Yemen remains the world’s worst humanitarian crisis. The cumulative impact of more than five years of conflict, economic decline and institutional collapse has left 24 million people – about 80 per cent of the population – in need of humanitarian aid and protection.

COVID-19 is spreading rapidly across Yemen. By 31 May, 314 cases and 78 related deaths had been reported amid concern that official reports lag far behind actual infections. A case fatality rate of 20.77 per cent indicate the need to redouble efforts to respond to the virus. Humanitarian agencies, including UNFPA are stepping up the response to save lives. UNFPA as a front-line partner to the COVID-19 response in Yemen is working closely with the Ministry of Health, WHO and UNICEF. As lead of the GBV-Sub-cluster and Inter-Agency Working Group on Reproductive Health, UNFPA is positioning reproductive health and gender-based violence into the response. By May, 114 health facilities were provided with infection prevention equipment and 18 hotlines set up to provide women’s protection services through telecounseling.

In mid-May, UNFPA was forced to suspend support to lifesaving reproductive health services in 140 health facilities; with UNFPA’s appeal for $100.5 million towards its humanitarian response receiving only $41.7 million by May. An additional $24 million is needed for UNFPA’s COVID-19 response to protect health workers and women and girls accessing reproductive health services.

As a resulting of this funding shortage the lives of 2 million women and girls of childbearing age are expected to be at risk as they lose access to lifesaving reproductive health services. Some 320,000 pregnant women will be cut off from lifesaving reproductive health services, while 48,000 women could die from complications of pregnancy and childbirth.

UNFPA’s response in 2020 has thus far reached over half a million women with reproductive health services and nearly a quarter of a million women with protection services.
Our work and priorities have dramatically changed after COVID-19 struck Yemen. I work in a hospital that is selected to receive coronavirus cases. The focus now is solely on gearing up the hospital to treat cases of COVID-19. 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 or 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 health worker, 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.

We need adequate support to ensure our safety and that of our patients. We need more protective equipment, masks, sanitizers, disinfects for maternity units and above all people to understand the protection measures they need to take.

---- Samir, midwife

UNFPA is ensuring the provision of reproductive health services in all UNFPA-supported health facilities across the country, including in facilities where COVID-19 cases have been isolated; while reinforcing infection prevention and control in maternal and emergency obstetric care in all supported health facilities. Since March, 114 health facilities have been provided with immediate personnel protective equipment.
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**
- UNFPA has availed its 40 ventilators for the response to the pandemic and another 40 ventilators have been shipped into the country.
- Eight ventilators provided to isolation centres in Aden, where the disease is spreading most rapidly.
- By May, infection prevention and personal equipment provided to 114 health facilities.
- Half a million leaflets on COVID-19 prevention among pregnant and breastfeeding mothers distributed across the country, while other community awareness programmes continue.
- 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.
- Online infection prevention and control training provided to reproductive health working group members and health personnel.
- Local health authorities in partnership with UNFPA are conducting health facility visits to restore confidence in the community and to encourage pregnant mothers to deliver at health facilities.

**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 May.
- 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.
- 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 have assisted than 10,000 people at quarantine centres with emergency relief assistance. This includes, ready to eat food provided by WFP, hygiene kits provided by UNICEF and transit kit provided by UNFPA. Rapid response mechanism teams also raise awareness on the risks of Covid-19 during verification, registration and distribution stages of the response.

**FUNDING REQUIREMENT**
UNFPA, is appealing for USD $24 million to respond to an outbreak of COVID-19 in Yemen as part of UNFPA’s global appeal to respond to the disease.

**NUMBER OF CASES**
314 cases of COVID-19 and 78 deaths were reported by 31 May 2020.
RAPID RESPONSE MECHANISM (RRM)

UNFPA is leading the efforts of three agencies i.e. UNFPA, UNICEF and WFP to distribute immediate, most critical life-saving emergency supplies to families who are newly displaced, on the move, in hard-to-reach areas or stranded close to the front lines, as well as most vulnerable returnees. The RRM minimum assistance package is comprised of these components: (1) ready to eat food provided by WFP; (2) family basic hygiene kits provided by UNICEF; and (3) one female dignity/transit kit provided by UNFPA. More than 4,200 RRM kits were distributed in May 2020. Other highlights for the period June 2018 to May 2020 include:

HIGHLIGHTS FROM JUNE 2018 TO MAY 2020

Since June 2018, RRM kits were delivered to 384,739 families (over 2.30 million individuals).

200,165 RRM kits distributed through the Al Hudaydah humanitarian hub from June 2018 to May 2020.

67,520 RRM kits distributed through the Aden humanitarian hub from June 2018 to May 2020.

71,068 RRM kits distributed through Sana'a humanitarian hub from June 2018 to May 2020.

20,479 RRM kits distributed through the Ibb humanitarian hub from June 2018 to May 2020.

25,507 RRM kits distributed through the Sa’ada humanitarian hub from June 2018 to May 2020.

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

Donors to the RRM: European Union Humanitarian Aid, Yemen Humanitarian Pooled Fund
HIGHLIGHTS OF OVERALL RESPONSE  JAN. - MAY 2020

2020 HUMANITARIAN RESPONSE PLAN FUNDING STATUS (US$)

$100.5 M REQUIRED
$41.7M FUNDED
$58.8 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

PEOPLE REACHED

<table>
<thead>
<tr>
<th>No. of people reached with reproductive health services</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of safe deliveries supported</td>
<td>504,300</td>
</tr>
<tr>
<td>No. of cesarean sections supported</td>
<td>66,807</td>
</tr>
<tr>
<td>Individuals reached with Family Planning services</td>
<td>13,253</td>
</tr>
<tr>
<td>Dignity kits distributed</td>
<td>153,915</td>
</tr>
<tr>
<td>No. of women reached with protection services</td>
<td>344,999</td>
</tr>
<tr>
<td>No. of health facilities supported with reproductive health services</td>
<td>189</td>
</tr>
<tr>
<td>No. of safe spaces supported</td>
<td>42</td>
</tr>
<tr>
<td>No. of women shelters supported</td>
<td>8</td>
</tr>
<tr>
<td>No. of specialized psychological care centres</td>
<td>7</td>
</tr>
<tr>
<td>No. of mobile protection teams in collective sites</td>
<td>88</td>
</tr>
</tbody>
</table>

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.

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