarly, the lack of popular support for gender equality meant that women leaders felt isolated from the general population and especially women"* (Al-Sakkaf, 2019, p. 228).

The question now is: has the culture of political support changed in any way due to the pandemic?

In a fragile State, the same procedures are not followed in all regions of the country. Therefore, the presence of women in bodies that were formed to counteract the pandemic varied from one region to the other and even at the level of cities and towns.

For example, in the Amanat al-Asima Governorate (Sana'a city), the High Committee for Epidemics and Emergencies was comprised of the undersecretaries of some ministries and only included men, as reported by a governmental representative. It was three months after the beginning of the epidemic that they decided to have women participate since they had some difficulties with the practicalities of contacting female citizens without having female members. The Women's Emergency Committee was thus formed, following exactly the same format as the men's High Committee and working in the same manner.

Other organizations that formed special bodies to deal with COVID-19 did not have any set rules on whether women should be represented or not. Respondents'

answers varied from no women at all up to 15 per cent, 20 per cent or even 50 per cent, so it can generally be concluded that women were included on an ad hoc basis, without any set formula for gender representation.

One male respondent stated very frankly that: *“women were included in the sub-committees, not because it was their right. Rather, we needed women to enter homes and do awareness-raising.*

” A female participant’s opinion stands out here since it is open to divergent interpretations: “The fundamental point for me was not how many women or men were necessary to carry out the tasks.

The important thing is the power of the actor’s voice. Sometimes there is more than one woman, and the representation is weak”.

In discussing the challenges faced by governmental institutions in responding to the pandemic, there was consensus on the need for financial resources and medical equipment such as respirators.

Some mentioned the lack of governmental allocations for epidemiological surveillance and the resulting reliance on international organizations that did not cover all needs; the lack of a strategic vision in the country to manage disasters and crises and of course the state of terror, anxiety and fear that afflicted citizens during the months of May and June specifically.

The challenges faced by civil society were somewhat

similar, but they also touched upon the lack of cooperation from the government in their work, such as the failure to give them masks to distribute since the NGOs did not have the resources to buy such materials.

Civil society initiatives to help mitigate the economic and social consequences of the pandemic were mostly protective, or risk coping, in nature. Apart from basic health awareness campaigns, there were food baskets, nutritional supplements and support for pregnant and breastfeeding women, children under five and those suffering from malnutrition. At best, a few projects provided some income and skill training for poor families. Such activities might range between risk coping and risk mitigation. There were no reported initiatives that could be labelled as promotive in the sense of moving beyond the traditional safety net mechanism to reduce poverty and vulnerability: *“We are doing projects that support families ... we have training courses for women who do not have any source of income or any skills.”*

This review has shown that social protection policies and services introduced in Yemen to combat COVID-19 ranged from gender blind (ignoring the different roles of men and women) to gender neutral (not specifically aimed at either men or women, with the assumption that they would affect both equally).

Hence it is doubtful that there were any concrete benefits for women, nor for that matter any worthwhile opportunities in participation in decision-making processes.

IV. BEYOND PROTECTIVE AND PREVENTATIVE SOCIAL PROTECTION

In a context as complex as Yemen, stakeholders involved in the provision of social protection extend beyond governmental and non-governmental organization to also include United Nations organizations and international NGOs. Prior to COVID-19, social protection programmes implemented in Yemen fell under one of two categories: a) social safety net or b) social insurance. However, neither of these two programmes had any specific reference to equal access and benefit for women.

From 2007 until it was suspended in 2015, the Basic Education Development Project phases I and II (funded by the World Bank) made cash transfers conditional on schooling of girls in the governorates of Lahij and Hudaydah. (ESCWA, 2016, p. 18) Following the outbreak of COVID-19, only two of the 20 programmes implemented by international organizations to address COVID-19 took note of gender concerns.

The deeply entrenched gender inequality rooted in a patriarchal society with rigid gender roles will not yield easily. As an example, one male interviewee noted that he does not think that women should have any special status at this time compared to young men, reminding us that *“guardianship (al-qiwama) is for men”*.

Women’s vulnerabilities, exacerbated by a discriminatory legal system, negative gender stereotypes and inequalities in all walks of life, will only be addressed through a strong political commitment, and with men who are convinced of the importance of women’s role and women who are self-reliant and ready to take their rightful place in society.

Throughout this project, it was clear that there is a long way to go to provide a semblance of social protection. As one civil servant commented: *“Regarding social protection for women, it does not exist!”*

Furthermore, as many pointed out, when the war is over, the number of beneficiaries requiring social protection will rise exponentially and meeting their needs will require much more professional and better targeted care.

However, this should not be an impossible feat, as some suggested, since we already know what must be done:

improving services provided to women and facilitating access to them, for example, reproductive health services during pregnancy and childbirth.

This also links to the importance of better understanding the proportions of men and women infected by COVID-19 so that services can be planned accordingly.

As one public servant observed, more attention is being paid to infected men, and then what remains is given to women; this treatment reflects cultural norms of prioritizing men in almost everything.

Another clear outcome of our research is the limited availability of field studies to learn who or what should be targeted in any gender-sensitive social protection interventions. This is particularly true for field studies that translate the reality in which Yemenis now live, because the numbers that are currently available do not reflect reality at all.

Conditions have worsened tremendously, and field studies should inform policymakers of what is needed. The issue is further compounded, as several interviewees pointed out, by the deficit in knowledge and data regarding gender issues. Better data on them would help in identifying the most vulnerable groups and are in fact necessary for any proper planning.

Interviewees, both public servants and civil society representatives, had the impression that donors insist on providing the assistance they think is needed, which does not meet the needs of Yemeni society. Several respondents mentioned that women themselves must be able to decide on their own needs and that women’s opinions and impressions should not be disregarded.

The lack of representation of women at decision-making levels was also brought up as an issue requiring quick action. The lack of such representation means that “gender issues are not taken seriously”. There was also some blame directed at the authorities, for not providing women civil servants with adequate support. One woman civil servant who is of a higher rank than the men in her department said that even when

women are of a higher rank, men of lower ranks are supported in their work against COVID-19 but the women are only told: *"God will reward you!"*

Respondents reported that reproductive health services had been effectively destroyed. They admitted that the services before the war were not perfect, but whatever services had been present had been severely eroded and there was therefore a dire need to reinstate these services, especially given the high mortality rate of pregnant women noted during the pandemic.

Finally, interviewees elaborated on women victims of violence and noted that women continue to remain silent when they are exposed to violence and avoid resorting to authorities because they are afraid of confrontation.

Both the public sector and civil society had several suggestions on interventions that could address the above challenges and be more gender responsive, with some being quite basic and others which could be called strategic. These ideas are clustered around two main headings: recommendations to authorities and recommendations to donors and civil society organizations. After that, we present some recommendations to all stakeholders that were gleaned from the literature.

A. RECOMMENDATIONS TO AUTHORITIES

In order to provide women with the needed health care, women should be allocated separate medical units and quarantine sites, since those that are currently available "do not provide them with any services or any care for psychological pain beyond physical pain".

On social welfare and social protection, more and better financial and in-kind assistance is suggested, which should be accompanied by small projects that lead to self-sufficiency, including for women.

Authorities are advised to integrate their services and improve integration between government agencies and also between them and civil society.

Efforts should be made to treat women equally in the civil service and ensure that they are equipped with the needed authority to perform their duties.

Authorities should allow civil society organizations to participate in distribution of humanitarian assistance and efforts to monitor the implementation of such assistance programmes. This would ensure that beneficiaries of such assistance are cross referenced and are

the neediest.

B. RECOMMENDATIONS TO DONORS AND CIVIL SOCIETY ORGANIZATIONS

Donors planning interventions in Yemen should base them on the needs of the Yemeni people and on national needs rather than on preconceptions and assumptions.

Donors are advised to improve cooperation among themselves and with civil society organizations working on the ground and facilitate these organizations' access to knowledge and skills related to the monitoring, tracking and evaluation of social protection programmes. This will help civil society organizations actively engage and support the government and other organizations' programmes in this field.

It was also recommended that donor organizations should reduce their long and tiresome bureaucratic procedures during emergencies given the urgent circumstances. "There is a need to accelerate the lengthy and impractical procedures of international organizations in times of pandemics and emergencies. There is also a need to leverage government institutions with institutional presence and geographical spread".

Civil society organizations recommended that international organizations develop their working partnership with local organizations, which would facilitate services to better reach the needy. They also recommended that adequate funding be given to national organizations working on women's issues.

International donors and civil society organizations are advised to examine social protection services they provide to Yemeni society and ensure that they adequately address gender considerations.

To enhance protective measures for women, donors and civil society organizations are invited to develop and increase training opportunities for women in the use of information technology so that women can perform their work duties from home rather than be forced to go out to work during the pandemic.

While some have suggested that women must take care of themselves, develop their abilities by themselves, improve their self-confidence and communicate their voice to the community rather than wait for any help or support from others, others have suggested that in order to ensure that women's voices are heard, more efforts should be made to promote women as leaders in neighbourhoods and have civil society organizations dedicated to women's issues focus more on uniting

women to have their voices heard.

C. RECOMMENDATIONS TO ALL STAKEHOLDERS

An Overseas Development Institute (ODI) Toolkit on designing and implementing gender-sensitive social protection programmes have some practical recommendations that are quite culture sensitive and could be applied to the situation in Yemen. Some of the most applicable ones are as follow (Holmes and Jones, 2010b, pp. 12-23):

- Initiatives to expand the registry of vulnerable people and improve the delivery mechanisms of all aspects of social protection should be based on an understanding of and consideration for gender constraints;
- Authorities should be cognizant of socio-cultural barriers, such as women and girls' lack of decision-making power over expenditures, restrictions on their mobility and cultural attitudes that reinforce harmful traditional practices. The government is also encouraged to adopt measures that support women to overcome these barriers and

improve their access to basic social services;

- The government and other actors are encouraged to recognize women's lower literacy rates and confidence and support women's active engagement at various decision-making levels through capacity-building initiatives and/or mentorship programmes;
- Barriers to women's access to productive inputs, credit and markets should be removed by, for example, hiring female extension workers, establishing savings clubs and scheduling training sessions at times convenient to women and in venues where they feel comfortable;
- Awareness-raising materials targeted at communities and programme participants should take into consideration the gender dimensions of any social protection programme. These can include posters to be distributed at key community forums and meeting venues and oral modules which programme staff can present to community members using clear language, bearing in mind that short and simple messages will be the best understood.

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