

ISSUE#2 APRIL-JUNE 2022

UNFPA Response in Yemen

SITUATION REPORT



A nurse attends to a premature baby at UNFPA-support Al Shaab Hospital, Aden, Yemen © UNFPA Yeme

FAST FACTS



23.4M In need of humanitarian assistance



12.9M



21.9M Lack access to basic health services



17.2M In need of protection





20

8.1M Women of reproductive age (15-49 yrs)



age (15-49 yrs) **1.3M** Pregnant & lactating women



6.5M In need of GBV protection

malnourished

HIGHLIGHTS: APRIL - JUNE

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.** 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. An estimated 8.1 million women and girls of childbearing age require help accessing reproductive health services. 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. In addition, 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.

Amid growing humanitarian needs, the **aid operation in Yemen remains severely underfunded.** By the end of June, the 2022 Yemen Humanitarian Response Plan received only 26 per cent of the requested US\$4.27 billion to provide lifesaving assistance and protection services to 17.9 million people, forcing aid organizations to reduce or close critical assistance programmes.

Since the beginning of the year, lack of funding has forced UNFPA to scale back lifesaving reproductive health and protection interventions across the country by 25 per cent, with maternal and newborn deaths recorded in health facilities where support has been suspended. To keep reaching the most vulnerable women and girls, UNFPA requires US\$100 million in 2022. To date, only 20 percent of this funding appeal has been received.

From January to June 2022, **UNFPA's response reached 1.3 million individuals with life-saving reproductive health services, protection information and services and emergency relief**, with support to 99 health facilities, 35 safe spaces, seven shelters and eight specialized mental health centres.

UNFPA GOVERNORATE RESPONSE

UNFPA's interventions cover 20 governorates in Yemen. Overall coordination is handled by UNFPA's office in Sana'a. In other governorates, joint UN humanitarian hubs coordinate. UNFPA has presence in all operational UN humanitarian hubs. Services provided and people reached from January to June are detailed below:

HIGHLIGHTS: JAN- JUNE 2022





WOMEN REACHED WITH PROTECTION INFORMATION & SERVICES





GOVERNORATE

PEOPLE REACHED

SERVICES DELIVERED

	Women reached with reproductive health services	Women reached with protection information & services	Health facilities supported with RH services	Women and girls safe spaces supported
Abyan	30,967	4,532	3 3	1
Aden	25,264	992		0
Al Bayda	31,734	4,124	4	1
Al Dhale'e	13,695	1,323	2	1
Al Hudaydah	62,902	36,570	15	7
Al Jawf	28,833	2,259	5	0
Al Maharah	12,079	4,051	1	1
Al Mahwit	21,989	5,459	3	1
Amanat Al Asimah	29,131	12,447	6	1
Amran	19,351	4,267	3	0
Dhamar	34,981	5,773	4	0
Hadramaut	27,968	21,803	4	2
Hajjah	77,571	10,164	8	1
Ibb	13,189	31,853	5	3
Lahj	9,574	9,408	1	3
Marib	95,778	65,912	7	5
Sa'ada	15,406	2,652	4	1
Sana'a	4,754	996	1	0
Shabwah	24,851	16,936	3	1
Taizz	168,463	80,706	17	6
Raymah	0	0	0	0
Socotra	3,197	0	0	0

PREGNANT WOMEN AT RISK AS FUNDING RUNS DRY

Amat rushed to AI Khabt Hospital in AI Mahaweet Governorate in critical condition, she, realized that the obstetric care she had been counting on had vanished – and the nearest hospital that could save her and her baby's life was precious hours away.

Doctors at AI Khabt Hospital referred Amat to AI Mahweet City Hospital three hours away, where the family found out that it, too, didn't provide the services she needed, including a blood bank. "On the way, I fainted," she recalled. "I saw my whole life wiped out just like that." Her husband panicked when her lips turned blue. "The moment I touched her, I felt they were going to be taken away from me," he said.

Another two-and-a-half hours away was Al Jumhori Hospital in Al Mahwit City. The largest in the governorate, still being supported by UNFPA – and was an unconscious and barely breathing Amat's last chance. After nearly six hours of travelling due to poor road infrastructure, Amat and her baby survived.

"It's simple," said midwife Afrah, who helped deliver Amat's son. "When services are readily available, we can save lives."

Lack of funding has forced UNFPA to scale back humanitarian operations by 25 per cent since the beginning of the year and reprioritize support to areas with the greatest need. Currently, 99 health facilities and four reproductive health mobile teams are being supported with the contributions of Canada, the Central Emergency Response Fund, the European Union, KSrelief, the Netherlands, Qatar Fund for Development, USAID's Bureau for Humanitarian Aid and Yemen Humanitarian Fund.

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. A total of 32,365 RRM kits were distributed from January to June 2022. Other highlights for the period June 2018 to June 2022 include:

HIGHLIGHTS FROM JUNE 2018 TO JUNE 2022

Since June 2018, RRM kits were delivered to **586,440 families (over 4.0 million individuals).**

234,965 RRM kits distributed through the **AI Hudaydah** humanitarian hub from June 2018 to June 2022.

133,986 RRM kits distributed through the **Aden** humanitarian hub from June 2018 to June 2022.

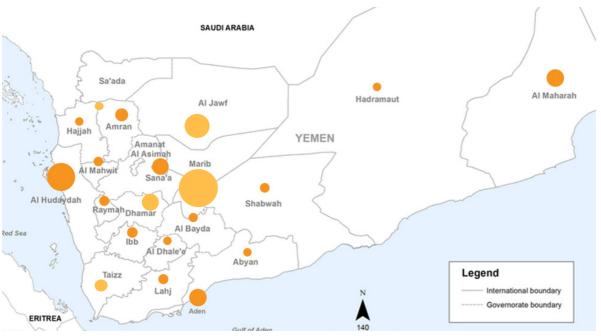
94,037 RRM kits distributed through the **Sana'a** humanitarian hub from June 2018 to June 2022.

28,599 RRM kits distributed through the **Ibb** humanitarian hub from June 2018 to June 2022.

94,853 RRM kits distributed through the **Sa'ada** humanitarian hub from June 2018 to June 2022.



Distribution of rapid response kits in frontline areas of AI Jawf and Marib



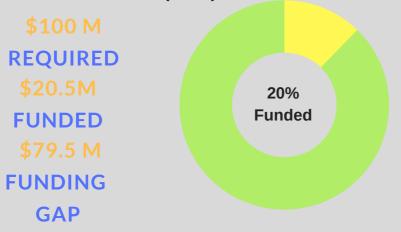
The RRM is operational country-wide. The map indicates RRM distribution by governorate and volume of distribution since January 2022

Donors to the RRM: Central Emergency Response Fund, European Union Humanitarian Aid and Yemen Humanitarian Fund

HIGHLIGHTS OF OVERALL RESPONSE JAN - JUN 2022

PEOPLE REACHED	NO.
No. of people reached with reproductive health services	751,677
No. of safe deliveries supported	65,990
No. of cesarean sections supported	7,135
Individuals reached with Family Planning services	93,438
Dignity kits distributed	32,365
Individuals reached through the Rapid Response Mechanism	231,938
No. of women reached with protection information & services	322,227
No. of health facilities supported with reproductive health services	99
No. of safe spaces supported	35
No. of women shelters supported	7
No. of supported specialized psychological care centres	8

2022 UNFPA RESPONSE FUNDING STATUS (US\$)



2022 Donors (alphabetical order): Canada, CERF, European Union, Iceland, KSrelief, Netherlands, Norway, Qatar, Sweden, Switzerland, USAID, Yemen Humanitarian Fund

IN THE NEWS







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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 conflictaffected areas.
- Delays in transportation of supplies due to bureaucratic impediments.