HEALTH CLUSTER BULLETIN
June 2019

YEMEN
Emergency type: Level 3 Emergency
Reporting period: 01-06-2019 TO 30-06-2019

HIGHLIGHTS

- A total of 3,006 Health Facilities (17 Governorate Hospitals, 118 District Hospitals, 66 General Hospitals, 19 Specialized Hospitals, 950 Health Centers and 1,836 Health Units) are supported by Health Cluster Partners.

- The cumulative total number of suspected cholera cases from 1 January to 30 June 2019 is 451,895, with 711 associated deaths (CFR 0.16%). Of them, 85,950 cases were reported in June 2019. Children under five represent 23% of total suspected cases during 2019 and the proportion of severe cases is 16.4%. According to June 2019 data, the outbreak has affected 21 of 23 governorates and 299 of 333 districts in Yemen.

- The Health Cluster Partners are supporting 181 DTCs and 898 ORCs across Yemen in 147 priority districts.

- The Health Cluster has convened one-day consultative meeting with cluster partners on 17th of June 2019 to discuss Cluster Coordination Performance Monitoring preliminary results. Open analysis and discussion was conducted, leading to production of set of recommendations /action plan for improvement. The Plan of Action will shared with the health authorities, cluster partners, HCT and the Global Cluster.

- The Global Health Cluster Reproductive Health project, implemented by the WCO Yemen and Yemen Health Cluster initiated the procurement process of medicines and medical supplies for 13 Health Facilities in three pilot districts (Al-Shiekh Othman- Aden, Al-Udayn - Ibb, Utomah- Dhamar).

HEALTH SECTOR

- 71 HEALTH CLUSTER PARTNERS PEOPLE IN ACUTE NEED
- 14 M

KITS DELIVERED TO HEALTH FACILITIES/PARTNERS

- 103 IEHK BASIC KITS
- 46 IEHK SUPPLEMENTARY KITS
- 15 TRAUMA KITS
- 16 CHOLERA KITS

SUPPORTED HEALTH FACILITIES

- 3,006 HEALTH FACILITIES

HEALTH ACTION

- 1,363,487 OUTPATIENT CONSULTATIONS
- 21,747 SURGERIES
- 34,925 ASSISTED DELIVERIES (NORMAL & C/S)

VACCINATION

- 34,247 PENTA 3

EDEWS

- 1,982 SENTINEL SITES

FUNDING SUS

- 627.2 M REQUESTED
- 131.703M (21.0%) FUNDING RECEIVED BY THE END OF JUNE (FTS)
Public health risks, priorities, needs and gaps

According to HeRAMS 2018, 51% of the Health Facilities (HFs) that are functional while 36% of HFs are partially functional and 13% of health facilities across the country, 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.

As shown in the epi curve, there has been slightly increase in the number of cholera cases in few districts, the Health and WASH sectors remain challenged to sustain a clean water and sanitation system and a robust surveillance mechanism to avert any new cases.

The patients who suffer chronic illnesses such as diabetes, hypertension, renal failure and cancer are rising and have constrained access to the much needed specialized health care. This is mainly due to the availability and cost of specialized care as there are limited resources for the care of the non-communicable diseases.

Communicable diseases

In the Health Cluster Reporting platform (DHIS), there were 295,456 patients treated for various communicable diseases across the various health facilities in Yemen during the month of June 2019.
Cholera in Yemen has so far affected 1.7 million people and cost 3454 lives since the start of the outbreak in April 2017. WHO supports the Ministry of Public Health and Population of Yemen and health partners on the ground by focusing on coordination, case management, laboratory diagnostics, infection and prevention control in health facilities, water and sanitation, and oral cholera vaccination campaigns.

In June 2019, 85,950 cholera suspected cases and 70 associated deaths were reported from 21 of 23 governorates and 299 of 333 districts in Yemen. Children under five represent 23% of total suspected cases during 2019 and the proportion of severe cases is 16.4%.

The governorates reporting increased number of suspected cases of cholera during month of June 2019 were Sana’a governorate, Al- Hodiedah (12650), Hajjah (10442) and Sana’a governorate (10000).

Of a total 129,876 samples tested since January 2019, 3,975 have been confirmed as cholera-positive by culture at the central public health laboratories. During this reporting period the governorates reporting the highest numbers of positive culture were Amanat Al Asimah (1,015), Taizz (760) and Sana’a (395).

Non-communicable diseases and Mental Health

There were 44,312 new hypertensive and 324 individuals with mental health illness who received medical attention and psychosocial support during the month of June 2019.

Health Facility Support

In June 2019, Health Cluster Partners have sustained their support to the 3,006 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

There are some health workers available in the health facilities though majority have moved 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 retain 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. 94,790 liters of fuel and 6,389,411 million liters of water supplied to the health facilities in addition to 103 IEHK basic Kits, 46 IEHK Supplementary kits, 16 Cholera kits and 15 Trauma A&B kits to support various health facilities across the country.

2. Health Cluster Action

Health Cluster partners comprise six UN agencies, 29 INGOs, 36 NNGOs in 22 Governorates in Yemen. In June 2019, 44 Partners reported through the Yemen health information system.

The implementation status by the partners can be accessed at http://yemenhc.org

Health Cluster Partners Success Stories – June 2019

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

- **NFDHR**

*From an abandoned, deserted hospital, working only a few hours a day, to a typical hospital in Al-Arsh district of Al-Baydha governorate.*

The National Foundation for Development and Humanitarian response (NFDHR), intervened in Al Arsh Hospital beginning of 2019 to ensure increased access to Health Care Services in Rada’a IDH and Al A’rsh DH which is funded by WHO.

The intervention includes rehabilitation and activation of Al A’rsh DH and providing it with medications, equipment, essential medical supplies and solar power system enough to operate the hospital, in addition to pay monthly incentives to the health workers. Now the hospital has five medical doctors, 31 health workers and administrators who are working in 3 working shifts 24/7.
About 6555 patients, 1266 men, 1775 women, 1678 boys and 1836 girls have received free of charge health services and treated in the hospital between Jan – June 2019. The support has surely gained the beneficiaries, community and local authorities of Al-Arsh – Al-Baydha trust and satisfaction. Worth mentioning that NFDHR has strong presence in Al-Baydha governorate.

- **RRD**

Responsiveness for Relief and Development Foundation (RRD) has started a Minimum Services Package (MSP) project in three HFs (Shibam DH, Al-Ahjer HC and Nata’a HC) Shebam Kawkaban district of Al-Mahweet governorate funded by WHO since May 2019. The project aims to contribute in improving health conditions and ensure access to primary, secondary, and tertiary health care services to communities in the targeted areas.

With this support, RRD was able to provide 4 specialists of different specialties to Shibam Kawkban district hospital (Surgeon, Obstetrician & Gynecologist, Pediatrician and internal medicine Specialists), and total of 12,237 medical consultations were performed, more than 60 surgeries and 15 C-sections during June 2019.

Furthermore, 80 Community Health volunteers (CHVs) have been selected and trained on community mobilization and delivering health promotion messages to the targeted communities in the district for the first time.
Primary Health Care Services

Save the Children International continues to provide PHC services in over 200 PHC Centre's/units in 9 governorates across the country. The services provided are in line with Yemen's Minimum Service Package (MSP) of care, in majority of the PHC Service delivery areas. Some of these services are general consultation, provision of ANC, Delivery, PNC and immunization etc. Our support to the health facilities also include medicines, equipment and supplies; incentives to the health workers to ensure they are well motivated for quality service delivery.

SCI conducted the following trainings for health care workers

- 43 Community volunteers (ICCM) (33 females and 10 males) were trained on providing First Aid services according to the national protocol in Lahj Governorate.
- 20 Midwives selected from the targeted HFs were trained on Essential Maternal and Neonatal healthcare services according to the national protocol in Lahj Governorate
- 20 participants (16 Midwives & 4 Supervisors from MOPHP) had Data & Drug management 2 days’ refresher training in Aden governorate.

SCI completed work on health facility rehabilitation and installation of the solar system in 4 supported Health Facilities (Alsokhir, Alashahba, sefal Karba and Alsomin) in Lahj governorate.

Supportive supervisory visits to the supported health facilities were conducted to provide on-the-job training, understand their challenges with a view to resolving same and further motivating them to improve on quality of services.

Disease Outbreak Response

As part of the support to the current Acute Watery Diarrhea outbreak, SCI is providing case management and Infection Prevention and Control in 5 Governorates through 9 DTC and 9 ORCs.
We are providing case management to the outbreak of Diphtheria though support to the Diphtheria Treatment Centre in Al Thawara Hospital, Hodeidah.

**SCI rehabilitated and installed Solar system to Alsomin Health Unit Lahj for better PHC service delivery**

**Supportive supervision to Alkutine HFs in Taiz by SCI HN officer, IMCI coordinator in GHO and the Health staff**


*Story of Al-Hasabah Area in Sana’a city where a whole neighborhood has been protected from Cholera*

The Water Chanel (Al-sailah) and open sewers in Al-Hasabah Area of Sana’a city were disturbing the surrounding houses which are inhabited by marginalized, poor groups and some IDPs, causing many diseases. In addition to spread of flies, insects, foul smell and polluted air are leading to the emergence of cases of diseases, mostly cholera cases.

During a month, one of the pioneer Morshydah (Female religious leader) has followed up with the local people, the director of the Directorate, as well as some civil society organizations, and reported the dangerous of situation to the highest authority hierarchy in the Capital-Secretariat. The Secretariat and the competent authorities responded well, accordingly, the Water Chanel (Al-sailah) has been backfilled as a result of efforts of the Morshydah and her team.
People with special needs fight Cholera and challenge disability

During Cholera awareness interventions conducted by Morshydat (female religious leaders), in a health center, the director of Women and Children Development at Training and Rehabilitation Center noticed a person with special needs, she tried to communicate with him, but she could not. The experience has affected her very significantly, then she decided to target this segment of society, awareness of the dangers of cholera, those who are deprived of many of their rights because of their disability. She communicated with the director of Women and Environment Dept. at General Authority for Environment Protection. Indeed, several Morshydat have already been brought together to participate in this work. Many field visits to the most of these groups and the centers of people with special needs were conducted, including:

- Deaf and Dumb School, Shaoub Area
- Al-Amal Center for Blind, Zubairi St.
- Al-Tahadi Association, Algiers St.
- Special Needs’ Organization, 60th St. Branch.

During awareness session on Cholera prevention for people of special needs
3. **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, Sana’a, Al Hudaydah, Ibb/Taizz and Sa’ada).

There were **three (3) joint Health and WASH** consultations and coordination meetings held during the month of June 2019 to strengthen the interventions in cholera response at both National and Sub-National levels.

The Health Cluster participated in **3 ICCM meetings and 2 HCT meetings** at national level while at Hub level, the Sub-National Health Cluster Coordinators attended **five (6) RCT meetings**.

The FSAC, Health, Nutrition and Health Clusters continue the coordination meetings to follow up with the integrated famine risk reduction (IFRR) strategy and ensure sharing information to be incorporated into the recently developed IFRR dashboard. On 17th of June 2019, there was a meeting with all lead and Co-Lead NGOs who have been identified for 45 districts focused for IFRR implementation.

The Sub-National Health Cluster Coordinators conducted **11 field visits** in respective hubs by the National Health Cluster during the month of June 2019.

Health Cluster convened two meetings to track on the progress of the projects under HPF Standard Allocation and Reserve Allocation projects for cholera response in presence of stakeholders of national authorities and also OCHA. The sub-agreements progress was also discussed in the meetings with local authorities.

**Training of health staff**

Partners across the country conducted trainings for: - **548 community health workers** on **health education, Health promotion and infection prevention** and **168 midwives** on latest developments in Reproductive Health. A total of **397 health staff** in various health facilities across the country being oriented on **Minimum Service Package (MSP)**.

**Trauma and injury care**

There is ongoing conflict is several parts of the country with **16,629 patients** were treated for conflict related trauma injuries in various health facilities across the country in June 2019.

**Child Health**

**34,247 children** were **immunized for Penta 3**, while **7,346 children** were treated **SAM with complications cases** and refereed for further follow up care and support.

**Reproductive Health**

**95,792 women** attended **antenatal care services**; **29,675 normal deliveries**; **5,250 mothers** underwent **caesarean section**, while **32,537 mothers** attended **postnatal care services**.
Water, sanitation, hygiene, and environmental health

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. There are about 700 RRTs in various locations across the country to ensure timely action on reported cholera cases for timely response with as little as 72 hours’ maximum time to ensure contact tracing and all water points and sources treated. The RRTs also refer any suspected cases to the nearest health facility for timely case management. Health Cluster along with Cluster lead agency – WHO- is preparing for forming the WASH in Health Facilities TWG, the group will include all health partners who operate any WASH related activities in the health facilities.

4. Health Cluster Coordination Performance Monitoring (CCPM) 2019

Yemen Health Cluster has launched an online survey on the Cluster Coordination Performance Monitoring (CCPM) in March/April 2019 and requested active Health Partners (UN, INGOs and NNGOs) in addition to the stakeholders to fill the survey. The survey was designed by the IASC to assess the standard Cluster functions. One-day consultative meeting was held in Sana’a on 17th June 2019 to discuss the CCPM report with partners and stakeholders, the meeting aimed to:

- Overview on functional areas that work well and what areas need improvement
- Strengthen transparency and partnership within the cluster/sector
- Raise awareness of support needed from the health authorities, HC/HCT, cluster lead agencies, global cluster or cluster/sector partners

The meeting was attended by officials of MoPHP, WHO and all active Health Partners. HCC illustrated that despite the positive results/ score, there is a need to do the collective work to further improve coordination functions and ensure that through this mechanism the needs of Yemeni people are addressed in an effective and efficient way.

There were presentations, group work and plenary discussion in the CCPM meeting, recommendations and action points were taken for further action by the Health Cluster team, CLA, MoPHP and health partners.

Consultative Meeting of Cluster Coordination Performance Monitoring - CCPM June 2019
Quarterly Health Cluster Coordination Team Meeting

The quarterly consultative meeting for Health Cluster Team was convened between 16 – 20 June 2019 with Sub-National Health Cluster Coordinators and IMOs. Various strategic and operational issues have been discussed in the meeting particularly the following;

- Review achievements and challenges of April – June 2019 at hub level
- Health Cluster information products and role of SNHCCs
- Monitoring and field visits for the health projects and involvement of local authorities
- Contingency planning and package of health interventions based on the context
- Coordination and operation issues including Inter-Cluster coordination (IFRR, IDPs)
- Health partner’s capacity building
- HPC timeline for 2020 HNO and HRP and Health Cluster need assessment (MCLA and other source of information to inform Health Cluster Response planning)

SNHCCs have met with the WR and Head of Mission, where specific hubs issues related to Health Cluster Coordination were discussed and actions planned to address the challenges.

5. Plans for Future Response

Health Cluster plans to launch an online survey on capacity needs assessment for the health partners to assess capacity-building needs and then develop a training plan based on the findings of the survey.

Because of the rising needs and movement of IDPs with pockets of conflicts in isolated areas, further complicated by the likelihood of flooding, the Health Cluster will develop Contingency and Preparedness Plans for various scenarios in coordination with OCHA and other clusters.

Ahead of implementation of MCLA 2019, the Health Cluster will be sharing the revised version of the assessment tool in consultation with MOH Aden and Sana’a and shall send the final version to OCHA early July 2019.

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