HEALTH CLUSTER BULLETIN
YEMEN August 2018

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<th>YEMEN</th>
<th>Emergency type: Level 3 Emergency</th>
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<td>Reporting period: 01-08-2018 TO 31-08-2018</td>
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**HIGHLIGHTS**

- A total of 2,242 Health Facilities (17 Governorate Hospitals, 110 District Hospitals, 61 General Hospitals, 20 Specialized Hospitals, 631 Health Centres and 1,403 Health Units) are being supported by Health Cluster Partners.

- For the month of August, more than 31,000 suspected and 910 culture-positive cholera cases were reported along with 73 associated deaths.

- An Oral Cholera Vaccination (OCV) campaign was conducted in 2 districts in Al Hudaydah (Al Hali & Al Marawī’ah) and 1 district in Ibb (Hazm Al Udayn) by the World Health Organization in collaboration with MoPHP, local health authorities and UNICEF on 4-6 August 2018. A total of 387,390 doses have been distributed for the 1st round of the OCV campaign in the 3 districts. The second round of the campaign in 3 districts in Al Hudaydah and Ibb will be conducted in September.

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<th>HEALTH SECTOR</th>
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<tr>
<td>71</td>
<td>HEALTH CLUSTER PARTNERS</td>
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<td>12.3 M</td>
<td>TARGETED POPULATION</td>
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**KITS DELIVERED TO HEALTH FACILITIES/PARTNERS**

- 4 IEHK BASIC
- 1 IEHK SUPPLEMENTARY
- 43 CHOLERA KITS

**SUPPORTED HEALTH FACILITIES**

- 2,242 HEALTH FACILITIES

**HEALTH ACTION**

- 506,190 CONSULTATIONS
- 13,057 SURGERIES
- 18,747 ASSISTED DELIVERIES (NORMAL & CS)

**VACCINATION**

- 20,266 PENTA 3

**EWARN**

- 1988 SENTINEL SITES

**FUNDING $US**

- 46% FUNDED
- 572 M REQUESTED

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*Hospital-based conflict-related casualty data in Al Hudaydah from 13 June - 31 August reported from 4 Hospitals (Althawra Public Hospital – Al Hawak, Aloofi Public Hospital – Al Mina, Bait Alfakih Hospital – Bayt Al Faqiah, Zabid Rural Hospital – Zabid)
Situation update

More than three years since the escalation of the conflict, Yemeni people continue to bear the brunt of ongoing hostilities and severe economic decline. People are increasingly exhausting their coping mechanisms, and as a result the humanitarian crisis remains extremely widespread. Years of intense and protracted fighting all over the country have destroyed infrastructure, wrecked public services, displaced millions of people from their homes and livelihoods and seen the worst cholera outbreak the world has ever seen ravage the country. According to the HNO 2018, an estimated 22.2 million people in Yemen – three quarters of Yemeni population - need some kind of humanitarian or protection assistance, out of whom 16.4 million needs health assistance. The health analysis shows the main causes of avoidable deaths in Yemen to be communicable diseases, maternal, perinatal and nutritional conditions (together accounting for 50% of mortality) and non-communicable diseases (39% of mortality).

From the UN OCHA Humanitarian Update covering 16-26 August 2018, intensified armed conflicts were reported in three districts of Al Hudaydah (Ad Durayhimi, At Tuhayat and Al Mansuriyah). The continued fighting including airstrikes has resulted to an increase in the number of civilian casualties, displacement, damage to infrastructures and insecurity in the affected districts.

In terms of population displacement, the IOM Yemen Displacement Tracking Matrix (DTM) has estimated that around 420,000 individuals have experienced rapid onset displacement largely attributed to the Al Hudaydah conflict from 1 June to 28 August 2018. In the month of June, majority of the IDPs were reported to be displaced from Al Hudaydah, while people from Hayran district in Hajjah experienced displacement in late August.

Because of the conflict escalation, a total of 1,147 injuries and 159 deaths were reported in Al Hudaydah from 13 June to 31 August including 33 deaths and 17 injuries of children. The conflict-related casualty data was obtained by WHO from four hospitals (Althawra Public Hospital – Al Hawak, Alolofi Public Hospital – Al Mina, Bait Alfakih Hospital – Bayt Al Faqiah, Zabid Rural Hospital – Zabid).

Public health risks, priorities, needs and gaps

Health cluster partners are currently facing challenges in providing humanitarian assistance to people in need. This is aggravated by the ongoing conflict in Al Hudaydah where access restrictions and insecurity hinder them to provide the lifesaving support / response activities.

The collapse of the health system in Yemen has always been a big challenge by the health cluster partners. Based on the recent Health Resources and Services Availability Monitoring System (HeRAMS) assessment of 3,548 health facilities conducted by MoPHP with WHO support, some 10 per cent of health facilities surveyed across 14 governorates had sustained partial or full damage wherein the percentage of health facilities categorized as “fully damaged” doubled between 2016 and 2018. A total of 13 per cent of the surveyed health facilities (n=474) were reported to be closed / non-functioning based on the latest HeRAMS that is attributed mostly to lack of staff, insufficient equipment and lack of finances. Many more facilities operate with reduced capacity for the same reasons.

The lack of medicines for the treatment of noncommunicable diseases, shortages in trauma supplies, widespread malnutrition, disrupted water and sanitation systems, displacement and inadequate maternal and child health care services are severely affecting the health status of the Yemeni population and putting a tremendous challenge to the health partners.
With the increasing number of suspected and culture-confirmed cholera cases in some districts along with the continuing diphtheria outbreak and conflict escalation, the number of people in need of health care assistance will also increase. Despite the recent challenges, health cluster partners continue to provide lifesaving health care assistance to the Yemeni people.

A third wave of the cholera outbreak has been kept at bay with effective operationalization of Integrated Cholera Strategic Plan for Yemen and coordination among Health and WASH Clusters. The interventions such as prevention campaigns, surveillance, repairing and chlorinating water networks, case management were intensified. The linkages between Health and WASH rapid respond teams were strengthened. OCV campaigns were conducted in high-risk districts in Aden, Al Hudaydah and Ibb.

Communicable diseases

A total of **145,605 consultations for communicable diseases** were conducted in health facilities supported by health partners in 19 governorates in August 2018.

**Cholera:** As of 31 August 2018, a cumulative total of 1,162,197 suspected cholera cases with 2,407 associated deaths across Yemen were reported since 27 April 2017. The overall case fatality ratio is 0.21% and the national attack rate is 422 per 10,000 people.

For the month of August, more than 31,000 suspected and 910 culture-positive cholera cases were reported along with 73 associated deaths.

The districts with at least 10 culture confirmed cases for the month of August include: Al Hali (n=124), Ma’ain (n=72), Bani Al Harith (n=63), Al Marawi’ah (n=58), Shu’aub (n=46), Assafi’yah (n=33), Ath’thaoarah (n=32), Az’zal (n=31), At Tawilah (n=27), Arhab (n=24), As Sabain (n=22), Amran (n=21), Al Mansuriyah (n=17), Al Hawak (n=13), Bani Suraim (n=13), Al Mudhaffar (n=12), Attyal (n=12), Al Mahwait (n=11), Al Wahdah (n=11) and Sa’fan (n=10) (**Figure 1**).

An Oral Cholera Vaccination (OCV) campaign was conducted in 2 districts in Al Hudaydah (Al Hali & Al Marawi’ah) and 1 district in Ibb (Hazm Al Udayn) by the World Health Organization in collaboration with MoPHP, local health authorities and UNICEF on 4-6 August 2018 (additional 3 days for fixed-post vaccination sites). A total of 387,390 doses have been distributed for the 1st
round of the OCV campaign in the 3 districts. The second round of the campaign in 3 districts in Al Hudaydah and Ibb will be conducted in September.

Oral Cholera Vaccination Campaign in Al Hudaydah (Al Hali & Al Marawi’ah) and Ibb (Hazm Al Udayn)

The World Health Organization is intensifying its response activities to prevent a third wave of the cholera outbreak especially in some Al Hudaydah districts with highest reporting of suspected cholera cases. It is also planning to support WASH activities, in collaboration with the WASH cluster and other health partners, as part of the cholera prevention and control measures in high-risk districts. In doing so, WHO provided new water tanks to 3 hotspot areas in Al Hali district.

Cholera kits and RDTs were provided to different governorates to respond to the increasing number of suspected cholera cases (10 cholera kits and 50 RDTs to Sada'a, 17 cholera kits to Amanat Al Asimah, 16 cholera kits Al Mahwit). Additional cholera kits were also provided to some districts in Taizz and Al Hudaydah along with RDTs distributed to Aden, Taizz and Ibb by WHO. Around 50,000 RDTs are currently in Djibouti for immediate shipment to Sana’a.

Communication for Development (UNICEF C4D) in coordination with EOC South hub and MoPHP finalized the cholera response plan to cover 13 hotspot cholera districts in south of Yemen by engaging with community through different interpersonal communications approaches that will be starting mid-September.

Islamic Relief Yemen (IRY) is supporting 3 DTCs and 3 ORCs in 3 districts in Hajjah while International Youth Council Yemen (IYCY) began to support 3 DTCs and 12 ORCs in 7 districts of Taizz governorate.
To further respond to the increasing number of suspected cholera cases, the Health Cluster partners will be reactivating some DTCs and ORCs across Yemen:

1. **Relief International** has started establishing 2 DTCs and 6 ORCs in 2 districts (Amran City and Khairif) in Amran.
2. **Abs Development Organization (ADO)** has reactivated the DTC in Az Zuhrah Rural Hospital and will reactivate another DTC in Al Qanawis district.
3. **UNICEF** will also reactivate 2 DTCs in As Sukhanah and Al Mansuriah districts in Al Hudaydah.
4. **Qatar Red Crescent Society** will also establish a DTC in Az Zaydiyah district in Al Hudaydah.
5. **Save the Children International (SCI)** will be starting to support the DTC in Al-Arah Hospital in Lahj.
6. **IOM** is currently supporting the DTC in Al-Sadaqa Hospital in Aden governorate.

Despite the current armed conflict situation in Al Hudaydah, **SCI** is currently supporting 3 DTCs (Zabid Rural Hospital, Bait Al Faqiah Hospital and Alsalakhana Hospital) and **ICRC** is supporting the DTC in Al Thawra Hospital in Al Hawak. **Action Contre La Faim (ACF)** is also supporting Al Thawrah Hospital DTC as well as ORCs in Al Hudaydah (9 in Al Hali, 6 in Al Munirah, 5 in Jabal Ra’s, 5 in Al Garrahi, and 2 in At Tuhayat). Five DTCs in Al Hali, Al Mansuriyah, As Salif, As Sukhnah and Az Zuhrah districts are currently being supported by **UNICEF** and a DTC and an ORC are being supported by **Adventist Development and Relief Agency (ADRA)**.

**Diphtheria:** The total cumulative probable diphtheria cases up to 29 August 2018 stands at 2,293 with 121 associated deaths (CFR: 5.3%). Local health authorities reported 2 new probable cases from Sana’a and Amanat Al Asimah on 29 August. The diphtheria outbreak has affected 214 out of 333 districts from 20 governorates, with Ibb and Sana’a as the most affected governorates. Diphtheria outbreak response activities (i.e. field investigation, contact tracing and community awareness activities) are being implemented by Rapid Response Teams across Yemen.

**Noncommunicable diseases and mental health**

A total of **4,550 patients classified as new hypertensives** were consulted in different health facilities while more than **1,408 patients** sought medical care for **mental health**.

**Health facility support**

A total of **2,242 Health Facilities** (17 Governorate Hospitals, 110 District Hospitals, 61 General Hospitals, 20 Specialized Hospitals, 631 Health Centres and 1,403 Health Units) are being supported by Health Cluster Partners.

**Availability of essential services**

Primary health care services are offered across all the health centres and health units with secondary health care in the governorate and district hospitals.

**Availability of health staff**

Health staff working in different facilities are mainly supported by the humanitarian actors as the government has not been able to pay them over the last two years. Most of them have left the health facilities and those that remain are relying on the incentives from NGOs and UN agencies. Health Cluster has initiated a process to harmonize incentives for human resources for health.
The Health Cluster has launched a survey to gather information on what each agency is paying with an aim to harmonise the incentives paid. The survey has been completed, and discussions is ongoing between all the stakeholders under the umbrella of the Ministry of Public Health and Population (MoPHP) to prepare a standardized “Incentive Scale” for the health staff serving at different levels of care.

Availability of essential drugs, vaccines and supplies
The Health Cluster partners are supporting 65 DTCs and 150 ORCs in 80 districts in 13 governorates. The Health partners also provided 29,000 litres of fuel and 1,025,000 liters of water. In addition, 4 IEHK (basic) and 1 IEHK (supplementary) kits as well as 43 cholera kits were distributed to health partners.

Health Cluster Action
Health Cluster partners comprise 35 INGOs and 36 NNGOs and are operational in 22 Governorates in Yemen. In August 2018, out of the 71 partners, there were only 34 NGOs that reported through the Yemen Health Cluster reporting system (yemenhis.org) due to access and network challenges.

Health Cluster response for the Al Hudaydah Crisis

UNFPA
- Supporting 15 health facilities in the governorate to provide reproductive health services through YFCA (13 facilities) and BFD (2 facilities). The 15 facilities include 7 CEmONC and 8 BEmONC facilities
- Providing RH kits to all partners supporting reproductive health services including rape treatment kits to health facilities with staff who were recently trained on clinical management of rape (CMR), various RH Kits to 5 health facilities in Al Hudaydah.
- Training of health workers on clinical management of rape.

IOM
- Supporting 2 hospitals in Al Hawak and Alluheyah districts and 3 health centres in Ad Dahi, Bayt Al Faqiah and Al Mina districts by providing incentives, medicines, medical supplies and equipment and WASH intervention activities.

WHO
- Distributed 4 ambulances in Al Hudaydah governorate and helping with the rehabilitation of the West Coast Compound Hospital for the operation theater, ICU and CCU.
- Had launched the new pediatric emergency department and provided new oxygen station and incinerator to Al Thawra Hospital.
- Supporting renal dialysis centres in Zabid, Baji and Al Qanawis districts with 3,000 sessions.

QRCS
- Supporting the blood bank in Al Thawra Hospital by providing incentives and lab reagents.

UNICEF
- Supporting the NICU in Al Thawra Hospital by providing incentives, medical supplies and equipment and operational support.
- Supporting 14 Mobile Teams in 10 districts in Al Hudaydah by PHC services including EPI, IMCI and MNH services.
Because of the Al Hudaydah conflict, 1,693 displaced families were registered in 10 districts of Sana’a. In Dhamar, around 6,000 displaced families have been registered in six districts wherein majority of them are currently taking refuge in Wesab Al-Safil district (2,600 families). About 440 households are registered in Amran while 416 displaced families are registered in 3 districts of Marib. 272 IDP households are registered in Al Bayda coming from districts in Al Hudaydah with intense fighting.

**Health Cluster partner response to IDPs:**

- **IOM** continues to support a medical clinic at the transit point due to the increasing number of the IDPs as well as QRCS with provision of medicines. It is also supporting the nearby health facility (Abdul-ghader Hilal HC) near the IDP transit point.
- **WHO and UNICEF** are also supporting the medical clinic at the transit point (Abu-Bakr school) with IOM supporting the transfer of IDPs requiring further health services to other health centres and hospitals.
- A mobile medical team from **IMC** continues to provide health services to the schools hosting the IDPs. Marie Stopes is also providing a mobile team for RH services to IDPs.

**Health Cluster coordination**

The Health Cluster conducted two (2) Health Cluster coordination meetings and one (1) SAG meeting at the national level. Yemen has five (5) functional hubs (Aden, Al Hudaydah, Ibb/Taiz, Sa’ada and Sana’a) and each of these hubs conducted one (1) health cluster coordination meeting.

**Training of health staff**

There was a total of **25 health staff** trained on Minimum Service Package, **125 community health workers** received health education and trainings mainly in hygiene promotion and cholera prevention. Further, **37 midwives** were trained on reproductive health awareness and community action.

**Trauma and injury care**

A total of **2,980 patients** were received and treated for trauma injuries. Most were attended to at the governorate health hospitals with a few being attended to at the rural hospitals.

**Child health**

- **Vaccinations:** 20,266 children were immunized for Penta 3 in the month of August
- **Nutrition:** A total of **12,789 SAM with complications cases** referred for treatment to nutrition partners.

**Reproductive Health**

A total of **15,834 normal deliveries** were conducted by skilled birth attendants and **2,913 mothers had caesarean sections** along with **69,245 antenatal care visits** and **18,618 postnatal care visits**.

**Water, sanitation and hygiene and environmental health**

The Health Cluster is working with the WASH Cluster to support all activities in cholera interventions. There have been 1,025,000 litres of water supplied to the health facilities. The RRTs (Rapid Response Teams) supporting cholera interventions have a member from the WASH team to ensure
follow up of water sources and testing of contaminated water from patients and their contacts. Hygiene promotion is also undertaken in collaboration with the WASH Partners.

**Policy decisions, contingency planning, meetings with key government officials or delegations**

**YHPF-Reserve Allocation**: 11 Health Cluster partners received funds under two Emergency Reserve allocations for Al Hudaydah Response. The funds will be utilized to procure ambulances, medicines, medical equipment and supplies and ensure delivery of primary health care including maternal and child health care.

The 1st Standard Allocation was launched in August with 19 proposals submitted by 15 single-cluster and 4 multi-cluster partners. The proposals are currently being reviewed in terms of health response activities to different priority districts taking into account the different health needs of people living in these priority districts.

**Plans for future response**

The Health Cluster will support the capacity building for its partners for the Minimum Service Package (MSP), ensures access to basic health services, and covers priority services across all components of MSP: general services and trauma care, reproductive/maternal and newborn health, child care, mental health and psychosocial support, nutrition, non-communicable diseases, communicable diseases and environmental health in health facilities. WHO and the World Bank have partnered to equip 72 hospitals with essential life-saving health services. UNICEF will continue to support more than 1,700 primary health centres and units to ensure delivery of child care and reproductive health services. The frontline districts will be supported with lifesaving interventions with focus on trauma care.

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