



TERMS OF REFERENCE

GBV analysis in PUI's areas and sectors of intervention

SOUTHERN YEMEN (IRG)

January - May 2025

Name of the organisation	Premiere Urgence Internationale (PUI), registered as PU- AMI in Yemen (Premiere urgence – Aide Medicale Internationale)
Sectors of intervention	Health, nutrition, WaSH, protection
Country	Yemen
Request	PUI is seeking a consultant(s) to conduct a study on GBV-related risks, needs, and capacities within its areas and sectors of intervention. The study will assess PUI's ability to integrate GBV mainstreaming, identify available services, examine access barriers, and evaluate the risks associated with accessing these services.
Global objectives	Enhance PUI's capacity to mainstream and integrate GBV prevention and response across its interventions in South Yemen.
Specific objectives	Objective 1: PUI Yemen gains a comprehensive understanding of the needs, risks and capacities in GBV prevention and response in its areas and sectors of intervention in IRG Objective 2: PUI strengthens the mainstreaming and integration of GBV prevention and response in its intervention in IRG.
Geographical area	Southern Yemen – Internationally Recognized Authorities
Recruitment process	Opening date of the application : December 10th, 2024 Closing date for application: January 10th, 2025 Analysis of applications, selection of consultant: January 10 th – January 24 th , 2025
Dates of the study	January – May 2025

1. CONTEXT SUMMARY

Context related to protection/ gender in Yemen

In Yemen, women and girls are disproportionately affected by the crisis and by compounded forms of violence. The protracted conflicts, combined with natural disasters, economic collapse, food insecurity, limited access to basic services, and breakdown of protection mechanisms has intensified the risk of various forms of GBV, including child marriage, trafficking, and beggary. Despite the increasing need, access to GBV services remains scarce, with 90% of rural areas lacking GBV services entirely. Women and girls with disabilities face heightened risks of violence, with services to prevent and address such risks often overstretched or absent, particularly in rural areas. Marginalized groups, such as the Muhamasheen women, experience additional layers of social, economic, and political disadvantage. Technology-facilitated GBV against women and girls is rising, including defamation, blackmail, and threats (UN 29/11/2023). Finally, fear, stigma, and the absence of adequate legal recourse further discourage the reporting of GBV cases.

In many rural areas, community leaders and family members are the primary sources of support for women. However, strict cultural norms, combined with limited financial resources, restrict women's participation in decision-making and their access to information, particularly during crises. The lack of formal community structures for women has pushed many toward harmful coping strategies, such as child marriage, as ways to navigate the challenging circumstances of the conflict. This not only deepens their vulnerability but also perpetuates gender inequalities that make it difficult for women to break free from cycles of poverty and violence.

Health and Reproductive Rights : Women and girls in Yemen, particularly in rural and conflict-affected areas, face significant health challenges. Of the 24 million people in need, 24% are women who require access to medical and reproductive healthcare¹. Among them, approximately 5.5 million women of reproductive age—including 2.7 million pregnant and lactating women²—struggle to access reproductive health services, especially in rural and frontline districts. This is primarily due to the lack of specialized female doctors and nurses, inadequate medical supplies, and cultural barriers that restrict access to essential care.

Nutrition and Malnutrition : Yemen's children and women continue to bear the brunt of the protracted crisis, with malnutrition rates among the highest globally. Approximately 5 million children under five, as well as 2.7 million pregnant and lactating women, require urgent, life-saving nutrition interventions in 2024³.

Water, Sanitation, and Hygiene (WASH) : Limited access to water, sanitation, and hygiene (WASH) services is an ongoing concern in Yemen, particularly for women, children, marginalized groups, and people with disabilities. Around 1.1 million individuals is requiring emergency WASH assistance in

¹ OCHA, Humanitarian Needs Overview 2024– Yemen, January 2023.

² Ibid.

³ Ibid.

2024 due to flooding, drought conditions, and ongoing conflict⁴. Women, who are often responsible for water collection and maintaining household hygiene, face increased exposure to health risks when these services are unavailable. Additionally, inadequate WASH facilities heighten women's vulnerability to GBV, particularly when they are forced to travel long distances to collect water or use public sanitation facilities.

Displaced Women and Property Rights : Displaced women face significant barriers to realizing their rights in Yemen. Around 26%⁵ of displaced households are headed by women, who are less likely than men to hold property documents in their name or to participate in household decision-making. Women's housing, land, and property rights, though enshrined in both national and Sharia law, are rarely respected in practice. Instead, women's access to these rights is often dependent on informal community decision-making, which overwhelmingly favors men. The absence of legal documentation, exacerbated by displacement, further limits women's ability to access basic services or assert their rights to property and inheritance.

Première Urgence Internationale in Yemen

Première Urgence Internationale (PUI) has been present in Yemen since 2007, supporting vulnerable populations in conflict-affected areas grappling with high rates of food insecurity, disease outbreaks, and acute malnutrition. Through integrated interventions in health, nutrition, water, sanitation, hygiene, food security, and psychosocial support, PUI strengthens the primary healthcare system in the most at-risk regions of Hodeidah (North and South), Raymah (North), Taizz and Aden (South) governorates. Currently, PUI supports 21 health facilities, with dedicated mother-child activity spaces in five of them ('Mother & Baby Corners' - MBC).

PUI prioritizes addressing critical malnutrition and improving access to primary healthcare, with a particular emphasis on sexual and reproductive health. The organization provides essential medical and nutritional supplies, trains healthcare personnel, and supports the maintenance of targeted health facilities. In addition, PUI rehabilitates health and water infrastructure, and enhances food security by distributing assistance for food (in-kind or cash) to households with severely malnourished children. To promote sustainability, community volunteers are trained in health, hygiene, and nutrition. Furthermore, safe spaces offer psychosocial support for pregnant women, young mothers, and their children.

PUI's interventions focus on meeting urgent, life-saving needs through a multisectoral approach that targets the most vulnerable populations, including migrants, internally displaced persons, women, and children in remote, hard-to-reach areas. The organization ensures the quality of its services through a professional, well-trained team working in the challenging regions of Hodeidah, Raymah, and Taizz.

⁴ Ibid.

⁵ Ibid.

PUI's gender strategy

PUI's intervention related to gender is framed by the global PUI's gender strategy document, which aims to clarify PUI's commitment to fostering a respectful, gender-sensitive culture across all levels—policy, institutional, and operational.

In Yemen, PUI is committed to mainstream gender throughout its projects (focusing on primary health, nutrition, WASH and MHPSS), as girls and women of childbearing age are at the centre of the proposed activities. Women of childbearing age are a priority target of maternal, reproductive and mental health care as well as of training and sensitization activities. In that respect, as much as possible, female doctors are hired by PUI to provide safe and culturally appropriate health services to women and girls. PUI is ensuring that a gender-responsive health infrastructure is implemented, which will not only increase access to basic services and reduce the number of maternal deaths but will also ensure the safety and well-being of girls and women.

Through community outreach, especially in IRG, PUI sensitizes community leaders to foster the inclusion of the most vulnerable members of the communities into the decision-making processes regarding health services and the accessibility to the health facilities.

However, PUI's staff capacities and interventions related to GBV are limited. This is primarily due to the context and cultural factors. In Yemen, discussing the challenges faced by women remains sensitive, largely because of cultural norms. In IRG areas, field teams have consistently highlighted the significant GBV needs (including suspected cases of psychosocial, domestic and sexual violence), particularly through the Mother & Baby Corners (MBC) present in 5 of its supported health facilities. One of the key challenges is the cultural stigma surrounding GBV, which prevents many survivors from seeking help due to fear of social repercussions. Another challenge is the lack of specialized staff and training; many team members are not properly equipped to manage sensitive GBV cases, which could lead to inadequate responses. The limited availability of services, including healthcare, legal aid, and psychosocial support for survivors, further compounds the difficulty of addressing GBV needs effectively. Additionally, security concerns restrict the team's ability to support GBV survivors, especially in hard-to-reach or frontline areas.

2. SCOPE OF THE STUDY

In the frame of PUI's project supported by ECHO (*"Integrated emergency support and primary health care system strengthening at health facility and community levels in vulnerable and hard to reach areas of Hodeidah and Taizz Governorates, Yemen"*), and the one supported by BHA (*"Enhancing integrated life-saving health, nutrition, and Wash Response to the conflict affected population in Yemen"*), PUI will conduct a protection analysis with a focus on Gender-Based Violence (GBV) in Taizz, Hodeidah and Aden governorates (Southern Yemen – Internationally Recognized Authorities).

In a context where women face multiple barriers and are disproportionately affected by various forms of GBV and compounded violence, the PUI's Yemen mission has recognized the need to strengthen its capacity to mainstream GBV prevention more effectively. As health activities are already being implemented both at health facility and at community levels, health is considered as

a preferred entry point for analyzing this sensitive issue and ensuring appropriate management. Nevertheless, the consultant will also consider PUI's other sectors of intervention—Psychosocial Support (PSS), Nutrition, and WASH—which are closely interconnected with its health activities through an integrated approach.

The study will provide an overview of GBV risks and related needs in PUI's areas of intervention. It will also evaluate PUI's capacity and gaps in integrating GBV mainstreaming, identify existing services, analyze access barriers (such as cultural beliefs and practices, the physical absence or distance of service delivery institutions), and assess the risks associated with accessing these services. The collected information will then support the integration of a gender-sensitive and GBV mainstreaming approach into PUI's existing PSS and health activities, fostering a more comprehensive approach. The aim of the study is to develop a logical framework based on the findings of the GBV and gender analysis. This framework will outline GBV prevention and response activities.

Specific attention will be given to the capacities of PUI's Yemen mission to ensure that the study is accessible and comprehensible to all staff members and that the recommendations can be effectively applied at various levels. In this regard, PUI's is requesting the consultant to develop specific tools like logframe and a workplan to ensure the dissemination, adoption, and operationalization of the knowledge produced. A final presentation will be planned with the staff of the Yemen mission to ensure appropriateness.

Timeframe

The total expected duration to complete the assignment is expected to be around 4 months, and should not exceed 5 months. It should include approximately 1 month of field presence in Yemen for the consultant(s), and no less than 3 weeks. See the tentative planning below.

Geographical Areas

The study will focus on PUI's areas of intervention in IRG-controlled areas of Yemen. It will cover five districts in two governorates:

- Taizz governorate: Mokha and Mawza'a districts
- Hodeidah governorate : Hays district
- Aden governorate : Al Buraiqeh district

In those areas, PUI is present and provides assistance in the following locations:

Governorate	District	Health Facility (Health Center or Unit)	Mother & Baby Corner (MBC)
Taizz	Mokha	Al Najeeba HU	NO
	Mokha	Al Gooma HC	YES
	Mokha	Al Jahazar HU	YES
	Mokha	Al Thawbani HC	NO
	Mokha	Al Maamerah HU	NO
	Mokha	Mokha TFC	YES
	Mokha	Yakhtul HC	YES
	Mokha	Mahjar Al Ra'Aie HU	NO
	Mawza	Al Hadd HU	YES
	Mawza	Mawza'a HC	NO
Hodeidah	Hays	Hays TFC	YES
Aden	Al Buraiqeh	Al Khisa HC	NO

No all supported locations will be visited physically by the consultant(s), a selection will be made at the beginning of the consultancy with PUI teams. Health facilities with MBCs will be prioritized. Locations selected for data collection will be subject to prior approval from PUI, to ensure security and logistical feasibility.

3.OBJECTIVES

General objective: Enhance PUI's capacity to mainstream and integrate GBV prevention and response across its interventions in South Yemen.

Specific Objective 1: PUI Yemen gains a comprehensive understanding of the needs, risks and capacities in GBV prevention and response in its areas and sectors of intervention in IRG

Specific Objective 2: PUI strengthens the mainstreaming and integration of GBV prevention and response in its intervention in IRG.

4.EXPECTED RESULTS

1. To identify GBV-related needs in PUI's areas and sectors of intervention, assess PUI's capacities and gaps and analyze the risks associated with GBV prevention and response

The study will firstly present an overview on GBV-related risks and needs – in PUI's geographical implementation areas, mainly in its sectors of intervention: Health, Nutrition, PSS and WASH. It will identify what are the specific GBV risks faced by women and girls (and other vulnerable groups as relevant) in their communities and in accessing services, and what are the needs of GBV survivors and persons at risk, notably in terms of protection, healthcare and MHPSS.

The study will then include an assessment of the existing capacities and gaps in PUI-supported health facilities in mainstreaming and integrating GBV prevention and response into its activities, notably in protection (e.g. sensitization, GBV disclosure, referral for protection services, PSS provision) and in healthcare provision, e.g. treatment and referral. This will entail the assessment of capacities/gaps of PUI and MoH staff, for both medical and non-medical personnel, working in the supported health facilities and in Community Outreach activities. It will also include an assessment of the adequacy of PUI's facilities to host GBV prevention and response activities (physical space, confidentiality, equipment/supplies required).

Finally, a risk analysis will be conducted to precisely understand the risks associated with GBV prevention and response activities and the Do No Harm considerations entailed in the context of PUI's intervention in the Yemeni/IRG.

2. To identify GBV prevention and response services available in PUI areas of intervention in IRG

The study will include a comprehensive mapping of existing services in PUI areas of intervention in terms of GBV prevention and response, using the Availability, Accessibility, Acceptability and Quality (AAAQ) framework.

It will identify the various actors – public and private, NGOs, CSOs (notably WRO/WLO) and institutions, detail the types of services they provide and when relevant suggest potential synergies with PUI's intervention and opportunities for collaboration. It will also highlight the gaps in said services in the targeted areas.

3. To enhance the quality of PUI's intervention by mainstreaming GBV considerations within the existing intervention framework and identifying potential GBV prevention and response activities to be developed.

The study will support the revision of the mission's intervention strategy to improve gender mainstreaming and integrate a GBV-sensitive approach specifically adapted to PUI's intervention. It will seek to propose realistic and relevant adaptations to activities, and/or, if relevant and feasible, propose dedicated activities to be developed.

In consultation with PUI and based on the study's findings, the following tools should/could be developed:

- A logframe and a workplan, proposing a comprehensive and detailed framework to mainstream and integrate GBV prevention and response, with clear objectives, activities, targets and timeframe;
- A training/capacity building plan, to improve the staff's capacity in prevention and response to GBV (in protection and healthcare);
- General guidelines and recommendations to support the future development of a Protection/GBV referral protocol,
- If relevant, an organigram to define roles and responsibilities within PUI teams in implementing GBV mainstreaming and response activities, including if pertinent, dedicated protection staff.

5.DELIVERABLES

[INDISPENSABLE]

A written report (no more than 30 pages) including:

1. An executive summary of the analysis (5 pages)
2. An analysis of GBV-related risks, needs and capacities in PUI's areas and sectors of intervention:
 - a. Overview and analysis of GBV risks and GBV protection needs in PUI's areas and sectors of intervention (including cultural, social and political dynamics that influence awareness of and access to GBV care).
 - b. An assessment of PUI's capacity and gaps in mainstreaming and integrating GBV prevention and response in its current intervention;
 - c. A risk analysis of GBV prevention and response activities in the intervention context
3. A comprehensive mapping of public and private actors (iNGOs and local CSOs) present in PUI's areas of intervention, active in the field of Protection and providing response to GBV. This will include a visual representation (on a map) as well as a listing providing general information on the actors, details on the protection/GBV services provided and suggestions for potential collaborations with PUI. Gaps in available services will also be analyzed. These information will allow PUI to identify potential intervention partners for referrals (legal, counseling, protection/safe-houses).
4. A recommendations section on how to improve the mainstreaming of Protection/GBV considerations into PUI's programming in Yemen, and if relevant on the development of integrated GBV prevention and response activities;
5. Annexes to the report: technical appendices containing the data collection packs: ToRs, sample, questionnaires, photos, database and analysis.

The report should seek to be reader-friendly in its structure and formatting, integrate visual representations (graphics, diagrams, maps, as deemed relevant) and as much as possible some photographs. The accent should be put on conveying key ideas related to findings and practical recommendations, rather developing lengthy analyses.

[INDISPENSABLE]

Other deliverables:

6. A logframe and workplan, detailing objectives, activities and targets, phased in time;
7. A short PowerPoint presentation (15-20 slides) summarizing the main findings and recommendations of the study, to be used for internal dissemination within PUI;

[FACULTATORY]

Other deliverables that may be developed, based on findings, discussions with PUI, relevance/feasibility and available budget, prioritized as follow:

8. A capacity building plan after evaluation of the training's needs of the mission regarding the potential GBV prevention and response activities identified through the GBV analysis and provide with a capacity-building plan.
9. The revised Yemen mission strategy document;
10. Guidelines and recommendations to support the future development of a Protection/GBV referral protocol;
11. Dedicated MEAL Framework: complementing the logframe, this tool will provide a structured approach to monitoring and evaluating GBV-related interventions, including clear objectives, GBV-specific indicators, and feedback mechanisms.
12. An organigram defining roles and responsibilities within PUI teams in implementing GBV mainstreaming and response activities, including if pertinent, dedicated protection staff;
13. A PowerPoint presentation summarizing the main findings and recommendations of the study, to be used for external dissemination.

6.OVERALL STUDY METHODOLOGY

The Consultant will design an appropriate methodology based on their understanding of the expectations of the terms of reference. The Consultant is expected to propose his/her methods that should include but may not be limited to:

- Secondary data overview
- PUI program data review
- Focus Group Discussions (FGD) with PUI beneficiaries, notably caretakers in MBC
- Interview/FGDs with staff working in PUI-supported health facilities (PUI and MoH staff)
- Interview/FGDs with PUI staff at field and management levels
- Key Informant Interviews (KII) with Protection/GBV actors and institutions (local and international NGOs/CSOs, WROs/WLOs, clusters, UN, etc.)

If relevant:

- Questionnaire addressed to the mission staff

The above, especially data collection with beneficiaries, will be subject to safety and security considerations and subjected to prior approval from PUI.

7. BUDGET

The approximate maximum budget considered by PUI for this consultancy is of 28,000 USD.

8. APPLICATION

The consultancy is opened to both unique candidates and to groups of consultants (applying as one single entity).

The consultancy is opened to both international and Yemeni candidates. Yemeni women candidates are strongly encouraged to apply.

As per the subject and scope of the study and considering the sensitivity of the topic and the need to conduct interviews with women beneficiaries, the consultant's team should include women.

Consultant(s) will have to submit:

- A Technical offer including:
 - o Detailed methodology and approach
 - o Workplan for the consultancy
 - o Roles and involvement of the different consultant's team members, if relevant
- A Financial offer, in USD:
 - o Specify the total price with and without taxes
 - o Specify desired instalments (to be noted that the final installment of no less than 20% of the total price will be paid only upon validation by PUI of all deliverables)
 - o N/b: it is recommended to propose a disaggregated offer including different "packages" of deliverables, notably distinguishing between indispensable and facultatory ones.
- Curriculum vitae of applicant(s)
- References from previous clients/employers
- Recommended: examples of similar studies conducted by the consultant(s) (maximum 3)

Desired qualifications:

- Expertise in conducting Gender Analysis and GBV service set up
- Complex Context Understanding: In-depth knowledge of the complexities surrounding Yemen cultural context
- Survivor-Centered Approach: Strong understanding of and ability to implement a survivor-centered approach in all GBV interventions.
- Multi-Sectoral Response Implementation: Knowledgeable in applying a multi-sectoral response to GBV, ensuring comprehensive support for survivors.
- Case Management Principles: Familiar with case management principles and adept at applying them within GBV programming.

- Engagement with Humanitarian Architecture: Proven ability to effectively engage with key stakeholders in the humanitarian architecture, including the Protection Cluster and GBV Area of Responsibility (AOR).
- Contextual Analysis Skills: Capable of critically analyzing contexts, trends, and vulnerabilities related to GBV.
- Prevention of Sexual Exploitation and Abuse: Knowledgeable about responsibilities related to preventing sexual exploitation and abuse in humanitarian responses and committed to supporting implementation.
- Application of GBV Tools: Proficient in locating, adapting, and applying key GBV tools, including GBV SOPs, GBV IMS, WHO ethical and safety recommendations, and IASC Guidelines for gender-based violence interventions in emergencies.
- Innovative Programming: Applies critical thinking and problem-solving skills to develop innovative GBV programming, including effective case management.
- Ethical Data Collection: Understands ethical issues surrounding data collection and confidentiality, conducting safe and ethical GBV assessments.
- Training: Proven track record in organizing trainings on GBV prevention and response, including case management.
- Experience with NGOs and UN Agencies: Experienced in collaborating with international NGOs, UN agencies, and local authorities in complex emergency contexts.
- Adaptability: Able to take initiative and adjust to changing circumstances and priorities.
- Resilience Under Pressure: Demonstrates the ability to cope with complex environments and work effectively under pressure.
- Commitment to Gender Equality: Committed to promoting gender equality, integrating gender analysis, and mainstreaming it into humanitarian programming.
- Cultural Context Understanding: Possesses a solid understanding of the social, cultural, and economic contexts in Yemen.
- Capacity and willingness to travel to and within Yemen, precisely within the IRG governorates.

Language requirements:

Written and spoken fluency in English.

Fluency in Yemeni Arabic will be strongly appreciated.

Others remarks:

The consultant should have a flexible and adaptative approach throughout the study. As such, final recommendations and some of the deliverables may be adapted based on the findings of the analysis, and on discussions with PUI teams.

Application process:

Candidates should send their offer and supporting documentation in electronic format to co.recruitment@premiere-urgence-yem.org.

The deadline for submitting applications will be 10th January 2025.

If the offer is selected a contract will be proposed by end of January 2025.

9.TENTATIVE PLANNING

Dates	10/12 to 10/01 2025	10/01 to 24/01/20 25	24/01 to 20/02	23/02 to 23/03	21/04	01/05	15/05
	Recruitment process		Preparations	Field work	Deliverables preparation and finalization		
Actions	Publicatio n of the job offer	Analysis of applications, selection of consultant	Discussions with PUI for framing of study Secondary data collection and review	Primary data collection (field visits, meetings, etc.)	Presentatio n of the first findings and recommend ations	Sharing first draft of delivera bles	Sharing final package of deliverables