

UNFPA Response in Yemen

MONTHLY SITUATION
REPORT



Internally displaced women and children in Taizz ©UNFPA/YEMEN

FAST FACTS



20.7M
In need of some
form of assistance



9.8M
In acute need



14.8M
Lack access to basic
health services



11.3M
In need of protection



2.9M
Internally displaced
and returnees



2.2M
Women of reproductive
age (15-49 yrs)



1.1M
Pregnant women
malnourished



2.6M
Women and girls at risk of
gender-based violence

HIGHLIGHTS OF THE MONTH

Yemen enters the third year of armed conflict with no clear end in sight. The result of the crisis has left some **15 million people** lacking adequate access to clean water, sanitation and hygiene, and health services; **seven million people** are faced with the threat of famine; further exacerbated by the **largest single-year cholera outbreak** ever recorded.

The interruption of regular salary payments for one and a quarter million civil servants is a further driver of humanitarian need, particularly food insecurity, and it is affecting nearly a quarter of the population. Recent market analysis puts the average price of a food basket **30 per cent higher than pre-crisis and in some cases as much as 60 per cent higher**. Additionally, the lack of civil servant salaries has disrupted the provision of basic services to the wider population most notably in the health sector.

The Yemen Humanitarian Response Plan is **55 per cent funded with \$1.3 billion of the \$2.3 billion** required to reach the **12 million people** in need of humanitarian support and protection this year. Despite the complexity of the response, this year **humanitarians have already reached 7 million people with direct assistance**.

UNFPA's response in Yemen has so far reached nearly **1.5 million people with reproductive health and gender-based violence services**.

The **2014 Household Budget Survey** was launched in September with UNFPA's support. The results indicated an **increase in the rate of poverty from 35 percent in 2005 to 48.6 percent in 2014**. This includes a significant increase at governorates' level such as in Amran, Hadramout, Hajjah, Lahj, Mahara, and Sa'ada.

UNFPA is supporting the preparation of a national framework for gender statistics, which will help to monitor and evaluate policies and programmes that reflect gender issues, gender equality and the country's commitment to the implementation of international conventions.

HIGHLIGHTS OF RESPONSE - SEPTEMBER 2017*

PEOPLE REACHED

NO.

Number of people reached with reproductive health services	96,465
Number of people reached with mobile clinics	52,490
Number of people directly reached with reproductive health kits	41,735
Individuals reached with family planning services	1,207,055
Dignity kits distributed	58,541
Women and girls reached with GBV services, counseling, and information	25,125

SERVICES DELIVERED

NO.

Reproductive Health Kits distributed	192
Mobile clinics in operation	10
Health Facilities with Emergency Obstetric Care	133

PERSONNEL TRAINED

NO.

Health personnel trained on Reproductive Health Kits – Minimum Initial Service Package	60
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Leaders urge access to reproductive health supplies in crisis settings: Read more...



Raging Civil War Makes Giving Birth Harder Than Ever for Yemen's Women: Read more...



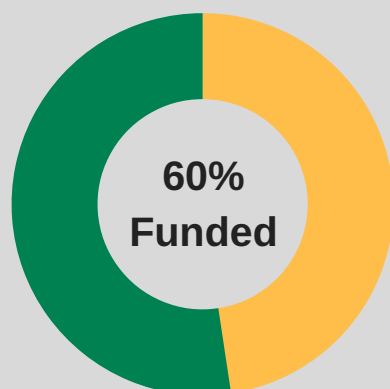
Behind Bars in a Civil War: The Women of Yemen's Prisons: Read more..

2017 FUNDING STATUS

\$22.1 M
REQUIRED

\$13.2 M
FUNDED

\$8.9 M
FUNDING GAP



2017 Donors (by size of contribution): Sweden, Netherlands, Country-based Pooled Funds (multiple donors), Switzerland, Canada, Friends of UNFPA

KEY CHALLENGES

- The cholera outbreak is impacting the provision of already overstretched health services, including reproductive health services, which are being redirected to deal with the new and added burden of managing the epidemic.
- Lack of humanitarian access to conflict-affected areas.
- Difficulties in obtaining life-saving medical supplies into Yemen due to air and sea blockades.
- Difficulty in organizing services for reproductive health and gender-based violence in conflict areas due to damaged or non-operating health structures, limited movement of partners and limited transportation of supplies to health facilities.

*This includes cumulative totals from January to September 2017