The humanitarian crisis in Yemen remains the worst in the world; driven by five years of conflict and political instability. Humanitarian conditions continue to deteriorate, including internal displacement, famine, outbreaks of cholera and COVID-19. An estimated 24.1 million people – over 80 per cent of the population – are in need of some form of assistance, including 14.4 million who are in acute need.

COVID-19 continued to spread across the country in September. By 26 September, 2,034 confirmed cases of COVID-19 had been reported in Yemen, including 588 deaths and 1,262 recoveries, since the first case was reported on 10 April 2020. While the number of reported cases has continued to slow, health professionals remain concerned on the actual extent of COVID-19 in Yemen for reasons that include lack of testing facilities and official reporting. UNFPA remains a frontline partner to the COVID-19 response, ensuring the protection of health workers and women and girls accessing reproductive health services.

The uptick in fighting in and around Marib continued into September leading to an influx of internally displaced persons. Initial reports estimate more than 3,000 households (18,000 individuals) have been displaced since the beginning of September 2020 alone. The UNFPA-led Rapid Response Mechanism is distributing emergency relief within 48 to 72 hours of displacement. More than 3,000 kits were distributed during September, while mobile teams provided reproductive health and protection services in and around Marib.

Lack of funding is crippling the UN’s humanitarian operation in Yemen. Fifteen of 41 major humanitarian programmes have already been reduced or shut down; with only 37.8 per cent received of the $3.23 billion required for the Yemen Humanitarian Response Plan in 2020. UNFPA’s appeal for $100.5 million in 2020 received only 63 per cent by end September. Seventy per cent of UNFPA’s life-saving reproductive health programme remains suspended due to the lack of funding, while fifty percent of UNFPA’s women’s protection programme will be suspended by October. This would result in more than 2 million women and girls losing access to reproductive health and protection services. To keep reaching the most vulnerable women and girls up to the end of the year, UNFPA requires $37.3 million with an additional $20 million to respond to the COVID-19 pandemic.

By September, UNFPA’s response has reached over 1.6 million women and girls with life-saving reproductive health and protection information and services, with support to 61 health facilities, 51 safe spaces, 8 shelters and 6 specialized mental health centres.
Yamen, a 30 year old woman from Al Dhale Governorate, found herself alone with six children when her husband died. “Once my husband died, there was nobody to provide for the family. The whole responsibility fell on me. The conflict had already made living conditions difficult. I could not pay the house rent or provide the basic necessities for my children,” Yamen told UNFPA.

As a widow and now the head of the household, Yamen also had to suffer verbal and psychological abuse from her community. But Yamen’s life changed when she joined a UNFPA-supported safe space and learned new skills that helped her to stand on her two feet. Yamen trained in sewing and was granted cash assistance, from which she started a sewing project at home. She also received psychological sessions that helped to build her self-confidence. “Joining the safe space gave me renewed hope. Now I can educate my children and live with dignity,” she said.

Yamen’s house was damaged by the recent floods. Yet, Yamen doubled her work on the sewing machine and she was able to revamp her house. “The key to success is to have determination and the passion to learn. Then you can start over anytime.” said Yamen with pride.

Safe spaces provide renewed hope for women

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Safe spaces offer critical services for women and girls amid the conflict, pandemic and economic devastation seen in Yemen today. These spaces serve some of the most vulnerable, including displaced women and girls. Today, 51 safe spaces are currently operational, working with funding from Canada, Denmark, Iceland, Japan, Netherlands, Norway, Sweden and Switzerland.
CORONAVIRUS (COVID-19) RESPONSE

UNFPA is among the frontline responders, working closely with the Ministry of Public Health and Population and the World Health Organization; helping to mitigate the spread of the disease, while prioritizing to sustaining current humanitarian operations. Main areas of support include:

REPRODUCTIVE HEALTH

- This month, 562 reproductive health kits were distributed to 32 health facilities in southern governorates of Yemen to continue provision of reproductive health services, including in COVID-19 dedicated hospitals.
- In September, 2,000 PPE items were distributed across 13 health facilities. Over 200 health facilities have been provided with PPE to date.
- Training for 53 health workers (mostly midwives) was conducted on infection prevention control and response mechanisms to provide reproductive health services during the pandemic.
- UNFPA has availed its 40 ventilators for the humanitarian response to the pandemic and another 40 ventilators have been shipped into the country.
- A national manual/guidelines has been developed for healthcare providers for the provision of reproductive health services under COVID-19 in partnership with the Ministry of Health and UN agencies.
- Provision of reproductive health services in all UNFPA-supported health facilities across the country continue, including in facilities where COVID-19 cases have been isolated.

WOMEN’S PROTECTION

While the physical provision of women’s protection services through women and girls safe spaces, shelters and mobile teams has been scaled down to mitigate the transmission of COVID-19, awareness raising and other activities for the prevention of COVID-19 are in progress. These include:

- Operation of 18 hotlines that provide telecounseling of women’s protection services and information on COVID-19 prevention.
- Awareness campaigns and large-scale distribution of information on protection and prevention of COVID-19, including in IDP camps continue.
- Public service announcements on prominent locations to increase public understanding on COVID-19 prevention measures continued in September.
- Survivors of violence are being trained on production of cotton face masks and hand sanitizers, which are being distributed free-of-charge among displaced persons and within communities. More than 50,000 masks have been produced and distributed.
- Critical services such as specialized psychological care centres and shelters continue running, with distancing measures in place.

RAPID RESPONSE MECHANISM

- The UNFPA-led Rapid Response Mechanism in partnership with UNICEF and WFP raise awareness on the risks of COVID-19 during verification, registration and distribution stages of the response. COVID-19 prevention and mitigation measures are adhered to during distribution of rapid response kits.

FUNDING REQUIREMENT

As of end September, UNFPA, is appealing for USD $20 million to respond to COVID-19 in Yemen as part of UNFPA’s global appeal to respond to the disease.

NUMBER OF CASES

2,034 cases of COVID-19 and 588 deaths were reported by 26 September 2020.
Since June 2018, RRM kits were delivered to 414,026 families (over 2.5 million individuals).

211,859 RRM kits distributed through the Al Hudaydah humanitarian hub from June 2018 to Sept. 2020.

72,926 RRM kits distributed through the Aden humanitarian hub from June 2018 to Sept. 2020.

77,713 RRM kits distributed through Sana’a humanitarian hub from June 2018 to Sept. 2020.

22,316 RRM kits distributed through the Ibb humanitarian hub from June 2018 to Sept. 2020.

29,210 RRM kits distributed through the Sa’ada humanitarian hub from June 2018 to Sept. 2020.

**HIGHLIGHTS FROM JUNE 2018 TO SEPTEMBER 2020**

Distribution of rapid response kits in Sana'a, Al Hudaydah and Sa'ada Governorates.

The RRM is operational country-wide. The map indicates RRM distribution by governorate and volume of distribution in Aug. 2020.

**Donors to the RRM:** European Union Civil Protection and Humanitarian Aid (ECHO), Humanitarian Pooled Funds
HIGHLIGHTS OF OVERALL RESPONSE JAN. - SEPT. 2020

PEOPLE REACHED

<table>
<thead>
<tr>
<th>Description</th>
<th>NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of people reached with reproductive health services</td>
<td>771,694</td>
</tr>
<tr>
<td>No. of safe deliveries supported</td>
<td>110,687</td>
</tr>
<tr>
<td>No. of cesarean sections supported</td>
<td>22,715</td>
</tr>
<tr>
<td>Individuals reached with Family Planning services</td>
<td>223,944</td>
</tr>
<tr>
<td>Dignity kits distributed</td>
<td>63,412</td>
</tr>
<tr>
<td>Individuals reached through the Rapid Response Mechanism</td>
<td>408,252</td>
</tr>
<tr>
<td>No. of women reached with protection information &amp; services</td>
<td>904,188</td>
</tr>
<tr>
<td>No. of health facilities supported with reproductive health services</td>
<td>61</td>
</tr>
<tr>
<td>No. of safe spaces supported</td>
<td>51</td>
</tr>
<tr>
<td>No. of women shelters supported</td>
<td>8</td>
</tr>
<tr>
<td>No. of supported specialized psychological care centres</td>
<td>6</td>
</tr>
<tr>
<td>No. of mobile protection teams in collective sites</td>
<td>88</td>
</tr>
</tbody>
</table>

2020 HUMANITARIAN RESPONSE PLAN FUNDING STATUS (US$)

$100.5 M REQUIRED
$63.2 M FUNDED
$37.3 M FUNDING GAP

2020 Donors (alphabetical order): Canada, European Union Humanitarian Aid, Denmark, Iceland, Japan, Netherlands, Norway, Saudi Arabia, Sweden, Switzerland, United Arab Emirates, UNICEF, WHO, Yemen Humanitarian Pooled Fund

IN THE NEWS

Against the odds, delivering mental health support in Yemen
Read more...

Flash Update #05 Escalation and Response in Marib
Read more...

Colouring life of an obstetric fistula survivor in Yemen
Watch...

KEY CHALLENGES

- A non-permissive operating environment with limited humanitarian access and shrinking humanitarian space.
- Limited funding available for the continued provision of humanitarian services up to the end of the year.
- Lack of national resources for the provision of basic social services.
- Lack of health workers in severely conflict-affected areas.
- Increasing restrictions imposed on implementing partners to undertake humanitarian operations in conflict-affected areas.
- Delays in transportation of supplies due to bureaucratic impediments.