HEALTH CLUSTER BULLETIN
July 2019

YEMEN
Emergency type: Level 3 Emergency
Reporting period: 01-07-2019 TO 31-07-2019

HIGHLIGHTS

- A total of 3,011 Health Facilities (17 Governorate Hospitals, 120 District Hospitals, 66 General Hospitals, 19 Specialized Hospitals, 951 Health Centers and 1,838 Health Units) are supported by Health Cluster Partners.

- The cumulative total number of suspected cholera cases from 1st January to 31st July 2019 is 543,793 with 786 associated deaths (CFR 14%). Out of the reported cases, 91,556 cases were reported in July 2019. Children under five represent 24% of total suspected cases and the proportion of severe cases is 15.5%. According to July 2019 data, the outbreak has affected 22 of 23 governorates and 304 of 333 districts in Yemen.

- As of July 2019, the Health Cluster Partners supported a total of 181 DTCs and 366 ORCs in the 147 Priority districts.

- The Health Cluster conducted an online capacity needs assessment survey to prioritize on the areas for partners’ capacity building. Top on the list of the training needs by the Partners were: - Project management and assessment panning, Minimum service package, Proposal development and contingency preparedness planning.

- The Health Cluster led Reproductive Health project that is implemented by the Yemen Health Cluster had conducted a training workshop on Infection Prevention and Control from 2nd to 4th July 2019 for 25 Healthcare providers from pilot health facilities of Al-Sheikh Othman district in Aden.

- A joint Health and WASH meeting was convened on 17th July 2019 at MoPHP to support MOH and MOW in the efforts of Cholera Response.
Situation update

Yemen is the world’s worst humanitarian crisis. Nearly 80 per cent of the total population, 24.1 million people, requires some form of humanitarian assistance and protection, among whom 19.7 million are in need of health assistance among whom 14 million in acute need of health assistance. There are 39 Health Partners with active projects and currently responding to the Health Needs of the Yemeni people in 3,011 health facilities across the country. Beginning 1st to 31st July 2019, there were 4,049 households (24,294 individuals) displaced in various locations in the country according to Yemen Rapid Displacement Tracking – Displacement Tracking and Matrix (DTM) July 2019 Figures.

The cholera outbreak that has been a menace since October 2016 has so far affected 22 of 23 governorates and 304 of 333 districts in Yemen.

It is worth noting that there currently 75 districts which are hard to reach in Yemen, which are predominantly impacted by conflict, including shifting front lines, with a population of 5.1 million affected. In some of the districts access is further complicated by bureaucratic restrictions, delays in approving and clearing imports of essential equipment and delayed signing of Sub Agreements to facilitate implementation of programs and projects in the neediest areas. This in essence affects the delivery of quality, effective and efficient health care. Damaged and/or destroyed/closed roads hamper access to some of the most in need locations thus health care delivery is made more difficult or not available at all.

Public health risks, priorities, needs and gaps

According to HeRAMS 2018, 51% of the Health Facilities (HFs) that are fully functional while 36% are partially functional and 13% remain non-functional. Those that are functional, depend on incentive payments amidst few/dwindling resources, to sustain the presence of the health workers and health services provision, this poses a bigger threat to the likelihood of deterioration of the health status. Because of harsh socio-economic times, the people have limited access to the health services due to the declined purchase power to move from one point to another. This is attributed to the increased transport costs, poor infrastructure of the road network with insecurity or even road blocks in some conflict areas such as Sana’a - Aden road or Ibb - Al-Dhalea road and access challenges further complicating the already worsened situation.

The availability and cost of specialized care alongside limited resources for the care of the non-communicable diseases continue placing a huge disease burden on the patients who suffer chronic illnesses such as diabetes, hypertension, renal failure and cancer. The number of cases are rising and further made worse by the constrained access to the much needed specialized health care.

There are several pending Sub Agreements to be cleared and signed by the MoPHP and NAMCHA for both the Standard Allocation 2019 and 1st Reserve Allocation 2019. The Health Cluster is advocating through the Ministry of Health on behalf of all the Partners for FastTrack of the approvals to facilitate implementation in the neediest areas of the country as prioritized in the allocation strategies.

Communicable diseases

In the Health Cluster Reporting platform (DHIS), there were 208,316 patients treated for various communicable diseases across the various health facilities in Yemen during the month of July 2019.
The Health Partners including UNICEF and WHO (who are supporting the bulk of cholera response in Yemen) are focusing on coordination, case management, laboratory diagnostics, infection and prevention control in health facilities, water and sanitation, and oral cholera vaccination campaigns.

In July 2019, there were 91,556 cholera suspected cases, 75 associated deaths and the outbreak has affected 22 of 23 governorates and 304 of 333 districts in Yemen. Out of the reported cases, Children under five representing 24% of total suspected cases and the proportion of severe cases is 15.5%.

The governorates reporting increased number of suspected cases of cholera during month of July 2019 were, Al- Hodeidah (16,384), Amanat Al Asimah (12,120), Sana’a governorate (11,331) and Hajjah (9,208). Of the 141,473 random samples tested since January 2019, 4,332 have been confirmed as cholera-positive by culture at the central public health laboratories. The governorates reporting the highest numbers of positive culture were Amanat Al Asimah (1,226), Taizz (1,102) and Sana’a (432). The districts reporting the highest number of cases being Bani Al Harith-3,261; Al Hali 2,748; Hamdan 2,153; As Sabain 1,976 and Shu’aub-1,907.

Non-communicable diseases and Mental Health

There were 23,346 new hypertensive and 867 individuals with mental health illness who received medical attention and psychosocial support by health partners during the month of July 2019.

Health Facility Support

In July 2019, 39 Health Cluster Partners have sustained their support to the 3,011 health facilities with operation support, incentives for the health workers, training of health workers and provision of medicines and medical supplies.

Availability of essential services

The Health Cluster Partners are supporting primary and secondary health care services across the country. These services are offered free of charge across all the health centers and health units with secondary health care in the governorate and district hospitals, through the support of incentives and operational costs from the Partners. Some of the main challenges hindering effective and efficient health service delivery is mainly insecurity, access impediments and inadequate health workers (capacity and numbers). The economic situation is becoming hard by the day as the Yemen Rial continues to depreciate and majority of the population are not able to afford transport to and from the health facilities as much as the roads are in poor state and impassable. In abide to counter this challenge, the
Health Partners are supporting patients with transport facilitation through the voucher system to improve acceptance, access and utilization of health services by the patients.

Availability of health staff

The health workers available in the health facilities are fewer as majority have migrated from their locations due to insecurity, access challenges or lack of salaries. Those still in the health facilities, largely depend on incentives offered by the humanitarian actors to sustain the facilities remaining functional.

Availability of essential drugs, vaccines and supplies

The Health Cluster partners supported the health facilities with medicines and medical supplies as well as payment of incentives to the health staff. 1,160,664 liters of fuel and 23,259,000 million liters of water supplied to the health facilities in addition to 221 IEHK basic Kits, 108 IEHK Supplementary kits, 807 other types of kits and 11 Trauma kits to support various health facilities across the country.

Health Cluster Action

Health Cluster partners comprise 6 UN agencies, 29 INGOs, 36 NNGOs in 22 Governorates in Yemen. In July 2019, 39 Partners reported through the Yemen health information system. The implementation status by the partners can be accessed at http://yemenhc.org

Health Cluster Partners Updates – July 2019

Health Cluster Partners continued supporting health service delivery across the country:

YDN

Supporting Cholera intervention in Dhi Bin and Thula Districts in Amran Governorate.

YDN is supporting 2 DTCs and 10 ORCs in two targeted districts in Amran governorate.

In July, YDN conducted 3 training courses where 62 health workers were trained on cholera identification and treatment and preventive measures as an activity of the emergency cholera response project. The training targeted 6 physicians, 12 team leaders, 5 hygiene promotion officers, 18 ORC nurses, 7 triage nurses and 14 ward nurses.
SAWT

Supporting health services delivery to IDPs displaced in Al Mukha District, Taiz Governorate.

SAWT supports the referral of complicated medical and surgical cases within Al Mukha to Aden. One of the successful referrals was a 50-year-old male who was diagnosed with multiple left kidney stones which would have led to renal failure if left unattended. This is because his right kidney function was impaired since long time. The patient was received in Aden by SAWT’s coordinator who facilitated the admission to the specialized center for renal diseases. A surgical operation for removal the stone was performed dramatically improving his general condition with improved renal function and the patient was able to resume a normal life upon discharge and return to Al-Mukha. This was made possible through the support for transportation, cost of the admission, surgery, laboratory investigations and accommodation for the relatives.

QRCS

Provided treatment and prevention from Cholera outbreak in Barah Al-Beneq – Ala’ahsab - Al-Kuwaira, in Al-Shamaitain District, Taiz Governorate.

QRCS responded to the emergency needs in Al-Shamaitain District and received information from the Health Cluster that there is a Cholera outbreak in some areas of Al-Shamaitain District. This outbreak caused many Cholera cases that are on the brink of death with a case that was dead during the outbreak in the district. QRCS supported with a medical team and medicines and medical supplies and in collaboration with YRCS offered an ambulance to refer urgent cases to ORCs and DTCs within the district. The medical team comprises a team leader, two doctors, two nurses, Community Health Workers, a pharmacist and an ambulance driver. There were several field visits conducted to the areas affected and supported further with provision of free medications, awareness sessions about cholera through health education and distributing of brochures with referral of needy cases to the health facilities. The identified cholera cases were referred to the DTC in Khalifa Hospital.

Supported the reopening of AL-Sallam Hospital in Sharab Al- Sallam District, Taiz Governorate to sustain health service delivery to the targeted beneficiaries. This hospital had been closed for over 7 Years until QRCS rehabilitated the hospital and provided the Hospital with medical equipment and furniture, medications and incentive for Health Staff on monthly basis and operational costs such as fuel and water. There is a mobile team in the hospital conducts field visits and awareness sessions for community in the rural parts within the district.
There were trainings conducted in Al Sallam Hospital for health staff on Communicable Diseases and Epidemiological Surveillance for 2 doctors, 10 nurses, 6 laboratory technicians and 1 pharmacist. There was a training in the same hospital on EPI conducted for 6 nurses, 2 midwives and 2 medical assistants. There were 61 various surgical operations supported by QRCS during the month of July 2019.

UNFPA

MISP Orientation Workshop for High Level Officials

In Yemen’s protracted crisis context, there is need to ensure that MISP for RH is available to all in need at the minimum while at the same time taking every opportunity to include comprehensive reproductive health care interventions. UNFPA, Yemen Association for Reproductive Health (YARH) in collaboration with Ministry of Public Health and Population (MOPHP), Population Sector facilitated a MISP orientation session on 30th July 2019.

The aim of the meeting was to enhance awareness and importance of implementing of Minimum Initial Service Package (MISP) in crisis settings in order to avoid escalation of maternal and newborn deaths and ill health. The workshop was attended by high level official from the MOPHP, members of Parliament from the parliamentary committee on health, as well as members of the National Population Council. Health Directors from the Governorates of Sana’a and Amanat Al Asimah and as well as representatives from National and International NGOs.
In his compliment, the Deputy Minister for Primary Health Care Sector noted that there has been improvement in coordination of reproductive health service provision and urged all partners to collaborate closely with MOPHP in order to be facilitated to implement MISP activities to reach the most in need populations.

The Chair of the Parliamentary Health Committee emphasized on the importance of all partners implementing MISP to meet regularly so as to address any experienced obstacle. He called upon MoPHP to avail all the necessary facilitation so as to ensure that the most vulnerable communities in need are reached and no one is left behind.

**MMF**

*Providing Health services to IDPs in Manwab area, Buraa District of Al-Hodeidah Governorate*

Lack of health services in Manwab has seen the residents travel as far as 200km in search of health care as in the case of a young lady who was nearing her time of delivery, yet despite the harsh economic times, lack of health facilities nearby she had travel to Hodeidah city for the delivery of her baby. MMF expanded its service provision to the displaced persons and commissioned a health unit which was previously not operational. There was support with medicines, incentives for the health workers and full service provision including primary health care, immunizations and reproductive health. This has improved the quality of life and save hundreds of children and mothers from imminent dangers of poor health care.
Health Cluster Coordination

The Health Cluster conducted two (2) National Health Cluster coordination meetings and six (6) Sub National Health Cluster coordination meetings conducted in the (5) functional hubs (Aden, Al Hudaydah, Ibb/Taizz, Sa’ada and Sana’a). There was one ad-hoc meeting held at National level to discuss on the implementation of the EHNP/MSP World Bank Projects under UNICEF and WHO.

The SubNational Cluster Coordinators at Hub level conducted 22 field visits to various health facilities in the governorates to support Health Partners during the month of July 2019. The National Cluster team conducted 2 field missions to Aden to support the demands of the current and expanding Hubs. There was one OCHA led mission to Hajjah Governorate in the Abs IDP sites to assess the situation of the sites and required interventions in which the Health SubNational Cluster Coordinator participated from 16th to 18th July 2019.

There were seven (7) joint Health and WASH consultations and coordination meetings held during the month of July 2019 to strengthen the interventions in cholera response at Sub-National levels.

The Health Cluster participated in 2 ICCM meetings and 2 HCT meetings at national level and 1 HCT meeting in Aden while at Hub level, the Sub-National Health Cluster Coordinators attended five (6) RCT meetings and 4 ICWG meetings in Aden. There were presentations made to the ICCM and the HCT on the current cholera status by the Health Cluster with support from WHO.

The Health Cluster participated in 6 cholera task force meetings convened by the Ministry of Public Health and Population at both National and Hub levels. The Cluster continued monitoring the functioning status of DTC and ORCs in the 147 priority districts as agreed upon by the cholera task force.

A joint Health and WASH meeting was convened on 17th July 2019 at MoPHP to support MOH and MOW in the efforts of Cholera Response. This meeting was attended by both ministries and the Health and WASH Clusters and Partners.

Training of health staff

During the month of July 2019, Partners across the country conducted trainings for: - 473 community health workers on health education, Health promotion and infection prevention and 2,209 midwives on various topics in Reproductive Health. A total of 560 health staff in various health facilities across the country were oriented on Minimum Service Package (MSP).

Trauma and injury care

With the ongoing conflict is several parts of the country with 8,107 patients were treated for conflict related trauma injuries in various health facilities across the country in July 2019.

Child Health

31,592 children were immunized for Penta 3, while 7,324 children were treated SAM with complications cases and refereed for further follow up care and support.

Reproductive Health

93,304 women attended antenatal care services; a total of 29,990 normal deliveries were conducted; 6,187 mothers had caesarean section, and 31,675 mothers attended postnatal care services.
There continues to be a threat/risk for cholera spread in areas with poor sanitation conditions, including overflowing sewage or septic tanks and homes without latrines. Partners from both the WASH and Health Clusters under the leadership of WHO the Health Cluster Lead Agency have reactivated the WASH in Health Facilities TWG. The TWG includes all WASH and Health partners who are implementing WASH related activities in the health facilities.

**Health Cluster Coordination Performance Monitoring (CCPM) 2019**

Yemen Health Cluster launched an online survey on the Cluster Coordination Performance Monitoring (CCPM) in March/April 2019 which was designed by the IASC to assess the standard Cluster function. Following the recommendations of the CCPM, an action plan has been prepared as suggested/agreed upon with the Health Partners. The Hubs will be monitoring the implementation of the recommendations and updates will be shared on a quarterly basis to track the achievements.

**Plans for Future Response**

Health Cluster completed the online survey on capacity needs assessment for the health partners to assess capacity-building needs. A training plan will be developed based on the findings of the survey. Top on the list of the training needs as identified by the partners were: - project management, needs assessment, minimum service package, proposal development and contingency planning.

The Health Cluster participated in the MCLA 2019 review workshop to prepare the tools for the multi-cluster location assessment. The sample selection will be random and about 22,120 households will be interviewed from August to November 2019.

The Health Cluster is participating in development of National Contingency plan – the drafts have been submitted to OCHA for consolidation. The final plan to be shared with all the Clusters.

The Health Cluster, through the support of the CLA –WHO is leading the re-activation of the WASH in Health Facilities TWG with the first meeting scheduled for August 2019.

The MHPSS Technical Working Group, through the effort of the mental health core group has collated all related MHPSS assessment tools. The finalised assessment tools will be translated and shared with all the partners to incorporate these when undertaking any form of MHPSS assessments.

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