HEALTH CLUSTER BULLETIN
YEMEN June 2018

YEMEN
Emergency type: Level 3 Emergency
Reporting period: 01-06-2018 TO 30-06-2018

<table>
<thead>
<tr>
<th></th>
<th>16.4 M IN NEED OF ASSISTANCE</th>
<th>2.2 M DISPLACED</th>
<th>440,000 REFUGEES MIGRANTS</th>
<th>366 INJURED*</th>
<th>46 DEATHS*</th>
</tr>
</thead>
</table>

HIGHLIGHTS

- Since the beginning of the Al Hudaydah crisis, around 35,000 displaced families, who fled from Al Hudaydah, have been verified. Most IDPs fled to Sana’a, Ibb and Dhamar.

- The Yemen HPF launched the Reserve Allocation for preparedness and response to the crisis in Al Hudaydah. Nine health partners were awarded US$ 15.5 million.

- The NGOs are supporting 1,753 Health Facilities (16 Governorate Hospitals, 95 District Hospitals, 50 General Hospitals, 19 Specialized Hospitals, 456 Health Centres and 1,117 Health Units). These health facilities are functional and delivering critical health care.

- The second wave of the cholera outbreak has been on since April 2017. So far there are 1,115,035 cumulative suspected cases. In the month of June 2018 there were 10,691 suspected cases with 10 associated deaths, with a 5/10,000 population attack rate. 22 out of 23 Governorates and 305 out of 333 districts are affected.

- The total cumulative probable cases of Diphtheria up to 27th June 2018 is 1,949 cases with 99 associated deaths and a CFR of 5%.

*Hospital-based conflict-related casualty data in Al Hudaydah from 13 June - 12 July

---

**HEALTH SECTOR**

- 71 HEALTH CLUSTER PARTNERS
- 12.3 M TARGETED POPULATION
- 50 REPRODUCTIVE HEALTH KITS
- 46 IEHK AND CHOLERA KITS
- 36 TRAUMA KITS A & B
- 164 TOTAL NUMBER OF HOSPITALS
- 624,863 CONSULTATIONS
- 10,558 SURGERIES
- 5982 ASSISTED DELIVERIES
- 1018 REFERRALS
- 161,690 POLIO VACCINATIONS
- 45,370 MEASLES VACCINATIONS
- 1988 SENTINEL SITES

**FUNDING $US**

- 46 % FUNDED
- 572M REQUESTED
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. According to the HNO 2018, an estimated 22.2 million people in Yemen need some kind of humanitarian or protection assistance, out of whom 16.4 million needs health assistance. There are just about 50% of health facilities that are fully functioning. 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).

The Yemeni government forces backed by a Saudi-Led Coalition (SLC) launched an assault on 13 June to recapture the strategic Red Sea port in Al Hudaydah City. As a result of severe airstrikes and ground fighting in Hudaydah city and surrounding areas, displaced families have been leaving Al Hudaydah to Sana’a, Hajjah, Sana’a Dhamar and others south to Al Khawkha and Hays where they have received assistance by humanitarian actors including health services, shelter and food assistance. The international community have warned about the grave consequences on the people of Hudaydah and Yemen as a whole, should a full-scale offensive materialise.

IDPs fled from Al Hudaydah to other locations within the governorate and neighbouring locations including Sana’a, Dhamar, Hajjah, Taizz, Aden and Ibb. On a daily basis, UNOCHA provides an update on the details of IDP movements in Al Hudaydah. Since the beginning of the Al Hudaydah crisis, around 35,000 displaced families, who fled from Al Hudaydah, have been verified. Most IDPs fled to Sana’a, Ibb and Dhamar.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humanitarian Caseload</td>
<td>22 million</td>
</tr>
<tr>
<td>Number of People in Need Of Health Assistance</td>
<td>16.4 million</td>
</tr>
<tr>
<td>Number of People Targeted by Health Sector</td>
<td>12.3 million</td>
</tr>
</tbody>
</table>
Public health risks, priorities, needs and gaps

In the reporting month, most of the challenges facing the Health Cluster were the emergency response in Al Hudaydah and its associated risks – insecurity and increase of IDPs seeking safer refuge to nearby governorates.

**Al Hudaydah Crisis/Emergency:** This is the main priority for the Health Cluster partners where they are currently responding to the health needs of the people to ensure adequate access to health care in 26 districts of Al Hudaydah and neighbouring governorates despite the movement and access restrictions being encountered.

- Level 1 response in Al Mina, Al Hali and Al Hawak districts is focused on trauma care and blood transfusion centre support, cholera response and prevention, continuation of basic services at different levels of care including chronic conditions and dialysis centre support, and treatment of Severe Acute Malnutrition (SAM) with complications.

- Level 2 Concept of Operations include the remaining 23 districts of Al Hudaydah—priority districts affected by the conflict and/or with highest vulnerabilities, located nearest to the UN established Humanitarian Service Points, using the MSP as way to deliver critical health services, in the midst of military escalation. Trauma care with priority on the enhancement of the trauma care capabilities and capacities will also be implemented.
The current displacement of people to other governorates is highly considered under the Level 3 Concept of Operations. The Health Cluster response is tailored to the health needs of IDPs to these governorates in line with the Minimum Service Package (MSP).

The collapse of the health system in Yemen pose a big challenge to the health outcome with lack of medicines for the treatment of non-communicable 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.
Communicable diseases

There were a total of **70,504 persons treated for communicable diseases** in the month of June 2018 with skin diseases as the most prevalent disease.

Cholera and diphtheria have been the biggest threat to the Yemeni people.

**Cholera:** A total of 10,691 suspected cases of cholera reported in June including 10 associated deaths, CFR 0.09% and an attack rate of 5/10,000 population. There are currently **88 DTCs** and **288 ORCs** in 99 districts across 18 Governorates.

**Diphtheria:** The total cumulative probable cases up to 27th June 2018 is 1,949 cases with 99 associated deaths and a CFR of 5%. There are 20 Governorates with 209 districts affected. Below is summary of the age group, % of deaths, and vaccine status of the probable cases, associated deaths and contacts.
Noncommunicable diseases and mental health

A total of 3,271 patients were treated for hypertension and 348 patients sought medical care for mental health.

Health facility support

A total of 1,753 Health Facilities (16 Governorate Hospitals, 95 District Hospitals, 50 General Hospitals, 19 Specialized Hospitals, 456 Health Centres and 1,117 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

The Health staff in the facilities are mainly supported by the humanitarian actors as the Government has not been able to pay its health workers over the last two years. Most of them have left the health facilities and those that remain depend on the incentives from the NGOs and UN Agencies. There is however no standardised scale for the incentives and each agency pays its own rates. The Health Cluster has launched a survey to gather information on what each agency is paying with an aim to harmonise the incentives paid. Once the survey is complete discussions will be held between all the stake holders under the umbrella of the Ministry of Health to approve the proposed structure. Some humanitarian actors support interventions through mobile outreaches.

Availability of essential drugs, vaccines and supplies

The Health Cluster Partners supported 77 DTCs and 172 ORCs in 85 districts in 18 governorates. The Health partners provided 1,074,458 litres of fuel and 16,960,000 liters of water. 46 IEHK (basic and supplementary), 36 trauma kits were distributed to MoPHP and the health partners.

Health Cluster Action

Health Cluster Partners comprise 37 INGOs, and 38 NNGOs who are Partners of the Health Cluster and are operational in 22 Governorates in Yemen. In June 2018, out of the 71 Partners, there were only 37 NGOs that reported through the Yemen Health Cluster Reporting system (yemenhis.org) due to access and network challenges.

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, Hodeida, Ibb/Taiz, Saada and Sana’a) and each of these hubs conducted one (1) health cluster coordination meeting.

An ad hoc Health Cluster meeting was organized that discussed the current situation of the Al Hudaydah conflict and impact to health services as well as the critical needs, capacities, resources and gaps from the different health partners currently operating in Al Hudaydah.
Assessments
There are no reported assessments in the reporting period.

Training of health staff

There was a total of 20 health staff trained on Minimum Service Package, 401 on community-based surveillance to strengthen AFP surveillance and 4,922 community health workers received health education and trainings mainly in hygiene promotion and cholera prevention. Further, 96 midwives were trained on reproductive health awareness and community action.

GHD/EMPHNET: trained 51 surveillance officers from several governorates were trained to improve linkage between the community and health facilities as well as enhance the reporting system, increase the sensitivity of the epidemiological surveillance, and improve AFP overall performance.

Trauma and injury care

Following the active fighting in Al Hudaydah and airstrikes other locations, a total of 243 cases 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.

WAHA, an INGO currently based in Aden are supporting in terms of reconstructive surgery for patients with burns and is also conducting joint patient counselling and surgery for the burn patients in Jumhurriyah Hospital.

Child health

• **Vaccinations:** The children immunized in the month of June against vaccine preventable illnesses include 49,289 Penta 3, and 45,370 measles and 161,690 for polio.

• **Nutrition:** A total of 28,660 SAM cases referred for treatment to nutrition partners.

A young boy Shater, 10-month-old from Abbs city, was displaced to Al-Shahel in the Hajjah governorate. His mother, unable to breastfeed because of the post traumatic distress syndrome as a result of war. The child become frail with abdominal colic and pneumonia alongside severe
malnutrition. He was admitted to in-patient TFC at Al Gamhory Hospital in Hajjah city, where he was provided with needed medical care, nutritional supplements, and the parents were educated about nursing benefits. His parent’s love and commitment to their son’s well-being was a key element on his road to recovery. 3.5 months later, on 22nd June he was discharged from care, weighing 6.1 kgs. The little Shater is now well and living a normal life -happy, smiling and active.

Reproductive Health

A total of **5,982 normal deliveries** were conducted by skilled birth attendants and **1,425 mothers had caesarean sections.** There were **85,441 pregnant women attending antenatal care visits** and **23,935 post-delivery women attending postnatal care visits.** There were **5 survivors of sexual and gender-based violence.**

Water, sanitation and hygiene and environmental health

The Health Cluster continues working with the WASH Cluster to support all activities in cholera interventions.

There is a joint Health and WASH Cluster meeting that is ongoing in response to the cholera outbreak.

There have been 16,960,000 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 undertaken in collaboration with the WASH Partners.

Referral services

A total of **2,096 patients were referred for trauma management and 2,325 for follow up for psychosocial support.**

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

During the reporting period, the Health Cluster developed contingency plans both at national and hub levels as well as held meetings with key donors such as ECHO.
The Health Cluster is part of the YHRP fast-track 2018 as well as the YHPF reserve allocation in which nine Health Cluster Partners have received funding support from OCHA.

The Yemen Health Cluster was represented at the 2018 Health Cluster Global Forum in Geneva that took place from 26th to 28th June 2018

**Plans for future response**

The Health Cluster has 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 new-born 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 endure delivery of Child care and reproductive health services. The frontline districts will be supported with lifesaving interventions with focus on trauma care.