YEMEN
Emergency type: Level 3 Emergency
Reporting period: 01-08-2019 TO 31-08-2019

HIGHLIGHTS

- Health Cluster partners supported 3,011 Health Facilities (17 Governorate Hospitals, 120 District Hospitals, 66 General Hospitals, 19 Specialized Hospitals, 951 Health Centers and 1,838 Health Units) during the month of August.

- The cumulative total number of suspected cholera cases from 1st January to 31st August 2019 is 671,598 with 845 associated deaths (CFR 0.14%). Out of the reported cases, 73,802 cases were reported in August 2019. Children under five represent 25% whilst the elderly above 60 years of age account for 7% of total suspected cases. The outbreak has so far affected 22 of 23 governorates and 305 of 333 districts in Yemen.

- As of 31st August 2019, the Health Cluster Partners supported a total of 181 DTCs and 366 ORCs in the 147 Priority districts.

- The Health Cluster participated in two (2) Cholera task force meetings convened by the Ministry of Health and Ministry of Water at National Level and six such meetings at the Hub level.

HEALTH SECTOR

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<th>KITS DELIVERED TO HEALTH FACILITIES/PARTNERS</th>
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<tr>
<td>HEALTH CLUSTER PARTNERS</td>
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<td>PEOPLE IN ACUTE NEED</td>
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<th>SUPPORTED HEALTH FACILITIES</th>
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**Public health risks, priorities, needs and gaps**

The dependence of the Yemen Health system on incentive payments to sustain the health workers in the facilities poses a huge risk on the collapse of the system should the funding for Humanitarian Programming continue being a challenge. 51% of the Health Facilities (HFs) are fully functional while 35% are partially functional and 14% remain non-functional \((\text{HeRAMS 2018})\). Majority of the Yemeni population have limited access to health services as a result of the harsh economic conditions which further impacts on the already reduced purchase power to move from one point to another. With high transport costs, poor infrastructure of the road network with insecurity or even road blocks and advancing frontlines, access challenges further complicating the already worsened situation.

The availability and cost of specialized care alongside limited resources for the care of the non-communicable diseases continue placing a huge disease burden on the patients who suffer chronic illnesses such as diabetes, hypertension, renal failure and cancer. The number of cases are rising and further made worse by the constrained access to the much-needed specialized health care.

**Communicable diseases**

In the Yemen HIS, there were 304,143 patients treated for various communicable diseases across the various health facilities in Yemen during the month of August 2019. During the reporting period there were reported 73, 802 cholera suspected cases, 59 associated deaths and the outbreak has affected 22 of 23 governorates and 305 of 333 districts in Yemen. The districts reporting the highest number of suspected cases of cholera during month of August 2019 were, Al Hali 3,302; Hamdan 1,880; Bani Al Harith 1,745; Az Zaidyiah 1,464 and Jihanah 1,367. The Governorates Hudaydah 17,509; Sana’a 10,371; Amanat Al Asmah 7,286; Ibb 6,603 and Hajjah -5,998 reported the highest number of suspected cases of cholera.
Non-communicable diseases and Mental Health

There were **17,708 new hypertensive** and **1,340 individuals with mental health illness** who received medical attention and psychosocial support by health partners during the month of August 2019.

**Health Facility Support**

In **August 2019**, **43 Health Cluster Partners** have sustained their support to the 3,011 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**

The health workers available in the health facilities are fewer as majority have migrated 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 sustain 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. **1,216,852 of fuel** and **22,676,520 million liters of water** supplied to the health facilities in addition to **25 IEHK basic Kits, 3 IEHK Supplementary kits, 258 other types of kits** and **8 Trauma kits** to support various health facilities across the country.
Health Cluster Action

Health Cluster partners comprise 6 UN agencies, 29 INGOs, 36 NNGOs in 22 Governorates in Yemen. In August 2019, 43 Partners reported through the Yemen health information system.

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

Health Cluster Partners Updates – August 2019

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

ADRA

Supporting Health services delivery in Abyan, Al Dhale‘e, Al Jawf, Hajjah, Hudaydah and Lahj Governorates.

ADRA is supporting health interventions in several health facilities across several Governorates. In the recent weeks the construction of DTC caravans in Al-Thaluth Center, Aslem district, Hajjah Governorate was completed and handed over to the GHO while the rehabilitation of Mahal Omer Unit in Al-Marawah district, Hudaydah Governorate was completed. There were 47 Health Units, Abyan, Lahj and Al Dhale‘e Governorates provided with health staff and patient furniture, medicines, medical storage facilities. Improved access to immunization services by conducting additional mobile health care services to the 3rd catchment area of the Health Units Supported by ADRA, notably there are now 5 Mobile health Services (up to 5 days per week from the previous 3 days with a total of 20 mobile health service days in August) in Abyan, Lahj and Al’Dhalee Governorates. ADRA imported and distributed over 5 tons of IMCI medication and medical equipment to about 50 health facilities in Abyan, Lahj and Al Dhale‘e. There were 6 health facilities in Al Jawf governorate that benefitted from medical equipment, 6 RH kits, cleaning materials, stationary and furniture. Further, Barat Al Marachi Health Centre, Barat Al Marachi district, Al Jawf Governorate launched BEmONC services with an additional 2 Medical Doctors added to the workforce.

Receiving medicines and medical equipment shipment and newly constructed DTC in Al-Thaluth Health Centre in Aslem District, Hajjah Governorate supported by ADRA

BFD

Health Facility Renovations, Trainings, distribution of medicines and medical supplies to health facilities in Hudaydah, Al Mahwit, Governorates.

During the month of August 2019 the maintenance and rehabilitation Al- Matoon health centre was completed; laboratory equipment provided to Al-Dahi Hospital; solar power supply to Al-Qahra Hospital and Zabid Hospital. BFD conducted a training on promotion of cholera prevention activities for 35 CHVs in Al Mahwit Governorate and 145 CHVs in Al Hudaydah Governorate. BFD continued to provide medicines and medical equipment, IEC materials for all targeted 25 ORCs in Al Hudaydah Governorate
and 7 ORCs in Al Mahwit Governorate and the 1 DTC each (Al Dhai, Al Miglaf, Al Qahra, Bajil districts) in Al Hudaydah Governorate. On job trainings on cholera were conducted for 56 HWs among them 7 Doctors; 26 Nurses; 5 Midwives; 6 Medical assistants 6; 6 Laboratory technicians and 6 Pharmacists who were drawn from 4 DTCs in Al Dhai, Al Miglaf and Bajil districts and in Alqahra DTC in collaboration with TAYBAHYE Foundation. 22 May health center in Alhali district; Shubailaith and Dom Alhadi health units and Al Sweeq health center in Al-Tuhaytah district, and Allawiah health centre and Alkhambahbah health unit, in Al Durayhimi district all in Al Hudaydah Governorate were provided with medication. An ambulance to support referrals was activated and handed over to Zabid DHO in in Al-Tuhaytah District, Al Hudaydah Governorate. Rehabilitation for Allawiah health centre in Al Durayhimi district was completed and provision of all the necessary furniture to activate IYCF corners in 8 HFs with in Integrated Health, Nutrition and Wash Project in worst affected. There were 41 GPs and 4 specialists trained on the essential package for Non-communicable diseases training course drawn from the targeted HFs of Sana’a and Amanat Al Asimah Governorates. Maintenance of medical devices - chemistry analyzer in Hamdan and Al Rawdah DHOs and activation of Hamdan hospital in Sana’a governorate, which was closed since 2011 started offering health services.

SCI

Supporting primary health care service delivery

Supporting primary health care service provision in 200 health facilities with equipment, medicine and supplies, operation cost and health worker incentives in Aden, Amran, Hajjah, Hudaydah, Lahj, Saada, Ibb, and Taiz Governorates. Supporting 9 DTCs and 9 ORCs in 5 governorates, Diphtheria center and TB center in Al Hudaydah Governorates. Training on infection control and prevention and case management according to WHO protocol for 6 doctors, 27 nurses, 4 pharmacists, 4 infection control personal, 4 cleaners from Zabid and Bayt Al Faqih DTCs. Distributed 16 RH kits for7 health facilities in Alhali district; 5 integrated diarrhoeal kits for 5 DTCs (2 Kits for As Salakhanah DTC – 1 kits for Bayt Al Faqih DTC- 2 kits for Zabid DTC) distributed 252 clean delivery kits for 2 health facilities (July 7 Health Unit and As Salakhanah Hospital). As part of the advocacy and ordination about important of breastfeeding, SCI celebrated the world breastfeeding week August 1st – 7th 2019 in Al Hudaydah Governorate.
SDF

Supporting all-inclusive recruitment of staff to implement health programs.

SDF in an endeavor to be an all-inclusive health service provider, recruited Moath Waheeb, a person living with a disability, stationed in Sana’a City as a data entry clerk to support submission of reports through the DHIS and to WHO. He was provided with the opportunity to work and can now confidently support himself and his family. In his own words, he indicates: - “I feel like a normal person now!”.

SOUL for Development

Support to cholera response in Ibb Governorate

There has been improvement in service delivery following a training conducted for health workers on Emergency Obstetric and Newborn Care (EmONC) in three districts - Almuafa, Alshmayateen and Sama’ in Taizz governorate. As is the case of Abeer a community health midwife, who has supported other members of the team to learn the components of EmONC and allayed fears of the trained team taking over the services from the “older” members of the community and health facility. Another training held on reproductive health with emphasis on negative effects of early marriage has resulted to significant behavior change among community members as is noted of a parent postponing the marriage of his daughter until she turns 18 years of age.

Health Education and home visits by health staff and community health volunteers by SOUL for Development

RDP

Support to cholera response in Ibb Governorate

Established 2 DTCs and 4 ORCs which in August 2019 served 2,884 beneficiaries compared to 1,068 in July 2019 in As Sayyani and Ibb districts of IBB Governorate. This is as a result of enhanced health education and community awareness on the availability of functional free health services in the health facilities. A 4-year-old girl was received in the Hadafan DTC in As Sayyani district on 2nd of August 2019 with acute watery diarrhea and signs of severe dehydration and tested positive on with both RDT and culture for cholera. She was immediately admitted to the DTC, rehydrated and put on treatment
and on the second day post admission she improved and was discharged home. A post discharge follow-up was made after 2 weeks she was still doing very well.

**INTERSOS**

**Support to cholera response in Ibb Governorate**

Providing primary and secondary health care services in 4 districts (Far’a Aludain, Hazm Aludain, Dhi-Sufal and Al-Sayyani) in Ibb Governorate. The Al-Ashraf health unit which serves a population of about 4,300 people in Dhi-Sufal district in Ibb Governorate was reopened after being closed for over 8 years. The facility was supported with medicines, medical equipments and furniture as well as solar power. Further, health workers comprising 1 medical doctor, 1 midwife, 1 vaccinator, 1 nutritionist, 1 cleaner, 2 guards, 5 Community health volunteers supported with incentives to support health service provision.

**Health Cluster Coordination**

The Health Cluster conducted two (2) National Health Cluster coordination meetings and six (6) Subnational Health Cluster coordination meetings conducted in the (5) functional hubs (Aden, Al Hudaydah, Ibb/Taizz, Sa’ada and Sana’a). There were two ad-hoc meetings held in Ibb Hub to discuss way forward for diphtheria and in one in Hudaydah Hub on cholera intervention.

The Subnational Cluster Coordinators at Hub level conducted 10 field visits to various health facilities in the governorates to support Health Partners during the month of August 2019.

There was one (1) joint Health and WASH meeting held during the month of August 2019 to strengthen the interventions in cholera response in Hudaydah Hub.

The Health Cluster participated in 2 ICCM meetings and 3 HCT meetings at national level and the Sub-National Health Cluster Coordinators attended five (5) RCT meetings and seven (7) ICWG meetings in Aden and Ibb Hubs. The Health Cluster participated in two (2) cholera task force meetings convened by the Ministry of Public Health and Population at both National and Hub levels.
The Health Cluster team conducted **twenty-four (24) bilateral meetings** with Health Cluster Partners on arising issues such as implementation challenges, avoiding duplication, filling gaps in interventions and capacity building reporting challenges. In an effort to improve on reporting by the Health Cluster Partners, **one HIS training** was conducted in Aden for both new and existing information management officers.

The Health Cluster convened **three (3) Technical Working Group meetings**: - 1 RH, 1 WASH in Health Facilities and 1 MHPSS TWGs during the month of August 2019.

**Training of health staff**

During the month of August 2019, Partners across the country conducted trainings for: - **310 community health workers** on health education, health promotion and infection prevention and **2,819 midwives** on various topics in Reproductive Health. 221 **health staff** in various health facilities across the country were oriented on **Minimum Service Package (MSP)**. In addition, there were **180 CHVs** trained on promotion of prevention modalities for cholera for community awareness, **101 Health Workers** on cholera management according to WHO protocol.

**Trauma and injury care**

With the ongoing conflict is several parts of the country with **7,198 patients** were treated for conflict related trauma injuries in various health facilities across the country in July 2019.

**Child Health**

**37,072 children** were **immunized for Penta 3**, while **12,802 children** were treated **SAM with complications cases** and refereed for further follow up care and support.

**Reproductive Health**

**163,618 women** attended **antenatal care services**; a total of **46,193 normal deliveries were conducted**; **6,171 mothers** had **caesarean section**, and **30,056 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. Partners from both the WASH and Health Clusters under the leadership of WHO the Health Cluster Lead Agency have reactivated the WASH in Health Facilities TWG and during the period, a meeting was convened.
Plans for Future Response

1. Strong advocacy at all levels for more funding to the health sector as the Health Cluster is only 27% funded so far. Millions of people with health need would not get lifesaving services, if more funds are not mobilized.
2. The Health Cluster will continue to advocate for expedited approval of projects and programs for partners that are pending in MOPHP and NAMCHA.
3. Following the results of the online capacity building needs survey, the Health Cluster will start the implementation of training/workshops schedules for the partners as per the identified training needs.
4. The MHPSS Technical Working Group, through the effort of the mental health core group has collated all related MHPSS assessment tools. The finalized assessment tools will be translated and shared with all partners for use in any MHPSS assessments.
5. The health cluster is engaged with OCHA and other clusters for HNO 2020 and will actively participate in all consultations.

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