



HEALTH CLUSTER BULLETIN APRIL 2018



16.4 M
IN NEED OF
HEALTH
ASSISTANCE



12.3 M
TARGETED
WITH HEALTH
INTERVENTIONS



3 M
INTERNALLY
DISPLACED &
RETURNEES

HIGHLIGHTS

- Health Cluster partners continue to provide health services by supporting **1,753** Health Facilities (**16** Governorate Hospitals, **95** District Hospitals, **50** General Hospitals, **19** Specialized Hospitals, **456** Health Centers and **1,117** Health Units). The Health Cluster partners also support the GHO and DHO through paying incentives to health staff as well as administration / logistics support to local health authorities.
- Health partners are providing trauma management including pre-hospital care in **164** health facilities, maternal and newborn care in **293** facilities, comprehensive emergency obstetric care in **31** health centers, mental health/psychosocial support in **13** health facilities, and physiotherapy in **12** health facilities.
- The Health and WASH Cluster has finalized Cholera Operational Plan and shared with partners for implementation to ensure proper prevention, preparedness and response to the Cholera outbreak.

HEALTH CLUSTER

71	HEALTH CLUSTER PARTNERS
MEDICINES DELIVERED	
8	IEHK BASIC
1	IEHK SUPPLEMENTARY
92,017	MEDICINES BENEFICIARIES
1,185	RH KITS BENEFICIARIES
SUPPORTED HEALTH FACILITIES	
1,573	PRIMARY HEALTH CARE FACILITIES (HEALTH CENTRES AND HEALTH UNITS)
180	HOSPITALS
51	MOBILE TEAMS
HEALTH SERVICES	
502,680	CONSULTATIONS
3,466	TRAUMA CASES
7,350	NORMAL DELIVERIES
1,071	CAESARIAN SECTIONS
1,069	MENTAL HEALTH CONSULTATIONS
VACCINATION	
21,309	CHILDREN UNDER 5 VACCINATED WITH PENTA3

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

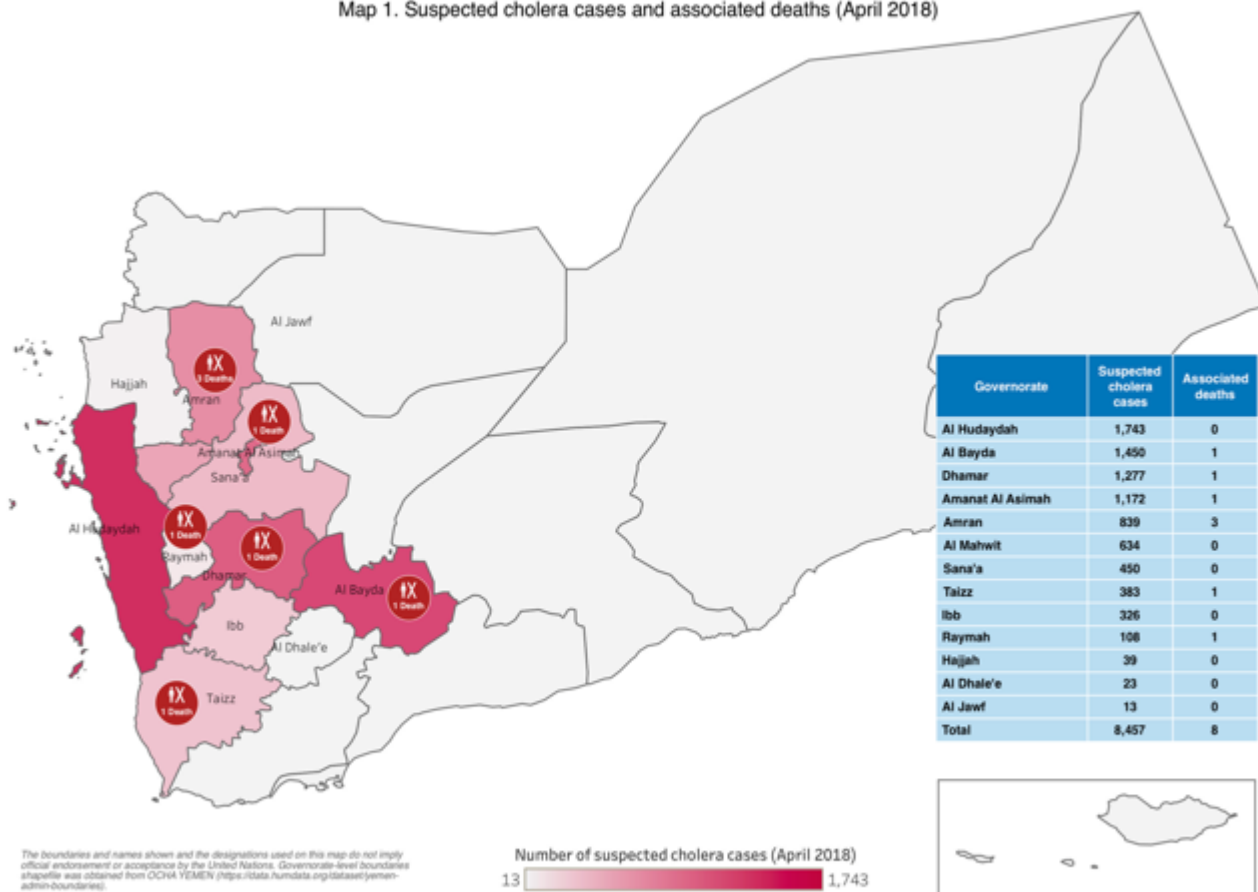
✓ Trauma

- **3,466** cases of war-related trauma were reported in April 2018 by Health Cluster Partners. These cases were provided with appropriate medical care at different health facilities.

✓ Disease Outbreaks

- **Cholera Outbreak:** As of 30 April 2018, a cumulative total of 1,094,614 suspected AWD / Cholera cases with 2, 279 associated deaths across the country were reported since 27 April 2017. The overall case fatality ratio is 0.21% with a national attack rate of 397 per 10, 000 population. During the month of April 2018, a total of 8,457 suspected cholera cases were reported in 13 Governorates and eight (8) associated deaths reported in 6 governorates, with a case fatality ratio of 0.09% (**Map 1**) (**source: eDEWS Daily Epidemiological Update**).
- There are 84 DTCs and 251 ORCs operational in 16 Governorates and 81 districts while Ministry of Public Health and Population and 16 Health Cluster partners are responding to the cholera outbreak.

Map 1. Suspected cholera cases and associated deaths (April 2018)



✓ **Diphtheria Outbreak:** - Diphtheria Outbreak: As of 29 April 2018, a cumulative total of 1,675 suspected diphtheria cases were reported by health authorities with 90 associated deaths (CFR: 5.3%). The outbreak has affected 196 districts in 20 governorates of Yemen with Ibb and Sana'a as the most affected governorates. Children below 5 years old represent 20% of the probable diphtheria cases and 38% of the number of associated deaths (**source: eDEWS Daily Diphtheria Outbreak Report – 29 April 2018**).

- 1,000 Diphtheria antitoxin were delivered to MOPHP in Sana'a and Aden Hubs.
- The MoPHP in collaboration with FHI 360 and EOC in Aden conducted a training on Diphtheria Surveillance and Response with updated protocols on diphtheria outbreak surveillance and response as well as clinical management and laboratory testing.

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 are considered as

barriers to the access of most of the health facilities and populations in need. MSF Holland and ICRC in Taiz have already suspended their activities.

- The number of IDPs in several locations have gone high and yet the capacity of the Health Partners to intervene is very limited.
- 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 and Services Availability Monitoring System (HeRAMS)

The Health Resources and Services Availability Monitoring System (HeRAMS) is a tool developed by the Global Health Cluster to assess / monitor the functionality of health facilities as well as health service availability in humanitarian emergencies. With the active involvement / support of Yemen's Ministry of Public Health and Population, HeRAMS is currently ongoing in Yemen wherein health facilities in eight (8) governorates (Sana'a, Sa'adah, Al Hudaydah, Hajjah, Amran, Al Jawf, Al Bayda and Dhamar) were already assessed.

From the recent assessment in Al Bayda, a hospital in Assawadyah District is fully damaged since 2016 comparing on the recent HeRAMS and 2016 HeRAMS. Yet, health workers are trying their best to provide health services through vaccination as reported by the District Health Office. Another hospital in that district was also assessed as non-functioning due to lack of staff, lack of security and lack of finances.

People from the district usually travel up an hour to seek hospital care from a World Bank supported district hospital in Rada District.



Health Cluster Action

There are **35 INGOs**, and **36 NNGOs** who are Partners of the Health Cluster and are operational in **22 Governorates** in Yemen.

Out of the 71 Partners, **only 17 INGOs and 16 NNGOs** reported through the Yemen Health Cluster Reporting system (yemenhis.org) in April 2018. The Partners are providing support to **1,753 health facilities**, including **180 Hospitals, 456 Health Centres** and **1,117 Health Units**.

Support to Health Service Delivery

Health Cluster partners conducted **502,672 consultations** during the month of April 2018. The number of children who were screened and referred for further evaluation and treatment severe acute malnutrition were **13,365**. A total of **3,466** trauma patients received treatments from different health facilities supported by partners.

Sexual & Reproductive Health (SRH)

A total of **7,350 normal deliveries** were conducted by skilled birth attendants and **1,071 mothers** had caesarian sections along with **38,141 antenatal care** visits and **7,765 postnatal care** visits.

Physiotherapy and Mental Health/Psychosocial support

The physiotherapy services were provided to **1,283 patients** and mental health/psychosocial support services to **1,069 patients**.

Health Education & Training

850 Community Health Workers received health education and trainings mainly on active case finding and referrals.

Health Partners also provided trainings to **47 Health Staff on Minimum Service Package (MSP)**.

Medicines and Other Supplies

Health partners also provided **56,000 liters of fuel** and **16,588,000 liters of water** to health facilities in April 2018.

8 IEHK (basic) and **1 supplementary IEHK kits** were distributed to MoPHP and health partners, sufficient to cover health needs of approximately **100,000 people**. A total of 1,185 beneficiaries were reached with the RH Kits.

Health Cluster Coordination

The Health Cluster conducted two (2) Health Cluster coordination and one (1) SAG meeting at National level. There are five functional Sub-National coordination hubs and each of the hubs (Aden, Hodeida, Ibb/Taiz, Sa'adah and Sana'a) conducted a minimum of one health cluster coordination meeting during the month of April 2018.

Plans for Future Response

Minimum Package of Health Services

The Minimum Service Package (MSP), ensures access to basic health services, and covers priority services across the 8 health care components: general services and trauma care, reproductive/maternal and new-born health, 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 a suite of essential life-saving health services, better known as the Minimum Service Package (MSP). The two organizations are also working with UNICEF to strengthen the referral system from the primary to the tertiary level (WHO Annual Report, 2018).

The Health Cluster is finalizing the Quality of Care Standards in line with the MSP for use by all health actors of achieving the goal of offering quality health care services.

Operational planning for cholera

The Health and WASH clusters together with MoPHP, WHO, UNICEF and partners have developed the Cholera Operational Plan based on Integrated Cholera Prevention and Control Strategic Plan 2018. The operational planning is built on lessons learnt from the previous and ongoing response.

The communication flow chart was developed to ensure timely sharing of information among Health and Wash Rapid Response Teams at the level of district. The timely sharing of information about the suspected cholera cases will help to mount effective and coordinated response.

Funding Status

Humanitarian Response Funding

The Health cluster received almost USD 194 million (33%) against total funding request in the HRP 2018 of 572 million USD.

Agencies reporting in April

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

The Partners who submitted their reports in April 2018 are:

ACF	Direct Aid	IOM	NFDHR	SOUL
ADD	Direct Aid	IRC	PAC	TFD
ADRA	FCDF	IYCY	RDP	UNICEF
ADO	FHI 360	Khadija Foundation	Relief International	VHI
BFD	HI	Marie Stopes	RRD	WHO
CSSW	INTERSOS	MdM	SCI	YDN
DEEM	IMC	Mercy Corps	SHS	YFCA

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Health Partner Success Stories



INTERSOS Al-Mazahen Hospital team providing treatment to a girl from Far Al-Udayn district (Ibb) admitted for pneumonia. She was then discharged with the needed medications and services provided free of charge through INTERSOS and donors.



YFCA conducting an outreach awareness activity in Alrahabi Health Facility. The Health Services for Refugees in Amanat AlAsmah project of YFCA is funded by UNHCR.



A woman in Reif Ibb district receiving treatment at a UNFPA-supported mobile team in Ibb Governorate



Training on Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations conducted by MoP/HP, with financial support of FHI 360 and technical assistance of UNFPA and UNHCR.



Workshop on Communicable Diseases conducted by the Foundation Sustainable Development (SDF) in collaboration with the World Health Organization



A sixteen-year-old male from Far Al Udayn district (Ibb) that tested positive for cholera RDT was provided with appropriate medical interventions by the health staff of Al-Mzahin Hospital. The cholera response team of IOM also reported that the patient's relatives were educated regarding cholera and good hygiene practices.