

Gender, (COVID-19) and health sector in Yemen;
From Gender Mainstreaming into Structural Transformation
من الدمج إلى التحول الهيكلي للنوع الاجتماعي للقطاع الصحي في اليمن

By Dr. Aref Al haj
Email: aref262@gmail.com

International Expert in Human Development & Gender
Gender and Social Inclusion Manager

Yemen
Feb 2021

Preface

This paper presents the main gender issues that have been impacted by the implication of COVID-19 crisis on women and girls in Yemen. Giving the fact that the increased demand for the caregiving role for women and girls in the household due to lockdown, decreased movement and therefore presence of all family members in the house all the time, and providing health care in hospitals as doctors and nurses. Additionally, women are the ones who will be responsible for caring for sick family members and elderly in case of absence of nearby health services or the family's unaffordability of paying hospital expenses. In Yemen as in any other conflict context, conflict has increased women presence in workforce but this didn't result in equivalent rebalancing caregiving role with men.

In this paper, a very brief presentation of main gender issues adopting the political economics for gender inequality:

The Main Impact of COVID -19 Pandemic on Gender

- **Risk**, women who are working in health and care services exposed to infection risks.
- **Un paid home care**, will increase and its traditional responsibilities on women in Yemen and in other places.
- **GBV** also will increase especially domestic one taken new forms (UN-Women reportes-2020).
- **The full absence of medical disclosures and transparency** is main feature of Yemen case.
- **The conditions of women and girls in prisons** is another problem requires strong intervention by Human communities and international organizations.

Responding Actions to Face COVID-19

- Recognize the impact of COVID-19 on women and girls and ensure a response that addresses their needs and ensures that their rights are central to strengthening prevention, response efforts.

- The Gender is a dynamic and dependent variable affected by numbers of social economic- political and cultural factors. It means the virus affecting women and men differently at the same time it not affects poor women as rich.

The following Actions are suggested to be considered for facing COVID-19 in Yemen;

1- SADD; Ensure availability of sex-age disaggregated data and Rapid Gender Analysis(RGA), including differentiated rates of infection, economic impacts, and regarding the burden of care, barriers of access to care for women, and incidence of domestic and sexual violence against women. The gendered MES (Monitoring Evaluation System) is required and the UNCIF and UNFPA can play an active role to develop gendering MES in health programs.

2. Gender Responsive Health Budget - GRHB-Ensuring the gender dimensions in the response requires specific resources allocated to meet the needs of women and girls. The response must consider the different needs and skills of women, men, and children, and guarantee that all affected persons benefit from assistance.

3. Women engagement at all stages of national and local response and decision-making, especially groups of women who are most impacted by the crisis such as women health workers, domestic, and informal sector workers so the national emergency committee which should be re-formulated to include women in meaningful participation.

4. Ensure attention to the front line- women working in the health sector. The priority should be given to designing a targeted training, which enables health women workers in performing their duties safety, and efficiently. The Do no Harm –DNH-principle and human rights of labors are essential. Improve health workers’ access to information and personal protection products. In Yemeni health sector must adopt the restructuring work system, for secured and flexible work and permanent payment employment.

5. Consultations with women led organizations about the situation of women, in particular, their needs and the appropriate measures to take in each phase of the pandemic, ensuring that their opinions, interests, contributions, and proposals are integrated into the response plans.

6. Recognize, and redistribute the overload of unpaid work taking place at home for healthcare, care of children, the elderly, and people with disabilities, and that is taken on mostly by women. The reproductive work is value added economics, but the traditional national accounts in Yemen or in UN accounts system did not recognize it. The idea here is” this pandemic is a good opportunity”. **Firstly** to recognize importance of the home work in social, non-monetary measurement and in family unit, **secondly** the Gender roles will be changed against the patriarchy and male domination and **finally** the chidden and new generation will be in practical training (training by examples) where they observe all family member –males and females are sharing the home work .

7. Adopt measures that ensure access of marginalized group, IDPs and rural women to health services, employment, and food to mitigate protection risks with particular attention to gender-based violence, trafficking of women and girls, and the promotion of social cohesion. In Yemen context the IDPs mostly live in their relatives not in the camps (see Aref; IDPs say” no charity but empowerment and inclusion”)

8. (Shadow pandemic) Ensure continuity of essential services to respond to violence against women and girls. Develop new ways of providing services in the current context and increase support for specialized women’s organizations to provide support services at the local and district levels. The training on **GBV** for health workers in the Yemeni private and public health centers is very important to enable them to differentiate between the case of GBV and the case of normal healthy problems.

Other countries experience which mainstreamed GBV in health responding plans (see UNDP; GBV; May 2020)

The GBV services mapping in Yemen, tell us there is traditional structural package of services given to the GBV survivors. It is observed scarcity of safety places and shelter for women survivors of violence. (In Abyan; South Yemen, the Women union branch has no women shelter so they take the affected woman by domestic violence from Abyan city to Aden women union branch) In addition, the social, psychological and mental support for GBV survivor are not well provided. Conducting Rapid **Assessment** of GBV during the pandemic of virus corona is strongly recommended.

9. Take into consideration the different needs of women and men in **medium- and long-term recovery efforts**. Develop strategies focused on women, to build resilience, and promote mechanisms for income generation and sustainable livelihoods.

10. The **effective coordination** between women led organizations ,civil society and government with international community (Donors and UN , INGOs) to **yemenizing** (localizing) the efforts and responding taken into consideration Yemeni women , girls needs and priorities especially in poor, remote and rural areas. The women, girls and children in the conflicted areas requires more than coordination.

11. **The Gender responsive recovery programs** must be designed on Gendered data and Gender impact assessment of COVID-19 , Its time to move to the gender responsive **strategic planning** which demands rethinking about the existing structures and the direction. Moreover, recovery programs must be human rights driven program. At the same time we do think that the **RRS-Rural Responds System** much relevant to Yemen context, where the majority of poor family and informal women workers in rural area.

From Gender mainstreaming into structural transformation;

Since the beginning of the ongoing conflict in Yemen March 2015 up to date Feb 2021, male community is taking the leadership and control with total exclusion for Yemeni women to form a clear masculinity among all the ongoing events. Male rebels, Male resilience, Male national army, Male corruption, and Male war traders. Finally male GOVT.

The appearance of the pandemic of COVID-19 should be considered as an opportunity to rectifying the structural imbalance and overcoming the male patriarchy domination for sustainable women empowerment in health sector in Yemen.

The following suggested interventions are recommended to form gender mainstreaming into structural transformation:

- 1- **Promotion of medical women into leading administrative position.** This particular issue requires the health ministry intervention to look on the file of group of Yemeni qualified medical women who are for long time not getting the rights in job promotion in public and private hospitals. **There is structural distortion between Yemeni women contribution in health sector and their position in decision making .(no one woman as Director of hospital in public and private health sector)**
- 2- **Allocating Quota of** scholarship in higher studies for women working in health sector.
- 3- **Encouraging Rural Girls to access into medical colleges.**
- 4- **Fixing employment** of temporary health women workers with implementing capacity building program to enhance their skills.(these group actually subjected to multi- violence and discrimination)
- 5- **Re-thinking on conditions of accessibility of girls into university education by reducing the fees and grade.**
- 6- Application of Gendered socially inclusive **Corporate Governance** in health sector (private and public sector) and activating **the supreme medical council** with active women participation,

- 7- **GRHB**; Gender Responsive Health Budget; Exclusion of Yemeni women and poor rural girls cannot be tackled without allocating the resources responding to **women operational and strategic needs**.
- 8- **New graduated medical girls students should be** distributed into private hospital to receive on job training with fair payment and who were not getting job opportunity ,the supreme medical council should take its responsibility to re-training and distributing them according to the participatory plan and action with private hospital within maximum sixth months from their graduate. This action leads to reduce the unemployment and rectifying the gender unbalance in domestic labor market.
- 9- **The community colleges and technical education in Yemen** should re-structure their curriculum to open new options especially in operational and medical fields according to local community needs and motivating the girls to enter into this program.
- 10- **The social protection system**(medical insurance --) in Yemen is traditional based on contribution which not able to covered majority of people **who in informal sector**-.The umbrella must be extended by adopting financial and non-financial social insurance and joint contribution fund for including excluding people.
- 11- **1325 UNSCR, NAP(National Action Plan) on WPS and COVID19;**
This resolution has moved to the **institutionalizing sustainability** of Women engagement in humanitarian, peace and recovery process (Yemen NAP2000-2024). It is suggested to use the NAP on WPS as critical tool in COVID19 response in Yemen (See; Regional Analysis of NAPs on WPS and its relevant to COVID19 responses- UN-WOMEN – 28 –October 2020).

-It's also observed that COVID19 efforts adopted in Yemen and in developing countries are still short term and responding not yet moved into recovery and investment efforts . Investment in people, investment in institutional capacity building in health sector.