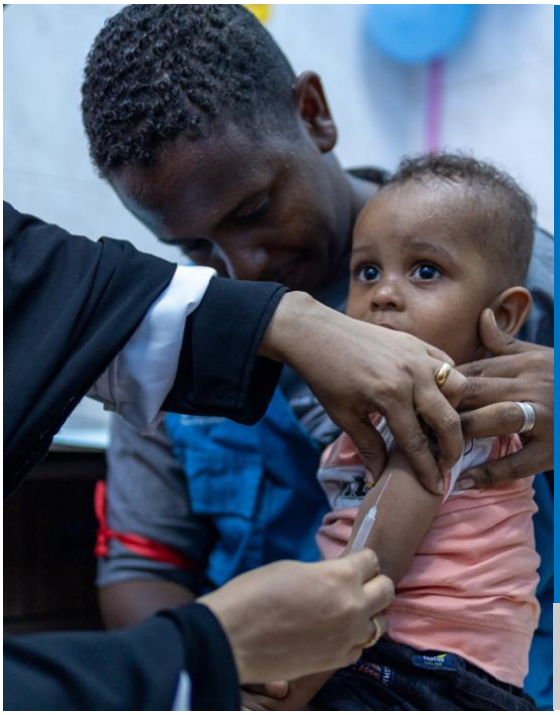
UNHCR The UN Refugee Agency | Yemen

Public Health



Context in Yemen

Yemen is among the worst humanitarian crises globally. Ten years of conflict have eroded the capacity of institutions to provide key services, including healthcare.

Estimates indicate that 40% of Yemen's health facilities are only partially functioning or completely out-of-service. For instance, Yemen has one of the highest maternal mortality rates regionally. The fragile health system also makes it difficult to address outbreaks of polio, acute watery diarrhoea, measles, and diphtheria.

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, getting vaccinated at the UNHCR supported Basateen clinic. The vaccinations are part of a government programme, including refugees. © UNHCR/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 ensure refugees and asylum seekers are included and have access to quality primary healthcare, as well as referral services for secondary and tertiary care.

In partnership with the authorities and health partners, UNHCR also supports the management of non-communicable diseases, ensures the availability of mental health and psychosocial support services, and provides access to physiotherapy. Additionally, community-based outreach work and information campaigns aim to raise awareness about available services and promote preventive measures against 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 onsite and around the clock.

Community outreach:

Well-trained community outreach volunteers are essential for promoting health and effective communication. They raise awareness on key issues such as hygiene, nutrition, disease prevention, and reproductive health. Additionally, community health workers support public health campaigns, including malnutrition screenings, immunization efforts, and follow-up with individuals in health support programmes.

Nutrition:

Together with the authorities, UNICEF, and WFP, UNHCR works to ensure national nutritional support programmes are inclusive of vulnerable groups, including refugee and asylum seeker children 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.

2024 Achievements:

- 99,331 health consultations were provided to refugees and asylum seekers at the five UNHCR-supported primary healthcare centres. Yemeni nationals benefitted from 70,000 consultations at these same clinics.
- 4,100 refugees and asylum seekers were referred to public or private hospitals for emergency and life-saving medical services.
- 7,560 mental health and psychosocial support (MHPSS) consultations were provided to refugees and asylum seekers; 1,062 MHPSS consultations were provided Yemeni nationals.
- Antenatal care was provided to 3,020 refugee and asylum seeker women and to 4,670 host community women, ensuring safe pregnancy monitoring and medical support and 930 live births were attended by trained medical professionals.
- 409 refugee children under five years of age and suffering from severe acute malnutrition were admitted to the community-based management of acute malnutrition programme and received therapeutic food supplements.
- During the same period, 1,069 refugee children under five and pregnant and lactating women were admitted to supplementary feeding programmes.

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