



2022 UNFPA —
HUMANITARIAN
RESPONSE
IN YEMEN —



APRIL 2022

ENSURING RIGHTS AND CHOICES FOR ALL SINCE 1969

UNITED NATIONS POPULATION FUND



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UNFPA HUMANITARIAN RESPONSE IN YEMEN 2022

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Yemen remains the site of one of the world's largest humanitarian crises. A staggering 23.4 million people — 73 per cent of the population — require some form of humanitarian assistance in 2022, the result of seven years of escalating conflict.

Millions have been uprooted from their homes, the economy has collapsed and nearly the entire health system has cratered, allowing preventable diseases, such as cholera and COVID-19, to spread unchecked.

Women and girls are among the hardest hit. An estimated 77 per cent of the 4.3 million people displaced in Yemen are women and children. Approximately 26 per cent of displaced households are now headed by women (compared to 9 per cent before the escalation of the conflict in 2015), an indication of increased precarity because of the loss of male breadwinners, while discriminatory societal attitudes towards women's economic engagement and movement remain unchanged.

Levels of maternal mortality are rising. One Yemeni woman dies every two hours during childbirth, from causes that are almost entirely preventable. An estimated 8.1 million women and girls of childbearing age require help accessing reproductive health services, including antenatal care, safe delivery services, postnatal care, family planning, and emergency obstetric and newborn care. Among them are 1.3 million women who will deliver in 2022, of whom 195,000 are projected to develop complications, requiring medical assistance to save their lives and that of their newborns.

Over 1 million pregnant and breastfeeding women are projected to experience acute malnutrition sometime in the course of 2022. They risk giving birth to newborns with severe stunted growth, and nursing malnourished infants, as a result of rising food insecurity.

Only half of Yemen's hospitals remain functional. Due to extreme shortages of essential medicines, supplies and specialized staff, only 1 in 5 of the functioning facilities is able to provide maternal and child health services. Nineteen out of 22 governorates face severe shortages in available maternity beds – 6 beds per 10,000 people, half of the WHO standard. In addition, an estimated 42.4 per cent of Yemen's population lives more than one hour away from the nearest fully or partially functional public hospital.

Women and girls also suffer disproportionately from gender-based violence, poverty and violations of basic rights. While this situation existed prior to the conflict, it is now greatly exacerbated as communities and families increasingly resort to negative coping strategies to survive.

With limited shelter options and a breakdown in formal and informal protection mechanisms, girls are increasingly vulnerable to child marriage, human trafficking, begging and child labour, among others. Women and girls with disabilities face an even greater risk of gender-based violence in the communities and available services are not equipped logistically to accommodate their needs.

An estimated 6.5 million women and girls will require services to prevent and address gender-based violence in 2022. However, such services remain overstretched across Yemen, and completely absent in some hard-to-reach areas.

The cumulative impact of conflict and deprivation has also taken a heavy toll on the mental health of Yemenis, particularly its women and girls. Mental health care remains scarce, and mental illness is highly stigmatized. An estimated 7 million people require mental health treatment and support, but only 120,000 have uninterrupted access to these services.



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CRISIS IN NUMBERS

23.4
M



In need of
some form of
assistance

12.9
M



In acute
need

19
M



Food
insecure

15.8
M



In need of
protection

4.3
M



Internally
displaced
persons

21.9
M



In need
of health
assistance

8.1
M



Women of
reproductive
age
(15-49 years)

195,000



Pregnant
women at risk
of developing
complications

1.3
M



Malnourished
pregnant and
lactating
women

20
%



Health facilities
providing
maternal and
child health
services

6.5
M



Women in
need of GBV
protection

26
%



Displaced
households
headed by a
female



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2022 STRATEGIC PRIORITIES FOR UNFPA

- Provision of vital lifesaving reproductive health services with emphasis on emergency obstetric and neonatal care to reduce maternal mortality and morbidity.
- Provision of lifesaving protection services for women and girls with emphasis on prevention and response to different forms of violence.
- Reaching all newly displaced persons and most destitute returnees with emergency lifesaving packages through the Rapid Response Mechanism.

\$100 M

2022 TOTAL
FUNDING
REQUIREMENT

4.2 M

TARGETED
POPULATION

2022 FUNDING REQUIREMENT OVERVIEW

\$100
M

REQUIRED

\$13.4
M*

FUNDED

\$86.6
M

FUNDING GAP

DISTRIBUTION OF REQUIRED FUNDS BY PROGRAMME AREA

57%

Reproductive Health

27%

Protection of Women
and Girls

16%

Rapid Response
Mechanism

* Funded as of April 2022



2022 UNFPA HUMANITARIAN RESPONSE: STRATEGIC PRIORITIES

REPRODUCTIVE HEALTH

- Ensure availability of lifesaving reproductive health commodities, medicines, supplies and equipment in health facilities.
- Ensure qualified health personnel are in place to provide reproductive health services in health facilities.
- Support mobile medical teams and clinics to enable them to provide reproductive health services that include; safe deliveries integrated with nutrition services for pregnant women as well as disease prevention information.
- Make family planning and birth spacing methods available and accessible to people through health facilities and mobile clinics.
- Provide skilled healthcare personnel, particularly midwives, at the community level.
- Lead coordination of reproductive health response through the Reproductive Health Inter-Agency Working Group under the Health Cluster.

PROTECTION OF WOMEN AND GIRLS

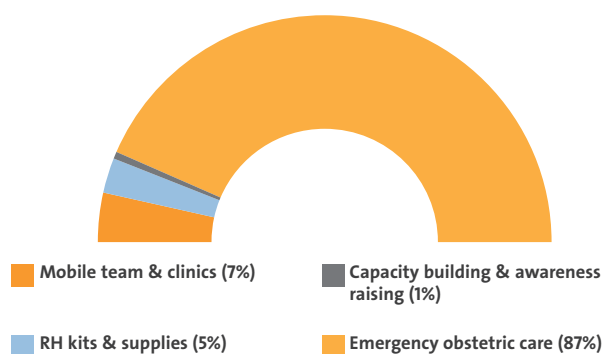
- Provide medical supplies including post-rape treatment kits.
- Respond to different forms of violence through the provision of psychosocial support, legal aid, access to safe houses and referrals to health and other services.
- Engage men and boys to enhance mitigation of different forms of violence at the community level.
- Strengthen community awareness about issues related to different forms of violence, and available relevant services.
- Establish referral pathways, protocols and build capacity of service providers and responsible institutions to address challenges for the protection of women and girls.
- Provide support services and livelihood opportunities for survivors of various forms of violence.
- Lead coordination of women's protection response through the women's protection sub-cluster within the Protection Cluster.

RAPID RESPONSE MECHANISM

- Lead response to distribute immediate, most critical, lifesaving emergency supplies to newly displaced, families on the move, who may be in hard-to-reach areas or stranded close to the front lines (also most vulnerable returnees).
- Ensure provision of a minimum assistance packages comprising of (1) WFP ready-to-eat food rations (2) UNICEF family basic hygiene kits (3) UNFPA female transit/dignity kit.
- Enrollment of newly displaced persons and referral to other actors for further assistance.

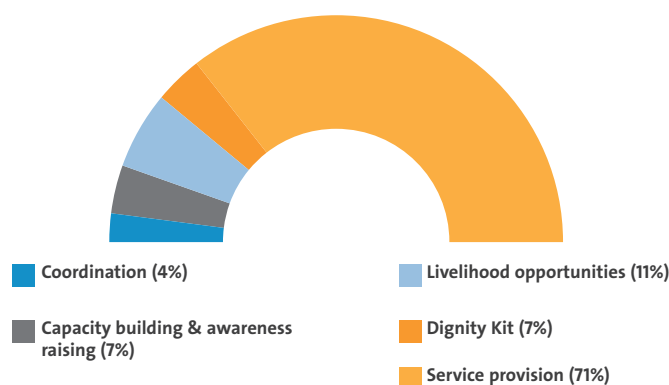
2022 Requirement:

\$56.5M



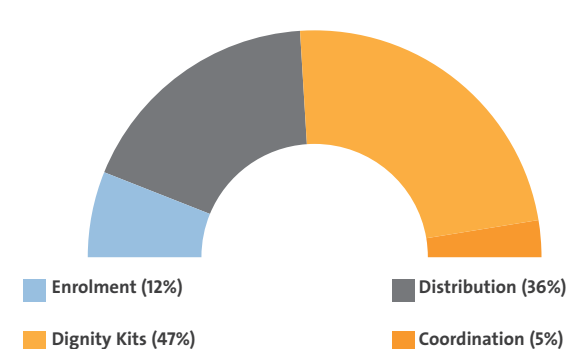
2022 Requirement:

\$27M



2022 Requirement:

\$16.5M



2022 REQUIREMENTS BY PROGRAMME AREA**



PROGRAMME AREA	USD
REPRODUCTIVE HEALTH	
Emergency obstetric care	49,000,000
Reproductive health kits & supplies	3,000,000
Mobile teams and clinics	3,000,000
Capacity building & awareness raising	1,500,000
SUB-TOTAL	56,500,000
PROTECTION OF WOMEN AND GIRLS	
Service provision	19,000,000
Capacity building & awareness raising	2,000,000
Transit/dignity kits	2,000,000
Coordination	1,000,000
Livelihood opportunities	3,000,000
SUB-TOTAL	27,000,000
RAPID RESPONSE MECHANISM	
Transit/dignity kits	7,700,000
Coordination	800,000
Enrollment	2,000,000
Distribution	6,000,000
SUB-TOTAL	16,500,000
TOTAL	100,000,000

2022 TARGETED DIRECT BENEFICIARIES *

PROGRAMME AREA	NO.
REPRODUCTIVE HEALTH	
Female	1,920,000
Male	480,000
PROTECTION OF WOMEN AND GIRLS	
Female	1,000,000
Male	50,000
RAPID RESPONSE MECHANISM	
Individuals	750,000
TOTAL	4,200,000

*Includes targeted direct beneficiaries only, does not include indirect beneficiaries.

** Operations and programme support costs are included in overall costs.



WHY UNFPA MATTERS FOR YEMEN

- **UNFPA is the sole provider of essential reproductive health medicines and leads reproductive health service provision in Yemen. The reproductive health supply chain being supported by UNFPA serves as lifeline for millions of women and girls in Yemen.**
- **UNFPA leads coordination and provision of lifesaving women's protection services throughout Yemen, reaching thousands of survivors of different forms of violence.**
- **UNFPA leads the multi-agency Rapid Response Mechanism across the country, providing lifesaving assistance to displaced persons at the frontlines and referring them for further assistance.**



2021 MAIN ACHIEVEMENTS

2.8 M
PEOPLE REACHED
WITH LIFESAVING
ASSISTANCE

151,115
SAFE DELIVERIES
ASSISTED









344,731
UNINTENDED
PREGNANCIES
AVERTED

28,432
SURVIVORS OF
VIOLENCE
ASSISTED








2021

OVERVIEW OF HUMANITARIAN SUPPORT

PEOPLE REACHED

	
1,584,175	242,626
People reached with reproductive health services	People reached with Family Planning services
	
151,115	438,774
Safe deliveries assisted with UNFPA support	women and girls reached with dignity kits
	
434,497	28,432
People reached with rapid response mechanism kits	Survivors of different forms of violence reached
	
802,580	195,279
Women and girls reached with GBV related information and services	People reached with specialized mental health services

SERVICES DELIVERED

	
127	176
Health facilities supported to deliver reproductive health services	Midwife home clinics established
	
51	8
Women and girls safe spaces supported by UNFPA	Number of specialized mental health centers supported by UNFPA
	
9	31
Women's shelters supported by UNFPA	Mobile health & protection teams supported
	
2,065	
Essential reproductive health personnel supported	

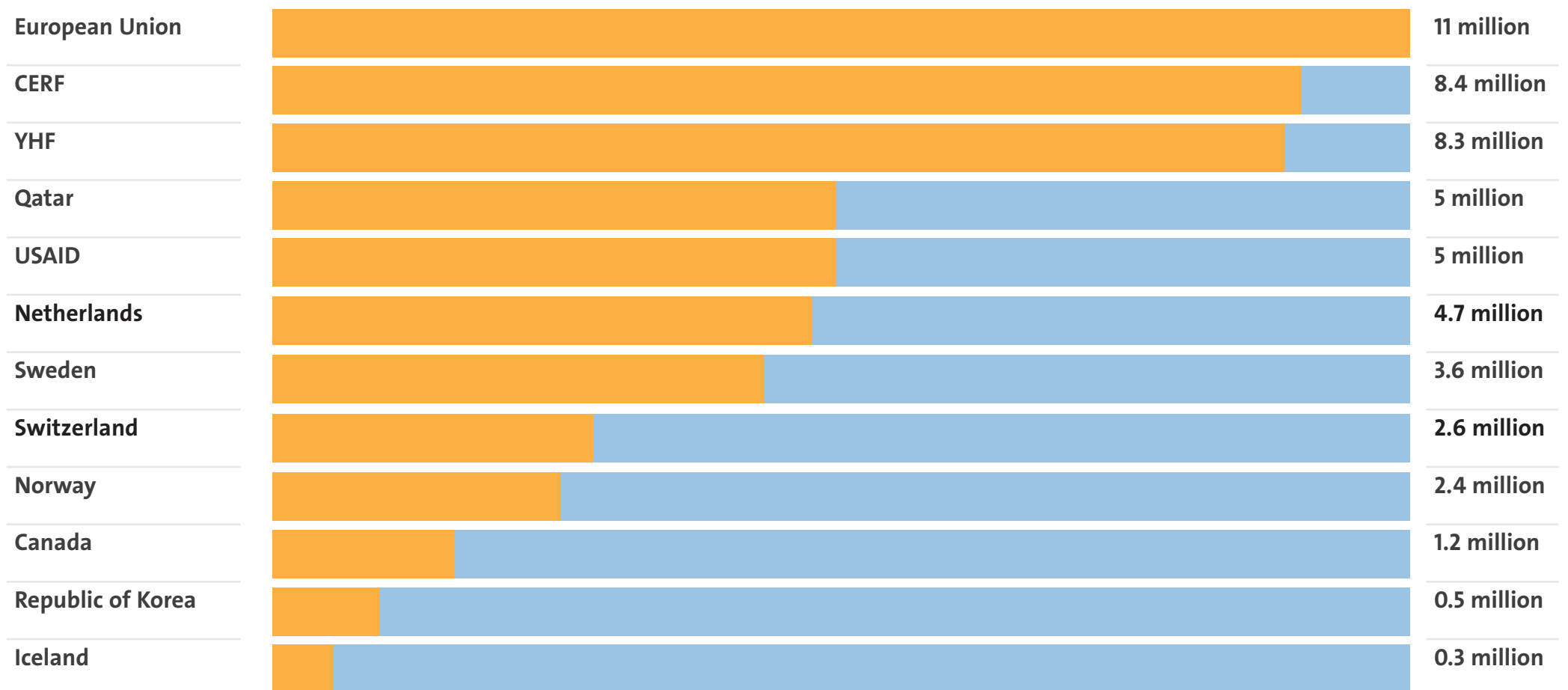
CAPACITIES STRENGTHENED


60
Personnel trained on Minimum Initial Service Package

30
Personnel trained on family planning

684
Personnel trained on provision of women's protection services

**2021
DONOR
CONTRIBUTIONS***



*Includes new donor contributions in 2021 only.

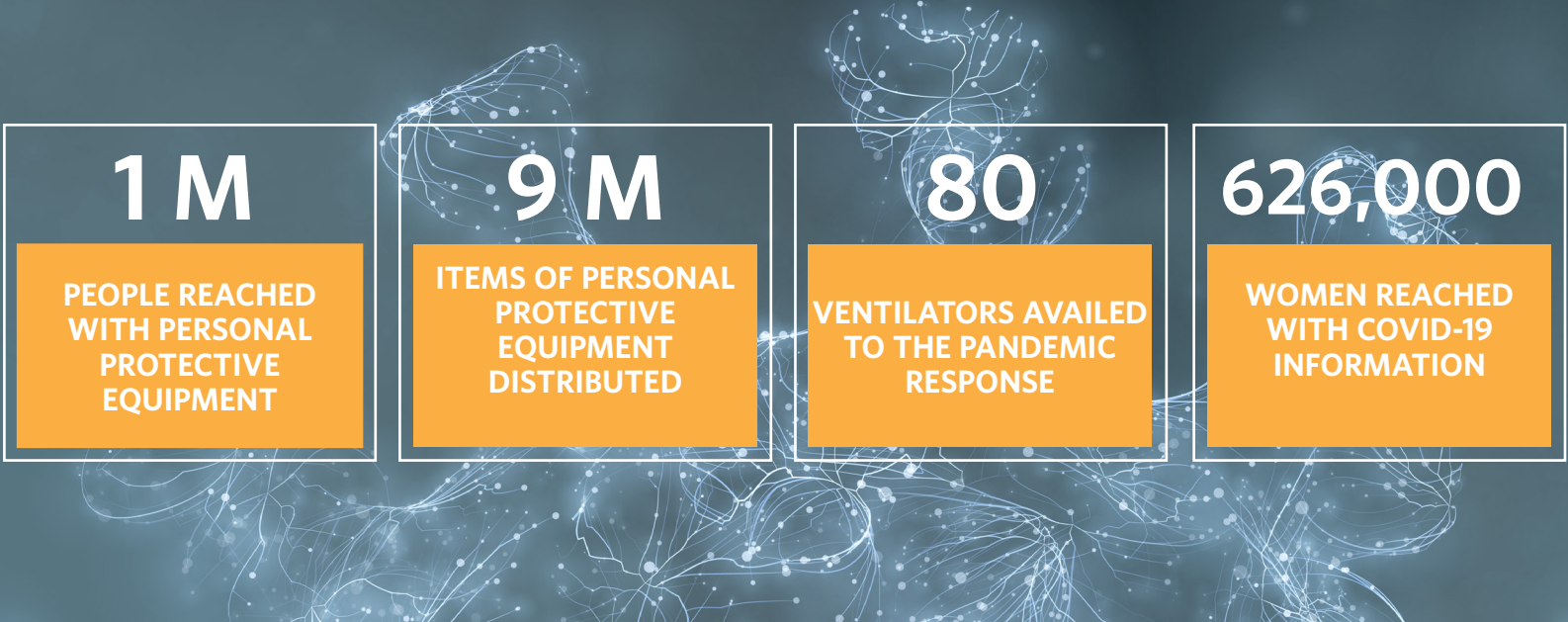


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COVID-19 RESPONSE

UNFPA has been among the frontline responders to COVID-19 in Yemen, since the outbreak in March 2020. UNFPA has helped to mitigate the spread of the disease, while prioritizing the continuity of lifesaving reproductive health and women’s protection services. This has been through adapting existing programmes, re-allocating funding and instating new, innovative approaches to guarantee accessibility without risking the health of clients and providers alike.

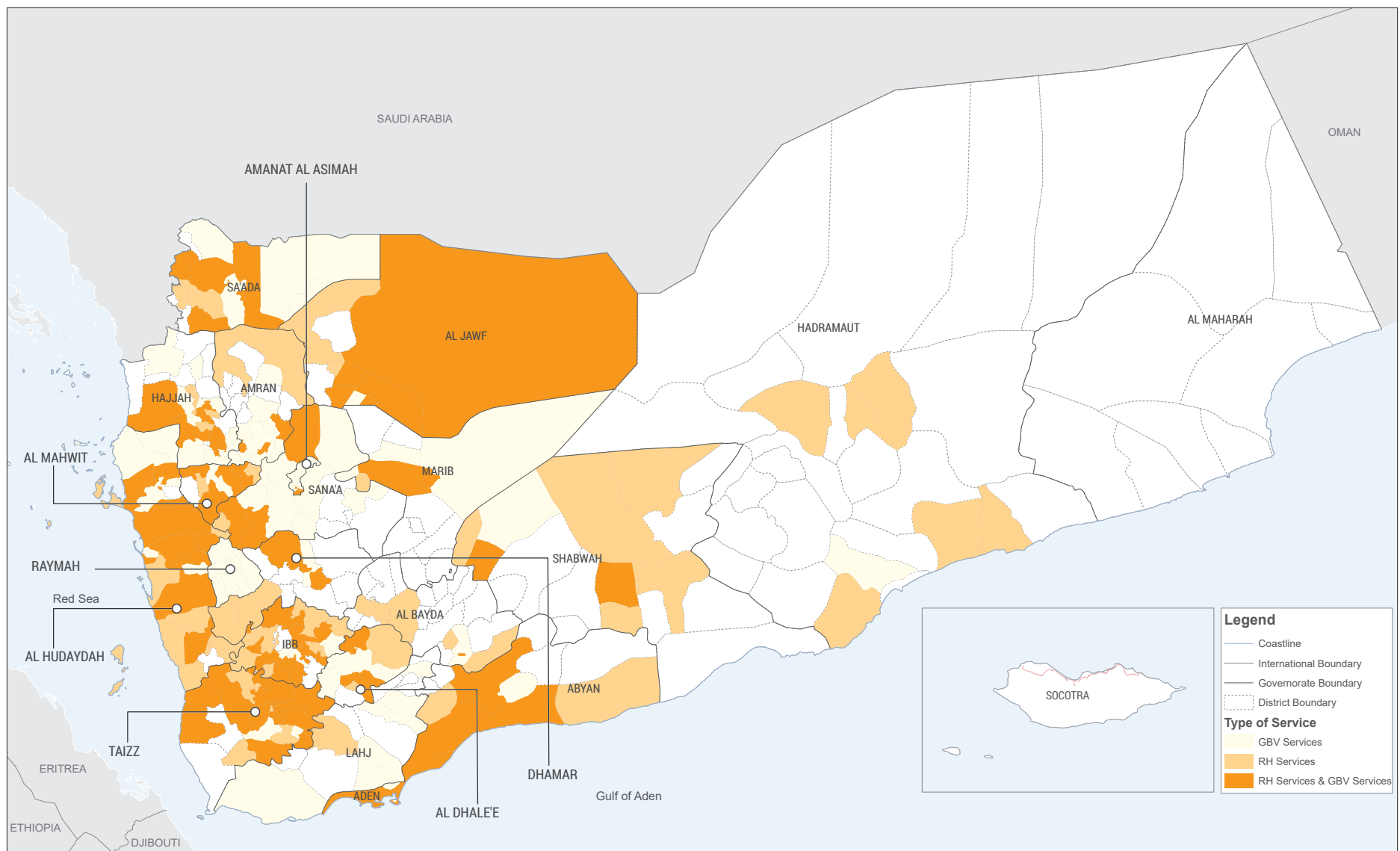
In 2021, in response to the pandemic, UNFPA ensured the continuity of essential reproductive health and women’s protection services through remote service modalities, expanding the services offered through hotlines, and continuing distributions of essential supplies to the most vulnerable women and girls.



GEOGRAPHICAL COVERAGE

UNFPA's interventions cover all 22 governorates in Yemen, with a team of 101 personnel (14 international and 87 national). Overall coordination is handled by UNFPA office in Sana'a. In other governorates, joint UN humanitarian hubs coordinate.

UNFPA has presence in all seven operational UN humanitarian hubs (Aden, Al Hudaydah, Al Mukalla, Ibb, Sa'ada and Sana'a) and Sana'a), an arrangement that relies on closely monitoring evolving needs to ensure a flexible and appropriate response to the changing demands of the humanitarian dynamic.



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 06/02/2020



Ibtisam*, 16

“Since I was young, I have been dreaming of becoming a doctor of obstetrics and gynaecology, having seen many girls dying during childbirth due to early marriages.

At 14, I was married to a cousin ten years older than me in a small ceremony. Displacement was the reason for my marriage. I left school, my friends and my family.

Within a month, I became pregnant. To my surprise my husband started to mistreat me. He began to doubt that the child was his and often hit my stomach in an attempt to end the pregnancy. I tried to communicate with my family in vain, until the day came when I could not bear the beating and bleeding and asked safe space I had heard about for protection.

There I received psychological support and health services. After weeks of receiving support, I improved a lot, and my mind was busy with the child who would be born.

The safe space also had a vocational training programme – I learned tailoring for three months so I could support myself and eventually became a trainer to teach other women.

I did not expect for my country to still have a human side; things just seemed hopeless. But the help I received and the people who stood by my side to help me overcome my ordeal reversed my view. With help from a lawyer provided by the safe space, I was granted a divorce and monthly child support. When my father lost his job as a teacher, I became head of the household as the only person in the family earning an income.”

Interviewed at a UNFPA-supported women and girls safe space in Taizz.

**Name changed for privacy and protection*



Saba, 29

“I have been married for nine years and lost two earlier pregnancies. There is no hospital or pharmacy and barely any clean drinking water in our village.

With the help of a midwife who diagnosed my condition and gave me maternal medicines, I have been able to maintain this pregnancy.

At seven months, I was in extreme fatigue. I tried more than once to go to the hospital, which is more than 25 kilometres away, but we could not afford the transportation costs. Towards the end of my pregnancy I started suffering from bleeding and severe pain. What I was most afraid of was that many women in my village lost their lives or their newborns without health care or on the way to the nearest hospital.

My husband, Saeed, asked everyone in the village who owned a car to borrow it to take me to the hospital. None of them were able to help me because of the severe shortage of fuel. He went to the black market with all his savings and bought two gallons of gasoline at a very exorbitant price: each gallon cost more than 70 dollars.

At Al-Khabt Hospital, I was immediately taken from the emergency room to the operating room. My husband took the doctor aside to explain to her that we didn’t have any money, he was assured that everything – the Caesarean section, treatment, medicines – was free.

I was blessed with a healthy baby boy. It was my first time receiving obstetric care services. I wish it was available before, and I wish all the women from my village can access these services and that these services continue.”

Interviewed at a UNFPA-supported health facility in Al Mahawit.



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WHAT IF..... WE FAIL TO RESPOND?

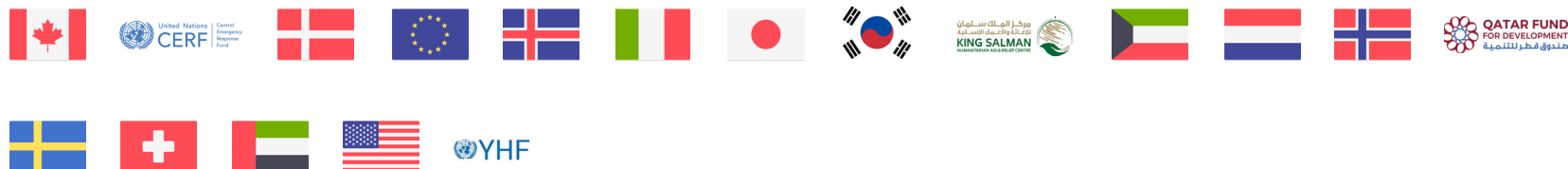


- More than 4,000 maternal deaths from among 195,000 women at risk of developing complications during childbirth.
- Total collapse of reproductive health facilities, when only 1 in 5 of the functioning health facilities provide maternal and child health services across the country.
- Lives of hundreds of thousands of women and girls at risk from different forms of violence.
- Grave threats to the basic rights of millions of Yemenis without support or access to food, water, health services, medication and protection.



**THANK
YOU**

UNFPA is grateful for the invaluable support of the following donors for its response to the crisis in Yemen since 2015 (in alphabetical order):



FOR MORE INFORMATION PLEASE CONTACT:

Nestor Owomuhangi
UNFPA Representative to Yemen
Email: owomuhangi@unfpa.org
Tel: +967712224147

Lankani Sikurajapathy
Communication Specialist
Email: sikurajapathy@unfpa.org
Tel: +94773411614



ONE VISION THREE ZEROS

ZERO *unmet need for family planning*

ZERO *preventable maternal deaths*

ZERO *gender-based violence and harmful practices*

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