HEALTH CLUSTER BULLETIN
NOVEMBER - DECEMBER 2018

YEMEN
Emergency type: Level 3 Emergency
Reporting period: 01-11-2018 TO 31-12-2018

16.4M PIN of Humanitarian Assistance
12.3M targeted with Health Interventions
2.2 Million** IDPs
47.3 % Funding for Health Cluster
280,000** Refugees

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.

- The cumulative suspected cholera cases from 01 Jan 2018 to 31 December 2018 is 369,133 with 504 associated deaths, 4,476 confirmed cases, with CFR of 0.14%. There are 23 Health Partners are supporting cholera response with 151 DTCs and 353 ORCs in 130 priority districts. There are 62 priority districts with no DTC or ORC.

- As of 31st December 2018, a total of 3,013 probable diphtheria cases with over 178 associated deaths were reported from 21 governorates and 229 districts with Ibb and Hajjah are the most affected governorates.

- The OPV campaign was conducted country wide, vaccinating 4,698,395 children under five years of age representing 85% coverage. MR was administered to 329,349 children between 6 months -10 years’ age in Sa’ada governorate.

- Health Cluster Response plan for YHRP 2019 is developed based on HNO 2019. The needs overview and the response plan was developed based on consultative meetings and workshops undertaken in all the Hubs with full engagement of MoPHP in the process. YHRP 2019 Cluster objectives and priority actions were endorsed by the Health Cluster Strategic Advisory Group (SAG).
Public health risks, priorities, needs and gaps

Due to the complexity in bringing medicines and medical supplies into Yemen and further movement of the same from the central stores to the health facilities, health care continues to face with a shortage of medicines for both NCDs and communicable diseases. The recent review of the IPC on famine revealed a total of 98 districts are in Districts with Severely food insecure (Phase 4+5) >=20%. This, alongside the disrupted weak water and sanitation systems, 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.

Cholera continues to spread with new suspected cases identified and verified with RDT positive as well as culture confirmed in most districts across the country. There is concerted effort to ensure a coordinate approach to effectively and efficiently respond to curb further spread of the epidemic between the Health and WASH Clusters, prevention campaigns, surveillance, repairing and chlorinating water networks, case management as spelt out in the Yemen Integrated Cholera Strategic Plan alongside resources allocated for response to cholera. The RRTs comprise of Health and WASH members have been strengthened and they continue with active contact tracing and treatment.

Situation update

Over the last two months, there was a reduction in the incidences of conflict in Al-Hudaydah and other parts of the country, though some other areas continue experiencing isolated pockets of violence and increase airstrikes and localized fighting. There remains pockets of population in various displacement areas who are in critical need of humanitarian assistance. Some of the challenges facing the implementation of health interventions are mainly related to damage health facilities, access, insecurity as well as approvals to implement activities in some locations. This further limits the delivery of the much needed health and essential services the communities in urgent need.

According to the latest IPC analysis, a total of 15.9 million people, i.e. 53% of the population analysed 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 239,000 people in IPC Phase 5 (Catastrophe). The ongoing armed conflict continues to aggravate the food insecurity of people in Yemen, curtailing food access for both the displaced and the host communities especially in areas with active fighting.

The Humanitarian Agencies support the functioning of the Health facilities through the payment of incentives for the Health workers alongside operation costs for the GHOs and DHOs.
Communicable diseases

There were 448,775 consultations for communicable diseases conducted in health facilities supported by Health Partners in 22 Governorates in Yemen during the months of November and December 2018.

**Cholera:** The cumulative number of suspected cholera cases from 01 January 2018 to 31 December 2018 is 369,133 with 504 associated deaths, 4,476 confirmed cases, with CFR of 0.14%. There are 31 Health Partners are supporting cholera response with 151 DTCs and 353 ORCs in 130 priority districts, there are 62 districts with no DTC or ORC. The governorates with highest AR/10,000 are Amran, Al Mahwit, Sana’a, Al Dhale’e, Dhamar and Al Hudaydah, while the districts reporting the highest number of cases are: Monabbih (379), Al Hali (260), Maghrib Ans (213), As Sabain (212). Children under 5 yrs.’ of age account for 32 % of reported cases.

**Diphtheria:** The total cumulative probable diphtheria cases up to 31st December 2018, a total of 3,013 with over 178 associated deaths were reported from 21 governorates and 229 districts are affected, this being an increase from the end of October 2018 in which there were 214 districts affected. As at now, the most affected governorates are with Ibb and Hajjah. There are so far 180 confirm cases by laboratory culture testing Amanat Al Asmah (85), Amran (4), Sana’a (46), Al Hudaydah (1), Al Mahwit (9), Dhamar (4), Taiz (2), Abyan (7), Aden (1), Lahj (2), Sa’ada (10), Ibb (7), Al Bayda (1) and Al Dhale’e (1).
Diphtheria outbreak response activities (i.e. field investigation, contact tracing and community awareness activities) continue being implemented across the country with focus on the most affected districts. There is active surveillance and contact tracing by the RRTs but greater effort is required in ensuring improved immunization coverage and case management. There is dire need for renovation and equipping of DIUs and plans are underway by WHO to equip the already renovated 11 DIUs with another 7 pending. There is a planned vaccination campaign to take place early 2019 to be supported by WHO and UNICEF in close collaboration with the Ministry of Health. There will be deliberate attempts to reach out to Sa’ada governorate to undertake intense social mobilization to improve vaccination coverage.

WHO has undertaken the following initiatives to support surveillance, vaccination and response to the diphtheria outbreak:
- 1000 vials of diphtheria antitoxin have been imported and delivered to MoPHP warehouse for different governorates.
- Ongoing rehabilitating of 7 DICUs, in addition to 10 DICUs already rehabilitated in various governorates.
- Local procurement of DICU medications.
- International procurement of 17 DICUs equipments & furniture.
- Preparation of 7 training courses on diphtheria case management and DAT administration, supposed to be started in January 2019.
- Preparing for conducting a diphtheria vaccination campaign for a total of 129 affected districts (including 1st, 2nd and 3rd doses), which is supposed to be initiated in the 1st week of March 2019.

Non-communicable diseases and Mental Health

There were 6,892 new hypertensive patients who received treatment by Health Cluster Partners, while 1,727 patients were provided with medical care for mental health. There remains a significant challenge in containing the NCDs as a result of limited specialised care and availability of medication across most of the facilities.

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.

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. The Health Cluster analysed the incentives paid to the health workers and the harmonised incentive scale has been circulated to further support the retention of the health workers. The Health Partners across the country are expected to start implementing the new harmonised scale with all new projects.

Availability of essential drugs, vaccines and supplies

The Health Cluster partners are supporting 151 DTCs and 350 ORCs in 129 districts in 17 governorates with operation costs of running and cholera related medicines as well as payment of incentives to the health staff. WHO provided 176 cholera kits for use in the health facilities supporting response. There was a total of 1.4 Million litres of fuel and 18.6 Million liters of water supplied in addition to 102 IEHK (basic); 70 IEHK (supplementary) kits and 10 Trauma 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 November and December 2018, out whom there are 35 NGOs who reported through the Yemen Health Cluster reporting system and the implementation status by the Partners can be accessed at 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
- 25 laboratory technicians from 12 governorates were trained on sample collection, transportation, laboratory diagnosis and proper reporting of cases.
- Conducted a 5-day training workshop targeting 40 Health care workers responsible for medical waste management from 21 health facilities in 15 governorates, aiming to equip them with the proper medical waste management practices.
- WHO and UNICEF in collaboration with MoPHP launched the national polio vaccination campaign targeting over 5 million children under the age of 5 years.
- New medical oxygen stations were installed in Al-Thawra Hospital - Ibb Governorate, in Ataq Central hospital Shabwah governorate, 26 September Hospital – Marib Governorate and Ibn Sina Hospital - Hadramout governorate.
• About 1,964 tons of essential life-saving medicines and medical supplies including trauma kits, surgical equipment to meet the critical needs of patients requiring surgical care were received in the country.
• Provided much-needed drugs to cover the need of approximately 5,000 people with kidney transplant for 10 months.
• Provided 22 May Hospital in Aden with a diesel-powered large generator and supplies the hospital with an average of 15,000 litres of fuel per month.
• Provided 3 large generators for Hoor Hospital in Hadramout Governorate, Qasheen Hospital in Al-Mahrah Governorate and Modya Hospital in Abyan Governorate.
• Supported the National Malaria Control Programme in conducting 11-day indoor residual spraying campaign in 18 districts in Hajjah, Sa'ada and Al-Mahwit governorates to mitigate the spread of malaria and other mosquito-borne diseases.

UNICEF

• **Support to the integrated Outreaches, second round:** A total of 78,504 children under 1 has been reached with EPI vaccines, 40,422 women were vaccinated with TT vaccine. 71,424 under five children have received IMCI services and 17,416 women were benefited from the MNH basic services

• **Maternal and Neonatal Tetanus Elimination (MNTE):** implemented a second round of TT vaccination in Socotra governorate. The second round targeted 11,374 women of reproductive age reached 9,115 women and vaccinated 1,407 pregnant and 7,732 non-pregnant women. As one of the MNT elimination strategy to improve clean delivery, clean delivery kits have been distributed to pregnant women during the TT vaccination round. In late November, the second round of TT vaccination was implemented in the three high risk districts in Lahj governorate.

• **Vaccines Supply:** - In preparation for the upcoming nationwide measles campaign, UNICEF has delivered two shipments of MR vaccines into the country, 5.8 M and 2.7 M doses to Sana’a and Aden respectively. 5.9 M doses of b-OPV vaccine were delivered for the second round polio NIDs. 1.1 M doses of OCV has been received for the upcoming OCV vaccination campaign. Routine: 964,500 doses of Rota, 1.6 M doses of PCV were delivered for routine childhood vaccination

• **Maternal and Neonatal Health activities:** - Supporting the MoPHP to update the RH registries and develop the new-born registry and updating the national RH indicators.

• Continue to support DTCs and ORCs implemented by GHOs and NGOs, distribution of IMCI medicines to all GHOs and continue regular support to IMCI training and support supervision with GHOs.
• Supported the Hufash hospital in Al-Mahwit Governorate to commence CEmONC services with the first Caesarean Section being conducted in this facility in December 2018.

• Provided Al-Kamb Health Centre in Wesab As Safial district, Dhamar Governorate with furniture, supply of medicines and medical equipment such as (Ultra sound) and a chemistry analyser.

• Activated two emergency ambulances with qualified emergency teams at Al-Durayhimi district.

• BFD continues to provide emergency health services and maternal health services that are totally free even the surgeries within 24 hours. The medical consultation for all beneficiaries are offered using advance investigatory methods such as electronic complete blood count, biochemistry analyser, Ultra Sound.

• Undertook renovations for the bathroom of the emergency department, installation of aluminium barriers separating female ward and emergency department to enhance privacy; waste management through renovation and activation of the incinerator and ensuring proper waste disposal in Zabid Hospital.

• Activated and provided Al-Layewh health centre, Ad Durayhimi district as a health service point with essential medications, medical equipment and furniture.

• Established a medical incinerator for Maen in Al-Hazm district and Algyl centers in Al-Jawf Governorate.

• BFD conducted Cholera training course for 20 CHVs in Dhebah and Jarf-Esbeel health centres in Dhamar Gov.

**UNFPA**

• To respond to the emergency in Hudaydah, 34 health facilities were supported to provide BEmONC, including 4 hospitals providing CEmONC services with a total are 214 health facilities supported to provide BEmONC and CEmONC services across Yemen.

• Supported the upgrading and operationalisation of the Kharef Centre Hospital in Amran to provide CEmONC services through the collaboration with Relief International. The hospital was equipped with essential medicines and medical supplies including delivery beds, sterilizers, an anaesthesia machine and an infant incubator.

• Supported the rehabilitation of the operation theatre including support to the needed technical staff including 2 gynaecologists and obstetric specialists, 1 paediatrician, 5
midwives, 2 nurses, 2 anaesthesia technicians and 12 support staff were added to the team bringing the total to 32 deployed to take on additional caseloads for patients utilising the services of the upgraded hospital. An average of 450 patients are supported with transport costs or the cost of care which will be paid for allowing them to focus on their wellbeing. Women will have access to the much needed obstetric care with the oncoming of specialists and equipments and medical supplies.

SAVE THE CHILDREN INTERNATIONAL (SCI)

- SCI Yemen continued to implement health in 8 governorates namely Saada, Hajjah, Taiz, Hudaydah, Amran, Ibb, Aden and Lahj, supporting 207 health facilities out of which 188 are health centers and health units and 19 are hospitals. The program also supported cholera response through DTCs and ORCs in various Governorates and the Diphtheria center in Hudaydah. The health program is prioritizing to shift its interventions towards the minimal services package in Yemen.  
- Supported running for the hospitals through provision of fuel for generators, incentives for health service providers, provision of supplies and medicines as well as support to the referral system.  
- Monthly meetings were conducted at district level to review program progress and review of challenges and way forward.

IOM

- Provided healthcare assistance for migrants, including MHPSS and health promotion sessions, through the Migrant Response Points (MRPs), health clinics and Coastal search and rescue teams for migrants in Sana’a, Aden, Lahj, Al-Hudaydah, Sa’ada, Shabwah and Al-Jawf.  
- IOM provided health assistance to Internally Displaced Persons (IDPs) and other conflict affected people including Mental Health and Psychosocial Support (MHPSS) and health promotion sessions through mobile health clinics in Sana’a, Abyan, Lahj, Shabwah, Al-Dhale’e, Sa’ada, Al-Jawf, Hajjah, Taiz, Al-Hudaydah, Al-Bayda, Raymah, Dhamar and Amran.  
- As part of its cholera response, 761 AWD/suspected cholera cases were attended to during the reporting period in Hajjah, Al-Hudaydah and Aden among which, 66 cases were positive by the rapid test.  
- Launched 1 new DTC and 5 ORCs in Alluheyah district in Al Hudaydah governorate in response to the urgent situation due to the increase of the acute watery diarrhoea cases and suspected cases.

All Girls Foundation

- Supports Al Munirah, Al Zaidyiah, Al Dhuhai, Al Qanawis, AlMeqlaf districts to offer in patient services, emergency obstetric care, RH services, awareness creation and counselling services.  
- The rehabilitation of the Reproductive Health Unit included providing medicines, supplies & medical equipment to all unit’s departments- including the operating room- and the provision of incentives for 34 medical & technical staff members. All services are provided free of charge to all beneficiaries.
ARD

- ARD conducted field visits to five health facilities in Matraa, Al-Zone, Albowayb HF, Mokyras District and Almanash HF, Weld Rabei District – Al Baydah Governorate, Khulka HF, Nehim District - Sanaa Governorate. This was to meet local authorities, GHOs- DHOs, staff members and to assess HFs basic needs and determine community education level.
- Supported the above Health Facilities with medicines and medical supplies, capacity building and incentives for (1 general physician, 2 midwives, 1 nurse, 1 medical assistant, 1 cleaner, 3 CHVs).
- Coordinated 5 workshops (2 on RH, 2 on CHVs education, 1 on IMCI & communicable diseases) in Sanaa & Baydah Governorates with health care workers drawn from various facilities to improve service provision.

NFDHR

- Started operating an integrated health and nutrition project in Al Baydah Governorate in targeted facilities in 20 districts through provision of integrated health and nutrition services for children under 5 and PLW; capacity development of health workers and community volunteers; deployment of mobile teams to provide integrated services to IDPs; monitoring health facilities performance and conduct supportive supervision.
- This project is supporting 40 HFs (30 Health Centres and 10 Health Units) with monthly operational support, incentives for 115 HWs and 34 HFs administration staff.
- Integrated outreach sessions were undertaken on a monthly basis in the 20 districts of Al-Baydha Governorate through providing primary health care, provision of antenatal and postnatal care including screening of under 5 children for malnutrition.

RDP

- During the month of November 2018, RDP launched 80 awareness campaigns through 40 Community Health Volunteers (CHVs) in four targeted sub-districts (Al-Afyoush – Bani Ali – Al-Sharqi – Halyan) of Mudhaikhera District, Ibb Governorate. The focus was to create awareness on crucial health key messages focussed on behavioural change.
- Designed, printed and distributed brochures and posters containing illustrations and some medical instructions on important health key messages during the awareness sessions.

Health Cluster coordination

The Health Cluster conducted four (4) Health Cluster coordination meetings at the national level and with (5) functional hubs (Aden, Al Hudaydah, Ibb/Taizz, Sa’ada and Sana’a) conducting total of thirteen (13) Sub National Health Cluster coordination meetings.

The Health Cluster conducted thirty-six (36) 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.

As a member of the ICCM and HCT, the Health Cluster participated in 8 ICCM meetings and 5 HCT meetings in the two months. There were 4 Inter-Cluster Consultation meetings in which the Health Cluster participated in the months of November and December 2018.
The SubNational Health Cluster Coordinators are part of the Hub Regional Coordination Team (RCT), in which they attend monthly meetings and during the reporting period, there was a total of ten (10) RCT meetings attended.

Training of health staff

289 health staff were trained on MSP by Health Cluster Partners; 1,555 community health workers received health education and trainings mainly in hygiene promotion and cholera prevention.

Trauma and injury care

4,872 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: 62,909 children were immunized for Penta 3 while 21,482 children were attended to with SAM with complications cases and refereed for further follow up and care with nutrition partners.

Reproductive Health

A total of 40,889 normal deliveries were conducted by skilled birth attendants; 10,084 undergoing caesarean section while 170,745 mothers attended antenatal care with 56,285 mothers receiving postnatal care services. There were 177,809 beneficiaries of RH Kits supplied mainly by UNFPA 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 member in the RRT ensures 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. A total of 18.6 million litres of water were supplied to various health facilities.
**Plans for future response**

The Health Cluster will finalise the prioritization of objectives, key activities and indicators for the **YHRP 2019**. The Health Cluster is part of the integrated famine risk reduction and is working closely with FSAC, Nutrition and WASH Clusters identified districts of convergence and these will feed into the **IFRR approach for multi-cluster response**.

Consultations are ongoing with the MoPHP with the support of UNICEF, UNFPA and WHO to undertake capacity building of the Health Cluster Partners with emphasis on reporting and proposal writing, minimum initial service package for reproductive health.

The 2\textsuperscript{nd} Standard allocation was launched with the briefing of partners and the Health Cluster will prepare the defense of the dossier to the YHF Advisory board, after which the approved projects will have to prepare and submit their proposals for funding.

There is a WHE/GHC led initiative on delivering integrated reproductive health services in emergencies that is being piloted in Yemen – starting with a workshop for RH stakeholders, later undertaking operational research and conducting RH trainings at facility and community levels.
Photo 1 - Migrant being attended to post RTA in Al Baida and Photo 2 IOM health team provides the newly arrived migrants with the medical care in Lahj Governorate – Photo IOM

Home visit during last outreach activity explain to a family on diarrhoea prevention – Photo UNICEF

Father with daughter after a successful outpatient consultation – Rida Hospital in Amran governorate Photo SCI

Immunization of a new born – Photo BFD

Photo IOM - A patient with cerebral palsy receiving primary health care services treatment Sawan PHCU, Sana’a.

Health education session – Al-Munirah Rural Hospital – Photo All Girls Foundation

Mother after delivery at Qa‘a Alraqh health facility- Hamdan district- Sana’a Governorate – Photo SCI

The national polio campaign, health workers are the unsung heroes who are working tirelessly despite all serious challenges – Photo WHO

Mother after delivery at Qa’a Alraqh health facility- Hamdan district- Sana’a Governorate – Photo SCI

The national polio campaign, health workers are the unsung heroes who are working tirelessly despite all serious challenges – Photo WHO

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