

Social impact monitoring project report: July–September 2023

OVERVIEW

This edition of the Social Impact Monitoring Project (SIMP) report elaborates on three themes: increased demonstrations in areas controlled by the Internationally Recognized Government of Yemen (IRG) and the de-facto authority (DFA) in the north of Yemen (also known as the Houthis), inadequate maternal and reproductive healthcare across Yemen (particularly in relation to the proportion of births with a trained birth attendant), and deteriorating living conditions for IDPs in collective centres across Yemen. These themes particularly affect certain categories of people, including women and girls of reproductive age, infants, and IDPs.

About the report

This SIMP report identifies the events and themes that emerged in the Yemeni information landscape from July–September 2023, with a particular focus on those that had or were likely to have a social impact. Social impact is broadly defined as the effect on people and communities of an action or event or a lack of action taken to intervene in a situation. The SIMP report is a quarterly product, and the choice of themes for each report is based on a combination of factors, including the estimated significance of their current impact (or potential impact) on people, the number of times the theme is mentioned in data and reporting during the period, the degree to which a theme is or is not covered in other analyses, and the apparent significance of any change relating to the theme. A joint analysis with the ACAPS Yemen Analysis Hub and other experts on Yemen determines the themes covered in each quarter. The regular report aims to enrich understanding of the different challenges that people in Yemen face in relation to protection concerns and meeting basic needs.

Limitations

The information available does not allow for the impact of key drivers to be categorically linked to specific groups or categories of people who might be more exposed to certain risks. Most available information on social impacts is qualitative, making it difficult to compare and aggregate data across time and different areas of the country. ACAPS accounted for this constraint by structuring the available information and following up on or triangulating it through interviews with Yemeni experts, consultations with experts, and joint analyses.

Methodology

the analysis presented in this report is based on the monitoring of information sources across the period of interest (July–September 2023), including:

- relevant indicators logged in the ACAPS qualitative database for Yemen
- ACAPS' core dataset for Yemen
- a secondary data review of documents published within and outside Yemen
- qualitative data collection and analysis to deepen understanding of the initial findings through:
 - » interviews with ten context experts in Yemen
 - » a joint analysis session that included the extended ACAPS team and experts from other organisations
 - » three online focus group discussions with Yemeni experts.

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DRIVERS OF HUMANITARIAN NEEDS WITH POTENTIAL SOCIAL IMPACT BETWEEN JULY–SEPTEMBER 2023

Theme 1: changing trends related to demonstrations in DFA- and IRG-controlled areas

2023 saw an overall increase in demonstrations across Yemen compared to previous years (see Table 1). Between July–September, ACLED reported a total of 358 demonstrations. The first three months of the year had the highest number of demonstrations in DFA-controlled areas, but these declined in the next two quarters. The July–September period saw the highest number of demonstrations in IRG-controlled areas. During the same period, ACLED also recorded an increase in violent demonstrations in IRG-controlled areas, resulting in the highest number in 2023. There have been several reports of the authorities using excessive force against protesters (three reports in IRG-controlled areas and two in DFA-controlled areas). It is important to note that demonstrations in DFA-controlled areas are not necessarily an indication of increased community activism, as the DFA itself organises these demonstrations, which serve a different purpose than those in IRG areas (ACLED accessed 15/11/2023).

Table 1. Number of protests and demonstrations in IRG- and DFA-controlled areas

Table key

Peaceful protest: no demonstration parties engage in violence

Violent demonstration: some demonstrators or individuals engage in violence and/or destructive activity

Protest with intervention: demonstrators engage in a peaceful demonstration, during which the authorities make a physical attempt to disperse or suppress the protest

Excessive force against protest: demonstrators engage in a peaceful demonstration and face lethal violence or violence resulting in serious injuries from the authorities

DFA and IRG total: combined number of recorded demonstrations across respective areas of control

Total: combined number of protests across Yemen

QUARTER	DFA-CONTROLLED AREAS					IRG-CONTROLLED AREAS					TOTAL
	PEACEFUL PROTEST	VIOLENT DEMONSTRATION	PROTEST WITH INTERVENTION	EXCESSIVE FORCE AGAINST PROTEST	DFA TOTAL	PEACEFUL PROTEST	VIOLENT DEMONSTRATION	PROTEST WITH INTERVENTION	EXCESSIVE FORCE AGAINST PROTEST	IRG TOTAL	
Q3 (July–Sept) 2023	162	0	3	2	167	150	34	2	3	191	358
Q2 2023	218	0	3	0	211	76	1	2	2	81	292
Q1 2023	362	0	1	0	363	134	4	3	2	143	506
Q4 2022	35	0	6	0	41	81	16	4	2	103	144
Q3 2022	19	0	2	1	22	41	3	1	3	48	70
Q2 2022	96	1	2	1	100	45	12	0	0	57	157
Q1 2022	44	0	3	1	48	45	10	4	0	59	107
Q4 2021	18	0		0	18	61	6	6	4	77	95
Q3 2021	20	1	2	0	23	86	27	6	15	134	157
Q2 2021	44	0	2	2	48	56	16	0	1	73	121
Q1 2021	317	1	1	0	319	99	32	5	4	140	459

Differences in demonstrations according to areas of control (IRG and DFA)

There are some key differences in the demonstrations that take place in DFA areas compared to those in IRG areas. These differences surround who initiates the demonstrations, the reasons people join, and the prevalence of these demonstrations.

IRG-controlled areas

In areas under IRG control, the demonstrations recorded in ACLED data can be described as protests. They are almost always expressions of frustration by members of the public towards the authorities over the inadequate provision of amenities, such as electricity, water, or fuel, or, more generally, the severe challenges posed by the economic and social conditions across the area. These include currency depreciation, increasing prices, declining purchasing power, corruption, crime, insecurity, and violence (ACAPS 29/11/2021; KII 05/11/2023; FGD 05/11/2023). In some cases, protests are an expression of general dissatisfaction and a combination of all these factors. In others, they are very specific, arranged by groups such as workers' unions voicing grievances linked to their own unique social and economic challenges (Joint analysis meeting 16/11/2023; KII 05/11/2023).

Between July–September, IRG-controlled areas faced prolonged electricity cuts of around 16 hours per day from fuel shortages. The IRG continued to struggle to pay public sector salaries, triggering civil unrest and demonstrations in Abyan, Aden, and Lahj (FEWS NET 07/2023). Demonstrators called on authorities to address the multiple issues outlined above, but the main cause of frustration was the insufficient provision of electricity. The number of people participating in the demonstrations varied from several hundred to several thousand (FEWS NET 07/2023; HRW 16/11/2023).

Specific trade union groups organised some of the protests in IRG-controlled areas, while others were less organised and appeared to comprise more general groups loosely affiliated by neighbourhood. Usually, the protests that remained peaceful were the demonstrations organised by unions with specific demands, most often about salaries but also sometimes about other requests related to working conditions. For example, in July, the Heavy Transport Union held a protest in front of the Aden Container Terminal to denounce recent Public Authority for Transport decisions that would stop heavy transport drivers from operating in the port (ACLED accessed 15/11/2023). They called for the IRG and Southern Transitional Council authorities to stop these changes and lower transportation levies (Crisis24 12/07/2023).

The third quarter (Q3) of 2023 (July–September) reported the highest number of violent demonstrations since Q1 2015 in IRG-controlled areas. The demonstrations that turned violent were usually those that were less organised, where the group instigating them was less clear, or where they were protesting multiple issues that related to living conditions and

frustrations (ACLED accessed 15/11/2023; KII 05/11/2023; FGD 05/11/2023). Informal neighbourhood and community groups started these demonstrations by coming together, blocking roads, marching, and carrying out other activities that frustrated and prevented regular daily activities, such as preventing movement and markets and businesses from operating (ACLED accessed 15/11/2023; KII 05/11/2023; ACAPS 29/11/2021). For example, on 23 August, dozens of demonstrators started fires in the streets of Aden over power outages and the deterioration of public services (ACLED accessed 15/11/2023; Arab News 23/08/2023). On 16 July, dozens of demonstrators also closed roads with burning tires in Lahj to show their anger over the currency devaluation and the deterioration of services, including the continued electricity cuts. The demonstrators closed the roads going to Aden and Ta'iz (ACLED accessed 15/11/2023; CCDF 19/07/2023).

Social impact

The protests mostly affected either those directly involved or those trying to continue with their daily activities. Protesters risked injury or arrest by the authorities and put their income on hold when engaging in a protest. The protests also disrupt community life overall. These disruptions challenge the daily activities of people not participating but trying to go about their day, including going to work, running their businesses, and shopping for essential items (Joint analysis meeting 16/11/2023).

The broader impact of the increasing number of protests is unclear. Discussions with experts indicate that the success of peaceful protests in triggering social change is currently unknown, as there have been no direct changes observed as a result of the demands of specific unions or groups (KII 05/11/2023; Joint analysis meeting 16/11/2023). If the organised and peaceful union protests succeed in having some of their demands met, more groups will likely follow suit to make demands of the Government. Conversely, consistent failure and a lack of improvements to salaries or conditions could cause frustration to grow and the protests to either decline or become increasingly disruptive (Joint analysis meeting 16/11/2023).

On the other hand, the more general and spontaneous protests are likely to persist with continued frustration over living conditions. If they become larger and more frequent, the negative impact on access to goods and services will increase, disrupting businesses and causing further economic stress. The resulting frustration could lead to more arguments and violence in the streets during the protests, particularly if different factions form (currently, protesters include people with no or very limited income and those with their own businesses). These conditions would increase fear and frustration among the general population, who have limited choices in return: either accept the deteriorating living conditions and cope accordingly or get involved in the protests in hopes that the Government will notice and find ways to improve conditions (KII 05/11/2023; FGD 05/11/2023).

DFA-controlled areas

Data on demonstrations in DFA-controlled areas must be interpreted in light of what is considered a demonstration in these areas. Available data points to an increasing number of demonstrations, but in these areas, a demonstration refers to a public gathering, event, or celebration organised by Houthi authorities, which the general public is strongly encouraged to attend (ACLEDA accessed 15/11/2023; Joint analysis meeting 16/11/2023). Based on the observation of Yemeni experts and humanitarians, the Houthis design these gatherings to claim popular support for their ideology, leaders, and specific decisions and to broadcast key speeches by the Houthi leader, Abdul-Malik al-Houthi (KII 05/11/2023; Joint analysis meeting 16/11/2023). In contrast to those in IRG-controlled areas, protests in DFA areas do not serve as avenues for the population to attempt to hold authorities accountable but act as tools for the authorities to garner support.

Hundreds and sometimes thousands of people participate in pro-Houthi demonstrations, with different motivations for doing so. Some attend because they agree with the Houthis and approve of their leadership. Others participate because of the real or perceived benefits of doing so. These benefits can be direct, such as cash payments, or indirect, such as keeping in favour with the authorities to receive improved access to goods and services and decreasing the chances of retribution or being identified as a problem by the authorities (Joint analysis meeting 16/11/2023; FGD 05/11/2023).

Public protests or people voicing their demands against the DFA is considered unusual. There have not been any spontaneous protests since the Houthis took control of Sana'a in 2014. Examples of protests have been rare and limited only to small-scale gatherings, such as the funeral procession of Hamdi Abdul Razaq, a popular figure in Yemen, and occasional rallies by teachers demanding their salaries (AP 24/03/2023; Arab News 13/08/2023). Recent discussions with context experts indicate that households in DFA-controlled areas are facing serious challenges linked to decreasing purchasing power with respect to the cost of utilities and inconsistent salary payments. Context experts suggest that the main reason for the absence of protests is not the absence of anything to protest but people's awareness that activism against the authorities will result in serious consequences (Joint analysis meeting 16/11/2023).

The DFA has not changed official policies or laws relating to the freedom to demonstrate, but it has been able to successfully curtail freedom of expression and assembly by arresting anyone who attempts to protest against them, sending a strong message to the population (US DOS 20/03/2023). On 26 September 2023, an apparently spontaneous public celebration of Revolution Day occurred (Revolution Day marks the establishment of the Yemen Arab Republic in 1962 through the overthrow of the imamate of Muhammad al-Badr) (Orkaby

04/2014). People went into the streets to commemorate the day in Al Hodeidah, Ibb, and Sana'a carrying flags of the Yemeni Republic, waving them from cars, chanting, and singing patriotic songs (AI 29/09/2023; Khuyut 11/10/2023). They also used the occasion to voice concerns over salaries, service provision, economic conditions, and water and electric utilities in a peaceful protest (Xinhua 28/09/2023). The DFA responded by clamping down on people in the streets and deploying tanks and armed security personnel, who fired live ammunition into the crowds and injured many people. Authorities arrested many protesters and labelled them traitors. The numbers of people injured and arrested are unknown, but reports and videos shared on social media indicate that these numbers were substantial (AI 29/09/2023; Khuyut 11/10/2023).

The specific trigger for the 26 September protest is uncertain. A Sana'a Centre report indicates that Houthi leader Abdul-Malik al-Houthi made an announcement in 21 September about deep reforms to the structure of the Houthi state being imminent, details of which he would announce on 27 September. This prompted speculation that the reforms would be a return to a Zaidi Imamate, a system of governance similar to that of Iran, with Abdul-Malik al-Houthi as the religious leader (SCSS 20/11/2023). It appears that this instigated the public to celebrate the 61st anniversary of the revolution against the imamate (SCSS 20/11/2023; KII 27/11/2023).

“People cannot express their dissatisfaction or opinions about salaries or different issues. For example, several teachers and activists on social media shared their opinions about their salaries and threatened to stop teaching, but some of them were arrested for it. The 26th of September was a chance to send a message to the Houthis about their dissatisfaction with the current situation.” (KII 10/11/2023)

Social impact

The 26 September example of such a large, unsanctioned public gathering may indicate a change in the frustration levels of Yemenis living under DFA rule, illustrating that they are becoming more prepared to protest and show their support for the republic than accept the return to an imamate. At the same time, it shows the commitment of the authorities to oppress such activity and opposition (ISPI 25/03/2022; Khuyut 11/10/2023; Xinhua 28/09/2023). It is unclear how significant and if people will defy authority and use demonstrations to show their dissatisfaction or if the severity with which the Houthis met this first large protest in more than eight years has been a significant deterrent. How the Houthis will respond to any continuing dissent also remains to be seen.

Yemeni experts explain that, unlike before the war, there is fear and a lack of trust among people living in DFA-controlled areas. They do not speak out or share their frustrations, opinions, and dissatisfaction with living conditions outside their family units (KII 05/11/2023; Joint analysis meeting 16/12/2023). The Houthis rely on a network of community informants to understand public perceptions and the activities of individuals (SCSS 10/10/2020; US DOS 20/03/2023). People do not know if their neighbours, coworkers, or local businesses are reporting on them, so they limit social contact. Even though living conditions and utilities are inadequate for many households, people have not only been reluctant to protest but have also been afraid to discuss it openly with neighbours for fear of being reported as anti-Houthi to the authorities and facing some kind of retribution (Joint analysis meeting 16/11/2023). Social dynamics have changed as a result. Traditionally, Yemeni households relied on a network of reciprocal support from their neighbours (GSDRC 06/2017; ACAPS 22/05/2022). The increasing mistrust of others has threatened these crucial reserves of social capital, limited access to information, and weakened coping strategies.

If such dynamics continue, and the protest does not trigger any social change, the impact of social disconnectedness is likely to notably increase, as the challenges households face are growing as the war persists and there are fewer resources to be shared (Joint analysis meeting 16/11/2023; KII 05/11/2023).

Theme 2: inadequate access to maternal, sexual, and reproductive health-care for women and girls

Sexual and reproductive health (SRH) and maternal health needs were inadequately covered before the start of the war in 2015, but Yemen had policy and regulations related to SRH provision under the Ministry of Health and Population. These included dedicated community health centres and awareness campaigns on SRH in schools, rural areas, and health centres (POLICY 01/2003; KII 14/11/2023). There was also a recognition of the need to take steps to improve this aspect of healthcare (KII 14/11/2023). Progress has halted and even reversed during the war. Yemen's overall health system has deteriorated, often described as being in a state of total collapse. The provision of SRH services has similarly deteriorated (UNFPA accessed 19/11/2023).

Less than 50% of healthcare facilities are currently functional in Yemen and operate with shortages of essential medicine, supplies, and specialised staff. Just 20% of the functioning facilities can offer maternal and child health services. 19 of the 22 governorates are experiencing severe shortages in maternity bed supply, with fewer than six beds per 10,000 people (50% of the WHO standard) (UNFPA 01/2023).

Experts working on healthcare in Yemen have expressed particular concern about women and girls' reduced access to maternal health and SRH services (KII 31/10/2023; KII 14/11/2023). Multiple factors affect the availability of, quality of, and access to SRH services. Many of these factors are interconnected, being both drivers and impacts of the challenges in Yemen.

Widespread conservatism around sexual activity in Yemen extending to pregnancy and childbirth

Yemeni society considers SRH a sensitive topic. This appears to be a reason society places less emphasis on it and the data and evidence required to further understand the situation. The taboos around discussing reproductive health challenged raising awareness and encouraging women and girls to access services even when access to healthcare was easier and economic challenges were not as great. Before the war, community acceptance of SRH importance was improving, but the conflict has stalled and even led to the regression of any developments (KII 14/11/2023; KII 31/10/2023).

As with many areas of family life in Yemen, men usually make decisions about when to access healthcare, including SRH. A lack of understanding surrounding women-specific health needs can result in women's health being deprioritised. Women often need permission from and to be accompanied by a male guardian, including when seeking reproductive health services (IRC 29/01/2020; KII 14/11/2023; KII 29/11/2023). Although reproduction is not completely in their control, men take the lead in deciding the number of children a couple will have, their

spacing, and the use of contraception (IRC 29/01/2020). In DFA-controlled areas, access to family planning and birth control can be limited (Mwatana 08/03/2022; Daraj 03/02/2021).

Overstretched government health workers not prioritising maternal and reproductive healthcare

Maternal health and SRH are among the many aspects of healthcare currently requiring the government ' attention, which has focused little on promoting related policies and regulations (KII 14/11/2023; KII 31/10/2023). Where services exist, organisations face bureaucratic obstacles in implementing SRH programmes and activities (IAHE 07/2022; UNFPA accessed 19/11/2023). Longstanding corruption that had existed before the war impedes access to essential supplies and medication. People pay bribes to receive limited healthcare services. Reports also indicate medication being stolen by staff and sold for profit, resulting in shortages and unaffordable healthcare for many (TI 03/03/2019; KII 31/10/2023; OWP 19/04/2020; WB 13/09/2021). Some health experts interpret these continuing impediments as an indication of the government ' lack of commitment to SRH compared to other areas of healthcare (KII 31/10/2023).

Deteriorating economic conditions reducing the number of government healthcare workers and healthcare affordability

Economic challenges, including inconsistent government salary payments, have caused many government health workers to leave the public sector in search of more productive livelihoods. Yemen has a severe shortage of medical professionals, with only 10 health workers per 10,000 people, compared to the WHO minimum standard of 22 health workers per 10,000 people (Mwatana/PHR 18/03/2020). Deteriorating economic conditions have also increased barriers linked to healthcare affordability. Transportation is among the challenges people encounter when accessing healthcare. People in rural areas have always had to travel to larger urban centres for services beyond basic healthcare. During the war, journeys have become longer and more expensive because of health facility destruction and closures, increased travel risks, and higher travel costs. This, combined with weak purchasing power, prevents many women and girls from accessing maternal and reproductive healthcare and, in many cases, could be causing post-partum complications (KII 31/10/2023; KII 14/11/2023; Elnakib et al. 06/02/2021).

Increased social barriers to healthcare access through new service delivery modalities

According to discussions with key experts, before the war, Yemen had a community-based approach to healthcare, including SRH. Under this model, people could get to know and trust health workers because static clinics were based in communities and people would see

them regularly (CEIC accessed 19/11/2023; KII 14/11/2023). Healthcare was already inadequate before the war, but both healthcare provision and people's access to it have worsened since. Many health centres have also closed (KII 31/10/2023; KII 14/11/2023).

To provide access to the greatest number of people, health services provided in rural areas have mostly been transferred to mobile health clinics (KII 31/10/2023; KII 14/11/2023; UNOPS 20/06/2022). This change has reduced healthcare access for women and girls because of the conservative nature of society, which is more intense in rural areas. This conservatism affects women's freedom to move around, meet men who are not family members, and make decisions on matters related to sex, including pregnancy, childbirth, and maternal health in general. Visiting a health centre based in the community may have been acceptable because of the stable nature of the staff, the trusted relationships built over time, and the consistent effort to raise awareness among both men and women about the importance of healthcare for all. Mobile health facilities do not provide the same sense of stability and trust. They are also not based in communities, so they are not available at all times or after hours (KII 31/10/2023; KII 14/11/2023).

The shift from permanent community-based clinics has also affected awareness-raising and educational programmes around women's health. If a project does not include these activities, it is usually not embedded in the community and, once complete, does not usually include a follow-up, hence any successes are not sustained (KII 31/10/2023; KII 14/11/2023).

Social impact

Challenging access to maternal and reproductive healthcare, along with the inadequate provision of all related services, is already affecting women and adolescent girls, infants, and households in various significant ways.

Increased risk of maternal mortality

The main impact of challenging access to SRH services is increased maternal mortality risk. Yemen has one of the highest maternal mortality rates in the world and the highest in the Middle East and northern Africa, with one woman dying during pregnancy and childbirth every two hours in the country (UNFPA 31/03/2023; Alsharif et al. 27/06/2023). Nearly 75% of maternal deaths result from preventable causes, including severe haemorrhaging, pre-eclampsia or eclampsia, infection, delivery complications, bleeding, and unsafe abortions (Alsharif et al. 27/06/2023).

Less than half of all births are assisted by skilled medical personnel, and only one-third of births take place in a health facility. Poor healthcare coverage, lack of specialised staff and women doctors in particular, and inadequate essential medical supplies, especially in

regard to primary healthcare, affect around 75% of rural women's access to maternal health services (UNFPA 01/2023).

Most maternal mortality occurs in poor households because members have difficulty accessing maternal and SRH services, including finding transport. Living in a rural area and being poor are conditions connected with higher maternal mortality. These make it harder to attend and afford antenatal care, the absence of which is also linked to higher maternal mortality. In urban areas, health services are available, and access depends on the ability of households to pay for medical expenses. In rural areas, distance, time, and expenses play a role in healthcare-seeking behaviours (Alsharif et al. 27/06/2023).

The death of a mother has a significant social and economic impact on a family. Women play a vital role in the household, undertaking daily chores such as fetching water and farming, as well as income-generating activities. Women also tend to be the primary caregivers of children, older household members, and those with disabilities (CARE et al. 11/2016; IRC 29/01/2020). Without a mother, infants and young children might face nutrition deficits. Households deal with the loss of family members in different ways based on individual circumstances. Losing a mother forces a household to reallocate caregiving and income-generating activities, with fathers, siblings, or older relatives taking on these responsibilities. One possible consequence is children dropping out of school (KII 31/10/2023; KII 14/11/2023).

Increased risk of negative maternal health outcomes

Women who survive childbirth may still experience significant long-term health complaints that result from inadequate maternal health and obstetric care. One such complication is obstetric fistula, which causes women to leak urine, faeces, or both (WHO 19/02/2018). According to a study, "women living with obstetric fistula suffer urogenital and kidney infection, severe skin irritation and genital lacerations due to incontinence" (Nduka et al. 25/02/2023). This condition is the result of a traumatic injury during childbirth, causing an opening between the genital tract and the urinary tract or rectum. Obstetric fistula is directly linked to one of the major causes of maternal mortality: prolonged, obstructed labour without access to timely medical treatment (WHO 19/02/2018). Because of reduced access to reproductive and maternal healthcare, women in Yemen are at an increased risk of obstetric fistula after childbirth.

Living with obstetric fistula has a huge impact on quality of life, with sufferers often facing discrimination and stigma from family, friends, and the community. As a result, they become isolated, unable to attend family or social gatherings, and economically dependent on their families (UNFPA 23/05/2023). Divorce and separation are common among women with obstetric fistula in Yemen (KII 31/10/2023; KII 14/11/2023).

Ending harmful traditional practices (such as female genital mutilation, early marriage, and various taboos or practices that prevent women from controlling their own fertility) and ensuring timely access to obstetric care can largely diminish obstetric fistula. Having enough skilled birth attendants and providing timely and quality emergency care for women and girls is essential (WHO 19/02/2018).

Reduced SRH awareness

One of the main outcomes of the absence of SRH educational and awareness programmes is a lack of awareness among women and girls about their own SRH, including normal menstrual cycle, pregnancy, and family planning methods. This lack of awareness affects the decisions they make about their bodies and when to seek medical help. While Yemeni women and girls are already less likely to make SRH decisions given oppressive gender norms, their options decrease further if they do not have the knowledge to understand when something is not normal (KII 31/10/2023; KII 14/11/2023).

Theme 3: deteriorating living conditions for IDPs and social tensions across Yemen

Between July–September 2023, over 1,100 households (6,500 individuals) were displaced at least once. This is a slight increase of 7% compared to Q2 (April–June) (IOM 05/10/2023). Despite slight variances between each quarter of 2023, the reported numbers have been declining overall since the truce between the DFA and the IRG that commenced in April 2022. The average reported displacement before the truce was between 5,000–14,000 households per quarter (IOM accessed 13/11/2023).

While the truce has decreased the number of new displacements, conversations with key experts indicate concern regarding the conditions in displacement sites and collective settlements for IDPs. People in these settlements have poor living conditions and limited livelihood opportunities, and they face increasing social tensions with the host community (KII 02/11/2023; KII 29/10/2023).

Even before the truce, the number of returnees has already been low, and only 1.3 million out of 4.3 million IDPs have returned to their areas of origin since the conflict started. People's reasons for staying are often related to economic factors, such as finding an income source in the displacement area, increased access to humanitarian support, such as food and cash, a lack of safety and security in the area of origin, and the costs associated with returning home (ACTED et al. 15/05/2023).

Context experts indicate that eviction threats have increased in the displacement sites over time. Over 91% of displacement sites have no formal tenancy agreements. Ad Dali', Aden, Al Hodeidah, Hajjah, Ibb, Ma'rib, and Ta'iz record a high prevalence of evictions (ACTED et al. 15/05/2023).

IDP shelter and living conditions in displacement sites

Around 1.5 million IDPs live across 2,300 displacement sites in Yemen (UNHCR accessed 13/11/2023). The Camp Coordination and Camp Management (CCCM) Cluster classifies the living arrangements of IDPs into five categories, as shown in Table 2.

These include a variety of shelter types, including public buildings such as schools, tented camps, and makeshift shelters (typically built from any available material, including building waste and temporary materials such as tarpaulin, cardboard, blankets, and metal sheeting). Conversations with key experts revealed that the living conditions of IDPs in displacement sites continue to deteriorate in terms of privacy and access to services (KII 02/11/2023; FGD 13/11/2023).

Table 2. Types of settlements in Yemen

TYPE OF SETTLEMENT IN YEMEN	NO. OF SITES	NO. OF IDPS
Collective centre: a pre-existing building (any school, religious building, warehouse, public building, or other kind) that was not built to accommodate IDPs but modified for that purpose.	70	35,000
Locations: IDP settlements with less than 20 households; self-settled or established by IDPs informally	516	34,000
Dispersed locations: mixed-type gathering locations mainly found in urban areas but can also be in rural or remote areas; a self-settled settlement or small collective of centres with a community-based management approach or services or community centres	95	90,000
Planned camps: settlements established by the government in coordination (or not) with accountable humanitarian stakeholders	10	6,000
Self-settled camps: displaced groups, often family or related, that self-settle in urban or rural sites on their own; often situated on privately owned land or established on or around pre-existing settlements or infrastructure, characterised by limited or no negotiations with the local community or private owners over use or access	1637	1,370,000

Sources: CCCM Cluster (08/05/2022); CCCM Cluster (accessed 13/11/2023)

Social impact

The impact of living in collective centres includes risks to physical wellbeing and exposure to protection concerns. Women and children are the most affected. Most of the people living in collective IDP sites have no means to pursue alternative living arrangements because of pre-existing poverty or being part of a marginalised group, such as the Muhamasheen (KII 02/11/2023; KII 29/10/2023).

Lack of privacy leading to protection violations and abuse:

Experts indicate that IDPs living in displacement camps do not have privacy. Displacement sites are overcrowded, and tents and shelters are close to each other. A family usually only has one tent or shelter, and bathrooms are often shared (KII 02/11/2023; KII 29/10/2023; FGD 13/11/2023). These living arrangements pose a range of risks, including the spread of diseases and protection concerns. Internally displaced women and children are most vulnerable to the lack of privacy, safety threats, and harassment (OCHA accessed DD/MM/2023; KII 02/11/2023; KII 29/10/2023).

The authorities restrict data collection on gender-based violence and protection concerns, making it difficult to understand the situation. This issue is compounded by Yemeni culture, wherein fear of shame and judgement by the community renders the reporting of gender-based violence incidents taboo (KII 02/11/2023; KII 29/10/2023). Based on observations, Yemenis and international humanitarian workers believe that instances of sexual assault, rape, and harassment have increased in IDP camps (ACAPS 23/11/2023; UNFPA 05/05/2022).

Inadequate access to safe water

Many IDPs do not have adequate water sources, such as wells, and either rely on expensive water trucks to deliver water or obtain it through other means. Sometimes, when a well exists in an area, tensions arise between IDPs and the host community over water resources (KII 29/10/2023; KII 03/11/2023). In other instances, when IDP households struggle to get enough water, they travel long distances to farther sources and sometimes go multiple days without water, leading to dehydration and poor sanitation (UNICEF 28/07/2021). Over 62% of IDP sites do not have access to WASH services within 30 minutes on foot (ACTED et al. 15/05/2023). Women and children are the most affected, as they are the ones usually fetching water in Yemeni culture, followed by people with chronic illnesses, who are more at risk for waterborne diseases.

Competition over water as a source of tension

Land and water resources in Yemen are connected to identity and a sense of belonging. Tensions and competition between host communities and IDPs can lead to insecurity and conflict. A Sana'a University study reported that over 70–80% of all rural conflicts in Yemen, including tribal and political conflicts, are related to water (Peace Lab 06/04/2021).

Exposure to health risks and inadequate healthcare access

Lack of water, flash floods, and improper hygiene make IDPs living in collective sites vulnerable to disease outbreaks, such as diarrhoea, malaria, cholera, and other diseases. Only 50% of the health system is functional in Yemen, and displacement sites are the most vulnerable. Children, older people, and IDPs with chronic health issues are at heightened risk of communicable and waterborne diseases. Women and girls also particularly experience a lack of access to maternal and reproductive healthcare, with only 8% of health facilities across the country offering such services (ACTED et al. 15/05/2023).

Lack of livelihood opportunities

Some displacement sites are located far from the city, making it difficult for IDPs to access services and find livelihood opportunities. Around 92% of displaced families in Yemen have no income source and are living on less than YER 25,000 (USD 40) a month (UNHCR

25/02/2021). Families displaced from rural areas are more vulnerable to reduced livelihood opportunities. Since they typically relied on farming and agricultural livelihoods in their places of origin, they may not have the skills needed to work in their location of displacement (CIVIC 04/10/2022).

Child marriage rates are higher among internally displaced girls, affecting one in five (20%) girls (10–19 years old) compared to one in eight in host communities (Mwatana 30/08/2022). In these situations, some people consider early marriage as a form of protection, as it would protect a girl from exploitation and abuse by multiple men. Sexual exploitation or harassment can ruin an unmarried girl's reputation and bring shame to her family, possibly rendering her unmarriageable in the eyes of her community. Other reasons for early marriage include the desire to improve a girl's or her family's living conditions or to create important relationships between families, including with the host community. Families living in IDP settlements demand lower dowries than those in host communities (Mwatana 30/08/2022; ACAPS 23/11/2023).

Reduced access to civil documentation for fear of demographic changes

Conversations with experts on Yemen and other groups revealed that in some areas, such as Abyan and Lahj, the authorities refuse to issue civil documentation to IDPs to ensure that they will eventually return to their area of origin. Authorities do not want them to settle and become part of the community to prevent any changes in the demography. This is more of a concern in rural areas than in urban areas, such as Aden and Sana'a. Some areas of Yemen have remained homogenous and maintained distinct sociocultural features over time, while cities have experienced more inward migration and become more mixed (Joint analysis meeting 16/11/2023).