

“THE MEN MADE WAR,
HOPEFULLY THE WOMEN
WILL MAKE PEACE.”

CONFERENCE ON YEMEN:
GOING BEYOND HUMANITARIAN ASSISTANCE

DECEMBER 2, THE HAGUE HUMANITY HUB
CONFERENCE REPORT

Cover quote: Laila al-Zwaini.

1. INTRODUCTION

Cordaid organised the *Conference on Yemen: going beyond humanitarian assistance* in the Hague Humanity Hub on the 2nd of December. Prior to the conference, two virtual advocacy meetings were organised: one by Family Counseling and Development Foundation (FCDF) on the 16th of November and one by Cordaid's local office in Aden on the 28th of November.

The main theme of the conference was the position of women in the Yemeni war. The purpose was to draw attention to the political and humanitarian situation in a country that is largely forgotten by western media. A total of 176 people registered for the conference, among which experts, representatives of donor organisations, journalists and policy makers. A list of people who registered for the conference is given in annex 1. The conference was moderated by Nicolien Zuijdgheest, Mathijs Hoogstad and Geertje van Mensvoort with the following speakers: Mrs. Sahar Ghanem, Mr. Peter Derrek Hof, Dr. Bilqis Jubari, Dr. Ashraf Badr, Laila al-Zwaini, Thana Faruq, Heleen Saaf van der Beek and Jos Dusseljee.

2. THE CONFERENCE

2.1 Opening session

The conference was opened by moderator of the plenary sessions Nicolien Zuijdgheest, Arabist with working experience in development settings and conflict areas with a focus on MHPSS and SGBV. She introduced Jamal Badr, consultant at Cordaid and sidekick of the plenary sessions, to the audience. Then a video of UNDP about the beauty of Yemen was shown and the opening session was concluded with a speech of Heleen Saaf van der Beek, director strategy, communication and innovation at Cordaid, about Cordaid and its work in Yemen. She stressed that aligning humanitarian, development and peacebuilding efforts is essential to achieving sustainable change. Cordaid's multi annual strategic plan is built around the notion that people in fragile contexts have multiple needs across the traditional sectoral divides of humanitarian and development work. She also expressed Cordaid's gratitude to the Kingdom of the Netherlands in Yemen that made this conference possible.



Credit photo: Holland Park Media

2.2 First plenary session: Addressing the political humanitarian situation

The introductory speaker of the first plenary session was Laila al-Zwaini, an independent scholar-practitioner, former UN diplomat, policy advisor, docu-researcher, and media commentator from Dutch-Iraqi origin. She gave a brief and general outline of the political context in Yemen and started her presentation by bringing to light that all Arabs love poetry, especially Yemenis do. Poetry is used for special occasions, such as weddings, but also to mediate disputes between tribes. Even during war, it can unite people on different sides of the front lines. Laila recited a poem by Sana Uqba, a British Yemeni poet, whose collection is called “War and Love”. More information about this poem is given in annex 2. After this poem, Laila al-Zwaini provided a presentation on the political context in Yemen. According to Laila, the Yemeni conflict has its roots in the failure of an internal Yemeni process that was supposed to bring stability to Yemen by brokering a new power-sharing agreement. The escalation of the conflict, driven by the interference of foreign powers, caused dramatic civilian and human tragedies, collapse of infrastructure, schools, hospitals and houses, as well as ancient heritage. Laila al-Zwaini concluded her presentation with a plea for the inclusion of Yemeni women as soft powers in the peace negotiations as the hard powers, the ones holding weapons, are currently the only parties involved in these negotiations and holding arms. She also drew attention to the devastating impact of the arms trade on the conflict. She alleged: “The men made war but hopefully the women will make peace.”

Videos of Yemeni women about the position of women in Yemen

After the presentation of Laila al-Zwaini, a video of six Yemeni women was shown. [Click here](#) to access the video. One of these women, Khalil Bamatraf, humanitarian and health activist from Hadramout, alleged: “By supporting the programmes for women projects in the private sector and also by supporting businesswomen through a supportive development plan that can be funded by international donors or by supportive countries, women can be economically independent.” Sara Aljunaidi, social activist from Aden, suggested giving women opportunities to activate their skills.

“One of the cornerstones of the Dutch government’s policy is to not export arms to countries directly involved in the conflict.”

Mr. Peter Derrek Hof, Dutch ambassador to Yemen

Speeches of the Dutch and Yemeni ambassador

Following the video of Yemeni women about the position of women in Yemen, Mr. Peter Derrek Hof, Dutch ambassador to Yemen and Mrs. Sahar Ghanem, Yemeni ambassador to the Netherlands alongside the non-resident ambassador to Norway and Sweden, respectively delivered a speech about Dutch foreign policy on Yemen and the position of Yemeni women.

Peter Derrek Hof, who gave an interview prior to the conference, argued during his speech: “Humanitarian assistance, structural development and diplomatic peacebuilding efforts are part of our efforts in Yemen. If we want to have a just and inclusive peace, diplomacy, development cooperation and humanitarian assistance need to go hand in hand. Integrating these efforts is challenging.”

An example of a triple nexus priority is the FSO Safer, an oil tank which could sink and explode any time now, because of its political, development and humanitarian dimensions. A solution to the FSO Safer includes providing humanitarian access, diplomatic interventions and necessary (including financial) measures to help protect Yemen and the environment in Yemen and its surroundings, in other words, the “triple nexus”.

Peter Derrek Hof also informed the audience that the Dutch embassy decided to scale up their support for Yamaan Foundation for Social Development, which provides Sexual and Reproductive Health Rights services (SRHR). He argued that its voucher scheme provides a stable funding flow for health facilities in the context of a non-functioning health system and scarcity of basic commodities when no government funding is available.

After his speech, Marina de Regt, anthropologist, Yemen expert at the Vrije Universiteit van Amsterdam and conference participant, asked the Dutch ambassador what the role of the Dutch government is in the field of arms sales. She asserted that

Dutch parties are indirectly involved in arms sales to Saudi Arabia. Peter Derrek Hof stressed that one of the cornerstones of the Dutch government's policy is to not export arms to countries directly involved in the conflict.

“Although Yemeni society appears to be a conservative society in which women are stereotyped as oppressed, they are strong, effective and active and can play a major role in Yemeni society.”

Mrs. Sahar Ghanem, Yemeni ambassador to the Netherlands alongside the non-resident ambassador to Norway and Sweden

Mrs. Sahar Ghanem used the example of Queen Bilqis, known as the Queen of Sheba, in her speech to show that there is hope in Yemen. Queen Bilqis used preventive diplomacy and saved the country from going to war. Sahar Ghanem emphasized that although Yemeni society appears to be a conservative society in which women are stereotyped as oppressed, they are strong, effective and active and can play a major role in Yemeni society. Auke Lootsma, UNDP representative in Yemen, responded to Mrs. Ghanem's speech by stressing that a UNDP's report key finding was the critical importance of women in the recovery and reconstruction process in Yemen. [Click here](#) for more information about this report.

Young people behind cameras

After the speech of Mrs. Sahar Ghanem, the audience was shown a short film called Amal, meaning 'hope', depicting the experience of Yemeni youth in this war. The film was made by young people active in Youth Without Borders Organisation for Development (YWBOD), Cordaid's youth-led partner organisation in Yemen, as part of Cordaid's Young People Behind Camera project on Youth Engagement. The film shows that youth keeps dreaming and yearning for a meaningful future despite the ugliness, pain and injustice that young people experience in Yemen. They want to do something 'before this war steals us' as Maimona (23), one of the filmmakers, describes it.

Following this video, Dr. Bilqis Jubari, founder and chairwoman of FCDF, who was interviewed prior to the conference, and Dr. Ashraf Badr, founder and chairman of Yamaan Foundation for Social Development, respectively delivered a speech about the importance of the provision of Mental Health and Psychosocial Support Services (MHPSS) carried out by FCDF and the importance of maternal and child health services provided by Yamaan Foundation for Social Development.

“Mental health is a human right.”

Dr. Bilqis Jubari, founder and chairwoman of FCDF

Bilqis Jubari argued during her speech that the number of people visiting FCDF's health facilities, which provide MHPSS services, has multiplied. Yet, it is disheartening that FCDF cannot provide services to all the people due to underfunding. Women will play a more effective role in society if there is sufficient investment in mental health. As a result, they can be a tool to peace. By providing mental treatment, you prevent couples from divorce, help children to live in a normal family environment and may prevent people from committing suicide. Bilqis Jubari concluded her speech that mental health is a human right.

Ashraf Badr highlighted during his speech that the government has been unable to provide maternal and child health services during the war. The emphasis of aid organisation's programmes has been on the humanitarian emergency plan, meaning that maternal and child health has been severely neglected. Therefore, he urges for more advocacy, support and allocation of funds for the provision of maternal and child health services.

Art in the context of Yemeni women during the war

The first plenary session was concluded by Thana Faroq, Yemeni photographer and educator, who gave a presentation about art in the context of Yemeni women during the war. During this presentation, she advised us to exercise caution and not to romanticize resilience. On the other hand, the notion of loss is somehow a motive for women involved in her project to seek for solace. Thana told the audience that she became fascinated by the fact that women use joy as a tool to show resilience, which is a powerful concept in her work. She concluded her presentation by claiming that resilience can only survive when there are two things: You have to support programmes to sustain resilience, not only to look at it and say “wow, we admire

the resilience of women.” Secondly, she argues that women have to be physically, mentally and emotionally supported to rise and go out there and not be victimized and looked at as helpless.

2.3 Workshops

After the first plenary session, the audience could choose between a MHPSS and SRHR workshop. One workshop was about the “importance of availability and accessibility of MHPSS in Yemen and the way forward.” The other workshop was about “exploring the multiple challenges of SRHR in Yemen and lessons learned on successful approaches.”

The importance and availability and accessibility of MHPSS in Yemen and the way forward

The moderator of the MHPSS workshop was Mathijs Hoogstad, MHPSS advisor at ARQ International. He introduced Dr. Bilqis Jubari and Yasameen Al-Qadasi, sidekick of the MHPSS workshop, before asking Bilqis Jubari to give a presentation about FCDF’s work in Yemen and discuss the needs and challenges in the complex context of Yemen, which is given in annex 3. Bilqis Jubari emphasized the existence of two major problems in Yemen during her presentation. First of all, there is a stigma around mental health. Secondly, there is lack of resources that restrains FCDF from helping more people in need.

Although humanitarian partners have become more aware that MHPSS can contribute to a peaceful society, mental health is not a priority on the donor agenda and also very low on the humanitarian agenda as priority is given to food, water and shelter. In fact, there are no MHPSS services in most governorates. This is driven by two things. First of all, there is a lack of mental health specialists. Secondly, people do not have access to mental health facilities, because of a lack of MHPSS facilities in most of the governorates and lack of resources to pay for transport. Bilqis Jubari argues that raising awareness, mobile teams to reach people in remote places, the helpline and training of professional people and psychotherapists has helped to address these problems. However, since MHPSS services are underfunded, she is convinced that more can be done to improve the problematic MHPSS situation.

After Bilqis Jubari’s presentation, Annie Vestjens, thematic expert Health at the Embassy of the Kingdom of the Netherlands to the Republic of Yemen and conference participant, argued that mental health is not a real priority among donors and that it is also very low on the humanitarian agendas. Food and water assistance is prioritized at the expense of mental health. She experiences that humanitarian partners are becoming increasingly aware that mental health contributes to a peaceful society. Even though mental health is recently getting more attention from humanitarian actors, there is need for intensifying long-term development cooperation and for integrating mental health interventions in a national mental health strategy.

Exploring the multiple challenges of SRHR in Yemen and lessons learned on successful approaches.

The moderator of the SRHR workshop was Geertje van Mensvoort, SRHR expert at Cordaid. She introduced Dr. Ashraf Badr, and Christina de Vries, senior health expert at Cordaid and sidekick of the workshop, before asking Ashraf Badr to give a presentation about Yamaan Foundation for Social Development’s work in Yemen and the needs and challenges in the complex context of Yemen.

Ashraf Badr stressed that the main problem in Yemen is how to make the services available and accessible for people and how to make the health facilities ready to provide the services. Yamaan Foundation has addressed the problematic health situation in Yemen through its voucher programme, which provides safe motherhood and family planning services. The health system has been improved by building the health facility and capacity on the one hand and giving people access to the health services on the other.

After Ashraf Badr’s presentation, an important question from the audience was whether there is an approach to increase the number of health workers. Ashraf Badr acknowledged that ensuring the viability of health workers is one of the biggest challenges of their work in Yemen’s conflict context, as the turnover rate of the health workers is high and many health workers are displaced due to the conflict. To ensure this, the Yamaan Foundation offers continuous training programmes in collaboration with the Ministry of Health.

Another key question was how Yemeni NGOs can be empowered to make their voices heard by the international community. According to Ashraf Badr, local NGOs have to get empowered and build their capacity. For the sake of localisation, local organisations should capture this opportunity to build their capacity and establish strong partnerships with either the donor

directly or international organisations to build their capacity. He argued that these local organisations need to be involved in all stages of the project management cycle, not just implementation.

During the workshop, the participants together with Ashraf Badr also made some recommendations. These key recommendations were presented in the second plenary session.

2.4 Second plenary session: Discussion workshops and how to move forward

The second plenary session, facilitated by Nicolien Zuijdgheest, consisted of three parts. First of all, Dr. Bilqis Jubari and Ashraf Badr presented the main recommendations emerging from the workshops. Secondly, both representatives gave advice to the audience and told the audience what worked well in Yemen. Thirdly, concluding statements were made by Nicolien Zuijdgheest and Jos Dusseljee, senior expert health systems strengthening at Cordaid.

Bilqis Jubari gave the following summary recommendations emerging from the workshops. A more detailed description and explanation of these recommendations is given in annex 4.

1. Integrate MHPSS services as a priority in the service package and consider them as a life-saving.
2. Allocate enough resources for capacity building and training of psychiatrists and psychotherapists to bridge the MH gap.
3. Improve access to MHPSS services especially for women and children in all governorates of Yemen by scaling up services and women empowerment interventions.
4. Reduce stigma of people living with mental health issues through MHPSS community awareness raising activities.
5. Mental health and psychosocial support must be seen as integral, cross-cutting components in all humanitarian and health interventions.
6. MHPSS programmes should not neglect psychological needs of men.

Ashraf Badr argued that the following steps should be made to improve the SRHR situation. Some explanations of these recommendations are given in annex 5.

1. Local organisations should establish strong partnerships with either the donor directly or international organisations to build their capacity. In light of partnership, attention must be paid to localisation and greater involvement of local organisations in decision making, planning and programme design.
2. Effective and equitable partnerships must be established between local and international organisations.
3. Increased advocacy efforts, support and allocation of funds by all international partners for the provision of maternal child health services, as there is the lack of equipment in the health facilities and access to maternal child health services and many Yemeni women die from preventable birth complications.
4. Maternal and child health, gender-based violence and women empowerment projects should be integrated into the humanitarian and intervention package.
5. International organisations and donors should provide long-term funding to build the capacity of local organisations and ensure the delivery of maternal and child health services.
6. More efforts should be made in interventions that increase accessibility and availability of maternal child health services. In fact, most rural health units are out of service. This makes it difficult for pregnant and lactating women to access health centers in rural areas. To address the accessibility gap, organisations need additional budgets to restart them and sufficient money must be spent to train medical staff in the countryside and cities.

After their presentation, Ashraf Badr and Bilqis Jubari were asked by moderator Nicolien Zuijdgheest for advice on what works well in Yemen.

Ashraf Badr recommended that organisations in Yemen should focus on partnership and coordination. Although there are many local partners working in Yemen, he stated that there are a lot of interventions where they do not coordinate. When organisations work together, interventions can become cost-efficient and effective to reach more people in Yemen. Bilqis Jubari indicated that it has been shown that awareness raising activities can reduce the social stigma surrounding MHPSS, this should be continued. Additionally, regarding MHPSS, you should work with the whole family rather than the individual.

Concluding statements were made by Nicolien Zuijdgheest and Jos Dusseljee, senior expert health systems strengthening at Cordaid, who thanked everyone present and all those who had contributed to the success of the conference. Jos Dusseljee pointed out the relevance of the conference: the lack of awareness of the political and humanitarian crisis and donor fatigue. The importance of meaningful collaboration between different sectors of peacebuilding, humanitarian aid and structural

development aid was reiterated. He advocated designing pathways beyond humanitarian aid that emphasize the collaboration with development aid and move into a recovery stage. That is why he proposed compiling health packages, which consist of a list of essential services, differentiated to the respective levels in the health system. He also argued that brokering peace is essential in Yemen, lest short-term intentions will continue to prevail in the face of a lack of security. He concluded the conference by advocating the implementation of the triple nexus and that agencies will have a longer-term agenda and bring together all the strengths of humanitarian aid, peacebuilding and development aid.

3. KEY TAKE AWAYS

The following are the main recommendations to improve the MHPSS situation in Yemen:

1. Integrate MHPSS services as a priority in the service package and consider them as life-saving.
2. Allocate enough resources for capacity building and training of psychiatrists and psychotherapists to bridge the MH gap.
3. Improve access to MHPSS services especially for women and children in all governorates of Yemen by scaling up services and women empowerment interventions.
4. Reduce stigma of people living with mental health issues through MHPSS community awareness raising activities.
5. Mental health and psychosocial support must be seen as integral, cross-cutting components in all humanitarian and health interventions.
6. MHPSS programmes should not neglect psychological needs of men.

The following are the main recommendations to improve the SRHR situation in Yemen:

1. Local organisations should establish strong partnerships to build their capacity.
2. More attention must be paid to localisation and greater involvement of local organisations in decision making, planning and programme design.
3. Increased advocacy efforts, support and allocation of funds by all international partners for the provision of maternal child health services.
4. Maternal and child health, gender-based violence and women empowerment projects should be integrated into the humanitarian and intervention package
5. International organisations and donors should provide long-term funding to build the capacity of local organisations and ensure the delivery of maternal and child health services.
6. More efforts should be made in interventions that increase accessibility and availability of maternal child health services.

ABOUT CORDAID

Cordaid works to end poverty and exclusion. We do this in the world's most fragile and conflict-affected areas as well as in the Netherlands. We engage communities to rebuild trust and resilience and increase people's self-reliance.

Our professionals provide humanitarian assistance and create opportunities to improve security, health care and education and stimulate inclusive economic growth. We are supported by nearly 300,000 private donors in the Netherlands and by a worldwide partner network. Cordaid is a founding member of Caritas Internationalis and CIDSE.

CONTACT

Humanitarian Aid
Yasameen Al-Qadasi
Yasameen.al-Qadasi@cordaid.org
Inge Leuverink
Inge.Leuverink@cordaid.org

Health care & MHPSS
Jos Dusseljee
Jos.Dusseljee@cordaid.org
Nieneke van den Akker
Nieneke.van.den.Akker@cordaid.org

Peacebuilding
Peter van Sluijs
Peter.van.sluijs@cordaid.org

Postal address
PO Box 16640
2500 BK The Hague
The Netherlands

Address
Grote Marktstraat 45
2511 BH The Hague

+31(0)70-31 36 300
info@cordaid.org
www.cordaid.org/en

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ANNEXES

Annex 1: Poem: "War and Love" by Sana Uqba

Annex 2: MHPSS: Needs and challenges

Annex 3: Explanation of MHPSS recommendations

Annex 4: Explanation of SRHR recommendations

Annex 1: Poem “War and Love” by Sana Uqba

Who is Sana Uqba? A Yemeni-British young poet who also makes videoblogs. She was triggered by reports in the media about the Yemen conflict focusing on the numbers and statistics. “But as humans, we cannot connect with numbers and statistics, we connect with people, faces, stories.”

From her poetry collection ‘War and Love’, Laila al-Zwaini chose a poem to which we can all connect, about taking a morning coffee:

The thought of peace
Brews on my mind every day
Like the coffee beans of Mokha
In my morning cup
I sip my qahwa
From the rooftops of the Old City
Breathing in a sight that has blessed men
For more than two thousand years
Before me.
Peace will surely come.

Annex 2: MHPSS: needs and challenges

According to FCDF’s presentation, Yemeni society experiences the following needs regarding MHPSS:

1. The needs are much greater than what is being provided.
2. The number of cases, who need psychological care with different severity level, increases annually 3 times.
3. Lack of medicine for chronic cases like psychotic and schizophrenic patients who need medicines for a longer period.
4. Most programmes focus on women and gender-based violence, while need among men is great.
5. Lack of specialists. According to FCDF, there is 1 psychiatrist for every 600,000 people in Yemen.
6. People need to travel hundreds of kilometres for MHPSS services due to the availability of MHPSS services in only 5 out of 23 governorates.
7. Poverty; people cannot afford transportation to reach available free MHPSS services.
8. Lack of inpatients psychiatric hospitalization centres for both women and men.
9. Lack of women’s empowerment; they need programmes that include microfinance.
10. Lack of awareness to break the stigma around mental health. This still prevents a substantial number of people from seeking psychological assistance.

According to FCDF’s presentation, Yemeni society experiences the following challenges regarding MHPSS:

1. MHPSS is not considered a priority by most of international donors.
2. Lack of psychotropic medicine fund compared to the rising needs. In the current situation, pharmacological intervention is necessary in most cases. We figured this out from cases visiting our health center. Furthermore, people in Yemen are exposed to tremendous stressors due to the war. Additionally, cases come after long time of suffering where pharmacological intervention is necessary.
3. We have to return an average of 10 cases back from our gate everyday due to shortage of medicines.
4. The funding is not sustainable, which prevents us to strategically plan for the future and causes a high-turn-over rate of our specialists, whom we trained for years.
5. The capacity of our admission unit is only 7 beds, while the need is much greater and we have a waiting list. Moreover, it is only for women.
6. Access barriers that prevent people to reach MH services, such as high transportation costs.

Annex 3: Explanation of MHPSS recommendations

1. Integrate MHPSS services as a priority in the service package and consider them as life-saving.

MHPSS is not considered a priority for most of international donors. They should consider MHPSS as a priority in development cooperation, emergency aid and peace building and see MHPSS as a human right, as it saves lives in emergencies, and is essential for long-term recovery, development work and peace building. It needs long-term development cooperation and funding and looking how it fits in the national mental health strategy.

2. Allocate enough resources for capacity building and training of psychiatrists and psychotherapists to bridge the MH gap.

Yemen suffers from a severe shortage of resources and lack of Mental Health and Psychological Support (MHPSS) services in particular. According to a study done by Dr. Bilqis Jubari, MHPSS services are available in only 5 governorates out of 23. A lack of mental health professionals is a significant constraint in addressing the needs of people with a mental health problem, including GBV survivors and IDPs who have suffered from prolonged stress and traumatic events.

Allocating enough resources to bridge the MH gap is important for several reasons. First of all, the needs are enormous; 4 million conflict-affected people have a mental disorder. The potential for positive change is great, but the funding and capacity are lacking. Secondly, mental health care is more than worth the investment - a great impact can be achieved with low-threshold help. Thirdly, mental health and psychological well-being are, in addition to being a human right, also conditional for ending conflicts and building a stable and prosperous society.

3. Improve access to MHPSS services especially for women and children in all governorates of Yemen through scale up of services and women empowerment interventions.

Due to poverty, people cannot afford transportation to reach available free MHPSS services. Additionally, FCDF cannot reach every governorate. The solution differs per governorate but two ways to enhance accessibility is to stimulate outreach/mobile clinics or funds for transportation.

4. Reduce stigma toward people living with mental health issues through community awareness raising activities on MHPSS.

There is a taboo on mental illness in Yemen. People suffering from a mental illness are highly stigmatized and delay looking for treatment as they feel ashamed, embarrassed and afraid to tell someone about what they're going through. Families hide them or lock them up because of the stigma and shame, especially if the patient is a woman. More needs to be done to raise awareness in the community that mental illness is comparable with physical illness in the sense that it can be diagnosed and cured. Awareness can be raised by reaching and persuading Yemeni people through different means such as community outreach, social media, and radio and by providing quality services that guarantee their privacy and dignity.

5. Mental health and psychosocial support must be seen as integral, cross-cutting components in all humanitarian and health interventions.

Within humanitarian aid, international donors focus a lot on shelter and food. Even though mental health is gaining more attention, this has only recently begun. According to FCDF, investing in mental health support in humanitarian crisis is as important as food or shelter. It should go together, in other words, MHPSS should be an integral cross cutting component in humanitarian and health interventions. This is because you cannot separate a person's psychological suffering from the economic, social and security crises they have to cope with.

6. MHPSS programmes should not neglect psychological needs of men.

In fact, Yemen is an extremely gender-segregated society. Most programmes focus on women and on gender-based violence, while there is a great need among men. Even though most of the MHPSS services go to women, FCDF looks at the family as a whole. The whole family suffers if one member has a mental disorder. In this way, when attention is paid to the psychological needs of men, it can solve male problems and will alleviate female suffering. That is why it is important that psychological needs of men also have to be addressed. In sum, when you are working with GBV (Gender Based Violence) programmes, you should not neglect men.

Annex 4: Explanation of SRHR recommendations

- Partnership and coordination with other organisations is a key success factor for any other organisation and Ashraf Badr argued that a fruitful partnership can be achieved through quality and equity between local and international organisations. This is important in Yemen as local organisations have the knowledge from the ground and it is difficult for international organisations to understand the context.
 - In light of partnership, attention must be paid to localisation and greater involvement of local organisations in decision making, planning and programme design. Thus, local organisations need to be involved in all stages of the project management cycle, not just implementation. According to Dr. Badr, good efforts have been made regarding localisation as it has been increased through the Dutch Relief Alliance and donors are now also considering localisation. By sharing experiences and learning, the best interventions can be designed for the people in countries. Given the increasing focus on localisation, local NGOs can be strengthened by seizing this opportunity to establish a strong partnership with either the donor directly or the international organisations to build their capacity.
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