



Save the Children



A baby in an incubator in Al-Sabeen Hospital in Sana'a, Yemen
(Photo: Mohammed Awadh / Save the Children)

STRUGGLING TO SURVIVE: STORIES FROM YEMEN'S COLLAPSING HEALTH SYSTEM

December 2016

STRUGGLING TO SURVIVE: Stories from Yemen's Collapsing Health System

EXECUTIVE SUMMARY

Yemen's children are at the heart of the world's worst humanitarian crisis. Ten million children are in urgent need of assistance, over two million are malnourished – and the number is rising.¹ War, economic collapse and the failure of the international community to act have all contributed to this crisis.

Child mortality rates – already unacceptably high before conflict broke out – have increased. An additional 10,000 preventable deaths per year are now occurring.² These children are the invisible casualties of Yemen's war. Another 1,219 children have died as a direct result of the fighting.³

The country's fragile health system is collapsing. A fiscal crisis and the country's failing economy have led to chronic shortages of essential drugs and equipment. Health workers and doctors have gone unpaid since August 2016.

Every ten minutes, one Yemeni child dies from preventable killers like diarrhoea, malnutrition and respiratory tract infection.⁴ These figures will rise unless the international community acts decisively to fund humanitarian action that will require at least half a billion dollars to support often lifesaving Health and Nutrition activities in 2017.

The conflict has also been characterised by an almost complete disregard for the protection of civilians, and multiple violations of international law have been documented by the UN and human rights organisations. Hospitals and health facilities have been damaged and destroyed by airstrikes and ground fighting and the import and distribution of life-saving medical supplies delayed by bureaucratic impediments and restricted access for humanitarian organizations to reach people in need of aid.

1. INTRODUCTION

Yemen is in the grip of the largest humanitarian catastrophe in the world right now. 18.7 million people – including 10 million children – are in need of urgent humanitarian assistance or protection⁵ – that's more than one third of the entire population. Since conflict broke out in March 2015, children have paid the heaviest price for a brutal escalation in fighting which has brought the country to the brink of famine and the health system to its knees. 14.8 million people (55% of which are children) are currently deprived of access to even the most basic health care.⁶ For many, illnesses that should be easily treatable are now life threatening, often leading to death.

CASE STUDY: Hilel Mohammed al Bahri, Deputy Hospital Manager, Al-Sabeen Hospital, Sana'a

"We have a lack of medicines and salary for doctors and employees have not been paid. The economic situation has collapsed and now we have situations on top of that like malnutrition and diseases like cholera.

"We don't have money to maintain our hospital equipment. We don't have parts for this equipment because of the blockade. We can only put babies less than nine months old in the ICU [intensive care unit]. We don't have room for the older babies. We have just 20 beds for ICU units, yet we are the only children's hospital in the area. We need more – at least 50.

"The health system has almost collapsed. There has been a 300% increase in [the price of] most medicines... The economy and health is linked. People don't have money so they don't seek treatment when their children and other family members are sick, so they get sicker.

"Many doctors can't come in to work and international staff are not here. Imagine, some doctors can't afford to pay for their own transport to get to the hospital to work. Same for nurses. There has been no salary for three months. Imagine your main laboratory has no chemicals to do any tests. If things don't improve then maybe in the coming few months we will have to close the hospital. The health system is falling apart. If the international community doesn't step in to this awful situation then it will be devastating.

"We are still surviving, but Al-Sabeen Hospital is dying."



(Photo: Mohammed Awadh / Save the Children)

STRUGGLING TO SURVIVE: Stories from Yemen's Collapsing Health System

As of October 2016, the UN estimates that over 270 health facilities have been damaged as a result of the conflict and recent estimates suggest that more than half of 3,500 recently assessed health facilities are now either closed or just partially functioning.⁷ There are critical shortages of qualified staff in more than 40% of 267 assessed districts across Yemen while the entire country continues to witness severe shortages of essential medical supplies.⁸

Save the Children recently conducted an assessment of nearly 500 households as well as interviews with 30 medical staff and 70 patients in Amran and Hodeida governorates in the north of Yemen.⁹ Our findings reveal pregnant women, mothers and children have been particularly hard hit by soaring rates of malnutrition, outbreaks of disease, and complications during pregnancies. Children are dying as a result. Before the conflict escalated, nearly 40,000 preventable child deaths occurred annually.¹⁰ But in June 2016, UNICEF estimated that preventable diseases had claimed the lives of a further 10,000 children under the age of five compared to the previous year. The conflict's unseen death toll climbs each day with recent estimates suggesting that one child under five in Yemen is dying every ten minutes from preventable causes.¹¹

Despite the growing needs, the Yemen Humanitarian Response Plan (HRP) for 2016 is today just 58% funded, with the health and nutrition sectors funded at 47% and 52% respectively.¹² This significantly undermines the humanitarian community's ability to scale up to save lives.

2. AN ALREADY FRAGILE HEALTH SYSTEM COLLAPSES

Yemen's health system was already weak before the start of the current conflict. Only 61% of health facilities were fully functioning.¹³ With government spending on health just five per cent of total public spending,¹⁴ hospitals and health clinics lacked qualified medical staff and suffered from shortages of medicines, meaning patients were obliged to resort to private healthcare or pay for medicines out of their own pocket.¹⁵ In a country where 54% of the population already lived on less than \$2 per day,¹⁶ healthcare was unaffordable for many.

But the impact of the armed conflict has been catastrophic. The already vulnerable health system is at breaking point. Health facilities have been damaged and destroyed, imports and onward distribution of medical supplies impeded, and a

significant proportion of medical staff either forced to flee the country or internally displaced within it. Moreover, the conflict has created an economic crisis, which has led to non-payment of public salaries, including for doctors, nurses and other health professionals. Many medical staff recently interviewed by Save the Children in Hodeida and Amran governorates said they cannot even afford the cost of transport to travel to work.



CASE STUDY: Dr Yahya Saleh Mansour, 48, runs the Al-Marbo health facility supported by Save the Children in Amran

"The biggest challenge we are facing is the lack of staff, and there is a shortage of medicines... with the harsh situation society is going through due to the war and the siege. We are afraid of the aeroplanes that fly above us. Every day they fly above us we are worried, and wondering, will they bomb us? We're expecting to become a target any minute."

(Photo: Mohammed Awadh / Save the Children)

According to a recent World Health Organization survey of 16 of Yemen's 22 governorates, less than half (45%) of health facilities are fully functioning, 42% of the 267 surveyed districts have only one or two doctors to serve the whole population and 18% have no doctors at all.¹⁷ For instance, in Hajjah governorate, which has a population of nearly two million people in 31 districts, 12 have no medical doctors at all and 14 have one or two doctors. It is estimated that six out of ten Yemenis do not have access to any form of healthcare. This figure is at its highest in areas where the levels of violence are high.¹⁸ Internally displaced people (IDPs), who now number an estimated 2.2 million, including 1.2 million children, are also disproportionately affected. Many have fled their homes with nothing and lost their livelihoods, meaning they have no way to pay for the care and medicines they so desperately need.¹⁹

STRUGGLING TO SURVIVE: Stories from Yemen's Collapsing Health System



CASE STUDY: Saleem* (right), 11, fled with his family to Sana'a

"It was a perfect morning that weekend; we planned to go out with friends to play with my new bike that afternoon. Suddenly, we heard a massive explosion, I was crying with my brother. Our house was hit by shrapnel. Next day we moved to Sana'a.

We had to walk to Sana'a as there was no fuel so transportation was very expensive and my father couldn't rent a car. The road was so long, it took us hours. After arriving, my father found a small apartment for us to stay in.

My father went to fight with the military to pay the rent. He left us without any income and we didn't have anything to eat. My mother asked me and my little brother to go outside and sell eggs in the streets to make money for us to buy food. We were forced to stay here because it is still too dangerous at home; my friend who went back to his house was killed by a missile."

(Photo: Mohammed Awadh / Save the Children)

Before the conflict, families were meeting 70% of all healthcare costs.²⁰ However, the combined impact of mass unemployment, increasing poverty, and rampant inflation has resulted in millions of families unable to afford medical care in the few places it remains available. This has resulted in an increase in mortality, particularly among children.

While 1,219 child deaths have been recorded as a result of airstrikes and ground fighting,²¹ outbreaks of disease and increasing rates of malnutrition are taking a massive toll on children's lives. According to recent estimates, over one thousand children die every week in Yemen because of preventable diseases such as diarrhoea, malnutrition and respiratory tract infection. This means that an estimated 52,000 children will now die per year, compared to the nearly 40,000 preventable deaths occurring before the conflict.²²

Table1: Comparison of increasing health and nutrition needs (April 2015-November 2016)

	Before April 2015 ²³	November 2016 ²⁴	Percentage increase
Nutrition	850,000 children under five malnourished, including: <ul style="list-style-type: none"> 690,000 moderate malnourished children 160,000 severely malnourished children 	2.2 million children under five malnourished, including: <ul style="list-style-type: none"> 1.7 million moderate malnourished children 462,000 severely malnourished children 	259% ↑ 246% ↑ 289% ↑
Health	8.4 million people, including at least 4 million children, without access to basic health services	14.8 million people, including 8.1 million children, without access to basic health care	76% ↑ and 100% ↑ for children

Attacks on health facilities

There have been repeated attacks on hospitals, with the World Health Organisation reporting 274 health facilities damaged as a result of the conflict, 69 of which have been completely destroyed. Additionally, health workers have paid the ultimate price as they try to treat Yemen's sick and wounded. To date 13 health workers have been killed and another 31 injured during the conflict.²⁵

International humanitarian law requires that all parties to an armed conflict take all feasible precautions to respect health facilities and protect them from attack. Attacks on hospitals

are also among six grave violations identified against children in UN Security Council Resolution 1612 that are considered by the UN Security Council to be particularly egregious and that must be prevented. Yet the UN has documented attacks on hospitals by the Saudi-led Coalition, Houthi and other fighting forces in Yemen. Even when attacks have been directed at a legitimate military target as opposed to a hospital itself, the frequent use of explosive weapons with wide area effects in densely populated areas such as town or city centres has damaged or destroyed nearby health facilities, killing and injuring medical staff and patients and stopping people from getting life-saving healthcare.

STRUGGLING TO SURVIVE:

Stories from Yemen's Collapsing Health System

The UN Security Council has a responsibility to ensure that children are protected from grave violations of their rights in conflict, including attacks on hospitals, yet the Security Council has so far failed to respond effectively to these as well as to regular incidents of killing and maiming, child soldier recruitment and use, and denial of humanitarian aid. Likewise, the UN Human Rights Council Resolution 33/18 of September 2016 mandates additional international human rights experts to the Office of the High Commissioner for Human Rights (OHCHR) in Yemen. While recognizing the important role of OHCHR in monitoring and reporting human rights in Yemen, this resolution fell short of the independent, international investigations recommended by the High Commissioner for Human Rights to ensure parties to the conflict are held accountable for violations.



CASE STUDY: Samara'a*, 31, works at Zayed Hospital in Sana'a

Zayed Hospital is the only hospital in the area and serves a population in Sana'a of 200,000.

"The hospital was damaged by an airstrike that hit a nearby area – the windows were broken," says Samara'a. "All of the staff and patients in the hospital could have been killed. I was encouraging my staff to do their best to save all the mothers and their children."

"Every day we receive between 40 and 60 patients, and this includes about seven to 12 mothers who are in labour. We really don't have enough staff or medicines to receive such a high number of patients, nor do we have the fuel to power generators, but there's nowhere else for them to go."

(Photo: Mohammed Awadh / Save the Children)

Shortages of supplies

"Sometimes when a doctor or member of staff at the mobile health unit gives me a prescription to buy medicines I cannot afford; I just throw away the piece of paper",

Sadeq*, 38, father with two malnourished children, Hodeida

IMPORT RESTRICTIONS

Yemen imports up to 90% of all its food and fuel and 100% of its medical supplies. In 70 interviews carried out by Save the Children in Amran and Hodeida, people frequently described 'the blockade' as a key reason for acute shortages of supplies, referring to ongoing import restrictions imposed by the Saudi-led Coalition since 2015 on Houthi-controlled ports, including Hodeida.

The capacity in Hodeida port – the main entry point for vital supplies to the north of the country – has also been reduced following alleged airstrikes on its infrastructure in August 2015. These issues have resulted in less food, fuel and medicine entering Yemen. In June, wheat flour imports constituted 58% of the overall food imports, with nearly 200,000 metric tons imported resulting, on average, in a price 42% higher than pre-crisis level. Our staff have reported having to wait up to six months to receive medicine and medical supplies urgently needed for our humanitarian response.

Import restrictions have prevented medicine and medical supplies from entering Yemen, alongside food and fuel. Today, basic supplies such as antibiotics, painkillers, deworming pills and vitamins, are largely unavailable, causing health centres to run dangerously low on stock and black market prices to sky rocket. Doctors from Al-Sabeen Hospital reported that prices of some medicines have increased by 300%. During interviews conducted by Save the Children with 70 residents of Amran and Hodeida in October 2016, people have described to Save the Children how they have been forced to sell their possessions including jewellery, vehicles, land, livestock and gas cylinders, or take out loans to meet their medical costs.

To compound matters, electricity is now rarely available in Yemen and hospitals continue to rely on diesel generators to run equipment such as incubators, ventilators or refrigerators for the medical supplies still available. It was hoped that the UN Verification and Inspection Mechanism (UNVIM), set up in May 2016 to facilitate commercial shipping to Yemen and end the de-facto blockade of Yemen's sea ports by the Saudi-led Coalition, would ensure that fuel imports, on which Yemen is 90% reliant, could flow freely. However, they remain significantly below pre-conflict levels and fall a long way short of meeting even the minimum needs. In August and September 2016, for example, fuel imports were only 23 and 39%, respectively, of what was needed.²⁶ Medical staff have explained to Save the Children that power outages affecting

STRUGGLING TO SURVIVE:

Stories from Yemen's Collapsing Health System

generators often render life-saving equipment like baby incubators irreparable. Health facility managers cannot source or afford spare parts and maintenance of essential hospital equipment, putting children's lives further at risk.



CASE STUDY: Samia*, 25, Doctor's Assistant in Al-Sabeen Hospital, Sana'a

"We have 11 babies in this part of the ICU (intensive care unit) and nine more in the other part, making 20. We are full. Many more cases come in but we have had to say no and turn them away. Some will go to a private hospital but those who can't afford it will just go home, so many babies are dying because of the lack of incubators.

"Even the incubators that we are using have parts missing that we just can't afford. There are holes that should be covered in clear rubber so nurses can put their hands in and tend to the babies, but even those pieces of rubber are worn or broken and yet we can't replace them. So we use the blue paper covers that visitors must put on their feet when they enter. It's all we have. We need to close the round holes so the babies are not exposed to germs and get sick."

(Photo: Mohammed Awadh / Save the Children)

2. INTENSIFYING NEEDS

"In the morning, the children have bread for breakfast. At lunch, they eat rice. And at night, they eat bread again",

Ahmed*, 46, Hodeida

Rising malnutrition contributing to increase in communicable disease

Twenty one months into the conflict, the number of children under five who are severely acutely malnourished – a condition that is life-threatening without treatment – has nearly tripled, now standing at 462,000.²⁷ In addition, another

1.7 million children under five are moderately malnourished, which can impair brain development and lead to stunting, and a rapid slide into life-threatening severe malnutrition if not caught in time.²⁸

During our interviews in Amran and Hodeida, over half (57%) of the parents said that at least one of their children was going hungry. Three quarters reported a worsening diet either because staple foods are no longer available or they can no longer afford to buy them – the average cost of a selection of key staple foods for a family has risen by 26% since before the conflict.²⁹

The impact on children has therefore been disastrous. So far in 2016, Save the Children has screened over 90,000 children across five governorates, and has found that 36%, or over a third are malnourished – with over 1 in 10 severely so.

Children suffering from malnutrition are 20 times more likely to die from diseases.³⁰ Malnutrition lowers the immune system of newborns and young children, making them more vulnerable to other illnesses and infectious diseases including diarrhoea, cholera and pneumonia.³¹ The impact is now being clearly seen in Yemen. Before the war, the prevalence of pneumonia among children under five was 12%³² and the disease accounted for 29% of all deaths of children under five.³³ However, findings from a recent assessment conducted by Save the Children indicate a significant increase in pneumonia among young children. Prevalence of pneumonia was reported at 38%, meaning that over one third of the children in the sampled locations had contracted the condition during the two weeks prior to the assessment.³⁴

LOSS OF LIVELIHOODS AND RISING PRICES DRIVE HUNGER AND MALNUTRITION

Before the crisis, over 8 million people in Yemen were food insecure. By June 2016 it had risen to 14 million. Today, the loss of livelihoods and increasing poverty, coupled with the scarcity and therefore rising price of food, has pushed families to resort to coping strategies such as a reduction in the number of meals they consume, or a reduction in the nutritional value of those meals. This has led to rising malnutrition rates.

During the 70 interviews conducted by Save the Children, families told our teams that before the conflict, food had been easily accessible but that now commodities such as butter, honey, fish and meat are in short supply and now rarely feature in their diets, with cheaper and more readily available staples like bread, rice, tea and milk now more commonly consumed, supplemented by occasional potatoes and beans. People told us they cannot afford to buy fruit and vegetables and, in most cases, they have to cut the number of meals they eat per day, with children often going to bed hungry.

STRUGGLING TO SURVIVE: Stories from Yemen's Collapsing Health System



CASE STUDY: Ali*, 10 months, is getting treatment for severe malnutrition, Amran

Salwa*, 30, had to bring her son to a Save the Children clinic in a remote part of Amran governorate after he became severely malnourished. Ali was put on a course of therapeutic food and is now getting better, but is still moderately malnourished and therefore at risk of stunting and developmental problems. With no family income source, Salwa is worried about what she will feed Abdullah and his siblings in the future, increasing the chances he will slide back into life-threatening severe malnutrition.

"Mostly we eat hulba (a sauce made from fenugreek), rice, bread and sometimes we have beans. We rarely have chicken and never have fruit and vegetables. We can make a 10 kilogram bag of rice last a month if we only eat it every other day. In the past two years, the cost of food has increased a lot for families who are poor like us. Before the war, rice was 1,500 riyal (£4.80/\$6) but now it's 2,500 riyal (£8/\$10). A 20 kilograms bag of flour used to be around 4,000 riyal (£12.80/\$16) but now it is 7,000 riyal (£22.40/\$28). Since the war started, everything has reduced – food, jobs, work. We cannot get the same things now as before the war. Before the war we had more money and could have meat at least once a week, maybe chicken or lamb."

(Photo: Mohammed Awadh / Save the Children)

Deadly diseases spread as water and sanitation breaks down

"There is no water truck bringing safe water to our village,"
Asma*, 20, Amran

The breakdown in water and sanitation services is also heightening the risks to children. More than half the population, including 8 million children, have no access to clean water and sanitation services, contributing to a public health crisis and leading to outbreaks of cholera and scabies in recent months.³⁵ As of 13 December there have been more than 10,000 suspected cases of cholera, 156 confirmed cases, and eleven confirmed deaths. An estimated 7.6 million people are at risk unless the outbreak can be rapidly brought under control.³⁶

The threat is particularly high among young children, who account for 37% of total suspected cases, with malnourished children and those not being breastfed at higher risk.³⁷ Access to safe drinking water is very low among IDPs, host communities, returnees and people in remote areas for whom accessing safe supplies of water is often unaffordable and/or unavailable. This has resulted in people resorting to unsafe water sources, such as water collected from rain, which are often contaminated and contribute to the spread of water-borne diseases like cholera and acute watery diarrhoea.



CASE STUDY: Amira*, five, suffered from malnutrition and parasitic infection, Amran

Asma*, 20, was treated for malnutrition in our Al-Marbo health centre in Amran. She brought her five-year-old daughter who had previously suffered from malnutrition and has a parasitic infection. Asma* says: "My daughter Amira* has a really bad cough, it won't go away. The doctor has given us some cough syrup which we hope may help. I think her illness is because she was recently malnourished. She got sick and had diarrhoea. Also her stomach sometimes gets really swollen up like a balloon. It got really bad so we drove to Amran Hospital. The hospital said she had a parasite called giardia so they gave her antibiotics and cough syrup. But she is still not better.

We get water from a tank that collects rain water and water from a stream that runs down the mountain. If the tank is ever depleted we just go to another nearby water tank. There is no water truck bringing safe water to our village as it is too remote and the petrol cost is too high.

(Photo: Mohammed Awadh / Save the Children)

STRUGGLING TO SURVIVE: Stories from Yemen's Collapsing Health System



CASE STUDY: Yasmine*, seven, was brought into Al-Sabeen Children's Hospital in Sana'a, suffering from cholera

Yasmine's father Bashir, 38, said: "Their grandmother had symptoms and three days later, six of our children – three girls and three boys – were infected. They got severe diarrhoea. Immediately, we went to the closest clinic in our area but the doctors could not accept the cases. My daughter, Yasmine, went in a coma. I was very scared. The doctor in the clinic suggested I take her and the other children to the hospital in Sana'a." Yasmine suffered kidney failure owing to severe dehydration which stemmed from cholera, and now needs intensive care.

(Photo: Mohammed Awadh / Save the Children)

Reproductive and maternal health

"Last week, a woman was facing birth complications. She was in labour from night to the evening of the next day. There was no transportation, so she had to wait until the morning. When she reached the hospital on the next day, the baby died",

Amal*, 30, Hodeida

Over 400,000 pregnant women are living in areas where healthcare provisions are limited or non-existent.³⁸ The WHO found that maternal and newborn services were only available in 37% of the health facilities in 16 governorates surveyed by it.³⁹ These critical shortages in services mean that mothers and newborn babies do not have access to basic essential ante and post-natal care or safe deliveries.

During our assessment in Amran and Hodeida governorates, nearly 500 women were asked if they had medical care during their last pregnancy. The results highlighted low rates of maternal health, with just 56% of births attended by skilled health personnel. It also showed that many women do not have access to healthcare before and after pregnancy. Of those assessed, only 39% of women had a medical consultation with a health professional during pregnancy, and 33% had a consultation after giving birth.

Assessed mothers told us they were not visiting health facilities during their pregnancies because they knew there was no-one there who could provide the care they needed. The lack of transportation to health facilities as well as money to pay for healthcare were also listed as reasons.⁴⁰ And yet due to the conflict more and more women and young babies need this vital care. During interviews, medical staff have told our teams that increasing numbers of women are suffering pregnancy complications, while close to half of those interviewed told us they are seeing higher rates of malnutrition and disease, such as diarrhoea and respiratory infections, among newborns.



CASE STUDY: Amat Alkarim*, 40, is a midwife working in a health facility supported by Save the Children in Amran

"Since the conflict began, I have noticed an increase in number of miscarriage cases. Before it was something unusual in our area but only last month, I saw three cases. I think this happens because of the shock and distress caused by the war, but also because of the impact that the war has on women's lives, which have become tougher. In the past we used to cook with cooking gas but now it is sometimes unavailable or very expensive and we can't afford it. So women have to search and collect firewood to be able to cook, and most of the time they have to carry heavy loads; this can cause miscarriages or premature births.

"I used to advise pregnant and lactating women about the importance of eating a nutritional and balanced diet. Now, when I advise them, they just look at me in silence. I know they can't buy fruits and vegetables anymore because their husbands have lost their jobs, and that they just eat basic cereals like wheat and millet. I have seen an increase in malnourished pregnant and lactating women. I recently saw a pregnant woman who was continuously bleeding without a known cause and I advised her to go to the hospital in Amran city. I wrote her a referral paper but she told me: 'What can I do with this? It is worthless because my husband can't afford to take me to the city'."

(Photo: Save the Children)

STRUGGLING TO SURVIVE: Stories from Yemen's Collapsing Health System

4. SAVE THE CHILDREN'S RESPONSE

Save the Children has worked in Yemen since 1963. We are responding to the dire humanitarian crisis with programme interventions linked to health and nutrition as well as food security and livelihoods, child protection, water and sanitation, and support for education programming in eight governorates across the country. Since March 2015 we have reached over 1,200,000 people, including nearly 700,000 children.

Health and nutrition

We currently support 60 health facilities in five governorates (Sa'ada, Hajjah, Hodeida, Amran and Lahj) through the provision of essential medical equipment, medicines and training. Our health services have reached more than 400,000 people, half of who are children. We provide life-saving treatment for severe and moderate acute malnutrition through both therapeutic and supplementary feeding, nutritional education, and vital micronutrient supplementation. We also run mother-to-mother support groups to deliver nutrition education and share infant and young child feeding (IYCF) knowledge and practices with

mothers in rural areas. We also encourage exclusive breastfeeding during the first six months of life. Since the start of the response, we have reached nearly 75,000 children with our nutrition interventions and over 17,000 pregnant and lactating women.

Mobile medical teams and community health volunteers

We also operate seven mobile medical teams (MMTs). Each team visits five sites each week, servicing communities that wouldn't otherwise have any access to health care. The team also trains community health volunteers on how to treat common child diseases and raise community awareness on health issues. This includes conducting door-to-door visits to identify malnourished children and referring cases for follow-up and appropriate treatment.

Food security and livelihoods

Save the Children is responding to the food security crisis in many of the worst affected governorates with cash and voucher distributions. We are also supporting livelihood restoration and enhancement so that families affected by the conflict have access to income-generating activities. We have reached over 716,000 people.



Save the Children's Mobile Medical Teams screening and treating children in Hodeida (Photo: Save the Children).

FUTURES ON THE LINE

Yemen's children missing an education

5. RECOMMENDATIONS

Save the Children calls upon parties to the conflict to:

- Immediately remove any obstacles to imports of essential commercial supplies including medicines, food and fuel, and grant rapid and unimpeded humanitarian access throughout the country so that aid can reach populations in need.
- Respect obligations under international humanitarian and human rights law, and take immediate measures to prevent and end grave violations against children, including attacks on health facilities and health personnel. In addition, the use of explosive weapons with wide-area effects in populated areas should be stopped due to the predictable pattern of harm, including death, injury and damage to vital infrastructure, including hospitals.
- Cooperate fully with OHCHR investigations into alleged violations of international law. In the event that these are impeded in any way, the UN should act to establish an
- .

independent, international investigative mechanism to reinforce OHCHR's efforts and ensure that those responsible for violations of international law, including grave violations against children, are held accountable.

- Agree an immediate ceasefire and engage, without preconditions, in seeking a political solution to the conflict.

In addition donors should:

- Provide further funding to ensure the Yemen Humanitarian Response Plan for 2017 is fully funded and that the most urgent humanitarian needs are met, including life-saving health and nutrition interventions.

And States should:

- Stop selling or transferring arms to any party while the risk remains that they may be used to commit serious violations of international humanitarian law or human rights law



Save the Children's Mobile Medical Teams screening and treating children in Hodeida (Photo: Save the Children).

STRUGGLING TO SURVIVE:

Stories from Yemen's Collapsing Health System

ENDNOTES

¹ UNOCHA, Humanitarian Needs Overview, Yemen, 2017, available [here](#).

² United Nations, Daily Press Briefing by the Office of the Spokesperson for the Secretary-General, 1 June 2016, available [here](#).

³ UNICEF MRM figures from March 2015 to September 2016. This figure is certainly an undercount in light of uneven reporting rates and many people's inability to access health facilities at all.

⁴ UNICEF, news note: "Malnutrition amongst children in Yemen at an all-time high, warns Unicef", Sana' a, Yemen, 12 December 2016, available [here](#).

⁵ UNOCHA, 2017, *op. cit.*

⁶ *Ibid.*

⁷ Out of the 3,507 surveyed health facilities, 1,578 are fully functional, 1,333 are partially functioning, and 596 are not functional at all.

⁸ WHO, Health Resources Availability Monitoring System (HeRAMS) preliminary findings (health facilities assessed in 16 out of Yemen's 22 governorates), September 2016

⁹ During October 2016, Save the Children conducted an assessment with 488 households in Amran and Hodeida governorates with a total of 657 children under five. In addition, the team conducted 100 interviews in the same governorates (30 health practitioners and 70 patients).

¹⁰ United Nations, 1 June 2016, *op. cit.*

¹¹ UNICEF, news note, *op. cit.*

¹² UNOCHA Financial Tracker Service, 3 December 2016.

¹³ UNOCHA, Humanitarian Needs Overview, Yemen, 2015

¹⁴ WHO Yemen Country Cooperation Strategy Plan (2008-2013), available [here](#) and WHO, Health expenditure ratios, by country, 1995-2014, Yemen, available [here](#).

¹⁵ In 2014, 67% of total health expenditure was being paid by households themselves. WHO, Health expenditure ratios, by country, 1995-2014, Yemen, available [here](#).

¹⁶ UNDP estimates, quoted in UNOCHA, Humanitarian Needs Overview, Yemen, 2015

¹⁷ WHO, HeRAMS preliminary findings, *op. cit.*

¹⁸ UNOCHA, 2017, *op. cit.*

¹⁹ *Ibid.*

²⁰ In 2014, 67% of total health expenditure was being paid by households themselves. WHO, Health expenditure ratios, by country, 1995-2014, Yemen, available [here](#).

²¹ UNICEF MRM figures from March 2015 to September 2016, *op. cit.*

²² UNICEF, news note, *op. cit.*

²³ UNOCHA, 2015, *op. cit.*

²⁴ UNOCHA, 2017, *op. cit.*

²⁵ *Ibid.*

²⁶ UNOCHA, 2017, *op. cit.*

²⁷ UNOCHA, Humanitarian Needs Overview, Yemen, 2015 and 2017, from 160,000 in early 2014 to 462,000 in late 2016

²⁸ Save the Children, Health and Nutrition in Emergencies Briefing, available [here](#).

²⁹ UNOCHA, 2017, *op. cit.*

³⁰ Save the Children, Health and Nutrition in Emergencies Briefing, available [here](#).

³¹ Although child mortality is not statistically attributed to malnutrition, child malnutrition is recognized as an important causal factor. UNICEF and Yemen's Ministry of Public Health and Population, Situation Analysis of Children in Yemen, 2013, available [here](#)

³² Yemen, National Demographic and Health Survey 2013 (latest data available)

³³ WHO, Eastern Mediterranean Region, Yemen Neonatal and Child Health Profile, available [here](#).

³⁴ Save the Children conducted a survey in Amran and Hodeida governorates in Amran and Hodeida governorates. The number of surveyed households was 488, with total number of children aged under five in those households numbering 657.

³⁵ UNOCHA, 2017, *op. cit.*

³⁶ Yemen WASH cluster, 13 December 2016

³⁷ Reporting rates for Yemen's disease surveillance system are currently at 71% (considerably lower than the 94% pre-crisis average in early 2015 (HNO 2016)), hence the numbers of cases reported could be much higher. Quoted in UNOCHA, 2017, *op. cit.*

³⁸ UNFPA, News, "As crisis escalates in Yemen, pregnant women need essential care," 16 August 2016, available [here](#).

³⁹ WHO, HeRAMS preliminary findings, *op. cit.*

⁴⁰ Nearly 90% of the surveyed women mentioned 'no health care provider available' as one of the reason for not visiting a health facility during last pregnancy. Other reasons include distance (22%) and unable to afford it (11%)

* Indicates that name has been changed to protect identity.