COMPLICATED DELIVERY

The Yemeni mothers and children dying without medical care

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

THE YEMENI MOTHERS AND CHILDREN DYING WITHOUT MEDICAL CARE

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CREDITS

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Two premature twins closely monitored at the neonates department of the MSF run "Mother and Child". Taiz Houban. Yemen

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Médecins Sans Frontières
Plantage Middenlaan 14,
1018 DD Amsterdam
Tel: + 31 (20) 520 87 00
Fax: +31 (20) 620 51 70
W: www.msf.org
www.facebook.com/msf.english
https://twitter.com/MSF

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01 COMPLICATED DELIVERY

After four years of conflict, the medical and humanitarian situation in Yemen continues to deteriorate due to violent clashes, continuous airstrikes, political interference in aid operations by warring parties, and an economic maelstrom in what was already the poorest country in the Middle East.

For Yemenis living through this protracted crisis, getting hold of the essentials of daily life is a constant struggle. This is especially true of medical care, as Yemen's public health system is far from meeting the needs of the country's 28 million people.

In March 2015, the conflict in Yemen escalated when Ansar Allah (also known as the Houthi movement) took control over Sana'a and continued advancing south, then the Saudi and Emirati-led coalition (SELC) started its campaign of aerial bombardment in support of the internationally recognised Government.

Since 2015, Yemen's public health infrastructure has collapsed under the strain of displacement, violence and health authority funding cuts, as well as the dissolution – and duplication – of state institutions. According to the World Health Organization, of the 3,507 health facilities it surveyed in 2016, more than 50 percent were either non or partially functional. The same survey reported just 6.2 hospital beds per 10,000 people were available – well under the recommended minimum of 10 per beds per 10,000 people. It also found that 42 percent of the districts surveyed had just two doctors, or fewer, present.[1]

The lack of functioning health facilities and public vaccination programmes has seen a resurgence of deadly vaccine-preventable diseases such as cholera, measles and diphtheria, while disruption to the movement of medical and humanitarian aid is commonplace.

Today, the ability of Yemenis to access private or public healthcare has dramatically diminished, as the conflict has ravaged the economy and devalued people's savings. Receiving treatment in a private clinic was a significant and widely affordable part of Yemen's pre-conflict health system, but this is now out of the reach of all but a limited section of Yemeni society, leaving the vast majority reliant on a hollowed-out public health service.

The country is exceptionally dependent on imports of food and fuel. Before the escalation of the conflict, 80 to 90 percent of staple foods and an estimated 544,000 metric tons of fuel were imported each month.[2] Currently, only around half of the fuel that Yemen needs is entering the country, causing increased transport and energy costs. This has negatively affected all sectors of the economy, and hit the poorest people hardest.

While medical needs are significant across all demographic groups, those of mothers and children are alarming. Despite weaknesses in Yemen's public health system before 2015, there had been a steady decline in infant and maternal mortality. However, since the outbreak of the current conflict, these improvements have reversed.[3]

The reduced number of functioning health facilities, the economic damage wrought by the conflict, and the physical barriers of active fighting and shifting frontlines, all combine to make reaching medical care a difficult and often dangerous process. As a result, women and children often arrive so late at medical facilities that their lives cannot be saved.

1 World Health Organization, Health Resources Availability Monitoring System (HeRAMS) – Yemen, November 2016, https://www.who.int/hac/crises/yem/sitreps/yemen-herams-infographic-november2016.pdf?ua=1

2 Yemen Economic Monitoring Brief – Winter 2019 (Accessed March 2019)https://reliefweb.int/report/yemen/yemen-economic-monitoring-brief-winter-2019-enar

3 Naseeb Qirbi and Sharif A Ismail et al.; Health Policy and Planning (2017) https://academic.oup.com/heapol/article/32/6/911/3591753

METHODOLOGY AND LIMITATIONS

Methods
Information was collected between November 2018 and February 2019. 10 semi-structured individual interviews with patients, caretakers and medical staff in MSF's Taiz Houban mother and child hospital in Taiz governorate, and 10 semi-structured individual interviews with patients and staff in an MSF-supported hospital in Abs, Hajjah governorate.

Additional information
Health data and indicators from MSF medical reports from these facilities were collected between 2016 and 2018.

Patient sampling
Convenience sampling of patients and caretakers was used in the neonatal, maternal and paediatric departments within the two hospitals.

Limitations and potential bias
The locations were chosen on the basis of MSF's presence at the facility. It was not possible to access the wider community to assess their barriers to accessing healthcare. The issues raised cannot be said to be representative of the challenges facing mothers and children across the entire country. The report also cannot conclude which barriers to healthcare had a greater impact on mothers' and children's ability to reach the MSF facilities compared to others.

Although this report focuses specifically on MSF's work in both the Taiz and Hajjah governorates, the conclusions and recommendations of this report are drawn from MSF's operational experience throughout the country.

Having interviewed solely those who managed to access an MSF-run/supported facility, this report likely underestimates the scale of the challenges facing those who never make it to an MSF facility. As the facilities chosen were analysed with a focus on the provision of care to mothers and children, it has not been possible to compare their access to healthcare to that of adult males.

Participants were also aware that the interviews were being conducted by MSF, which possibly led to some social desirability bias in the findings.

MSF IN YEMEN

MSF has scaled up its work in Yemen since the conflict escalated in 2015. Today, MSF runs 12 hospitals and health centres across the country.

MSF also provides support to more than **20** hospitals or health facilities across **11** governorates: Abyan, Aden, Amran, Hajjah, Hodeidah, Ibb, Lahj, Saada, Sana'a, Shabwah and Taiz.

From March 2015 to December 2018, MSF teams performed

81,102

surgical interventions

Provided treatment to

119,113

patients with injuries related to war and violence

Delivered

68,702

newborn babies

and cared for more than

116,687

suspected cholera cases.

As of 2019, MSF has

2,200

international and locally-hired staff in Yemen

and provides incentive payments to

700

Ministry of Health staff across the country.

02 TAIZ HOUBAN MOTHER AND CHILD HOSPITAL AND ABS HOSPITAL, HAJJAH

Taking a look at two facilities where MSF is providing free healthcare – the MSF-run Taiz Houban mother and child hospital and the MSF supported hospital in Abs – offers an insight into some of the challenges facing mothers and children in Yemen.

MSF established its Taiz Houban mother and child hospital in late 2015, converting a local hotel into a 130-bed hospital and trauma centre to try and address some of the healthcare needs in Taiz governorate. Houban is a suburb of the city of Taiz, which has been divided by an active frontline since 2015. Fighting has left many health facilities out of operation or out of reach and displaced many healthcare workers from the city. Those facilities that still function often lack vital drugs and staff.

Health facilities themselves often come under attack. On 2 December 2015, an airstrike by the SELC hit the immediate vicinity of an MSF tented clinic located in Houban. The attack injured nine people including an MSF health educator and a guard. Although airstrikes have significantly reduced in frequency over the past two years in Taiz governorate, fighting on the frontline of the city has made Taiz one of the most dangerous regions of the country.

"Taiz used to be one city. Houban is on the outskirts of the city, and when the frontline cut the city in two, most if not all of the surgical hospitals were left on the other side of the frontline. On the Houban side, where we are now, there was no public hospital providing any maternal or paediatric care. Now what used to be a 10-minute drive across the city takes up to seven hours, over and around the mountains."

Karolina, MSF head nurse, Taiz Houban[4]

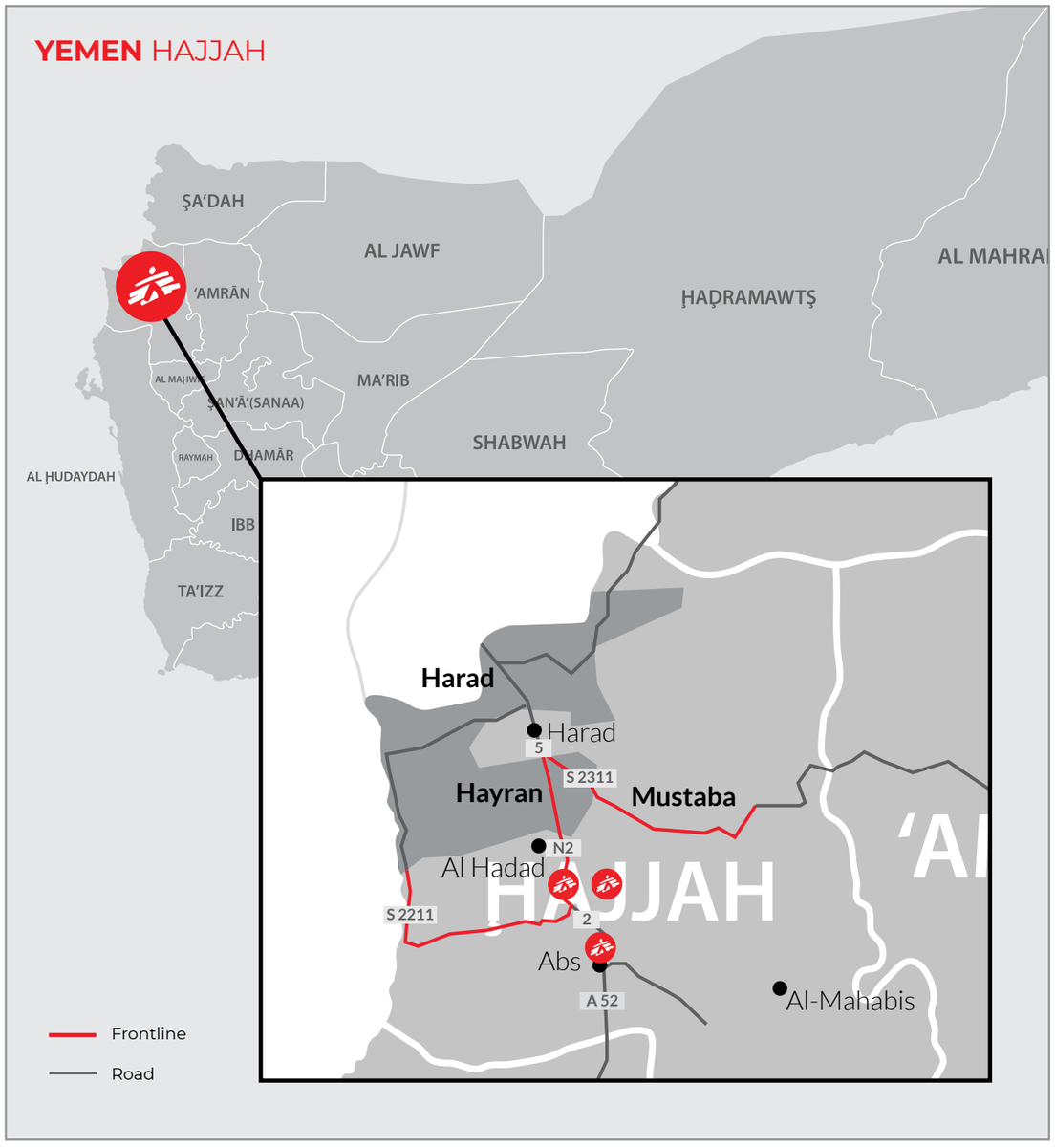
Taiz Houban mother and child hospital provides free healthcare to children under five and women of reproductive age, including the management of complicated deliveries, neonatal care and a therapeutic feeding programme. Since opening, demand for these services has been high and has increased year on year – doubling from 4,100 deliveries in 2016 to 8,443 deliveries in 2018. In 2018 alone, the hospital saw 6,915 inpatient admissions and admitted 1,432 malnourished children to its therapeutic feeding programme.

In the district where the hospital is located, there is no public hospital for a population of approximately 263,871. Given the lack of public hospitals, the number of referrals made by MSF from Taiz Houban to private hospitals has also been increasing year on year since 2015. In 2018, MSF referred 3,322 patients to private health facilities to receive care that it lacked the capacity to provide.

Returning from a recent visit to Taiz Houban, Christian Katzer, MSF's operations manager for Yemen described the experience of one patient: "I was particularly touched by the story of one heavily pregnant woman. This woman came from some distance away and had spent a lot of money on transport to reach MSF's mother and child hospital – money that the family had had to borrow from neighbours. When they reached the hospital, we had so many women giving birth that we had actually had to close our maternity admissions. The 130-bed hospital was at full capacity. It's heartbreaking for our staff to have to turn away pregnant women who are desperately in need of medical care. In the end, we were able to find space for the woman to give birth, but it isn't always possible."[5]

4 Interview with MSF head nurse Karolina at Taiz Houban, November 2018

5 Interview with MSF operations manager Christian Katzer at Taiz Houban, April 2018


YEMEN HAJJAH
ṢA'DAH
AL JAWF
AL MAHRA
'AMRĀN
ḤAḌRAMAWTṢ
MA'RIB
AL MAHWA
ṢAN'Ā'(SANAA)
SHABWAH
RAYMAH
ḤAJJAH
AL ḤUDAYDAH
IBB
TA'IZZ
Harad
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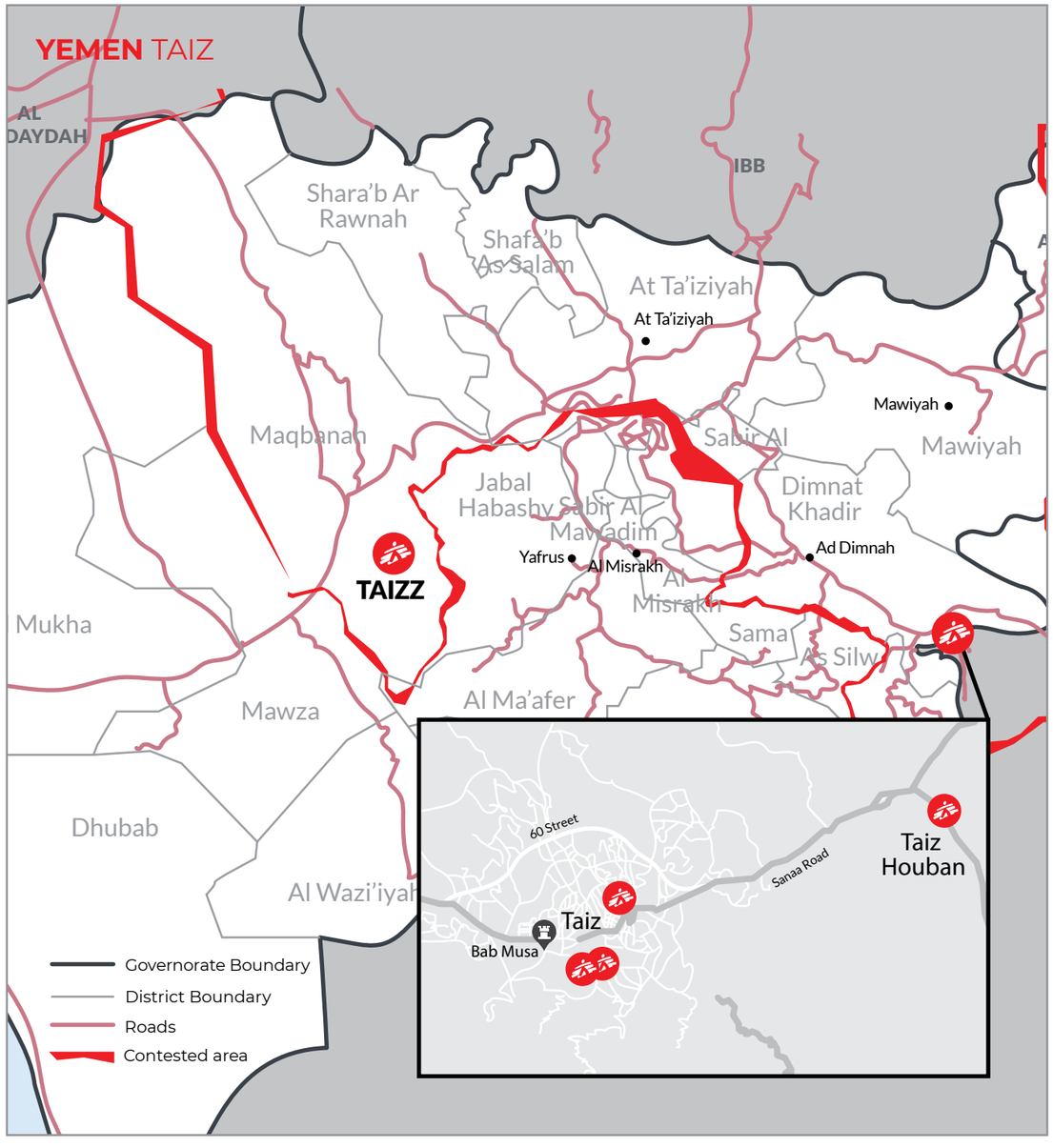
Al-Mahabis
Frontline
Road


YEMEN TAIZ
AL DAYDAH
IBB
Shara'b Ar Rawnah
Shafa'b As Salam
At Ta'iziyah
At Ta'iziyah
Mawiyah
Mawiyah
Maqbanah
Sabir Al
Jabal Habashy
Dimnat Khadir
Ad Dimnah
Yafrus
Al Misrakh
TAIZZ
Mukha
Sama
Al Ma'afer
Mawza
Dhubab
Al Wazi'iyah
60 Street
Sanaa Road
Taiz
Houban
Taiz
Bab Musa
Governorate Boundary
District Boundary
Roads
Contested area

In Hajjah governorate, MSF has been supporting Abs hospital since 2015 in collaboration with local health authorities.

Abs is located in the northwest of Yemen. Bordering Saudi Arabia, the area has seen some of the conflict's worst violence, with airstrikes and displacement a feature of life for its residents. Between 26 March 2015 and 24 March 2018, the Yemen Data Project reported 1,617 airstrikes in the governorate. Following an increase in shelling from the Saudi border in March 2015, large numbers of people fled towards the south of the governorate, which led to the establishment of settlements for internally displaced people (IDPs) in the region.[6]

Before 2015, the governorate – specifically its western areas – was affected by malnutrition and scarcity of water. Now, as a result of the conflict, both displaced people and host communities suffer from the decreased availability of healthcare and the rising prices of basic commodities.

Abs hospital was bombed by the SELC in August 2016, killing 19 people and wounding 24. On 12 June 2018, an MSF cholera treatment centre was again attacked by the SELC. Fortunately no one was killed in this attack as the centre was not yet open.

After increasing the capacity of Abs hospital from 30 beds to 200 today, MSF supports the emergency room, inpatient department, operating theatre, maternity ward, inpatient therapeutic feeding centre, laboratory and sterilisation unit, as well as outreach activities in the surrounding areas. A referral system allows emergency cases to be transferred to Hajjah or Sana'a.

Two mothers with their children inside the MSF run Mother and Child Hospital in Taiz Houban, Yemen

6 Yemen Data Project, http://yemendataproject.org/data/, accessed 5 March 2019

03 ACCESS TO MEDICAL CARE

Before the escalation of the conflict, Taiz governorate had nine public hospitals. Five of these were located in Taiz city, which is home to some 615,000 people, according to the country's 2014 census.

As of March 2019, no public hospital in Taiz governorate is fully functioning. Three of the five hospitals in Taiz city centre remain partially open, with support from MSF and other international non-governmental organisations (INGOs). However, the hospitals do not provide the same level of services they did before the conflict and are not easily accessible for those living across the frontline in Houban. From time to time, MSF's Taiz Houban hospital receives patients who have crossed the frontline – not only to receive better quality healthcare, but also to be in a safer hospital environment. MSF-supported hospitals in Taiz city centre are hit by warring parties regularly and their safety and security is often compromised by armed groups operating in and around the hospital compounds.

MSF's hospital manager in Taiz Houban describes the situation in Taiz governorate: "Primary healthcare services are not fully functioning and have not been in a long time. More often than not they are not staffed by healthcare professionals and, if they are, the staff are not usually trained in the management of the cases presented. Without sufficient capacity or trust in these services within the community, women are waiting until the last minute to make the dangerous journey to receive care."[7]

Traditionally, women in Yemen give birth at home with the assistance of birth attendants, rather than delivering in hospital. When complications occur, access to care was a much simpler process before the outbreak of the conflict than it is now.[8] Current difficulties in accessing healthcare mean that medical complications during pregnancy have become much more deadly.

As a result of not being able to access basic emergency obstetric and newborn care, 70 percent of women arriving at MSF's Taiz Houban hospital suffer from life-threatening complications including obstructed labour, prolonged labour, pre-eclampsia, eclampsia, uterus rupture and post-partum bleeding. As a result, they need high-level comprehensive emergency obstetric and newborn care.

Without community-based health clinics providing antenatal care, complicated pregnancies go undiscovered until it is time to give birth. Adequate screening would allow pregnant women to be referred to MSF's Taiz Houban hospital in time and would likely reduce the pressure on the hospital, as it would have fewer emergency cases to care for.

MSF nurse Zainab, who works in Taiz Houban, describes a recent patient: "I remember a woman who tried to give birth at home but could not due to complications. Her home was far from the MSF hospital and, when she arrived, she was suffering from uterine rupture and her baby was dead. The doctors hurried to perform an emergency operation for her as she was bleeding heavily. We expected the woman to die, but she lived." [9]

"I have four children at home and the fifth one is here in the hospital. It took us six hours to get here. We do not have [hospitals in our village]. The hospital is so far."

Khamisa, patient at Taiz Houban, from Al Wa'shah, Taiz[10]

7 Interview with Taiz Houban hospital manager Rachel at Taiz Houban, November 2018

8 Naseeb Qirbi and Sharif A Ismail et al.; Health Policy and Planning (2017) https://academic.oup.com/heapol/article/32/6/911/3591753

9 Interview with MSF nurse Zainab at Taiz Houban, November 2018

10 Interview with patient Khamisa from Al Wa'shah village, Taiz, at Taiz Houban, November 2018

As in Taiz governorate, the lack of functioning health centres is also a challenge facing communities in Abs, Hajjah governorate. Women arriving at the MSF-supported maternity ward in Abs often describe the long and difficult journeys they made to get there.

Sadeqa, an MSF midwife in Abs, says: "This distance from medical care is a big problem. The areas around Abs are mountainous. Sometimes patients are prevented from travelling because of airstrikes and clashes. Many of the roads they use are unpaved and are very bad after it rains. Also, patients do not go out at night because they are afraid they could be attacked. Once it happened that a car was hit by an airstrike, killing everyone inside."[11]

"Imagine my situation; imagine how painful this all was in my state of pregnancy, being delayed at checkpoints like this. I suffered a lot, with the unpaved roads and the checkpoints. If this war was not happening, I could go to any public hospital. But in this situation of war, with checkpoints and gunshots, we arrived at Taiz Houban in a state of panic."

Eftekar, patient at Taiz Houban, from Al Wazeera, Ibb [12]

"A woman came here six months ago. Her family took her to the health centre. They gave her oxytocin. Her uterus was ruptured. When she arrived here, it was too late and she died. They came here with a hope that they could save her, but she and her baby died at the gate of the hospital."

Safana, MSF midwife, Abs hospital [13]

11 Interview with MSF midwife Sadeqa at Abs Hospital, Hajjah, January 2019

12 Interview with patient Eftekar from Al Wazeera, Ibb, at Taiz Houban, November 2018

13 Interview with MSF midwife Safana at Abs Hospital, Hajjah, January 2018

Bra'ah Fawzan - 6-day-old breathes from an oxygen tube in the emergency room of Abs Rural Hospital, which has been run by MSF since 2015. Bra'ah came from Khiran area by a taxi, where the roads are very rough. Khiran area is a contact area and it was bombed by more than 50 airstrikes. It is about 100 km away from Abs district.

04 THE IMPACT OF THE ECONOMIC COLLAPSE ON MEDICAL CARE

"The war has had a terrible impact on the whole of Yemeni society – in terms of the blockade, increased commodity prices, insecurity and everything else that comes with conflict. People are very poor and cannot afford the cost of a single medicine."

Eftekar, patient at Taiz Houban, from Al Wazeera, Ibb[14]

The high mortality rates witnessed by MSF in Taiz Houban are likely underpinned by the economic vulnerability faced by many families, which limits people's freedom to choose which medical facility to attend, if any. As of January 2019, the Yemeni rial's purchasing power is 148 percent lower than in the pre-crisis period. The average weekly food bill for Yemeni families has risen by 96 percent, while the prices of diesel and petrol are up 98 percent and 106 percent respectively.[15] Since 2014, Yemen's gross domestic product has fallen by 29 percent, with the conflict causing widespread disruption to formal economic activities.[16]

Before the escalation of the conflict in 2015, most medical services in Yemen were provided by private health facilities, with the remainder provided by the Yemeni public health service. Private healthcare was not free, but it was affordable for many people. While private and public healthcare was sometimes unavailable in rural areas, transport to nearby towns was both available and affordable.

As highlighted in MSF's report *Saving lives without salaries*, public workers including healthcare professionals, teachers and other government employees have received partial or no salaries since August 2016.[18] In 2018, payments of salaries were resumed for employees in the areas nominally under the control of the internationally recognised government of Yemen, but public sector workers in other areas are still waiting for their salaries to be paid in full, according to MSF Yemeni staff.

As public sector salaries accounted for 37 percent of public expenditure in 2012, the reduced payment of these salaries is having a major impact on Yemen's population. In 2018, some 52 percent of Yemen's population were living on less than US$1.90 per day.[19]

In Hajjah and Taiz governorates, daily labourers can expect to earn between 2,000 (US$3.4) and 6,000 (US$10.3) rials per day, depending on whether they are unskilled labourers, farmers or builders.[20]

"It was the time to give birth to the baby. We were looking for a car. If we arrived late at the hospital, no one knew what would happen. We found a car and the driver asked for 20,000 rials (US$35), so we agreed."

Maryam, patient at Abs hospital, from Hajjah[21]

Today, the cost of private healthcare in Taiz governorate varies, but can often be costly. In one local hospital, the cost of an uncomplicated caesarean section is approximately US$160; the cost of neonatal care with an incubator is US$16-24 per day; while one night in the intensive care unit costs around US$105. The overall cost of admission to a private hospital for a few days could be US$400-500,

14 Interview with patient Eftekar from Al Wazeera, Ibb, at Taiz Houban, November 2018

15 WFP Yemen – Monthly Market Watch – January 2019, https://www.wfp.org/content/yemen-monthly-market-watch-2018, accessed 2 March 2019

16 Yemen Economic Monitoring Brief – Winter 2019 (Accessed March 2019)

https://reliefweb.int/report/yemen/yemen-economic-monitoring-brief-winter-2019-enar

17 Increasing Health Care Access in Yemen Through Community-Based Health Insurance (2016), Matthew Fuss, www.repository.law.indiana.edu/ijgls/vol23/iss2/14/

18 Yemen: Saving lives without salaries (MSF 2017), https://www.msf.org/yemen-government-health-staff-are-saving-lives-without-salaries

19 The World Bank, Yemen's Economic Outlook - October 2018, https://www.worldbank.org/en/country/yemen/publication/economic-outlook-october-2018

20 Daily rates derived from conversations with MSF staff in Taiz Houban and Abs

21 Interview with patient Maryam from Hajjah, at Abs hospital, January 2019

which could rise as high as US$1,500 for complicated cases requiring specific procedures and a longer hospital stay.

As demand continues to outpace capacity, MSF's ability to refer patients could plateau, leaving nowhere to refer complicated cases.

MSF's hospital manager in Taiz Houban says: "Previously people had a little bit of money, allowing them to seek care in local private clinics and afford transport. Now, as resources are tighter, they are delaying their arrival at the remaining medical facilities, including our one, which is free. One example is a child [being cared for at a private clinic] in Sana'a, where the family paid for the operation but could not afford the aftercare. So they disconnected the child from the oxygen and intravenous fluids and travelled for eight hours to bring the child here to us. When the child arrived, it was at its last breath. They brought the child here thinking we could care for the child – which we could and would have done – but at that point it was too late. We did what we could, but sadly the child passed away. It is distressing that families have to go to these extremes."[22]

The damage to Yemen's economy – compounded by the lack of public sector salaries – has also affected Hajjah governorate, where many people struggle to provide the basics for their families.

MSF midwife Sadeqa in Abs hospital says: "Most of the medical facilities that remain in the governorate are private. The public ones are either closed or not equipped with medical staff or equipment, and are not ready to receive patients. The private facilities that still function ask the patients to pay a lot of money. People are poor. Some of them do not go to hospitals because they cannot pay for the expense, or else they come here because it is free."[23]

22 Interview with MSF midwife Sadeqa at Abs Hospital, Hajjah, January 2019"

23 Interview with MSF nurse Zainab at Taiz Houban, November 2018

Kholah and Saher were malnurished and dehidrated. Once in hospital they were fed milk, as they hovered between life and death.

05 SAFETY AND SECURITY WHEN SEEKING MEDICAL CARE

"The long distances, the explosions and the clashes make the patients come late. We ask them 'Why are you late? Why did you not come early?' They answer that they travelled from 6 am and arrived at midnight. The clashes and the blocked roads made them late. Therefore we receive terrible cases: premature birth, bleeding, dead fetus. Mothers lose their lives. When we ask their families why they came late, they tell us it is because of the security situation and their economic conditions."

Zainab, MSF nurse, Taiz Houban[24]

Due to the myriad armed groups and ongoing hostilities, travelling to a medical facility can be a dangerous experience, especially for those crossing frontlines. The multiple checkpoints between territories controlled by different warring parties are often points of extreme tension and violence. Over the course of 2018, 4,836 incidents of armed violence had a significant impact on the civilian population of Yemen. Thirty-two percent of these violent incidents involved women and children.[25]

While the majority of those who attended MSF's Taiz Houban hospital did not have to cross frontlines some of those that did spoke of the risks. Abdulkhabeer, a patient caretaker from Ibb governorate says: "We left at one in the early morning and, while we were on the road, bandits shot at our car, three bullets, but we survived." [26]

Eftekar, a patient, also from Ibb governorate echoed the risks of reaching Taiz Houban: "The road from home to the hospital is not safe. In the past, we can take pregnant women to the hospitals at night but now we cannot, as the cars are not allowed to move at night. We keep watching the pregnant women in our community suffering and dying. If it is a critical case, we can take them by car at night, but there is a risk we will be shot. Movements are allowed only from 6 am to 6 pm. Before the war, it was safe to take the pregnant women to hospital in Al Rahedah [40 km from Houban] anytime." [27]

In Abs hospital, Hajjah, multiple patients spoke of their fear of the threat of airstrikes in the governorate when attempting to access healthcare. Many said they would not risk travelling at night for fear of robbery or being shot approaching a checkpoint in the dark.

Khattab, MSF's mental health manager in Abs, describes the situation: "Abs hospital itself was targeted before, and the whole Abs area has suffered many airstrikes over the course of the war. This has put huge pressure on people from the governorate and makes people afraid they will be attacked on the road or even that the hospital will be hit again. We have many patients showing symptoms of post-traumatic stress disorder who are extremely fearful of loud noises. Even the sound of a motorbike starting can be very upsetting for patients."[28]

"The driver told us that the route is dangerous and they would be taking a risk by driving us to the hospital. We were so scared because the coalition attacks anything. They attack the passengers, the houses, the hospitals and the health centres."

Maryam, patient at Abs hospital, from Hajjah [29]

24 Interview with MSF nurse Zainab at Taiz Houban, November 2018

25 Civilian Impact Monitoring Report Annual 2018 (Accessed March 2019) https://www.humanitarianresponse.info/en/operations/yemen/document/civilian-impact-monitoring-report-annual-2018

26 Interview with caretaker Abdulkhabeer from Al Mudaikera, Ibb, at Taiz Houban, November 2018

27 Interview with patient Eftekar from Al Wazeera, Ibb, at Taiz Houban, November 2018"

28 Interview with MSF mental health manager Khattab at Abs hospital, Hajjah, February 2019"

29 Interview with patient Maryam from Hajjah, at Abs hospital, Hajjah, February 2019"

© Nuha Mohammed

HUMANITARIAN ACCESS IN YEMEN

Despite the needs that exist in Yemen, access by humanitarian organisations to the most vulnerable populations is often hampered by restrictions placed on them by parties to the conflict.

For MSF teams in Yemen, access – especially to rural and district communities in areas close to frontlines – remains a significant challenge.

Overly bureaucratic and cumbersome procedures delay the issuing of visas to Yemen for medical and non-medical humanitarian staff. This has a deeply negative impact on the capacity of MSF to deliver quality, timely medical care to our patients in projects around the country.

Similarly, bureaucratic delays by authorities under the control of the parties to the conflict impede the rapid importation and movement of lifesaving medical supplies into and around the country. This is having a negative knock-on effect – threatening to disrupt medical supplies for our activities and slowing down our ability to swiftly respond to outbreaks and other medical emergencies.

Taken together, these constrain humanitarian operations in the country and threaten to compromise the provision of uninterrupted medical care in MSF facilities.

“People are poor. Some of them do not go to hospitals because they cannot pay for the expense, or else they come here because it is free.”

Mother’s and their children waiting their turn at the triage and waiting area in the outpatient department in the mother and child Hospital. Taiz Houban, Yemen.

06 MEDICAL CONSEQUENCES OF IMPEDED ACCESS TO HEALTHCARE

TAIZ HOUBAN

MSF is witnessing the deadly consequences of people's difficulties accessing medical care on a daily basis. Between 2016 and 2018, there were 860 deaths of reported in Taiz Houban – 17 mothers, 242 children and 601 newborns. Of these deaths, almost one-third (227) were children and newborns who were dead on arrival.

The number of children and newborns who were dead on arrival at Taiz Houban increased from 52 in 2016, to 72 in 2017, to 103 in 2018.

The desperate need for medical care of the children arriving at Taiz Houban is further exemplified by the 170 children and newborns who were alive on arriving at the facility but died within the following six hours. Children under one month old made up the majority of these deaths (71 percent).

Overall, newborn babies – under the age of one month old – accounted for 71 percent of child deaths in Taiz Houban (601/843). Many newborns brought to MSF for care have a low birthweight or were born prematurely, either at home or in small private clinics. The most common causes of deaths in neonates were prematurity, birth asphyxia and severe infections (sepsis).

MSF's hospital manager at Taiz Houban says: "Last month in our emergency room we had 10 cases of children arriving dead. Of those 10 deaths, four were clearly the result of travelling for several days to get here. If they had lived closer to MSF's hospital or had had the ability to pay for transport or medicines to treat a simple chest infection, it would not have resulted in such a serious outcome as the child dying."[30]

ABS

In the MSF-supported hospital in Abs, MSF has witnessed a similar situation unfold. Between 2016 and 2018 the facility recorded the deaths of 705 people – 19 mothers, 269 children and 417 newborns. Among the 417 neonates, 106 died on the day of arrival.

In the neonatal department, 65 percent (1,338/2,058) of all admissions during the period were of children born outside the MSF-supported hospital, many presenting with low birthweight. In mothers, pre-eclampsia, eclampsia and conditions such as post-partum bleeding and rupture of the uterus are not uncommon. Within MSF's maternity department in Abs, 19 percent (2,312/12,306) of children born in the hospital were of a low birthweight.

30 Interview with Taiz Houban hospital manager Rachel at Taiz Houban, November 2018

Between 2016 and 2018, there were

860

deaths reported in Taiz Houban

17

mothers

242

children and

601

newborns. Of these deaths, almost one-third

227

were children and newborns who were dead on arrival.

3-year-old Hassan, suffering from Thrombocytopenia Anaemia and malnutrition, is seen playing with his aunt on a bed inside the Inpatient Therapeutic Feeding Center, a department of the "Mother and Child" Hospital. The aunt brought him to the hospital with very challenging condition after she have been told, in other facilities, "that there was nothing to do for him." MSF doctors managed to save his life and now they call him the "miracle baby".
Taiz Houban, Yemen

"Taiz used to be one city. Houban is on the outskirts of the city, and when the frontline cut the city in two, most if not all of the surgical hospitals were left on the other side of the frontline."

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07 CONCLUSION

"When we look at our statistics, we would have to build five mother and child hospitals in Taiz governorate to provide enough care and coverage for the people of the governorate, but that is not possible. A more coordinated approach and a stronger presence of other INGOs could be a way to strengthen primary healthcare services and allow us to focus on treating the complicated cases."

Rachel, MSF hospital manager, Taiz Houban[31]

The warring parties in Yemen and their international backers have allowed a situation to unfold where one of the country's most vulnerable sections of society – mothers and children – are unable to reach adequate medical care in a safe and timely manner, with deadly consequences.

Humanitarian organisations in Yemen operate in an environment of deep suspicion and intimidation – often hampering their ability to reach the most vulnerable. Although MSF maintains a presence in some of the most challenging areas of Yemen, it is limited in its access to rural communities, especially those living close to areas of active fighting.

Despite the efforts of international organisations and INGOs in the country, the obstruction of humanitarian assistance and the lack of access to communities living near frontlines is crippling their ability to improve overall health outcomes for the Yemeni population.

RECOMMENDATIONS

- International humanitarian law must be respected by all parties to the conflict. Attacks on medical facilities must cease and the protected status of civilians and medical and humanitarian staff must be respected. As part of this, from the local to international level, the warring parties need to improve their awareness of and obligations under international humanitarian law and abide by them.
- A quicker and more transparent procedure is needed for humanitarian staff to be able to obtain the necessary visas to enter Yemen.
- Additional humanitarian organisations should begin operations in Yemen and their registration process should be facilitated and expedited by local authorities.
- Humanitarian actors in Yemen should increase efforts to ensure that experienced and specialist staff are in place to oversee the implementation and quality control of humanitarian activities.
- The importation of lifesaving drugs and their movement around the country should be unburdened from any unreasonably protracted bureaucratic procedures and/or duplications of administration that lead to ruptures in supply and shortages.
- Humanitarian organisations' access, and permission to work in, rural and district-level areas needs to be opened up by the warring parties. This would allow for adequate implementation and supervision of medical humanitarian programming such as community primary healthcare clinics, health promotion activities, outreach activities and vaccination initiatives.

31 Interview with Taiz Houban hospital manager, Rachel, at Taiz Houban, November 2018

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