

Francisco Astudillo Poggi

Food security in Yemen: How to secure food conditions of pregnant and lactating women



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EXECUTIVE SUMMARY

The armed conflict in Yemen has brought about the largest humanitarian crisis in recent times and has resulted in millions of civilians affected. Millions of people live under levels of food insecurity and amongst the affected population, pregnant and lactating women have been particularly afflicted and are at risk of malnutrition, which could trigger death, miscarriages and newborns with delicate health conditions. Moreover, the gender gap in Yemen also exacerbates women's access to food and increase the vulnerability thereof, and even though international organisations and non-governmental organisations have created programmes to assist the population in need, only few of the policies include a gender perspective that properly reflects the conditions of pregnant and lactating women. This policy paper intends to identify the programmes that have been implemented so far and propose alternative solutions considering a gender perspective and the particular conditions of the group of interest.

INTRODUCTION

Since 2014 Yemen has been struggling with an ongoing non-international armed conflict (NIAC)¹ between the Yemeni Government and the Houthi forces.² The escalation of the conflict has resulted in the world's largest humanitarian crisis with thousands of civilians killed.³ As a consequence, 70% of the total population (around 20 million people) are living under emergency levels of food insecurity, understood as the lack of secure access to sufficient amounts of safe and nutritious food for normal growth and development and an active and healthy life.⁴ Currently, 9.8 million people are in need of immediate assistance, and special attention must be given to women in pregnant and lactating age (PLW).⁵

According to Oxfam, food insecurity in Yemen is a consequence of problems related to imports of food as well as family incomes. The former has been exacerbated due to blockades, inspections and prohibition and/or delayed offloading at the ports of Hudaydah and Salif, obliging the humanitarian aid to be offloaded in Aden port, which has lengthy inspections proce-

dures and irregularities. On the other hand, the poor income of the population as a consequence of the shrinking economy, with a contraction of 39% of the GDP since 2014,⁶ and the destruction of farms and industries has brought 80% of Yemenis under the poverty line,⁷ who cannot afford the constant rise of food prices. Food prices have been constantly increasing due to the rise of transportation costs, mainly because of the shortage and high prices of fuel, movement restrictions and insecurity associated to the ongoing armed conflict.⁸ For instance, by October 2018, the prices of commodities had increased between 78% and 178%, compare to the pre-conflict period.⁹

Moreover, apart from the food prices and the poor economic household's incomes, access to food for women and girls has been exacerbated by social inequalities based on gender. Yemen has the highest rates of gender gap worldwide in terms of health, education, economy and politics,¹⁰ and these inequalities have an immediate impact in women's access to food and nutrition. In Yemen, women eat 'last and least', prioritising other family members,¹¹ specially men. Nowadays it is estimated that 3.25 million wom-

- 1 Common art 3 of the Geneva Conventions applies to armed conflicts not of an international character (NIAC). The armed conflict could be between government forces and one or more non-state armed groups or between two or more non-state armed groups. According to the ICTY in *Tadic*, a NIAC has two thresholds: intensity of the conflict and organisation of the armed groups. Indeed, the conflict in Yemen has been classified as a NIAC, because the parties to the conflict are the Yemeni armed forces and a rebel group, the Houthis. (See ICTY, *The Prosecutor v. Dusko Tadic*, Judgment, IT-94-1-T, 7 May 1997, para. 561-568; see also ICTY, *The Prosecutor v. Fatmir Limaj*, Judgment, IT-03-66-T, 30 November 2005, para. 84).
- 2 Houthi forces are a political and armed movement from the Chia Zaydi sect founded in 1990 by Hussein Bedreddin Al-Houthi.
- 3 ACLED, 'Fatalities in The Yemen Conflict' (*ACLED Data*, 2019) <www.acleddata.com/2018/11/08/fatalities-in-the-yemen-conflict/> accessed 10 April 2019.
- 4 FAO, *The State Of Food Insecurity In The World 2013: The Multiple Dimensions Of Food Security* (FAO 2013) 50.
- 5 UNFPA, 'Humanitarian Response in Yemen 2018' (UNFPA 2019) <<https://yemen.unfpa.org/sites/default/files/pub-pdf/UNFPA%20Yemen%202018%20Response%20Plan%20-%20Aug.%20version-compressed.pdf>>. accessed 10 April 2019.
- 6 World Bank Group, 'Yemen Economic Monitoring Brief 2019' (World Bank 2019) 2 <<http://documents.worldbank.org/curated/en/161721552490437049/pdf/135266-YemEconDevBrief-Winter-2019-English-12-Mar-19.pdf>>. accessed 10 April 2019.
- 7 UNOCHA, 'Dispatch from Yemen – Tackling the world's largest humanitarian crisis' (UNOCHA 2018) <www.unocha.org/story/dispatch-yemen-tackling-world%E2%80%99s-largest-humanitarian-crisis>. accessed 10 April 2019.
- 8 FAO and WFP, 'Monitoring food security in countries with conflict situations' (Issue No 5) (FAO and WFP 2019) 27 <www.fao.org/3/ca3113en/CA3113EN.pdf>. accessed 10 April 2019.
- 9 Ibid.
- 10 World Economic Forum, *The Global Gender Gap Report 2018* (World Economic Forum 2018) 8 <www3.weforum.org/docs/WEF_GGGR_2018.pdf>.
- 11 Oxfam, *Yemen's Shattered Food Economy and its Desperate Toll on Women* (Oxfam February 2019) 5 <<https://oxfamlibrary.openrepository.com/bitstream/handle/10546/620618/bn-yemen-shattered-food-economy-060219-en.pdf>>. accessed 10 April 2019.

en and girls of childbearing age (15-49) need immediate humanitarian assistance.¹² Amongst them, 1.1 million PLW are malnourished and likely to develop complications during birth,¹³ and the number might potentially increase in the upcoming months estimating that 2 million pregnant women will be at risk of miscarriage or having newborns with stunted growth.¹⁴ According to the World Food Programme (WFP), ‘The nutrition situation for women of reproductive age (15 to 49 years) is equally serious: 25 percent are underweight (body-mass index less than 18.5) and 81 percent are anemic. Anemia prevalence is highest amongst pregnant women in rural areas.’¹⁵

Immediate action is needed to grant access to food to PLW and influential stakeholders need to consider a gender perspective in the design of policies that addresses the particular needs of the group. Some programmes led by international organisations (IOs) and non-governmental organisations (NGOs) are intended to reduce gender inequality by empowering women and girls, however, those actions intend to create a long term impact that, even though necessary, are not providing immediate relief to the target group. Considering that the food supply only covers 20% of the demand of food of the population,¹⁶ equal and efficient distribution is needed.

FOOD SECURITY IN YEMEN: LEGAL FRAMEWORK

Yemen has positive obligations to secure food conditions by delivering humanitarian aid to the population in need and also to abstain from attacking or avoiding the entrance of humanitarian aid. Yemen is party to the International Covenant on Economic, Social and Cultural Rights (CESCR),¹⁷ International Covenant on Civil and Political Rights (CCPR),¹⁸ Convention on the Elimination of All Forms of Discrimination against Women (CEDAW),¹⁹ Geneva Conventions and Additional Protocol I.

The CESCR includes in its Article 11 the right to adequate food and the equitable distribution of it considering issues of importing and exporting.²⁰ The distribution of food shall be solved with policies directly or indirectly implemented by the authorities, with standards of equality and non-discrimination in terms of gender. Moreover, the CEDAW establishes obligations to grant access for women to work, land and income, in order to secure food security conditions,²¹ in which women’s particular needs must to be considered and policies shall empower their wellbeing.

On the other hand, under international humanitarian law, Yemen is party to Additional Protocol I to the Geneva Conventions which includes in its Article 54 the prohibition of attacking, removing or destroying foodstuffs for the

12 Ibid.

13 UNFPA, ‘Country Experiences, Yemen: When the Reproductive Health Supply Chain is a Lifeline’ (UNFPA January 2019) <www.unfpa.org/resources/yemen-when-reproductive-health-supply-chain-lifeline>. accessed 10 April 2019.

14 Ibid.

15 WFP, ‘YemenEMOP201068: Immediate, Integrated and Sustained Response to Avert Famine in Yemen’ (WFP 2018) 5 <https://documents.wfp.org/stellent/groups/internal/documents/projects/wfp291443.pdf?_ga=2.140486522.818250353.1553708117-2070789054.1546958076>. accessed 10 April 2019.

16 UNOCHA, ‘Ensuring Yemen’s lifeline: The criticality of all Yemeni ports’ (UNOCHA 13 November 2017) <https://reliefweb.int/sites/reliefweb.int/files/resources/ochayemen_ensuring_yemens_lifeline_13_nov_2017_0.pdf>. accessed 10 April 2019.

17 International Covenant on Economic, Social and Cultural Rights (adopted 16 December 1966, entered into force 3 January 1976) 993 UNTS 3.

18 International Covenant on Civil and Political Rights (adopted 16 December 1966, entered into force 23 March 1976) 999 UNTS 171.

19 Convention on the Elimination of Discrimination Against Women (adopted 18 December 1979, entered into force 3 September 1981) 1249 UNTS 13.

20 CESCR, arts 11 and 11(b).

21 CEDAW, preamble, arts 5 and 11.

survival of the civilian population.²² It is worth noting that the obligation also applies to NIACs, it extends to both parties to the conflict who should not block or attack foodstuffs.

FOOD SECURITY OF PREGNANT AND LACTATING WOMEN IN YEMEN: POLICIES AND PRACTICES

Due to the inability of the Yemeni Government to secure food supplies for the entire population, several IOs and NGOs have reacted and implemented mechanisms to respond to women's lack of access to food. As the policy paper will further highlight, most of the programmes intended to grant access to food for PLW are based on cash based interventions (CBI), restoration of livelihoods and blanket supplementary feeding programmes (BSFPs). This paper will illustrate some policies implemented in the past years or that will be implemented in 2019.

1. In the Famine Prevention Plan of January-June 2019, the Food and Agriculture Organization of the UN (FAO) intends to assist 228,080 households (1.6 million people) through agricultural assistance and cash transfers in forms of currency and cash for work, in order to strengthen the purchase power of the most vulnerable population and improve agricultural production and covering immediate food needs.²³ The policy intends to target, amongst other groups, households with PLW,²⁴ however if the cash

transfer is unrestricted, it might lead to cover other needs and the nutrition goal would not be achieved.

2. Since 2017,²⁵ WFP has implemented a BSFP, reaching 204,329 PLW in 2018,²⁶ providing a six kg take-home ration of fortified blended flour to PLW from the beginning of the second trimester of pregnancy up to six months of breastfeeding. This policy, even though it provided some basic nutrients, could have been combined with a provision of supplementary folic acid, particularly important in the case of pregnant women, as it will be described below. Furthermore, during 2019 the WFP is planning to provide food assistance to 12 million people through food vouchers to be used with special retailers in areas where the markets are functioning.²⁷ Each family of six will get a monthly ration of wheat flour, pulses, vegetable oil, sugar and salt. Also, 1.5 million PLW will receive nutritional and health support through conditional cash assistance to support access to food and health services.²⁸ Even though the provision of conditional cash assistance to women with the condition of attending food and health services can be useful to determine health conditions and provide nutritional knowledge, it does not guarantee that the cash will be used to cover nutrition needs.
3. The UN Office for the Coordination of Humanitarian Affairs (UNOCHA) has included food security and nutrition of PLW in its

22 Additional Protocol I (1977), Geneva Conventions, art 54.2: '2. It is prohibited to attack, destroy, remove or render useless objects indispensable to the survival of the civilian population, such as foodstuffs, agricultural areas for the production of foodstuffs, crops, livestock, drinking water installations and supplies and irrigation works, for the specific purpose of denying them for their sustenance value to the civilian population or to the adverse Party, whatever the motive, whether in order to starve out civilians, to cause them to move away, or for any other motive'.

23 FAO, 'Yemen: Famine Prevention Plan January-June 2019' (FAO 2019) 7 <www.fao.org/3/CA3134EN/ca3134en.pdf>. accessed 10 April 2019.

24 Ibid.

25 WFP, 'Emergency Food Assistance to the Food Insecure and Conflict-Affected People in Yemen' (WFP 2015) <https://documents.wfp.org/stellent/groups/internal/documents/projects/wfp278006.pdf?_ga=2.115213262.818250353.1553708117-2070789054.1546958076>. accessed 10 April 2019.

26 WFP, 'WFP Programming in Yemen Scale-up October 2018' (WFP 2018) <<http://nutritioncluster.net/wp-content/uploads/sites/4/2018/10/Posters-WFP-GNC.pdf>>.

27 WFP, 'Yemen Emergency | World Food Programme' (www1.wfp.org, 2019) <www1.wfp.org/emergencies/yemen-emergency> accessed 10 April 2019.

28 WFP, 'Yemen Country Brief January 2019' (WFP 2019) 2 <<https://reliefweb.int/sites/reliefweb.int/files/resources/WFP-0000103254.pdf>>.

humanitarian response plan of 2019. The nutrition cluster includes in its second line of response a BSFP for PLW in the 165 priority districts. Also, building on the 2018 plan, UNOCHA intends to provide counselling and messaging on feeding practices to 1,778,853 pregnant women and caretakers of children under two years and provide 1,191,017 pregnant women with iron-folic acid supplements.²⁹

4. The UN Children's Fund (UNICEF) has provided primary health care and reproductive health services covering antenatal, natal and postnatal services.³⁰ Also, a nutrition scale-up plan has been implemented in the form of nutritional interventions on a quarterly basis with screening and referral of malnutrition cases and provision of fersoline and folic acid.
5. Oxfam has also implemented food security programmes in 2018 through cash assistance and restoring livelihood, reaching 1.5 million people. Despite all these efforts, it has been identified that women have used cash transfers for medicines rather than food, and 14% of female headed households continue to have poor consumption rates.³¹

One of the most important features of these programmes is the valuable intention to grant women's empowerment through unrestricted CBIs in order to reconstitute the purchase power thereof, which will potentially provide freedom of decision. However, this policy might not be effective even if combined with conditional assistance to education programmes, because the money could be used to cover other needs. As it has been expressed by Oxfam, CBI in the form of currency has not been the solution for every female household or female living in endangered households, who have been using the assistance to cover other needs.

Moreover, there are BSFPs and the provision of additional nutritional supplements such as

folic acid that will grant access to basic nutrients. However, in most of the policies with the exception of UNOCHA's, the BSFPs in the form of fortified blended flour and the provision of nutritional supplements have been implemented separately and therefore have partially covered nutritional needs. In the case of PLW, both policies would need to be implemented together to guarantee effective outcomes.

As the majority of the population in Yemen is under a food emergency, the PLW as a particular vulnerable group need tailor made policies capable of addressing their particular conditions. It is important that the programmes that are being implemented consider a gender perspective to grant fair access to food. This paper will propose few policies intending to react to the current situation of malnutrition and provide solutions.

POLICY OPTIONS

This section will provide three policies to ensure food security amongst PLW. These policies contain preventive and responsive mechanisms that will consider the particular needs of the target group based on the situation of living under a protracted armed conflict; a shortage of food caused by a shrinking economy and low incomes that reflects one of the highest food insecurity rates in the world; the inequalities of women in Yemen; and the particular condition of PLW, who are even more vulnerable due to the increasing risks of miscarriages, illness and newborns with stunted growth.

Policy option 1: Contraception methods

Yemen has a considerably high pregnancy rate of 1.1 million women. Increasing poverty rates and unprecedented famine conditions increase the risk of miscarriages, death or carrying

29 UNOCHA, 'Humanitarian Response Plan January-December 2019' (UNOCHA February 2019) <https://reliefweb.int/sites/reliefweb.int/files/resources/2019_Yemen_HRP_V21.pdf>.

30 UNICEF, 'Scaling up Support: Results for Children of Yemen 2017-2018' (UNICEF 2018) 10 <www.unicef.org/yemen/YEM_resources_results2017_18.pdf>.

31 Oxfam (n 11).

a baby with health problems. Even though this policy is related to health and family planning, it will reduce the chances of having unwanted pregnancies that could worsen the health and economic conditions of women. Yemen has one of the highest maternal mortality rates in the region, and often women are exposed to several miscarriages during their reproductive age. It is important to elaborate plans along with health workers intended to target the population in reproductive age and promote the use of male and women condoms and other contraceptive methods such as pills.

These kinds of policies have brought effective outcomes in Afghanistan, improving the family planning³² and the health conditions of women. For instance, under the Rural Expansion of Afghanistan's Community-based Healthcare Program (REACH), the Accelerating Contraceptive Use (ACU) project in 13 provinces in Afghanistan³³ intended to target between 100-150 households which included at least one women of reproductive age, The project consisted of collecting samples of users of contraceptive methods and engaging with community leaders. The method intended to provide information about contraceptives considering the use in the Quran and clarifying misconceptions by doctors and community leaders. Men's involvement in the process was vital considering their role in family planning. The result was the increase in the use of contraceptives from 16% to 26% within a period of two years.³⁴ Among 3,708 women, the usage increased from 532 to 1,469,³⁵ bringing positive outcomes in the prevention of unwanted pregnancies. This policy could be implemented in Yemen considering the same key elements such as religion and a gender perspective approach, acknowledging also the role of males in this particular society and guaranteeing their involvement.

Policy option 2: Unconditional but restricted CBI

As Oxfam has previously verified, unrestricted cash transfers, i.e. the transfer of currency and notes in envelopes, has not been an effective solution to address the effectiveness of food assistance, as the money has been used to cover other needs of the household. On the other hand, WFP is currently implementing food vouchers for households, providing a monthly ratio of flour, pulses, vegetable oil, sugar and salt for every family of six. However, considering the position of women in the Yemeni society, providing food to households does not solve their nutritional situation and an unrestricted cash transfer will be, in most cases, controlled by a male in the family.

Food programmes should consider the implementation of vouchers for food (unconditional but restricted CBI) for PLW in areas where a market place is functioning. It can be a solution to empower women and grant access to food, because it will be an additional programme from which men in households will have less power of decision. The voucher could cover basic elements of the nutritious food basket such as flour, pulses, vegetable oil, sugar and salt and could be implemented in areas with available access to markets following previous studies of the financial and economic situation of the community. In those areas with no access to markets and high potential risk, a BSFP could be implemented in substitution providing basic elements of the nutritious food basket. The delivery of this aid should be based on the principle of 'do no harm' and needs to be designed to avoid any kind of further conflicts within the households.

32 UNFPA, 'National Family Planning: Behavioral Study on the Use and Non-use of Contraceptives in Afghanistan' (UNFPA 2017) <<https://afghanistan.unfpa.org/sites/default/files/pub-pdf/Behaviour%20Study%20on%20use%20or%20none%20use%20of%20contraceptives%20in%20Afghanistan%20final%20report.pdf>>.

33 WHO, 'Achieving success with family planning in rural Afghanistan' (WHO 8 December 2009) <www.who.int/bulletin/volumes/88/3/08-059410/en/>. accessed 10 April 2019.

34 Ibid.

35 Ibid.

Policy option 3: 'Cash Plus'

The 'Cash Plus' policies are intended not only to prepare a CBI, but it will provide additional support for the claim that only a CBI is not enough to provide an efficient outcome.³⁶ For instance, in Niger the CBI policies have determined that those households receiving cash plus additional nutritional supplements reported a higher rate of reduction of malnutrition.³⁷ As suggested by WHO, folic acid supplements are needed during pregnancy to prevent low birth weight, maternal anaemia, neonatal death, maternal death and congenital anomalies.³⁸ A daily iron supplementation reduces the risk of anaemia by 70% and improves the levels of haemoglobin.³⁹ UNICEF implemented a nutritional programme in Yemen in 2018, under the Community Management of Acute Malnutrition (CMAM) programmes, where 336,815 pregnant women received folic acid supplementation.⁴⁰ However, the policy needs to be extended and reach a higher amount of PLW with the engagement of several implementig operating in the field. For this reason, a CBI in form of restricted vouchers along with additional supplements of folic acid and a pre-natal assistance programme can be implemented.

In the first place, as explained in policy option 2, a CBI in form of vouchers for food could be distributed to PLW with basic elements of the nutritious food basket. In addition, a CBI in forms of restricted vouchers for the folic acid could lead to a more complete nutritional assistance. However, the folic acid could also be implemented within the BSFP, as the one led by UNOCHA which provides six kg of blended flour. The policy will depend on the conditions of the place of residence, region and the access to lo-

cal markets. For instance, in those places where the access to market is hazardous, direct delivery in the form of BSFP shall be organised by local leaders, IOs and NGOs. Moreover, in those regions where the access to market is feasible, the vouchers for folic acid could be the best solution.

In addition, the policy must be accompanied with a prenatal assistant programme through community outreach, intended to identify risks of health and illustrate about the benefits of the folic acid supplements. The idea is to encourage the use of nutritional supplements by informing about the benefits of the folic acid for the health of the mother and the child and provide an integral prenatal health assistance.

CONCLUSIONS

As this policy paper has explained, PLW are at particular risk of suffering from malnutrition, which would trigger various consequences for their health or their newborns. Every solution needs to consider a gender perspective and the social conditions in Yemen. In relation to the gender gap in Yemen, every policy that targets households through unrestricted CBI (i.e. cash in envelopes) will not necessarily grant PLW's access to food because their social condition entails that the male in the household will administer the money, or in the case of female households the money could be used to cover other needs. On the other hand, the direct provision of food through, for example, BSFPs targeting households will not grant PLW's access to food either because of the priority and privilege given to men when it comes to access to food.

This policy paper included three policies that consider a gender perspective and intends

36 C Watson and T Palermo, 'Options for A "Cash Plus" Intervention to Enhance Adolescent Well-Being in Tanzania. An Introduction and Review of the Evidence from Different Programme Models in Eastern and Southern Africa' (UNICEF 2016).

37 C Langendorf and others, 'Preventing Acute Malnutrition Among Young Children In Crises: A Prospective Intervention Study In Niger' (2019) *PloS Medicine* 11 (9): e1001714.

38 WHO, *Guideline: Daily iron and folic acid supplementation in pregnant women* (WHO 2012) 4 <https://apps.who.int/iris/bitstream/handle/10665/77770/9789241501996_eng.pdf?ua=1>.

39 Ibid.

40 UNICEF, 'Yemen Humanitarian Situation Report' (UNICEF 2018) <https://www.unicef.org/yemen/YEM_sitreps_Jun2018.pdf>. accessed 10 April 2019.

to decrease the chances of using the money for other purposes. The contraceptive method will have an impact in family planning and will decrease the risks for families under food insecurity of having unwanted pregnancies that could worsen PLW health conditions. Moreover, the special CBI in the form of a voucher, restricted to the purchase of food and only for PLW, will reduce the possibilities of using the money for other purposes or being administered by a male in the household. In addition to vouchers for food, the 'Cash Plus' policy will add another nutritional value with the provision of folic acid and a pre-natal programme intended to create awareness of the benefits of having a sufficient nutritional programme. IOs, NGOs and national leaders need to be aware of such policies to take immediate action. Any future policies that address PLW must include a gender perspective.

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Monastery of San Nicolò
Riviera San Nicolò, 26
I-30126 Venice Lido (Italy)

gchumanrights.org

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