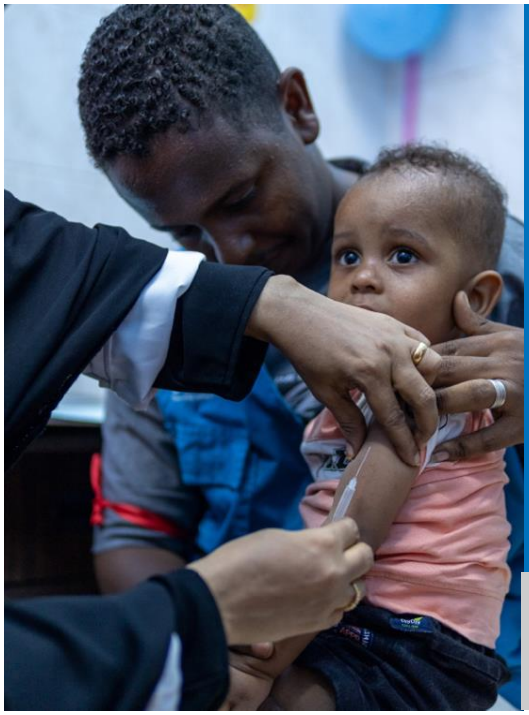
UNHCR The UN Refugee Agency | Yemen

Public Health



Context in Yemen

Yemen is among the worst humanitarian crises globally. Almost ten years of conflict have created and exacerbated vulnerabilities and eroded the capacity of institutions to provide key services, including healthcare.

Estimates indicate that only 45% of national public health facilities are able provide partial primary healthcare services. The remainder have been significantly damaged as a result of the conflict.

While healthcare is a fundamental human right for all, displaced populations often face additional barriers and challenges. Yemen generously hosts over 60,000 refugees and asylum seekers.

Fahd, a Somali refugee, is getting vaccinated at the UNHCR supported Basateen health clinic. The vaccinations are part of a government programme to improve coverage. Refugees and asylum seekers are included in this programme. © UNHCR/Gregory Doane

Supporting refugees and asylum seekers with healthcare in Yemen:

The local and national health authorities hold the primary responsibility for providing healthcare. UNHCR works closely with these authorities, along with other UN agencies and partner organizations to support access to quality primary healthcare and referral services to secondary or tertiary healthcare for refugees and asylum seekers.

In collaboration with the authorities and health partners, support is also provided for the management of non-communicable diseases, to ensure availability of mental health and psychosocial support services, and to make physiotherapy available. Community based outreach work and information provision, inter alia, seek to raise awareness of available services and measures for the prevention of infectious diseases.

Primary healthcare:

UNHCR directly supports five primary healthcare centres in the three governorates with the largest refugee and asylum seeker populations (Sana'a, Aden, and Kharaz refugee camp). These facilities also provide healthcare services to host communities free of charge. Support includes the provision of essential supplies, medicines, equipment, rehabilitation works, ambulances, and operational costs.

Reproductive health:

UNHCR supports antenatal and post-natal care for refugees, asylum seekers, and host community members.

Deliveries and obstetric emergencies are referred to secondary care/referral hospitals in urban areas, while the clinic at the Kharaz refugee camp provides basic emergency obstetric and neonatal care services around the clock.

Community outreach:

Well-trained community outreach volunteers are a crucial element for promoting good health and communication with communities. They raise awareness in their communities on hygiene, nutrition, prevention of infectious diseases, reproductive health, and a variety of other essential health issues.

Community health workers also support public health campaigns such as malnutrition screening, immunization campaigns, and follow-up and tracing of individuals enrolled in specific health support programmes.

Nutrition:

Together with the authorities, UNICEF, and WFP, UNHCR works to facilitate national nutritional support programmes include refugees, asylum seekers, Yemeni children under five years of age, and pregnant and lactating mothers.

To mitigate risks associated with anaemia and micronutrient deficiencies, UNHCR and partners routinely provide iron and folic acid supplements to pregnant mothers at risk of malnutrition. Deworming and vitamin A supplements are also distributed to children under five years old at risk of malnutrition. Other awareness-raising activities include breastfeeding promotion and other infant and young child feeding activities.

Mental health and psychosocial support:

UNHCR seeks to integrate Mental Health and Psychosocial Support (MHPSS) by supporting psychiatrists and clinical psychologists in the UNHCR-supported primary healthcare centres.

In addition to their professional training, key staff receive regular refresher and professional development training in line with the Mental Health Gap Action Programme (mhGAP). Referral mechanisms are in place to ensure that individuals in need of advanced or specialised psychiatric care can access this, including in-patient admission if required.

MHPSS staff, working together with community outreach volunteers, also conduct education and awareness-raising sessions to increase understanding of mental health issues, reduce stigma, and promote access to psychosocial support among affected families and communities.

Referral mechanisms:

UNHCR-supports health partners to provide ambulance services and medical referrals to support emergency and life-saving access to emergency, secondary, or tertiary care at public hospitals.

A 24/7 hotline is available to provide advice and to facilitate the emergency transfer of refugees and asylum-seekers, as well as host community members, from supported primary healthcare centres to secondary and tertiary healthcare facilities.

The Kharaz refugee camp clinic is the only UNHCR-supported facility with an in-patient department.

UNHCR and health partners continues to monitor and follow-up on cases once admitted to referral hospitals to ensure smooth treatment.

Key achievements:

In the first half of 2024:

- 45,935 refugees and asylum seekers, and 13,929 Yemeni nationals received health services at one of the five UNHCR-supported primary healthcare centres.
- 2,195 patients were referred for emergency or more specialised care.
- Mental health and psychosocial support was provided to 3,491 refugees and asylum-seekers, and 483 Yemeni nationals.
- 5,902 refugee, asylum-seekers, and Yemeni nationals received reproductive health support and advice at UNHCR-supported clinics.
- 194 refugee children under five years of age and suffering from severe acute malnutrition were admitted to the community-based management of acute malnutrition programme.
- During the same period, 117 refugee children under five and 210 pregnant and lactating women were admitted to the supplementary feeding programme.

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