HEALTH CLUSTER BULLETIN
FEBRUARY 2019

YEMEN
Emergency type: Level 3 Emergency
Reporting period: 01-02-2019 TO 28-02-2019

HIGHLIGHTS

• A total of 2,596 Health Facilities (18 Governorate Hospitals, 122 District Hospitals, 69 General Hospitals, 22 Specialized Hospitals, 712 Health Centres and 1,653 Health Units) are supported by 71 Health Cluster Partners.

• From 1st to 28th February 2019, 67,714 suspected cholera cases with 75 associated deaths were reported and a CFR of 0.11%. 26,859 rapid diagnostic tests (RDT) were performed out of which 10,724 were positive. Out of the 147 priority districts there are 38 districts with >500 cases which will be prioritised for urgent intervention. There are 17 Health Partners supporting cholera response with 125 DTCs in 147 priority districts. There are 48 priority districts with no DTCs.

• As of 28th February 2019, a total of 3461 probable diphtheria cases, with 198 associated deaths with a CFR of 5.7% were reported from 21 governorates and 233 districts. 220 cases were lab confirmed. The most affected governorates are Ibb, Hajjah, Hodiedah and Sana’a.

• The MR campaign targeting children 6 months to 15 years of age was conducted from 9-14 February 2019. A total of 11,825,954 children were vaccinated against the target of 12,882,752 with overall 92% coverage. The campaign in two districts of Al Jawf was delayed.

• A joint Integrated Famine Risk Reduction review workshop convened by Health, FSAC, Nutrition and WASH Clusters was held on 18th February 2019 to share good practices for 2018 and propose improvements for the IFRR approach in 2019.
Situation update

The humanitarian crisis in Yemen is the worst in the world, driven by conflict, economic collapse and the continuous breakdown of public institutions and services including collapse of the health care system. Every humanitarian sector and most, if not all parts of the country, are impacted by the conflict. In the health sector, 203 districts are classified as having severe health needs. Only 51% of health facilities across the country are fully functional and those which are operational lack specialists, equipment and medicines. Immunization coverage has decreased by 20-30% since the conflict started, and most health personnel have not received salaries for two years, or more and the rely majorly on the incentives offered by humanitarian health actors. A higher percentage of people face death, hunger and disease than in any other country and indeed the degree of suffering is nearly unprecedented. Eighty percent of the entire population requires some form of humanitarian and protection assistance. There are 19.7 million Yemenis in need of health interventions and a 15.8 million are in acute need of health assistance. In the water and sanitation sector, 167 districts are classified as acute, a four-fold increase since 2018. Only 22 percent of rural and 46 percent of urban populations are connected to partially functioning public water networks and less than 55% of the population has access to safe drinking water.

Conditions are worsening at a nearly unprecedented rate. In 2014, prior to the conflict, 14.7 million people required assistance. In 2015, this number increased to 15.9 million; in 2016 to 21.2 million and in 2018 to 22.2 million. In 2019, 24.4 million people need assistance to survive.

Slightly over 20 million Yemenis (67 percent of the population) are food insecure – an unprecedented situation and a 13 per cent increase from last year. Of these people, 9.6 million are one step away from famine (IPC Phase 4) – a 14 per cent increase since last year and almost twice the figure before the escalation of the conflict. For the first time ever, assessments have confirmed that close to a quarter of a million people (238,000 individuals) are facing catastrophic levels of hunger (IPC Phase 5) and barely surviving.

There are serious access constraints in most parts of the country with as many as 6.5 million people, including 4.1 million who are in acute need, are currently living in 83 hard-to-reach districts where humanitarians face moderate or severe access constraints. Access to the 60 districts with moderate constraints and 23 districts with severe constraints is impacted by three main factors--conflict, bureaucratic impediments and logistics, which often overlap.

Public health risks, priorities, needs and gaps

The importation of medicines and medical supplies into Yemen and their further movement from the central stores to the target health facilities has continued to bite too hard into health care system in Yemen. This largely leads to shortage of medicines and medical supplies and health care continues to face with a shortage of medicines for both NCDs and communicable diseases.
Communicable diseases

There were 177,675 consultations for communicable diseases conducted in health facilities supported by Health Partners in 22 Governorates in Yemen in February 2019.

**Cholera:** From 1st to 28th February 2019, **67,714 suspected cholera cases** with 75 associated deaths were reported and a CFR of 0.11%. **26,859 rapid diagnostic tests (RDT)** were performed out of which **10,724 were positive**. The **attack rate is 22 per 10,000** and 21 out of 23 Governorates and 243 districts out of 333 are affected by the cholera outbreak. The Cholera Task Force has identified **147 priority districts** for intensified Health and WASH interventions. There are 17 Health Partners supporting cholera response with 125 DTCs and 288 ORCs in 147 priority districts whilst 48 priority districts do not have DTC.

![Epidemic curves 1 Jan – 28 Feb 2018 and 2019](image)

The increase in cases reported in 2019 could be due to the following reasons:
- Early rain;
- Increased health awareness among people → increase attendance rate;
- Increased sensitivity of surveillance.

**Yemen: DTC/ORC Map of Priority Districts (147)**

[Map showing distribution of DTCs and ORCs in Yemen]
Diphtheria: As of 28th February 2019, a total of 3461 probable diphtheria cases, out of which 220 were lab confirmed with 198 associated deaths with a CFR of 5.7% were reported from 18 governorates and 233 districts. The most affected governorates are Ibb (18%), Hajjah (14%), Hodiedah (13%) and Sana’a (11%)

Non-communicable diseases and Mental Health

There were 13,926 new hypertensive patients who received treatment by Health Cluster Partners, while 548 patients were provided with medical care for mental health. There is limited specialised care (specialists and medication) for such NCDs as cancer and renal failure. This is mainly because there is no much focus for funding on NCDs pauses a risk on control and treatment of the conditions.

Health facility support

A total of 2,596 Health Facilities (18 Governorate Hospitals, 122 District Hospitals, 69 General Hospitals, 22 Specialized Hospitals, 712 Health Centres and 1,653 Health Units) are supported by 71 Health Cluster Partners

Availability of essential services

The Health services are provided through 51% fully functional and 35% partially functioning health facilities at different level of health cate. The Health Cluster partners support about 2596 health facilities while about 1600 health facilities are supported by MOPHP. Access to the health facilities in conflict affected and hard to reach areas is a challenge. Health Partners support referral from primary to secondary health care. There are few partners who have introduced vouchers scheme to improve access for women to reproductive health services.

Availability of health staff

There is shortage of human resources for health and only 10 health workers per 10,000 people are available against WHO benchmark of more than 22 per 10,000 people. With the Government having not paid the health workers any salary over the last two years or
more, the health partners are committed to pay incentives in order to ensure continuity in delivery of health care.

**Availability of essential drugs, vaccines and supplies**

The Health Cluster partners are supporting 2596 health facilities with provision of medicines, medical supplies and operational costs. 125 DTCs and 288 ORCs in 147 priority districts with operation costs and supply of medicines as well as payment of incentives to the health staff. There was a total of 1.1 million liters of fuel and 13 million liters of water supplied in addition to 285 IEHK (supplementary Pharmaceutical) kits, 285 IEHK Supplementary Renewable kits and 65 Cholera kits to the GHOs, DHOs and Health Partners to support various health facilities across the country.

**Health Cluster Action**

Health Cluster partners comprise 6 UN agencies, 29 INGOs, 36 NNGOs who are operational in 22 Governorates in Yemen. In February 2019 there were 32 Partners who reported through the Yemen health information system. The implementation status by the partners can be accessed at [http://yemenhc.org](http://yemenhc.org)

**Health Cluster response**

Various Health Cluster Partners continued supporting health service delivery across the country, with highlights as below.

**Islamic Relief**

- Supported Alsaudah Hospital in Amran Governorate and Almahabesha hospital Hajjah Governorate with five medical specialists (2 Gynecologist, 2 General Surgeon and 1 Anaesthetist) to conduct different live-saving surgical and obstetric operations. Notably as a result, 314 proper medical consultations were conducted, 10 surgical operations and 6 skilled deliveries in Alsaudah Hospital. In Almahabesha Hospital, 1,000 patients got proper surgical and gynecological consultations, 82 skilled deliveries were conducted, 24 caesarean section cases were done, and 18 surgical operations were conducted.

- In Taiz and Sanaa governorates IRY supports provision of prosthetics and orthotics services to people with physical impairments including those wounded in war and landmines and ageing populations in order to maintain or improve their functioning, independence, facilitate participation as well
as to enhance overall well-being. In the month of February 2019 Taiz centre provided 36 people with assistant appliances (crutches), 14 artificial limbs were manufactured, and 196 persons received other prosthetic services. In addition, 1,579 patients received physiotherapy and electrotherapy services in Sana'a.

**INTERSOS**

- Implemented multiple health projects at both primary and secondary health care levels including emergency care for Trauma, surgeries and CEmONC.
- Supported the functioning of the Rural Referral hospital in Hajjah governorate which absorb the caseload of the catchment area and relieve the travel suffering of the people to seek secondary health services in the city.
- Continue to implement MSP activities at primary and secondary levels including supported referral hospitals and endeavour to achieve 35% of planned MSP services a monthly basis.
- Conducted capacity building for 53 health staff (12 Medical Doctors, 28 Nurses, 8 Midwives, one pharmacist, and 4 laboratory technicians) on MSP curriculum

**IOM**

- Provided healthcare assistance for migrants and IDPs, including Mental Health and Psychosocial Support (MHPSS) and health promotion sessions through the Migrant Response Points (MRPs), health clinics and Coastal search and rescue teams in Sana’a, Abyan, Aden, Lahj, Al-Hudaydah, Sa’ada, Shabwah and Al-Jawf. Al-Bayda, Raymah, Dhamar, Amran, Hajjah, Taiz and Ibb Governorates. This also includes individual and group sessions at the Child Friendly Spaces (CFS) in Sana’a Amanat Al Asimah and Aden.
- Provided medical equipment to five health care institutions (Al Huseiniya Health center, Al Buztan Health center, Al Kadan Health center, Al Luhaya health center and Atawra Hospital) in Al Hudaydah governorate. The governorate health officers, NAMCHA representatives and IOM health staff participated in the ceremony of hand over of the medical equipment to the health centers.
- In response to the Office of Health’s appeal in Hajjah Governorate for the spread of Scabies in Al-Dahshor and Al-Damkhy villages, IOM team treated 60 cases and provided them with medicines and soaps. Additionally, there were 4 awareness sessions conducted for 100 people in the two villages about scabies
**IMC**

- IMC provided ICCM support in Maqbanah district of Taiz and Al Haim Al Kharijia in Sanaa with screening and treatment of malaria, diarrhoea, and pregnant and lactating women with iron tablets in zone 2 and 3 communities and reached very neglected community especially children and women.
- Supports CEMONC services in Walaan district hospital and provided supplies and medicine for general surgeries. Through the ICCM program, IMC CHVs referred a 20-year-old woman IDPs from Nihm district to the Walaan hospital which is supported by IMC in the village of Walaan in Belad Al-Roos district. The hospital has a functional CEmONC site and upon examination by the gynaecologist, she was taken in for caesarean section. Her baby was delivered with complications and was stabilised and later transferred to Al-Sabain Hospital where she was admitted for three days in the incubator and later returned to the mother in Walaan Hospital. IMC offered the referral via ambulance and medication was free of charge.
- Supported 2 ICUs and emergency room in Al Sadaqah Hospital in Aden Governorate and 1 ICU and emergency room in Ibne Khuldon hospital in Lahj Governorate.
- Supported vulnerable communities in Lahj, Taiz and Sanaa governorate with 7 ambulances
- 5 Mobile teams provided integrated health nutrition services in Lahj governorate

**YFCA**

- Procured and provided anaesthesia machine, electrosurgical unit, trolleys and autoclave drums to Al-Kuwait hospital-Amanat Al-Asmah.
- Conducted two trainings on health management and quality of health services for 98 health workers from DHO and GHO of Bajel, Alshahel and Almahabesha.
- Procurement and provision of full operation room and laboratory equipment, X-ray machine, furniture and computers to Bajel, Alshahel and Almahabesha Hospitals.

**Health Cluster coordination**

The Health Cluster conducted **two (2) Health Cluster coordination meetings** at the national level and seven **Sub National Health Cluster coordination meetings** at (5) functional hubs (Aden, Al Hudaydah, Ibb/Taizz, Sa’ada and Sana’a).

The Health Cluster conducted **(8) field visits** to various locations including health facilities to monitor the health services being delivered to the beneficiaries and support partners with any arising needs.

The Health Cluster as a member of the Integrated Famine Risk Reduction (IFRR) approach, facilitated the **IFRR review meeting** convened by the FSAC, Health, Nutrition and WASH Clusters. The meeting took place on **18th February 2019** that was attended by INGOs, NNGOs and UN Agencies. The meeting aimed to review the previous steps that have been taken by IFRR partners, progress and a road map along with plan of action that ensures scale up the IFRR implementation.
A **Reproductive Health Planning workshop** supported by the Global Health Cluster and coordinated by the Yemen Health Cluster and facilitated by UNICEF, UNFPA and WHO was held on **25th to 26th February 2019**. The training was attended by 41 participants from Ibb and Dhamar Governorates, Ministry of Health, INGOs, NNGOs and UN Agencies.

The Health Cluster participated in **2 ICCM meetings and 2 HCT meetings** and **2 Inter-Cluster Consultation meetings** in February 2019.

The Sub National Health Cluster Coordinators are part of the Hub Regional Coordination Team (RCT), in which they attended a total of **five (5) RCT meetings**.

The RH Inter Agency Working Group conducted an **annual RH IAWG retreat on 12th February 2019** convened by Ministry of Health and UNFPA. The Health Cluster participated in the one-day event, in which all members of the WG attended and an update shared on the current RH situation, priority 2019 RH activity work plan for the Ministry of Health discussed and plan developed for Humanitarian Actors to review and support various components of the work plan.
16 Health Cluster Partners attended the data clinic for orientation on the surveillance system for attacks (SSA) against health care which was conducted by the information management team at WHO in Yemen and at HQ, which was held on 12th February 2019.

Training of health staff

37 health staff were trained on MSP by Health Cluster Partners; 222 community health workers received health education and trainings mainly in hygiene promotion and cholera prevention. There were 65 midwives who were oriented on neonatal and child care and improved care of the mothers in delivery room.

Trauma and injury care

2,617 patients were treated for conflict related trauma injuries, mainly at the governorate health hospitals though some were attended to at some rural hospitals.

Child Health

Vaccinations: 34,511 children were immunized for Penta 3 while 99,174 children were treated SAM with complications cases and refereed for further follow up and care with nutrition partners.

Reproductive Health

A total of 107,718 mothers attended antenatal care service; 31,077 normal deliveries were conducted by skilled birth attendants; 3,880 caesarean section were performed while 25,900 mothers attended postnatal care services.

Water, sanitation and hygiene and environmental health

There is maintained close collaboration and coordination between the Health and WASH Clusters to enhance effective and efficient cholera response. There are 333 RRTs across the country, made up of both Health and WASH staff, who focus on active surveillance, contact tracing and referrals of cases identified at community level with linkage to the nearest health facility for prompt intervention. The WASH RRTs ensure follow up of water sources and testing of contaminated water from patients and their contacts as well as undertaking hygiene promotion awareness in collaboration with the WASH Partners.
Plans for future response

There was a total of 23 proposals developed by the Health Cluster Partners for the first Standard allocation (SA1) and the review process is in process by the Strategic Technical Review Committee (STRC). Full implementation is expected to begin in April 2019 for the successful proposals.

The Yemen Health Cluster will conduct Cluster Performance Monitoring for 2018 that will be launched by mid-March and finalised within a month.

WHE/GHC led initiative on delivering integrated reproductive health services in emergencies has been launched in Yemen with the Sana’a workshop having been recently completed. The RH planning workshop for Aden will be undertaken in the second week of March after which the Health Cluster will develop a unified project work plan for three target districts in Yemen to guide the implementation. There are several related activities to the project such as capacity building for health care workers and community support teams with RH trainings at facility and community levels, modest renovation of selected health facilities to offer BEmONC and CEmONC services as well as operational research and conducting baseline studies in the selected districts to facilitate prioritization of service provision in areas of most need.

Improved CEmONC services at Rural Referral Hospital in Hajjah Governorate - Photo INTERSOS

For further information, please contact:

Dr Jamshed Tanoli
Health Cluster Coordinator
World Health Organization
Mobile: +967 738445599
Email: tanoli@who.int

Bridget Mung’atia
Health Cluster Co-Coordinator
Save the Children International
Mobile: +967 736800474
Email: Bridget.Mungatia@savechildren.org

Dr Fahad Al Fadhel
Health Cluster Coordinator (MoPHP)
Ministry of Public Health and Population
Mobile: +967 776120800
Email: todrafahad@outlook.com

www.yemenhc.org