

2013



World Health  
Organization

# Health Emergency Response

## Annual report

WHO- Republic of Yemen





With great thanks to the Governments of Japan, Spain, Finland and France, UNOCHA/CERF and the League of Arab States for their generous support to WHO which enabled us to deliver humanitarian and life-saving assistance to Yemeni population in need.

For more information contact:

WHO Country Office: (Dr. Mohammad Dauod Altaf, EHA Coordinator/WHO Yemen,  
[altafm@yem.emro.who.int](mailto:altafm@yem.emro.who.int))

WHO Regional Office for the Eastern Mediterranean: [shoc@emro.who.int](mailto:shoc@emro.who.int)

Website: [www.who.int/emro/leha](http://www.who.int/emro/leha)

## Tables of content

<b>1</b>	<b>Overview</b> <ul style="list-style-type: none"> <li>- Needs/Gaps</li> <li>- Overall Strategy</li> </ul>	<b>01</b>
<b>2</b>	<b>Health Emergency Response</b> <ul style="list-style-type: none"> <li>- Objectives</li> <li>- Summary of Health Emergency Response by WHO</li> </ul>	<b>04</b>
<b>3</b>	<b>Delivery of Essential Health Care Services</b> <ul style="list-style-type: none"> <li>- Capacity Building</li> <li>- SARA Survey</li> <li>- Joint UN Needs Assessment for IDPs in Dhamar</li> <li>- WHO supported health interventions in               <ul style="list-style-type: none"> <li>• Hajja</li> <li>• Sa'ada</li> <li>• Abyan and South</li> </ul> </li> </ul>	<b>06</b>
<b>4</b>	<b>Communicable Disease Control</b> <ul style="list-style-type: none"> <li>- Objectives</li> <li>- Electronic Disease Early Warning System in Yemen</li> <li>- e-DEWS Achievements</li> </ul>	<b>25</b>
<b>5</b>	<b>Water, Sanitation and Hygiene</b> <ul style="list-style-type: none"> <li>- WASH and Environmental Health</li> <li>- Revitalization of damaged health facilities</li> </ul>	<b>32</b>
<b>6</b>	<b>Essential Medicines</b> <ul style="list-style-type: none"> <li>- Procurement and distribution</li> </ul>	<b>38</b>
<b>7</b>	<b>Nutrition</b> <ul style="list-style-type: none"> <li>- Overview</li> <li>- Nutrition Stabilization Centers</li> <li>- Nutrition Training Centers</li> <li>- Other WHO supported Activities</li> </ul>	<b>42</b>
<b>8</b>	<b>Health Cluster Coordination</b> <ul style="list-style-type: none"> <li>- Coordination</li> <li>- Health Cluster Emergency Response</li> <li>- Health Cluster Achievements</li> </ul>	<b>45</b>

## *Preface*

The EHA annual report 2013, covering WHO lead health emergency response in Yemen, is a reference document on the health impact of and collective response to ongoing humanitarian crisis in the country in close collaboration with the Ministry of Public Health and Population (MoPHP) and in partnership with the health cluster partners and the humanitarian coordination team in the Republic of Yemen.

I would like to take this opportunity to thank the EHA team in WRO and the field staff for their relentless efforts under difficult circumstances and sometime volatile conditions with great enthusiasm and sense of responsibility to reach the most vulnerable population in need of life-saving health care services. It is also worth mentioning that the support and collaboration provided by WHO regular program staff and their technical support added value to the quality and facilitated the smooth running of emergency response interventions as an integral part of overall WHO engagement in Yemen.

This report is reflecting on WHO's leading role in the coordination of health emergency response in line with the Yemen Humanitarian Response Plan and the components of WHO response to emerging health needs in the context of protracted humanitarian crisis in Yemen.

Dr Ahmed Farah Shadoul

WHO Representative, Republic of Yemen

## *Executive Summary*

Despite positive political developments in 2013, Yemen continues to be a large-scale humanitarian crisis, with close to half the population – 12 million people remained in need of some form of humanitarian assistance, including critically needed essential life saving health care services. Based on assessments and given the drivers of the humanitarian crisis in Yemen, i.e. extreme poverty and increasing food prices, low level of basic services and localised conflict, the preparation was made for increasing humanitarian needs in 2013, including the necessity for life-saving activities at a larger scale.

While these needs remained largely unchanged from 2012, they included 6.2 million people in need of emergency health care services throughout the most affected governorates. As part of the health cluster response plan 2013, the health cluster partners targeted 4.2 million people as the most vulnerable people to reach, based on geographical prioritization of proposed interventions by cluster partners, including WHO.

WHO and the health cluster partners streamlined their health response interventions to improving access to essential life-saving health care services to most vulnerable populations and addressing the public health risks/threats with focus to communicable diseases among the affected populations.

Accordingly, WHO focused its emergency response operation in five areas as follow:

- a. Delivery of essential package of life-saving health care services to the most vulnerable population in affected governorates through the following geographical sectors:
  - Sa'ada Governorate in the north where WHO supported operation of 13 fixed health facilities in eight districts delivering a range of PHC services, including RH and Immunization components. Through this operation in Sa'ada during 2013, around 83,000 consultations are reported as 37% are reported as children under five. These teams also participated in 3 rounds of polio and measles immunization campaigns in Saada.

Similarly, WHO continued supported the Al-Gumhouri General Hospital in Sa'ada City with rehabilitation of emergency ward, TFC center and supply of equipment and essential medicines to the hospital as well as supported the gynecology and mental health departments with recruitment of specialist doctors. A total of 2,088 surgical operations and 2,360 mental health consultations were reported from the hospital during 2013.

- Haradh in Hajja Governorate hosting the highest number of IDPs in the north was another site WHO continued its support to both the District Hospital and running the Health Center in the IDP Camp-I, delivering a comprehensive package of PHC services and basic medical emergency services to the IDPs and host communities in the area. WHO also supported initially three mobile teams as later reduced to two providing essential health care services for out of the camp IDPs among the host communities in Haradh area. The total number of consultations reported from Haradh Camp-I is reported more than 49,000 whereas another 45,000 consultations were reported throughout mobile medical services in Haradh and



Khairan areas. WHO also supported the rehabilitation and equipping of Haradh District Hospital which will be completed and revitalized with its full capacity by end of May 2014.

Abyan and Southern Governorates as the centerpiece of conflict and widespread destruction and enormous displacement of local population during 2011 and 2012 conflicts, created a huge need for humanitarian response, including health emergency response both inside Abyan and the neighboring governorates, mainly Aden and Lahj.

WHO provided supported the functioning health facilities, including major hospitals or rehabilitated and equipped the non-functional health facilities inside Abyan and similarly supported with rehabilitation, equipping and capacity building of main referral centers in Aden and Lahj. WHO also provided emergency health care services via mobile medical teams to areas of gap in health care services inside Yemen and for IDPs in Aden and Lahj.

As the infrastructures, including the health infrastructures had been widely damaged during two years of conflict in Abyan, WHO supported the physical rehabilitation and equipping of 24 health facilities in Abyan as the facilities in some of the most affected areas been revitalized with delivery of optimal level essential life-saving services, including MCH and immunization and emergency medical services.

- b. Electronic Disease Early Warning System (eDEWS) with timely Response to disease outbreaks was established initially in four governorates as later expanded to 10 affected governorates has allowed early detection of disease alerts and outbreaks as a total of 1,566 alerts have been detected and responded to in the governorates of Aden, Lahj, Taiz, Abyan, Hodeidah, Hajjah, Sa'ada, Ibb, Hadhramawt and Sana'a City during the year 2013. Of these, 1,109 vaccine preventable disease alerts (652 suspected Measles and 279 suspected Pertusis).
- c. Nutrition is another component of emergency response WHO supported in view of the high prevalence of malnutrition in Yemen with 250,000 children under five indicated identified as Severely Acute Malnourished (SAM). During 2013, WHO established 16 Nutrition Therapeutic Centers (TFC) through seven governorates providing life-saving therapeutic nutrition services to children with SAM. Also the nutrition team supported rehabilitation and equipping of four national and regional nutrition training centers in Sanaa, Aden, Lahj and Hodeidah.
- d. Environmental Health and Physical Rehabilitation supported interventions to improve the water and sanitation facilities within the health centers and hospitals and provided water-purification chemicals along with training to water management staff and delivered water equipments, including installation of water tanks throughout the affected governorates. WHO engineering team also managed to rehabilitate or equip a total of 43 health facilities, including some referral hospital during the 2103.
- e. Health Cluster Coordination remained fully functional at the national and sub-national levels led by MoPHP and WHO. The partners had regular monthly as well as ad hoc meetings as required, sharing the information on health situation and ongoing activities (through 3Ws) as health and joint need assessments were carried out by the partners. The forum is also used as the vehicle for identifying the health needs and prioritization, including geographical prioritization and streamlining the decision making, resource mobilization and monitoring process.

## Overview:

With the continuation of political instability and civil unrest, disruption of basic services and diminishing community resilience and coping mechanisms in Yemen, the health service delivery capacity has reduced to minimum in the conflict affected areas. The findings of service availability and readiness assessment (SARA) carried out in April 2013 indicate that average value for the availability of health services in all surveyed Health Facilities (HF) is 61%, while the average values in Abyan and Sa'ada as the most affected governorates are 59% and 52%, respectively.



The prevailing situation is exposing affected populations with physical and environmental hazards, which along with low access to clean water and sanitation facilities have enhanced the potential exposure of the affected populations, including the IDPs and host communities to risk/threat of communicable diseases. The weekly epidemiological reports indicate a higher proportion of alerts from vaccine preventable diseases among children under five, including boys and girls. This issue is rendered more severe by inadequate hygiene practices (e.g. 21% of all households do not have soap for hand washing) and by the lack of qualified health care personnel mainly in conflict-affected governorates in the north of the country and in Abyan governorate.

The disruption in social services, displacement of populations and exposure to higher risks of communicable diseases of the vulnerable populations, including girls, boys, women and men, will require the health system and the humanitarian community to prepare for, reduce and respond to public health risks through strengthening the Early Warning and Response Systems (EWARS) and to detect and respond to disease outbreaks in a timely manner and prevent spread of communicable diseases.

There is also a critical need to strengthen the outbreak prevention/control and environmental health measures through health education, relevant training for health workers and organizing and launching of vaccination campaigns, particularly Polio and Measles mass campaigns, in order to prevent and contain disease outbreaks. The Health Cluster plan, under the Yemen Humanitarian Response Plan 2014, considers inclusion of both male and female health workers in training programs, as well as ensuring their active participation in data collection and disease outbreak response, so that women and girls are reached during outbreak investigation and relevant response.

As a result of continuous disruption of basic social services, conflict, food insecurity and increasing food prices, added to low family incomes, there has been a decline in the nutritional status of young

children and pregnant women, which has been exacerbated by frequent onset of infectious diseases in environmentally compromised communities, including diarrheal diseases. The high prevalence of malnutrition among children under five is exposing them to higher risk of communicable diseases and other complications, particularly among children with Severely Acute Malnutrition (SAM).

Similarly, the mental and psychosocial impact of the complex emergency in Yemen has been studied well. Deployment of mental health doctors in some parts of the country has revealed that a sizable proportion of affected population has suffered from various degrees of psychosocial distress, including post-traumatic stress and depression. However, due to inadequate health services, many of these cases go untreated and therefore, worsen over time.

## Needs/Gaps:

- Compromised access to essential lifesaving package of health care services for vulnerable people of Yemen, including IDPs, host population, returnees, as well as many of the non-displaced people.
- Inadequate health human resources, covering tangible gaps in the availability of female health workers and medical staff in the remote rural areas.
- Inadequate national and local capacities to prepare for, detect, respond to and manage public health risks, and efficiently respond to outbreaks of communicable diseases aimed at avoiding preventable morbidity and mortality from VPD, respiratory infections, and diarrhea.
- Low coverage of routine vaccination among children under five and the need for boosting immunization coverage with focus on measles and polio.
- Inadequate capacities at the national and regional reference laboratories to support the disease surveillance system, in detecting, confirming and responding efficiently to outbreaks of communicable diseases.
- Inadequate or lack of life-saving maternal and child health care services, including Basic and Comprehensive Emergency Obstetric, Neonatal and Child (EmONC) care and Antenatal Care (ANC) services.
- Inadequate or lack of essential drugs and medical supplies for management of common diseases.
- Need for training of health workers on standard management of common diseases, including diarrhea and Respiratory Infections and other endemic diseases.
- Low public awareness on health risks/threats and preventive measures against communicable diseases and malnutrition.
- Need for training of health workers on standard management of malnutrition and common diseases, including diarrhea and Respiratory Infections and other endemic diseases.



## Overall Strategy:

The overall objective of the health emergency response is to reduce morbidity and mortality through improved access to critical life-saving services for vulnerable men, women and children of affected people in Yemen, and to address public health risks and reduce, mitigate and respond to outbreaks of communicable diseases.

WHO in collaboration with MoPHP and the Health Cluster partners streamlined the health emergency response with focus on improving access to essential health care services for affected populations and monitoring, preparing for and responding to public health risks, including early detection of alerts and timely response to outbreaks of communicable diseases. The health emergency response was organized and coordinated with focus on four strategic priorities:

- Prevention, control and provision of a public health response to communicable disease outbreaks.
- Ensuring the provision of essential package of life-saving health care services, including essential reproductive health (RH) and the Minimum Initial Service Package (MISP).
- Ensuring maximum level of vaccine coverage through boosting the routine immunization and launching of immunization mass campaigns.

Supporting the recovery of the Yemeni health system, at both the national and local levels, with a focus on conflict and instability affected areas.



## Health Emergency Response

### General Objectives:

“The overall objective of the response is to reduce morbidity and mortality through improving access to critical life-saving services for vulnerable men, women and children of affected populations in Yemen and reducing, mitigating and responding to public health risks with focus to communicable diseases.”

### Specific Health Cluster Objectives, YHRP 2013:

**Objective 1:** Ensure effective intra-cluster and inter-cluster coordination, primarily between the Health, Nutrition and WASH clusters with a focus on joint needs assessment, programming, monitoring and evaluation, in order to ensure a more effective and efficient response to the humanitarian health needs of crisis-affected and other vulnerable populations, especially women and children within priority districts.

**Objective 2:** Improve access to quality primary and secondary health-care services that include basic health and emergency referral services for vulnerable populations, through a focused approach on health system strengthening.

**Objective 3:** Strengthen local capacity to predict, prepare for, respond to, mitigate and manage public health risks that include communicable diseases and seasonal emergencies.

**Objective 4:** Reduce maternal and child morbidity and mortality within priority districts, focusing on safe motherhood and child survival interventions.

**Summary of emergency Response efforts by WHO:**

WHO recognized the crucial need for improving access to essential health care services to the most vulnerable populations and addressing the public health risks, focusing on communicable diseases among the affected populations and reinforcement of the surveillance system through implementation of electronic Disease Early Warning System (eDEWS), initially launched in four governorates in the south and later expanded to cover 10 governorates. WHO continued to support the existing health facilities with provision of essential medicines and medical supplies, deployment of both male and female medical staff and launching of mobile teams where the health facilities were destroyed or non-existing. WHO also supported outreach activities, including reproductive health, immunization services and public awareness on disease prevention and utilization of available health care services.

As part of strengthening the health care delivery, WHO supported revitalization and capacity building of some priority sections of referral hospitals, including emergency, psychosocial and nutrition services. In addressing the health services need for most vulnerable populations, WHO, along with the health partners, ensured availability of sustained health care delivery for the IDPs in the officially recognized camps as well as outside the camps, through operation of mobile medical teams.

In addressing the public health risks from communicable diseases, WHO and the Ministry of Public Health and Population worked both on prevention as well as treatment of endemic and emerging diseases, while they supported public awareness on disease prevention, provided treatment to patients, contributed to availability of essential medicines and medical supplies and provided training for medical staff on standard case management. WHO in collaboration with MoPHP, worked on strengthening the existing disease surveillance system and launching eDEWS in the affected governorates, in order to detect alerts and efficiently respond to disease outbreaks.

In response to the recent conflict in the North and the South of the country, WHO responded by supporting the existing operations, delivery of Trauma and emergency Kits, and strengthening the role of the Health Cluster in conflict areas.



## Delivery of Essential Health Care Services

As the main thrust of health cluster strategic priorities, WHO focused its efforts on improving access to life-saving health care services for most vulnerable population, including ensuring service availability and readiness of health facilities to provide quality health care services, aimed at reducing morbidity and mortality among the affected people. This included capacity building of health personnel, physical rehabilitation and equipping of health facilities, and supply of essential drugs and medical supplies in affected areas.

### ***a. Capacity Building:***

The capacity building of health human resources has been considered as critical for effective and efficient delivery of Emergency medical services. Hence WHO in collaboration with MoPHP and local NGOs adopted capacity building as policy priority, based on the requirements and needs of the current situation in Yemen.

In partnership with FMF, WHO in the South, supported the training workshop on "The First Aid" that was conducted by the Field Medical Foundation (FMF), training (160) health care workers and volunteers from eight districts in Abyan Governorate (Zunjobar, Khanfer, Ahwar, Al-Wadee, Al-Mahfeed, Gishan, Lawder and Modiea).





Similarly, in partnership with FMF, WHO in the South, supported a training workshop on “Triage and sorting of patients into priority groups according to their needs and resources available”. The training was conducted for health care providers from Abyan, Lahj and Aden Governorates.

### Summary of WHO support to conduct training courses:

- Diseases Surveillance.
- Neglected Tropical diseases.
- Case-management of Severely Acute Malnutrition (SAM).
- Mass Casualty Management and intensive care.
- Initial and Multi-sectoral Initial Rapid Need Assessment (MIRA)
- Safe blood transfusion.
- Environmental Health.

### *Summary of Training Courses*

Training Title	No. of Courses	No. of trainees	Training period	Targeted Gov.
<b><i>Electronic Disease Early Warning System (eDEWS)</i></b>				
<b>Data Management</b>	1	16	March	Sana'a City
<b>Disease Surveillance</b>	4	183	March	Aden, Lahj, Abyan, Taiz
<b>eDEWS - for rapid response team on cholera</b>	1	30	April	Aden, AlDhale, Abyan, Lahj, Taiz
<b>eDEWS- for rapid response team on dengue</b>	1	30	April	Aden, AlDhale, Abyan, Lahj, Taiz
<b>Sensitization sessions on AFP and Measles surveillance for HWs</b>	1	70	May	Sa'ada
<b>eDEWS- for Mobile system team</b>	8	186	May-June	Aden, Lahj, Abyan, Taiz
<b>Outbreaks Investigation</b>	4	130	July	Aden, Lahj, Abyan, Taiz
<b>Refresh course for vaccination workers</b>	1	160	August	Sa'ada
<b>MLM course for supervisors of district level</b>	1	50	August	Sa'ada
<b>eDEWS- for rapid response team</b>	5	140	October	Hajjah, Al-Hodeidah, Hadramout, Ibb and Sana'a
<b>Training on weekly reporting</b>	6	150	October	Al- Hodiadah, Hadhramout, Hajjah, Ibb, Sana'a City, Sa'ada
<b>Leishmaniasis Control</b>	1	45	June	Hajjah
<b>Rabies Control</b>	10	480	Jan-Oct.	Abyan, Sa'ada, Al-Hodeidah, Ibb, Taiz, Dhamar, Amran, Sana'a, Hadramout, Hajjah



**Nutrition**

Therapeutic Feeding (TFC)	1	24	February	Sana'a City, Aden, Lahj, Abyan, Al-Hodeidah
TOT in Severe Acute Malnutrition (SAM)	1	24	February	Sana'a city, Aden, Lahj, Abyan, Al-Hodeidah
Moderate Acute Malnutrition (MAM)	1	9	March	Aden
Nutrition guideline adaptation workshop	1	30	May	Aden, Sanaa, Lahj Al Hodeida
TOT in Severe Acute Malnutrition (SAM)	1	14	September	Sanaa, Hadramout, Lahj, Sa'ada
TOT in Severe Acute Malnutrition (SAM)	1	10	October	Taiz
Orientation Workshop for Nutrition Surveillance	1	20	October	Sanaa, Aden, Lahj, Al Hodeida
Training Health workers on reporting	1	16	November	Aden, Lahj
Training on SAM	1	24	November	Aden, Lahj, Al Dhale'a
Training workshop for Management of Malnutrition, for University pediatrician staff	1	20	November	Al Mukala
TOT for nutrition surveillance reporting form	1	8	November	Lahj, Al Hodeida, Aden, Sa'ada

**Mass Casualty Management & Intensive care**

First Aids	1	160	February	Abyan
MCM and Pre-Hospital care Training	4	96	February, June, July	Aden, Lahj, Abyan
ICU Nursing Care	1	20	February	Abyan
ICU Medical Care	1	14	February	Abyan
Mass Casualty Management	1	80	February	Aden, Abyan, Lahj

**Initial and Multi Sectoral Rapid Assessment**

Initial Rapid Assessment training	1	35	August	Sana'a, Aden, Hajjah, Sa'ada
Multi Sectoral Initial Rapid Assessment	1	41	September	Sana'a, Aden, Hajjah, Sa'ada

**Safe Blood Transfusion**

Training on handling of blood components	1	9	March	Abyan
Training on quality control in blood bank	1	9	March	Abyan

**Environmental Health**

Chlorination of water sources	3	80	March, August, September.	Abyan, Lahj, Al-Dhalea
-------------------------------	---	----	---------------------------	------------------------

### ***b. Service Availability and Readiness Assessment (SARA):***

In response to the post-conflict health challenges that face Yemen, MoPHP and WHO conducted the “Service Availability and Readiness Assessment” (SARA) in ten affected governorates. The survey aimed to generate reliable information on service delivery such as the availability of key human and infrastructure resources, the availability of essential medicines and diagnostic capacities, as well as on the readiness of health facilities to provide basic health-care interventions relating to family planning, child health services, basic and comprehensive emergency obstetric care, HIV, TB, malaria and non-communicable diseases. The survey targeted 135 health facilities in 10 governorates of Sana'a, Aden, Taiz, Abyan, Sa'ada, Amran, Hajjah, Lahj, Al-Baydah and Al-Jawf.



Since the governorates of Sa'ada and Abyan were enormously affected by protracted conflicts, the survey in these two governorates included all the Hospitals and Health Centers (HC) in the SARA assessment, aiming to assess current capacities and the level to which these services can cover the needs of the population.

For the remaining eight governorates, all central/governorate-level Public Hospitals, 10% of the District Hospitals and 15% of the Health Centers were randomly selected for the assessment.

Health Units (HU), due to their limited health services delivery capacity, were not included in the SARA assessment.

Altogether 135 HFs, 20 general referral level hospitals, 25 district/rural level hospitals, 1 health center with beds capacity for in-patient, 83 health centers without in-patient beds capacity and 6 polyclinics were included in the SARA assessment.

الاجابة	السؤال
نعم	1. متى وصل الباحث إلى المرفق الصحي المحدد؟
لا	2. كيف كانت المقابلة؟
نعم	3. كم استغرقت الباحة/الباحث من وقت لاستكمال الاستبيان؟
لا	4. هل تم مقابلة الشخص المسئول؟
نعم	5. هل تم زيارة غرف المرفق الصحي؟
لا	6. هل تمت المشاهدة للمعدات والتجهيزات والأدوية؟
نعم	7. هل تمت المشاهدة للمعدات والتجهيزات والأدوية؟
لا	8. هل تمت المشاهدة للمعدات والتجهيزات والأدوية؟
نعم	9. هل تمت المشاهدة للمعدات والتجهيزات والأدوية؟
لا	10. هل تمت المشاهدة للمعدات والتجهيزات والأدوية؟

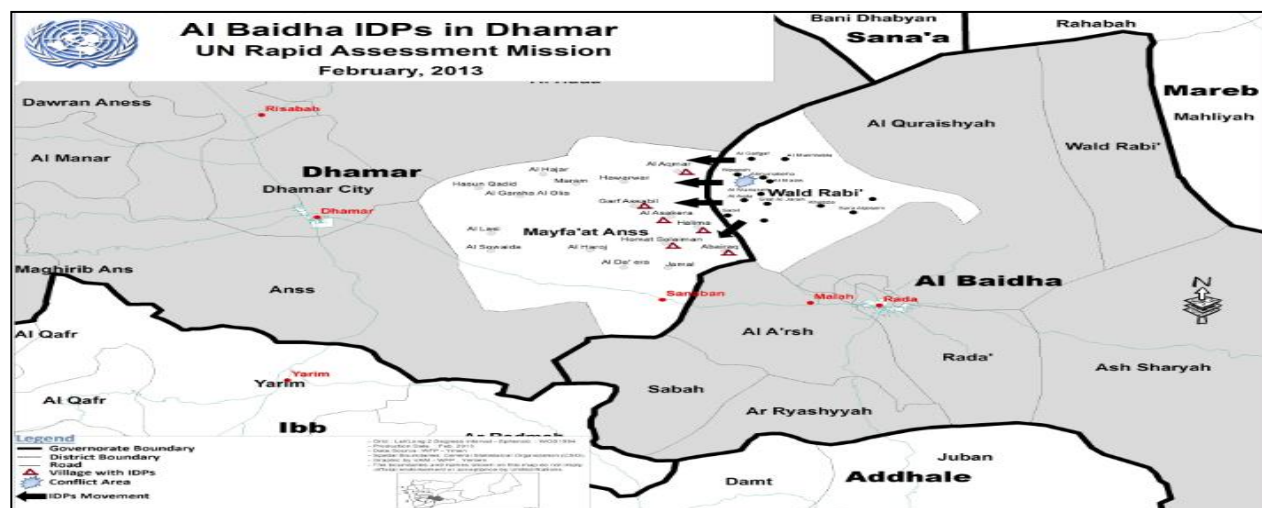
The survey found that out of the 135 health facilities, 77 HFs were fully functional, while 45 HFs were partially functioning, 11 HFs were not functioning and two HFs in Sa'ada governorate were not accessed due to security situations. Therefore, 122 (90%) out of the initial sample of 135 HFs were

partially functional, providing health services to the people. The final number of HF's providing services in Sa'ada was 27 HF's and in Abyan 20 HF's.

Out of the 122 HF's, 114 (93.4%) have intact buildings. The building status of four HF's or (3.3%) is partially destroyed, while for other four HF's or (3.3%), their buildings are totally destroyed.

***c. UN Joint assessment mission for IDPs in Dhamar:***

Hundreds of families were displaced during the fighting in Rada'a district in Al Bayda Governorate in the beginning of 2013, as many had taken shelter with host communities in Rada'a district of Dhamar Governorate. In order to assess the situation and the urgent needs, a joint mission consisting of WHO, UNHCR, UNICEF, WFP, UNFPA and DRC visited Dhamar from 3rd-4th February. The mission found (244) displaced families in Maifat Ans District, including high number of children and women among those families. Many of the IDPs were in need of health care and food assistance. It was decided that WHO and MoPHP prepare to support delivery of health services to IDPs through the existing public health centers near to the Displaced persons.



(Detailed map showing affected displaced families and their movement to Maifat Anss district in Dhamar)

***d. UN Joint assessment mission for IDPs in Haradh:***

On the 12th of December 2013, following clashes between the Salafis and the Houthis in Al Faj sub-district in Haradh, 490 families were displaced from their homes. Most of the displaced families settled in neighborhoods in Haradh town while some settled in villages in Middi, Hayran and Mustaba districts. On 19th December, humanitarian actors conducted field visits to 9 villages, in order to establish the immediate needs of the families affected and discovered an urgent need for delivery of food, water and sanitation assistance to the affected families.



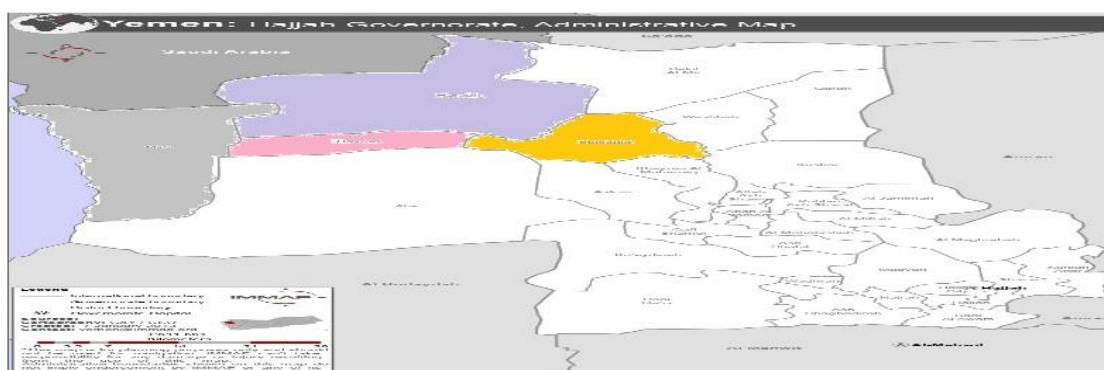
**WHO Support to Fixed Health Centers and Mobile teams in affected governorates:**

***I. WHO Activities in Hajjah:***

During the first five months of 2013, WHO/MoPHP medical team was working in the old health center, then the team moved to the new compound and WHO supported the incentives of the staff and the operational cost till the first week of November, when a blockage of the road at Al-Faj, resulting from clashes, prevented the team from accessing the camps. Consequently, this particular team was divided into 2 teams: the first one as a mobile team in Haradh and the second team was based in Al-Towal port, with 2 of the health workers stationed in Al-Mazraq camp 1.

***A. Support Malaria Control Intervention in Haradh IDPs' camps***

WHO organized the 2 mobile clinics to cover areas of high IDP concentrations in Haradh. Given the prevalence of mosquitoes in Haradh, residual spray campaign was conducted inside and outside the IDP camp, while distribution of mosquito nets is recommended to the affected families as WHO is to coordinate with relevant authorities to spray against mosquitoes.



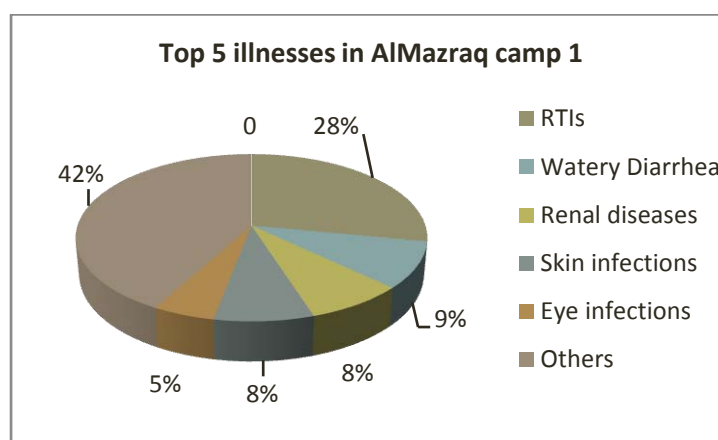
### ***B. The Health Center in Al-Mazraq Camp:***

WHO continued to provide a package of health services for the IDPs in Haradh through operation of the health center inside Mazraq Camp I.

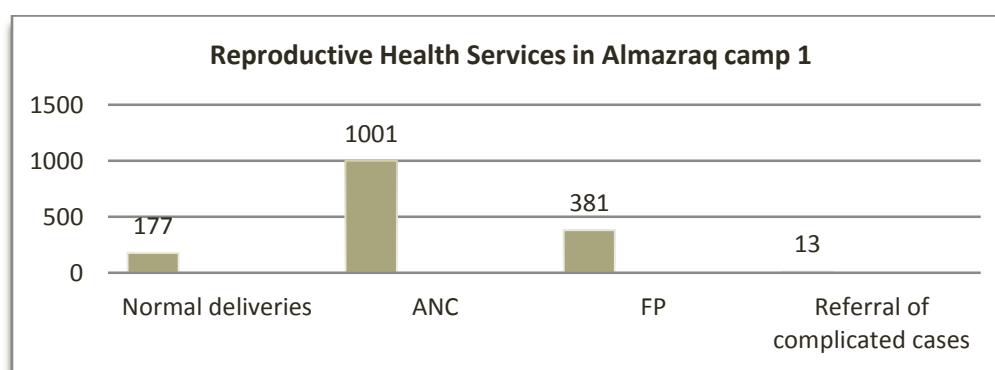
The team provided PHC , RH and OTP services for IDPs in Camp I consisting of 8,400 individuals and additional IDPs outside the camp as well as the host community in the area, reaching a total of more than 12,000 people in need. The provision of services also included support for referral of urgent cases to Haradh Hospital for specialized services as required.

<b>Total Number of consultations</b>	<b>49,703</b>
<b>% &lt; 5 children</b>	<b>50%</b>
<b>Number of Normal deliveries</b>	<b>177</b>
<b>Referral of complicated delivery cases</b>	<b>13</b>

The major causes of illness reported were Respiratory Tract Infections, representing 28% of all diseases, followed by Diarrheal diseases as 9%.



Basic Emergency Obstetric Care and Family Planning were provided in the Camp by 3 midwives. A total of 177 deliveries were assisted in the Center, including 13 complicated cases, which were referred to Haradh Hospital.





***C. Mobile Clinics in Haradh, Khyran and Abs districts:***

WHO in collaboration with MoPHP initially operated 3 and later 2 mobile clinics in Hajjah; one in Haradh and one in Khyran, Hyran and Abs Districts. They worked according to a weekly schedule, covering IDPs outside camps.

They provided PHC, RH and OTP services to IDPs and host communities, serving about 10,000 populations in each location. The team consisted of one doctor, one nutritionist, and one midwife. Major diseases reported were Respiratory Tract Infections with 31%, and 32% followed by Diarrheal diseases with 11%, and 7%, respectively.

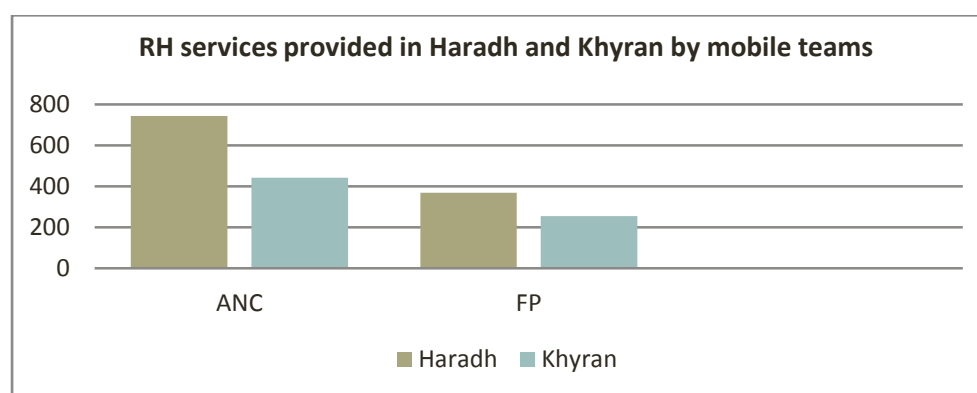
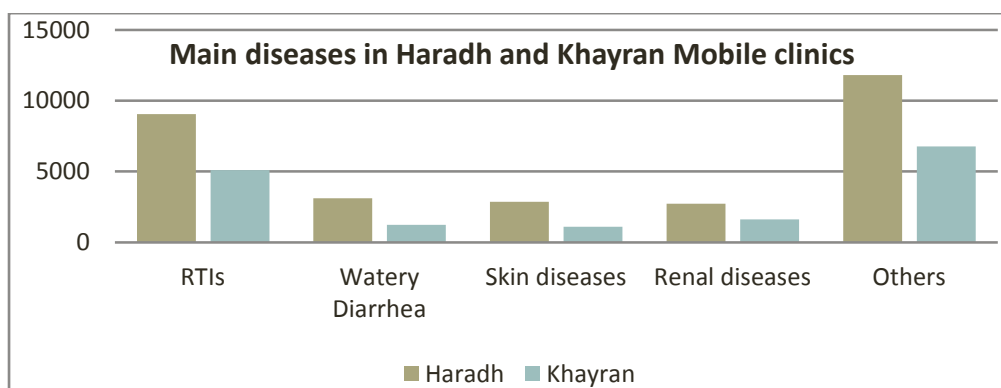


***Total Number of  
consultations in Khyran  
during 2013***

**15,809**

***Total Number of  
consultations in Haradh  
during 2013***

**29,571**



#### ***D. Mobile team in Al Towal Port:***

In response to the large scale expulsion of Yemeni workers from Saudi Arabia resulting in huge number of returnees at Al-Towal border, WHO/MoPHP operated a mobile clinic in Al-Towal port to provide needed treatment for patients and injured in addition to providing referrals for urgent cases to Haradh Hospital. Between 17th November and the end of December 2013, 522 consultations were provided. Respiratory Tract Infections were reported as the main disease with 22% of all cases. Six patients were referred to Haradh General Hospital to receive specialized services.

#### ***E. Support to Hajjah with Mental Health services:***

WHO/MoPHP allocated resources to support the mental health services through a psychiatrist and also procured psychiatric medications. This has been the only center for psychiatric services in Hajjah. During 2013, a total of 2,859 mental health consultations were provided, with 30% new cases. The most common causes of consultation reported were mood disorders, anxiety and psychosis.

#### ***F. Provide assistance to Chronic Renal Failure cases in Haradh***

WHO in collaboration with Executive Unit for IDPs supported regular transportation of 35 renal failure patients from among IDPs and the host community to the nearest available renal dialysis centers.

### ***G. Support to Therapeutic Feeding Center in Haradh Hospital***

In August 2013, WHO supported establishment of a Therapeutic Feeding Center (TFC) in Haradh Hospital. Since then, it has been receiving complicated cases of Severely Acute Malnutrition from IDPs and host community in nine surrounding districts. WHO supported four medical assistants with incentives and provided medications for TFC patients.

On average 40 children are admitted on monthly basis with a high rate of recovery. During the 5 months of its operation, only 4 cases died, this being due to patients presenting at advanced stages of disease.

Out of 173 admitted patients, 90% were cured, with only 7% defaulter rate.

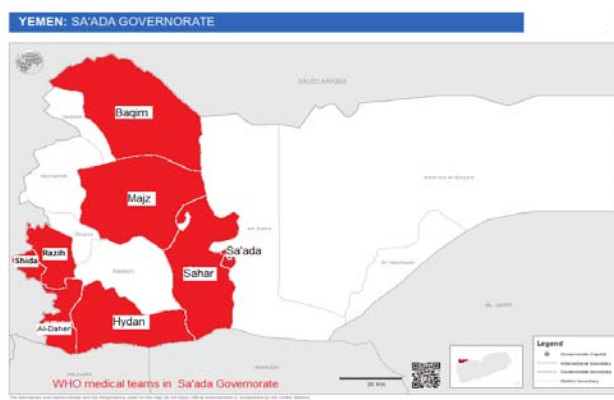
WHO also assisted the referral of 96 cases of Cancer to referral hospitals in Hajjah, Sa'ada, Sana'a and Hodeida, delivered health kits and emergency medical supplies to Haradh and Abs health services whereas WHO supplied IEHK basic & supplementary kits (each kit sufficient to treat 10,000 population for 3 months), mental health medications, laboratory reagents, Trauma kit A and B (enough for 100 injured people) and TFC kits to support Haradh and Abs health services.

WHO team in Haradh supported the maintenance of electric power supply and building of the campus wall of Haradh Hospital was done during 2013 as full rehabilitation of the hospital is underway.

Haradh being an endemic area for malaria, the Malaria Program conducted two residual fumigation campaigns against mosquitoes in Haradh and other low land areas, followed by a survey on the incidence of malaria in the area.

Similarly, during 2013, Haradh bordering with Saudi Arabia and vulnerable to huge movement of migrants from the Horn of Africa in and out of Haradh, was concerned with the outbreak of the Wild Polio Virus in Somalia and potential risk of spread of this outbreak to neighboring countries. Therefore, WHO/MoPHP in Yemen led efforts to conduct 5 rounds of Polio vaccination, targeting all children under 5 years of age, including IDPs, host communities and mixed migrants, while extra measures were established for early warning system sensitivity.

## ***II. WHO activities in Sa'ada:***



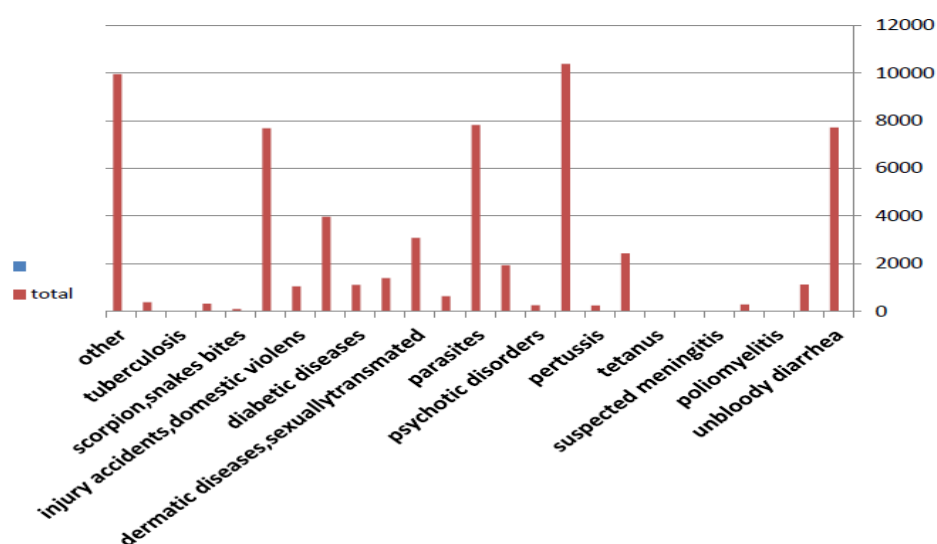
Sa'ada is one of the most conflict affected governorates, being the scene of six rounds of war from 2004 to 2009, resulting in the establishment of a local de facto authority, the Houthis. To date, neither MoPHP nor the de facto authorities are able to deliver the essential health care services to the population. Therefore, WHO and other health partners, including local and international organizations, remained the main providers of health care services in Sa'ada.

WHO in coordination with MoPHP and GHO, deployed seven medical teams and supplied essential, life-saving drugs to seven out of 15 districts of Sa'ada Governorate, ensuring continuity of service delivery, including vaccination activities and epidemiological surveillance through launching of electronic Disease Early Warning System (eDEWS).

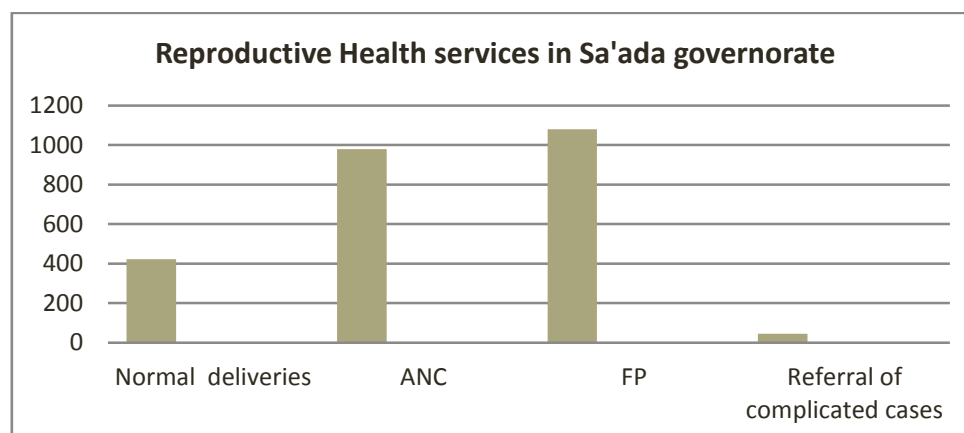
WHO also supported management of Severely Acute Malnourished (SAM) cases, improvement of water and sanitation inside health facilities (WASH), and supported rehabilitation, equipping and capacity building interventions aimed at revitalization of health facilities.

Furthermore, WHO supported specialized medical services by deployment of one surgical team and one psychiatrist in the Al-Jomhory General Hospital in Sa'ada City, which, along with Al-Salam Hospital, serve as the main referral hospitals for all districts in the Governorate.

Total Number of Consultations during 2013		83,010
% Children < 5 years		37%
Normal deliveries		394
Referral of complicated delivery cases		45



The distribution of diseases varies according to geographical locations; some health facilities are situated in highland areas like Majz and Baqem, while others are located in lowland areas like Al-Dhaher, Sheda and parts of Razeh.



The data of Reproductive Health (RH) services also vary from one facility to another according to the type of facility, (hospital, center or unit), availability of equipment, number and capacity of staff, and availability of midwives.

### ***WHO support to Medical Teams in the conflicts areas:***

WHO coordinated with ICRC and other health partners on the ground on the urgent and appropriate health emergency response to population affected by the conflicts in Dammaj and Kitaf, which began in September 2013.

WHO supported the medical teams in Sahwa and Aal-Ammar health centers with essential medicines and emergency and trauma kits to serve the IDPs from Dammaj, where 1,459 medical consultations were provided.

WHO also supported Kitaf Hospital with delivery of emergency medical supplies.

<b>Total Number of Consultations (Sep – Dec 2013)</b>	<b>1,459</b>
<b>% Children &lt; 5 years old</b>	<b>47%</b>
<b>% of female patients</b>	<b>54%</b>



*Surgical team and Psychiatric clinic in governmental hospital (Al-Jomhory Hospital).*



During 2013, WHO supported surgical team and psychiatrist provided the following number of operations/consultations:

<b>Surgical Operations</b>	<b>2,088</b>
<b>Psychiatric Consultations</b>	<b>2,360</b>

### ***WHO support the vaccination campaigns***

WHO assisted and contributed to launching of three rounds of national Polio campaigns, two sub-national campaigns in high-risk areas, one “measles and polio campaign” in Sa’ada Governorate and four outreach vaccinations activities.



### ***WHO supported Epidemiological Surveillance and launching of eDEWS in Sa’ada***

This was facilitated by an international expert who worked in Sa’ada for 9 months and participated in all assessments to identify high-risk areas.

During the last quarter of 2013, WHO supported the launching of Electronic Disease Early Warning System (eDEWS) in selected districts of Sa’ada Governorate. 25 health facilities, selected as sentinel sites, are regularly reporting on epidemic prone diseases.

#### **❖ Equipping of Emergency Ward, Operation Room , ICU and laboratory in Al-Jomhory and Al-Talh Hospitals:**

Hospital	Department	Equipment
<b>Al-Jomhory hospital</b>	Lab	- Coagulometer, Laboratory Shaker System, Laboratory Roller Mixer, Complete automatic ELISA system, Chemistry Analyzer Automatic, Open system 80 samples/hour
<b>Al-Jomhory hospital</b>	OT	Electrosurgical Unit, Developed film machine, Multi –Purpose Operating Table, Head Controlled Operation lamp, multi-purpose operating table, Head Controlled Electric Suction Apparatus, Autoclave sterilizer, Surgical Drill, Endotracheal tube, 3 <u>Minor inst. Small Set</u> , Surgical clothes and covers, Air puff tonometry, Auto-refractometer

<b>Al-Jomhory hospital</b>	ICU	- Electrolytes and Arterial Blood Gases machine
<b>Al-Jomhory hospital</b>	ER	4 beds
<b>Al-Talh hospital</b>	OT	Suction Pump, infusion pump, Laryngoscope, Oto-scope, Direct Illumination Oto-scope
<b>Al-Talh hospital</b>	Lab	Hematology Analyzer, Chemistry Analyzer Automatic
<b>Al-Talh hospital</b>	ICU	Pulse oximeter, Blood gas analyzer, infusion pump, Suction Pump, Patient Monitor, Mechanical Ventilator, ECG
<b>Al-Talh hospital</b>	ER	Oxygen Concentrator, Multi-purpose Operating table, Head-controlled, Patient Bed, Ambulance Stretcher

### **III. WHO Activities in the South (Aden, Abyan and beyond):**

WHO in the South organized and extended its technical and operational support to health care service delivery system through improving access to essential life-saving services to most affected populations as well as addressing the public health concerns, focusing on communicable diseases, thus reducing morbidity and mortality among vulnerable peoples. In this direction, WHO supported both primary health care and secondary care facilities through capacity building, physical rehabilitation and equipping of health facilities, recruitment of essential health personnel at priority centers and provision of essential drugs and emergency medical supplies to key health facilities in affected areas. WHO also supported launching of mobile teams in conflict affected areas with no functioning health facilities. In Abyan, WHO was the first humanitarian organization to intervene 2 days after outbreak of hostilities through mobile medical services. Subsequently, several mobile teams were deployed in Aden, Lahj as well as Abyan to provide an essential package of PHC and emergency health services to IDPs, returnees and host communities. After the rehabilitation and revitalization of target health facilities, most of mobile teams were closed, leaving only one mobile team which is operational in Abyan.

In Abyan, WHO also supported Lawder Hospital, as the major referral center for medical emergencies, through recruitment of one surgeon and one anesthesiologist and supply of emergency medical supplies. Similarly, Modyah Hospital was supported by recruitment of a general surgeon, gynecologist and anesthesiologist and provision of emergency medical supplies. WHO also delivered emergency medical supplies, including laparotomy sets to Al-Razi Hospital in Abyan, and recruited one Surgeon and one anesthesiologist to work in Al Mahfad Hospital. As part of strengthening the referral services in the regional hospitals, WHO rehabilitated and equipped Al-Jamhouria Hospital in Aden as the main referral hospital in the South.

## Activities carried out by WHO in the South to affected people:

- WHO initially supported 10 mobile teams in Aden, Abyan and Lahj serving the IDPs and host communities, which number was gradually reduced to one mobile team to provide PHC service package for IDPs in Aden governorate and (two) Medical Mobile Teams to provide PHC services to the returnees in Zungobar district, Abyan governorate.
- Rehabilitated and fully equipped eight health units in Khanfar district, Abyan governorate.
- Supported the Psychosocial Support Clinic, Al-Razi Hospital, Abyan governorate.
- Supported the Temporary Hospital, Zungobar, Abyan governorate with equipment and operational cost.
- Supported Lawder hospital, Abyan governorate with Surgeon, Anesthesia Technician and Operational Cost for (2) Ambulances, in addition to one Portable X-Ray Machine.
- Supported Modya district hospital, Abyan governorate with Surgeon, Gynecologist & Obstetric Specialists and Anesthesia Technician.
- Supported Al-Mahfed district hospital, Abyan governorate with Surgeon and Anesthesia Specialist.
- Maintained continuous supply of trauma medicines, lifesaving medicines and medical equipment & supplies to Aden, Lahj, Abyan, Al-Dhale and Shabwa governorates.
- Supported the ambulance services in Aden governorate with monthly operation cost and maintenance.
- Initiated rehabilitation of the Psychiatry hospital in Aden governorate.
- Supplied essential medicines to the NGOs providing PHC services in Abyan governorate.
- Need assessments were carried out for Al-Wadea hospital, Al-Wadea district, Abyan governorate. Similarly, WHO teams participated in carrying out MIRA assessment for Al-Dhale governorate, and conducted Need Assessment for Laboratory requirements in Lawder district hospital, Abyan Governorate.
- Physically and functionally rehabilitated the MCH Center in Zongobar, Al-Koud MCH Center and Al-Gia'ar MCH Center, Khanfer district, Abyan Governorate.
- Supported the Comprehensive Emergency Obstetric Center and Intensive Care Unit in Al-Razi hospital, Abyan Governorate, with full rehabilitation and equipping.
- Supported the Therapeutic Feeding Center (TFC) in Al-Wehda hospital (Aden Governorate), and the (TFC) and pediatric section in Ibn Khaldoon Hospital (Lahj governorate), Al-Razi



**The Medical Mobile Team's Physician providing the PHC services to the IDPs in Abyan governorate**

Hospital (Abyan Governorate), and Al-Mukalla Hospital (Hadramout Governorate) with full rehabilitation and equipping.

Preparation of a training room in the (TFC) at Al-Wehda and Ibn Khaldoun Hospitals.

- Provided support to two new Nutrition Stabilization Centers in Lahj Governorate (Tor Al-Baha and Al-Mosaimer District) with full rehabilitation and equipment.
- Established (OTP) Center in Zungobar MCH Center, Abyan Governorate.
- Provided ICU equipment to the (TFC) in Al-Wehda hospital, Aden Governorate.
- Adapted and finalized the Nutrition Guidelines (In-patient management of acute malnutrition), English and Arabic versions.
- Conducted needs assessment for the CEmONC Centre and the Therapeutic feeding Center (TFC) in Al-Nasir Hospital, Al-Dhale district, Al-Dhale Governorate.
- Strengthened the EPI program in Abyan Governorate through supporting transportation of vaccines to all districts on monthly basis and dispatch of vaccine refrigerators from Sana'a through Aden to Abyan Governorate.
- Supported the repairing of the Electric generator for Shuqra basic emergency obstetric care center, Khanfar district, Abyan governorate.
- Rehabilitation of the EPI Regional Store, Aden governorate.



The EMS ambulances supported by who



Dispatching of lifesaving medicine to the affected areas



CEmONC Center in A-Razi hospital, Abyan governorate



The Pediatric Ward and the( TFC) after the Rehabilitation Lahj

***The total medical consultations by the Medical Mobile Teams in Aden & Abyan***

Governorate	Number of cases								Grand Total
	< 5 years		5 - 15 years		>15 years		Total		
	M	F	M	F	M	F	M	F	
Aden	371	634	661	894	1411	2027	2443	3555	5998
Abyan	595	641	514	564	633	1435	1742	2640	4382

***Reproductive health services by the Medical Mobile Teams in Aden & Abyan***

Gov.	Mother Care					Family Planning				
	Antenatal	Normal	Referred	Post Natal Care	Total	Injection	Pills	IUD	Norplant	Total
	Care	Delivery	Cases							
Aden	314	21	12	47	394	0	247	0	0	247
Abyan	292	6	0	15	313	88	1050	2	0	1138

***Total medical consultations at temporarily hospital in Zungobar supported by WHO***

Months	Number of cases										Grand Total
	< 5 years		5- <18 years		>18 years		Unknown Age		Total		
	M	F	M	F	M	F	M	F	M	F	
September	0	0	10	6	10	9	0	0	20	15	35
October	1	2	11	7	7	3	0	0	19	12	31
November	2	2	5	7	3	6	71	54	81	69	150
December	3	3	9	6	12	4	64	26	88	39	127
Total	6	7	35	26	32	22	135	80	208	135	343



***Total surgical cases admitted with surgical interventions by Lawder hospital, Abyan***

Cases	Number of cases							
	< 5 year		5 < 18 year		➤ 18 years		Total	
	M	F	M	F	M	F	M	F
Abdominal injury by violence	5	2	130	16	140	10	275	28
Thoracic injury by violence	0	0	62	3	137	21	199	24
Head injury by violence	8	2	77	23	84	11	169	36
Maxillofacial injury by violence	0	0	9	10	21	0	30	10
Fracture by violence	7	0	213	54	269	63	489	117
Abdominal injury by traffic accident	2	3	210	15	279	16	491	34
Thoracic injury by traffic accident	11	2	166	7	233	13	410	22
Head injury by traffic accident	6	9	70	0	96	4	173	13
Fractures by traffic accident	22	3	344	64	407	16	773	83
<b>Total</b>	61	21	1281	192	1666	154	3008	367
Out patient	2718							
Surgical operations	981							
Caesarean operations	238							
Referred cases were between head and chest	106							

***Services provided by the MCH Center in Zungobar and Al-Koud, Abyan governorate***

Type of services		MCH Zungobar	Al-Koud MCH Center
		Feb - Dec 2013	December 2013
<b>Reproductive Health:</b>			
ANC		2713	130
Normal delivery		313	8
Post Natal Care		142	6
Family Planning		3165	160
<b>EPI Services ( By Doses ):</b>			
BCG		821	45
Polio / Pentavalent / Pneumococcal Vaccination	1st Dose	817	38
	2nd Dose	952	49
	3rd Dose	832	44
Measles Vaccination	1st Dose	594	17
	2nd Dose	365	12
Rota Virus Vaccination	1st Dose	987	53
	2nd Dose	867	35
TT: Pregnant Women & women in Reproductive age.		674	12



## Communicable Disease Control

### *Main Objective:*

“Strengthen local capacity to predict, prepare for, respond to, mitigate and manage health risk with focus on communicable diseases and seasonal emergencies in priority districts.”

Yemen is among many developing countries being hit by conflicts, displacement of population and disruption of basic services, where among other public health risks and threats the population is exposed to risks of several communicable diseases, including diarrhea/cholera, dengue fever and measles outbreaks. While around 40% of the population has inadequate access to food and the access to safe drinking water and sanitation facilities is less than 50% overall, communicable diseases are posing a potential public health risk to almost half of Yemeni population. A crucial initial step for a public health emergency response is to establish adequate disease surveillance systems that take into account the inherent disruption of the public health infrastructure of the affected country.

In view of the current diseases situation in Yemen and in order to improve the speed and efficiency of data collection and analysis including public health response, WHO has planned to develop and implement an online reporting system called Electronic Disease Early Warning System (eDEWS), which is effective in saving lives, preventing disease, rationalizing resources and fulfilling IHR commitments. eDEWS facilitates automatic compilation and analysis of data at district, governorate and national levels with automatic generation of alerts based on defined criteria of surpassing median endemic index and of individual or clusters of cases.

***Electronic Disease Early Warning System (eDEWS) in Yemen***

Communicable disease surveillance through eDEWS is effective in saving lives, preventing disease, rationalizing resources and fulfilling IHR commitments. In response to the need for strengthening surveillance system and improving the speed and efficiency of data collection and analysis, WHO in collaboration with ministry of health launched the 'Electronic Disease Early Warning System' (eDEWS) intervention in 4 Governorates (Aden, Abyan, Lahj and Taiz) in Yemen in March 2013 on pilot basis which has been extended to additional six governorates by the end of 2013. This system provides automatic compilation and analysis of data at district, governorate and national levels with automatic generation of alerts based on defined criteria of surpassing median endemic index and of individual or clusters of cases for appropriate coordinated public health response. eDEWS Surveillance Officers (SOs) facilitates the Ministry of Health (MOPHP) through their direct presence and ability to respond to alerts and outbreaks. They are also responsible for building the capacity of MOPHP staff and health partners (HPs), collecting data on notified diseases which is analyzed for weekly reports along with bulletin generation, and sharing information with health partners.

With broad consensus of all stakeholders and in line with operational guidance to strengthen surveillance, the online eDEWS system will be introduced in remaining 12 Governorates of Yemen for starting online reporting from targeted health facilities in each Governorate where online reports will be submitted either by mobile phone format or web-based internet format from health facilities or district offices. Alerts will automatically be sent from the server by SMS to the surveillance officers/district response teams for immediate response and to each administrative level for facilitation and monitoring. Time spent on weekly reporting will be reduced significantly to 3 hours or less, and the alerts automatically generated by the system will increase the usefulness of weekly reporting many fold.

***Specific Objectives:***

1. Automatic capture, secure transmission, validation and analysis of data
2. Identification of national public health threats more promptly
3. More timely and accurate disease reporting
4. May provide a platform to facilitate integration of disparate reporting system
5. To provide a platform for information management and information sharing on diseases



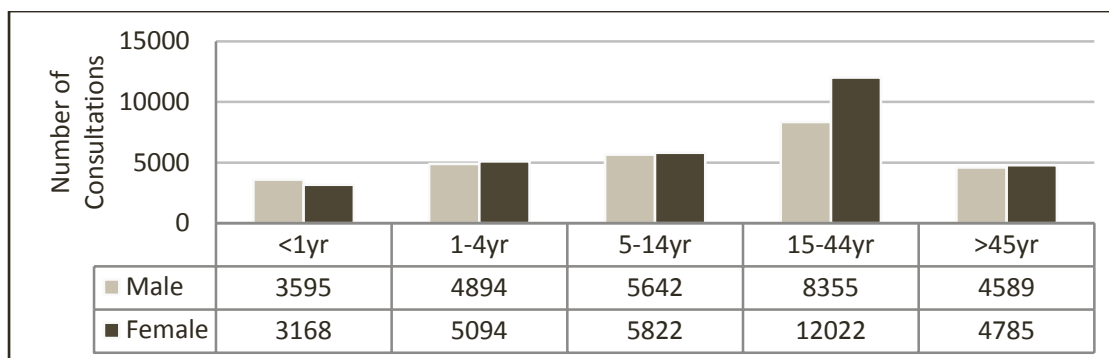
### ***eDEWS Achievements:***

- Since the implementation of pilot project in 10 governorates started in March 2013 1,032,406 consultations have been reported to the eDEWS surveillance system from 219 sentinel sites in 10 governorates. Acute Respiratory Infections, Acute Diarrhea and Suspected Malaria were the main health conditions affecting the population.
- 1,566 alerts have been detected and responded to in the governorates of Aden, Lahj, Taiz, Abyan, Al-Hodiadah, Hajjah, Sa'ada, Ibb, Hadhramawt and Sana'a City. Of these, 1109 vaccine preventable disease alerts (652 suspected Measles and 279 suspected Pertusis, 220 waterborne Disease alerts (163 AVH) and 214 vector borne disease alerts (101 Leishmaniasis and 113 Dengue) were reported and responded to by eDEWS teams. All reported alerts and outbreaks were investigated and timely responded to (within 24-48 hours of reporting) in coordination with governorate health departments. Measles and Pertusis remained the leading alerts reported from 10 governorates.
- Efforts are underway to improve lab-based surveillance for detection of potential alerts/outbreaks through supporting regional laboratories in Aden, Al-Hodeida and Taiz.
- The online reporting system will improve disease surveillance capacity in Yemen by reducing the difficulties in data collection and collation, using a mobile modeling approach. This facilitates the transformation of data into actionable information, thus helping efforts to reduce morbidity and mortality.

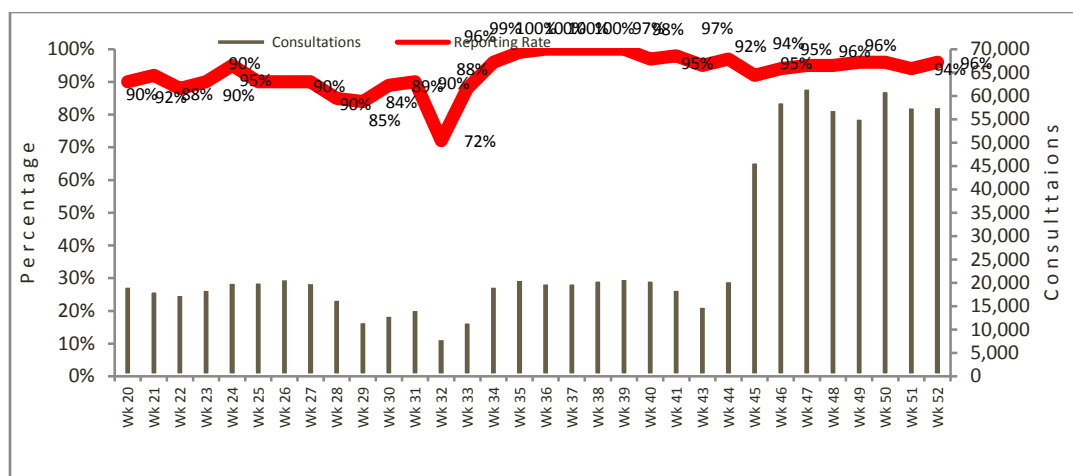
### **Cumulative number of major health events reported in Epi-weeks 10 to 52, 2013**

Diseases	No of Cases	Percentage
Upper Respiratory Infections	171492	16.6%
Diarrheal Diseases	82640	8%
Suspected Malaria	16162	1.6%
Pneumonia	41329	4%
Others	720783	69.8%
<b>Total (All consultations)</b>	<b>1,032,406</b>	<b>100%</b>

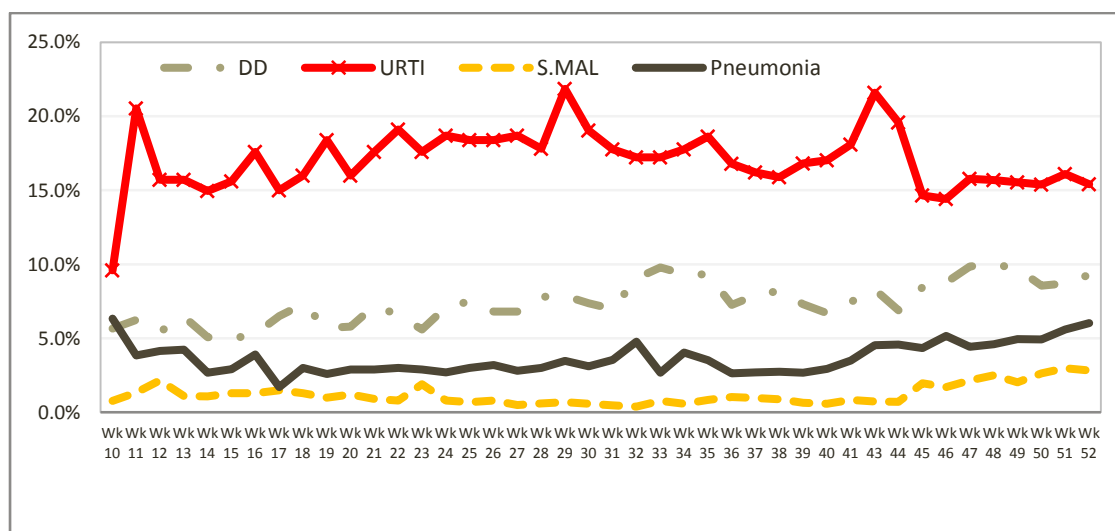


**Age and Sex Distribution of Total Consultations of Leading Diseases (Epi week 10 to 52, 2013)****Proportionate Morbidity Rates of Leading Diseases by Governorates 1st March - 31 December 2013**

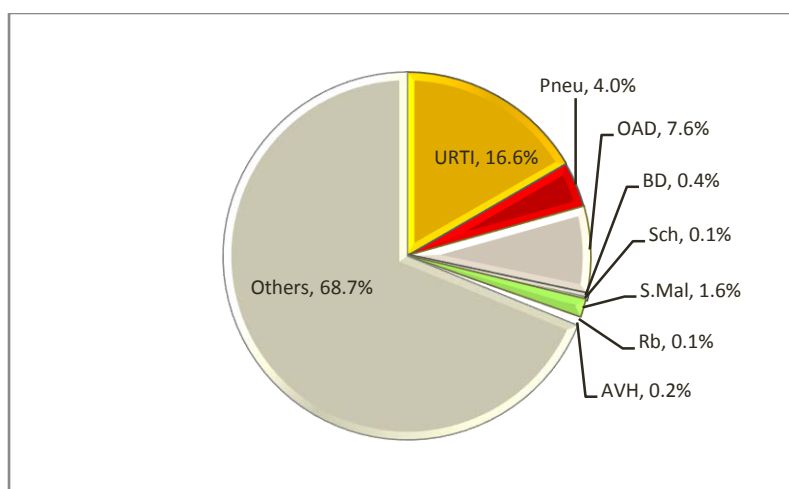
Governorate	URTI		Pneumonia		DD		Malaria		Schistosomiasis		Total consultation disease
Abyan	22047	23%	8460	9%	5341	6%	885	1%	38	0.04%	96075
Aden	66931	26%	7330	3%	22217	9%	2482	1%	10	0.00%	260626
Lahj	17963	14%	3897	3%	9961	8%	1048	1%	44	0.03%	129853
Taiz	27585	11%	5407	2%	16297	7%	1920	1%	345	0.14%	250253
Hadramout	5447	20%	750	3%	1789	6%	22	0%	8	0.03%	27887
Ibb	5957	8%	4757	7%	5544	8%	696	1%	100	0.14%	71160
AlHodaidah	4223	6%	4136	5%	3891	5%	4269	6%	24	0.03%	75905
Hajjah	2384	10%	1656	7%	2686	12%	3962	17%	51	0.22%	22729
Amana	9928	17%	3622	6%	8289	14%	152	0%	82	0.14%	59463
Sada	9027	23%	1314	3%	6625	17%	726	2%	126	0.33%	38455
Total	171492		41329		82640		16162		828		1032406

**eDEWS Reporting Rates Consultations in Pilot Governorates, Epi weeks 10 to 52, 2013**

### Trends for Leading Priority Diseases in Pilot Governorates - Epidemiological Bulletin weeks 10 to 52, 2013



### Proportional Morbidity for Leading Priority Diseases – Epi week 10 to 52, 2013





CHECKING IMMUNIZATION STATUS



THROAT SWAB BEING TAKEN

### *Response to Poliomyelitis outbreak in the Horn of Africa:*

The Horn of Africa is currently experiencing an outbreak of wild poliovirus type 1 (WPV1). This outbreak is a serious threat to neighboring countries due to large-scale population movements across the Horn of Africa and persistent immunity gaps in some areas. Although Yemen has been polio-free since February 2006, it remains at high risk of WPV importation and sustained transmission due to civil unrest, large areas of insecurity and population movements into and through Yemen from the Horn of Africa. In response to this situation, WHO/MoPHP worked on intensifying and expanding the active surveillance of acute flaccid paralysis cases (AFP) in high-risk geographical areas and sub-populations in Yemeni governorates. This response can be summarized in the following activities:

**Three national and two sub-national polio campaigns were conducted by the MoPHP with the support of the World Bank, WHO and UNICEF in 2013.**

Date Started	Date ended	Extent	Areas	Target	Reached	% reached
27 /01/2013	29/01/2013	National	1 governorates	4589286	4421048	96
02/06/2013	04/06/2013	Sub-national	Sana'a, Al Amran, Al Jowf, Al Hodaida, Al Mahara, Hajja, Sa'ada, Aden, Amran, Lahj and Maarib	2283624	2211093	97
30/06/2013	02/07/2013	National	1 governorates	4736690	4611002	97
06/10/2013	08/10/2013	Sub-National	Sana'a, Sana'a city , Al Jowf, Al Hodaida, Al Mahara, Hajja, Sa'ada, Aden, Amran, Lahj, Al Baydha, Shabwa, Mukalla and Taiz	3086049	3009234	98
16/12/2013	18/12/2013	National	1 governorates	4736690	4681114	99%

- Conducted a refresher training course on the principles of AFP active surveillance including case-definition and samples collection process. This course targeted the surveillance officers at the governorates level.
- Conducted a facility-based active surveillance for AFP cases in high-risk areas, in addition to sensitization sessions were conducted in these areas.
- Planned for the next national polio-immunization campaign.

### ***First round of Yemen Schistosomiasis Project:***

The Yemen Schistosomiasis Project is a joint MoPHP/WHO/WB six-year project (2010-2015). Its objective is to achieve control of Schistosomiasis among the school-age and adult population of Yemen. This project aims to cover 220 districts in the Republic of Yemen through annual campaigns. The 1st and 2nd year campaigns were from 10-13th March 2013 and 12-15th May 2013.

The project was the largest health campaign in Yemen where the planned target was more than 11 million individuals (6 years and above). A total of 9,794 schools were targeted from 160 districts in the 11 governorates of Sana'a, Al-Amana, Taiz, Hajja, Ibb, Amran, Al-Mahweet, Dhamar, Raima, Sa'ada and Lahj. The preliminary reports of the campaign suggest that a total of 9,600,000 individuals above six years of age were treated during this round. The coverage rate among enrolled school age children represents 94%, while that among the non-enrolled school age children represents 72% (6-18 y).

3rd year campaign took place on 11-14 November 2013 and was implemented in 51 districts from 12 governorates. Approximately 1.38 million school aged children and 1.47 million adults were treated (2.85 million in total), equivalent to a coverage of 87% and 70%, respectively.



## **WATER, SANITATION AND HYGIENE (WASH) and Revitalization of Health Facilities**

In line with health cluster strategic objective on improved access to essential life-saving health care services, WHO prioritized improvement and rehabilitation of water and sanitation facilities within health facilities as a critical intervention, particularly in governorates like Sa'ada and Abyan where most of the health facilities sustained physical damage with pressing needs for WASH interventions and physical rehabilitation of the facilities. With WASH facilities in most of the health centers and hospitals having been extensively damaged, the rehabilitation of the Water and Sanitation remained vital to continuity of health care delivery in affected areas. WHO continued its support of WASH improvement throughout the health facilities and as an active member of WASH cluster in Yemen, contributed significantly to the following objectives:

- Coordination of emergency WASH programs and activities among the partners engaged in the WASH response.
- Availability of sufficient quality and quantity of water at health facilities of affected areas.
- Provision of optimal and adequate sanitation for health facilities.
- Maintenance and rehabilitation of Water and Sanitation accessories in Health facilities in affected areas.
- Promotion of Hygiene among IDPs

In view of extensive damage to health facilities in the affected areas, WHO also considered physical rehabilitation and revitalization a critical need for ensuring improved access to essential health care services to most vulnerable people of Abyan and other affected governorates.



## Abyan Governorate:

In the aftermath of consequent wars of 2011 and 2012 in Abyan, WHO prioritized the maintenance, rehabilitation, furnishing and equipping of the damaged health facilities as critical to improved access to essential health care services for IDPs and host communities affected by conflict. By the end of 2013, WHO supported revitalization of 18 health facilities, including physical rehabilitation, furnishing and equipping.

- Among the health facilities affected by conflict were the MCH Center and Governorate Hospital in Zunjobar, which sustained extensive damage, resulting in disruption of health care services in the capital town between May 2011 to December 2012. Subsequent to the rehabilitation and equipping of Zungobar MCH center by WHO, it becomes the only health service provider in the town.
- WHO supported physical rehabilitation of the building, sanitary fittings, water connections, bathrooms, electric wiring, painting, the compound and the main entrance.



Al Koud Health Center before and after rehabilitation, Abyan Governorate

- WHO provided split air conditioners for delivery room, pre and post delivery admission wards, outpatient consultation room and vaccination room.
- Medical equipment, supplies, medications and furniture were provided for the center.
- Provided power generator with capacity of 45 KVA and constructed generator house.
- In Abyan governorate ( Zunjobar & Khanfar district ) WHO also rehabilitated and equipped/ furnished the MCH center in Al Koud.
- Similarly, 11 health units were rehabilitated/equipped in the same district and the emergency obstetric & delivery section in Al Razi hospital and Nutrition Stabilization Center (NSC) in Zunjobar MCH.

## Aden Governorate:

- WHO provided and installed air conditioners for the Blood Bank, immunization department, central pharmacy and training hall in health office

- Provided the Governorate Health Office in Aden Governorate with power generator, constructed generator house with all connections, repaired/maintained 11 ambulances in the Emergency Unit and provided medical equipment for the TFC in Al Wehdah Hospital.
- Started the maintenance & rehabilitation of the Mental Hospital in Aden Governorate which is expected to be completed in 2014.

### **Lahj Governorate:**

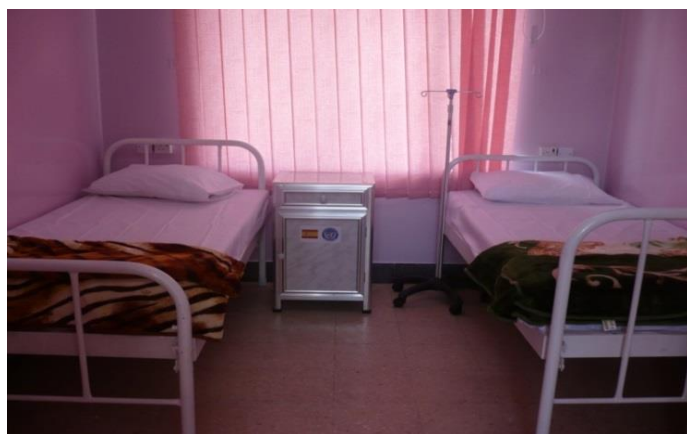
- Maintained and rehabilitated the emergency section of Ibn Khaldoon Hospital.
- Maintained and rehabilitated and provided equipment and furniture for the Pediatric section and TFC in Ibn Khaldoon Hospital. Provided the section with 26 patient beds and bed sheets.
- Rehabilitated and provided furniture and equipment for the training centre in Ibn Khaldoon Hospital.
- Provide furniture and equipment to the TFC in Al Musemeer and Tour Al Baha.

### **Al-Hodiedah Governorate:**

- Provided furniture and equipment to the SC in Al-Mansuriah , Al-Monirah and Al-Dhohi.
- Rehabilitated and furnished the TFC in Al Thowrah Hospital.

### **Sana'a city:**

- Rehabilitated and provided furniture and equipment for the TFC in Al-Sabeen Hospital, preparing it to be a well-equipped national complex of nutrition treatment and training center.
- Established two training centers in Al-Sabeen Hospital with a capacity for 70 trainees at one time to be used as the national center for nutrition training.



TFC DEPARTMENT IN ALSABEEN HOSPITAL- SANA'A GOVERNORATE

## Summary of WHO Activities on rehabilitation of health facilities in Yemen during 2013

No	Name	Governorate	District	Rehabilitation & Maintenance	Furniture & equipment
1	Zunjobar MCH & Emergency Obstetric Care Centre	Abyan	Zunjobar	✓	✓
2	JA'ar Health unit	=	Khanfar	✓	✓
3	Obr Othman H U	=	=	✓	✓
4	Al Derjaj H U	=	=	✓	✓
5	Al Rwoah H U	=	=	✓	✓
6	Al Romilah H U	=	=	✓	✓
7	Saken Waaes Health Unit	=	=	✓	✓
8	MCH Ja'ar	=	=	✓	✓
9	Al Husn H U	=	=	✓	
10	Al Musemeer H U	=	=	✓	✓
11	Batees Health Unit	=	=	✓	✓
12	MCH Al Koud	=	=	✓	✓
13	Emergency obstetric in Al Razi hospital *	=	=	✓	Under process
14	Delivery section in AL Razi Hospital.	Abyan	Khanfar	✓	
15	Drilling well in Al Razi hospital	Abyan	Khanfar	✓	
16	Built of TFC in MCH of Zungjobar	Abyan	Zungjobar	✓	✓
17	Providing Aden Health office with electricity generator	Aden	Aden	Electricity generator	
18	Providing Aden Blood Bank with Air Conditioners	=	=	Air Conditioning	
19	Providing Central pharmacy with Air Conditioners	=	=	Air Conditioning	
20	Providing Training Hall in health office with Air Conditioner	=	=	=	
21	Providing Immunization office with Air Conditioner	=	=	=	
22	Providing TFC in Al Wehdah hospital with equipment	=	=		✓

23	Emergency unit	=	=	Maintenance of 11 Ambulance	
24	Maintenance of Vaccination store in Aden	Aden	=	✓	
25	Rehabilitation & maintenance of mental hospital	Aden	=	✓	
26	Providing emergency unit with ICU equipment in Al Wehdah hospital	Aden	=	✓	
27	Maintenance of Emergency section in Ibn Khaldoun hospital	Lahj	Al Hotah	✓	✓
28	Maintenance & rehabilitation of TFC in Ibn Khaldoun hospital	Lahj	Al Hotah	✓	✓
29	S C in Al Musemeer H C	=	Al Musemeer		✓
30	S C in Tour Al Bahah Hospital	=	Tour Al Bahah	✓	✓
31	Maintenance & rehabilitation of TFC Training centre in Ibn Khaldoun hospital	Lahj	Al Hota	✓	✓
32	Maintenance of ICU in Ibn Khaldoun hospital	Lahj	AL Hota	✓	
33	Maintenance of Operating room in Ibn Khaldoun hospital	Lahj	Al Hota	✓	
34	TFC section in Al Sabeen Hospital	Sana'a	Al Sabeen	✓	✓
35	TFC training centre in Al Sabeen hospital	Sana'a	Al Sabeen	✓	✓
36	SC in Al Mansuriah Health Center	Al-Hodiedah	Al Mansuriah		✓
37	SC in Al Monirah H C	Al-Hodiedah	Al Monirah		✓
38	SC in Al Dhohi	Al-Hodiedah	Al DHohi		✓
39	TFC in Al Thurah Hospital	Al-Hodiedah	Al-Hodiedah	✓	✓
40	TFC Training centre in Al Thurah hospital	Al-Hodiedah	Al-Hodiedah	✓	✓
41	TFC at MCH Al Mukalla	Hadramut	Al Muklla	✓	✓
42	TFC training centre in MCH Al Mukalla	Hadramut	Al Muklla	✓	✓
43	Maintenance & Rehabilitation electricity works in Haradh hospital	Hajja	Haradh	✓	
44	Supplement the wall of the hospital from west side with cement bricks	Hajja	Haradh	✓	

**Water and Hygiene sanitation implemented during 2013**

Governorate	Water Tank 2000 L	Small Water Pump	Hand Washing Basin	Water Pipes	Water filter for house hold	Water Filter for health facilities	Calcium Hypochlorite powder (Kg)	Chlorine tablets	Instrument for Water Quality Measuring
Abyan	160	120	60	1376	1000	25	1500	-	125
Sa'ada	160	120	60	1376	1200	25	1250	1,500,000	100
Lahj	130	60	47	1000	-	-	1250	500,000	100
Amran	95	60	46	800	-	-	1000	-	100
Hajja	95	60	46	800	-	-	1000	-	100
Al-Hodeidah	-	-	-	-	-	-	2000	-	100
Ibb	-	-	-	-	-	-	1750	-	100
Taiz	-	-	-	-	-	-	1750	-	100
Al Dhale	-	-	-	-	-	-	1000	-	100
Sana'a	-	-	-	-	-	-		500,000	-
Aden	-	-	-	-	-	-		1,500,000	-
Total	640	420	259	5,352*	2,200	50	12,500	4,000,000	925





## Essential Medicines and Emergency Medical Supplies

WHO in coordination with MoPHP, was able to provide essential, life-saving medicines, medical supplies and emergency kits to IDPs and affected communities which were distributed as follow:

No.	Items	Targeted Gov.	Time
1	1 locally purchased Emergency kit+ 1 Italian Emergency (A) kit.	Maareb	January
2	1 Emergency kit B Italian + 3 kits basic unit+ 10 Dressing kits+ 10 components of first aid bags (A)+ 10 components of first aid bags (B)	Aden	February
3	47 Item of essential medicines +12 Items of Psych. Medicines	Sa'ada	February
4	1 Locally purchased Emergency kit	Al-Baydah	March
5	1 Dressing kit+ 1 Basic unit+ 11 Locally purchased items	AlAmanah	April
6	26 Item of Psych. Medicines	Hajjah	June
7	5 Items for Dengue fever outbreak	Hodeidah	June
8	6 Supplementary kits	Hajjah, Sa'ada	June
9	2 Supplementary kits+ 7 items of medicines and supplies	Aden	June
10	Chemical reagents for blood bank	Abyan	August
11	1 Basic unit kit+ 1 Supplementary kit + 1 Trauma A kit	Abyan	September
12	1 Basic unit kit+ 1 Supplementary kit	Hajjah	September
13	27 locally procured items (general medicines)	Al-Al-Hodeidah	October
14	27 locally procured items (general medicines and I.V fluids)	Lahj	October
15	1 Basic unit kit+ 1 Supplementary Kit+10 IDD Muddle Carton+ 1 Trauma Kit A+B	Hajjah	November
16	1 Trauma kit A	Amran	November
17	Dressing kit	Sa'ada	November
18	15 Cartons Basic units+ 1 supplementary kit+ 1 Trauma kit A+B	Sa'ada	December
19	47 Item of essential medicines+ 6 Basic unit kits+3 Supplementary kits+ 3 Kits trauma A+ 3 Kits trauma B+ 2 kits IDD+ 7 kits dressing	Aden	December

Through cooperation between MoPHP, LAS (League of Arab State) and WHO, life-saving emergency medical equipment was procured internationally and distributed to target referral facilities in order to strengthen health department capacity for coping with mass casualty incidents from conflict and natural causes. These equipments were distributed to emergency wards of public hospitals in several affected governorates including Abyan, Sana'a, Aden, Hajjah, Amran, Dhamar, Ibb, Hodeida, Taiz and Hadramout. .

Distribution list of equipments for Emergency and Intensive Care Units (ICUs):

No.	Governorate	Health Facility
1	Sana'a City	1 -Jumhuri General hospital
		2 -Kuwait hospital
2	Aden	1 -Jamhouria General hospital
		2 -Wehda General hospital
3	Abyan	1 -Razi hospital
		2 -Mawder hospital
4	Taiz	1 -Jumhuri General hospital
5	Hadramout	1 -n-Sena'a Hospital
		2 -Motherhood & Childhood hospital
6	Ibb	1 -Thawra General hospital
		2 -Masser hospital
7	Dhamar	1 -Dhamar General hospital
8	Al-Al-Hodeidah	1 -Thawra General hospital
		2 -Olefy Hospital
9	Hajjah	1 -Jumhuri General hospital
10	Sana'a	1 -Atnah General Hospital
11	Amran	1 -Amran General hospital



## Nutrition

### Overview:

High prevalence of malnutrition, which existed throughout Yemen, was reported on national and international levels. The numbers of severe and moderate acute malnutrition (SAM and MAM) cases are expected to increase further due to the current situation in the North and South of Yemen and deterioration of all determinants of malnutrition. Yemen is categorized among countries that have serious malnutrition, more than 40% of children under 5 years being malnourished. 3.9% have severe wasting and 9.4% The last poverty assessment in 2009 conducted by UNDP show that 42.8% of the Yemeni population are poor and 32.1% are food insecure, the majority of whom (47.9%) live in rural areas.

The recent SMART surveys provide strong evidence that Yemen suffers from high prevalence rate of malnutrition which exceed the emergency threshold. For instance, in Al-Hodeidah, being one of the 22 governorates in Yemen that suffered from the emergency situation, a global acute malnutrition (GAM) rate prevails in the order of 31.7%, while SAM is 9.9% according to a recent survey. Furthermore, the survey found prevalence of underweight at 59.6% and stunting at 54.5%. Also in Hajjah governorate, GAM among children under five is 31.4%, with 9.1% for severe acute malnutrition (SAM). The GAM and underweight prevalence is higher than the national average (15.0 % and 43.0% respectively), which may indicate increased vulnerability in the surveyed areas.

## Specific Objectives:

- To improve nutrition, food safety and food security and support of public health and sustainable development.
- To provide lifesaving emergency services to reduce the mortality and morbidity due to severe acute malnutrition with complications.
- To identify and highlight the evolution trends towards a nutritional status (malnutrition and food crises) among affected population

## Nutrition Stabilization Centers (NSC)

WHO nutrition intervention targets the vulnerable, displaced, returnees and conflict-affected host communities in the targeted governorates to reduce morbidity and mortality associated with malnutrition.

WHO, in coordination with WFP, conducted a MAM training course to improve the knowledge and skills of health workers facing moderate acute malnourished children under 5 years of age. The training was conducted in Aden for 9 health workers (Doctors in Al Wehdah hospital).

WHO rehabilitated 11 Therapeutic feeding centers (TFCs) one In Sana'a in Al Sabeen Hospital, three in Lahj, two in Abyan, two in Sa'ada, one in Haradh and three TFC s in Al Hodeida. A total of 199 children under five years old benefited from the nutritional stabilization centers in 5 stabilization centers in Sana'a, Aden, Sa'ada, and Abyan from March to June 2013. All these children, who had severe acute malnutrition, received the necessary treatments.



A SEVERELY ACUTE MALNOURISHED (SAM) CHILD IN TFC IN AL WEHDA HOSPITAL, ADEN.

WHO has established 16 Nutrition Stabilization Centres ( NSC ) for the management of complicated severe acute malnutrition cases (SAM) in Abyan, Aden, Sa'ada, Lahj, Al-Hodeidah, Hadramout and Sana'a at tertiary and district hospitals. It is planned to establish more nutrition stabilization centers (NSCs) in 2014.

A workshop was conducted for 30 doctors from different governorates (Aden, Sanaa, Abyan, Lahj, and Al Hodeida) to update WHO modules on management of malnourished cases and establishing pool of national trainers by supporting TOT training courses on the updated manuals. WHO is supporting the Yemeni Government in the Global SUN (Scaling Up Nutrition) agreement by being one of the NGO partners in creating a multi-sectoral plan for nutrition that aims to bring together a vast array of experience and expertise across sectors to commit to a shared goal -- to do what can be done to end maternal and child malnutrition.

Governorate	Total Targeted SAM in the Gov	Achieved	Planned
<b>Aden</b>	3088	-Al Wehda Hospital	
<b>Abyan</b>	5504	-Al-Razi Hospital -MCH Zungobar -Modiah Hospital	-Lowder Hospital -Ahwer Hospital
<b>Lahj</b>	2695	-Tur Al Bahah -Musaimer Hospital - Bin Khaldon Hospital	
<b>Al-Hodeidah</b>	142934	-Al Mansouriah Hospital -Al-Munirah Hospital - Duhi Hospital -Al-Thawrah Hospital	- -Zuhrah
<b>Hajjah</b>		Haradh	-Abss
<b>Sa'ada</b>	15128	-Haidan Hospital -Munabiah Hospital	-Al Taleh Hospital
<b>Sana'a</b>	12866	-Al Sabaen Hospital	
<b>Taiz</b>			Sweden Hospital
<b>Hadhrumout</b>		Al Mukalla MCH	
<b>Total</b>		16 NSCs	6 NSCs



## Nutrition Sentinel Sites:

The sentinel sites aim to monitor the nutrition situation focusing on regular collection, integration, analysis interpretation and dissemination of data related to food and nutrient intakes. Variables to be monitored include nutrition status, feeding and caring practices, household food security and mortality at household level. The information will facilitate timely action and implementation of appropriate interventions. The following timeline shows the interventions and activities of the project.

## Nutrition Training Centers

In addition to Aden and Taiz nutritional training centers, WHO supported the establishment of five additional training centers in Abyan, Lahj, Hadramout, Al-Hodeidah and Sana'a city during 2013 to be used for purpose of nutrition training as part of WHO plan to build the capacity of the national staff.

## Other Activities supported by WHO

- Preparation of the Implementation Plan for the National Nutrition Strategy
- Preparation of the Organogram of the Nutrition Department
- Conduct Health Facility( District Hospitals) assessment in Tihama region
- Developed the national training manual for management through adaptation of WHO nutrition manuals.
- Capacity building of the health workers and scaling up of their clinical skills in management of malnutrition cases.
- Support the MoPHP to establish a pool of trainers by conducting the first national nutrition TOT courses according WHO guidelines.

## Success stories related to Therapeutic feeding centers:

During 2013, 673 children under 5 years were admitted to Therapeutic feeding centers (TFC) as per reports from 3 main hospitals in 3 governorates (Aden, Sa'ada, and Sanaa city).

Information system in different Health and Nutrition departments is still facing many challenges when it comes to the quality, quantity and timely receiving of reports that reflect the situation in the health facilities and therapeutic feeding centers. But under the supervision of the WHO, that encourages and follows up the monthly data reporting, there were many committed health facilities which provided timely monthly data reporting. Some of the good examples of the TFC reports were those received from Al-Wehda hospital in Aden, Al Sabeen Hospital in Sanaa, and Haydan Hospital in Sa'ada.

Some TFCs In other governorates and Health facilities reports were not sent on time, which led to inaccurate data collection and made the follow up of the performance somewhat difficult.

Health facilities with problems in data collection and reporting were listed to be trained on proper nutrition reporting from TFCs.

Governorate	No. of admissions	% cured	% transferred to the outpatient	% Defaulters	% Deaths
<b>Aden</b>	262	3	66	13	3
<b>Sana'a</b>	255	6	39	24	6
<b>Sa'ada</b>	156	38	13	12	4

It was noticed in TFC and OTPs that the defaulter rate is high, which is one of the main problems facing all the nutrition programs in Yemen. The issue is still under research to identify the main cause of defaulters, which might be associated with the satisfaction of the families when they realize that their children get better, or the problems, including high transport cost faced by families living in remote areas in taking their children to the nearest nutrition program center. All these reasons might play a major part in the high rate of defaulters from the programs.



## HEALTH CLUSTER COORDINATION

### *Coordination*

The health cluster in Yemen has been working within the Yemen Humanitarian Response Program framework along with national and international health partners towards maximization of access to life-saving essential health services for affected population and mitigation and preparing for and responding to public health risks with focus on control of communicable diseases among the vulnerable population and hence preventing avoidable morbidity and mortality.

The health cluster mechanism remained fully functional at the national and sub-national levels led by MoPHP and WHO. The partners had regular monthly as well as ad hoc meetings as required, sharing the information on health situation and ongoing activities (through 3Ws) as health and joint need assessments were carried out by the partners. The forum is also used as the vehicle for identifying the health needs and prioritization, including geographical prioritization and streamlining the decision making, resource mobilization and monitoring process.

The Health Cluster also actively participated in the inter-cluster coordination meetings (ICCM) and deliberations and it remained instrumental in the development of humanitarian response plans at the national level and sub-national crisis (Contingency Humanitarian Response Plans as needed).

## Health Cluster Strategic Priorities

- Prevention, control and provision of a public health response to communicable disease outbreaks.
- Ensure the provision of essential package of life-saving health care services, including essential reproductive health (RH) and the Minimum Initial Service Package (MISP).
- Ensure maximum level of vaccine coverage through boosting the routine immunization and launching of immunization mass campaigns.
- Support the recovery of the Yemeni health system, at both the national and local levels, with a focus on conflict and instability affected areas.

The Health Cluster through collective discussions and deliberation, reviewed and validated the Health Cluster Strategic framework document which is the guiding tool for planning and resource mobilization and monitoring and evaluation by health partners as well as the MoPHP.

### **HEALTH SECTOR RESPONSE:**

#### Summary of response efforts by WHO and health partners

The Health Cluster recognized the crucial need for improving access to essential health care services to the most vulnerable populations and addressing the public health risks, with focus to communicable diseases among the affected populations. The health partners, including WHO, continued to support the existing health facilities with provision of essential medicines and medical supplies, deployment of medical staff, both male and female as required, and launched mobile teams where the health facilities were destroyed or not existing. They also supported outreach activities, including MISP/RH and immunization services and public awareness on disease prevention and utilization of available health services.

WHO took the lead to support revitalization and capacity building of non-functional and/or partly functional health facilities and some priority sections of referral hospitals, including emergency, psychosocial and nutrition services. As part of addressing the health services need for most vulnerable populations, WHO and all partners ensured availability of sustained health care delivery for the IDPs in the officially recognized camps and outside the camps through operation of mobile medical teams.

In addressing the public health risks from communicable diseases, the partners in close collaboration with WHO and MoPHP worked both on prevention and treatment of endemic and emerging diseases. Simultaneously, they delivered public awareness on diseases prevention, provided treatment to patients, contributed to availability of essential medicines and medical supplies and training of medical staff on standard case management. WHO in collaboration with MoPHP, worked on enhancing the existing disease surveillance, in order to detect alerts and efficiently respond to disease outbreaks.

The Health Cluster also worked through inter-cluster mechanism with the Nutrition, WASH and Food clusters on identifying the survival needs of the affected communities and streamlining joint need assessment, programming and monitoring of situation in the priority areas.

***Summary of achievements of Health Cluster at the National and sub- national levels:***

- Played an active role in the Inter-Cluster Coordination mechanism at all levels.
- Participated in the Consolidated Appeal Process (CAP) of the Yemen Humanitarian Response Plan (YHRP) 2013 and the Humanitarian Program Cycle planning (SRP) 2014 and developed Health Cluster response plans for years 2013 and 2014, respectively.
- Participated in and facilitated the Mid-Year Review (MYR) of CAP 2013
- Was able to mobilize around \$ 19 million for the health cluster partners (close to 32% of required funding of \$ 59 million.
- Provided technical support, coordination and guidance to partners in the field at national and sub-national levels in the provision of humanitarian assistance
- Conducted regular Cluster meetings on a national level as well as sub-national level in Sa'ada, Hajjah (Haradh) and Aden (covering the southern governorates)
- Actively participated in the OCHA-ERF Review Board as a member, reviewing and providing feedback on ERF projects of humanitarian agencies.
- Coordinated well with ICRC in life saving interventions through improving the mass casualty management, Al-Razi Hospital Abyan being a good example.
- Coordinated well with MSF France in life saving interventions through improving the mass casualty management, Trauma Centre in Aden, and Lawder District Hospital in Abyan.
- Supported the Red Crescent in Lahj & Al-Dhale'a with First Aid Kits.
- Supported FMF, a local NGO, with essential drugs, 2 IEHK Basic Units to treat patient in Al-Mahfed District Abyan.
- Supported medical mission from Prevention without Border, a local NGO from Abyan, with laboratory reagents for investigation of Dengue fever and Malaria outbreak in Al-Mahfed District Hospital.
- Supported 2 medical missions from Prevention without Borders with Lab reagent , Rapid diagnosis test for Malaria and Dengue fever, IV fluids and essential drugs one basic unit kit.
- Distribution of NFIs received from UNICEF to (CEmONC) Centre at Al-Razi Hospital, Khanfer District, and (BEmONC) Centre, Zunjobar District, Abyan.
- Supported Medical Committee for Emergency with First Aid kits to treat injuries during demonstrations in Aden.
- Collected and shared 3W information of partners with iMMAP/OCHA for creation of SRF maps which were published monthly
- Conducted Initial Rapid Assessment and MIRA Assessment workshops with participation of 35 and 41 participants respectively.
- Prepared and disseminated the Cluster Performance Monitoring Tool and received inputs from partners
- Provided inputs to OCHA's monthly bulletins and Humanitarian Dashboards



- Prepared the Health Cluster portion of the YHRP 2014, in collaboration with partners, in a new format introduced by OCHA into Yemen, comprising the Humanitarian Needs Overview (HNO), followed by the Strategic Response Plan (SRP).
- For victims inside Dammaj GHO, WHO and UNICEF sent the medical requirements and chlorine tablets in coordination with ICRC.
- Directly after conflict and under supervision of GHO, WHO sent various types of medicines
- During the suspected outbreak of whooping cough in Monabbah District, WHO supported UNICEF team by medical requirements to manage the health situation.
- Health cluster in Sa'ada, created an emergency committee consisting of representatives from all partners on the ground (GHO , EC , WHO , ICRC , UNICEF and Save the Children ) to analyze the emergency needs and ways to improve the readiness of governorate to deal with emergency situations.
- Health Cluster coordinated with other clusters like WASH and Protection:
- For WASH : WHO provided WASH services to HFs supported by Save the Children. WHO also provided water filters and chlorine tabs in some areas. In addition, WHO plans to support training course in using of chlorine for workers in water projects from all districts in addition to health program like bilharzias is.

### ***Needs Assessment:***

- In coordination with Abyan Health Office, new comprehensive need assessment was repeated for Al-Wadde'e District Hospital.
- In coordination with CSSW, Health Cluster conducted comprehensive needs assessment for Al-Mahfed District Hospital.
- Conducted Needs Assessment for Laboratory in Lawder District Hospital.
- WHO participated in the joint assessment of Bani Awam on 27th of August in Hajjah Governorate.
- Joint assessment for new IDPs in Haradh on 20th of December 2013.
- During Dammaj and Kitaf conflict, UN agencies under supervision of OCHA, did an assessment for IDPs areas, for which WHO supported the teams of Save the Children by medicines and UNICEF by nutrition needs all that was with coordination with GHO.