Yemen is facing complex socio-economic and humanitarian crises including lack of access to basic social services such as safe water, health and education. Yemen’s health care system still remains extremely overstretched, with approximately 49% of health facilities either partially functional or non-functional (1). Cholera epidemic surged once again during March and April 2019. In water sector, 55% of the population in 197 districts have been left without access to improved water sources (2). As a result, women and children often assume responsibility for fetching water even from long distances.

With regard to public education sector, nearly 4.7 million children, i.e. 81% of the students, are in need of assistance to ensure the continuity of their education (2). Nearly 2 million children, representing more than a quarter of all children of school age, are now out of school (2). The main factors that undermine the performance of the basic social services sectors include irregularly paid or unpaid salaries of state’s employees, lack of fund to cover the operating expenses and the physical damage caused to basic social services facilities.

Despite the gravity of the situation in the country, the 2019 Humanitarian Response Plan for Yemen (HRP) has only received $1.17 billion until 20th June 2019, representing 27.9% of HRP’s funding requirements (3). Without mobilizing more support, millions of Yemenis will continue to be exposed to the risks and consequences of the tragic humanitarian crisis that has engulfed the country.

**Facts and Indicators**

| **YER 550/ USD** | 2.8% Self-sufficiency ratio of wheat in 2017 |
| **24.1 million** | Cumulative inflation rate in December 2018 compared to December 2014 |
| **$ 49.8 billion** | Cumulative decline in real GDP during 2015-2018 |
| **24.3 million** | 90% of the population lack access to public electricity |

Sources:
* UN Agencies.
** WB, June 2016.

**First: Situation of Basic Social Services:**

Basic social services sectors including water, health and education are of crucial importance for human life as they are instrumental in providing knowledge and ensuring a long and healthy life. Consequently, basic social services contribute to raising productivity and income, thus promoting the well-being of the population.

However, national accounts estimates showed a decline in the contribution of public health, water and education sectors to the GDP in 2017 in comparison with 2014 (Table 1) (4). This decline is attributed to many factors including the material damage to public utilities, non-payment or irregular payment of salaries for civil servants and shortage of operating expenses (if any) in many parts of the country. On the other hand, the private sector continued to play a vital role in providing education, health and water services. The private sector had 899 public education schools out of 16,730 in 2016. In higher education, it had 101 universities and colleges, accommodating 83,177 students out of the 310,340 students in 2014 (5). The private sector also had more than 60% of the health facilities in the country in 2014 (6). The repercussions of the ongoing conflict have affected both the public and private sectors; however, the private sector is more resilient to shocks and more capable of adapting to crises and changing circumstances.

The high costs and prices of basic social services - especially those provided by the private sector - make it difficult for the poor and low-income people, who account for the vast majority of the population, to have access to these services particularly in light of the erosion of income opportunities and the high inflation rates. For example, the consumer price index (cumulative inflation) in health services rose by nearly 109% during 2015-2018 (Table 2) (7).
The number of people in need of health assistance in Yemen increased from 8.4 million in December 2014 to 19.7 million in December 2018, an increase percentage of 134.5%\(^2\). The 2018 Health Resources and Services Availability Monitoring System (HeRAMS) assessment confirms that the health care system continues to be severely deteriorated. Out of the total 4,974 health facilities assessed, 51 per cent remained fully functional, 35 per cent partially functioning and 14 per cent stopped functioning due to material damage, staff shortages, lack of supplies, inability to meet operational costs or limited access. There is significant variation in the operational levels of health facilities across the governorates; while Raymah had the highest number of fully functional health facilities, Al Jawf had the lowest number.

The following is further elaboration on situation in health and education systems as well as water and sanitation:

### 1-1 Health System:

The number of people in need of health assistance in Yemen increased from 8.4 million in December 2014 to 19.7 million in December 2018, an increase percentage of 134.5\(^2\). The 2018 Health Resources and Services Availability Monitoring System (HeRAMS) assessment confirms that the health care system continues to be severely deteriorated. Out of the total 4,974 health facilities assessed, 51 per cent remained fully functional, 35 per cent partially functioning and 14 per cent stopped functioning due to material damage, staff shortages, lack of supplies, inability to meet operational costs or limited access. There is significant variation in the operational levels of health facilities across the governorates; while Raymah had the highest number of fully functional health facilities, Al Jawf had the lowest number.

The 2018 HeRAMS also revealed the shortcomings in the delivery of some components of health services. Immunization coverage dropped by 20 to 30 per cent, leaving children more vulnerable than ever to vaccine-preventable diseases\(^1\). Only 20 per cent of health facilities provide integrated maternal and child health care. Less than 40 per cent of secondary health facilities provide services for non-communicable diseases or mental health\(^1\). Poor households, constituting the overwhelming majority of the population, have limited access to health care owing to the high costs of private healthcare. As a result, only 3 out of 10 births take place in health facilities. One woman and six newborns die every two hours from complications dur-

\(\)\(^2\)\text{Source: } HeRAMS, November 2018

### Table (1) Contribution of Basic Social Services in GDP at Current Prices %

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health (public)</strong></td>
<td>0.5</td>
<td>0.6</td>
<td>0.6</td>
<td>0.7</td>
<td>0.7</td>
<td>0.9</td>
<td>0.7</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>Education (public)</strong></td>
<td>3.3</td>
<td>2.9</td>
<td>4.3</td>
<td>3.5</td>
<td>4.1</td>
<td>5.2</td>
<td>3.9</td>
<td>3.8</td>
</tr>
<tr>
<td><strong>Water and Electricity:</strong></td>
<td>0.8</td>
<td>0.8</td>
<td>0.9</td>
<td>0.8</td>
<td>0.8</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>-public sector</strong></td>
<td>0.5</td>
<td>0.6</td>
<td>0.7</td>
<td>0.5</td>
<td>0.6</td>
<td>0.7</td>
<td>0.7</td>
<td>0.7</td>
</tr>
<tr>
<td><strong>-Private sector</strong></td>
<td>0.3</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
<td>0.3</td>
<td>0.3</td>
<td>0.3</td>
</tr>
</tbody>
</table>

*Provisional Actual, ***Comp, ** Provisional

**Source:** CSO, National Accounts, 2017.

### Table (2) Consumer Price Index in Basic Social Services

<table>
<thead>
<tr>
<th>Items</th>
<th>Dec. 2014</th>
<th>Jan. 2019</th>
<th>%change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mineral water and soft drinks</strong></td>
<td>150.2</td>
<td>273.66</td>
<td>82.2</td>
</tr>
<tr>
<td><strong>Water supply and misc. services</strong></td>
<td>107.9</td>
<td>124.3</td>
<td>15.2</td>
</tr>
<tr>
<td><strong>Medical services</strong></td>
<td>197.7</td>
<td>413.11</td>
<td>109.0</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>145.5</td>
<td>232.44</td>
<td>59.8</td>
</tr>
</tbody>
</table>

**Source:** CSO, Consumer Price Index, January 2019.

The 2018 HeRAMS also revealed the shortcomings in the delivery of some components of health services. Immunization coverage dropped by 20 to 30 per cent, leaving children more vulnerable than ever to vaccine-preventable diseases\(^1\). Only 20 per cent of health facilities provide integrated maternal and child health care. Less than 40 per cent of secondary health facilities provide services for non-communicable diseases or mental health\(^1\). Poor households, constituting the overwhelming majority of the population, have limited access to health care owing to the high costs of private healthcare. As a result, only 3 out of 10 births take place in health facilities. One woman and six newborns die every two hours from complications dur-

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*Figure (1): Status of Health Facilities

Source: HeRAMS, November 2018*
Mothers and babies are amongst the most highly vulnerable in Yemen

EVERY TWO HOURS
1 MOTHER + 6 NEW-BORNS
DIE IN YEMEN

because of complications during pregnancy or birth


The already fragile health care system deteriorated rapidly due to the twin shock received by both the supply and the demand sides for health services. In other words, the increasing demand for health services coincided with the disruption to the operational capacity of health facilities to provide services for conflict-related injuries and communicable diseases, particularly the recurrent outbreaks of cholera. Since the second cholera outbreak, the cumulative total number of suspected cholera cases from 27 April 2017 to 30 April 2019 amounted to 1,674,680, with 3,288 associated deaths (CFR 0.20%). Children under five represent 28.5% of total suspected cases(9).

From 1 January to 30 April 2019, there have been a total of 284,905 suspected cases of cholera and 568 associated deaths (CFR 0.20%). The outbreak has affected 311 districts of the 333 districts in Yemen(9). The figure shows a considerable upward curve in the suspected cholera cases during March and the first half of April 2019, but it declined subsequently(10). However, it would be premature to confirm a continued downward trend. The last outbreak of cholera is likely attributed to the early arrival of the rainy season, use of untreated sewage water for irrigation and farming, little to no maintenance of sewage disposal systems, inadequate health facilities, and the ongoing displacement to and from high priority districts. WHO and UNICEF have played a key role in responding to the epidemic through integrated oral cholera vaccine (OCV) campaigns, water sanitation and hygiene (WASH) as well as raising community awareness of health and hygiene habits.
1-2 Water and Sanitation:

Water is essential to life, however, critical water and sanitation infrastructure remained underdeveloped for decades. In 2013, about 29 per cent of households had access to water inside the dwelling. In urban areas, access reaches 48 per cent of households compared to 23 per cent in rural areas. Throughout the country, 14-40 per cent of households had no access to improved drinking water sources, while 52.5 per cent of households had no access to improved sanitation, which declined to only 39.4 per cent in rural areas accounting for the majority of the 23 per cent of households whose residents had to walk more than 30 minutes to access water(11).

Undoubtedly, the situation today is considerably worse than it used to be. According to 2019 Yemen Humanitarian Needs Overview issued in December 2018, 17.8 million people require support to meet their basic WASH needs - representing 85.4 % of the population - including 12.6 million who are in acute need(2).

Estimates for 2019 indicate that 167 out of the 333 districts in Yemen are in acute need of sanitation support, and in 197 districts, over 55 per cent of the population has no access to an improved water source. In large areas of the country, public water networks are partially functioning. As a result, women and children are most often responsible for fetching water in 60 per cent of households spending more than 30 minutes to collect water(2).

In comparison with the available data on other countries in the region, only 54.1 per cent of Yemeni households had access to improved drinking water source in 2016(12), while in certain states in the region the percentage reached 100%(13).

2. WHO EMRO | Outbreak update - Cholera in Yemen, 19 May 2019:
The underlying causes and key drivers preventing access to safe water include lack of operational expenses, electricity and fuel in addition to soaring prices and reduced purchasing power; consequently, consumers cannot afford the costs of safe water and personal hygiene items. The devastating effect of the conflict and cyclones also caused significant damage to infrastructure and displaced many people to urban areas. This destruction and displacement compounded the pressure and demand for the already limited services, leaving poor and low-income people without access to safe water and vulnerable to malnutrition and WASH-related diseases such as cholera. In some cases, people are exposed to the risk of death. In 2016, Yemen witnessed rising mortality rates attributed to exposure to unsafe WASH services, with 10.2 cases per 100,000 population, and thereby placing Yemen among the six worst countries out of the 21 states in the Eastern Mediterranean Region(13).

Every child, regardless of their circumstances, has a right to education. Education is the key to a better life for millions of Yemen’s children through reduced chances of poverty, improved health and greater ability to build their own future. When children are kept in schools, they are less vulnerable to the potential risks of child labor, early marriage and recruitment in armed groups. They also learn the skills they need in a hazardous environment, including awareness about landmines and the importance of maintaining good health and hygiene practices. Moreover, schools have the power to shape attitudes and skills of young people toward peaceful relations by teaching them the values of respect and tolerance. Therefore, promoting interest in education during wartime serves as a long-term investment that brings dividends in peace-building and reconstruction later on.

Nevertheless, it’s estimated that 4.7 million children in primary and secondary education- 81% of the students across Yemen- need education assistance including 3.7 million in acute need. This includes 44.7% girls and 55.3% boys(2).
The education sector in Yemen has been facing numerous challenges and obstacles due to the structural damage caused to education facilities, coerced displacement, and severe economic crises. Particularly, non-payment of teachers’ salaries represented the most serious challenge to the educational process in the country, leaving 51 per cent of teachers in eleven governorates unpaid for more than two years. Consequently, 64% of the schools and 79% of the students in the country have been seriously affected². Furthermore, it has substantially contributed to undermining the quality of education as months of the school year go by without study and curriculum are partially taught owing to irregular attendance by unpaid teachers.

To mitigate the impact of the crisis, UNICEF implemented the second phase of the cash incentives to support teachers and school-based staff in Yemen project in May 2019. The project aimed to offer monthly payments equivalent to $50 to 135,359 teachers and school-based staff in 175 districts across 11 governorates⁹. The distributed cash is not an alternative to their salaries, but as incentives to keep the wheel of the education process spinning.

Wars and conflicts have a devastating impact on the educational infrastructure. Schools are usually exposed to destruction, damage, being used as IDPs shelters or for military purposes. In this context, an estimated 2000 schools in 15 governorates are unfit for use due to the conflict. This includes 15% of the schools that have been destroyed; 16% have been damaged; 20% located on the frontline, 1% occupied by armed groups, and 48% are sheltering IDPs². This hinders children’s access to education and makes it hard to create safe learning environments.

Children in conflict-affected countries are more likely to drop out of school. In Yemen, more than two million children are out of school, representing more than one quarter of the school-age population. There are approximately 1.1 million IDP children. More than 40,000 students need education assistance due to natural disasters and cyclones that forced them to flee their homes in Hadramaut, Al Maharah and Socotra governorates². These children are more likely to be out of schools, for communities affected by natural disasters often suffer loss of family income, loss of civil documentation, and they cannot afford the costs of living and education expenses. Therefore, education assistance is desperately needed to keep these children in schools.

Second: Yemen Humanitarian Response Plan (HRP) 2019- Funding Gap:

The total funding required for 2019 Yemen Humanitarian Response Plan amounted to approximately $4.2 billion. By the end of the first half of 2019 (20 June), the Humanitarian Response Plan received only $1.17 billion of the $2.6 billion pledged in February 2019, i.e. only 45% of the total pledges and 27.9% of HRP funding requirements⁴. Therefore, not only prompt disbursement of the pledged funds is needed but also more mobilization of donor support is required as well in order to alleviate the world’s worst humanitarian crisis.

The overall funding available for the basic social services sectors (in health, education, water sanitation and education) covered only 27.4% of the total funding requirements for these sectors. Funding levels vary across HRP sectors/clusters. As of 20 June 2019, the received fund for health sector has reached $119.4 million, covering only 19% of the required fund ($627.2 million), i.e. $507.8 funding gap. Similarly, WASH has received USD 85.7 million that covered only 30% of the required fund ($285.5 million), leaving a funding gap of $199.8 million³.
As figure (8) shows, education cluster has received $73.4 million that has covered only 69.6% of the required fund ($105.4 million), i.e. $32 million as of 20 June 2019. Despite the increased coverage percentage of education cluster, HRP required funding shows only a small portion of the Ministry of Education’s requirements that amounted to YER 341.3 billion (equivalent to $621 million at an exchange rate of YER 550 to the US$) according to the 2013 final accounts of public budget, 87.9% of which for salaries and wages payment and 4.1% expenditures on goods, services and properties (operational costs)(14).

<table>
<thead>
<tr>
<th>Cluster/Sector</th>
<th>Required</th>
<th>Funded</th>
<th>Gap</th>
<th>(Fund/ Required%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Security and Agriculture</td>
<td>2,209.0</td>
<td>458.1</td>
<td>1,750.20</td>
<td>20.8%</td>
</tr>
<tr>
<td>Health</td>
<td>627.2</td>
<td>119.4</td>
<td>507.8</td>
<td>19.0%</td>
</tr>
<tr>
<td>WASH</td>
<td>285.5</td>
<td>85.7</td>
<td>199.8</td>
<td>30.0%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>320.3</td>
<td>40.5</td>
<td>279.8</td>
<td>12.6%</td>
</tr>
<tr>
<td>Shelter / CCCM / NFI's</td>
<td>221.8</td>
<td>13.5</td>
<td>208.3</td>
<td>6.1%</td>
</tr>
<tr>
<td>Refugee and Migrant Protection</td>
<td>121.6</td>
<td>10.6</td>
<td>111</td>
<td>8.7%</td>
</tr>
<tr>
<td>Education</td>
<td>105.4</td>
<td>73.4</td>
<td>32</td>
<td>69.6%</td>
</tr>
<tr>
<td>Rapid Response Mechanism</td>
<td>48.6</td>
<td>17</td>
<td>31.7</td>
<td>34.9%</td>
</tr>
<tr>
<td>Logistics</td>
<td>68.5</td>
<td>44.3</td>
<td>24.2</td>
<td>64.7%</td>
</tr>
<tr>
<td>Coordination and Safety</td>
<td>26.2</td>
<td>7.7</td>
<td>18.5</td>
<td>29.4%</td>
</tr>
<tr>
<td>Emergency Telecommunications</td>
<td>5.5</td>
<td>2.8</td>
<td>2.8</td>
<td>50.2%</td>
</tr>
<tr>
<td>Multiple Field clusters (shared)</td>
<td>-</td>
<td>30.6</td>
<td>-</td>
<td>0.0%</td>
</tr>
<tr>
<td>Not reported</td>
<td>-</td>
<td>212.9</td>
<td>-</td>
<td>0.0%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>4,192.70</td>
<td>1,171.00</td>
<td>3,052.70</td>
<td>27.9%</td>
</tr>
</tbody>
</table>

### Third: Priorities:

<table>
<thead>
<tr>
<th>Sector</th>
<th>Priorities</th>
<th>Implementing Agency</th>
</tr>
</thead>
</table>
| Health | • Providing fuel and water for health facilities.  
         • Providing essential medicines and medical supplies for in health units, hospitals and health centers.  
         • Renovating, rehabilitating and equipping non-functional health facilities.  
         • Providing specialized health care for cancer and renal failure.  
         • Expanding the coverage of immunization programmes against cholera (OCV), measles, polio (OPV) and diphtheria.  
         • Supporting the provision of Minimum Initial Service Package for reproductive health, malnutrition treatment, non-communicable disease prevention and care, mental health and psychosocial services in high priority areas.  
         • Training doctors, nurses and midwives in addition to upgrading rehabilitation centres for the war-wounded.  
         • Expanding mobile medical teams’ services.  
         • Promoting hygiene awareness through sending text messages and implementing cholera awareness-raising and prevention campaigns among school students. | MoPHP, UNICEF, WHO, Media |
| Education | • Ensuring Payment of teachers’ salaries in all areas.  
          • Expanding schoolfeeding programmes to include teachers, and implementing conditional cash transfers programmes to encourage parents to send their children to school, especially girls.  
          • Including teachers among the beneficiaries of WFP monthly food baskets.  
          • Launching an awareness-raising campaign at the local level with the aim of retrieving textbooks from students who passed to the next grade level so that they can be used by the succeeding group of students, in addition to the distribution of electronic versions of the textbooks.  
          • Accelerating the process of finding alternative housing solutions for IDPs occupying schools.  
          • Repairing schools that sustained minor damage.  
          • Providing temporary substitutes for the destroyed schools through renting buildings or installing classrooms in camps.  
          • Establishing Temporary Learning Classrooms (TLCs) for displaced children, and providing alternative approaches to learning such as flexible study hours, remedial courses, and flexible enrollment and examination options.  
          • Providing the necessary support to ensure the availability of textbooks and school furniture as well as facilitating national testing procedures.  
          • Expanding the existing contracting system with secondary school female graduates as teachers in rural areas to guarantee the education of girls there. | MoE, MoF, WFP, UNICEF, Media |
### Sector

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Implementing Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WASH</strong></td>
<td>Ministry of Water and Environment, UNICEF, WHO, Media</td>
</tr>
</tbody>
</table>
| Expanding and developing safe water and sanitation services, with emphasis on the displaced families and host communities located in high-risk districts through:  
  • Rehabilitating water pumps and the damaged water supply and sanitation systems.  
  • Improving water supply and treatment systems along with water quality testing and monitoring.  
  • Maintaining delivery of fuel, disinfectant and operational support aid for public water supply systems.  
  • Boosting solid waste collection and disposal systems as well as conducting clean-up campaigns in priority areas.  
  • Providing operational support and maintenance to sanitation systems in high-risk areas.  
  • Raising awareness about safe personal hygiene practices in addition to the distribution of personal hygiene kits in high-risk areas.  
  • Providing disinfection treatment by chlorination of water sources in high-risk areas.  
  • Establishing a system for monitoring water supply facilities (water pumps and reservoirs) in areas affected by cholera.  
  • Providing and supplying common water storage tanks in areas where conflict-affected IDPs are concentrated. | |
| **Cross cutting Issues** | NGOs, Private Sector, International Humanitarian Organizations |
| 1- Encouraging and facilitating the work of local and international organizations as well as community-based initiatives that seek to provide basic services for the poorest and low-income people.  
2- Developing a pilot scheme for providing an integrated package of essential services, including education, health and water, in the poorest and most affected areas.  
3- Determining suitable mechanisms for supporting the use of alternative energy (solar energy) in basic social services. | |
Key Sources:

https://apps.who.int/iris/bitstream/handle/10665/272596/9789241565585-eng.pdf

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