



Neglected Reproductive Health in Rural Yemen

Challenges and Solutions

Policy Paper

A study on the governorates of:
(Raymah, Amran, Aldhalea)

Deepening the discussion and formulating solutions to Yemeni women's issues

Neswan Voice publishes a series of policy papers that shed light on the most prominent issues facing women in Yemen. This initiative comes out of a belief in the importance of depth in discussion and solutions, which characterizes our work as both an established feminist media platform and a research laboratory under construction.

These papers aim to go beyond simply monitoring issues; they delve into the complexities of the health, educational, cultural, and social issues that burden Yemeni women. Through a rigorous research methodology and in-depth analysis, we provide a comprehensive understanding of the existing challenges, exploring their causes and repercussions on women's lives and society as a whole.

Because deep understanding paves the way for effective solutions, these papers provide practical and innovative recommendations that contribute to the formulation of effective policies. We believe that our role is not only to shed light on issues, but also to contribute to find sustainable ways to address them.

These papers are a vital resource for policymakers, stakeholders, and decision-makers in Yemen. It is a call to action through which we aim to draw attention to the urgent needs of women and urge stakeholders to take effective remedial action and develop policies that promote women's rights and improve their quality of life.

We invite you to read these papers and contribute with us to building a better future for Yemeni women, a future where challenges become opportunities and visions become reality.



About Neswan Voice:

Neswan Voice is the leading Yemeni platform specialized in women's media. It is the first media platform that focuses on women's news in Yemen and was established to provide a specialized space for Yemeni women, where they can discuss their issues, convey their concerns, celebrate their success stories, and fight for their rights.

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Executive Summary

Rural areas in Yemen suffer from a severe lack of reproductive health services, which poses a direct threat to the lives of pregnant women, mothers, and newborns. Governorates such as Raymah, Amran, and Aldhalea are clear examples of this challenge, as women in these areas face great difficulties in accessing basic health care, especially during pregnancy, childbirth, and the postpartum period

This paper reveals a range of structural and complex challenges, including: poor health infrastructure, lack of qualified medical staff, lack of emergency equipment, poor referral system and lack of health awareness campaigns.

The paper also explains how these issues are exacerbated by the security situation, poverty, poor roads, and societal norms that hinder safe delivery in health facilities.

This paper highlights the close relationship between the deteriorating health conditions and the economic collapse and political instability in the country, which has led to limited government and international investments in the health sector, especially in remote rural areas.

The paper recommends a set of urgent and targeted policies, including: strengthening infrastructure, developing health staff, providing essential medicines and equipment, and incentivizing safe deliveries in health facilities. It also calls for the involvement of the local community and community leaders in efforts to raise awareness and change harmful behaviors.

Given the similarity of health and social conditions in most of Yemen's rural governorates, what has been monitored and analyzed in these governorates can be considered a guiding model for designing effective and comprehensive interventions at the national level to improve reproductive health and reduce maternal and child mortality rates.



“ A photo from khamer Hospital in Amran Governorate (Neswan Voice)”

Introduction

Women in rural Yemen face significant challenges in accessing essential reproductive health services, putting their lives and the lives of their children at risk. The ongoing armed conflict, economic collapse, and deteriorating health system have created a deep gap in health care for women, especially during pregnancy, childbirth, and postpartum. Reports indicate that less than 30 percent of women give birth in health facilities¹, maternal and neonatal mortality rates continue to rise in the absence of qualified staff, equipped health centers, and access to services².

The issue is exacerbated in villages and remote areas, where home births, often without medical supervision, become a compulsory rather than voluntary option, due to poverty,³ the remoteness of health facilities, high costs, and social barriers such as the requirement for a Mahram⁴ “a close male relative who must escort a woman” to travel between regions, which hinders their ability to access health services, especially in emergencies. As a result, many women in rural areas are unable to travel to cities or other provinces to receive proper treatment or to access reproductive health services, putting their lives and the lives of their children at risk.

The World Health Organization defines reproductive health as “**a state of complete physical, mental and social well-being in all matters relating to the reproductive system, its functions and processes, and not merely safety from disease or disability**”⁵. Despite the comprehensiveness of this definition and its importance as an international reference point, it does not accurately reflect the harsh reality for women and girls in Yemen, especially in rural and remote areas, where reproductive health services are not considered available or sustainable, and often do not exceed the minimum level of life-saving interventions. Therefore, we attempt here to reformulate a procedural definition of reproductive health to fit the Yemeni context, redirect attention to urgent priorities in an environment suffering from chronic humanitarian crises, and reflect the need for effective interventions that go beyond theoretical concepts towards realistic solutions. We define maternal and child reproductive health as “Integrated health care that ensures the safety and health of women during pregnancy, childbirth and postpartum, as well as the health of newborns, with the aim of reducing mortality and morbidity and ensuring a healthy start to life.”

This care includes the provision of essential services that include:

- **Mother and child care during pregnancy, childbirth and postpartum:** This integrated care includes regular pregnancy monitoring to detect risks and ensure the safety of the mother and fetus, providing safe delivery under the supervision of qualified medical staff with readiness to intervene in emergency cases, supporting mothers in the recovery period, and ensuring the health of newborns through early screening and immunizations.

¹ UNICEF alerts, 2019, Yemen: Maternal and Newborn Health ‘On the Brink of Total Collapse’ <https://news.un.org/en/story/2019/06/1040531>

² Save the Children, Healthy Newborn Network, Yemen <https://healthynewbornnetwork.org/country/yemen/>

³ UNFPA, about Yemen. <https://yemen.unfpa.org/en/about-yemen>

⁴ UNFPA, Reproductive Health. <https://yemen.unfpa.org/en/topics/reproductive-health>

⁵ (WHO) <https://www.who.int/westernpacific/health-topics/reproductive-health>

- **Emergency obstetric services:** Immediate management of obstetric complications such as bleeding or infection.

- **Neonatal health support:** Providing early care services, including breastfeeding and proper nutrition.

Under difficult economic conditions, people in Yemeni villages rely mainly on rural health centers to access medical care and purchase essential medicines, as traveling to cities is an expensive option that is beyond the means of most rural families. With the escalation of the conflict since 2015, these centers have seen a sharp deterioration in the level of services provided, as a result of the lack of regular government support, dwindling supplies from humanitarian organizations, and a severe shortage of specialized medical staff.

Most of the support provided by health organizations is concentrated in the main cities, while rural centers receive limited and intermittent support, making their ability to meet the needs of the local population very limited⁶.

Why is reproductive health an urgent priority now?

According to UNICEF data, it is reported that one mother and six newborns die every two hours from complications related to pregnancy or childbirth, which are mostly preventable, primarily due to poor or no access to basic health services⁷.

Looking at the infrastructure of the health sector in the rural governorates studied in this paper, namely: Raymah, Aldhalea and Amran; the health sector infrastructure is not at the level of need, and its services are not of high quality. Most of the health facilities take the form of small health units or centers that focus on first aid or primary medical care only. In addition, some facilities are partially or completely non-functional for reasons related to the lack of qualified staff or lack of operational expenses, and some of them are not fully equipped at all.

According to available data from the Yemeni Ministry of Health, Aldhalea governorate has 229 health facilities distributed among 92 health units, 69 health centers (with and without beds), and 68 hospitals, including rural hospitals, district hospitals, and public hospitals. In terms of operational status, 139 facilities are fully operational, 73 facilities are partially operational, and five facilities have ceased operating altogether. There is no documented information on the operational status of 12 health facilities⁸.

Official data from the Yemeni Ministry of Health also shows that Amran governorate has 308 health facilities of three main types: 39 hospitals (27 fully operational and 12 partially operational), 85 health centers (53 fully operational and 32 partially operational), and 184 health units, of which 116 are fully operational and 68 are partially

⁶ Almushahid, 2024, Health support not reaching rural Yemen. <https://almushahid.net/120421/>

⁷ UNICEF, June 14, 2019, One woman and six newborns die every two hours from complications during pregnancy or childbirth in Yemen. <https://shorturl.at/Hr8h2>

⁸ Ministry of Health and Environment, Public-Health-Facilities. <https://shorturl.at/5XMyj>

As for Raymah governorate, official data from the Yemeni Ministry of Health indicates that the governorate has a total of 162 health facilities distributed across three main types of health facilities. These facilities include 55 health centers, of which 42 are fully functional and nine are partially functional. Only 63 out of 102 health units are fully operational, which are the main component in rural areas, 29 are partially operational, and one health unit was recorded as non-functional¹⁰.

Although these figures are available on the website of the Yemeni Ministry of Public Health and Population, field verification through communication with residents and officials in the three governorates showed a wide disparity between the reality and the official figures. Most of these facilities, as mentioned above, do not fulfill their true purpose, as they are unqualified, either due to lack of staff, unpreparedness to provide integrated health services, poor equipment, or limited to providing only first aid, without the ability to deal with emergencies or provide reproductive health services.

Moreover, it was found that there is no reliable or updated official data on the number of health facilities specialized in reproductive health in these governorates, as most facilities are classified as public services without specifying the quality of the services provided. This lack of accurate information reflects a clear institutional weakness in documentation and follow-up, which in itself is an indicator of the lack of interest in reproductive health in rural areas, which hinders any efforts for evidence-based health planning and intervention.

Reproductive health is a key public health issue, as it directly affects the health of mothers and children and is reflected in the well-being of the family and society in general.

More than 20.1 million people out of a total population of 30.5 million in Yemen lack access to basic healthcare services. Only 51 percent of health facilities nationwide are currently functioning, while the rest remain closed or partially functioning as a result of the ongoing conflict, lack of resources, and widespread destruction of infrastructure¹¹.

Ongoing violence and clashes are an additional barrier for patients, especially pregnant women and children, preventing them from accessing health facilities, increasing the death rates from preventable causes¹².

Yemen's health system faces serious challenges. Only half of the country's hospitals are operational, one in five provide maternal and child health services in 19 out of 22 governorates, and there are only six delivery beds per 10,000 people. In addition, it is estimated that 42.4% of the population lives more than one hour away from the nearest partially or fully functional government hospital."¹³

¹⁰ Ministry of Health and Environment, Public-Health-Facilities. <https://shorturl.at/5XMyJ>.

¹¹ ICRC, 07 July 2022, Yemen: Women and girls struggle to access essential healthcare <https://shorturl.at/kV9FZ>

¹² Ibid.

¹³ UNFPA, June 15, 2022, With emergency obstetric care elusive, pregnant women in Yemen face tragic consequences. <https://shorturl.at/Bdrqs>

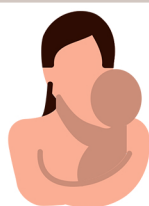
Maternal and Neonatal Mortality

Rates Rise During the Conflict

Since the escalation of the conflict in Yemen, maternal mortality rates have risen sharply, with the number of daily deaths related to pregnancy and childbirth increasing from five per day in 2013 to 12 per day by 2018.¹⁴ This deterioration clearly reflects the collapse of the health system and the increasing barriers women face in accessing safe health care during pregnancy and childbirth. The data points to an alarming health reality.



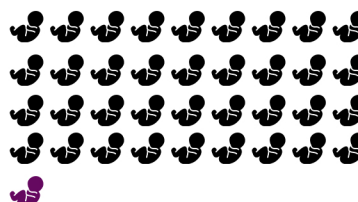
One in 260 women faces the risk of dying during pregnancy or childbirth



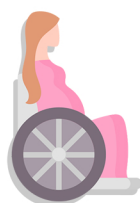
Less than 30% of births take place in a health facility.



One in 37 newborns dies within the first month of birth.



One in 15 adolescent girls (15-19 years old) has already given birth.



1.1 million pregnant and lactating women are in urgent need of treatment for severe acute malnutrition¹⁵

¹⁴UNICEF, 14 June 2019, One woman and six newborns die every two hours from complications during pregnancy or childbirth in Yemen. <https://shorturl.at/Tsjol>

¹⁵ Ibid.

Methodology

This paper relied on a qualitative research methodology based on desk analysis and interview tools to understand the reality of reproductive health services in rural areas and identify priority challenges and needs. Raymah, Amran, and Aldhalea governorates were chosen as a sample to study rural areas in Yemen, as they share common features in terms of the lack of health centers and services, their distance from most villages and population gatherings, the ruggedness of the roads, the lack of health staff, and the clear gaps in health services, especially in the reproductive care aspect. This choice represents an intersection between the geographical dimension and the human dimension in the suffering of rural women.

The data collection tools included 13 semi-structured interviews with health center directors, doctors, midwives and health specialists, in addition to interviews with pregnant women and mothers from local communities in the targeted areas. Moreover, in-depth desk research was carried out, including a review of local and international reports, previous health policies, and published studies related to reproductive health in Yemen, to support and analyze the field findings.

Given the great similarity in the health and social context between rural governorates in Yemen, the results of this study can be utilized as an initial representative indicator against which to assess the situation in other similar governorates, taking into account local differences.



Raymah governorate, located in the western highlands, was declared a governorate in 2004 and consists of six districts, with a population of 394,448 according to the latest 2004¹⁶ census. It is characterized by rugged mountainous terrain and a limited transportation network, with most areas relying on unpaved and rocky roads that often become impassable during the rainy season. The governorate suffers from a severe lack of health infrastructure, which contributes to the challenges women face in accessing basic healthcare.



Aldhalea governorate, located in the south of the country, was declared a governorate in 1998 and includes nine districts, with a population of 470,564 according to the latest census in 2004¹⁷. It is also characterized by difficult mountainous terrain and an almost complete lack of paved roads in many rural areas, forcing residents to rely on foot walking, or using four-wheel drive vehicles to access basic services, including health services.



Amran governorate, north of the capital Sana'a, was declared a governorate in 1998, with a population of about 877,786 people according to the latest census in 2004¹⁸, while reports issued by the Taqrib website indicate that the population distribution by governorates (government estimates for 2022) is about 1,102,000 people¹⁹. It is one of the most geographically diverse governorates, combining high mountains and fertile agricultural bottoms. Amran is divided into twenty districts and is connected to the capital through a network of main roads, but most of the internal road networks are unpaved or semi-paved, making access to health facilities in rural districts a real challenge, especially in emergencies. Although there are a number of hospitals and health centers, geographical remoteness and poor infrastructure remain major barriers to women's access to reproductive health services.

¹⁶ National Information Center, Profile of Raymah Governorate

¹⁷ Ibid, Profile of Aldhalea Governorate. <http://yemen-nic.info/gover/althalea/brife/>

¹⁸ Ibid, Profile of Amran Governorate. <http://yemen-nic.info/gover/amran/brife/>

¹⁹ Taqrib, May 11, 2024, Yemen Population Data. <https://shorturl.at/UdTCY>

Ethical Considerations:

The team followed a strict no-harm approach, names were removed to protect the privacy of the interviewees and interview data was stored securely.

Limitations of the Study:

This study faced a number of methodological and contextual challenges that limited its scope. One of the most prominent limitations was the difficulty of communicating with rural areas due to repeated electricity outages and poor communication networks, which affected the possibility of conducting extensive interviews. On the other hand, the broader security situation in Yemen also affected the responsiveness and willingness of participants to engage in the research. In particular, the recent security developments since 2024, including the arrest of several researchers and social workers, created a climate of fear within the community, making many individuals hesitant or unwilling to respond, despite the fact that the questions were strictly non-political and purely research-based. In addition, the sensitive nature of the topic, especially in rural areas, posed another constraint. Discussions around reproductive health are often considered culturally sensitive in Yemen, which limited the depth of responses and required cautious framing of questions. From a data standpoint, the study was constrained by the lack of publicly available and up-to-date information on several key indicators, including population size, health facility distribution, and maternal mortality rates in the targeted areas. In many cases, official statistics were either outdated or unavailable, and there was an almost complete absence of previous studies or secondary sources that directly addressed the specific regions under study. Finally, inconsistencies observed in data from qualitative interviews and secondary sources complicated the validation process. Additional effort was required to cross-check findings through local informants and expert consultations. Despite these challenges, the paper provides important qualitative indicators that can be built upon to formulate more targeted and equitable interventions, especially in marginalized rural areas.

National Reproductive Health Strategies From Planning to Stopping:

Over the past two decades, the Yemeni government has adopted a number of national policies aimed at improving reproductive health indicators and reducing population growth rates. The most prominent of these efforts was the preparation and implementation of the first National Strategy for Reproductive Health (2006-2010), followed by the second National Strategy (2011-2015)²⁰ as a more comprehensive and consistent document with the National Health Strategy 2010-2025, within the Yemen Vision 2025.

²⁰ United Nations Population Fund (UNFPA), Second National Reproductive Health Strategy (2011-2015). <https://short-link.me/12yE3>

The Ministry of Public Health and Population, through the health sector, prepared this strategy in cooperation with international partners such as the United Nations Population Fund (UNFPA) and with the support of donors. The strategy aimed to expand family planning services, provide safe obstetric care, develop a referral system, enhance the training of health workers, especially midwives and nurses in rural areas, and involve local communities in raising health awareness.

Despite the clear objectives and the integrated nature of the action plan, the implementation of the strategy effectively stopped after 2015, as a result of the deteriorating political and security situation in the country, the division of state institutions, and the collapse of the public funding system, especially after the suspension of most international support in the aftermath of the armed conflict.

Reports from the United Nations Population Fund²¹ indicate that many of the strategy's goals remained unfulfilled, as over-reliance on external funding continued, without local institutional empowerment. Instability has also led to the disruption of reproductive health services, with coverage of deliveries in health facilities dropping to less than 30 percent and the maternal mortality rate rising to almost one every two hours, according to recent estimates by UNICEF.²²

Thus, national policies that were ambitiously designed on paper have faced significant limitations in implementation, highlighting the need to reformulate the existing approach by building policies that are more flexible and adapted to the reality of the conflict, strengthening decentralization, and ensuring genuine partnership with the local community and the non-governmental sector.

Key Challenges to Reproductive Health in Rural Yemen

01

Deterioration of Infrastructure: Destruction and Closure of Many Health Facilities

During the years of conflict, Yemen has witnessed widespread destruction of health infrastructure, with hundreds of health facilities closed or destroyed, especially in rural areas that were already suffering from a severe shortage of facilities and services. Bombing, looting of equipment, and the inability to maintain centers have left many facilities completely or partially out of service²³. According to the World Health Organization (WHO)²⁴, less than half of Yemen's health facilities are fully operational, and a large proportion lack electricity, water, and basic medical supplies. This collapse in infrastructure has made access to healthcare a daily challenge for pregnant women, especially in remote areas, where women may have to travel long hours, in unsafe conditions, to receive minimal, if any, care.

"We give birth in our homes because we don't have a choice"

²¹ United Nations Population Fund (UNFPA), Documenting Program Performance and Reliance on International Funding. <https://shorturl.at/OrSxc>

²² ACAPS, 2025 Thematic Report: Access to Reproductive Health in Yemen. <https://short-link.me/16LWD>

²³ ICRC, 2021 Health Situation in Yemen. <https://www.icrc.org/en/document/health-situation-yemen>

²⁴ WHO, 2023 Yemen health system 'edging closer to collapse' warns

02

Poor Community Awareness, Cultural and Social Constraints and Restrictions on Women's Mobility

Social norms and mobility restrictions significantly hinder women and girls' access to reproductive health services. It is often expected that women be treated by female doctors, yet such professionals are scarce, especially in rural areas, due to cultural barriers and the lack of financial incentives for healthcare workers in remote locations. Additionally, mobility restrictions on women and girls, –such as the requirement of a male guardian (mahram)–limit women's ability to independently seek healthcare, this issue is particularly pronounced in many areas of northern Yemen, where the de facto authorities impose strict travel restrictions on women, requiring the presence of a mahram to travel between governorates²⁵, even when such travel is necessary to access life-saving reproductive health services²⁶.

Lack of awareness about reproductive health services is one of the main challenges facing women in Yemen, especially in rural areas. Many mothers do not have sufficient information about the importance of health care before, during, and after pregnancy, including regular checkups, safe delivery, and family planning. This is due to weak health awareness programs and limited access to information due to geographic isolation, illiteracy, and social traditions that limit opportunities for health education, leading to reduced demand for these vital services, which exacerbates the risk of pregnancy and childbirth complications and increases maternal and neonatal mortality rates. Enhancing health awareness among rural women is an essential step to improve the quality of reproductive health services and reduce the negative impacts associated with them. When asked during the interviews about the concept of reproductive health, the majority of mothers agreed that they did not know anything about it, while only a small percentage stated that it only means caring for the mother during childbirth. This reflects a clear lack of sensitization needed to understand what services are included in reproductive health.

One field interview participant noted that many women in rural areas, especially widows, divorced women, and wives of men missing due to the conflict, face psychosocial challenges that prevent them from accessing health facilities. The absence of a breadwinner, fear of being harassed or endangered while traveling, as well as community perception, make it difficult for these women to seek health care, even in critical circumstances. Some women prefer to stay at home despite needing treatment to avoid any potential exposure or social stigmatization, which contributes to the serious deterioration of their health condition, she said:



“We women who have lost our husbands and have no one to accompany us, are afraid to go out to seek treatment, we are afraid of the road and people's words... Even if we get sick, we prefer to stay at home”



²⁵ Amnesty international, 2022, Yemen: Huthis 'suffocating' women with requirement for male guardians. <https://short-link.me/12yFF>

²⁶ ACAPS, YEMEN Thematic Report 23 January 2025 Access to reproductive health for women and girls.

03

Poverty, High Healthcare and Transportation Costs, and a Weak Public Health Sector

Poverty is a major barrier to access to reproductive health services for low-income women. Financial constraints force them to rely on expensive private clinics amid a deteriorating public health care system, leading to high maternal mortality rates among poor women and girls, especially in rural areas. About a quarter of women in Yemen suffer from malnutrition, which is a major threat to the well-being of both mother and fetus. This condition leads to serious health complications during pregnancy and childbirth, most notably dystocia, premature birth, or low birth weight babies, as well as an increased likelihood of severe bleeding after childbirth, jeopardizing the lives of mother and child, and increasing preventable deaths and complications if the necessary nutritional and health care had been provided.²⁷

Salwa was unable to visit a doctor throughout her pregnancy, as the cost of health care was a luxury she could not afford. Instead of seeking out specialists, she relied on older women in her family for advice and support, a common coping mechanism in her rural community, where specialized health services are scarce.

"There was no time to think, I was bleeding heavily and our area didn't have any hospital nearby. I gave birth at home with the help of my neighbor who has no medical experience, and I lost consciousness after delivery. The baby didn't cry at first, we thought he was dead. Thank God he breathed afterward, but I was bedridden for a week because of the bleeding, and I couldn't see a nurse until days later."

"During my pregnancy, I suffered from severe nausea and was unable to eat at all. The doctor told me that I needed nutritional supplements, but I couldn't afford them, and my baby was born emaciated and still suffers from severe underweight due to malnutrition during pregnancy."

04

Lack of Qualified Health Workers and Poor Incentives to Work in Remote Areas

The reproductive health sector in Yemen suffers from a severe crisis caused by a shortage of qualified health workers, which is one of the main obstacles to providing effective services to women, especially in rural areas. According to the World Health Organization, Yemen is facing a severe shortage of health workers as a result of years of conflict.²⁸ Documents from the Ministry of Health from 2011 shows that some governorates were already suffering from a shortage of doctors and poor health infrastructure even before the crisis worsened (Jan. 2018). This shortage was exacerbated by the departure of most of the foreign medical staff that Yemen was heavily dependent on, especially in critical specialties such as surgery. About 1,200 foreign health workers have left the country since the outbreak of the conflict in 2014, leaving a huge void in the provision of care, especially in the remote areas where they worked.

²⁷ UNICEF, strives to provide children in Yemen with the nutritional support they need for their growth and development. <https://www.unicef.org/yemen/nutrition>

²⁸ WHO, 11 April 2024, Yemen Health Emergency
<https://www.who.int/emergencies/situations/yemen-crisis>

The remaining health workers are concentrated in major cities and less-affected areas such as Hadramawt, leaving rural areas in a state of near-deprivation of medical services. This deepens the vulnerability of women and girls, limiting their access to essential health care during pregnancy and childbirth.²⁹ During field interviews, all midwives interviewed confirmed that they did not receive any kind of training during their work period, which negatively affects the quality of care provided, especially in emergency situations that require immediate intervention and specialized skills.

The doctor at the health center hasn't come for two months, they say she doesn't receive a salary, so how will she come?

05 The Remoteness of Health Facilities and the Difficulty of Accessing Them Due to Rough Roads and the Difficulty of Travel

The Yemeni countryside faces severe geographic isolation³⁰ that makes accessing reproductive health services a daily challenge for citizens, especially women. Difficult roads and unpaved paths prevent people from reaching the nearest health center, especially in emergencies. For example: Residents of some villages in Raima governorate need to travel more than 30 kilometers to reach the nearest medical facility via roads that require four-wheel drive vehicles with a high transportation cost of more than \$50 or walking for hours. The issue is not limited to geography, but is exacerbated by the scarcity of medical staff in the countryside. As a result of salary cuts, lack of incentives, deteriorating infrastructure, lack of electricity and basic services, many doctors and health workers prefer to settle in cities that offer better job opportunities and living conditions. This leaves remote villages without adequate health coverage³¹, forcing women to deliver at home, or exposing their lives and those of their babies to risks that could have been avoided with proper and timely care.

I was screaming in pain in the car, the road was so bumpy and steep, I felt like I was going to lose my life. When we arrived, there was no gynecologist, so we waited until a doctor from another department came

Um Ahmed, a woman in her 20s, was pregnant with her third child when she started feeling labor pains late at night. Her husband tried to take her to the only health center in the district, but found it closed due to a lack of night staff and electricity. Her husband had to take her to the governorate hospital, which is more than two hours away via an unpaved road.

²⁹ ACAPS, YEMEN Thematic Report 23 January 2025 Access to reproductive health for women and girls. <https://short-link.me/16LXs>

³⁰ Almushahid, Health support does not reach rural Yemen, <https://almushahid.net/120421/>

³¹ Interview with a midwife.

06

Reduced International Funding for Reproductive Health Programs Affecting Many Essential Services

With the ongoing collapse of Yemen's health system and the instability of chronic conflict, UNFPA is emerging as the sole provider of life-saving reproductive health medicines, and the main provider of reproductive health and protection services for women and girls in the country. However the lack of funding has forced it to scale back humanitarian operations by 25 per cent since the beginning of 2022³².

UNFPA is the sole provider of reproductive health medicines and is leading reproductive health service provision in Yemen. But lack of funding has forced it to scale back humanitarian operations by 25 per cent since the beginning of the year.

This heavy reliance on a single international actor reflects the fragility of the health response and the absence of multiple supporting partners, threatening the sustainability of these essential services in a country with severely deteriorating health infrastructure and soaring needs³³. Funding cuts pose challenges to the continuity of reproductive health services. Yemen's healthcare system remains highly dependent on international support, but recent funding cuts have caused the suspension of vital programs, including maternal and child health services. A report by ACAPS warned in 2025 that continued reductions in international funding could lead to the closure of more than 1,000 health facilities³⁴. It is also estimated that without the necessary funding, around 2.7 million women and girls of reproductive age could be left without access to essential reproductive health services. Among them, over 30,000 pregnant women are expected to require emergency or specialized care during or after childbirth—but life-saving medical services remain extremely limited.

Fatima gave birth after a serious delay, and the baby developed respiratory distress because there was no ready-made incubator.³⁵

“ They told me that only one incubator was working and the rest were broken, so we kept waiting for our turn... I felt like my son was suffocating in my arms ”



“ A photo from khamer Hospital in Amran Governorate (Neswan Voice)”

³² UNFPA, 2022, With emergency obstetric care elusive, pregnant women in Yemen face tragic consequences. <https://shorturl.at/NCSfx>

³³ UNFPA, April 2, 2025. <https://shorturl.at/CmuWK>

³⁴ ACAPS Analysis Hub, 23 January 2025, YEMEN Thematic Report, Access to reproductive health for women and girls. <https://shorturl.at/odMLv>

³⁵ ReliefWeb, May 13, 2025, Yemen Humanitarian Response Plan. <https://shorturl.at/TWNsO>

In rural Yemen, medical follow-up during pregnancy is a luxury most women don't have.



“ A photo from a health center in Raymah Governorate (Neswan Voice)”

A number of women interviewed during the research reported that their pregnancies went by without any medical follow-up, check-ups, or visits to a doctor. When they became concerned, the advice of grandmothers and older family members was the only option available to them. This was not out of ignorance, but out of a harsh reality: Health centers are far away, transportation is conditional on the presence of a male guardian, and follow-up costs are beyond their means. Under these circumstances, pregnancy monitoring becomes a luxury that many women cannot afford, even though the right to healthcare is not a luxury but a necessity to save lives.

When a woman in a rural area was asked about the main challenges women face in her village, she said:

There is no health center nearby, the roads are rough and difficult, and the distances are long. We can only go with a mahram, and often there is no one to accompany us. We are forced to give birth at home, not by choice but because we have no alternative. There are no specialized doctors, no medical equipment, and even the necessary medicines can rarely be purchased. Many mothers lose their babies after childbirth, without knowing the real reason. If there was awareness or a health center with incubators, we could have saved many of them, but our reality of ignorance and poverty makes loss commonplace, and no one asks why.

Health Impacts on Women and Children

Alarming Dimensions of the Reproductive Health Crisis

The repercussions of poor reproductive health services in Yemen are not limited to the suffering of women during pregnancy and childbirth, but seriously affect the health of newborn children, leaving lasting physical and psychological scars.

A doctor working at a rural health facility in Raymah governorate confirmed that the severe lack of health care during pregnancy and childbirth leads to catastrophic consequences for newborns. She explained that some of the most prominent health effects she observed during her fieldwork:

1. Permanent disabilities of newborns due to birth in unsafe environments and lack of emergency medical care.
2. Mental and intellectual retardation caused by lack of oxygen during childbirth, as a result of delayed access to health facilities.
3. Brain injuries caused by obstructed labor or lack of proper medical intervention.
4. Hearing and vision impairments as a result of the lack of early neurological testing and diagnosis.
5. Severe pneumonia in newborns due to the lack of hygiene and sterilization conditions in alternative delivery sites.
6. Neonatal death, the most tragic scenario, occurs frequently in rural areas as a result of home births or delayed emergency care.

We often arrive too late... The mother is in a state of collapse, the fetus is about to lose its life, and all of this could have been avoided if she had access to nearby, safe health care. We have lost babies just because the mothers couldn't find transportation in time

Conclusions From Reality **Call for Urgent Action**

The testimonies of women and health professionals and the analysis of field data reveal a catastrophic health reality for women and girls in rural Yemen. Reproductive health services are almost non-existent in large parts of the country, and with them the basic protection of the right to life and dignity. The poor care, lack of medical follow-up, and unsafe childbirth that women in rural Yemen face are not just a lack of services, but a silent humanitarian crisis that is worsening by the day. Despite the growing crisis, there are still no systematic or effective interventions to address this deteriorating health situation. Interventions are still sporadic, not comprehensive, and suffer from clear gaps in sustainability and coordination. A cohesive national system that prioritizes this issue has not yet formed, and the roles of relevant actors – ministries, organizations, and local authorities – are either limited, ineffective, or, in some cases, almost completely absent, especially in remote areas.

This Policy paper not only aims to identify the issue, but also makes a clear call to move this issue from the margins to the center of public policies. Reproductive health is not a luxury, but a fundamental human right and a cornerstone of any genuine human development. Continuing with the status quo means tacitly accepting more deaths and tragedies that could be avoided with minimal commitment, resources, and serious planning.

Hence, this policy paper proposes a set of practical recommendations, based on field realities, that can form a roadmap towards saving the lives of women and children, and promoting the right to health and human dignity in rural Yemen.



Recommendations

**A roadmap towards improving maternal
and child health in rural Yemen**

First: for government authorities

1. **Promote health awareness for pregnant mothers** and the community in rural areas by implementing a national plan to promote reproductive health awareness, targeting pregnant women and their families in villages and rural areas such as Raima, Amran, and Al Dhale'. This plan includes, but is not limited to

- **Seasonal and ongoing awareness campaigns**, including community events led by medical teams in cooperation with civil society organizations and local authorities, focusing on two tracks: tribal leaders, notables and mosque preachers, and citizens.
- **Organizing periodic awareness sessions** in schools, mosques, and community gathering centers, under the supervision of religious and social leaders, to change prevailing concepts about home birth, family planning, and maternal and child health care.
- **Forming mobile women's medical teams** (midwives and doctors) to visit pregnant women in their homes in remote villages and provide personalized health education, especially for women who are widowed or unable to travel, while linking them to the nearest health center.
- **Using communication tools that are appropriate** for rural communities, such as local radio and WhatsApp, for example, as the main means of broadcasting awareness-raising messages.
- **Produce and distribute printed** awareness-raising materials (brochures, pamphlets, pictorial booklets in simple language) to be distributed at health facilities, markets, schools, and by local volunteers. The materials should be tailored for low-educated groups.

2. **Address economic barriers to accessing reproductive health services by:**

- **Reducing the cost of childbirth** (caesarean and natural delivery) in public health centers to make them affordable for low-income groups, through direct government support or partnerships with international organizations.
- **Subsidizing essential medicines** (such as anti-hemorrhagic drugs, blood pressure medicines, vitamin supplements) and providing them at nominal prices or free of charge in rural areas.
- **Providing conditional cash healthcare** vouchers for pregnant women, granted through local health centers in coordination with the Ministry of Social Affairs, to ensure they are able to afford regular follow-up and check-ups.
- **Providing financial incentives** and monthly grants to midwives and health workers in remote rural areas to encourage them to stay and continue providing services with joint funding from the government and international organizations.

3. **Developing infrastructure, facilitating access** to health facilities and qualifying their staff through:

- **Establishing fully equipped mobile health** units to provide reproductive health services. This requires careful identification of the areas of greatest need, forming a specialized medical team, and planning periodic visit routes that cover all targeted villages.
- **Preventive maintenance of existing health facilities** and implementation of a rehabilitation plan for partially decommissioned facilities by involving local authorities in identifying equipment priorities and managing restoration operations, allocating an annual budget with joint funding between the government and international partners,

conducting periodic needs assessment and requesting support from projects of local and international organizations to fill gaps and enhance the quality of health services.

- **Providing health centers** with basic medical devices and equipment (fetal monitors, birthing tables, lung syringes, incubators, oxygen machines), as well as providing community ambulances managed by local authorities.
- **Improving unpaved and rocky** roads and main paths leading to health facilities in partnership with local authorities and the Ministries of Health and Works.
- **Organizing** training programs in coordination with the Ministry of Health for midwives, nurses, health center managers, and paramedics working in rural areas on a regular basis according to their needs. This need can be measured by making questionnaires for each category to determine the required training, for example, midwives and nurses on emergency obstetrics, bleeding management, neonatal resuscitation, etc.
- **Conduct comprehensive statistical** assessments to update critical data – particularly on the number and locations of reproductive health centers – and ensure its publication on official platforms to support more effective needs identification and planning.
- **Encouraging and supporting rural girls** to study medicine and health sciences in order to provide a female health cadre that contributes to raising the level of reproductive health and overcoming any cultural or social obstacles that prevent women from benefiting from the health services provided by male health staff.

Second: for Local Community Committees and initiatives

- **Engage religious and local leaders** in spreading the right concepts about reproductive health.
- **Involve community members in the preparation** of messages by documenting real stories, testimonies of rural women, and interviews with midwives and doctors, which enhances the credibility of the messages and increases their acceptance and wider dissemination.
- **Work integratively with community media**, such as local radio stations, platforms and pages specialized in local affairs, to produce and disseminate effective awareness-raising content on reproductive health issues. This includes designing simplified and targeted media messages in local languages and dialects that are easy to understand, addressing the importance of follow-up during pregnancy, safe delivery, family planning, and proper nutrition. These messages should be broadcast periodically, to ensure that they reach as many women and girls as possible in remote and underserved areas.

Third: for International Organizations and Development Partners

- **Implementing health projects that focus** on providing basic services to pregnant women and newborns in the most needy areas, while providing essential medicines and supportive nutrition.
- **Training health and community cadres** by organizing periodic training programs for midwives, nurses, medical assistants, and community volunteers, and responding to needs through field surveys.
- **Organizing effective advocacy campaigns** for free prenatal care and ensuring access to health services for all, documenting success stories and preparing reports on

reproductive health situation.

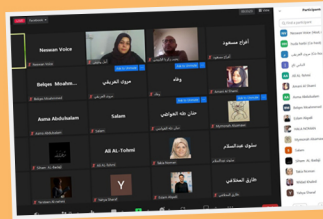
- **Evaluate the outputs of previous** projects and disseminate the successful ones through periodic evaluation, identify and disseminate successful models, and re-address weaknesses to ensure sustainability and improve impact

Fourth: for Media

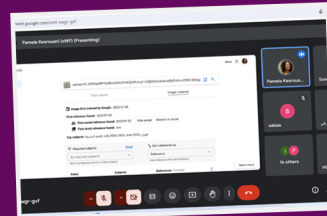
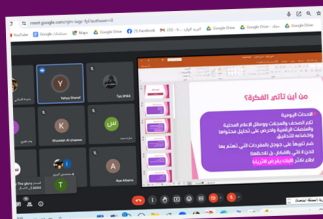
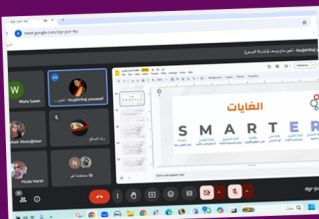
- **Raise awareness of the importance of access** to health care and medical follow-up for pregnant women, and the importance of nutrition for pregnant women, etc. to improve reproductive health, and promote a culture of comprehensive health care.
- **Broadcast daily short programs in the local** dialect on topics such as: The importance of medical follow-up during pregnancy, proper nutrition, the risks of home delivery, and the need to go to health facilities when danger signs appear.
- **Focusing on rumors and misinformation** related to reproductive health that negatively affect the level of reproductive health in the country and refuting them.
- **Highlighting the implications** of a high level of reproductive health on the sustainable development of individuals and communities.
- **Interacting with advocacy and awareness** campaigns and activities related to reproductive health adopted by civil society and government agencies.



Regular discussion sessions addressing pressing issues affecting women



Training programs for female journalists aimed at enhancing their presence in the public sphere



Yemeni female journalists' participation and representation in international forums



Women's voices on the air through our network of local and community radio partners across Yemen



Touching stories crafted by an honest voice that believes in women's issues



Confidence strengthened by the wide interaction of our audience in various Yemeni regions



Neswan Voice: Women's Voice in Yemen

