



# UNFPA HUMANITARIAN RESPONSE IN YEMEN 2018

United Nations Population Fund

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*Ensuring reproductive rights for all*

Cover photo: UNFPA Yemen

# IMPACT ON WOMEN AND GIRLS

Yemeni civilians have been bearing the brunt of a conflict that led to the collapse of the economy and social services, and to the severe disruption of livelihoods in the three years since its escalation, making Yemen the largest humanitarian crisis in the world.

An estimated 22.2 million people – over three fourths of the population – are in need of some kind of assistance or protection, including 11.3 million who are in acute need – an increase of more than one million people since June 2017. Two in three people do not know where their next meal will come from.

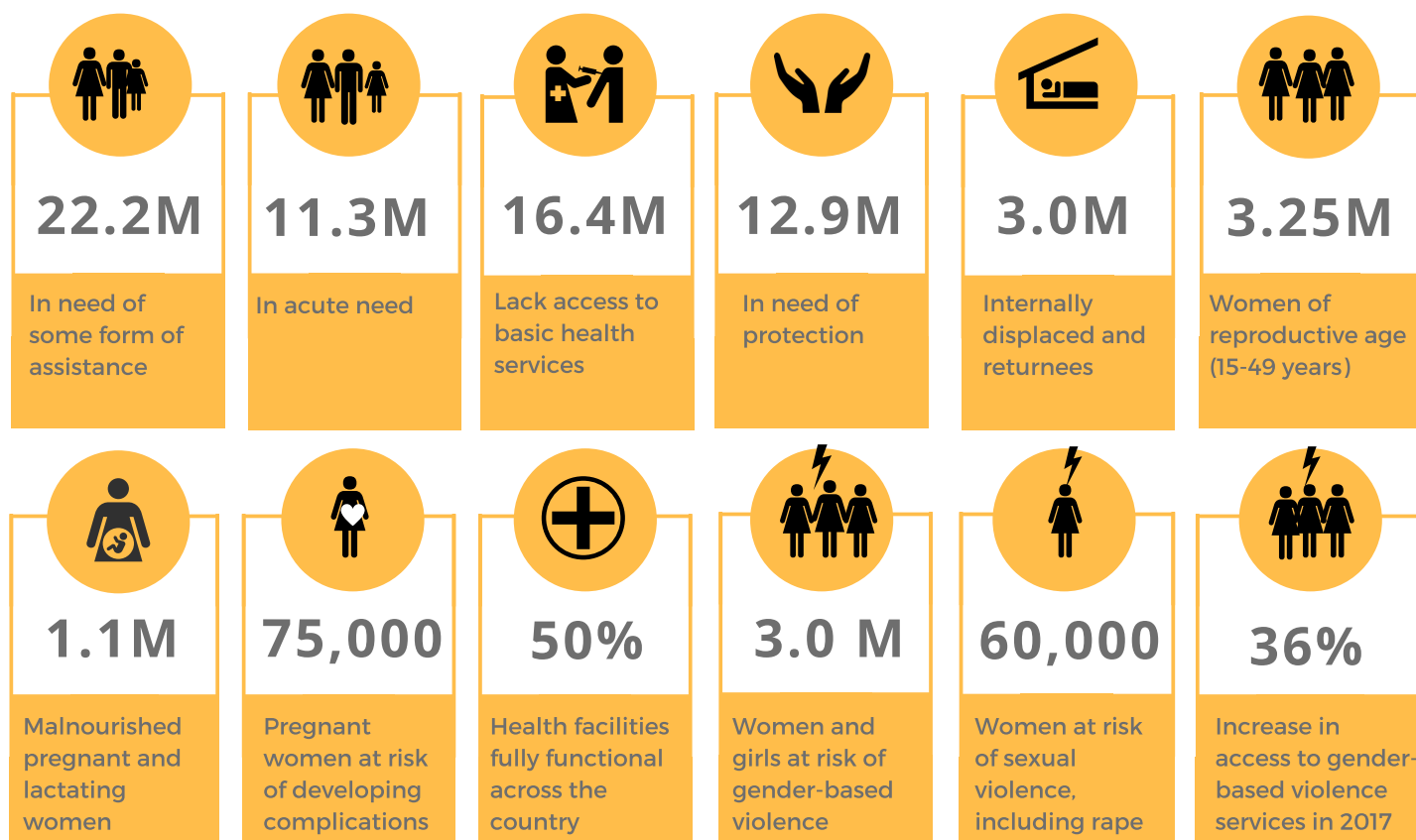
The coping mechanisms of Yemenis are stretched to their limit. Women and children make up 76 percent of those displaced and are paying the heaviest price, as in most humanitarian crises.

There are an estimated three million women and girls of childbearing age who need support. Rising food shortages have left an estimated 1.1 million pregnant women malnourished, and threaten the lives of 75,000 women who are likely to develop complications during childbirth, including risks of stunted growth of their newborns.

In a country with one of the highest maternal mortality ratios in the Arab region, the lack of food, poor nutrition and the eroding healthcare, worsened by epidemics such as cholera and diphtheria, can mean an increase in premature or low-birth weight babies and severe postpartum bleeding. The process of giving birth thus becomes more life threatening.

As a result of the precarious security situation and the difficulty of access across the country, reproductive health personnel, commodities and services in health facilities have become much more scarce and difficult for women and girls to reach.

The escalation of the conflict and the ensuing humanitarian repercussions have further weakened the position of women and girls in Yemeni society, leading to a near erosion of their protection mechanisms and increasing their vulnerability to violence and abuse. An estimated three million women and girls are at risk of gender-based violence (GBV), with an increase in women seeking GBV services by 36 percent in 2017. Rates of child marriage have also jumped from 52 percent of Yemeni girls marrying under the age of 18 in 2016 to nearly 66 percent in 2017.



# VOICES OF WOMEN AND GIRLS



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## Suad, 15 years old

"I am making a wedding dress for this doll, but I hope to never have to wear a wedding dress again.

"I was married when I was 14 years old to a man in his seventies. He has made my life a living hell. I have only one dream: to complete my education," tells Suad.



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## Amana, 25 years old

Amana's second child was born with severe disabilities and died immediately.

"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.

"I was malnourished and lacked vitamins and folic acid for a healthy pregnancy," says Amana. "Our living conditions are very difficult and it is only getting worse," she added.

## Balqis, 35 years old, midwife

"Because of the conflict, I do not receive a salary anymore. I work mostly for free now or provide consultations over the phone."

I offer midwifery services at homes because I have no clinic and my house was damaged," said Balqis, a UNFPA-trained midwife.



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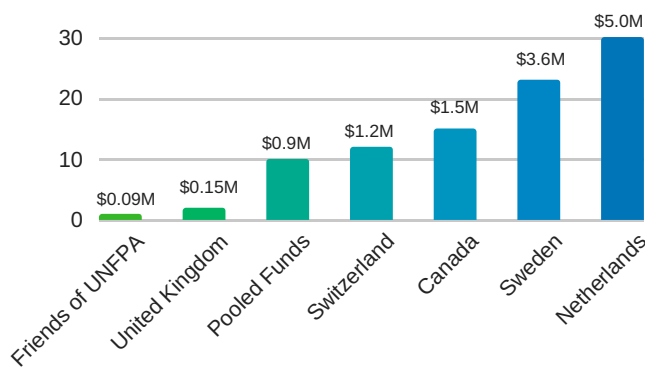
# 2017 MAIN ACHIEVEMENTS

In response to the humanitarian crisis in Yemen, UNFPA has been striving to meet the urgent health needs of women and girls, with a focus on reproductive health, including life-saving services to pregnant women. UNFPA has also stepped up its protection and assistance services to women and girls who face gender-based violence. In cooperation with local authorities, non-governmental organizations and UN agencies across the country, UNFPA managed to provide more than 2.5 million people with sexual and reproductive health services, and services that prevent and respond to gender-based violence in 2017. UNFPA has therefore reached an additional of 1.5 million people than in 2016, as a result of increased donor funds, decentralization of UNFPA's response and increased presence in different provinces and districts.

## 2017 Overview of impact

- 140,277 people received reproductive health services
- 1,213,258 people benefited from family planning services
- 78,495 people reached through mobile clinics
- 130,000 people benefited from reproductive health kits at health centers
- 7,181 survivors of gender-based violence received services
- 72,846 benefited from dignity kits that included basic hygiene items
- 1,053,636 benefited from counselling on gender-based violence

## 2017 Donor contributions



Donors whose contributions in 2016 were rolled over to 2017 include (in order of contributions): Netherlands, Saudi Arabia, United States of America, CERF, Country-based Pooled Funds and Japan

# 2.5M

More than 2.5 million people received life-saving services

# 13M

Nearly US\$13 million received from donor contributions



Highlights of our work: clockwise photos: Reproductive health kits being used in remote areas, counselling sessions on gender-based violence in villages, 'mama kits' distributed at maternity wards and emergency obstetric care equipment in health facilities. Photo credits: ©UNFPA YEMEN

# TRANSFORMING LIVES



## Eshan, 18 years old

"I did not go to school, I was married a year ago and I am now expecting my first child. We do not have a gynecologist in our village. 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.

I heard about this mobile health service from my neighbour. I come here regularly for check-ups and no longer don't have the fears about giving birth like I did before", says Eshan, after receiving ante-natal care through a UNFPA operated mobile clinic in Al Hudaydah.



## Ream, 15 years old

"I was 13 years old but I felt like I was a mother of five children. I was taking care of my five siblings. I tried to run away many times and commit suicide, but I was afraid to leave my siblings behind".

"I heard about this women's centre from a friend. They helped me pursue my education and find a job. I am looking after my siblings with that income, and my mum has finally come home. I hope my mother and father can be together again. There is nothing more precious than a stable home," says Ream.



## Hana'a, 35 years old

Hana'a and her family lost their home because they could no longer afford it during the conflict. In much desperation she visited a UNFPA-supported women's centre.

She received psychological support and skills to start her own business. Soon Hana'a had a flourishing business making tattoo materials, set up with cash assistance from UNFPA. She has even employed other women to support her. With this income she has also managed to rent a house for her family.

# 2018 STRATEGIC PRIORITIES FOR UNFPA

1. Strengthening health systems to provide emergency obstetric and neonatal care and other integrated reproductive health services to reduce maternal mortality and morbidity;

2. Strengthening mechanisms to prevent and respond to gender-based violence, including the engagement of men and boys as agents of change;

3. Specifically address the reproductive health and protection needs that result from the most recent escalations, including famine and emerging health epidemics.

**\$24M**

2018 Total Funding Requirement

**2.8M**

Targeted Population

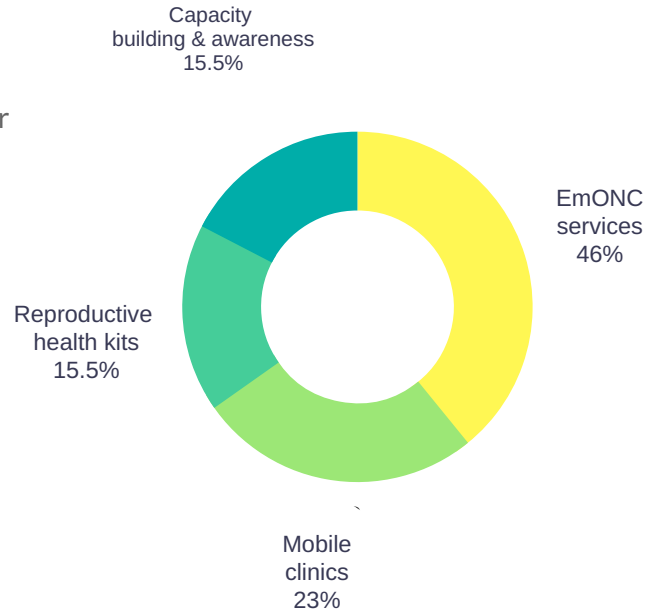


# UNFPA'S HUMANITARIAN RESPONSE: STRATEGIC PRIORITIES

## REPRODUCTIVE HEALTH

- Availability of life-saving reproductive health medicines, supplies and equipment in health facilities;
- 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;
- Reproductive health kits available in medical structures, providing them with basic medical and surgical supplies;
- Availability of birth spacing methods accessible to people in health facilities and mobile clinics;
- Availability of skilled health providers, particularly midwives, at the community level;
- Establishment of a reproductive health information management system;
- Coordination of reproductive health (RH) response through the RH Inter-Agency Working Group under the health cluster.

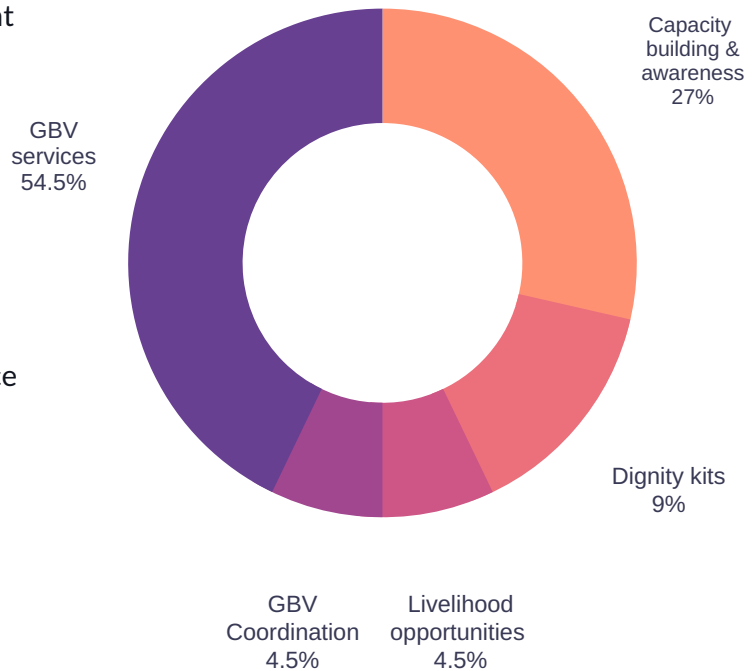
## 2018 Requirements: \$13M



## GENDER-BASED VIOLENCE PREVENTION AND RESPONSE

- Provide medical supplies including post-rape treatment kits for survivors of gender-based violence;
- Provide clinical management of rape and treatment of sexually transmitted infections;
- Respond to gender-based violence through the provision of psycho-social support, legal aid, access to safe houses and referrals to health and other services;
- Distribute dignity kits, containing menstrual and personal hygiene items;
- Engage men and boys to address gender-based violence at the level of the community;
- Strengthen gender-based violence Information and Management System;
- Strengthen the community's awareness on issues related to gender-based violence, and the available services;
- Establish referral pathways, protocols and improve capacities of all those who provide services;
- Support services and livelihoods opportunities for survivors of gender-based violence;
- Lead coordination of gender-based violence response through the gender-based violence sub-cluster within the UN in the country.

## 2018 Requirements: \$11M



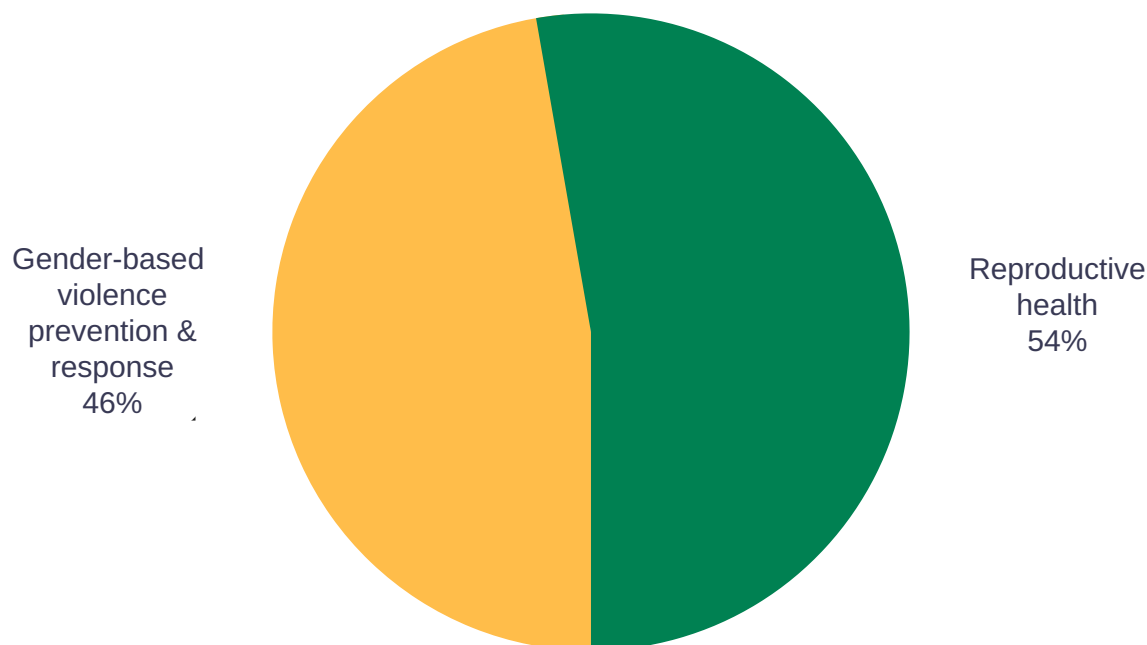
# 2018 FUNDING REQUIREMENTS: OVERVIEW

**\$24 M**  
**REQUIRED**

**\$14 M**  
**FUNDED**

**\$10 M\***  
**FUNDING GAP**

**\$11 FOR EVERY AFFECTED WOMAN AND GIRL**



## 2018 Requirements by Programme Area\*\*

## 2018 Targeted Direct Beneficiaries

PROGRAMME AREA	USD
<b>Reproductive Health</b>	
Emergency obstetric care	6,000,000
Reproductive health kits	2,000,000
Mobile teams and clinics	3,000,000
Capacity building & awareness raising	2,000,000
<b>Sub-total</b>	<b>13,000,000</b>
<b>Gender-based Violence</b>	
GBV service provision	6,000,000
Capacity building & awareness raising	3,000,000
Dignity kits	1,000,000
Livelihood opportunities	500,000
GBV coordination	500,000
<b>Sub-total</b>	<b>11,000,000</b>
<b>Total</b>	<b>24,000,000</b>

PROGRAMME AREA	NO.
<b>Reproductive Health</b>	
Female	900,000
Male	300,000
<b>Gender-based Violence</b>	
Female	1,000,000
Male	600,000
<b>Total</b>	<b>2,800,000</b>

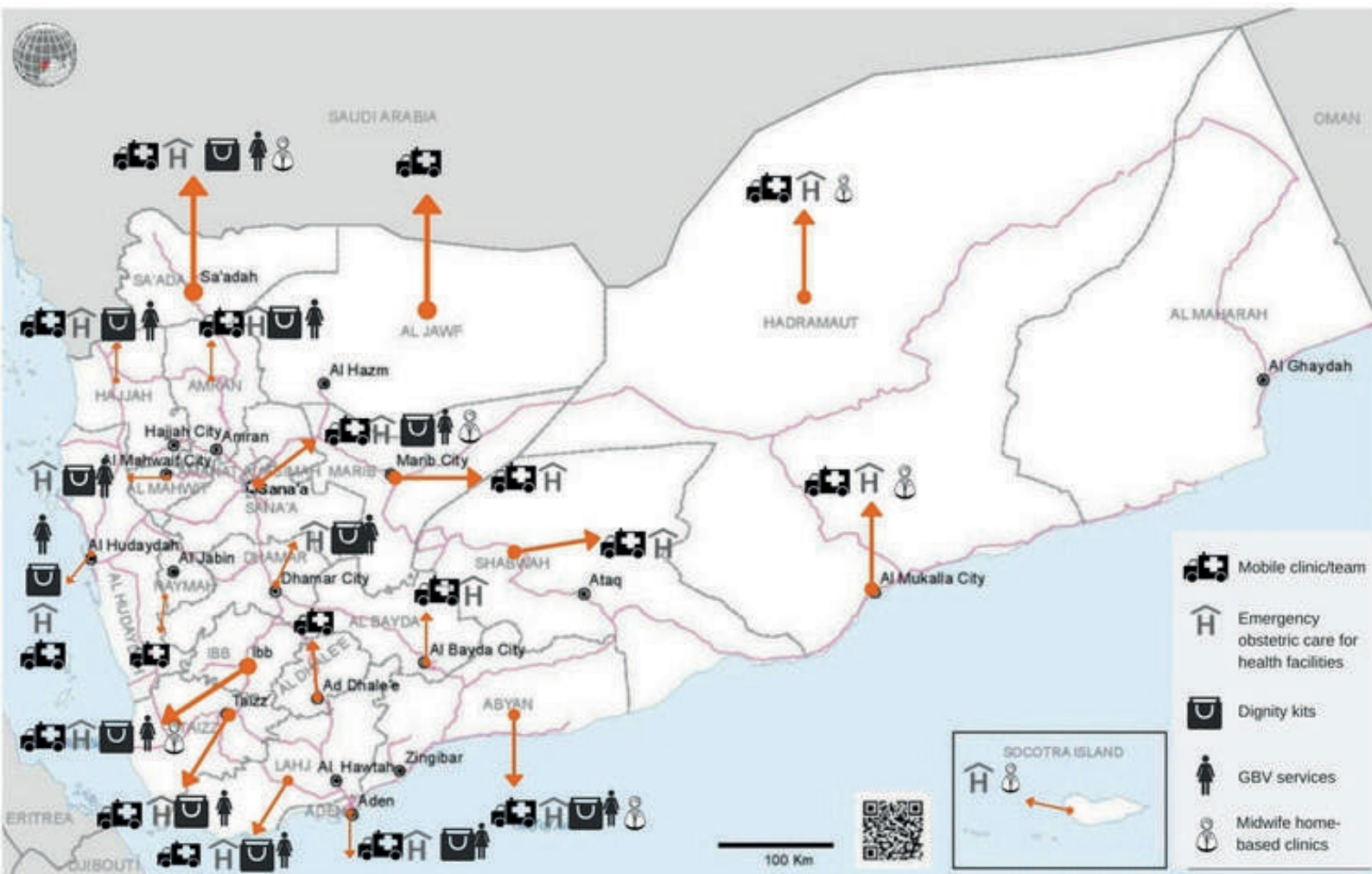
\* Funding gap as of February 2018.

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

# GEOGRAPHICAL COVERAGE

UNFPA's interventions cover 21 of the 22 governorates in Yemen, with a team of 31 staff members (six international and 25 national). The overall coordination happens at UNFPA's office in Sanaa, and in other provinces the joint UN humanitarian hubs.

UNFPA is currently present in all five operational UN humanitarian hubs (Aden, Al Hudaydah, Ibb, Sa'ada and Sana'a), where close monitoring of the evolving needs lead to the regular adapting of the humanitarian response.





## WHAT IF... WE FAIL TO RESPOND...

- At least 1,000 maternal deaths among an estimated 75,000 women at risk of developing complications during childbirth;
- Total collapse in reproductive health facilities, with only one third of all reproductive health facilities currently functioning in the country;
- Lives of an estimated 65,000 women and girls at risk from sexual violence, including rape;
- Grave threats to the basic rights for millions of Yemenis with no support or access to food, water, health services, medication and protection.



UNFPA is grateful for the valued support of the following donors for our response to the crisis in Yemen (in alphabetical order): Canada, Central Emergency Response Fund (CERF), Country-based Pooled Funds (multiple donors), Friends of UNFPA, Japan, Netherlands, Saudi Arabia, Sweden, Switzerland, United Kingdom, and United States of America

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