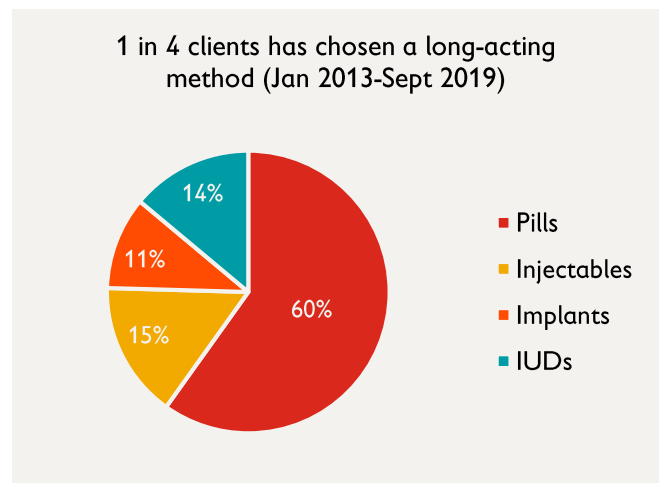




FAMILY PLANNING & POSTABORTION CARE IN EMERGENCIES IN YEMEN

Yemen is currently experiencing the largest humanitarian crisis in the world. Two-thirds of the population are in need of humanitarian assistance, with more than one-third in acute need. Of the 18.8 million people in need, **nearly five million are women of reproductive age**, including nearly half a million pregnant women. Before the current crisis escalated in March 2015, the average fertility rate was four children per woman¹ and the **lifetime risk of maternal death was one in 60.**² Access to family planning is limited with only 20 percent of women using a modern contraceptive method and a high unmet need for contraception of 33 percent.³

Save the Children's programs are responsive to protracted and acute emergencies. In Hodeida and Lahj Governorates in western Yemen, we provide direct support to four hospitals and 12 health centers to improve access to quality family planning and postabortion care (PAC) services. Despite active conflict since March 2015 and a massive Cholera outbreak since October 2016, the demand for family planning has been steadily increasing. Our program has reached **more than 75,000 new family planning users** in Yemen from January 2013 to September 2019 with 25% opting for long-acting reversible contraception. Not only are these methods more effective, they are often a good choice in humanitarian settings where supply chains may be disrupted. Long-acting and permanent methods have grown from 13% of the method mix in 2013 to 27% in 2019. Since 2013, **more than 7,500 women have received PAC services** at supported sites. The percentage of cases treated using manual vacuum aspiration or Misoprostol as recommended by the World Health Organization has increased from 0% in 2013 to over 86% in 2019.



PROGRAM OVERVIEW	
Location	Hodeida and Lahj Governorates (southwest Yemen)
Number of facilities	16 (four hospitals, 12 health centers)
New family planning clients	75,432
PAC services delivered	7,527

1. World Bank, 2014.
 2. WHO, UNICEF, UNFPA, The World Bank, and the United Nations Population Division. 2015. *Trends in Maternal Mortality: 1990 to 2015*. Geneva, World Health Organization.
 3. Ministry of Public Health and Population - MOPHP/Yemen, Central Statistical Organization - CSO/Yemen, Pan Arab Program for Family Health - PAFAM, and ICF International. 2015. Yemen National Health and Demographic Survey 2013. Rockville, Maryland, USA: MOPHP, CSO, PAFAM, and ICF International.



Photo: Save the Children

Fatima*, a family planning client:

“I had an agreement with my husband that we will not have many children because we want to raise them in the best way.”

Fatima* is a 27-year-old Yemeni mother of a three-year-old girl and has been married to her husband for five years. Her husband was arrested by armed militias in 2015, developed jaundice and struggled to return to work as a taxi driver. Fatima chose to use contraceptive implants at a Save the Children-supported facility to ensure she and her husband could wait until they were ready to have their second child.

Program Spotlight: Task-Sharing Implant Services

According to guidelines and practices in Yemen, only doctors could provide implants at the hospital level. As a result, an important long-acting method of contraceptive was not easily accessible for many women.

The local Ministry of Health in Lahj Province allowed Save the Children to pilot task-shifting provision of implants to senior midwives at health centers. The midwives were trained on implant insertions and removals, including supportive supervision and follow up visits to ensure they were providing quality services.

The follow up supervisions showed that trained senior midwives could provide these services at good quality. We will continue to work with the Ministry of Health and advocate for training of midwives and task-shifting. We also worked with community health workers to ensure they could speak about the availability of implant services and benefits of long-acting reversible methods.

Increasing access to long-acting methods

Short-acting methods (oral contraceptive pills and injectables) were by far the most common methods at supported sites in 2013, accounting for 87 percent of clients. Uptake of long-acting methods has doubled as of 2017 with over one-quarter of clients opting for an intrauterine device or contraceptive implant.

PROGRAM COMPONENTS

SERVICE DELIVERY

Provide high quality family planning and PAC services

Improve health facility structure

CAPACITY BUILDING

Train the trainers

Implement competency-based training

Conduct supportive supervision

SUPPLY CHAIN MANAGEMENT

Provide family planning and PAC commodities and supplies

Expand contraceptive method mix

Develop linkages with existing Ministry of Health supply chain

DATA FOR DECISION MAKING

Analyze data at community and health facility levels to improve programs

COMMUNITY MOBILIZATION

Strengthen community structures and groups

Tailor and deliver key messages to diverse audiences to increase demand (e.g. women, men, youth, couples, and decision makers)

PARTNERSHIPS AND ADVOCACY

Partner with Ministry of Health and Ministry of Planning and International Cooperation

Collaborate with Lahj and Hodeida Governorate Health Offices

Task-shift for provision of family planning and PAC services

Improve clinical training curriculum

*Name has been changed.