Today, famine threatens an estimated 20 million people across northern Nigeria, Somalia, South Sudan, and Yemen. In these countries, the dangerous convergence of long-standing and recent resurgences of conflict, poor governance, limited freedom of movement, collapsing economies, rising food prices, and drought has resulted in staggering levels of food insecurity and shortages of clean water. Women and girls are particularly vulnerable to the impacts of these crises, which exacerbate the already high levels of gender inequality and gender-based violence (GBV) seen in each of these country contexts.

Protection issues are central drivers of the crisis. The proximity to fighting and unexploded ordnance; the use of violence, including conflict-related rape, to intimidate and threaten populations; and regular and irregular checkpoints which establish climates of harassment, including sexual harassment, severely limit communities’ ability to grow food, generate livelihoods, and access markets, thereby worsening the food security issues and negative nutrition and health outcomes. Failure to scale up dedicated protection programming in famine-affected communities will undermine efforts to alleviate food insecurity.

This paper highlights the context-specific concerns of GBV in each country affected by famine. The following are overarching protection and GBV recommendations:

1. **Addressing the drivers**
   - **Respect for international humanitarian law (IHL) must be at the heart of the famine response.** These famines are protection crises at their root due to an overwhelming disregard for IHL by all parties to the various conflicts in the affected countries. Ongoing conflict, coupled with hunger and famine, have fueled and exacerbated the already high levels of protection concerns in each context where parties to the conflict continue to deny humanitarian access, politicize aid, and deliberately target civilians.
   - **A comprehensive analysis of conflict-related Protection and GBV issues needs to underpin the response.** This means that actors need to fully understand the impetus of threats, as well as the vulnerability and capacity of the affected communities and individuals. Analysis should be conducted continuously to address changes in risk patterns and respond in real time. Actors need to better understand the threat component—what circumstances and conditions lead to acts of GBV by perpetrators and what can influence or change these factors.
   - **A context-specific causal logic needs to guide humanitarian strategies to achieve protection outcomes.** This includes ensuring that advocacy initiatives support the context-specific causal logic and strategy in order to promote outcomes rather than hinder change. This might mean looking beyond public advocacy statements to identify opportunities and different modes of action that can influence policies, behavior, and decision-making by those committing GBV.

2. **Mitigating the Consequences**

- **GBV must be prioritized within humanitarian action.** In some contexts, such as South Sudan, this may mean raising the issue of GBV to the level of a Humanitarian Country Team (HCT) Protection Strategy and ensuring the centrality of protection/GBV is given appropriate attention, leadership, and dedicated resources to address the problem.

- **Survivors of violence need the appropriate care.** An increase in response services, such as reproductive health, case management, clinical management of rape, family tracing services, support for community-based protection mechanisms, and psychosocial support, must be scaled up. This requires not only an increase in funding for such services, but trained staff and resources to ensure the services are appropriate and of quality to prevent secondary trauma brought on by the response. A strong Protection Information Management (PIM) system is necessary to ensure ethical standards are upheld and data sharing protocols are enforced.

- **Children’s specific GBV needs must be taken into account and addressed.** Targeted child protection prevention and response services as part of a multi-sectoral response are crucial and linkages between the Child Protection and Gender-based Violence Sub-Clusters must be made to address girls’ and boys’ safety and ensure the use of CP and GBV referral pathways.

- **Humanitarian action should seek sector specific responses that can increase the capacities of women and girls to overcome some factors contributing to the vulnerability to GBV, such as alternative livelihood opportunities, cash-based assistance, and education.**

- **This is not only the protection and GBV sectors’ endeavor:** There is a need to strengthen the contribution of multiple actors responding to the crisis to achieve GBV/Protection outcomes. This goes beyond protection mainstreaming to look at integrated protection programming to problem-solve and mitigate risks not only in service delivery but arising out of the crises. It requires other actors outside of humanitarian action, such as development and peacebuilding actors, to engage and recognize their role in helping to reduce the risk of GBV.

- **The response must be culturally appropriate and take into account the unique context-specific issues/factors that lead to GBV.** A one-size-fits-all model is not appropriate and should not be advocated for, since GBV issues manifest differently in South Sudan than in Yemen, for example. To ensure responses are culturally appropriate and context-specific, humanitarian actors need to begin from the perspective of the affected population and build on community-based protection mechanisms to support locally-driven solutions.

3. **Ensuring Humanitarian Response is Safe, Dignified, and Inclusive**

- **All humanitarian actors have an obligation to uphold and implement Sphere Standards and other protection standards such as the Guidelines for Integrating GBV interventions into Humanitarian action and the Minimum Standards for Child Protection in humanitarian action.** With communities under stress and the intense pressure on humanitarians to deliver, it is imperative that the humanitarian response manages to meet minimum standards for the safety, dignity, and inclusion of all affected populations and to ensure safeguards are maintained.
Impact of Famine on Women and GBV

In times when food is scarce and families are forced to make difficult decisions about survival, women’s and girls’ rights and well-being are often disastrously affected. This may be due to a number of factors, including cultural norms which prioritize the feeding of male family members, women’s willingness to sacrifice their own needs to ensure that children have adequate nutrition, and some women’s limited access to critical food assistance. Children drop out of school to search for food, may be forced into marriages or hazardous child labor, face increased levels of physical and sexual abuse and greater likelihood of abduction and trafficking, or are left behind or alone by parents who are searching for food. The consequences of hunger and malnutrition can be severe, particularly for those who are pregnant or lactating. However, the impacts for women and girls are not limited to hunger itself and related health issues; these circumstances also elevate the risk of gender-based violence and severe psychosocial distress.

In many communities, women and girls are often responsible for procuring food and water for their families. As a result of the current crisis, women and girls must travel much further to access food, water, and other resources, or are entirely displaced from their homes. These journeys over dangerous, sometimes conflict-ridden terrain, place women and girls at a high risk of violence and harassment at the hands of both armed actors and others. Even in areas where food distribution and other assistance are available, women and girls are frequently subjected to increased harassment, exploitation, and physical or sexual violence at distribution sites and in route.

In times of desperation, individuals and families often turn to negative coping mechanisms, which heavily impact women and girls. With options for livelihoods extremely limited, some women and girls are forced to turn to sex in order to survive: exchanging sex for food, water, and other basic needs. Some families, hoping to reduce the family’s costs, receive dowry payments, or believing a husband could better provide for their daughters’ needs, seek to marry off young girls, causing rates of early and forced marriage to spike during conflict and as famine sets in. Domestic violence may also increase due to added pressure created by dire circumstances.

Evidence from previous droughts shows an increase in GBV among children. In conflict-affected areas like South Sudan, girls who search for food or collect water in dangerous areas are at grave risk of violence. Older boys and girls are continuously targeted for recruitment and use by armed forces and groups, and children are often separated from their primary caregivers as a result of conflict-related displacement, which particularly increases girls’ vulnerability to life-threatening forms of abuse and

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exploitation. The humanitarian community runs the risk of causing unintentional harm to affected children if sectors do not cater to girls’ and boys’ specific GBV needs and vulnerabilities.\(^{11}\)

**Greater aid needed to address GBV and other protection concerns**

The looming famines and current famine conditions are in large part a consequence of protection issues and will further exacerbate protection risks. As such, the response to this crisis needs to include protection programming to address the drivers of the famine; in particular, pressure must be placed on responsible actors whose actions limit people’s access to food production, markets, livelihoods, mobility, and humanitarian assistance. Additional protection programming, especially in GBV and child protection, is needed to stem the consequences of the eroding social and protection conditions. This includes programming to help communities and individuals strengthen their capacity to reduce exposure to threats to their well-being, navigate risks, and mitigate the various vulnerabilities they must cope with on a daily basis. Humanitarian action must ensure programs are driven by a continuous and comprehensive analysis of the risk components (threat, vulnerability, and capacity) of GBV and child protection and contribute to the achievement of protection outcomes. This requires not only a better understanding and strategy to respond to the threat of GBV and child protection, but also funding to support interagency efforts in doing so.

Furthermore, it is critical that individuals experiencing harm from targeted and opportunistic violence including rape, exacerbated predictable violence such as domestic violence, child abuse and neglect, and negative coping mechanisms like early and forced marriage, child labor, and survival sex, are given support to recover and rebound, so that they can continue to cope and support their families during this fragile period.

Ultimately, robust protection programming that emphasizes GBV and child protection, building on community-based protection mechanisms, must be recognized as an essential part of the humanitarian response. In addition, with the rising dependence on humanitarian assistance, all humanitarian actors have an obligation to double down on their efforts and make certain that Sphere Standards, child safeguarding, and other interagency standards, such as the Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, are upheld. Humanitarian actors should ensure they are accountable to deliver services that are safe, dignified, and inclusive.

**Nigeria**

The disastrous situation in northeastern Nigeria related to ongoing conflict, lost harvests, and food insecurity has produced a protection crisis that remains very poorly addressed. An estimated 7 million people are struggling with food insecurity and 1.8 million are internally displaced.\(^{12}\) In its mission to Nigeria in late 2016, the Inter-Agency Standing Committee’s (IASC) Emergency Directors Group found that “protection continues to be at the core of the crisis and the conflict has had a devastating toll on


women and girls in particular.”13 Yet, the protection sector’s requirements for Nigeria were only 12 percent funded in 2016.14

The prevalence of gender-based violence in this emergency is documented in an April 2017 report from the Special Rapporteur on the human rights of internally displaced persons. He writes that there is “credible evidence of widespread human rights violations against internally displaced persons and other civilians by State actors and non-state armed groups,” and expresses concern that sexual exploitation and violence is a “hidden epidemic with fear, stigma and impunity for perpetrators leading to underreporting of abuse to authorities.”15 The IASC’s Emergency Directors reported their team members met with women and girls in various sites who had survived shocking sexual violence.16

The risks for women and girls are high in both host communities and camp settings, and exacerbated by the lack of access to livelihoods and assistance. The Special Rapporteur found that many camps are settings for rape, sexual harassment, exploitation, survival sex, or organized prostitution. Women and girls are coerced into providing sex for food or to move outside camps. There are high numbers of pregnancies, including among young girls, and evidence of early and forced marriage. In some settings, the most basic measures to mitigate GBV risks were not in place—for example, bathing spaces were located in unsafe areas with inadequate lighting and food distributions were controlled by men. The Special Rapporteur also received reports of IDP abuse by host communities, including forced labor, early and forced marriage, or gender-based violence.17

As the Emergency Directors put it, “Protection from human rights abuses, including gender-based violence and sexual exploitation and abuse, remains paramount and it is essential that protection and assistance tailored to the needs of women and girls are a central component of the response.”18

Efforts to address impunity must be intensified, and comprehensive services to gender-based violence survivors scaled up. More effective measures are needed to mainstream GBV prevention and response across all program areas. The planned July 2017 roll-out in Nigeria of the IASC’s Guidelines for Integrating Gender-based Violence Intervention in Humanitarian Action could not come at more critical moment. The Government of Nigeria, leaders of the international community’s humanitarian response, and donors should come together to strongly support the roll-out and sustained implementation of the Guidelines.

Access to safe livelihoods for women and older girls is urgently needed to mitigate GBV risks. And women must have leadership roles in community decision-making processes, community protection mechanisms, and program design and implementation, including distribution systems.

Less than 27 percent of the USD 1.05 billion required to meet humanitarian needs in Nigeria is in place. Moreover, despite direct links between food insecurity and elevated protection risks, only 27 percent of the USD 88.3 million required to meet protection concerns has been funded.19

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14 Global Protection Cluster Briefing Note.
16 IASC Emergency Directors Group, Mission to Nigeria.
18 Ibid.
Somalia

Somalia is experiencing a two-fold crisis, with protection concerns serving as both a cause and a consequence of the current situation. Coupled with the ongoing conflict, drought has placed more than 3.2 million Somalis in crisis and emergency phases of food insecurity, with a total of 6.7 million (half the population) in need of humanitarian assistance. Conditions have deteriorated so much that an estimated 683,000 newly displaced persons have left their homes since November 2016 in search of food and water, with women comprising 61 percent of them. While there has been a significant scale-up of nutrition services, with 338,000 children and pregnant and lactating women treated in April 2017, the need far outstrips available resources.

Moreover, reliance on nutrition interventions alone will not solve this crisis as its roots extend much deeper than lack of food. For example, severe food insecurity has only exacerbated the already high levels of gender-based violence (GBV) that pre-dated the onset of the crisis. There has been an increase in sexual exploitation and abuse, intimate partner violence, and sexual harassment and assault. In addition, due to hunger and desperation, women and girls are resorting to negative coping mechanisms such as survival sex, child labor, and early and forced marriage. As the drought worsens, girls are often the first to be withdrawn from school, largely as a result of early and forced marriage, increased household chores like water and firewood collection, and caring for family members suffering from malnutrition or water-borne illnesses. Without the protection offered by an education, girls are exposed to increased vulnerability and risk of sexual exploitation and abuse, early and forced marriage, and other forms of GBV. In fact, these protection concerns mirror the same concerns that were present in the 2011 famine in Somalia. In that famine, reports indicate that families married their daughters as young as nine to pay their dowries in kind before their livestock died.

GBV is under-reported for a variety of reasons, but at a minimum we know that from January-February 2017, nearly 1,600 cases of GBV were recorded in the GBV Information Management System (GBVIMS). Of those, 72 percent were intimate partner violence, 52 percent physical assault, 13 percent rape, 12 percent sexual assault, 9 percent psychological and emotional abuse, 9 percent denial of resources and opportunities, and 4 percent forced marriage. Ninety-seven percent of survivors were female and 75 percent were IDPs. Moreover, 15 percent of incidents of sexual violence occurred

21 Ibid.
27 GBV Sub-Cluster Guidance Note on Gender-based Violence (GBV) Response to the current Drought Situation in Somalia, March 2017. GBVIMS statistics represent data reported to GBVIMS partners in Somalia from the point service-based data collection commenced through the GBVIMS. The statistics represented here include only information from survivors who have consented to share their aggregate information. The statistics included are only from reported cases, and are in no way representative of the total incidence or prevalence of GBV in Somalia.
28 Ibid.
within the drought hot spots. In April 2017, GBV Sub Cluster partners reached a total of more than 8,000 beneficiaries with GBV prevention, response, and capacity-building activities, including clinical care for rape, temporary accommodation for GBV survivors, and legal, psychosocial, material, and livelihood assistance.

Protection concerns have also been exacerbated by the declining economic situation in Somalia. As men have migrated away from their home communities in search of income, they have taken their livestock with them, leaving women and children alone without resources, which has increased their vulnerability to sexual exploitation and abuse. In addition, as a result of the drought, there have been significant reductions in agricultural outputs as well as cross-border trade and access to markets. The suspension of trade, agricultural production, and markets – which can often be female-dominated – is having severe consequences on women’s economic stability, increasing their risk of sexual exploitation, abuse, and violence. Even when markets are functioning, famine and food insecurity can limit women’s ability to participate in income-generating activities as they are expected to spend considerably more time taking care of family members and do not have the time, or the assurances of safety and security, to travel to markets.

Meanwhile, lack of clean water has led to recurrent outbreaks of water-borne diseases, including cholera, which is now present in 13 of 18 regions in Somalia. As women and girls are primary caregivers, they face an additional burden of caring for family members suffering from water-borne illnesses during famine and food insecurity. As a result of the drought, there is also increasing competition for the limited water available, sparking violence and inter-communal conflict at water points. In addition, as water and firewood become scarce, women and girls are forced to travel further from their families and communities in search of these resources, putting them at greater risk of sexual harassment and rape. In the Sanaag region of Somalia, for example, the journey to reach water is reportedly up to 125km roundtrip.

Lastly, at a time when the needs are the highest, health services are woefully inadequate. An October 2016 assessment found that critical services like clinical management of rape, psychosocial support, and survivor-centered case management services were insufficient to meet the need. Moreover, a recent assessment found that 97 percent of newly-established IDP camps in the Bay Region of Somalia (Baidoa District) do not have access to basic health services, while 80 percent of newly arrived IDPs and 45 percent of existing IDPs in the Hiraan Region (Belet Weyne District) lacked access to health services. Lack of basic obstetric and reproductive health care is of particular concern given the maternal mortality

29 Ibid.
ratio is 732 maternal deaths per 100,000 live births, making Somalia one of the most dangerous places in the world to be pregnant.

Less than 37 percent of the USD 1.5 billion required to meet humanitarian needs in Somalia is in place. Moreover, despite direct links between food insecurity and elevated protection risks, only 12 percent of the USD 123 million required to meet protection concerns has been funded.

South Sudan

While much of the attention during famine and food insecurity goes to supporting critical nutrition, health, and WASH interventions, the current situation in South Sudan remains at its roots a protection crisis of massive scale. South Sudan has been colored by internal feuds across ethnic groups and between clans since before their independence in 2011. The current civil war has an ethnic aspect to it, though there are people from both the Dinka and the Nuer with allegiances on the other side. Britain’s Secretary for International Development, Priti Patel, was clear in April when she said the situation in South Sudan is genocide.

GBV predates famine and food insecurity in South Sudan, representing a double crisis for women and girls. Women and girls are experiencing unprecedented levels of GBV, including rape, sexual exploitation and abuse, intimate partner violence, and negative coping mechanisms such as early and forced marriage. Rape is used as a weapon of war and is occurring on a daily basis. Armed actors from both sides of the conflict are raping women and girls during active battles and in the lulls in-between. In fact, rape against women of the opposition has been encouraged several times. In addition, the upheaval and displacement has led to increases in early and forced marriage, domestic violence, and sexual exploitation and abuse, to name a few.

Along with the civil war, displacement and drought have led to a famine declared in parts of the country on February 20, 2017. Other areas are also facing starvation and food insecurity after failed harvests.

40 Reuters, UK says killings in South Sudan conflict amount to genocide, 12 April 2017, http://www.reuters.com/article/us-southsudan-war-world-idUSKBN17E2TF
41 Forthcoming study from the IRC, George Washington University Global Women’s Institute, and CARE International UK on South Sudan: Prevalence, Forms and Patterns of Violence against Women and Girls, part of the What Work to Prevent Violence against Women and Girls research consortium.
46 Ibid.
48 UN OHCHR, Assessment mission by the Office of the UN High Commissioner for Human Right to improve human rights, accountability, reconciliation and capacity in South Sudan: detailed findings, 10 March 2016.
the past two years. Some 5.5 million people are expected to be severely food insecure at the height of the lean season in July and food security experts warn that urgent action and access is needed to halt the decline.\(^{50}\)

Caught between a famine and a civil war, the situation of the civilian population is increasingly dire. The Humanitarian Needs Overview states that the coping mechanisms for millions of people are completely eroded and the result will be evident during the lean season of 2017.\(^{51}\)

The most vulnerable of the population—women and the elderly—are skipping meals as a result of the increasing food shortage. According to the World Food Programme, more than one million children under five and 339,000 pregnant and lactating women are estimated to be acutely malnourished.\(^{52}\) This translates to 1 in 4 pregnant and lactating women in South Sudan being malnourished.\(^{53}\) The Emergency Directors of the IASC validated this finding during a recent mission to South Sudan, reporting that women and the elderly are particularly vulnerable to the food shortage.\(^{54}\) Food is prioritized for the children, leaving women emaciated. Female-headed households are significantly more likely to be food insecure and to have malnourished children than male-headed households.\(^{55}\) In one of the poorest countries in the world, South Sudanese women are also the population with the least purchasing power.

Moreover, as women are in charge of the household and the food basket, they are tasked with gathering food, grinding grain, and collecting firewood and water for cooking and washing. With the increasing food shortage, the UN notes that women move further and further from their communities in order to forage for wild foods that are increasingly depleted.\(^{56}\)\(^ {57}\) Consequently, for women in South Sudan, the food crisis means more than just hunger, it means risking the most brutal, personal violence while struggling to keep their families alive across the country. According to recent assessments, routes to food distribution sites and firewood collection areas, water points, latrines, and checkpoints are hotspots where the majority of GBV incidents are occurring, including rape, robbery, harassment, abduction, killing, and physical assault.\(^{58}\)\(^ {59}\)\(^ {60}\)\(^ {61}\)

\(^{50}\) Ibid.

\(^{51}\) UN OCHA, Humanitarian Needs Overview, South Sudan, 2017.


\(^{56}\) UN OCHA, Humanitarian Needs Overview, 2017.


\(^{58}\) CARE, PAH, Nile Hope, Multi-Sector Rapid Needs Assessment: Northern Liech State Report: Greater Koch Region (Liech and Gany Counties), South Sudan, April 6-10, 2017.

\(^{59}\) IRC, Snapshot Assessment in Nhialdiu-Bithiai Village-Rubkona County, February 2017.


\(^{62}\) IRC, DRC, UNMISS, NP and UNCHR, Coordinated GBV and Protection Safety Audit, November 2016.
Severe food insecurity in South Sudan has exacerbated the already high levels of GBV that pre-dated the onset of the food crisis. Even before the onset of the famine, the Protection Cluster in South Sudan confirmed the alarmingly high levels of violence against women and girls, noting they were being abducted by warring parties and made into wives, cooks, and sex slaves. Already in 2015, the GBV Sub Cluster noted the impact of severe malnutrition in Leer, Unity State. This led to women walking for up to 14 days in search of food for their families from the closest towns known to have food. In the process, they cross front lines and are subject to documented violent attacks and rape from armed actors. In 2015, Betty in Koch County, Unity State, reported that on a 5 day walk searching for food, she was raped 3 times. Betty said that her community is so desperate for food that the women expose themselves to this kind of violence, collecting as much food as they can “until they cannot stand it anymore,” before returning to rest while other women take their place. Alice Mangwi, co-chair of the GBV Sub Cluster in South Sudan echoes this, commenting that, “the thinking is, at least they [women] will only be raped.”

Children are also exposed to increased vulnerability to trafficking, child labor, recruitment into armed groups/forces, sexual violence, and family separation as a result of the crisis. Adverse childhood experiences, coupled with malnutrition, puts young children at risk for long-term health and psychological impacts. The famine has led to increased use of negative coping mechanisms in order to survive. In some areas, girls are being married off at an earlier age due to the lack of resources in their families. Already in 2010, the Household Health Survey indicated that about 40 percent of girls are married off when they are still children. The Humanitarian Needs Overview for 2017 and the Protection Cluster in South Sudan report that child marriages have doubled since 2016. This has been a trend over the past year, but the famine is leaving families with few options as they not only need the dowry to feed themselves, but they also need to have one less person to feed. Families also fear that girls will be abducted or raped, which would make them unmarriageable and leave them without any future.

In addition to early and forced marriage, women are also increasingly resorting to survival sex as an option, from the earliest days of the conflict. Many reports have documented women in precarious situations having sex to get food for themselves and their children. In 2014, even prior to the famine,
the IRC highlighted the exploitation women are exposed to when they do not have food, or do not have the means to grind their food rations. Women and girls in South Sudan have very little, if any, bargaining power, and the growing crisis has exponentially deteriorated this power. Reports indicate that sexual exploitation and abuse is on the rise due to the escalating economic crisis, and incidents of possible sexual slavery more than tripled during July 2016.

Meanwhile, as the conflict and famine wear on, the need for health services increases at a time when availability is shrinking. UNFPA Country Representative Esperance Fundira expresses concern by stating, “In a country that struggles with one of the world’s highest maternal mortality rates, severe hunger due to famine could increase risks during pregnancy and childbirth. With increases in premature or low-birth-weight babies and severe postpartum bleeding, the process of giving life becomes even more likely to result in death.” The maternal mortality rate (MMR) is 2,054 out of every 10,000 live births, the worst MMR in the world. One in seven women will die in childbirth or pregnancy. As a result of the famine, it is increasingly risky to be a woman of childbearing age in South Sudan.

Violence, coupled with famine and food insecurity, is driving South Sudanese women and children to flee to Uganda, creating additional GBV risks during flight and displacement. Eighty-six percent of the more than 800,000 South Sudanese refugees who have fled to Uganda are women and children. They report violence, rape and sexual abuse of women and girls, arbitrary detention, indiscriminate killing, destruction of property, and limited access to food and basic services as the main reasons for fleeing to Uganda. In a recent report issued by Refugees International, women in focus group discussions described rape as a “tax” women were forced to pay in order to flee violence.

Less than 50 percent of the USD 1.6 billion required to meet humanitarian needs in South Sudan is in place. Moreover, despite direct links between food insecurity and elevated protection risks, less than 10 percent of the USD 88 million required to meet protection concerns has been funded.

References:

81 Ibid.
Yemen

Yemen is facing the largest humanitarian crisis in the world today, plagued by both conflict and near famine conditions. The ongoing civil war, with its most recent iteration beginning in 2015, has resulted in the displacement of over 3 million people, while 60 percent of the population are now considered food insecure and in need of urgent humanitarian assistance. Among those, approximately 7.3 million are currently facing emergency status and another 10 million are in crisis, representing a 21 percent increase from June 2016. Female-headed households, which comprise an estimated 20 to 30 percent of internally displaced households in Yemen, are particularly at-risk of food insecurity. This is a result of having less access to food distributions, due in part to restrictions on their mobility and limited female distribution staff, and the fact that women are willing to sacrifice their own nutrition in order to provide for their children. Over 1 million pregnant and lactating women, in particular, are in need of malnutrition prevention and treatment services, yet as of February 2017, only 2 percent have been reached with treatment interventions for acute malnutrition.

Meanwhile, nearly 3 million women and girls are at-risk of gender-based violence (GBV) as a direct result of the deteriorating conditions in Yemen. In just the first 6 months of the conflict from March to September 2015, reported GBV incidents increased by 70 percent. In 2016, there were more than 10,800 cases of GBV reported. Since that time, severe food insecurity has only exacerbated the already high levels of gender inequality and GBV that have characterized the ongoing conflict and economic decline. As a result, there has been an increase in sexual exploitation and abuse, intimate partner violence, and sexual harassment and rape while searching for food and water. According to a February GBV Sub-cluster report, over 1,100 cases of GBV have been reported since January 2017, with more than 1,700 survivors receiving lifesaving services in that time. Comparatively, during the same period in

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88 Ibid.
95 For the decade prior to the conflict, Yemen already ranked last among 142 countries in the World Economic Forum’s Global Gender Gap Index, marked by the inability of women to marry (or move about freely) without the permission (or accompaniment) of a male guardian; unequal rights to divorce, inheritance or child custody; and a lack of legal protection for intimate partner violence or sexual violence. In addition, in the 2013 Demographic and Health Surveys, 92% of women stated that violence against women was common in the home. CARE, Oxfam, and GenCap, From the Ground Up: Gender and Conflict Analysis in Yemen, October 2016, http://reliefweb.int/report/yemen/ground-gender-and-conflict-analysis-yemen
2016, 950 people received lifesaving GBV services. In addition, due to hunger and desperation, women and girls are being forced to resort to negative coping mechanisms such as survival sex, child labor, and early and forced marriage. As the crisis worsens and early and forced marriage increases, families can be expected to withdraw their daughters from school, relegating them to a lifetime of increased vulnerability and risk of GBV. Of the nearly 30,000 beneficiaries targeted for GBV prevention and response services in Yemen, only 4 percent have been reached with support, including referrals for health, legal, psychosocial, shelter, and income-generating skills. Limited service availability remains a significant concern, especially with respect to case management and quality of psychosocial support.

In addition to an increase in GBV, the conflict in Yemen has exacerbated pre-existing economic and social vulnerabilities for women and girls. Overall, 78 percent of households in Yemen have experienced a decline in economic status since the onset of the conflict. Roughly 70 percent of Yemen’s 26 million people contributed just 10 percent of GDP, primarily engaging in subsistence agriculture. As 60 percent of crop cultivation and 90 percent of livestock-tending labor is carried out by women—who earn 30 percent less than men—disruptions to the agricultural sector brought on by the conflict have taken a particularly heavy toll on women. This, in turn, renders them even more vulnerable to sexual exploitation and abuse and other forms of GBV. Outside the agricultural sector, there are few work opportunities available for women in Yemen. They are generally excluded from economic transactions in local markets, resulting in increased risk of food insecurity, sexual exploitation and abuse, and violence, particularly for female-headed households.

At the same time, more than half of the population does not have access to clean water, which has led to recurrent outbreaks of water-borne diseases, including cholera. As water and firewood become scarce, women and girls are forced to spend more time traveling further away from their families and communities in search of these essential resources, putting them at greater risk of violence, particularly in areas marked by the presence of armed actors. In addition, without adequate access to safe sex-segregated latrines, women and girls have no other choice but to forego using latrines at night or risk violence by venturing to insecure areas. With little to no clean water for sanitation and hygiene, women and girls lack appropriate materials for menstrual hygiene management, bearing yet another burden of the crisis. As of February 2017, the humanitarian response in Yemen has only reached a fraction of those targeted with assistance, including only 7 percent with access to appropriately designed toilets, 9 percent with standard basic hygiene kits, and 2 percent with dignity kits.

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99 Ibid.
100 Ibid.
101 Integrated Food Security Phase Classification IPC March to July 2017.
104 Ibid.
Moreover, basic public health services have also been severely impaired by both the conflict and the onset of food insecurity. Less than 30 percent of needed medicines and supplies are entering the country. This, coupled with a lack of adequately trained staff, has rendered less than half of the 3,507 health facilities in 16 governorates fully functional.\footnote{WHO Health Resources Availability Mapping System (HeRAMS), October 2016.} Even where services do exist, restrictions on mobility and lack of female health workers make it extremely difficult for women and girls to seek support when they need it, especially if they are unaccompanied by a male relative. Without access to even the most basic of health services, women and girls—who serve as the primary caregivers in their families—have faced an additional burden of caring for ill family members during the crisis. Furthermore, only 9 percent of those targeted with reproductive health services and newborn care have been reached.\footnote{UN OCHA, Yemen Humanitarian Dashboard, January-February 2017, published April 13, 2017, \url{https://www.humanitarianresponse.info/system/files/documents/files/yemen_humanitarian_dashboard_jan-f2017.pdf}.} This is particularly troubling given the fact that Yemen already had a high maternal mortality rate prior to the conflict,\footnote{In 2016, UNFPA estimated that 2.6 million women of reproductive age have been affected by the conflict in Yemen, including 257,000 pregnant women. An estimated 15% of the pregnant women suffer maternal or obstetric complications which could become life-threatening without access to professional medical care. Moreover, respondents in a household survey stated that maternal health services are not available or rarely available for 32% of rural women and 23% of urban women. CARE, Oxfam, and GenCap, From the Ground Up: Gender and Conflict Analysis in Yemen, October 2016, \url{http://reliefweb.int/report/yemen/ground-gender-and-conflict-analysis-yemen}.} a rate which will only continue to worsen as the crisis escalates and as access to family planning becomes even more limited.

\textit{Currently only 29 percent of the USD 2.1 billion required to meet humanitarian needs in Yemen is in place. Moreover, despite the direct links between food insecurity and elevated protection risks, only 9 percent of the USD 72 million required to meet protection concerns has been funded.}\footnote{UN OCHA, Financial Tracking Service, Yemen 2017 Humanitarian Response Plan, date visited June 16, 2017, \url{https://fts.unocha.org/appeals/542/clusters}.}