In Yemen, 3.25 million women and girls of childbearing age need protection and medical care. Despite the extreme challenges posed by famine, brutal conflict and cholera, UNFPA support is reaching women and girls in Yemen, the poorest of the Arab nations. From January 2017 to September 2018, UNFPA reached more than 1.2 million women and adolescent girls with family planning services and nearly 550,000 people with sexual and reproductive health (SRH) and gender-based violence (GBV) services. Extensive partnerships and effective collaboration with the Yemeni Government, local non-profit organizations, United Nations agencies and donors have heightened the impact of UNFPA’s humanitarian response.
This is the largest humanitarian crisis in the world

HUMANITARIAN SITUATION

Yemen is facing the largest humanitarian crisis in the world. Three years after conflict escalated in 2015, the economy and social services have collapsed. An estimated 22.2 million people — over three quarters of the population — are in need of some kind of assistance or protection, including over 11 million who are in acute need. Two in three people do not know where their next meal will come from. Women and children make up 76 per cent of those displaced and are paying the heaviest price, as they do in most humanitarian crises.

“I felt I was in hell because of what I saw,” said midwife Noha of the attack on Al Thawra Hospital in August 2018. “Now pregnant women ... do not come to the hospital out of fear for their lives.”

In a country with one of the highest maternal mortality ratios in the Arab region, the lack of food, poor nutrition and the eroding health system, worsened by epidemics such as cholera and diphtheria, have increased the number of premature or low birth weight babies and of women suffering from severe postpartum bleeding. The process of giving birth has become much more life-threatening. In 2015, the maternal mortality ratio was 385 maternal deaths out of every 100,000 live births.
Pregnant women are malnourished: Today 3.25 million women and girls of childbearing age (15 to 49 years) need support. Escalating food shortages have left an estimated 1.1 million pregnant and lactating women malnourished, and threaten the lives of 75,000 women who are likely to develop complications during childbirth, including newborns with stunted growth.

“I had only bread and water throughout my entire pregnancy. My husband had lost his job and we could only afford very little food to feed the family,” Amana recalls. At 25, her second child was born with severe disabilities and died immediately. “Our living conditions are very difficult and it is only getting worse.”

Supplies and services are scarce: The precarious security situation, poor road infrastructure in some areas and other travel challenges across the country mean that reproductive health personnel, supplies and services in health facilities have become much more scarce and difficult for women and girls to reach. Only one third of Yemen’s health facilities are currently functional, with many clinics shuttered because of violence, mass displacements, economic collapse, departure of health workers and lack of supplies.

“We are displaced, we are dispersed. Our situation is not normal. We are impoverished. We suffer in every way,” said Maleka Ali, who was pregnant when violence descended on her home in Taizz, Yemen. “I was frightened because of the intensity of the war and the explosions,” she told UNFPA. “We fled from Taizz, and I was so scared that I got asthma,” she said, which also put her baby at risk of health problems.

Three million women and girls are at risk of gender-based violence: The number of women seeking GBV services increased by 36 per cent in 2017. Rates of child marriage (marrying under the age of 18) jumped from 52 per cent of Yemeni girls in 2016 to nearly 66 per cent in 2017.
Objectives

• Re-establish reproductive health supply chain management in Yemen to support the delivery of lifesaving supplies and services for sexual and reproductive health including safe birth, family planning and rape treatment.

• Revitalize partnerships to address the needs of women and girls.

• Ensure the safety and security of UNFPA staff to enable the humanitarian response to the crisis in Yemen.

Strategy and interventions

UNFPA is present in five humanitarian hubs: Interventions supported by UNFPA cover 21 of the 22 governorates in Yemen. UNFPA is currently present in all five operational UN humanitarian hubs (Aden, Al Hudaydah, Ibb, Sa‘ada and Sana‘a), where close monitoring informs regular adaptation of the humanitarian response to meet evolving needs. Overall coordination is from UNFPA’s office in Sana‘a, and in other provinces through the joint hubs.

Despite the devastating situation, UNFPA-supported interventions are reaching young women like Eshan, aged 18, who depends on the mobile clinic at Al Hudaydah for antenatal care. “I did not go to school. I was married a year ago and I am now expecting my first child. I would like to give birth in a hospital but even a check-up requires me to travel for over two hours to reach the nearest hospital,” she says. “I heard about this mobile health service from my neighbour. I come here regularly for check-ups and no longer have the fears about giving birth like I did before.”

UNFPA TAKES A NUMBER OF INTEGRATED ACTIONS UNDER THE HEALTH AND PROTECTION SECTORS:

Strategic support: UNFPA supports strengthening the national health system so that it can provide emergency obstetric and neonatal care and other integrated reproductive health services in order to reduce maternal death and morbidity. UNFPA also addresses the reproductive health and protection needs that result from recent escalations, including famine and emerging health epidemics. UNFPA support aims to:

• Increase the availability of lifesaving reproductive health medicines, supplies and equipment in health facilities.

• Make reproductive health kits available in medical facilities by providing basic medical and surgical supplies, including those used for treatment of sexually transmitted infections.

• Ensure that birth spacing methods are accessible to people in health facilities and mobile clinics.

• Deploy mobile medical teams and clinics providing reproductive health services that include safe deliveries and are integrated with nutrition services for pregnant women and disease prevention information targeting women and young girls.

• Build capacity to increase the availability of skilled health providers, particularly midwives, at the community level.

• Establish a reproductive health information management system.
• Lead the coordination of the reproductive health response through the Sexual and Reproductive Health sub-working group under the Health Cluster and in coordination with the GBV sub-cluster under the Protection Cluster.

• Lead the Rapid Response Mechanism with the United Nations Children’s Fund and the World Food Programme for fast response in situations like the bombing of Al Hudaydah, when reproductive health kits positioned in hospitals supported pregnant women who had been evacuated from the port and city.

**Gender-based violence:** UNFPA supports strengthening protection mechanisms including the engagement of men and boys as agents of change, in coordination with reproductive health programming.

To prevent and respond to GBV, UNFPA works to:

• Provide medical supplies including post-rape treatment kits in health centres to treat survivors of gender-based violence.

• Provide clinical management of rape and treatment for survivors.

• Establish referral pathways to essential services to psychosocial support, legal aid, access to safe houses and referrals to health and other services.

• Engage men and boys to address GBV at the community level.

• Strengthen the Gender-Based Violence Information and Management System (GBVIMS).

• Raise community awareness on issues related to GBV, and on the available services.

• Distribute dignity kits containing menstrual and personal hygiene items.

• Support services and livelihoods opportunities for GBV survivors.

• Lead coordination of the response through the GBV sub-cluster within the United Nations in Yemen.

**Supply chain management:** Through public and private partnerships, UNFPA is rebuilding local supply chains and sustainable health service infrastructure in Yemen. UNFPA undertook a needs assessment on supply chain management to evaluate the needs and challenges and to identify opportunities for improving the system. An evidence-based advocacy campaign with Yemen’s Ministry of Health resulted in government collaboration to implement family planning programmes and deliver contraceptives and lifesaving maternal health medicines.

A new national logistics management information system (LMIS) is revitalizing quantification, forecasting and supply planning for contraceptives and maternal health medicines. A new reproductive health information management system is also operational with third-party monitoring. The prompt deployment of a logistics specialist helped UNFPA to fill gaps in the system and improve transport of vital supplies via air, road and sea. UNFPA also revitalized an existing long-term agreement with one of the largest transportation companies in Yemen; as a result, customs clearance and in-country transportation of supplies to health facilities, including cholera treatment centres, are now much faster.
Looming famine threatens the lives of 2 million pregnant women and new mothers in Yemen

SANAA, Yemen – Four years into conflict, Yemen has become home to the worst humanitarian crisis in the world. Over 22 million people are in need of immediate humanitarian assistance. Two thirds of the population do not know when their next meal will come.

“Some days I cannot provide food [for my children],” said 28-year-old Umm, a mother of three. “My husband was killed in the war and left me to raise them. Every day gets worse.”

As fighting and airstrikes thrust millions to the brink of starvation, Yemen’s looming famine threatens to become the worst in recent world history.

“Now, with the blockade, we eat only one meal some days – bread and water,” 40-year-old Kefaya, a mother of six, told UNFPA. “I do not know how my kids will survive.”

The perils of pregnancy

An estimated two million pregnant and lactating women will be at risk of death if famine strikes. Some 1.1 million are already acutely malnourished, heightening the chance of miscarriage and stillbirth.

“When I gave birth to my second child, he was deformed and died instantly,” said Amna, 30. “I had not gotten enough medication and food during my pregnancy.”

Nearly half of all health facilities in Yemen are no longer operating, cutting pregnant women off from emergency obstetric care. Even women who live within distance to a working medical facility often cannot afford its maternal health services.

Well-trained midwives

Afraid the hospital in Taizz might be targeted, Maleka turned to a UNFPA-supported midwife. Midwives can reduce a woman’s risk of dying from severe bleeding, sepsis, eclampsia, obstructed labour and other complications.

“The midwife looks after me on a weekly basis,” Maleka said. “If I cannot go to her, she comes to my house to check on me and follow my pregnancy. She provides full care and gives us everything for free, including medical tests and medicines.”

UNFPA has trained some 7,500 midwives in Yemen. UNFPA is also supporting 206 health facilities to provide care for pregnant and lactating women. With some 3.25 million women and girls of reproductive age in Yemen, UNFPA and its partners will continue to help ensure their specific needs are not overlooked.

Source: www.unfpa.org/news/looming-famine-threatens-lives-2-million-pregnant-women-yemen

– By Kelly Ashton
Progress and results

Together with partners, and despite difficult conditions, UNFPA provided millions of people with services and supplies for sexual and reproductive health and gender-based violence prevention and response in 2017. UNFPA reached an additional 1.5 million people more than in 2016 as a result of increased donor funds, decentralization of UNFPA’s response and an increased presence in provinces and districts.

January 2017 to September 2018

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
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<tbody>
<tr>
<td>People reached with voluntary family planning services</td>
<td>1,257,639</td>
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<tr>
<td>Total people reached with SRH and GBV Services</td>
<td>550,000</td>
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<tr>
<td>People who directly benefited from reproductive health kits</td>
<td>305,664</td>
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<tr>
<td>Women and girls reached with dignity kits</td>
<td>179,979</td>
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<tr>
<td>Health personnel trained on SRH and GBV services</td>
<td>498</td>
</tr>
</tbody>
</table>


Lessons and conclusions

- Partnerships with local businesses to deliver reproductive health supplies enhanced efforts to reach affected people in remote areas, despite blockages and lengthy custom clearance.

- Partnership with the United Nations system is essential. For example, when an air strike forced the UNFPA office to relocate to Jordan, the Sexual and Reproductive Health sub-working group and GBV sub-cluster were strengthened and operationalized to ensure provision of a comprehensive and integrated package of services to women and girls affected by the crisis. The groups oversaw the procurement of reproductive health supplies.

- The establishment of supply chain management from the onset of a crisis is crucial. This was essential during UNFPA Yemen’s immediate response in 2015 and built capacity to reach more people affected by the crisis in 2016 and 2017.

- Supporting local health providers and reliably providing reproductive health kits are important contributions to ensuring continuity of service delivery through functional health facilities, so many of which have been destroyed.

UNFPA-provided supplies include contraceptives, maternal health medicines, medical equipment and rape treatment. © UNFPA Yemen
Partners
Central Statistics Organization
Charitable Society for Social Welfare
Humanitarian and Development (HAD) NGO
International Rescue Committee
Ministry of Health
National Population Council
National Yemeni Midwifery Association
NORCAP (Norway)
Save the Children
United Nations Children’s Fund (UNICEF)
United Nations High Commissioner for Refugees (UNHCR)
Woman National Committee
World Food Programme (WFP)
World Health Organization (WHO)
Yemeni Family Care Association
Yemeni Women’s Union

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