HEALTH CLUSTER BULLETIN
JANUARY 2019

YEMEN
Emergency type: Level 3 Emergency
Reporting period: 01-01-2019 TO 31-01-2019

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 31st January 2019, 37,461 suspected cholera cases with 35 associated deaths were reported and a CFR of 0.09%. 14,469 rapid diagnostic tests (RDT) were performed out of which 5,164 were positive. There were 20 Health Partners supporting cholera response with 147 DTCs and 340 ORCs in 135 priority districts. There are 57 priority districts with no DTC or ORC.

- As of 28th January 2019, a total of 3,309 probable diphtheria cases with over 191 associated deaths with a CFR of 5.7% were reported from 21 governorates and 231 districts with Ibb and Hajjah are the most affected governorates.

- Preparations were finalised for the measles rubella campaign that will take place from 9th to 13th February 2019.

- The First Standard allocation was launched on 31st of January 2019 and will close on 17th February 2019. The SA1 will help cover key gaps in the existing operation and support the immediate scale-up of activities in highly vulnerable communities.

- A joint Cholera review workshop convened by Health and WASH Clusters, Ministry of Public Health & Population and Ministry of Water and Environment was held on 28th and 29th January 2019 with up to 147 Participants in attendance.

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<td>71 HEALTH CLUSTER PARTNERS</td>
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<tr>
<th>KITS DELIVERED TO HEALTH FACILITIES/ PARTNERS</th>
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<td>60 IEHK SUPPLEMENTARY</td>
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<td>2,596 HEALTH FACILITIES</td>
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<th>HEALTH ACTION</th>
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<td>581,046 CONSULTATIONS</td>
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<td>3,581 SURGERIES</td>
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<td>50,973 ASSISTED DELIVERIES (NORMAL &amp; CS)</td>
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Situation update

Much as there is reduction in the incidences of conflict, Yemen continues experiencing pockets of fighting in a few locations. According to the HNO 2019, there are a total of 19.7 million people in need of health humanitarian assistance up from 16.4 million in 2018. The situation has been worsened by the rise in famine-stricken areas as revealed by the IPC 2018 analysis which revealed over 15.9 million people (about 53% of the total population are severely food insecure. The delivery of health care services has been strained by fewer functional health facilities (only about 51% are functional) with the others being partially or fully damaged. As a result of the conflict though, there is a huge challenge to access some health facilities with some being occupied by the armed groups, though insecurity generally and long approval processes of agreements for implementations by the authorities.

The economic crisis coupled with the armed conflict has further aggravated the food insecurity experienced by the people in Yemen, curtailing food access for both the displaced and the host communities especially in areas with active fighting. According to the latest IPC analysis, a total of 15.9 million people, i.e. 53% of the population analyzed are severely food insecure, despite ongoing humanitarian food assistance (HFA). This includes 17% of the population (about 5 million people) classified in IPC Phase 4 (Emergency) and 36% (about 10.8 million people) in IPC Phase 3 (Crisis). Of greatest concern are the additional 63,500 people in IPC Phase 5 (Catastrophe).

The Health Cluster Partners continue supporting the delivery of health services through payment of incentives for the health workers and also operation costs for the GHOs and DHOs. Further, the Health Cluster supports bi-weekly meetings which are held at the Ministry of Health every alternate Wednesday at National and at Hub levels bring together Partners to discuss emerging issues and updates on areas of interventions.

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 in essence health care continues to face with a shortage of medicines for both NCDs and communicable diseases.

IDPs, new displacements and inadequate maternal and child health care services have severely affected the health status of the Yemeni population and putting a tremendous burden on the health partners.

Communicable diseases

There were 201,618 consultations for communicable diseases conducted in health facilities supported by Health Partners in 22 Governorates in Yemen in January 2019.

Cholera: From 1st to 31st January 2019 was 37,461 suspected cases with 35 associated deaths and a CFR of 0.09%. There were 14,469 rapid diagnostic tests (RDT) performed out of which 5,164 were positive. There are 20 Health Partners are supporting cholera response with 147 DTCs and 340 ORCs in 135 priority districts.
Diphtheria: As of 28\textsuperscript{th} January 2019, a total of **3,309 probable diphtheria cases** with over **191 associated deaths** with a **CFR of 5.7\%** were reported from **21 governorates** and **231 districts**. **Ibb and Hajjah** are the most affected governorates. Children of 5-14 years account for the highest number of probable diphtheria cases (46 \%) of the total reported cases.

In responding to diphtheria outbreak in Yemen, WHO continues to strengthen surveillance and case detection for diphtheria, enhance laboratory testing capacity, procure and distributing the diphtheria anti-toxin to the Diphtheria Isolation Units in health facilities. WHO has also trained and deployed rapid response teams to trace contacts and to provide preventative antibiotics in the community.

A total of 1,600 vials of Diphtheria antitoxin (DAT) have been imported and delivered to MoPHP at the beginning of January 2019 to be distributed to different diphtheria isolation units, in addition to procurement and distribution of medications for Diphtheria intensive care units which cover more than 500 complicated Diphtheria patients.

In response to diphtheria outbreak UNICEF - Procured diphtheria medicines according to the international guidelines and based on a request from the MoPHP is still in pipeline, that is estimated to treat around 100,000 patients and contacts. Further, UNICEF has continued the communication and awareness for early case identification, prevention and seeking treatment and is planning to support 10 isolation centers in highly affected governorates.
Non-communicable diseases and Mental Health

There were **19,211 new hypertensive patients** who received treatment by Health Cluster Partners, while **407** patients were provided with medical care for mental health. Medication for treating NCDs remain a big challenge as there is limited specialised care for such cases as cancer and renal failure. Further, the prioritization by Donors and funding agencies that do not place a primary focus on NCDs pauses a risk on control and treatment of the conditions.

Health facility support

There are 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 Health Cluster Partners.

Availability of essential services

With about 51% of health facilities functional in Yemen, Health Cluster Partners continue offering humanitarian services in primary and secondary health care facilities. These services are offered free of charge across all the health centres and health units with secondary health care in the governorate and district hospitals, with support of incentives and operational costs from the Partners. Transportation to the health facilities though is a challenge that remains unaddressed with the challenging economic situation in the country with some of the Health Partners are supporting patients with transportation to aid those who are not in a position to afford to pay for themselves. There are Partners who have introduced cash vouchers to support.

Availability of health staff

The health workforce in Yemen has faced major hiccups related to salary payments by the government with majority of the health staff relying on incentives offered by the humanitarian actors across the country in the last two years. According to the HeRAMS 2018 findings, there was a total of 2,532 health facilities fully functional (50%) across various Governorates in Yemen. There were 907 health facilities that were partially functioning and 290 non-functional due to lack of health staff. There was however a total of 98 health facilities that were fully damaged.
Availability of essential drugs, vaccines and supplies

The Health Cluster partners are supporting **147 DTCs** and **340 ORCs** in **135 districts** with operation costs of running and cholera related medicines as well as payment of incentives to the health staff. There was a total of **1.4 million litres of fuel** and **2.989 million liters of water** supplied in addition to **60 IEHK (supplementary) kits** and **1 IEHK supplementary equipment kits** to the GHOs, DHOs and Health Partners to support various health facilities

**Health Cluster Action**

Health Cluster partners comprise **6 UN agencies, 29 INGOs, 36 NNGOs** who are operational in **22 Governorates** in Yemen. In January 2019 there were **28 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 a few highlights as below.

**WHO**

- Has started piloting the system surveillance on attacks on health care and Health Cluster Partners will undergo a detailed orientation on the data collection tools for the SSA in February 2019.
- WHO in partnership with the Ministry of Foreign Affairs and International Cooperation of the United Arab Emirates launched two infection control training workshops for the technical staff at Al Mukalla Motherhood and Childhood Hospital.
- Installed new Oxygen stations in the governorate of Marib, Shabwa and Al Baydha.
- In coordination with ministry of health launched the 2nd round of onchocerciasis mass drug administration campaign, covering 33 districts in 8 governorates (Raymah, Taiz, Hajjah, Dhamar, Hudaydah, Ibb, Al-Mahweet and Sana’a), with over 3,000 health workers trying to reach over 500,000 people above 6 years.
- WHO has delivered around 450 metric tons of emergency life-saving medicines.
- Delivered two mammography machines to two major hospitals in the Yemen, Al Jumhori in Sana'a and Al Sadaqa in Aden.

**UNICEF**

- A 4th Integrated Outreach round has been conducted in January 2019, in total **194,192** under one children were vaccinated against different immunization vaccines (BCG, Polio1,2,3, IPV and MCV1), and more than 500 thousand doses were given. Also **97,985** under five children were provided with primary health care services (IMCI), while **40,978** pregnant and lactating women received primary health care services.
• Planning meetings conducted in MoPHP in regard to upcoming MR campaign. The target population will be **13,379,227 children from 6mths -15 yrs** reached through **5,033 fixed and 15,564 mobile teams** in different Governorates.

• In 2nd January, two focus discussions were conducted on polio vaccine campaign coverage for 28 mothers and 28 fathers at Alsonania HF and Ghaza HF Moaen district-Amanat Al Asmah governorate with cooperation of C4D unit to identify reasons of defaulting and suggested solutions.

• Immunization team created health education activities guidelines of the national MR campaign with updating to communication activities monitoring checklist to support C4D unit role in the campaign.

• UNICEF continue supporting routine health services in all Yemen’s governorates either through supporting **fix sites or Mobile Teams** as well as supporting Community Midwives’ home visits.

• A 3-days workshop conducted for IMCI governorate coordinators jointly with MoPHP, through and addressed the achievements, challenges and plans for 2019.

• MIS for mothers and new-born health services at facilities was updated and discussions held in Aden for finalisation of the RH indicators, especially for newborn quality of care indicators.

• Process planning and institutional visits for initiating the one-year professional diploma courses were completed in January, both in Sanaa and Aden, which will build the capacity of at least one Governorate hospital to deliver Comprehensive obstetric and new-born care along with building the capacity of district hospitals to deliver basic Obstetric and New-born services.

• UNICEF team Initiated work on updating the standard management protocols for MNH services at different level of facilities according to WHO guidelines and workshops will be held in Feb - March 2019 in Sanaa and Aden respectively

**FHI 360**

• Notably, FHI 360negotiated the re-opening of Al Ghaded MCH Center in Dhubab District in Taiz Governorate by repairing all the damaged walls and windows, repainting and repair of the sanitary facility. Further, a number of handwashing points for critical patient care areas, improved toilets and bathing facilities has been made possible through the WASH team support. FHI 360 is working to bring back health workers who had already left the facility after it was damaged and will support them with incentives. The facility will be provided with new medical equipment and furniture as well, in order to improve functionality and meet a growing number of care seekers. The re-opening of this health facility has brought relief to people in nearby communities who previously had to seek medical care either in Al Mokha or Aden, both very far off and too costly to travel.
YFCA

- Conducted two days a week integrated outreach life-saving health care services at the second and third level of targeted catchment area through the outreach teams
- Procuring and providing medicines, medical supplies and equipment for the 3 targeted health facilities in the districts of Ataq in Shabwa governorate, Jahaf in Al Dhale’e governorate and Alqabeeta’a in Lahj governorate
- Procured solar system for 2 health facilities in the districts of Jahaf in AL Dhale’e governorate and Alqabeeta’a in Lahj governorate
- Trained 42 health workers on the Minimum Service Package (communicable diseases' prevention, control and management).
- Trained of 40 CHVs on hygiene promotion and disease prevention
- Conducted 600 health promotion sessions in and around the health facilities and their catchment areas of the three targeted districts
- Trained 36 DHOs and facility management staff on health service quality improvement.

BFD

- A resident of Al-Hasaway village in Al-Sharm, Al-Sharm in Utmah in Dhamar governorate, a 15-year-old female sustained burns as a result of her house catching fire. The patient was brought to Al - Shram Health Center, supported by BFD and has now recovered and is back to her normal life in school.
- Conducted a training on infection control at Zabid Hospital, Al Hudaydah governorate.
- Installation of air conditioners for the delivery department at Zabid hospital - Zabid district, Al Hodeida governorate).
- Handing over is continuing of all the health facilities (Al-kamb, Allawyea) including reports of the provided medical equipment and medications and medical supply to the Health Office as it is one of the exit strategy.
- Activated the health centers of Al-Quahra, Jabal Ras, Al-Kadan, Ad-Dahi, Al-Omal, Bajal and Al-Shubilliah (Al Hudaydah Governorate) and Bani Sad, Al Khabt, Al Taweal and Al Rujam in Al Mahweet District with RH kits, stethoscope and sphygmomanometer for facilities of BEmONC services; Shibam, Hufash, Al Jumhori (CEmONC) in Al Mahweet districts with RH kits
- Avialability of qualifies staff has now led to mothers coming to deliver in Akhwan thabet health center in Bajil districts, Al Hudaydah Governorates after so many years of no such services.
- There was notable increase in the number of caesarean sections being conducted in Al-shahied Mohammed Hiel hospital in Marib to 3 cases per month whilst previously it was at zero.
- In most health centres in Dhamar, there has been an increase of mothers especially from among the IDPs who are now seeking RH services as a result of distribution of MAMA kits to the beneficiaries
- Handed over all DTCs and ORCs in Amran and Dhamar Governorates to the GHO.

CSSW

- Renovation and support to the functioning of Shuqrarah Hospital in Abyan governorate in which the residents were travelling more than 90 kms to the city of Ja’ar or Zanjibar to have a good healthy service which was previously non-functional over 10years ago and with WHO MSP project was renovated and opened its doors to the public in January 2019 – by the MoH, GHO Abyan and
CSSW General secretary - Abyan) – supported with medicines and medical supplies, supporting incentive payments for the staff and operation costs.

- On the twenty-seventh day of January of 2019, the doctor of Shuqrah Hospital was urgently called to the emergency department. In which there were 3 people injured in a car accident and they were attended to at the newly opened health facility.

- Before January 2019, Shuqr, like many other areas in Abyan governorate, lacked the most basic health services. Shuqr's population of over 14,000 had only a healthy unit provide some reproductive health services, a modest health center with modest equipment and supplies although the growing needs of the health service.

IRC

- In Aden Governorate – Al Bureiqah District - Al Bureiqah EmONC facility started working on 2014 but it was only one shift (8 hours) and after the conflict took place in 2015 the ministry of health didn’t have the financial resources to pay staff salaries and medial consumables. On August 2018 the IRC intervened by addressing critical gaps in the facility including; providing of drugs, medical equipment, rehabilitation, solar panel, furniture, cleaning material, incentives for the staff, lab equipment and supplies. Through the IRC intervention the facility is now working 24/7 days and health service is providing to the targeted community.

- Albu'riq EmONC center is located in the movement line of the IDPs and 80% of the deliveries and treated cases from IDPs. Also, there is a significant improvement in the service provided as IRC conducted several trainings to the nurses and midwives includes; syndromic management of sexual transmitted infection, family planning, universal precaution and EmONC training. Prior the IRC intervention there was no deliveries in the center and it was only provided basic reproductive health. People living in Al Bureiqah were forced to go long journey for the deliveries as they are two EmONC centres namely Al-Sadaqa hospital and Al-Sha’ab which is at a distance of about one hour’s drive. There is improvement from basic reproductive health clinic into BEmONC and the average number of 35 deliveries per month. The facility significantly supported an IDP whose family had shifted to Lahj from Hudaydah as a result of the conflict and who could not afford health care with administration of first aid at home and transferred to the EmONC center for specialised care - The family remains grateful of the services in the facility and most notably the cooperation of the midwife and the health team.

Health Cluster coordination

The Health Cluster conducted two (2) Health Cluster coordination meetings at the national level and with (5) functional hubs (Aden, Al Hudaydah, Ibb/Taizz, Sa’ada and Sana’a), a total of eight (8) Sub National Health Cluster coordination meetings.

The Health Cluster conducted ten (10) 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.

There was an information management training conducted by IMMAP for the 19 National NGO Health Cluster Partners on 20th to 22nd January 2019. As a build up to the training, an IM meeting to articulate improved reporting by the Partners was held on 22nd January 2019 convened by the Health Cluster and attended by 42 Health Cluster Partners.
The Health Cluster conducted its Quarterly Consultative Meeting with the SubNational Cluster Coordinators from 27 – 31 January 2019 in Sana’a – the result of which is to improve coordination with partners and develop the 2019 Health Cluster Work plan.

As a member of the ICCM and HCT, the Health Cluster participated in 4 ICCM meetings and 3 HCT meetings in the January 2019. There were 6 Inter-Cluster Consultation meetings in which the Health Cluster participated in the January 2019.

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

Training of health staff

236 health staff were trained on MSP by Health Cluster Partners; 333 community health workers received health education and trainings mainly in hygiene promotion and cholera prevention. There were 71 midwives who were oriented on neonatal and child care and improved care of the mothers in delivery room.

Trauma and injury care

3,438 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: 19,454 children were immunized for Penta 3 while 5,922 children were treated SAM with complications cases and refereed for further follow up and care with nutrition partners.

Reproductive Health

A total of 60,752 mothers attended antenatal care service; 8,765 normal deliveries were conducted by skilled birth attendants; 1,186 undergoing caesarean section while 27,776 mothers attended postnatal care services. There were 13,200 beneficiaries of RH Kits supplied through implementing partners.
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. WHO supported 124 health facilities with clean water in 20 governorates and conducting maintenance and & rehabilitation of WASH in health facilities in Al Jumhuri & Qof Shamr - Hajjah Governorate and AL Jumhuri & Bani Sa’ad HF’s – Al Mahwit Governorate.

Plans for future response
There are 11 single health cluster and 13 multi cluster proposals that have been submitted by Health Cluster Partners for the first Standard allocation (SA1). The Strategic Technical Review Committee (STRC) will conduct technical reviews of the proposals in the last week of February 2019 after which the successful proposals will be informed of the decision and further implementation in March 2019.

The SubNational Cluster coordinators will work with the Health Cluster Partners at Hub level to prioritise on: - areas for capacity building as per the needs of various Hubs. Emphasis for capacity building will be placed on movement from MISP to comprehensive Reproductive Health with the incoming of the new Project on “RH in Emergencies”; reporting and proposal development.

There is a WHE/GHC led initiative on delivering integrated reproductive health services in emergencies that is being piloted in 3 districts namely Al Udayn in Ibb governorate with a total of 14,605 beneficiaries; Utoma in Dhamar Governorate with a total of 12,507 beneficiaries and Al Shaikh Othman in Aden Governorate with a total of 37,190 beneficiaries. The project will kick off RH participatory planning workshop that is scheduled to take place in the last week of February and first week of March in Sana’a and Aden respectively. At a later date, there will be other related activities such as procurement of RH kits, renovation of selected health facilities to offer BEmONC and CEmONC services as well as operational research and conducting RH trainings at facility and community levels.