HEALTH CLUSTER BULLETIN

Reporting period: 01 January to 31 March 2018

16.4 M
IN NEED OF HEALTH ASSISTANCE

11.3 M
TARGETED WITH HEALTH INTERVENTIONS

3 M
INTERNALLY DISPLACED & RETURNEES

HIGHLIGHTS

- Health Cluster partners continue to provide health services through supporting 1719 Health Facilities which includes 155 Mobile Medical Clinics, 989 Health Units, 402 Health Centers, 94 District Hospitals and 79 Governorate/Specialized/General Hospitals. The partners support the GHO and DHO through paying incentives to various cadres of health workers as well as offering administration/logistics support to the local health authorities.

- Health partners are providing trauma management including pre-hospital care in 66 health facilities, maternal and newborn care in 595 facilities, comprehensive emergency obstetric care in 62 health centers, mental Health/Psychosocial support in 30 health facilities, and physiotherapy in 13 health facilities,

- The Health and WASH Cluster has prepared and disseminated “Integrated Cholera Prevention & Control Strategic Plan 2018. Both the clusters has initiated the operational planning to ensure to stop the current epidemic and prevent further waves of cholera epidemic.
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.

The continued and prolonged violence has also led to the near-collapse of the health system. In light of access and security constraints, the 2018 Health Cluster response plan targets 12.3 million people with health interventions.

Only 50% of health facilities are fully functioning. 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. 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).

Public Health Risks, Priorities, Needs and Gaps

✔ Trauma
  o There were 7268 cases of war related trauma reported in the first quarter of 2018. They were all managed at district level and referred as appropriate.

✔ Disease Outbreaks
  o Cholera Outbreak: - As of Quarter 1 2018, there was a total cumulative 1,086,306 suspected cases with 2,271 associated deaths across the country since the beginning of the second wave of cholera in April 2017. The overall case fatality ratio was 0.21% and the national attack rate is 388 per 10,000 people. Children (< 5 years of age) represented 28.8 % of the total suspected cases. During this period outbreak has affected 22 out of 23 governorates (96%) and 305 out of 333 districts (92%). The five governorates with the highest cumulative attack rates per 10,000 remain Amran (903), Al Mahwit (878), Al Dhale’e (639), Sana’a (527) and Dhamar (524). There are 48 partners that have been responding to the cholera outbreak with a total of 161 DTCs and 345 ORCs.
  o

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<th>Suspected Cholera cases Q1 2018</th>
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<td>Suspected Cases</td>
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Suspected Cases by age group

- (+ 5) 32.59%
- (15 - 29 Y) 19.95%
- (10 - 44 Y) 12.29%
- (45 - 59 Y) 5.86%
- (4 - 14 Y) 24.66%

Deaths by Age Group

- (+ 5) 13%
- (45 - 59 Y) 5%
- (10 - 44 Y) 5%
- (15 - 29 Y) 1%

Suspected Cases by Gender

- Male 35.6K
- Female 32.2K

Deaths by Gender

- Male 13
- Female 24

Oral Rehydration Corner by SDF
☑️ **Diphtheria Outbreak:** - There are a total cumulative probable diphtheria cases up to 31st March 2018 of 1499 suspected cases with 83 associated deaths and a CFR of (5.5%). 20 governorates were affected with the outbreak and 192 districts, in which Hodeida and Ibb are the most affected Governorates.

The 1st round of the Diphtheria vaccination Campaign was concluded in all the 39 priority districts from 10-15 March 2018, targeting children 6 weeks to <7 years with Penta vaccine and 7-15 Years with Td vaccine.

Coverage data shows that a total of 770,874 children aged 6 weeks to 6 years were vaccinated with Penta vaccine (coverage = 55%) and 1,181,404 children aged 7-15 years were vaccinated with TD vaccine (coverage= 93%)

☑️ **Measles outbreak:** - The suspected measles cases are reported from all governorates except socotra.

2,447 suspected Measles cases reported till date with majority of cases from Aden (593), Al-Baidah (289), Sana’a city (245), Hajjah (168), Abyan (154), Sayeon (123) and Al-Hodeiada (115). 56 deaths reported so far. Albaidah (18), Abyan (11), Aden (6), Dhamar (6), Lahaj (6), Hajjah (4), Marib (2), Saada (1) and Shabwah (2).

Among the reported cases, 537 cases are vaccinated and 1,910 are unvaccinated. 1879 specimen collected for testing but the results are awaited due to unavailability of diagnostic kits.

The MR campaign conducted in 26 high risk districts. 559,172 (87%) of children from 6 months -10 yrs. vaccinated against the target 642,066. There is plan of another round of MR campaign in other 23 high risk districts.
Gaps in Response

- Only 50% of the health facilities are fully functional and this remains the key challenge for the Health Cluster and partners.
- Insufficient funds to meet the health needs of the people in need (out of 572 Million required for health interventions, only 71 M is available so far) – this impacts upon the ability of the humanitarian actors to deliver lifesaving health intervention.
- Security deterioration and bureaucratic procedures in some Governorates is considered as barrier to access most of the health facilities and populations in need.
- The health workers have gone for months without salaries which has led to most of them abandoning the facilities and moving away in search of livelihood. Those that remain in the facilities are not adequately qualified to provide sufficient health care.
- There is threat of re-emergence of outbreaks of communicable diseases (third wave of cholera is still expected).
- The country is experiencing a shortage of medicines and medical supplies necessary for the health services, vaccination and outbreak response. Further, there are impediments to the importation and delivery of medicines and medical supplies.

Health Resources Availability Mapping (HeRAMS)

Lack of sufficient functional health care facilities is the main reason for the low availability of services for the affected population. Out of 4861 fixed health facilities in Yemen, only 50% are fully functional while 33% are partially functional. This is emphasizing the need to open the closed health facilities through direct support to service provision including compensation to staff for the sustainable provision of care for the affected population. It is worthy to mention that WHO is currently working with MOPHP to update the HeRAMS to better know and understand the number and level of health facilities functionalities and service availability at district and governorate level. The updated HeRAMS report shall inform for further planning and mapping of services and help in identify the priorities for health cluster partners’ interventions.

Health Cluster Action

Health cluster partners are operational in 23 Governorates in Yemen. There were 35 INGOs, and 36 NNGOs out of which only 26 INGOs and 21 NNGOs were active in the Health Cluster in Q1 2018. The Health Cluster partners are providing support to 1719 health facilities, including 173 Hospitals, 1391 Primary Health Care Facilities and 155 Mobile Clinics.

Support to Health Service Delivery
Health Cluster partners conducted **1,626,143 consultations** out of which **710,313** were for children under 18 years of age. The number of children who received treatment for severe acute malnutrition were **39,632**. More than **7000 trauma** patients received and managed by the hospitals.
Sexual & Reproductive Health (SRH)

A total of 36,126 deliveries were conducted by skilled birth attendants and 3,532 mothers had caesarian sections along with 109,240 antenatal care visits and 41,424 postnatal care visits. Partners provided clinical care for 231 survivors of sexual and gender-based violence. More than 120,000 beneficiaries reach with reproductive health services.

Physiotherapy and Mental Health/Psychosocial support

The physiotherapy services were provided to 2376 patients and mental health/psychosocial support services to 5201 patients.

Health Education & Training

2176 Community Health Workers received health education and trainings mainly in hygiene promotion and cholera prevention.

Health Partners also provided trainings to 89 Doctors, 93 Nurses, and 383 Midwives. The trainings were mainly on cholera outbreak investigation and response and collection and handling of samples. They also provided training to 1058 Health Staff on MSP.

Medicines and Other Supplies

WHO/UNICEF supported 251 ORCs and 121 DTCs in 16 governorate. Health partners provided 2575335 liters of fuel and 30,868,286 liters of water.

Near 200 IEHK (basic and supplementary), 100 trauma kits, 1000 DDKs were distributed to MoPHP and the health partners. The kits were sufficient to cover health needs of more than 1.5 million people.

Health Cluster Coordination

Health Cluster conducted eight (8) Health Cluster coordination and four (4) SAG meetings at National level. There are five functional Sub-National coordination hubs and each of the hubs (Aden, Hodeida, Ibb/Taiz, Saada and Sana’a) conducted a minimum of 4 health cluster coordination meetings.

Plans for Future Response

Minimum Package of Health Services

Ministry of Public Health and Population in collaboration with WHO and UNICEF is implementing a Minimum Service Package for health services. The Health Cluster is developing a quality of care standards for use by all health actors in view of achieving the goal of offering quality MSP for health care services.
Operational planning for cholera

Health and WASH cluster together with MoPHP, WHO and UNICEF has initiated the process of development of Operation Plan for Cholera based on Integrated Cholera Prevention and Control Strategic Plan 2018. The operational planning is built on lessons learnt from the previous and ongoing response.

Funding Status
Humanitarian Response Funding

Health cluster received almost **71 million USD** comprising **12.5 %** of the total funding request in the HRP 2018 of 572 million USD.

Agencies reporting in March

The Health Cluster introduced the DHIS2 as a tool for data collection and rolled it out in March 2018. The partners have shifted from PRIME to the new reporting format for both weekly outbreak data and monthly YHRP targets.

The Partners who submitted their reports in Q1 are:

ACF  CHR  INTERSOS  MdM  SDF  YFCA
ADD  CSSW  IOM  Mercy Corps  SOUL  YRCS (Yemen Red Crescent)
ADO  DEEM  IRC  NFDHR  TFD  YWU
ADRA  Direct Aid  IYCY  PU-AMI  UNFPA  
AGF (All Girls Foundation)  FCDF  Kamaran for  QRCs  UNHCR
Alwaad Charity  Development & Humanitarian  RI  UNICEF
Foundation  HI  LFD  RRD  VHI
BFD  IMC  Marie Stopes  SCI  WHO

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