Women and Girls Critically Underserved in the Yemen Humanitarian Response

February 19, 2019

The Inter-Agency Working Group on Reproductive Health in Crisis (IAWG) calls on the international community to invest in life-saving reproductive health services for Yemeni women and girls.

On February 26th the United Nations (UN) and the Governments of Switzerland and Sweden will convene a High-Level Pledging Event in Geneva for the Humanitarian Crisis in Yemen. As UN Member States prepare to mobilize resources in support of the inter-agency 2019 Yemen Humanitarian Response Plan (YHRP), it is imperative that donors prioritize the urgent reproductive health needs of Yemeni women and girls, in order to ensure life-saving humanitarian assistance and the protection of their basic human rights.

Context

After more than four years of conflict, Yemen faces the world's largest humanitarian crisis with over 24.1 million people (i.e. 80% of the country's population)[i] in need of immediate humanitarian assistance, including 14 million people in acute need.[ii] For millions of Yemenis the impact of the conflict is compounded by severe food insecurity[iii] and the world's largest single-year cholera outbreak.[iv] In this volatile context of conflict and fragility, Yemeni women and girls continue to bear the burden of the multidimensional insecurities of war[v] and grave risks to their reproductive health.[vi] **Scale of Need**

There are an estimated 7.23 million women of reproductive age in Yemen, 6 million of whom currently require basic health services.[vii] Before the crisis escalated in March 2015, the lifetime risk of maternal death was already high at 148 maternal deaths per 100,000 live births – a lifetime risk of maternal death of one in sixty.[viii] Recent UN figures suggest Yemen now holds one of the highest maternal mortality ratios in the region at up to 385 maternal deaths per 100,000 live births.[ix] In 2013, unmet need for contraception was estimated at 29%; in the context of the current conflict, unmet need is now estimated at 31.7%.[x]

Of the 14.3 million Yemeni people in acute need for humanitarian aid, there are 3.5 million women of reproductive age. Of these 3.5 million women in acute need of assistance, 572,000 are likely to be pregnant and deliver within the year. UNFPA estimates that up to 85,000 of these pregnant women are at risk of severe complications with immediate danger to their lives unless they have access to lifesaving maternal healthcare.[xi]

Health services in Yemen have severely deteriorated under the strain of the conflict. Access to reproductive health services – including maternal and newborn health and family planning services – has decreased substantially. Despite poor data on the current availability of emergency obstetric and newborn care, available data indicates that only 50% of health facilities are functional, of which only an estimated 18%[xii] [xiii] can provide quality maternal and newborn health services.[xiv] Humanitarian

responders report acute shortages in the healthcare workforce: 20% of districts with functioning health facilities do not have a doctor, and it is estimated that 80% of healthcare workers have not received regular salaries for over two years.[xv] [xvi] The Government's inability to support health facility operations and staffing costs, combined with fuel shortages and a scarcity of medical supplies and medicines, has forced hospitals to charge user fees to deliver life-saving care that should be free (such as caesarean sections).

Compounding Risk Factors

While Yemen has legislation to protect girls and women against early child marriage and rape, in practice these laws are not well-known or implemented. This puts women and children at risk, particularly those who are exposed to domestic and sexual violence, including rape and child marriage. Social and structural barriers block the participation of women and girls across a broad range of areas of public life, impacting their rights to work, health and education.[xvii]

The gendered natured of conflict compounds multiple and intersecting forms of discrimination already experienced by Yemeni women and girls prior to the conflict. Documented cases of gender-based violence against women and girls in Yemen, including rape, rose by 70% in the first five months of the conflict[xviii] and reported cases of child marriage increased by 66%.[xix] Extensive conflict-related sexual violence has resulted in unintended and unwanted pregnancies, sexually transmitted infections and community stigma for affected women and girls.[xx] Growing food insecurity exacerbates these factors by disproportionately impacting an estimated 1.1 million pregnant and breastfeeding women already suffering from malnutrition. If famine strikes, an estimated additional 2 million malnourished pregnant and lactating women will be at an increased risk of death.[xxi]

Reproductive Health Services Must Be Scaled Up to Protect Yemeni Women and Girls

Prior to the war, maternal and newborn service provision was poor; most maternal, neonatal and child health (MNCH) services focused on child health and inpatient care. The majority of women delivered at home and received no antenatal or postnatal care services. After the conflict broke out, hospital-based care –including basic emergency obstetric and newborn care – was negatively impacted by shortages of essential supplies and fuel, which is needed to run basic operations. Hospitals, clinics and healthcare workers have also been directly targeted by attacks during the conflict.[xxii]

Although health has been identified as a priority sector in the humanitarian response, the Government has not been able to provide funding to cover operational costs and the humanitarian and health sector partners have stepped in to try to fill the enormous gap in primary and secondary healthcare services.[xxiii] Where investments in health services have been made, these have largely focused on nutrition, water and sanitation and, to a small extent, primary healthcare, while reproductive healthcare has not been sufficiently prioritized.[xxiv] In some areas of the country, some humanitarian agencies – with UNFPA taking the lead –are providing the *Minimum Initial Service Package (MISP) for Sexual and Reproductive Health,* but the demand for the *MISP* far exceeds current resources and capacity. In many parts of the country, there are critical gaps in key services, including basic emergency obstetric and newborn care, family planning services, post-abortion care and post-rape care.

In order to avoid preventable maternal and newborn morbidity and mortality, investments are critically needed to increase availability of and access to reproductive healthcare services through both primary

and secondary care. It is critical for donors to look beyond scaling up the MISP to making investments that support the transition towards comprehensive reproductive health services. Donors also need to leverage their investments to support Yemen's transition from an acute emergency to recovery; especially important are investments to strengthen Yemen's strained healthcare system and expand the healthcare workforce, including cadres of trained midwives.[xxv]

Call to Action for UN Member States

In December 2018, the UN Security Council adopted Resolution 2451[xxvi] on Yemen endorsing the Stockholm Declaration and establishing a monitoring team for an initial period of 30 days.[xxvii] Operative paragraph 10 of Resolution 2451 explicitly instructs that aid be disbursed based on need in relation to gender and age. In January 2019, the Council subsequently adopted Resolution 2452, establishing the United Nations Mission to support the Hodeida Agreement (UNMHA) and an evolving practice of monthly briefings for Council Members.[xxviii]

The February 26th pledging conference offers a unique and vital opportunity for donor States to work together to ensure the availability of a core set of life-saving reproductive health services that are in line with humanitarian standards as well as human rights obligations, including obstetric, prenatal, and postnatal care; contraceptive information and services, including emergency contraception; and postabortion care and post-rape care. This moment is also a historic opportunity to commit to strategic and lasting investments that strengthen Yemen's collapsing healthcare system and build resilience for future challenges.

Specific Recommendations

- Commit to fully funding reproductive health services in the Yemen Humanitarian Response Plan for 2019. Prioritize funding to ensure the *Minimum Initial Service Package (MISP) for Sexual and Reproductive Health* is implemented to meet the scale of the demand.
- Provide resources to support the transition from the *MISP* to comprehensive reproductive healthcare in stabilized areas.
- Invest in training, supervision and monitoring to improve accessibility, availability and quality of reproductive health services, without discrimination or coercion.
- Ensure reliable supply and equitable distribution of all essential reproductive health and menstrual hygiene management commodities.
- Ensure that reproductive health programs are responsive to the unique needs of adolescent girls, particularly those at increased risk such as married adolescent girls, pregnant adolescents and adolescents with disabilities.
- Integrate maternal mortality surveillance and response (MDSR) into existing electronic data systems (i.e. for cholera and diphtheria).
- Make strategic investments to address immediate gaps in the national healthcare workforce, especially by investing in and expanding midwifery training programs.

IAWG is committed to advancing the sexual and reproductive health of people affected by conflict and natural disaster and is available to support and collaborate with partners and stakeholders in their response to this crisis. For further information, please reach out to sarahk@iawg.net.

[i] OCHA (2019), Global Humanitarian Overview, https://www.unocha.org/sites/unocha/files/GHO2019.pdf [ii] https://www.unocha.org/story/yemen-conflict-escalates-more-22m-people-are-left-dire-need-assistance-andprotection

[iii] https://news.un.org/en/story/2018/10/1023962

[iv] http://www.emro.who.int/yem/yemen-news/cholera-and-malnutrition-in-yemen-a-real-threat-to-millions-ofpeople.html

[v] Ms. Rasha Jarhum*, Statement to the UN Security Council* 16th November 2018, http://www.womenpeacesecurity.org/files/UNSC_Briefing_Yemen_Jarhum-11-2018.pdf [vi] file:///C:/Users/smay/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/YRRK293J/YemenRH%20in%20Emergencies-Fact%20Sheet%20(003).pdf

[vii] OCHA (2019), Global Humanitarian Overview, https://www.unocha.org/sites/unocha/files/GHO2019.pdf

[viii] WHO, UNICEF, UNFPA, The World Bank, and the United Nations Population Division. 2015. Trends in Maternal Mortality: 1990 to 2015. Geneva, World Health Organization. [ix] WHO (2015) Maternal mortality in 1990-2015 [x] Yemen: FP2020 Core Indicator Summary Sheet 2017 [xi] https://reliefweb.int/report/yemen/stay-safe-mama-providing-life-saving-reproductive-health-servicespregnant-women-across [xii] WHO (2018), Health Resources Availability Monitoring System (HeRAMS) data [xiii] WHO (2016), Health Resources Availability Monitoring System (HeRAMS) data [xiv] 2017 WHO Annual Report, Yemen. https://www.who.int/emergencies/crises/yem/yemen-annual-report-2017.pdf [xv] 2017 WHO Annual Report, Yemen. https://www.who.int/emergencies/crises/yem/yemen-annual-report-2017.pdf

[xvi] https://www.msf.org.au/country-region/yemen

[xvii] https://reliefweb.int/report/yemen/unfpa-response-yemen-monthly-situation-report-10-october-2018 [xviii] Care International (2016), No future for Yemen Without Women and Girls https://reliefweb.int/sites/reliefweb.int/files/resources/CARE_No-Future-for-Yemen-without-Woman-andGirls_Oct-2016.pdf

[xix] OCHA (2018), Humanitarian Overview http://interactive.unocha.org/publication/globalhumanitarianoverview

[xx] Aoláin, F. N., Cahn, N., Haynes, D. F., & Valji, N. (2017). Introduction: Mapping the terrain: Gender and conflict in contemporary perspective. In *The Oxford Handbook of Gender and Conflict* (pp. xxxv-xliv). Oxford University Press. https://doi.org/10.1093/oxfordhb/9780199300983.013.1 [xxi] https://reliefweb.int/report/yemen/unfpa-response-yemen-monthly-situation-report-10-october-2018 [xxii] Qirbi, N., Ismail, S.A., (2017). *Health system functionality in a low-income country in the midst of conflict: The case of Yemen.* Oxford Academic. https://doi.org/10.1093/heapol/czx031 [xxiii] https://www.who.int/health-cluster/countries/yemen/Yemen-Health-Cluster-Bulletin-Sept-Oct-2018.pdf [xxiv] The Sphere standards, as outlined in the MISP for SRH in crisis settings, are not being met in Yemen. [xxv] The Lancet Series on Midwifery Group. (2014). Executive Summary. In *Midwifery.* The Lancet.

[xxvi] http://unscr.com/en/resolutions/doc/2451

[xxvii] http://unscr.com/en/resolutions/2451 [xxviii] http://unscr.com/en/resolutions/2452