YEMEN
Emergency type: Level 3 Emergency
Reporting period: 01-09-2018 TO 31-10-2018

16.4 M IN NEED OF ASSISTANCE
2.2 M DISPLACED
440,000 REFUGEES MIGRANTS
941 INJURED*
34 DEATHS*

HIGHLIGHTS

- A total of 2,242 Health Facilities (17 Governorate Hospitals, 110 District Hospitals, 61 General Hospitals, 20 Specialized Hospitals, 631 Health Centres and 1,403 Health Units) are being supported by Health Cluster Partners.

- The cumulative suspected cholera cases from 1 Jan 2018 to 31 Oct 2018 is 168,118 with 286 associated deaths (CFR 0.17%). Health Partners are supporting 146 DTCs and 346 ORCs in 127 priority districts. There is still a gap of 65 districts with no DTC or ORC.

- Conflict in Al Hudaydah Governorate has continued to get worse with the most affected districts being Al Mina, Al Hali and Al Hawak and attempted attack on health facility at Al Thawrah Hospital. There were reported 941 casualties and 34 deaths for the period 01 Sept to 31 Oct 2018.

- MoPHP in collaboration with WHO and UNICEF conducted 2nd round of oral cholera vaccination (OCV) campaign in eight districts in Aden, Al Hudaydah and Ibb. 545,436 people vaccinated.

- IDPs continue placing burden on the health care system in different areas with a total of 722,586 IDPs having been attended to in the last two months.

- HNO 2019 – five (5) workshops conducted in all the Hubs and Health Cluster indicators for vulnerability updated.
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 with the coping mechanisms being weighed down. The humanitarian crisis remains extremely widespread with years of intense and protracted fighting all over the country that have destroyed infrastructure, wrecked public services, displaced millions of people from their homes and livelihoods and seen the worst cholera outbreak the world has ever seen ravage the country. According to the HNO 2018, an estimated 22.2 million people in Yemen – three quarters of Yemeni population need humanitarian or protection assistance, out of whom 16.4 million needs health assistance. The health analysis shows the main causes of avoidable deaths in Yemen to be communicable diseases, maternal, perinatal and nutritional conditions.

During the reporting period, 01 September to 31st October 2018, intensified armed conflicts were reported in three districts of Al Hudaydah (Al Mina, Al Hali and Al Hawak). There was noted an increase in the number of civilian casualties, displacement, damage to infrastructures and insecurity in the affected districts. A total of 941 casualties and 34 deaths were reported which included 4 deaths and 10 injuries among children. The conflict-related casualty data was obtained by WHO from 5 Hospitals (Al Thawrah, Al Salakhanah, Al Sahel Al Gharrbi, Bayt Alfaqih, Zabid Rural and Bajel hospitals).

The HNO 2019 – OCHA organized five multi-sectoral consultative workshops in all the Hubs where Health Cluster indicators for vulnerability updated and priority needs identified.

Public health risks, priorities, needs and gaps

Following the escalated conflict in Al Hudaydah, the Health Cluster Partners are facing challenges to continue providing the much needed lifesaving support / response activities. The already burdened health care system is further strained which impacts negatively on humanitarian assistance to people in need. Other than direct care in the health facilities, referrals to higher level of care is also largely affected. Despite the recent challenges, health cluster partners continue to provide lifesaving health care assistance to the Yemeni people.

The collapse of the health care system in Yemen continues pausing the biggest challenge in delivery of health care services to the Yemeni people. A recent Health Resources and Services Availability Monitoring System (HeRAMS) assessment indicated that there are 5,056 health facilities out of the health facilities surveyed across 21 governorates. A total of 15% of the surveyed health facilities (n=762) were reported to be closed / non-functioning which was mainly attributed lack of staff, insufficient equipment and lack of finances.

There is shortage of medicines for non-communicable diseases because of the crisis owing to hampered importation into the country and internal movement to the health facilities from the warehouses. The health care partners experienced shortages in trauma kits, equipment’s and supplies. The 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 and putting a tremendous challenge to the health partners.

With the increasing number of suspected and culture-confirmed cholera cases in some districts along with the continuing diphtheria and dengue fever outbreak and conflict escalation, the number of people in need of health care assistance has significantly increased. A third wave of the cholera outbreak has been kept at bay with effective operationalization of Integrated Cholera Strategic Plan for Yemen and coordination among Health & WASH Clusters. The key interventions such as prevention campaigns, surveillance, repairing and chlorinating water networks, case management were intensified. The linkages between Health and WASH rapid respond teams were strengthened and 2nd OCV campaigns were conducted in eight high-risk
districts in Aden, Al Hudaydah and Ibb. Health and WASH Cluster conducted 10 joint meetings in the Hubs to monitor, assess and guide the outbreak response.

Joint Health and WASH Cluster Cholera Meeting-Saada

Communicable diseases
A total of 431,449 consultations for communicable diseases were conducted in health facilities supported by health partners in 22 governorates in September and October 2018.

Cholera: As of 31st October 2018, from January 2018, a cumulative total of 261,353 suspected cholera cases with 362 associated deaths across Yemen were reported. The overall case fatality ratio is 0.14% and the national attack rate is 422 per 10,000 people.

Between 1 Jan to 31 Oct 2018, 168,118 suspected cases with 286 associated deaths were reported. (CFR 0.17%). The districts with highest attack rate per 10,000 are Radman Al Awad (1257), As Salif (851), Nihm (787), Monabbih (673).

The MoPHP in collaboration with WHO and UNICEF conducted 2nd round of oral cholera vaccination (OCV) campaign in eight districts - two (2) districts in Al Hudaydah (Al Hali & Al Marawiah), one (1) district in Ibb (Hazm Al Udayn) and five (5) districts in Aden (Seira, Altwahi, Almual, Alburaiaq, Khurmaksar) in which a total of 545,436 people vaccinated.
Cholera kits and RDTs were provided to various governorates to respond to the increasing number of suspected cholera cases. Health Cluster Partners are supporting 146 DTCs and 346 ORCs in 127 districts, in 17 Governorates. Among the four level of priority districts indicating a total of 192 districts, there still exists a gap of DTCs and ORCs in 65 districts.

Diphtheria: The total cumulative probable diphtheria cases up to 31 October 2018 stands at 2,741 with 157 associated deaths (CFR: 5.7%). The diphtheria outbreak has affected 214 out of 333 districts from 20 governorates, with Ibb, Hajjah and Sana'a as the most affected governorates. Diphtheria outbreak response activities (i.e. field investigation, contact tracing and community awareness activities) are being implemented by Rapid Response Teams across Yemen while case management is strengthened by capacity building of health care providers and ensuring availability of medicines.

Non-communicable diseases and Mental Health

A total of 10,714 new hypertensive patients received treatment in various health facilities while more than 2,970 patients sought medical care for mental health.

The Mental Health and Psycho Social Support Technical Working Group has been formulated and will provide technical guidance and direction for mental health interventions and activate a referral pathway for patients needing psychosocial support and further care. The Ministry of Health is finalising updating of the National Mental Health Strategy which will guide the activities around mental health in Yemen.

The Disability and Rehabilitation TWG has been formed and there are discussions to include trauma/injury as a core component of the TWG.

Health facility support

A total of 2,242 Health Facilities (17 Governorate Hospitals, 110 District Hospitals, 61 General Hospitals, 20 Specialized Hospitals, 631 Health Centres and 1,403 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. There have been reported 439 facilities as partially damaged, 94 completely damaged and about 51% of the health facilities remain fully functional.

Availability of health staff

Most of the health staff in the health facilities rely on incentives from the humanitarian actors as they have not received any salaries from the government well over the last two years. Most of the health facilities were initially devoid of health workers as majority left to seek means of livelihood from other areas. The UN Agencies and the NGOs both local and international, stepped in to support with paying the incentives to keep the health facilities functional.

Availability of essential drugs, vaccines and supplies

The Health Cluster partners are supporting 146 DTCs and 346 ORCs in 127 districts in 17 governorates. There was a total of 2,272,260 litres of fuel and 34,056,600 liters of water were supplied. In addition, 756 IEHK (basic) and 359 IEHK (supplementary) kits as well as 724 cholera kits and 102 Trauma kits A & B were distributed to health partners serving in various health facilities.

Health Cluster Action

Health Cluster partners comprise 35 INGOs and 36 NNGOs and are operational in 22 Governorates in Yemen. In September and October 2018, out of the 71 partners, there were only 41 NGOs that reported through the Yemen Health Cluster reporting system (yemenhis.org).

Health Cluster response

**IDP Response**

As of October 2018, there were 663,936 IDPs reported from the various locations of Al-Hudaydah. Health Cluster Partners responded effectively through medical clinics at transit points with NCD packs by WHO, multidisciplinary medical teams from IOM, UNICEF and WHO; mobile medical teams in schools for primary health care services and referral for RH services by IMC, MSF and UNICEF; and free surgical camp with consultations, laboratory and other diagnostic investigations supported by Tayba in 26th September hospital in Utoma district, Dhamar in which 969 patients (including IDPs) benefited out of which 116 were surgical cases.

In Aden, there were 58,650 IDPs reported from various location up to October 2018. Health partners in Aden hub are responding to the health needs of IDPs through mobile clinics in the IDPs collective Centres. Some of the health facilities in Al Hudaydah are now only accessible through Aden such as those in Ad Durayhimi and At Tuhaytah with BFD supporting interventions in a few of the facilities and at times even using make shift areas as health service delivery points.

**Health Cluster partner response to IDPs in Sana’a city:**

- **IOM** supported a medical clinic at the transit point and (Abdul-Ghader Hilal Health Centre) near the IDP transit point
- **QRCS** supported medicines at the medical clinic in the transit point.
- **WHO and UNICEF** supported medical clinic at the transit point (Abu-Bakr school) while **IOM** supported the referral and transfer of patients to other health centres and hospitals.
- **IMC’s** mobile medical team provided health services to the schools hosting the IDPs.
- **Marie Stopes** supported a mobile team for RH services to IDPs.
Health cluster response to IDPs in Aden Hub:

- **MoPHP/ UNICEF** mobile team provided integrated health and nutrition services at IDPs collective centers.
- **King Salman relief center** is supporting temporary health center for the IDPs camps in Al-Khukha.
- **SCI** is supporting temporary health unit in Al-Rebath IDPs camp, Lahj.
- **WHO and UNICEF** are supporting the GHO and DHO with essential drugs.
- **Al-Tawasel association** supported IDPs camps with mobile clinics.
- **ADD** conducted health assessment among the Al-Khuka IDPs.

**BFD** is supporting 2 health facilities in in Ad Durayhimi and make shift health facilities inn At Tuhaytah.

**WHO**

- Supplied 52 Trauma A, 50 Trauma B, 756 IEHK Basic, 20 IEHK Surgipharma, 253 IEHK Supplementary, 48 IEHK Supplementary Renew and 30 Supplementary equipment to various health facilities across the country during the month of September and October 2018.
- Oxygen station in Al Thawrah Hospital, Ibb for generation of oxygen started on October preceded by training of four (4) technicians to run the station, with capacity to produce around 200 cylinder /day to support all hospitals in Ibb.
- Spraying of DDT as a preventive activity for Dengue fever in Taiz (Al Qahirah, Al Modhafar & Salah districts), WHO/GHO.
- Responded to Luban cyclone with 60,000 liters of diesel, 4 trauma kits to 4 hospitals in Al-Mukalla, Al Mahara, Shabwa and Abyan alongside IEHK essential kits including Malaria and cholera kits.
- Training of 20 HWs in AL Ja`mhoury hospital (Sa’ada governorate) for treatment of diphtheria; ...in Hudaydah for
- WHO started training of 100 HWs of AL Ja`mhoury hospital and other districts in Sa’ada Gov on the Emergency care.
- Training of 8,127 health care workers in various locations on the Minimum Service Package.

**Humanity Appeal**

- Delivered a shipment of medications shipment (essential medicines & chronic diseases) to Taiz 7 Health Units, 6 health centers & 12 district health offices.

**UNICEF**

- In collaboration with Sa’ada Health Institute, supporting the formal education in diploma course for 60 midwives, upon graduating, they will be deployed to the rural areas of Sa’ada where access to HF with critical staffing challenges.
- 820 Community volunteers, 20 Musical/artists community mobilizers, 43 school health clubs and 350 Imam and Morshydat from 13 targeted districts are engaging with community promoting for Cholera prevention through several IPC approaches targeting since October: 64,000 people. The community volunteers are assisting on case – management at household level linking them with services provided i.e. DTC/ORCs
- Established through Jeddarya Media: network chain of WhatsApp groups, Facebook, popular hard-copy newspapers disseminating messages on cholera prevention.
- Through Ministry of Media, we are coordinating with 15 community radios covering 99 (including the 13 cholera hotspots) districts south and east of Yemen with Cholera prevention essential messages and key practices.
- Established a team of 100 trained IDPs as Community mobilizers within 2 IDPs camps in Aden with full package of C4D activities (3 months) to target over 1280 HHs IDPs and hosted community including cholera prevention.
Training of 20 HWs in AL Jamhoury hospital (Sa’ada governorate) on the dealing and treatment of diphtheria.

Cyclone specific: 160 Community Volunteers in Mahra and Socotra are engaging with Luban cyclone in affected areas of Mahra and Socotra with essential lifesaving practices including cholera response.

UNFPA

- Supported the expansion of Emergency Maternal Obstetric Care ward has been expanded at Al-Thawra Hospital in Hodeidah with a 300 square meter caravan. The hospital being the largest hospital in Hodeidah serves as the key maternal neonatal care facility in the governorate. The ward has seen a significant (22%) increase in deliveries, with a total of 422 deliveries including 220 c-sections in September 2018 up from a previous, (compared to 346 deliveries in March 2018 and 177 c-sections).
- Supplied Al Thawra Hospital with essential reproductive health supplies, life-saving medicines and incentives for health staff performing normal deliveries and caesarian sections.
- Delivered 200 mama kits for AL-Talh hospitals in Sa’ada.
- In collaboration with health partners, conducted training for RH for 273 midwives drawn from various health facilities.
- Delivered 3 ½ RH kits (70 boxes) to Ibn-Khaldoon hospital, 2 ¼ RH kits (8 boxes) to Al-Hutha Maternity center and 1 ¼ RH kits (7 boxes) to Al-Fiush HC all in Lahj.

Health Cluster coordination

The Health Cluster conducted five (5) Health Cluster coordination meetings and two (2) SAG meetings at the national level. Yemen has five (5) functional hubs (Aden, Al Hudaydah, Ibb/Taiz, Sa’ada and Sana’a) and they conducted a total of thirteen (13) at SubNational level.

Further, an integrated approach to cholera response bringing together the Health and WASH Clusters, saw a total of eight (8) Cholera Task Force meetings across the 5 Hubs.

In Aden, three d-hoc meetings were held to coordinate the response actions to address impact of cyclone Luban.

The Al Hudaydah Hub conducted a bilateral meeting on 3 Oct 2018, in Al Thawrah Hospital to establish the referral system for the Causalities (Internal referral – Referral Pathway) between GHO (SHOC Room), Al Salakhanah Hospital, Al Thawrah Hospital mainly coordinated by MSF France, WHO. There were 7 bilateral meetings conducted in Ibb one each with the GHO in Ibb and Taiz, 3 with INGOs (IMC, MSH-H and MSF-Swiss) and 2 with LNGOs (IYCY and YDN).

The Health Cluster conducted eight (8) 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.

The Health Cluster SubNational Health Cluster Coordinators are part of their respective Hub Regional Coordination Team (RCT), in which they attend monthly meetings and during the reporting period, there were a total of 5 RCT meetings attended.

![Sana’a Hub RCT Meeting](image_url)
Training of health staff
There was a total of 8,127 health staff trained on Minimum Service Package and 1,028 community health workers received health education and trainings mainly in hygiene promotion and cholera prevention. Further, 273 midwives were trained on reproductive health awareness and community action. 210 HCWs were trained on cholera preparedness drawn from 7 districts in Taiz (Sharaab Ar Rawnah, Attaizyah, Maqbanah, Gabal Habashi, Mawza’a, Al Mokha & Al Waziyah districts). FHI 360 supported in collaboration with the Ministry of Public Health and Population successfully conducted a 10-day training course in Basic Emergency Obstetric and New-born Care (BEmONC) from 21-30 October 2018 at Al Sadaqa teaching hospital in Aden for 15 midwives drawn from MoKha MCH, Dubab AlGhaded HF in Taiz, Khawkh MCH in Al Hudaydah and Al Sadaqa Hospital in Aden.

Trauma and injury care
A total of 6,217 patients were treated for trauma injuries, mainly attended to at the governorate health hospitals with a few being attended to at the rural hospitals.

Child Health
Vaccinations: 48,463 children were immunized for Penta 3 in the month of September and October 2018. Nutrition: A total of 28,036 SAM with complications cases referred for treatment to nutrition partners.

Reproductive Health
A total of 40,888 normal deliveries were conducted by skilled birth attendants and 7,788 mothers had caesarean sections along with 159,191 antenatal care visits and 43,854 postnatal care visits.

Water, sanitation and hygiene and environmental health
The Health Cluster is working closely with the WASH Cluster to support all activities in cholera interventions – WASH in Health facilities. A total of 1,128,000 litres of fuel and 25,077,900 litres of water supplied to various health facilities. There are 333 RRT (Rapid Response Teams) supporting cholera interventions have a WASH staff in the team to ensure follow up of water sources and testing of contaminated water from patients and their contacts. Hygiene promotion is also undertaken in collaboration with the WASH Partners.
Policy decisions, contingency planning, meetings with key government officials or delegations

YHPF-Standard Allocation: The Yemen Common Humanitarian Pooled Fund Standard Allocation was launched in August with 19 proposals submitted by 15 single-cluster and 4 multi-cluster partners. Out of the proposals submitted, **14 Health Cluster partners** were approved, and funding granted for provision of essential health care services in the 22 Governorates in Yemen. The projects will target procurement of medicines and medical supplies, ambulances, staffing, all with an aim to provide primary and secondary health care, including MNCH and RH services.

**Plans for future response**

The Health Cluster will explore possible options for training and capacity building of the NGOs members of the Health Cluster both National and International NGOs. This will be done with support from partner agencies as well the WHO emergency team. Further, the MSP project team will undertake for its partners for the Minimum Service Package (MSP): - the training is aimed at ensuring access to basic health services and covers priority services across all components of MSP: general services and trauma care, MNCH RH, 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 ensure delivery of child care and reproductive health services. The frontline districts will be supported with lifesaving interventions with focus on trauma care. There is focus as well on provision of updates/trainings on the case identification, case management and referral of cholera & diphtheria cases. The Health Workers and RRTs will continue receiving support for incentives and on job training especially in the high-risk districts and hard to reach areas.
Dr Haikal (Pediatrician) reviewing premature baby in infant incubator, Kharef Hospital, Amran (Photo – RI Yemen)

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

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