

Yemen

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)^a	23.85 M
Urban population (2012)^a	7.85 M
Rural population (2012)^a	16.01 M
Population growth rate (2012)^a	2.31%
Gross domestic product USD (2012)^b	35.65 billion

^a World Population Prospects: The 2012 Revision, UNDESA 2013.

^b World Development Indicators, World Bank 2013.

HEALTH ESTIMATES

Infant mortality / 1,000 live births (2012)^c	46.3
Under 5 mortality / 1,000 live births (2012)^c	60
Life expectancy at birth (2012)^d	64 yrs
Diarrhoea deaths attributable to WASH (2012)^e	2945

^c Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

^d World Health Statistics, WHO 2014.

^e Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

SANITATION AND DRINKING-WATER ESTIMATES

Use of improved sanitation facilities (2012)^f	53%
Use of drinking-water from improved sources (2012)^f	55%

^f Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

Sanitation, drinking-water and hygiene status overview^{*}

The WASH sector in Yemen is facing serious challenges including: water scarcity, high population growth, urbanization, insufficient funds, and lack of technical capacity.

However, significant achievements are recognized. The country has a national strategy associated with milestones and defined indicators. Despite the economic and political instability, the 2015 targets for water and sanitation services are close to being met. Additionally, the country has progressed recognizably in establishing the concepts of a joint sector review, urban service monitoring mechanisms, and urban training programs. Reuse of treated wastewater is exceeded, too.

On the other hand, some gaps and obstacles are noticed: 1) The national strategy does not sufficiently recognize hygiene promotion and the impacts of climate change. 2) Service monitoring is limited to main urban centers and systematic monitoring of rural services is still not in plans. This is due to the absence of an autonomous regulatory body for urban and rural services. 3) The human resources plan lacks a sector-wide-approach involving rural and resource management areas. 4) For evidence-driven decisions, systematic data flow and updates are to be encouraged including a database for national and international sector funds.

^{*} Sanitation, drinking-water and hygiene status overview provided and interpreted by national focal point based on GLAAS results.

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Highlights based on country reported GLAAS 2013/2014 data¹

I. Governance

Two ministries and institutions share the lead for drinking-water services. The Ministry of Health leads hygiene promotion initiatives.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Water and Environment (MWE)	✓	✓	
Ministry of Health (MoH)			✓
Local Water and Sanitation corporations (LCs)	✓	✓	

Number of ministries and national institutions with responsibilities in WASH: **11**

There is no formal coordination mechanism, however, there is a WASH cluster that has been established as a coordination mechanism with several NGOs.

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET (%)	YEAR
Urban sanitation	✓	33	2015
Rural sanitation	✓	10	2015
Sanitation in schools	✗		
Sanitation in health facilities	✗		
Urban drinking-water supply	✗	60	2015
Rural drinking-water supply	✓	72	2015
Drinking-water in schools	✗		
Drinking-water in health facilities	✗		
Hygiene promotion	✓		
Hygiene promotion in schools	✗		
Hygiene promotion in health facilities	✓		

There are specific plans implemented addressing the issues of reliability/continuity of rural water supply and reuse of wastewater and/or septage.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES^a

	EXISTENCE AND LEVEL OF IMPLEMENTATION OF MEASURES
Keep rural water supply functioning over long-term	Low → High
Improve reliability/continuity of urban water supply	Low → High
To rehabilitate broken public latrines	
Safely empty or replace latrines when full	
Reuse of wastewater or septage	Low → High
Ensure DWQ meets national standards	Low → High
Address resilience to climate change	

^a Including implementation.

¹ All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 questionnaire unless otherwise stated.

II. Monitoring

There is a high level of data availability reported for policy-making and response to WASH related disease outbreak.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	July 2008		July 2008		July 2008
Use of performance indicators^a	●		●		●
Data availability for decision-making^a					Health sector
Policy and strategy making	✓		✓		●
Resource allocation	✓		✓		NA
National standards	NA		●		NA
Response to WASH related disease outbreak	NA		NA		✓
Surveillance^b	Urban	Rural	Urban	Rural	
Independent testing WQ against national standards	NA	NA	●	✗	
Independent auditing management procedures with verification	NA	NA	✓	✗	
Internal monitoring of formal service providers	✗	✗	✗	✗	
Communication^a					
Performance reviews made public	✗	✗	✗		
Customer satisfaction reviews made public					

^a ✗ Few. ● Some. ✓ Most.

^b ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

III. Human resources

Human resource strategies are developed for sanitation and drinking-water though some gaps and follow up actions have not been identified. The most important constraints identified are the lack of financial resources and the preference of skilled workers to work in other sectors.

HUMAN RESOURCES	SANITATION		DRINKING-WATER		HYGIENE
Human resource strategy developed^a	✓		✓		
Strategy defines gaps and actions needed to improve^a	✗		✗		
Human resource constraints for WASH^b					
Availability of financial resources for staff costs	✗		✗		✗
Availability of education/training organisations	✗		✗		
Skilled graduates	●		●		
Preference by skilled graduates to work in other sectors	✗		✗		
Emigration of skilled workers abroad	●		●		
Skilled workers do not want to live and work in rural areas	●		●		
Recruitment practices	●		●		
Other					

^a ✗ No. ● In development. ✓ Yes.

^b ✗ Severe constraint. ● Moderate constraint. ✓ Low or no constraint.

IV. Financing

A financing plan is in place and used for most WASH areas, however, there is a reported low implementation capacity of institutions and complications of donor procedures resulting in a low absorption of donor commitments. There is also an insufficiency of funds to meet MDG targets: the total investment program of the national strategy is 3.2 billion USD whilst the sector share is around 2 billion USD for five years.

FINANCING

Financing plan for WASH	SANITATION		DRINKING-WATER	
Assessment of financing sources and strategies ^a	Urban	Rural	Urban	Rural
	●	●	●	●
Use of available funding (absorption)	Urban	Rural	Urban	Rural
Estimated % of domestic commitments used ^b	●	●	●	●
Estimated % of donor commitments used ^b	✗	✗	✗	✗
Sufficiency of finance	Urban	Rural	Urban	Rural
WASH finance sufficient to meet MDG targets ^b	✗	✗	✗	✗

^a ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.

^b ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

WASH VS. OTHER EXPENDITURE DATA

Total WASH expenditure ¹	
2013	106 M.USD
Expenditure as a % GDP	
Education ²	NA
Health ²	5.2
WASH ³	0.3

¹ Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.

² Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.

³ WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013. NA: Not available.

V. Equity

As a step towards addressing inequalities in access to WASH services, one disadvantaged group is identified in WASH plans.

EQUITY IN GOVERNANCE

Laws	SANITATION		DRINKING-WATER	
Recognize human right in legislation	✗		✓	
Participation and reporting ^a	Urban	Rural	Urban	Rural
Clearly defined procedures for participation	✗	✓	✓	✓
Extent to which users participate in planning	✗	✗	✗	●
Effective complaint mechanisms	✗	✗	✗	✗

^a ✗ Low/few. ● Moderate/some. ✓ High/most.

DISADVANTAGED GROUPS IN WASH PLAN

1. Poor populations

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

[No data available.]

Figure 2. Disaggregated WASH expenditure

[No data available.]

EQUITY IN ACCESS¹

Figure 3. Population with access to improved sanitation facilities

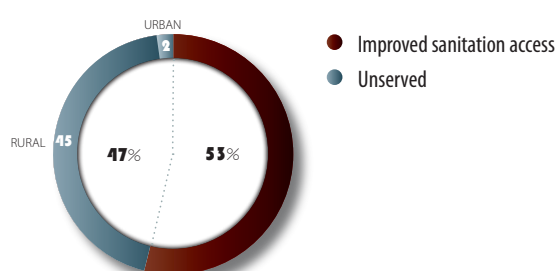
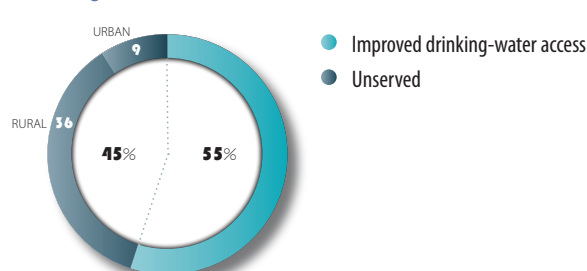


Figure 4. Population with access to improved drinking-water sources



¹ Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.