

A photograph of a woman wearing a colorful patterned headscarf and a matching face covering, looking directly at the camera. A young child with curly hair is visible in the background, looking slightly to the side.

2021

UNFPA 
**HUMANITARIAN
RESPONSE IN YEMEN**

FEBRUARY 2021



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Cover image: Displaced woman and child at a displacement camp in Aden, Yemen

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UNFPA HUMANITARIAN RESPONSE IN YEMEN 2021

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A photograph of a woman wearing a black niqab, with only her eyes visible through a narrow slit. She is holding a young child with dark hair and a purple patterned top. The background is a blurred wall with some text in Arabic. The overall tone is somber and highlights the humanitarian crisis in Yemen.

WOMEN AND GIRLS PAYING THE HEAVIEST PRICE

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Yemen remains the world's largest humanitarian crisis and aid operation. Six years of escalating conflict, economic collapse, disease, natural disasters and the breakdown of public institutions and services have left millions of Yemenis hungry, ill and destitute. Now, COVID-19 poses an additional threat to their lives. A staggering 20.7 million people, 66 percent of the population, require some form of humanitarian assistance in 2021.

Women and girls are acutely vulnerable. An estimated 73 percent of the over 4 million people displaced in Yemen are women and children, while approximately 30 per cent of displaced households are now headed by women, compared to 9 per cent before the escalation of the conflict in 2015.

An estimated 5 million women and girls of childbearing age, and 1.7 million pregnant and breastfeeding women, have limited or no access to reproductive health services, including antenatal care, safe delivery, post-natal care, family planning, and emergency obstetric and newborn care. One Yemeni woman dies every two hours during childbirth, from causes that are almost entirely preventable. Over 1 million pregnant and breastfeeding women are projected to suffer from acute malnutrition sometime in the course of 2021. They risk giving birth to newborns with severe stunted growth as a result of rising food insecurity.

Only half of all health facilities remain functional. The pandemic has aggravated the situation, with roughly 15 per cent of the functioning health system re-purposed for COVID-19. Only 20 per cent of functioning health facilities provide maternal and child health services due to lack of essential medicines, supplies and specialized staff. There are only 10 health workers per 10,000 people – less than half the WHO minimum benchmark, and 67 out of the 333 districts in Yemen have no doctors.

Women and girls suffered disproportionately from gender-based violence, poverty and violations of basic rights even prior to the conflict. Now, they face rising risks and vulnerabilities. Reports of various forms of violence against women significantly increased during the COVID-19 lockdown.

The protection needs are even greater for women and girls who are displaced. With limited shelter options and a breakdown in

formal and informal protection mechanisms, women are adopting negative coping mechanisms to survive, including child marriage, human trafficking, begging and child labour, among others.

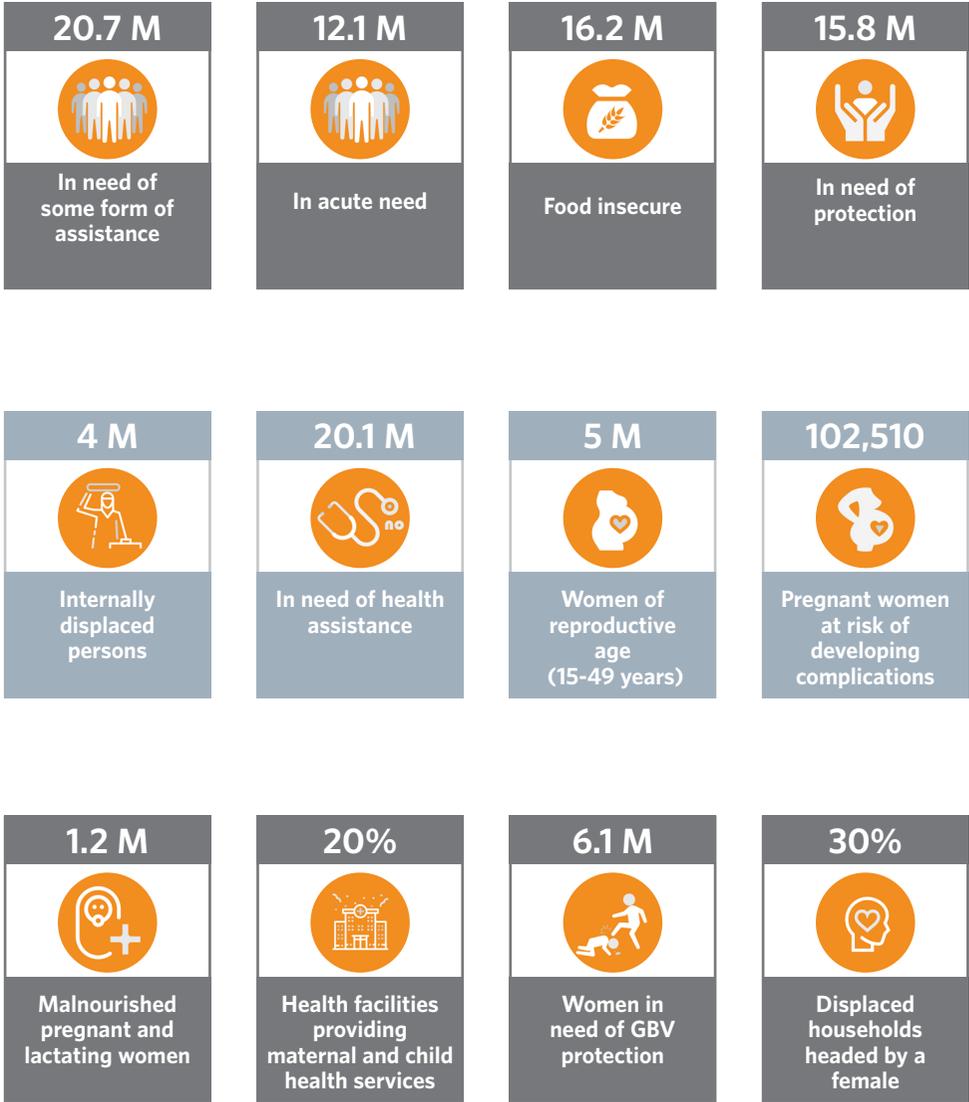
A UNFPA study across three governorates showed that rates of child marriage were highest among displaced populations; with 1 in 5 displaced girls aged 10 to 19 being married, compared to 1 in 8 girls in the host community. According to the same study, negative maternal health outcomes were also experienced by married girls, with 1 in 10 married girls losing their baby during childbirth. Women and girls with disabilities face even a greater risk of gender-based violence in the communities and available services are not equipped logistically to accommodate their needs.

Women are under increasing economic pressure, with many struggling to provide for their families, often with limited or no prior experience in income-generating activities.

The cumulative impact of years of conflict and persistent humanitarian needs have also taken a heavy toll on the mental health of Yemenis, particularly its women and girls. An estimated 1 in 5 people suffer from mental health disorders, according to a 2017 study. However, mental healthcare remains scarce in Yemen. Mental illness is highly stigmatized, and the proportion of psychiatrists per population is insufficient.



CRISIS IN NUMBERS



WOMEN AND GIRLS SPEAK OUT

”

RUBA*
28

“



My husband passed away from the war. When the fighting in our area escalated, I decided to leave our home in Al Hudaydah Governorate with my three children. I left behind the land, sheep, firewood, my sewing machine and everything I owned. I became a widow, a breadwinner and a displaced person.

Now, I live with my three children in a small shop in Raymah Governorate. Living conditions are very difficult. One of my children has a mental health condition and needs medication. When I arrived here, I had almost no money to feed my children. I was desperate for help. Women in the area referred me to a safe space.

I joined the safe space in order to find a source of income so I can look after my children.

Interviewed at a UNFPA-supported women's and girls safe space in Raymah .

** Name changed for protection and privacy.*

”

SAMIRA
32

“



Our work and priorities have dramatically changed since COVID-19 struck Yemen.

I work in a hospital that is designated to receive cases of COVID-19. The focus now is solely on gearing up the hospital to treat such cases. As health workers, we are going to be the first victims. I am the breadwinner of the family. Our financial situation is difficult. Would my children and my elderly mother contract the virus from me? How could they survive without me? These fears cross my mind daily.

Then I think about the people in my neighbourhood, the pregnant women who may face complications during childbirth and need my services. As a midwife, I have a duty to save lives, protect patients and maintain the cohesion of the health system. So I am putting my duty above everything else.

Interviewed at a UNFPA-supported health facility in Hajjah.

”

AMAL*
13

“



My father beat me relentlessly. My father had many financial difficulties because of the war. He released all his troubles by torturing me.

I endured unbearable pain, until one day I saw my father digging a grave. This is when I decided to run away from home. I lived under a fig tree for almost 10 days. Good-hearted passers-by gave me food. They were the same people that took me to the nearest police station. From there, I was transferred to a shelter.

*Interviewed at a UNFPA-supported shelter in Ibb. * Name changed for protection and privacy.*

2021

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

2021 TOTAL
FUNDING
REQUIREMENT

4.2 M

TARGETED
POPULATION



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2021 FUNDING REQUIREMENT OVERVIEW

\$100 M

REQUIRED

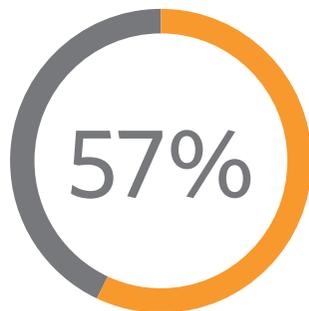
\$13.5 M*

FUNDED

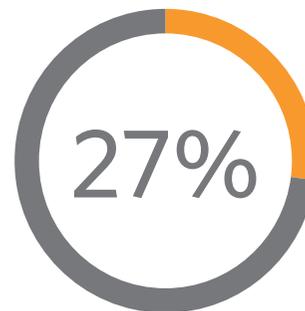
\$86.5 M

FUNDING GAP

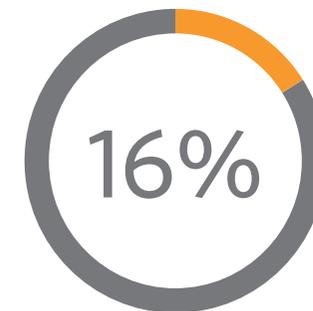
DISTRIBUTION OF REQUIRED FUNDS BY PROGRAMME AREA



Reproductive Health



Protection of Women and Girls



Rapid Response Mechanism

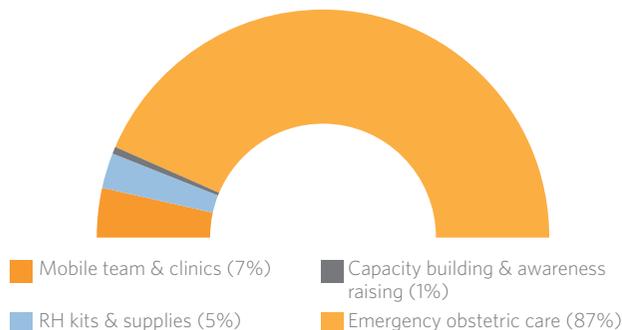
* Funded as of February 2021

2021 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.

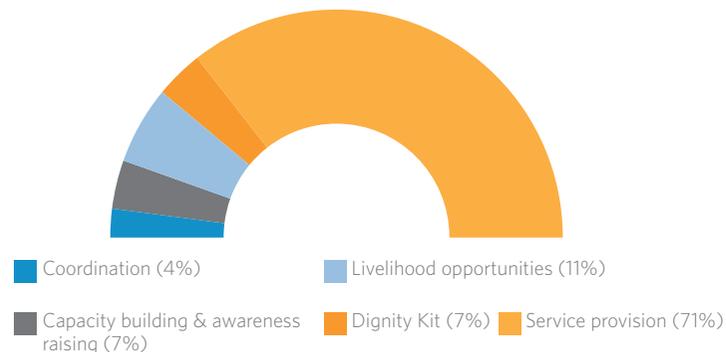
2021 Requirement: **\$56.5M**



PROTECTION OF WOMEN AND GIRLS

- Provide medical supplies including post-rape treatment kits for survivors of sexual violence.
- 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.

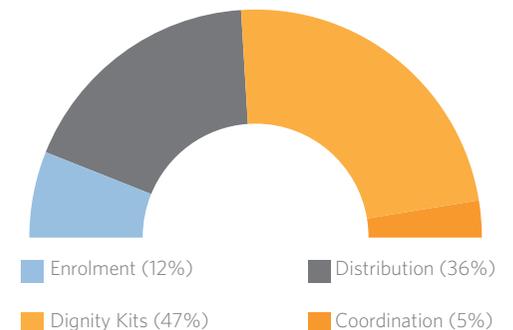
2021 Requirement: **\$27M**



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.

2021 Requirement: **\$16.5M**



2021 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

2021 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.



2020 MAIN ACHIEVEMENTS



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3 M

PEOPLE REACHED
WITH LIFESAVING
ASSISTANCE

155,231

SAFE DELIVERIES
ASSISTED

136,924

UNINTENDED
PREGNANCIES
AVERTED

27,428

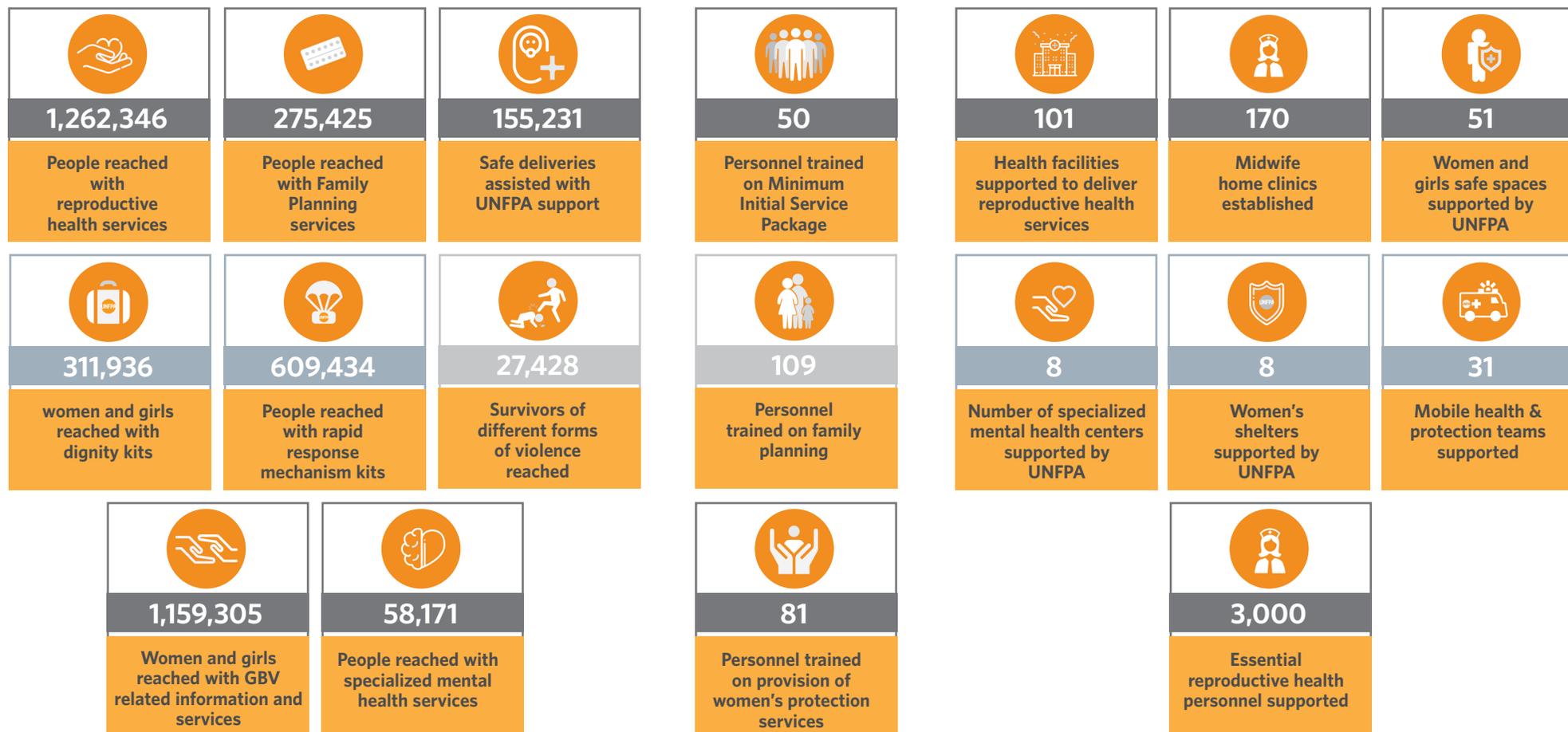
SURVIVORS OF
VIOLENCE
ASSISTED

2020 OVERVIEW OF HUMANITARIAN SUPPORT

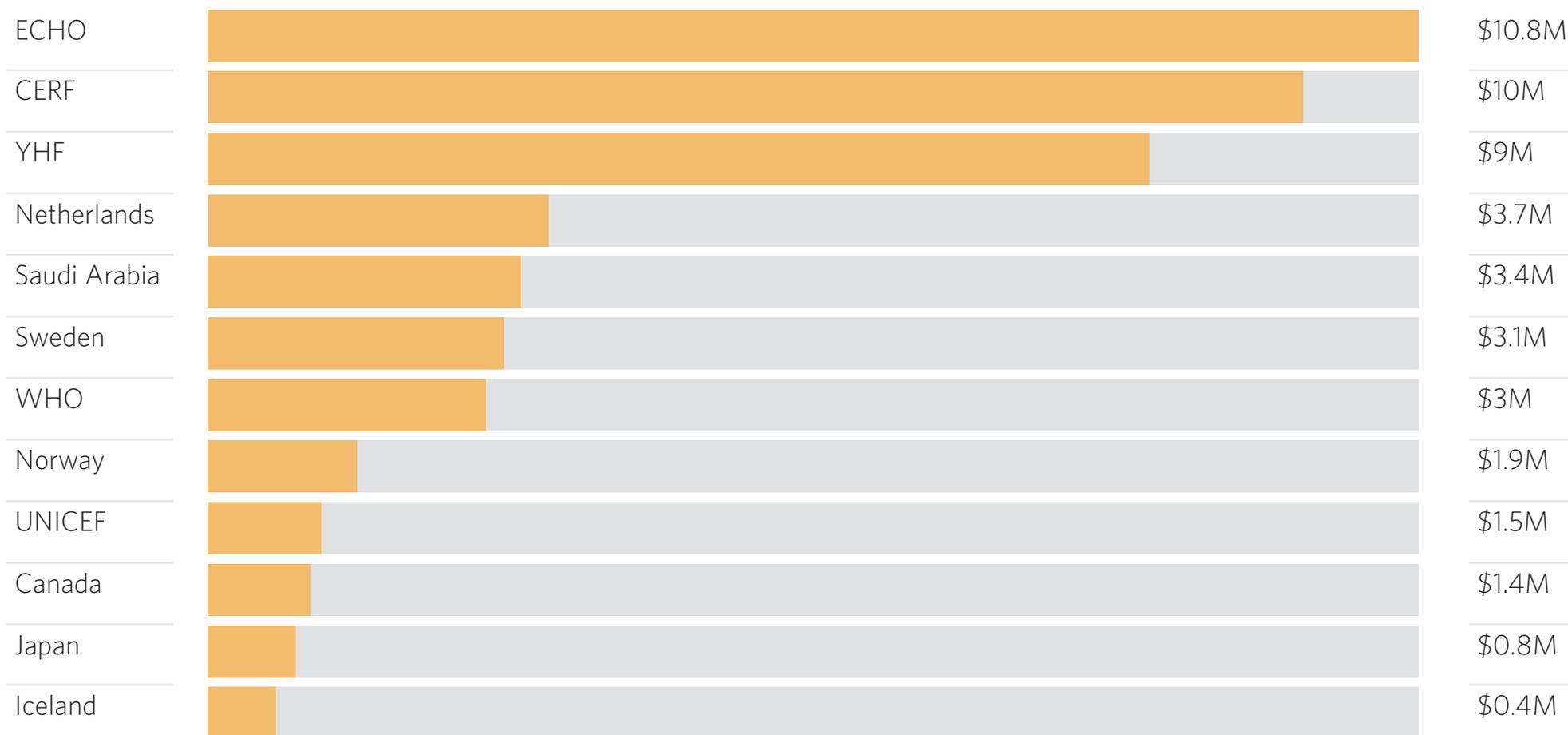
PEOPLE REACHED

CAPACITIES STRENGTHENED

SERVICES DELIVERED



2020 DONOR CONTRIBUTIONS*



*Includes new donor contributions in 2020 only.



COVID-19 RESPONSE

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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 will ensure 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.

1 M

PEOPLE REACHED
WITH PERSONAL
PROTECTIVE
EQUIPMENT

200

HEALTH FACILITIES
PROVIDED WITH
PERSONAL
PROTECTIVE
EQUIPMENT

300

HEALTH WORKERS
TRAINED ON PROVISION
OF REPRODUCTIVE
HEALTH SERVICES UNDER
COVID-19

40

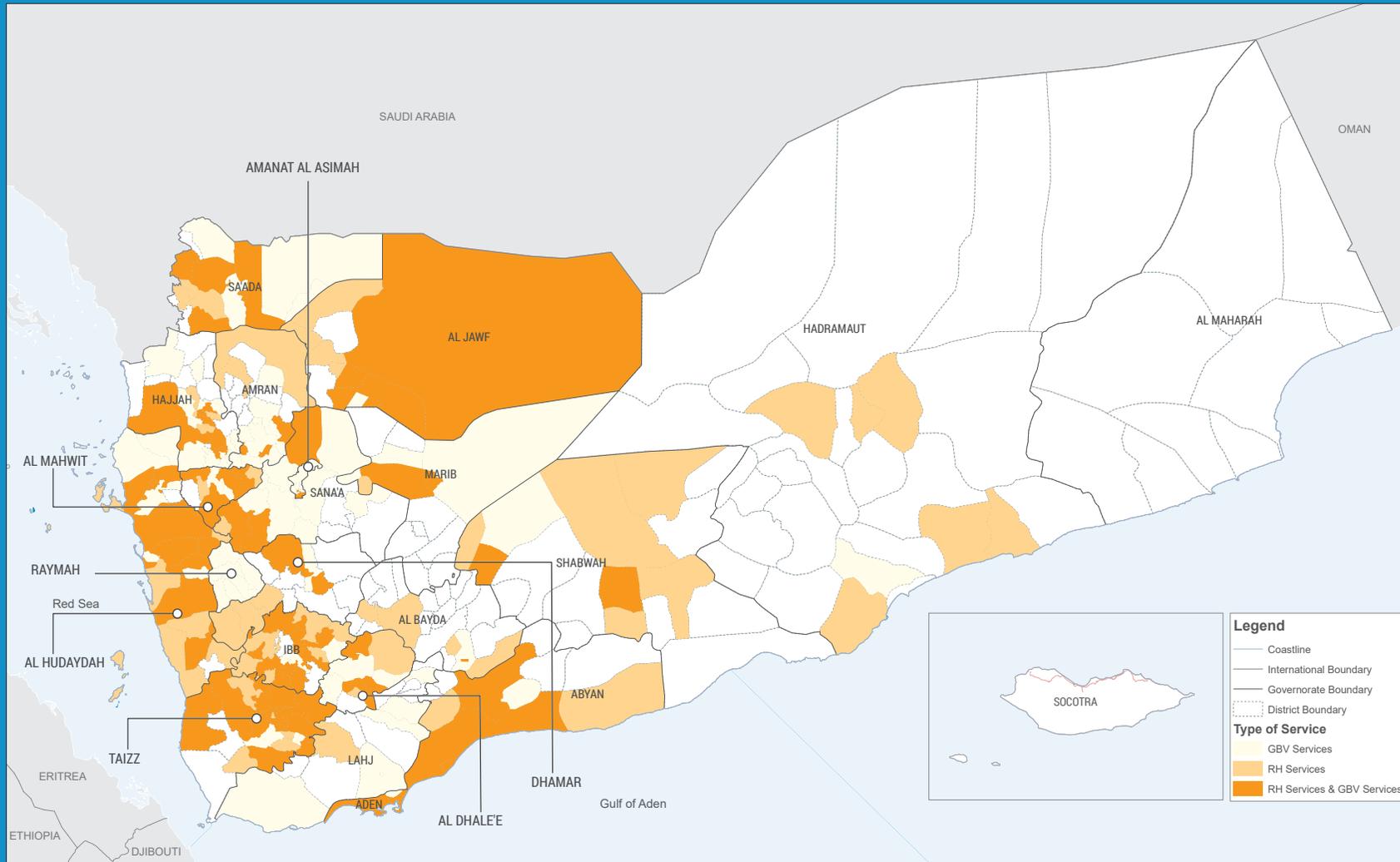
VENTILATORS AVAILED
TO THE PANDEMIC
RESPONSE

18

TELEPHONE HOTLINES
PROVIDING TELE
COUNSELING
SERVICES RESPONSE

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 six operational UN humanitarian hubs (Aden, Al Hudaydah, Al Mukalla, Ibb, Sa'ada 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

TRANSFORMING LIVES



SALWA, 35

My hardships began when I was married off at 12. My husband mistreated me for years, and then abandoned me, taking our daughter with him. I married twice more but the marriages all failed.

When the outbreak of COVID-19 led businesses to close their doors, my husband stopped working. Our debts accumulated. Then one day, he simply left. I had no income and no food.

Members of my community told me about a safe space that provides counselling and vocational courses for women and girls. I began receiving regular health and psychosocial services. I also attended training courses. And I discovered a talent for sewing.

Today, I work in a spinning and weaving factory, and also take on sewing projects at home. I make face masks to help prevent the spread of COVID-19. I produce 300 masks a week.

When I stitch, I imagine that I am stitching my torn life.

Interviewed at a UNFPA-supported women's and girls safe space in Sana'a.



AMINA, 26

I fled Marib with my eight children when fighting intensified in the area. My husband also disappeared a few weeks before we were displaced.

I was in the early months of pregnancy when we found shelter in a displacement camp. The tent was barely enough for the nine of us. There is no space to sleep, so I end up sleeping in a seated position. I wished my husband was there; every night I prayed he would return and share the burden of caring

for the children in this displacement.

In my ninth month of pregnancy, a midwife who visits the camp found me. I was having severe vaginal bleeding.

She immediately transferred me to Al Shaheed Mohammed Hospital. After four hours of contraction pains, I delivered a healthy baby. The health workers have left their families and put their lives at risk to help displaced women like me. They are real heroes. Thank you for saving me and my little sunshine.

Interviewed at a UNFPA-supported health facility in Marib.



NASEEM*, 27

My parents divorced when I was 5 years old. This was the start of all my worries and fears. I moved to my grandfather's house and had to live with an uncle who had mental health issues. My uncle sexually abused me repeatedly. I was very young. Maybe 10 years at that time.

As an adult, I tried to start over. I found work at a religious school.

Then the conflict broke out, forcing us to flee from Taizz to Sana'a. There, I got married, hoping to start a new chapter. But the war – and the economic troubles that came with it – caused too much of a strain on the marriage. The breakup left me in a state of depression so deep that, for the first time, I visited a psychiatrist.

He tried to harass me in the same way as my uncle. It was a big shock. I had already lost confidence in everyone, and when it happened again from a caregiver I could not take it anymore. I stopped therapy completely, and my condition deteriorated. Then a friend persuaded me to seek help at a mental health centre.

There was a huge difference in the way I was treated there.

This changed my mind a lot. I received counselling and learned new skills to cope with the trauma.

Now I enjoy all the details of my life. Today, I volunteer at the centre, sharing my experiences with other survivors. I feel I have a purpose now and contribute to my community.

Interviewed at a UNFPA-supported specialized mental health centre in Sana'a

** Name changed for protection and privacy.*



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

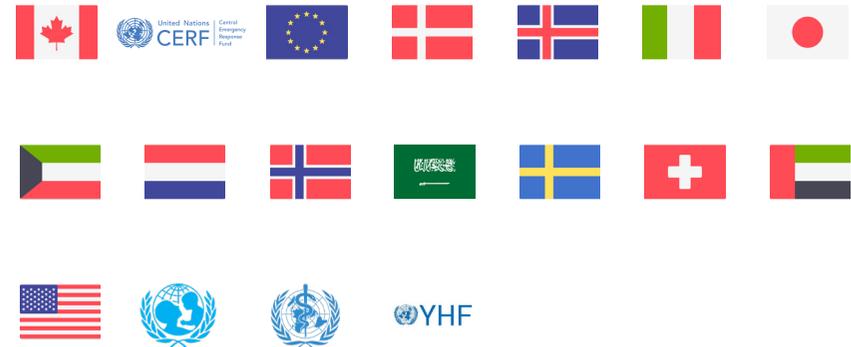
- More than 3,000 maternal deaths from among 102,000 women at risk of developing complications during childbirth.
- Total collapse of reproductive health facilities, when only 20 per cent of functioning health facilities provide maternal and child health services across the country.
- Lives of hundreds 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.



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



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ONE VISION THREE ZEROS

ZERO unmet need for family planning
ZERO preventable maternal deaths
ZERO gender-based violence and harmful practices



2021

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