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Responding to the Reproductive Health needs of Underserved Women in Yemen: A Country in Crisis

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The context of the Yemeni crisis

- Political turmoil sparking renewed insecurity and civil conflict
- Declining oil reserves devastating an already frail economy
- Disruptions in to vital commodities- electricity, fuel, food, and water
- Rising hunger levels
- 43% population is under 15 years
- Continuous population movements due to civil wars and droughts in neighboring African countries especially Somalia and Ethiopia



The reproductive health emergency



- A Yemeni woman's risk of maternal death is 1 in 91 (MMR 365)
- Direct causes of 70% maternal deaths: PPH, difficult labour, uterus rupture, toxemia, puerperal sepsis and abortion complications
- 18% maternal deaths are due to incomplete abortion complications
- 31% urban and 62% rural women do not receive any antenatal care
- Deliveries attended by qualified health personnel are as low as 25%
- Prevalence of modern contraceptive use is 19%
- 80% health facilities are in rural areas, where only 20% staff works

Rapid assessment of RH needs



- Due to deteriorating health facilities 92% people have to travel urgently
- 82.2% of the health facilities lack of supervision and quality controls
- People visiting health facilities dropped from 73% to 36%
- 4% health facilities had enough equipments and drugs
- Only 9 % health facilities had qualified health workers
- 48% health facilities provide ANC, 37% provide PNC
- Vaccination is provided in 53% health centres
- 16% provide implants, 39% provide IUD
- Just 2% health centers provide services to IDPs (over 400,000 IDPs)

MSI Yemen interventions



- Provide a range of RH and FP services through 10 static clinics, outreach and home visits; community midwives and MVA services
- In 2011:
 - Through clinics, outreach, home visits Served 100,000 clients ; provided FP services to 57,181 women (2981 IUD, 1391 implants)
 - Through community midwives provided FP counseling to 4,711 women (217 IUDs; 1,190 injectables; 1,719 condoms, 4,136 pills)
 - MVA services for 1,170 women
 - Close partnership with MoPHP



Next plans

- In dialogue with donors for funding for:
- Static clinics and mobile medical teams with referral system
- Serving through community midwives network
- Capacity development of NGOs on RH and FP
- Support existing system - drugs, equipment, supervision, capacity development
- Distribution of contraceptives, IP material
- Community education and sensitization



Gaps and urgent need



- Adequate timely humanitarian response
- Flexible, predictable & impartial funding
- Technical and financial assistance to enable continuation and expansion of social protection & welfare programmes
- Facilitate access by aid agencies to communities in need (military actions disrupting infrastructure and services)