



Field Visit by Health Cluster to Azal DTC in Amanat Al Asmah

Photo – Health Cluster

YEMEN

Emergency type: Level 3 Emergency

Reporting period: 01-03-2019 TO 31-03-2019



19.7 PIN of Health Assistance



15.8 targeted with Health Interventions



3.34 Million** IDPs



627M Funds required



1 Million Returns

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**.
- From 1st January to 31st March 2019, **164,684** suspected cholera cases with **351** associated deaths and a CFR of **0.21%**. Out of the **147** priority districts there are **38** districts with **>500** cases which will be prioritised for urgent intervention. There were **17** Health Partners supporting cholera response with **168** DTCs and **1,050** ORCs in **147** priority districts. There is still a gap of **22** districts without a DTCs and **3** districts without an ORC.
- The **Reproductive Health in Emergencies – Participatory Planning workshop** in **Aden** was conducted on **9th - 10th of March 2019** supported by the Global Health Cluster in collaboration with the Ministry of Population and Public Health (MoPHP) - Aden, WHO and the Health Cluster. The workshop was attended by thirty-seven (37) participants from MoPHP, the National Midwifery Association, Health Cluster Partners and UN Agencies.
- Joint Health and WASH Task force meetings, jointly chaired by the** Ministry of Public Health and Population and co-chaired by the Ministry of Water were **held on a weekly basis** to enforce the prevention, control and response to upsurge of the cholera outbreak.

HEALTH SECTOR

71 HEALTH CLUSTER PARTNERS

15.8 M TARGETED POPULATION

KITS DELIVERED TO HEALTH FACILITIES/PARTNERS

105 IEHK BASIC

176 IEHK SUPPLEMENTARY

18 IEHK TRAUMA KITS

245 CHOLERA KITS

SUPPORTED HEALTH FACILITIES



2,596 HEALTH FACILITIES

HEALTH ACTION

1,474,362 CONSULTATIONS



37,197 SURGERIES

5,937 ASSISTED DELIVERIES (NORMAL & CS)

VACCINATION



28,026 PENTA 3

EDEWS



1,982 SENTINEL SITES

FUNDING \$US



627.2 M REQUESTED

22.3M (3.6%) FUNDING RECEIVED

Situation update

Over two years since Yemen witnessed the world's largest cholera outbreak, there have been more than 1.6 million cases reported since 2017. The cholera epidemic has continued to pose a huge challenge, with a spike reported in the last few months and nearly 164,684 suspected cases with 351 associated deaths (CFR 0.21%) between 1st January 2019 and 31 March 2019. The effect of cholera on children places a burden of nearly 1/3 of the total cases reported. The spike in cases over especially week 12- 14 is likely associated with the deteriorated health system, early arrival of the rainy season, the weak infrastructure of sewage and water systems, the crisis that leads to population movement and displacement. The most affected governorates are Amanat Al Asimah, Al Hudaydah, Sana'a, Ibb, Amran and Dhamar which account for nearly two thirds of reported cases.

There are 24.1 million people in Yemen now require some kind of humanitarian or protection assistance, including 14.3 million who are in acute need. These figures indicate that the number of people in acute need has risen by a staggering 27 per cent compared to December 2017. More than 20 million people across the country are food insecure, including nearly 10 million who are suffering from extreme levels of hunger. For the first time, the Integrated Food Security Phase Classification (IPC) has confirmed pockets of cata-strophic hunger in some locations, with 238,000 people affected. An estimated 7.4 million people require services to treat or prevent malnutrition, including 3.2 million people who require treatment for acute malnutrition – 2 million children under 5 and more than one million pregnant and lactating women (PLW). About 15.7 million out of the 19 million PIN are in dire need of health assistance.

The cost of medicines and importation challenges into Yemen continue to pose a big challenge on the Non-communicable diseases (NCDs) like diabetes, high blood pressure, renal failure and cancer.

Public health risks, priorities, needs and gaps

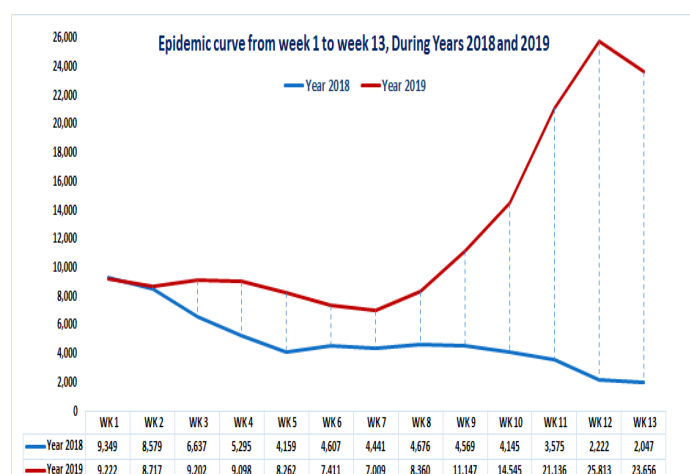
There are only 51% of health facilities across the country that are fully functional, the unpaid health workers more than two years now, inadequate access to clean drinking water, harsh economic situation etc, all these contribute to weakened health status of the people.

Yemen is therefore witnessing an upsurge of disease outbreaks – mainly water borne and non-communicable diseases (NCDs). There has been witnessed with highest number of cholera suspected cases over the last few weeks as detailed later in this bulletin. The support to the public health system in the country remains the highest challenge due to absence of health workers, non-functional health facilities, insufficiently funded health interventions, poor mechanism of disease prevention and control, which is further hampered by insecurity leading to continuous displacements, poor infrastructure, cost of health services (this goes with the unavailability of essential medicines and access to the health facilities) etc.

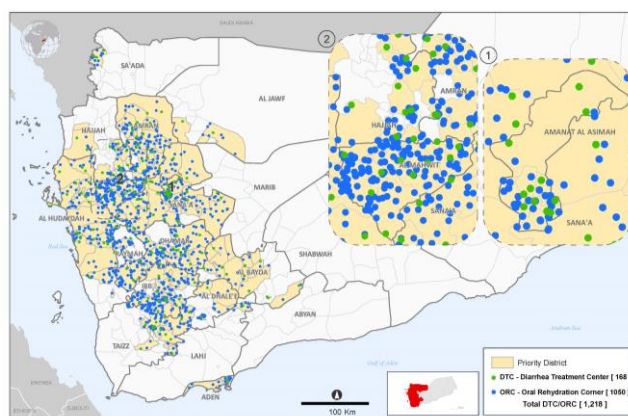
Communicable diseases

There were **214,843 consultations for communicable diseases** conducted in health facilities supported by Health Partners in March 2019.

Cholera: From 1st January to 31st March 2019, **164,684 suspected cholera cases** with **351 associated deaths** and a **CFR of 0.21%**. Out of 333 districts, 277 districts are affected. Children <5 represent 24 % of the total suspected cases. The Governorates of Amanat Al Asimah (29,474), Sana'a (20,272), Al Hudaydah (19,670) and Ibb (17,003) are reporting the highest numbers of cholera cases. There are **147 priority districts** require collective efforts for cholera response. There were **17 Health Partners** supporting cholera response with **168 DTCs and 1,050 ORCs in the 147 priority districts**. There is still a gap of 22 districts that are still in need of DTCs to be established and 3 districts without an ORC. Hyran district in Hajjah Governorate is among the priority list but with no DTC or ORC despite reporting cases, but the highest predicament for this district is accessibility due to insecurity (is in the front line). Worth mentioning that one of the Health Cluster partner could not grant access to this district.



Functional DTCs/ORCs in the 147 priority districts



To counter the impending cholera danger, there has been strengthened coordination mechanisms at the Ministry of Water and Ministry of Public Health and Population as well as both Health and WASH Clusters at National and Hub levels. One of the effective coordination platforms is the active Cholera task force meetings that focus on strategic leadership and direction to prevention modalities by all actors with specific focus and guidance to the RRTs (both WASH and Health) at District and Governorate levels.

Non-communicable diseases and Mental Health

There were **18,627 new hypertensive patients** who received treatment by Health Cluster Partners, while **944 patients with mental health challenges** were provided with medical care.

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**) supported by Health Cluster Partners.

Availability of essential services

As a result of the Yemen humanitarian crisis, there has been massive damage to the health facilities with collapse of the public health system. There are about 51% of health facilities reported fully functional with most of the primary and secondary health care services being offered by the Health Cluster Partners who offer humanitarian services across the Country. These services are offered free 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. There are multiple

challenges facing the access of services including the long distance patients have to undertake to reach the nearest health facility, insecurity along the travel paths by road from one point to another compounded by several check points which some may not even cross. Further, poor road infrastructure and cost of transportation to the health facilities though is a challenge that remains unaddressed and is complicated by the challenging economic situation in the country. Some of the Health Partners are supporting patients with transportation facilitation to access services through the voucher system so as to improve acceptance, access and utilisation of health services by the patients. The health facilities which have been reported non-functional or partially functional yet not damaged are mainly due to lack of health staff, fully-damaged or partially-damaged infrastructure, lack of equipment, medicines and unavailability of support to the operational cost.

Availability of health staff

With the Government having not paid the health workers any salary over the last two years or more, the health care service delivery across the country are heavily burdened. Most of the Health staff have moved away to seek support in the tough economic times either in alternative employment with humanitarian agencies. The health care workers who are still serving in the Health Facilities, 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 are supporting **168 DTCs and 1,050 ORCs in 147 priority districts** with operation costs and supply of medicines as well as payment of incentives to the health staff. There was a total of **36,000 litres of fuel** and **3.073 million liters of water** supplied in addition to **105 IEHK basic Kits, 176 IEHK (supplementary) kits, 18 IEHK Trauma kits** and **245 Cholera kits** to support various health facilities across the country.

Health Cluster Action

Health Cluster partners comprise **6 UN agencies, 29 INGOs, 36 NNGOs** who are operational in **22 Governorates** in Yemen. In March 2019 there were **40 Partners** who reported through the Yemen health information system.

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 highlights as below.

IRC

The IRC is supporting health facilities in 7 Governorates (Abyan, Al Dhale'e, Amanat Al Asmah, Al Hudaydah, Lahj, Sana'a and Shabwah) with a total of 18 districts to provide primary health care, secondary health care and reproductive health services. The services are offered at community level, health facility level and secondary (hospital) level.

At the Community level: Community Health volunteers deliver health messages to orient the community mainly about communicable disease, reproductive health, vaccination, breast feeding, sanitation and hygiene promotion. The support Community midwives are provided with drugs, RH supplies & equipments to provide basic RH package of antenatal care, labour and delivery, postnatal care and family planning.

IRC provides a comprehensive primary health care package which includes: treatment of Communicable and non-communicable disease, replenishment of NCD drugs for the patients already diagnosed with chronic conditions, responding to epidemics, EPI activities, basic RH services (antenatal care, labour and delivery, postnatal care and family planning) and making referrals.

At the level of Hospital, BEmONC & CEmONC services are supported through supply of medicines and medical supplies and equipments; incentive for staff and rehabilitation according to the need to be used as a referral hospital for MHT and CMs to avoid the complication of pregnancy and decrease the maternal mortality and morbidity

IRC has been supporting the Radfan EmONC center in Lahj governorate which is one of the main referral centres with: minor rehabilitation, medical and general furniture, staff incentives supply of medicines and medical supplies and equipments and infection prevention and control materials. The health care service providers were trained on Emergency, Obstetric and Neonatal Care (EmONC) and Clinical Care for Sexual Assault Survivors (CCSAS). The Center supports an average of 280 deliveries per month.



One of the success stories for Radfan EmONC was Nora's case: a 19 years old female was brought to the facility at night in premature labour at 33 weeks' gestation. With the support of the IRC supported health facility with EmONC facilities, delivered a premature live female infant weighing 1.6 kg. The baby was nursed in the incubator and discharged one week later at 1.8kgs.

BFD

Supports intense community messaging for cholera prevention and control cholera in Al Ghayl District in Al Jawf Governorate. As a result, more members of the community are seeking health services with a typical case of a young girl was brought to the health facility with severe dehydration and suspected to have cholera. She was admitted at the Health Facility and effectively managed and was later discharged home well and healthy. Undertook the maintenance and rehabilitation of the surgical operation rooms of Al-Abrug health facility.

Conducted a supervisory visit to HFs of Al- Hudaydah (Al-Omal, Ekwan and Thabet). Activated BEmONC services in Malaha Health Centre in Khab Wa-Alshaghaf in Al-Jawf governorate through the supply of medicines and medical supplies. Training of 25 community health volunteers in Al Tuhaytah district of Al- Hudaydah Governorate.

Conducted on job training and support to health facility staff on IMCI, CMAM, EPI, RH and reporting mechanism for 16 HFs and 3 MT in Al-Hudaydah Governorate and one mobile team in Al- Mahwit governorate.



A young woman arrived at the health facility on a Sunday afternoon, at 3 months' gestation, with severe vaginal bleeding and on ultrasound, the foetus was viable but the woman had threatened abortion. Through the support of BFD at the health facility, she was treated and discharged home but returned about 4 hours later with massive bleeding and at that moment on examination, it was noted that the foetus had been expelled. She was managed at the labour ward in which MVA and blood transfusion were administered and the patient was later discharged in a better condition.

Islamic Relief Yemen

Distributed 3200 consumable renal kits to the dialysis centre in Al Jamhoury Hospital in Taiz Governorate, 101 renal failure patients started taking free renal dialysis sessions 8 session per month in the centre. Distributed cholera medicines to four hospitals in Taiz governorate; which will cover the need of the 4 DTCs for a further 4 months.

Supported Al Saudah Hospital in Amran Governorate and Almahabesha hospital Hajjah Governorate with the five medical specialists (2 Gynaecologist, 2 General Surgeon and 1 Anaesthetist) who undertake general surgical operations and caesarean sections.

Continued to support Taiz, Aden and Sanaa Physiotherapy and Prosthetic Centers mainly by providing prosthetics and physiotherapy services to people with physical impairments including those wounded in war and landmines, children with congenital malformations and the elderly to maintain or improve neuromuscular functioning, independence, facilitate participation as well as to enhance overall well-being.



19 medical equipment with their accessories were supplied in Taiz; continued manufacture of artificial limbs and supporting devices. In Sana'a, polyethylene rigid sheets - for artificial limb manufacturing was delivered and 138 people received prosthetic and orthotic services. 603 people received physiotherapy services and 6 people received artificial limbs in Aden.

WHO

Given the recent increase cholera cases, WHO with the implementing Partners have scaled up response efforts to stop further spread of cholera focusing on 147 priority districts where in additional health, water, hygiene and sanitation supplies are being mobilized through: - Deployment of 333 WHO WASH and Health RRTs; Chlorination activities are scaled up to disinfect water in 95 priority districts and provided fuel and spare parts to keep going water supply and sanitation networks.

Evaluation and upgrade of the eDEWS system in coordination with MOPHP (in progress) and will activate 23 health RRTs at governorate levels responding to alerts (investigation and quick response).

Capacity building of health workers covering all DTCs & ORCs on surveillance (case definition, registration of cases, RDT testing), infection prevention and control (IPC) and case management.

Prepositioning/distribution of 245 Cholera Kits (different modules) – in all Governorates, IV fluids, ORS and antibiotics.

Support MOPHP to conduct monitoring and evaluation of DTCs/ORPs on proper case management, use of case definition/registration, IPC, implementation of Lab and RDT SOPs.

Trained 125 laboratory technicians on sample collection, transportation, laboratory diagnosis and proper reporting of cases, and is providing reagents to 5 central public health laboratories in Taizz, Ibb, Al Hudaydah, Aden and Sana'a.

Delivered 55 trauma kits and 120,000 IV Fluids to 13 governorates in Yemen sufficient to meet the needs of patients requiring surgical care.

Supported various health facilities across Yemen with 245 cholera kits to respond to the upsurge experienced in the last few weeks.

YFCA

Supported the functioning of a new obstetric operation unit at Bayt Al-Faqih hospital in Bayt Al-Faqih district –Al Hudaydah Governorate with a full operation system with an anaesthesia machine, Lung ventilator machine in the intensive care unit, ultrasound system machine, 6 hospital beds and 2 gynaecological beds and mattresses.

Supported Al-Sabain Hospital in Amanat Al-Asimah Governorate with steam autoclave vertical machine, hot air sterilization machine and foetal monitor machine to improve service delivery.

Training of DHOs and health facility staff in Hajjah and Bajil on management, on service quality and monitoring and reporting.

Conducting outreach activities by 2 mobile teams in Al-Mahabesha and Al-Shahil districts.

Health Cluster coordination

The Health Cluster conducted **two (2) Health Cluster coordination meetings** at the national level and a total of **nine (9) Sub National Health Cluster coordination meetings were conducted** in the (5) functional hubs (Aden, Al Hudaydah, Ibb/Taizz, Sa'ada and Sana'a).

A **joint assessment mission** was undertaken in Hajjah Governorate in response to the looming crisis and support to the IDPs response mechanism in which the National and SubNational Health Cluster teams participated.

In an approach to strengthen Inter-Cluster coordination, the Health Cluster attended **4 joint consultative meetings** with the FSAC, Nutrition and WASH Clusters to strengthen the coordination mechanism within the 45 Districts at risk of famine.

An effective and strong Health and WASH coordination meetings are being held at National and Sub-National levels, **one (1) joint Health and WASH meeting** was held in 27th March 2019 at Ministry of Water. There were **five (5) sub national Health and WASH clusters meetings** were convened at Hub level.

The **Reproductive Health in Emergencies – Participatory Planning workshop was conducted in Aden on 9th - 10th of March 2019** supported by the Global Health Cluster in collaboration with the Ministry of Population and Public Health, WHO and the Health Cluster. The workshop was attended by thirty-seven (37) active participants from Ministry of Public Health and Population (MoPHP) of Aden, the National Midwifery Association, Health Cluster Partners and UN Agencies.



RH Participatory Planning Workshop – Aden Photo – Health Cluster

The Health Cluster participated in **4 ICCM meetings and 2 HCT meetings** in March 2019. The SubNational Health Cluster Coordinators are part of the Hub Regional Coordination Team (RCT), in which they attended a total of **five (5) RCT meetings** attended.

Training of health staff

5,790 health staff were trained on MSP by Health Cluster Partners; **663 community health workers** received health education and trainings mainly in hygiene promotion and cholera prevention. There were **394 midwives** who were oriented on neonatal and child care and improved care of the mothers in delivery room.

Trauma and injury care

8,400 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: 28,026 children were immunized for **Penta 3** while **17,868 children** were treated **SAM with complications cases** and referred for further follow up and care with nutrition partners.

Reproductive Health

A total of **95,186 mothers** attended **antenatal care service**; **27,863 normal deliveries** were conducted by skilled birth attendants; **5,937 mothers** underwent **caesarean section** while **40,407 mothers** attended **postnatal care services**. There were **434 beneficiaries of RH Kits** supported by various implementing partners.

Water, sanitation and hygiene and environmental health

There are 333 district RRTs and 23 Governorate RRTs to support case management and contact tracing, active surveillance, case follow ups referrals of cases identified at community level with linkage to the nearest health facility for prompt intervention The WASH RRTs who are about 750 in number are divided into various clustered villages and locations in the country to ensure follow up of water sources treatment and testing of contaminated water from patients and their contacts as well as undertaking hygiene promotion awareness in collaboration with the WASH Partners.

There have been concerted efforts between the Health and WASH Clusters for joint taskforce coordination meetings at National and Hub levels to ensure timely and directive leadership in the areas at high risk of cholera transmission and timely prevention strategies at the non-affected areas. There is Joint mapping of services, gaps and needs in 147 priority districts.

Plans for future response

The Yemen Humanitarian Fund announced a first Reserve Allocation 2019 to scale up prevention and response of cholera. There are a total of 7 Health Cluster Partners who have been preselected to submit proposals which will be reviewed by the Strategic Technical Review Committee (STRC).

The Ministry of Public Health and Population with the support of WHO and UNICEF have planned implementation of OCV campaign tentatively in April 2019 with integrated WASH activities in three districts of Amanat Al-Asimah.

The Cluster Coordination Performance Monitoring - Partners' Assessment for 2018 is ongoing and the results of the assessment will be reviewed with Partners in April 2019.

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