

UNICEF Yemen



Health workers and volunteers are heading to one of many remote villages to deliver vaccines.

19 February 2016, Alhaymah - Bani Mansour, Yemen. © UNICEF Yemen/Moohi Al-Zikri, 2016.

HEALTH

THEMATIC REPORT

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PREPARED BY:
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Table of Contents

Table of Contents	2
1. ACRONYMS & ABBREVIATIONS	3
2. EXECUTIVE SUMMARY	4
3. STRATEGIC CONTEXT OF 2016.....	5
4. RESULTS IN THE OUTCOME AREA.....	7
5. FINANCIAL ANALYSIS.....	9
6. FUTURE WORK PLAN	10
7. EXPRESSION OF THANKS	11

1. ACRONYMS & ABBREVIATIONS

CHV	Community Health Volunteer
CHW	Community Health Workers
CMAM	Community-based Management of Acute Malnutrition
ERW	Explosive Remnants of War
GDP	Gross Domestic Product
HAC	Humanitarian Action for Children
HW	Health Workers
IDP	Internally Displaced Person
IMCI	Integrated Management of Childhood Illness
INGO	International Non-governmental Organisation
IYCF	Infant and Young Child Feeding
MNH	Maternal and Newborn Health
MT	Mobile Team
NGO	Non-governmental Organisation
OTP	Outpatient Therapeutic Programme
PLW	Pregnant and Lactating Women
PSS	Psychosocial Support
SAM	Severe Acute Malnutrition
SMART	Standardised Monitoring and Assessment of Relief and Transitions
SW	Social Worker
TFC	Therapeutic Feeding Centre
USD	United States Dollar
UXO	Unexploded Ordnance
YER	Yemeni Rial
YHRP	Yemen Humanitarian Response Plan

2. EXECUTIVE SUMMARY

The conflict in Yemen has escalated significantly since March 2015, affecting 20 out of Yemen's 22 governorates and exacerbating pre-crisis humanitarian needs. Continued shelling and ground fighting have resulted in the destruction of civilian infrastructure including hospitals, schools, roads and bridges and a collapse of public services, particularly national health, water and sanitation services. Supplies of food, fuel and medicines are critically low as a result of low imports and worsening YER/USD exchange rates, and the lack of safe water and proper sanitation pose serious health risks to millions of children and their families.

Coping mechanisms are thus becoming more and more desperate, with people limiting their food intake and negative coping mechanisms such as early marriage being reported with increasing frequency. Civilians are facing growing difficulties purchasing the food they need, with a recent survey suggesting 63 per cent of people rely on credit or loans to buy food¹. Yemenis are becoming increasingly reliant on humanitarian support, and will be for many years to come.

According to reports earlier in 2016, gross domestic product (GDP) is down by nearly 35 per cent, and revenue continues to decline as a result of falling oil and gas sales, and tax revenues. Some ministries were already struggling to cope and now are only able to pay staffing salaries, whilst cutting supply and operational budgets. Several ministries have in fact not even been able to pay staff salaries for the past three months. UNICEF has on several occasions stepped in to support the procurement of life-saving health and nutrition medications and supplies to vulnerable communities, whilst also focusing on longer-term, sustainable interventions designed to empower local communities and frontline service providers.

Many suppliers have stopped trading in Yemen due to widespread insecurity and the unpredictability of importing through any of the main ports, including Hodeidah and Aden. These two ports alone account for 90 per cent of all imports to the country. Moreover, before it relocated to Aden the Central Bank of Yemen repeatedly reported that it is about to exhaust its forex reserves, which will leave the Central Bank unable to peg back the depreciating exchange rates any longer. Such depreciation has already seen traders look to the black market, buying US dollars, further devaluing the Yemeni Rial and inflating food prices.

The complex nature of the conflict and the proliferation of sudden mass population movements presents significant challenges to UNICEF's humanitarian response and ongoing development work in certain areas. Access to some locations such as Taizz, Shabwa, Abyan, Marib, Al Jawf and Hadramout due to ongoing insecurity can hinder the identification of children in need of services. In addition, the two opposing authorities in targeted locations can lead to delays in the implementation of planned activities.

Protracted displacement in districts hosting displaced populations also places a heavy burden on host populations with already-limited resources, creating the potential for additional protection risks. Today, over 21.1 million people are in need of humanitarian assistance with a caseload that continues to increase, in addition to 3.1 million internally displaced persons (IDPs) - according to the latest report of the TFPM² - a six-fold increase in the number of IDPs at the same time last year.

¹ 'Yemen's Invisible Food Crisis', Oxfam, March 2016.

² 12th Report of the Task Force on Population Movement (TFPM)

UNICEF Yemen's humanitarian response in health during 2016 focused on preventing deaths and disease in children and mothers by continuing service delivery at household, community and first-level health facility levels. UNICEF's efforts focused on supporting vaccination, treatment of childhood illnesses, preventing and responding to outbreaks, care for mothers and new-borns care during and after pregnancy. Strategies include service provision at household level (through community health volunteers, workers and midwives), at population level (through regular use of outreach and mobile teams) and support to health facilities (with human resources, capacity building and supplies).

UNICEF also supported the health system to help prevent its collapse through focusing on programmes for children and women including Immunization, Maternal and Newborn Health Care (MNH) and Integrated Management of Childhood Illnesses (IMCI). The focus of interventions were populations who had either been internally displaced, were acting as host communities, or were otherwise effected by the conflict.

Key results achieved during the year include:

- Maintaining Polio-free status of Yemen through two rounds of National Polio Immunization Days vaccinating 4.3 and 4.8 million children in January and April, respectively;
- Preventing large scale measles outbreaks through support to measles mop-up campaign January 2016 in 62 districts vaccinating 1.7 million children between 6 months and 15 years;
- Maintaining routine immunization coverage at pre-conflict levels through maintaining supply of vaccines, keeping vaccine cold chain functioning and ensuring that immunization continue including through 5 rounds of integrated outreaches;
- Morbidity and mortality in children was addressed through treatment of over 900,000 children for various illnesses using a mix of strategies;
- Over 460,000 pregnant and lactating women (PLW) were provided antenatal, intrapartum or post- partum care with over 276,000 PLWs reached by mobile team and outreaches.

3. STRATEGIC CONTEXT OF 2016

UNICEF's programming context in Yemen saw a significant change after the escalation of the conflict in late March 2015. A UNICEF level-2 emergency was declared in April, followed by the UN system-wide level-3 emergency in June. Accordingly, the Country Office (CO) scaled down the majority of its development and upstream activities, and scaled up its humanitarian response in line with the revised Yemen Humanitarian Response Plan (YHRP), covering July-December 2015.

In 2016, the focus on the humanitarian response continued and work was initiated on system strengthening and measures to prevent the collapse of the public health system, which was increasingly affected by the ongoing conflict and its implications on security, political stability, fuel and funding shortages, availability of supplies, transportation services, human resources and operational costs for health facilities. Specific interventions to support system strengthening are considered in light of the competitive advantage UNICEF has maintained through its field experience.

Towards the end of 2016, the UN estimated that more than 14.1 million Yemenis do not have access to health care³. The protracted political and tribal tensions in the country even prior to the current conflict contributed to 40% of Yemenis not having access to health services, and this is estimated to have increased to over 60% of the population without access to health care in 2016.

Prior to the conflict, approximately 4,207 health facilities with some 3,964 health centres/units and 243 hospitals at various level operated within the public sector. The Health Resources Availability Mapping System (HeRAMS) evaluation was conducted during 2016 covering 16 of the country's 22 governorates and revealed significant loss of functionality of health facilities and service availability. Out of a total of 3,507 health facilities assessed, less than half (45%) were found to be fully functional, around 38% were found to be partially functional and 17% were completely non-functional. While the figures vary among the governorates, as expected in the governorates most effected by the conflict, such as Al Dhale, Taizz, Saada, Al Bayda, Marib and Al Jawf, less than a third of health facilities were found to be functional.

The assessment also shows that the functional situation of the hospital/ referral facilities is worse than the first level care facilities. Maternal health services are especially threatened as only 35 % of the health facilities providing full services. In addition, on an average only 4 out of 10 health facilities are able to fully provide child health and nutrition services in a context of lack of sufficient food supplies and increasing insecurity factors.

Direct damage from the conflict has affected all levels of the health system, rendering 274 facilities either totally or partially damaged and causing wide-reaching effects in several governorates. The percentage of hospitals that have been affected by damage of some kind is 18%, which has significantly decreased the health system's ability to respond to emergency needs. The worsening situation is aggravated by the fact that only 34% of all health facilities are able to provide full general and trauma services.

In addition to the damage caused directly by conflict, several other factors have had a negative impact on the ability of the health system to respond to the needs of the population: lack of drugs, equipment and other medical supplies, lack of minimal operational costs for facilities, and lack of essential inputs such as electricity, water and fuel supplies among many others. Exodus of skilled health care providers including doctors and nurses at the onset of crisis, displacement of health workers as part of general population displacement, delay in salaries and increases in transportation cost and cessation of additional incentives have impacted health workers' ability and morale to provide services. All these factors have had a significant effect on the availability of basic health services for the population; this in turn has led to increasing levels of illnesses and indirect deaths and has also increased the patient load at those hospitals that are still operational and facing many of the same problems.

The salaries of health staff, including district and governorate health officials, the one part of the system that authorities had made efforts to continue till last month, are now delayed for the first time with fears that there may not be resources available to continue monthly payments. This could spell disaster for the health system as it has already resulted in many health staff not reporting to work, looking for alternative means of livelihood. There is also a severe shortage of money needed by the Ministry of Health to cover operational costs such as purchase,

³ UNOCHA, 2016 Humanitarian Response Plan, January–December 2016.

transportation and storage of medicines, fuel to run operation theatres and health centers, or conducting nationwide outreach campaigns.

The public health finances of 2014 show that the MoPHP had at its disposal some USD 343 million for recurrent costs including salaries (USD 171 million), supplies budget (USD 157 million) and maintenance costs (USD 14 million). From the financial allocations that the MoPHP made last year, it was evident that it does not have access to sources for supplies or maintenance and now even for salaries. In many governorates the health staff have not been paid for over a year.

A year ago UNICEF estimated that over 1.3 million children under 5 were at risk of respiratory infections, over 2.5 million at risk of diarrheal diseases and over 2.6 million children under 15 were unprotected against measles. These numbers are likely to have increased⁴. Around the same time UNICEF estimated that almost 10,000 additional children deaths were likely to occur due to non-availability of health services.

The health response has focused on preventing deaths and disease in children and mothers by continuing service delivery at household and community level and where needed support to service delivery at first-level health facilities. These include vaccination, screening and treatment of childhood illnesses, preventing and responding to outbreaks and mothers and new-born care during and after pregnancy. Strategies include service provisions at household level (through community health workers), at population level (through outreach and mobile teams) and support to health units and facilities. In addition UNICEF also supported the health system to prevent its collapse by focusing on programmes catering to needs of children and women including Immunization (EPI in Primary Health Care), Maternal and Newborn Health Care (in Population Sector) and Integrated Management of Childhood Illnesses (IMCI on PHC Sector).

Gaps in providing health and nutrition services remain, particularly in hard-to-access areas, conflict affected locations and the most poor and vulnerable communities. According to recent surveys completed by cluster partners, humanitarian needs for health and nutrition assistance have increased. Most worryingly, admissions reports from most of the therapeutic feeding programme sites have shown an increase in the number of children admitted for treatment of SAM.

4. RESULTS IN THE OUTCOME AREA

In 2016 UNICEF continued to deliver on its core commitments to children including protecting the nutritional status of girls, boys and women from the effects of humanitarian crisis and prevention excess mortality among girls, boys and women because of humanitarian crisis. To help protect the nutritional status of children and women from effects of the conflict, UNICEF continued to provide leadership in the nutrition cluster inter-agency coordination, continued assessment of the situation through SMART surveys, and scaled up the nutrition interventions to ensure appropriate management of acute malnutrition, through providing treatment to 237,242 (116,249 male and 120,993 female) under-5 Severely Acute Malnourished (SAM) children enrolled in the Outpatient Therapeutic feeding Programmes (OTPs) which represents 64% of the case load and 115% of the 2016 target.

⁴ UNICEF sitreps

In an effort to strengthen infant and young child feeding (IYCF) behaviour and practices, a total of 572,937 women received counselling. In addition, children under 5 and pregnant and lactating women (PLW) received high impact nutrition interventions. Some 4,206,079 (2,060,979 male and 2,145,100 female) under 5 children were provided with vitamin A and micronutrient supplementation, 425,224 under 5 (216,864 male and 208,360 female) received deworming drugs and 578,627 pregnant and lactating women (PLW) received Ferrous/folate. UNICEF also continued the implementation of community based interventions with the objective of reducing stunting in 4 targeted districts (2 in Aljouf governorate and 2 in Taiz governorate). 36,869 children under two (18,117 male and 18,752 female) were reached with growth monitoring and promotion services through the trained community health volunteers (CHVs) from those four districts.

UNICEF is still working on a detailed action plan for rolling out the community-integrated package in the six-targeted governorates. Revival of the integrated community based programme started in earnest with three days national sensitization workshop conducted in October 2016 with participants from government counterparts and nutrition NGO partners. The workshop endorsed the implementation modality, training package, monitoring and reporting tools. UNICEF has operationalized the agreed next steps by facilitating development of action plans by four UNICEF Field Offices to implement programme in 75-targeted districts. To date CHVs reporting registers and growth monitoring charts were revised and updated awaiting printing.

To prevent excess mortality among children and women, UNICEF continued to actively participate in Health Cluster discussions and coordination efforts. With a focus on provision of life saving interventions to children and mothers through population and community-based activities for affected population and on sustaining access to a set of high impact preventive and curative services at community and facility levels. Therefore, through its support to the national programmes on Immunization (EPI in Primary Health Care), Maternal and new-born Health Care (in Population Sector) and Integrated Management of Childhood Illnesses (IMCI); UNICEF supported vaccination to over 4.8 million under 5 children against Polio (and Vitamin A supplementation) in national immunization campaigns, and vaccination of over 471,938 children against 11 vaccine preventable diseases including pertussis, whooping cough, diarrhoea due to rota virus and pneumococcal pneumonia etc.

Outreach activities also provided ante and postnatal care to over 106,721 mothers. Some 1,024,568 children were treated for various childhood illnesses and over 128,988 women received antenatal and postnatal care with 187 mobile teams providing a package of health and nutrition services by the end of December 2016. UNICEF also continued supporting community based maternal and newborn care at household level through Community Mid-Wives (CMWs), who reached over 56,940 pregnant and lactating women in their houses.

Stunting levels in Yemen had declined from 58% to 47% between 2003 and 2013. This decline was due to multi-sectoral improvement especially the improvement in water, sanitation, and female education sectors. To ensure a sustained reduction of stunting, UNICEF developed strategic document that describes approaches for reduction and prevention of stunting in Yemen, and at the same time UNICEF participated actively with other partners to help Yemen join the SUN Global Movement in order to benefit from the technical and financial support needed for stunting reduction. Under the umbrella of SUN, Yemen developed an ambitious multi-sectoral plan.

Although Yemen is facing a sustained armed conflict, political crisis, government fragmentation and an emergency humanitarian situation, the national SUN secretariat is still active and finalized the multi-sectoral review of 2015 and continued attending physically or remotely to maintain the Yemen membership at the Global SUN Movement.

The health sector is continuing to operate with support of UN organizations and the international community, offering services in the majority of fixed health facilities, mobile teams and carrying out integrated outreach activities nationwide, providing an integrated nutrition and health package. On the other hand, many sectors during the crisis are facing substantial difficulties and barriers, while some other sectors are suffering from the growing economic collapse. As a result, sustained reduction of stunting without collective multi-sectoral programming is challenging.

5. FINANCIAL ANALYSIS

The cross-sectoral needs of children have grown exponentially as the conflict wears on, and the Health section has seen long-term development gaps compounded by conflict, displacement and loss of coping mechanisms. Despite attempts to achieve development gains and improve value for money in its programmes, the overall funding gap continues to grow. The increased funding request in the 2017 Humanitarian Action for Children therefore reflects these new needs.

Table 1: Country-level thematic contributions to outcome area received in 2016 (including funding rolled over from previous years)

Donor	Grant Number	Contribution Amount (USD)	Programmable Amount (USD)
Korean Committee for UNICEF	SC1499010023	500,000	476,190
Total		500,000	476,190

Table 2: Expenditures in the Outcome Area

Organisational Target	Expenditure Amount (USD)			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
01-03 Maternal and Newborn Health	-679,586	441	0	-679,145
01-07 Health - General	19,012,572	8,711,528	1,345,827	29,069,927
Total	18,332,986	8,711,969	1,345,827	28,390,782

Table 3: Thematic expenses by programme area

Organisational Target	Expenditure Amount (USD)			
	Other Resources - Emergency	Other Resources - Regular	Regular	All Programme Accounts

01-07 Health - General	526,551	55,241	0	581,792
Total	526,551	55,241	0	581,792

Table 4: Expenses by Specific Intervention Codes

Intervention	Expenditure (USD)
01-03-08 Home visits, parent and community education for early childhood care and stimulation	-688,378
01-07-03 Health # General	22,759,576
08-03-01 Cross-sectoral Communication for Development	140,202
08-08-03 UNICEF support to programming and capacity development on gender	11,817
08-09-11 Emergency preparedness and response (General)	153,954
09-02-05 CO Programme coordination	693,124
09-02-06 CO Advocacy and communication	215,059
1046 Health intervention packages # general (including deworming)	702,170
1073 Maternal and newborn health package	13,043
12-03-01 Procurement services for Governments, UN and other organizations	281,674
6901 Staff costs (includes specialists, managers, TAs and consultancies) for multiple Focus Areas of the MTSP	707,179
6902 Operating costs to support multiple focus areas of the MTSP	2,116,860
7921 Operations # financial and administration	-38,250
7971 Communication (DOC)	
Unknown	1,322,755
Total	28,390,782

6. FUTURE WORK PLAN

For 2017, UNICEF's priorities in health are three-fold and include the following:

- Continuing support for life-saving interventions in the context of deteriorating situation in the country, increased humanitarian needs with focus on children, women, internally displaced population and those in areas severally effected by the conflict.
- Preventing the collapse of the health system through supporting selected processes and activities including support to primary health care service delivery with human resources,

- operational costs and supplies and support to maintain a viable supply chain, supervision and monitoring activities and improve the deteriorating information management system.
- Supporting resilience building and development activities including revision/ updating of policies/ strategies and their roll out (such as the newborn health strategy, costed Multi-year Plan for EPI, strategy on community-based service delivery).

For 2017, UNICEF's Rolling work plan is costed at USD 63.1 million with USD 62 million for Humanitarian Action for Children. As of 22 March, the health plan is funded 49%.

7. EXPRESSION OF THANKS

The operational context in Yemen is complex and varied, shifting with the exigencies of conflict. Quick onset emergencies such as a cholera outbreak in October 2016, and the tightening of the siege around the Taizz enclave have required flexible programming. The Health section has benefitted significantly from thematic funding, and its activities could not be implemented without thematic funding from its committed partners, as well as cooperation with de facto and internationally recognised governments, implementing partners and local staff.

ANNEX I: HUMAN INTEREST STORIES

Families welcome vaccination campaign in Yemen, available at https://www.unicef.org/yemen/reallives_11499.html



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Abdul Aziz Mohammed Basaad in his home in Mukalla with some of his grandchildren. Mr. Basaad is happy that his grandchildren were vaccinated, as he has seen first-hand the consequences of not getting immunized.

By Saeed Al Batati

Abdul Aziz Mohammed Basaad knows the importance of getting children vaccinated, which is why he recently welcomed health workers into his home to inoculate his young grandchildren. The health workers were two among a total of 46,000 who are taking part in a nation-wide campaign in Yemen that aims to vaccinate five million children against polio.

AL MUKALLA, Yemen, 22 June, 2016 – When two young health workers knocked at his door to vaccinate his seven grandchildren, Abdul Aziz Mohammed Basaad welcomed them into his home. Many parents simply bring their children to the door to be vaccinated, but Basaad's offer of a brief rest in an air-conditioned room and a glass of juice and cold water were his way of showing his appreciation.

These are angels of mercy. They move from one house to another to help people," the 61-year-old retired teacher said.

These particular health workers were conducting a polio vaccination campaign. Once they had recharged their batteries, Mr. Basaad brought his grandchildren over one by one to be inoculated.

"I believe in vaccinating my grandchildren and advise other people to do the same because I saw many physically handicapped people whose parents neglected vaccination," he said.

Spreading the word

Mr. Basaad believes that many families resist vaccination because they are not fully aware of the dangers of leaving their children unvaccinated. He also knows that intensifying public awareness ahead of each new round of vaccination campaigns is crucial.

However, in April 2015, Mukalla's radio station was burned and shut down after heavy fighting. Mr. Basaad says that the port city and many neighbouring regions have lost an important vehicle for spreading health awareness among people. He suggests speaking to people directly and putting up posters everywhere in the community to reach beneficiaries quickly.

"People should be educated about the importance of vaccination," he said. "Health workers need to come to public gatherings to tell people why they should immunize their children."

Mr. Basaad has seen the harmful effects of not vaccinating children. "Ten years ago, a large number of people used to refuse vaccination. Now some of those children are paralysed," he said. "Vaccination campaigns are part of relief efforts. Relief does not only mean bringing food baskets."

Reaching all children

In 2015, around 3.9 million children under the age of 5 were given the oral polio vaccination and 4.1 million children from 6-59 months were given Vitamin A supplements. From 10 to 12 April, Yemen launched a new countrywide polio campaign to reach even more children. The campaign covers Yemen's 327 districts, using more than 19,000 mobile teams and 2,647 fixed health centres. Children in the previously unreachable cities of Taiz city, Sa'ada and Aden also benefited from the campaign.



© UNICEF Yemen/2016/AI Batati

Joma'a Ayedh with her four children and some of their friends in the port city of Mukalla. Ms. Ayedh learned about the polio vaccination campaign from an SMS on her mobile phone.

As the largest contributor to immunization efforts in Yemen, UNICEF procured polio drops and other vaccines for the entire country. The agency also supported mass communication campaigns, provided technical expertise to the Ministry of Public Health and Population and covered the operational costs of the polio immunization campaign in seven governorates.

Protecting lives, one drop at a time

Joma'a Ayedh lives with her husband and four children in a small house on the outskirts of Mukalla. The family fled the city of Aden in 2015 during the fierce fighting between government forces and Houthis.

Ms. Ayedh says that some people who moved from rural areas to Mukalla don't want to vaccinate their children. "Those people who used to live in the countryside don't take children to health centres or allow mobile health workers to vaccinate them."

She learned about the polio vaccination campaign from an SMS on her mobile phone. She is another example of the many parents who welcome the vaccinators wholeheartedly.

"I have vaccinated all of my children," she said. "When I was a child, my siblings and I used to contract measles. Now, my children are not suffering from this disease thanks to the vaccination."

A day in the life of a community midwife in Yemen, available at https://www.unicef.org/yemen/reallives_11502.html



© UNICEF Yemen/2016/Al-dheeb

Midwife Kawkab Abdu leads Dr. Najwa A-dheeb of UNICEF through the village in Bani Hushaysh District where she works as a community midwife. Ms. Abdu assists three to six women in childbirth each month.

By Najwa Al-dheeb

In the early morning hours of an otherwise ordinary day in Yemen's Bani Hushaysh District, the sounds of bombs suddenly pierced the air. Residents of the community were frightened, and Ms. Kawkab Abdu Mohammed is the only community health worker who came to work that day. In a health system that is deteriorating because of the ongoing conflict, midwives like Ms. Abdu are a lifeline for Yemen's mothers and children.

SANA'A, Yemen, 10 August 2016 – At 8:20 am, I arrived at the Bani Hushaysh District, due east of the Yemeni capital of Sana'a. The journey had started in the city at 7:00 am, and I was joined by UNICEF colleagues and staff from the Sana'a Governorate Health Office.

Our first stop was at the Bani Hushaysh District Health Centre, where we were met by Kawkab Abdu, a community midwife in the area. She told us that after a long, shaky period of ceasefire, they had heard sounds of bombs earlier that morning, which had frightened residents. "Don't worry, we will protect you," Ms. Abdu said as if to reassure me. I simply smiled and we moved into the health facility.

An integrated package

Ms. Abdu, 36, has been a community midwife in Bani Hushaysh since 2007, when she completed training on community-based maternal and newborn care. The training is given to community midwives to equip them with essential lifesaving skills.

Today she is the only health worker who has reported to work. The rest were scared by the sound of bombs and likely wanted to assess the situation before coming to work. Since the conflict in Yemen escalated, health centres have been severely affected. Some have been attacked, others have run out of medicines, fuel and electricity. In many cases, the health workers have fled.

>> [Learn more](#) about the humanitarian situation and needs in Yemen



© UNICEF Yemen/2016/Al-dheeb

Dr. Najwa Al-dheeb (left) from UNICEF talks with midwife Kawkab Abdu during a visit to Bani Hushaysh Health Centre, east of Sana'a city. Ms. Abdu was the only health worker to show up to work that day, after bombings were heard earlier that morning.

In Bani Hushaysh, Ms. Abdu is a lifeline for the residents. She is described by the residents as an 'integrated package' – she administers vaccines, manages childhood diseases such as respiratory tract infections, diarrhoea and measles, and she also manages malnutrition by screening children, providing treatment and referring severe cases for further treatment.

A passionate midwife

Ms. Abdu is not only a committed professional but a passionate one. She says her dream was to be a doctor but she could not afford to go to medical school. She ended up enrolling in a degree programme in education, but her dream of serving in the medical field kept haunting her.

One day when she heard that the District Health Office was looking for educated women to be trained as community midwives, she quit the education course and instead registered for a midwifery degree. That was when her journey with the community started as she began providing midwifery support to women in the district. Since then she has assisted in the delivery of countless babies in the area, making her a household name in her community. As we walked through the village with her, we could see people's respect and gratitude as they greeted and waved.

Every month, she says she helps about three to six women give birth. She then follows up to ensure the mother and baby are well nourished and healthy.

Today she took us along on a visit to Ali's house where one month ago she helped his wife Om Mohammed deliver their eighth child, baby Mohammed. As soon as we arrived, with a smile on her face, she started doing physical checks on the baby for any signs of sickness or malnutrition. She did the same for the mother and then started giving lessons on the importance of exclusive breastfeeding.

She explained to the mother that exclusive and continuous breastfeeding for the first six months helps the rapid growth of the child physically and mentally. She also talked about the importance of maintaining good hygiene and sanitation. Soon, the other women in the house joined in and listened attentively, asking questions as Ms. Abdu responded in turn. Their conversation was punctuated with laughter – they were all enjoying the session.

We left Ali's house after an hour and walked to Ms. Abdu's house. She calls her home a 'mini hospital' because she has a room where she receives patients after working hours. She also keeps delivery records for mothers and other medical cases, helping her stay up to date on cases that require follow up.

"I am doing something for my people and I am happy about it," she said as we ended our visit.

As Ms. Abdu, more than 3,000 devoted health workers, midwives and volunteers across Yemen have been trained by UNICEF and will continue to work tirelessly for the well-being of their communities.

A mission to save lives in Yemen, available at https://www.unicef.org/yemen/reallives_11506.html



© UNICEF Yemen/2016/Madhok

A child is weighed at a health facility on the outskirts of Sana'a. UNICEF is supporting health facilities in the city and integrated outreach campaigns in more remote areas.

By Rajat Madhok

Yemen's crumbling health system has left many children vulnerable to disease and malnutrition. Learn how health workers are using the few remaining health facilities and integrated outreach campaigns to treat the growing number of sick children.

SANA'A, Yemen, 27 October 2016 – "Hurry up, we can't be late," says Waleed. "If we don't get there early, there's a good chance we will miss out on meeting parents and their children." He speaks in a hurried voice as we jump into a bulletproof car and speed off towards the outskirts of the city. I scramble around in the front seat, looking for my pen and paper to take notes.

Waleed Noman is the head of operations for the Sana'a office – UNICEF Yemen's largest field office. We are on our way to a health facility on the periphery of the city where mothers bring their children to have them screened and treated for malnutrition.

"Every day the numbers of mothers and sick children only seems to be increasing, in part because the situation in the country is so dire, and also because we've expanded our medical surveillance and outreach programmes across the country," says Waleed, referring to the conflict that has engulfed the country for the past year and a half. "When mothers know that their children are malnourished, they bring them to these health facilities."

We drive across the city, passing destroyed buildings and hanging concrete smashed in the conflict. Once a flourishing capital city, Sana'a is now in tatters, damaged physically as well in spirit. Its inhabitants are dragging their feet and barely making ends meet. Long queues at petrol pumps or at grocery stores, closed schools and bombed hospitals all remind its citizens of a better past and a dreaded future ahead.

>> Read more: [A day in the life of a community midwife in Yemen](#)



© UNICEF Yemen/2016/Madhok

A child is screened for malnutrition with a mid-upper arm circumference measuring tape. UNICEF estimates that 1.5 million children in the country are acutely malnourished, of which 370,000 suffer from Severe Acute Malnutrition (SAM).

Thirty minutes later, we enter a health facility where families are sprawled on the floor at the entrance gate. Children, many as young as 3 years old, are running around in circles, playing. A vendor sells hot sandwiches for those waiting their turn to see the doctor.

We walk into the health facility where a sea of mothers with babies in their arms greet us. “They are all waiting to get their children tested for malnutrition,” Waleed says as he points to a child being weighed on a scale.

We follow the next child who is measured for his height and weight. Soon after, a mid-upper arm circumference (MUAC) measuring tape is wrapped around his arm. If the tape stops at green, the child is healthy; if it stops at orange, the child is moderately malnourished. Unfortunately, in the case of this one-year-old the tape stops at red, signalling that he is severely and acutely malnourished. None of us are surprised.

UNICEF estimates that 1.5 million children in the country are acutely malnourished, of which 370,000 suffer from Severe Acute Malnutrition (SAM). Sadly, a collapsing health system, non-functional hospitals or health facilities, and critical shortages of medicines and health workers mean this situation is only likely to get worse. SAM children are ten times more likely to die than healthy children if not treated on time.

In this particular case, the one-year-old is immediately prescribed a dosage of medicines to build his immunity, and given Ready-to-Use Therapeutic Food (RUTF). With this treatment his recovery is fairly secured, but according to Waleed, there are tens of thousands of children in Yemen are not so lucky.

>> [Learn more](#) about UNICEF's work on nutrition in emergencies

After he is convinced that the UNICEF-supported health facility is functioning properly, Waleed suggests that we do a spot check on a mobile health team that is vaccinating children in the vicinity. We again jump into the bulletproof car and drive to a nearby village on the edge of the city limits.

The village is comprised of a group of run-down houses. Next to the houses is a large school with an expansive playground. At a tented station outside one of the classrooms, we meet two health workers and their driver. They are part of the integrated outreach campaigns supported by UNICEF, in which health workers use any transport available to reach people who do not have access to hospitals or health facilities. They then provide adults and children with basic yet lifesaving medical services.

This is possibly the largest exercise of this nature in the country – health workers cover all governorates and provide a wide range of services, including screenings, referrals and treatment for children with malnutrition, integrated management of childhood illness (IMCI), vaccinations, reproductive health services for pregnant and new mothers, and more. At this school in the village, the health volunteers have already vaccinated 40 children against polio and other preventable diseases.

It is now time for us to return to our office, and we begin the drive back. Waleed reflects on the day, going over what is being done well and what can be done better. “We have lost out on the gains made in the last decade in

improving the health of our children because of this conflict," he says. "It is so painful to see children die when they could have easily been saved."

He continues, "As citizens of this world, it is our responsibility to take care of our children, but we seem to keep failing them. Well not under my watch."

UNICEF's efforts to reach the most needed children and families in Yemen would not have been possible without the generous contributions from donors to support the provision of healthcare and nutrition services in the most affected and less served locations in the country.

ANNEX II: DONOR REPORT FEEDBACK FORM

Report Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

Please return the completed form back to UNICEF by email to:

Name: Sherin Varkey and Peter Tubman

Email: svarkey@unicef.org and ptubman@unicef.org

**SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”**

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

**SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”**

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5

4

3

2

1

0

If you have not been fully satisfied, could you please tell us what we could do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5

4

3

2

1

0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?

Thank you for filling this form!