



# UNFPA RESPONSE IN YEMEN

## Monthly Situation Report #02 – March 2016



This is a training on minimum initial service package for reproductive health in Sa'ada governorate. When you look closely at the picture you see an additional chair, this is a 25 day old baby who has accompanied her mother to the training. Narissa\* works as a midwife at the Almeri health unit. "My health facility is a single room with old, broken equipment and iron windows. When we open the windows dust comes in and if we close them the room becomes too dark," says Narissa. "Even if the working environment is challenging, I want to gain new skills and knowledge to save the lives of women and children. This training has definitely done that. It has taught me how to use reproductive health kits and how to serve the special needs of women and girls in our community during this crisis".

\*This name was changed to protect the person's identity.

### Situation Overview

The 26<sup>th</sup> of March marked the one-year anniversary of the nationwide conflict in Yemen. A year on, the scale and scope of humanitarian needs remains staggering with **80 percent of the population requiring some form of humanitarian assistance**. The conflict has resulted in 6,400 death, 30,200 injuries and the displacement of one in 10 Yemenis. As of March, 18,952 Yemenis have arrived in Djibouti.

On 23 March 2016, following extensive consultations with warring parties, the UN Envoy to Yemen announced that an **agreement to a cease-fire from April 10 2016 has been reached ahead of a new round of peace talks** that will commence on 18 April in Kuwait. The Humanitarian Coordinator to Yemen has called on all parties to the conflict to abide by the cessation of hostilities agreement and note that only a political solution to the conflict can bring the lasting peace Yemenis deserve and are demanding.

### Highlights of UNFPA Response

- In March, **14 mobile clinics and teams** (two per governorate) providing reproductive health and family planning services were deployed in the governorates of Amran, Sa'ada, Hajjah, Ibb, Taizz, Al Dhale'e and Lahj, which have been most affected by the conflict.
- Twenty two **reproductive health kits** were distributed to health facilities in Al Dhale'e and Taizz governorates, and seven kits to mobile clinics in Aden, through partners Médecins Sans Frontières Holland and INTERSOS. These kits would benefit around 425,500 women, helping to ensure safe deliveries, manage complications during pregnancy, support clinical management of rape and STIs.
- Around 140 health workers participated in **trainings on minimum initial service package for reproductive health**, including health providers from the reproductive health inter-agency working group.
- **Eight thousand dignity kits** were distributed in the targeted governorates of Taizz (3,000), Ibb (2,500) and Al Mahwit (2,500). The international procurement of an additional 35,000 dignity kits have been initiated.
- A **mapping exercise** to identify local and international actors working on issues of gender-based violence is currently underway. This would help to establish new and strengthen existing referral mechanisms to respond to cases of gender-based violence.
- A total of 607 beneficiaries (467 female, 140 male) were reached with **GBV services** in March with highest being for livelihood support (536) followed by psychosocial support services (411).

### Highlights on Resource Mobilization

- As part of the 2016 Yemen Humanitarian Response Plan, UNFPA has appealed for **\$15.6 million**.
- The current funding gap for UNFPA's response in Yemen stands at **\$4.9 million**.

### Challenges

- UNFPA continues to face significant **delays in receiving supplies from the logistics hub in Djibouti**. To address this and reduce lead time, supplies are now being ordered directly to the port in Al Hodeidah. The average lead time for reproductive health kits to reach from Al Hodeidah to Sana'a was 5 months, 1 month for life-saving medicines and dignity kits, 3 months for contraceptives, including condoms.
- Lack of **humanitarian access** to areas badly affected by the armed conflict, is hindering the provision of much needed life-saving humanitarian assistance, particularly for pregnant women. This is expected to be eased during the ceasefire with plans underway to maximize delivery of humanitarian assistance during this period.

### Key Figures

**21.2 million**

People in need

**13.6 million**

People targeted for lifesaving interventions

**1 in 10**

People displaced by conflict

**3.4 million**

Women of girls of reproductive age

**400,800**

Pregnant Women

**68,130**

Pregnant women will experience complications during delivery in the next 12 months

**68,000**

Women of reproductive age at risk of sexual violence including rape