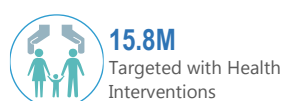




**HEALTH CLUSTER BULLETIN  
MAY 2019**

**YEMEN**

Emergency type: Level 3 Emergency  
Reporting period: 01-05-2019 TO 31 -05-2019



**HIGHLIGHTS**

- A total of **2,868** Health Facilities (**17** Governorate Hospitals, **112** District Hospitals, **57** General Hospitals, **19** Specialized Hospitals, **907** Health Centers and **1,756** Health Units) are supported by **Health Cluster Partners**.
- The cumulative total number of **suspected cholera cases** from **1<sup>st</sup> January 2019 to 31<sup>st</sup> May 2019** is **366,205**, with **640 associated deaths (CFR 0.17%)**. With an **attack rate of 128/10,000** population; **Children under five represent 23%** of the total suspected cases during 2019. The outbreak has affected 22 of 23 governorates and 295 of 333 districts in Yemen.
- The Health Cluster Partners supported **194 DTCs and 1,040 ORCs** across Yemen in **147 priority districts**. There still exists a gap in four (4) districts **Hyran district in Hajjah, Al-Munirah, Buraq and Al-Dhuraymi districts in Hudaydah Governorate**.
- The Global Health Cluster led Reproductive Health project that is implemented by the Yemen Health Cluster supported a training on Infection Prevention and Control from 4th to 6th May 2019 for 35 health workers from selected pilot health facilities in two districts of Ibb (Al-Udayn) and Dhamar (Utoma). A similar training is planned in Aden early July 2019.
- The online survey for **Cluster Coordination Performance Monitoring** is completed and a consultative workshop for health partners and national authorities is planned for next month to share preliminary results and develop recommendations.

**HEALTH SECTOR**



**71** HEALTH CLUSTER PARTNERS  
**14 M** PEOPLE IN ACUTE NEED

**KITS DELIVERED TO HEALTH FACILITIES/PARTNERS**



**361** IEHK BASIC KITS  
**20** IEHK SUPPLEMENTARY KITS  
**30** TRAUMA KITS  
**255** CHOLERA KITS

**SUPPORTED HEALTH FACILITIES**



**2,868** HEALTH FACILITIES



**910,545** OUTPATIENT CONSULTATIONS  
**21,874** SURGERIES  
**32,381** ASSISTED DELIVERIES (NORMAL & CS)

**VACCINATION**



**22,998** PENTA 3

**EDEWS**



**1,982** SENTINEL SITES

**FUNDING \$US**



**627.2 M** REQUESTED  
**118.9M (19.0%)** FUNDING RECEIVED

## Situation update

The humanitarian situation in Yemen is dire. There are currently 83 districts which are hard to reach in Yemen, which are predominantly impacted by conflict, including shifting front lines. In some of the districts access is further complicated by bureaucratic restrictions, delays in approving and clearing imports of essential equipments and delayed signing of Sub Agreements to facilitate implementation of programs and projects in the neediest areas. This in essence affects the delivery of quality, effective and efficient health care. Damaged and/or destroyed/closed roads hamper access to some of the most in need locations thus health care delivery is made more difficult or not available at all.

Because of improved coordination and collaboration in the approach to prevention and control of cholera, there has been witnessed a fair decline in the number of cholera cases over the last few weeks.

## Public health risks, priorities, needs and gaps

51% of the Health Facilities (HFs) that are functional while 36% of HFs are partially functional and 13% of health facilities across the country, remain non-functional (HeRAMS 2018). Those that are functional, depend on incentive payments amidst few/dwindling resources, to sustain the presence of the health workers, this poses a bigger threat to the likelihood of deterioration of the health status. Because of harsh economic times, the people have limited the access to the health services due to the declined purchase power to move from one point to another (transport costs and poor infrastructure of the road network with insecurity and access challenges further complicating the already worsened situation).

Though there has been reported decline in the number of cholera cases, the Health and WASH sectors remain highest challenged to sustain a clean water and sanitation system and a robust surveillance mechanism to avert any new cases.

The patients who suffer chronic illnesses such as diabetes, hypertension, renal failure and cancer are rising and have constrained access to the much needed health care. This is mainly due to the cost of care as there are limited resources for the care of the non-communicable diseases.

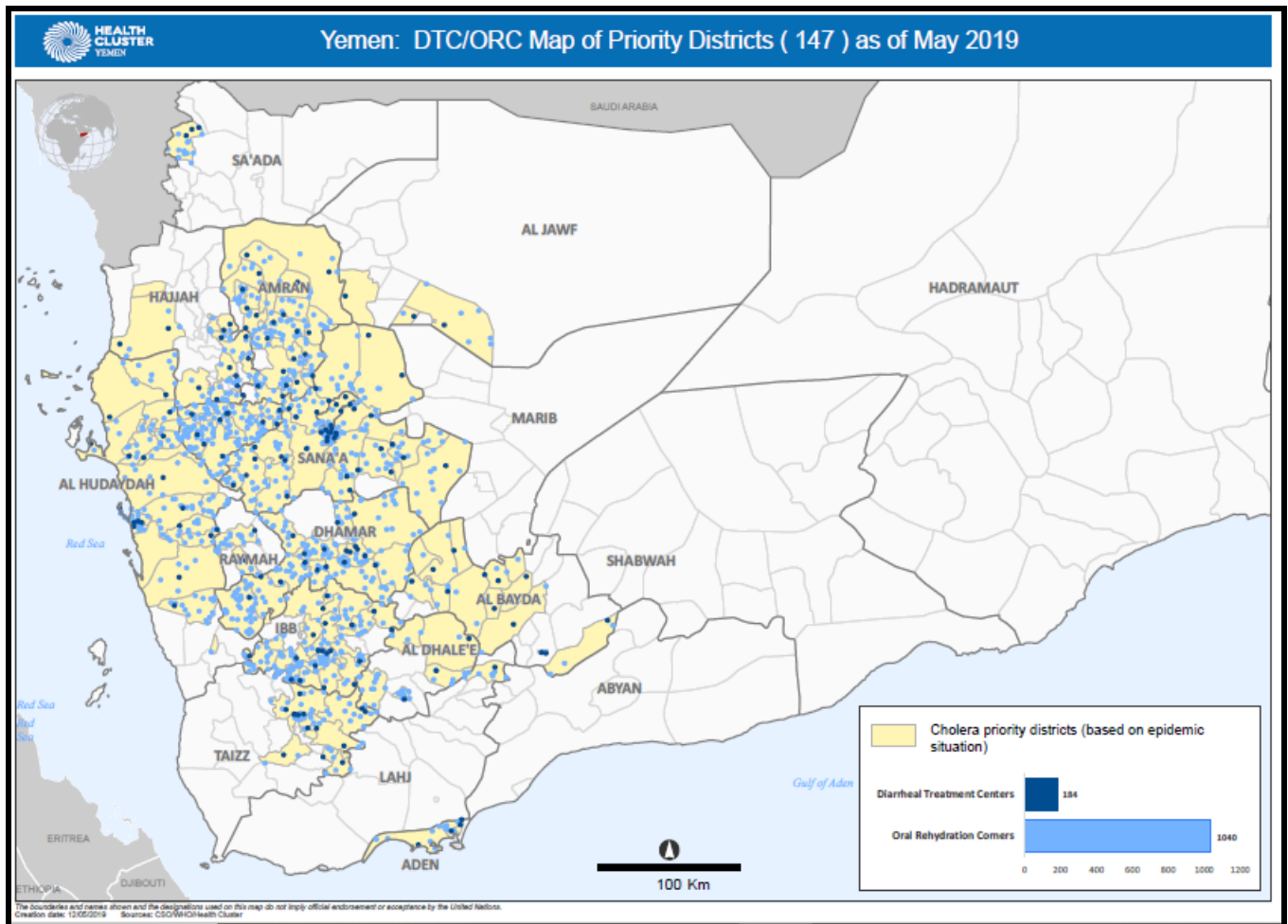
### Communicable diseases

There were **123,883 patients** treated for various **communicable diseases** across the various health facilities in Yemen during the month of May 2019.

Cholera in Yemen has so far affected 1.7 million people and cost 3502 lives since the start of the outbreak in April 2017. WHO supports the Ministry of Public Health and Population of Yemen and health partners on the ground by focusing on coordination, case management, laboratory diagnostics, infection and prevention control in health facilities, water and sanitation, and oral cholera vaccination campaigns.

The effective multi-sectoral coordination has resulted in better coordination and response efforts in the interventions for cholera prevention and control led to a significant decline in the number of cases significantly.

The Health Cluster Partners are supporting 194 DTCs and 1,040 ORCs in 147 priority districts (as detailed below).



## Non-communicable diseases and Mental Health

There were 11,321 new hypertensive and 432 individuals with mental health challenges received medical attention and psychosocial support during the month of May 2019.

## Health facility support

Health Cluster Partners have sustained their support to the 2,868 functional facilities with operation support, incentives for the 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 centres 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 utilisation of health services by the patients.

## Availability of health staff

There are health workers available in the health facilities though majority have moved 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 retain 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. **1,164,925 litres of fuel** and **13,777,850 million liters of water** supplied to the health facilities in addition to **361 IEHK basic Kits, 20 IEHK Supplementary kits, 255 Cholera kits** and **30 Trauma A&B kits** to support various health facilities across the country.

## Health Cluster Action

Health Cluster partners comprise **six UN agencies, 29 INGOs, 36 NNGOs** in **22 Governorates** in Yemen. In May 2019, **39 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 –May 2019

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

### BFD

A young girl, 8 years old presented to one of the BFD supported health facilities Al-Zoor Health Unit in Marib Governorate with a multiple infected skin rash with a high grade fever. She was assessed in the outpatient department and admitted for further treatment and management. Later she was discharged home and has been on close follow up and the parents are now happy to report that the child has dramatically improved and is now back to playing with her age mates. This has been made possible through the support of the Yemen Humanitarian Fund to the local NGO operating in some of the hard to reach areas where health care services access has previously been a challenge, but is now activated and is functional.



*Young Hadeel Mohammed, 8 years old received at Al-Zoor Health Unit and after recovery at home - Photo BFD*

## International Medical Corps (IMC)

Provides multi-sector humanitarian assistance to the most vulnerable communities in six governorates of Yemen - Sana'a, Ibb, Taiz, Lahj, Aden, and Al Dhale'e with Health, Nutrition, Water Sanitation and Hygiene (WASH), Food Security and Livelihood services. IMC supports the MoPHP in the provision of quality health care services in 17 health facilities (2 hospitals and 15 primary health facilities) across Yemen. A total of 7 in Sanaa (4 in district and Alhymah Alkharjia district), 6 health facilities in Taiz (3 in Maqbanah and 3 Mawiyah districts) and 3 health facilities in Al Dhalee (all in Al Huseein District). There is plan to support 4 health facilities Jibla district, Ibb governorate.

Due to lack of hospital in most rural areas, coupled by economic hardship, most of the people in the rural areas, are not able to access health care immediately in case of any medical emergency. Based on this, International Medical Corps in coordination with Sanaa GHO and DHO in Alhymah Alkharjia district are providing communities with 24-hour medical ambulance services, that is well equipped, and with two medical assistants, trained in handling emergency cases prior to reaching the hospital. In order to improve coordination and speed up referral, CHVs in the village with a case refer the CHV supervisor, CHV supervisor in charge of the district, who then informs DHO about the case. DHO provides approval for the ambulance to be dispatch for referral. In the month of May, a total of 24 cases have been referred (13 for delivery, 1 SAM case with complication, 1 malaria case with complication, 1 childhood medical complication and 8 other chronic complications). In addition, International Medical Corps has equipped and provided supplies to delivery room in Bani Mansoor hospital in Alhymah Alkharjia district, in order to support safe deliveries at district level, reduce cases of complication during delivery, and further reducing pressure on referral system.



*An ambulance in Bani Mansoor hospital, ready to transport a patient on referral - Photo IMC*

## United Nations Population Fund (UNFPA)

In 2003 UNFPA, the United Nations Population Fund and its partners launched the global Campaign to End Fistula, a collaborative initiative to prevent fistula and restore the health of those affected by the condition. In its resolution A/RES/67/147, the United Nations General Assembly designated May 23rd to be observed as the International Day to End Obstetric Fistula and called on the international community to use the day to significantly raise awareness and intensify actions towards ending obstetric fistula.

In Yemen, with the collapse of the health system, inadequate access to skilled birth attendance, rising levels of malnutrition, and alarming rates of child marriage, resulting from the conflict, cases of obstetric fistula are fast rising. The occurrence of obstetric fistula signifies failure of the health system and indicates the need to strengthen access to reproductive health services including maternal and newborn health even in crisis settings to prevent the condition in the first place. It is also an outcome of gender inequalities and denial of human rights and a reminder for the humanitarian community to protect

rights and promote gender equality in humanitarian response.

UNFPA has supported the establishment of three fistula units within national referral hospitals in Aden and Sana'a. These are Al Sadaqa Hospital in Aden and Al Thawra Hospital and Al Sabeen Hospital in Sana'a. In 2018, more than 80 fistula surgeries were successfully conducted free of charge in the three hospitals, and a further 20 successful surgeries being completed since the beginning of the year 2019. Support is being offered to building skills of health personnel in treating obstetric fistula with advanced trainings. In addition, UNFPA has supported the establishment and strengthening of a network between community volunteers, community midwives, reproductive health and fistula experts from almost all governorates to help women suffering from fistula get the services they need, including providing free transportation from rural areas.



*Al Thawra Hospital in Sana'a providing free fistula treatment services in Yemen – Photo UNFPA*

### **United Nations Children's Fund (UNICEF)**

UNICEF is providing a massive support in the humanitarian health response with technical support, capacity building for health workers, medicines and medical supplies, outreaches and vaccinations across the country via static health facilities and mobile outreaches including to IDP sites.

From the mobile clinic Al-Shab IDP center – Aden shares about mobile outreach – managed by (1 doctor and 2 health workers) to serve the IDP in this center. UNICEF provides vaccines (mainly measles, Polio and Tetanus) as well as treating malnourished children and providing essential medication including deworming. Counselling sessions on reproductive health reproductive health and support in referral of any cases of SAM, cholera, medical conditions for further management in higher levels of care. In his own words Dr Sameera, head of the mobile clinic says "***We are proud of what we do, we are saving lives***".



*Mobile Clinic services in Al-Shabb IDP center in Aden and Monitoring Measles Campaign in Mukalla – Photo UNICEF*

### Health Cluster coordination

The Health Cluster conducted **two (2) National Health Cluster coordination meetings** and **six (6) Sub National Health Cluster coordination meetings** conducted in the (5) functional hubs (Aden, Al Hudaydah, Ibb/Taizz and Sa'ada).

There were **three (3) joint Health and WASH** consultations and coordination meetings held, while **weekly cholera taskforce meetings** continued in the month of May to strengthen the interventions in cholera response at both National and SubNational levels.

The Health Cluster participated in **3 ICCM meetings and 2 HCT meetings** at national level while at Hub level, the SubNational Health Cluster Coordinators attended **five (5) RCT meetings**.

In relation to the joint effort between the FSAC, Health, Nutrition and Health Clusters for integrated famine risk reduction, there were **4 IFRR coordination meetings** held in the month of May 2019. Lead and Co-Lead from the NGOs had been identified for 45 districts focused for IFRR implementation. .

The SubNational Health Cluster Coordinators conducted **10 field visits** in respective hubs while there was one (1) support mission to Aden Hub by the National Health Cluster during the month of May 2019.



*Field Visit to a DTC in Sa'ada and Infection Prevention and Control training – RH intervention – Photo Health Cluster*

## Training of health staff

**44 medical assistants** from Amanat Al Asmah and Sana'a were trained on **infection prevention and control** in Sana'a (By BFD) **and 35 health workers** (1 Physician, 9 nurses, 14 midwives, 9 Medical Assistants and 2 laboratory technicians) in Ibb Hub drawn from Dhamar and Ibb Hubs (by the Health Cluster in collaboration with the MoPHP). To strengthen the prevention and control of **cholera 43 health workers** were trained on cholera case management and infection prevention & control from the targeted ORCs and DTCs in Al Hudaydah and Al Mahwit Governorates (by BFD).

Partners across the country conducted trainings for: - **230 community health workers on health education and infection prevention** and **33 midwives** on latest developments in Reproductive Health. A total of **73 health staff** in various health facilities across the country being oriented on **Minimum Service Package (MSP)**.

## Trauma and injury care

There is ongoing conflict in several parts of the country with **3,714 patients** were treated for conflict related trauma injuries in various health facilities across the country in May 2019.

## Child Health

**22,998 children** were **immunized for Penta 3**, while **6,784 children** were treated **SAM with complications cases** and referred for further follow up care and support.

## Reproductive Health

**67,289 women** attended **antenatal care services**; **26,582 normal deliveries**; **5,799 mothers** underwent **caesarean section**, while **21,113 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. There are about 700 RRTs in various locations across the country to ensure timely action on reported cholera cases for timely response with as little as 72 hours' maximum time to ensure contact tracing and all water points and sources treated. The RRTs also refer any suspected cases to the nearest health facility for timely case management.

## Plans for future response

Health Cluster plans to undertake capacity needs assessment for the Partners in various parts of the Country to plan for joint trainings and supportive supervision sessions with the Ministry of Public Health and Population.

As a result of the rising needs and movement of IDPs with pockets of conflicts in isolated areas, further complicated by the likelihood of flooding, the Health Cluster will participate in development of Contingency and Preparedness Plans for various scenarios.



Having submitted the critical thematic areas and components of the MCLA 2019 questionnaire, a review of the drafts be undertaken in the month of June 2019 ahead of the launching of the need assessment exercise to take place later in the year.

The Health Cluster will continue working closely with the FSAC, Nutrition and WASH Clusters to ensure an effective integrated famine risk reduction. With one of the biggest challenges being access to the high risk districts, an Access Strategy was developed with 4 main objectives mainly: - 1. Expedite approval and clearance of partner sub-agreements and related activities at the national, governorate and district levels; 2. Enable partners to operate in areas with active conflict and/or dynamic frontlines, in a principled and effective manner; 3. Early identification, collective awareness and effective troubleshooting of day-to-day access challenges faced by partners; and 4. Enable access to services and assistance of vulnerable individuals and populations, also including marginalized groups.

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