

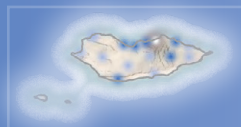
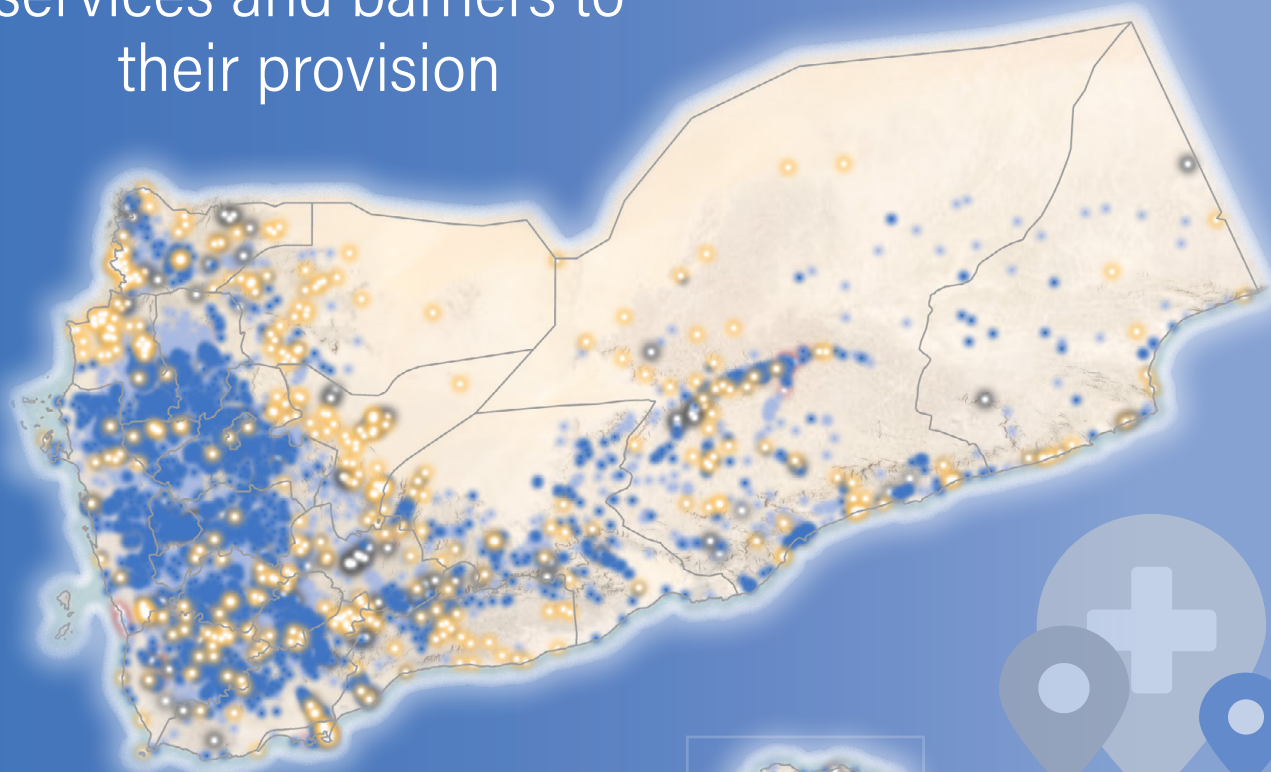
HeRAMS Yemen

Baseline report 2023



CHILD HEALTH AND NUTRITION SERVICES

A comprehensive mapping
of availability of essential
services and barriers to
their provision



July 2023

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HeRAMS YEMEN

BASELINE REPORT 2023

Child health and nutrition services

A comprehensive mapping of availability of essential services and barriers to their provision

July 2023



Ministry of Public Health & Population

وزارة الصحة العامة والسكان



World Health
Organization



HeRAMS
Health Resources and Services
Availability Monitoring System



WORLD BANK GROUP

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ACRONYMS

CMAM	Community management of acute malnutrition
EPI	Expanded programme for immunization
HeRAMS	Health Resources and Services Availability Monitoring System
HF	Health facility
IEC	Information, education, and communications
IMAM	Integrated management of acute malnutrition
IMNCI	Integrated management of newborn and childhood illnesses
IYCF	Infant, young, and child feeding
SAM	Severe acute malnutrition
WHO	World Health Organization



DISCLAIMER

Disruptions to health systems can impede provision of and access to essential health services. Communities' vulnerability to increased morbidity and mortality substantially increases when a lack of reliable information prevents sound decision-making, especially in rapidly changing environments requiring continued assessment. The Health Resources and Services Availability Monitoring System (HeRAMS) aims to provide decision-makers and health stakeholders at large with vital and up-to-date information on the availability of essential health resources and services, help them identify gaps and determine priorities for intervention.

HeRAMS draws on the wealth of experience and knowledge gathered by the World Health Organization (WHO) and health sector actors, including non-governmental organizations (NGOs), donors, academic institutions and other technical bodies. It builds on a collaborative approach involving health service providers at large and integrating what is methodologically sound and feasible in highly constrained, low-resourced and rapidly changing environments such as humanitarian emergencies. Rapidly deployable and scalable to support emergency response and fragile states, HeRAMS can also be expanded to - or directly implemented as - an essential component of routine health information systems. Its modularity and scalability make it an essential component of emergency preparedness and response, health systems strengthening, universal health coverage and the humanitarian development nexus.

HeRAMS has been deployed in Yemen since 2017 and has allowed for the assessment of 5301 health facilities across the country, against 5536 health facilities targeted.

This analysis was produced based on the data collected up to 4 July 2023 and while the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

This is the third report of the *HeRAMS Yemen baseline report 2023* series focusing on the availability of child health and nutrition services. It is a continuation of the first report on the operational status of the health system¹ and should always be interpreted in conjunction with results presented in the first report. Additional reports are available covering (a) essential clinical and trauma care services², (b) communicable disease services³, (c) maternal and newborn services⁴, and (d) non-communicable disease and mental health services⁵.

Caution must be taken when interpreting the results presented in this report. Differences between information products published by WHO, national public health authorities, and other sources using different inclusion criteria and different data cut-off times are to be expected. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change.

For additional information, please see <https://www.who.int/initiatives/herams> or contact herams@who.int.

¹ HeRAMS Yemen baseline report 2023 - Operational status of the health system: A comprehensive mapping of the operational status health facilities, <https://www.who.int/publications/m/item/herams-yemen-baseline-report-2023-operational-status-of-the-health-system>.

² HeRAMS Yemen baseline report 2023 - General clinical and trauma care services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-yemen-baseline-report-2023-general-clinical-and-trauma-care-services>.

³ HeRAMS Yemen baseline report 2023 - Communicable disease services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-yemen-baseline-report-2023-communicable-disease-services>.

⁴ HeRAMS Yemen baseline report 2023 - Maternal and newborn services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-yemen-baseline-report-2023-maternal-and-newborn-services>.

⁵ HeRAMS Yemen baseline report 2023 - Non-communicable disease and mental health services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-yemen-baseline-report-2023-ncd-and-mental-health-services>.



PART I:

OVERVIEW OF THE AVAILABILITY OF CHILD HEALTH AND NUTRITION SERVICES



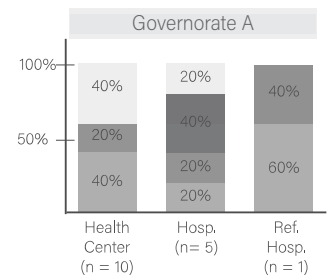
HOW TO READ THE CHARTS

Service availability

The first part of the report provides an overview of availability of child health and nutrition services. It should be noted that the analysis was limited to operational health facilities. A summary of health facilities assessed and their operational status is available on page 3. Further details on the operational status of health facilities can be found in the first report of the *HeRAMS Yemen baseline report 2023* series.

Bar chart

Overall availability of the service package is shown disaggregated by governorate and health facility type. The number of health facilities included is displayed below the health facility type name.



It should be noted that the number of services included was limited to health services expected based on national guidelines and depends on the type of health facility. Further details on services included for each type of health facilities is shown in [annex I](#).

Service availability per population (heat map)

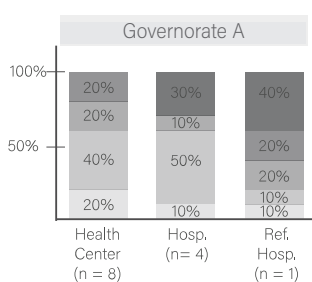


A more detailed overview of availability of individual services is shown as heat maps. Each cell indicates the number of health facilities providing a given service in relation to the catchment population. It should be noted that different catchment areas were used for referral and specialized health services (i.e. provincial vs. regional population estimates). For more details on population estimates, see [annex II](#).

To account for partially available services, a weighing was applied with a weight of 1 given to services reported as fully available and 0.5 for partially available services.

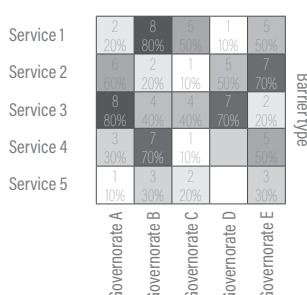
Main barriers impeding availability impeding service availability

Bar chart



For services not or only partially available, main barriers impeding service delivery are displayed as percentage of all barriers reported. Alike for service availability, bar charts display main barriers were disaggregated by health facility type and governorate. For each health facility type, the total number of barriers reported across the health service domain is indicated below the health facility type name. Note that for each service, up to three barriers could be reported. Hence, the percentages shown in these charts should not be used to make any conclusion on the percentage of health facilities having reported a barrier. For a conclusion on the frequency of health facilities reporting a given barrier, please refer to the heat map below.

Heat map



Heat maps provide additional insights on main barriers for individual services by catchment area. Cell opacity levels indicate the percentage of health facilities in the catchment area reporting a given barriers. The integer inside the cell denotes the number of health facilities reporting a given barrier while the percentage indicates the percentage of health facilities reporting the barrier. Note that health facilities not reporting a barrier (i.e. health facilities where the service is fully available or not normally provided) were excluded from these charts.

OVERVIEW OF HEALTH FACILITIES ASSESSED

Summary of health facilities assessed

5536 targeted health facilities



138 Closed
59 Planned
38 Not reporting

5301 health facilities assessed


Building condition



103 Fully damaged
469 Partially damaged
1 Not relevant


Equipment condition



160 Fully damaged
640 Partially damaged
4 Not reporting


Functionality

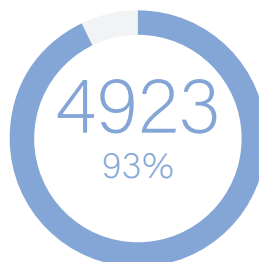


275 Not functioning
2048 Partially functioning


Accessibility



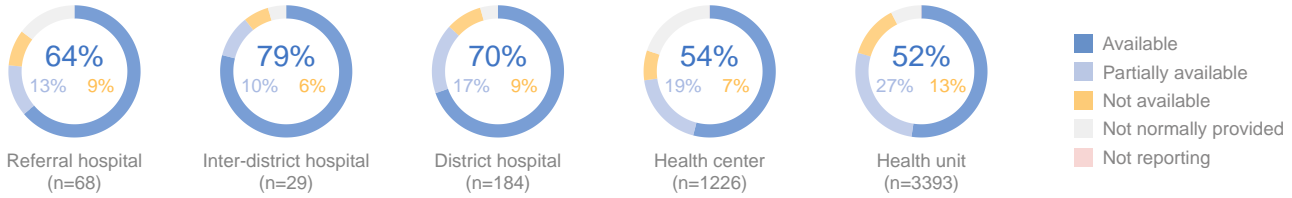
0 Not accessible
1359 Partially accessible



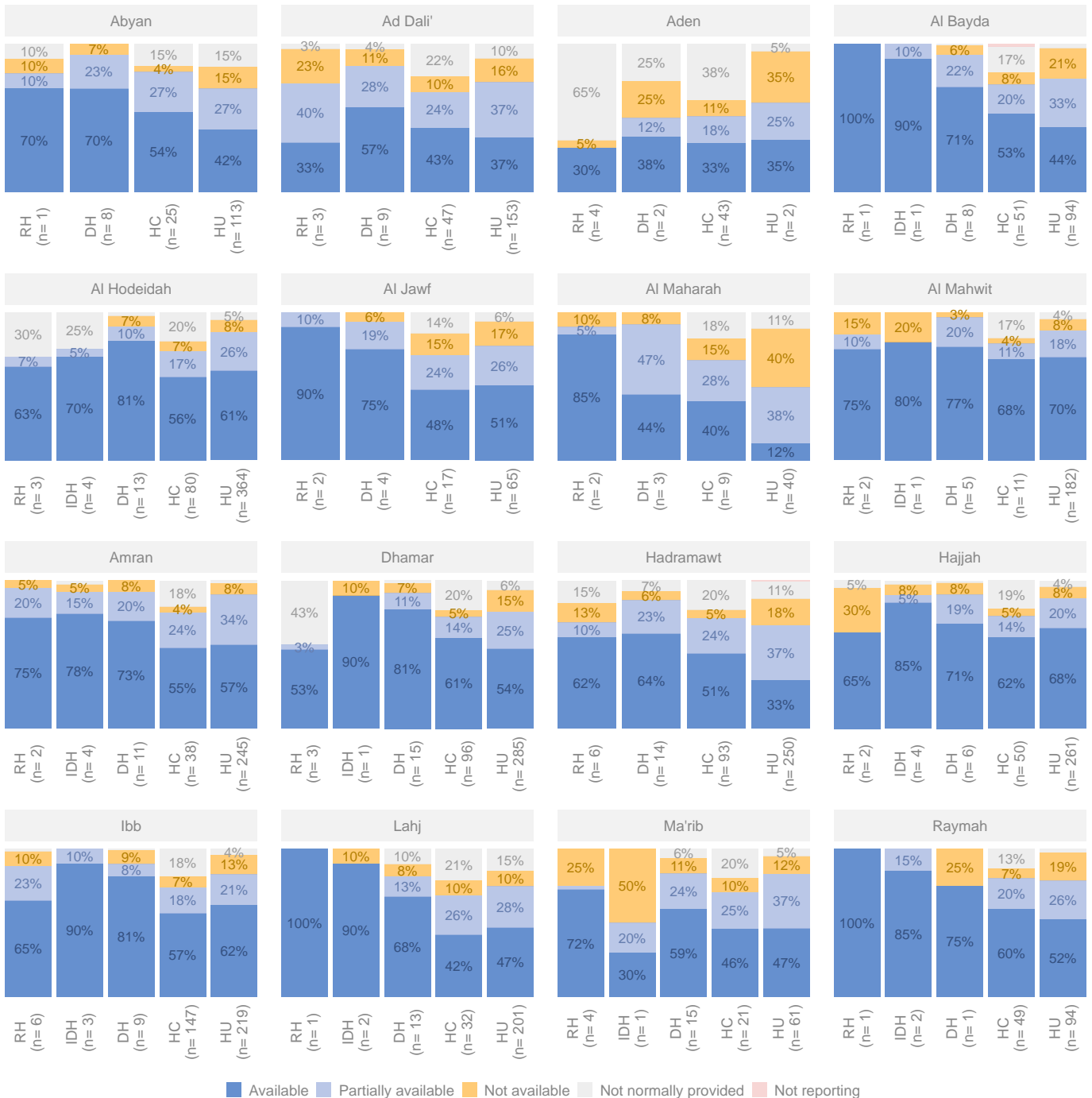
4923 Fully or partially operational health facilities
(out of the assessed health facilities)
93%

AVAILABILITY OF SERVICE PACKAGE AND MAIN BARRIERS

Package coverage by health facility type⁶

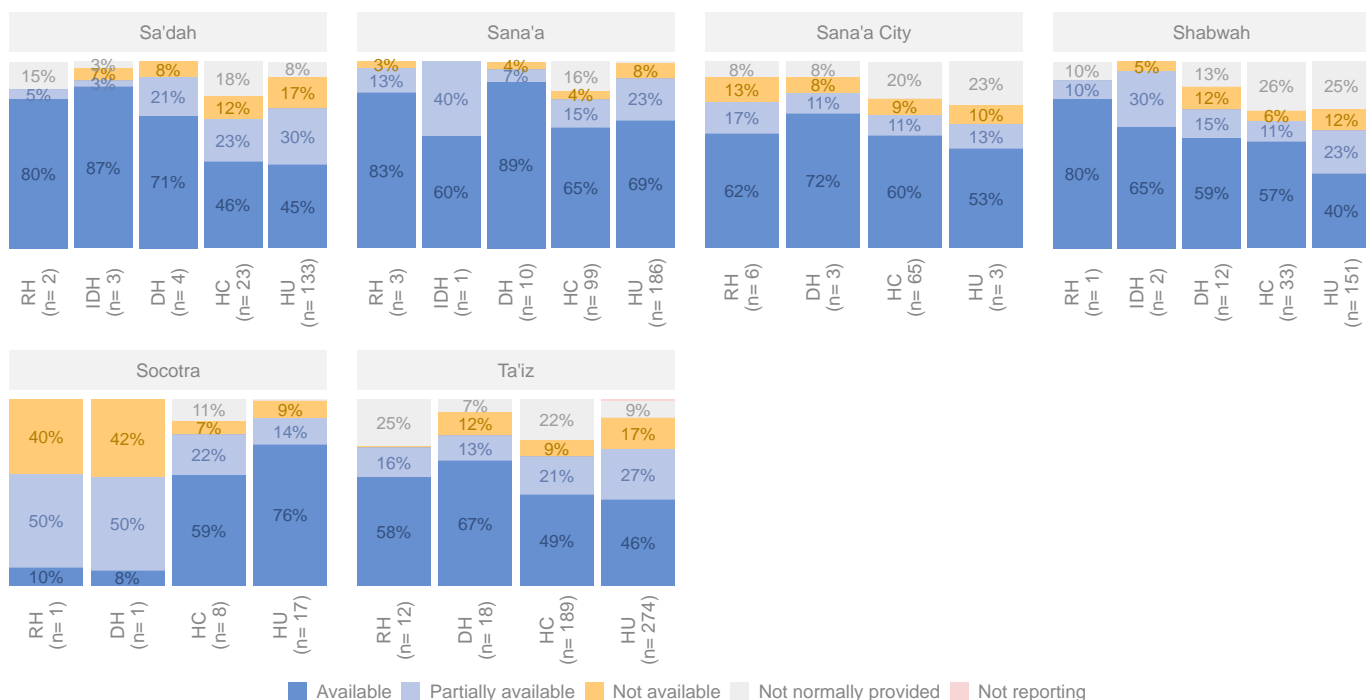


Package coverage by governorate and health facility type⁶

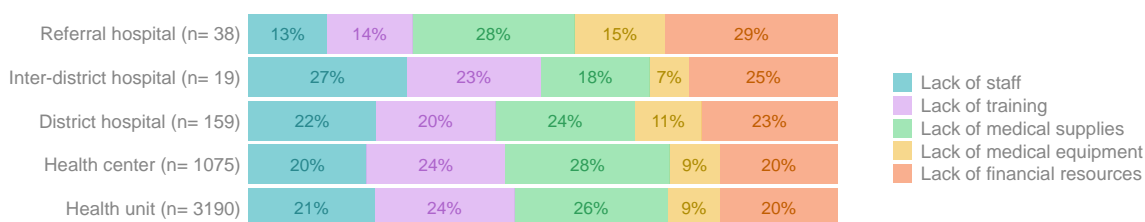


⁶ Number of services included may vary from one health facility type to another. The "Other" HF type has been excluded as it includes very different and specialized HFs. See [Annex I](#) for a full description of the services included for each health facility type.

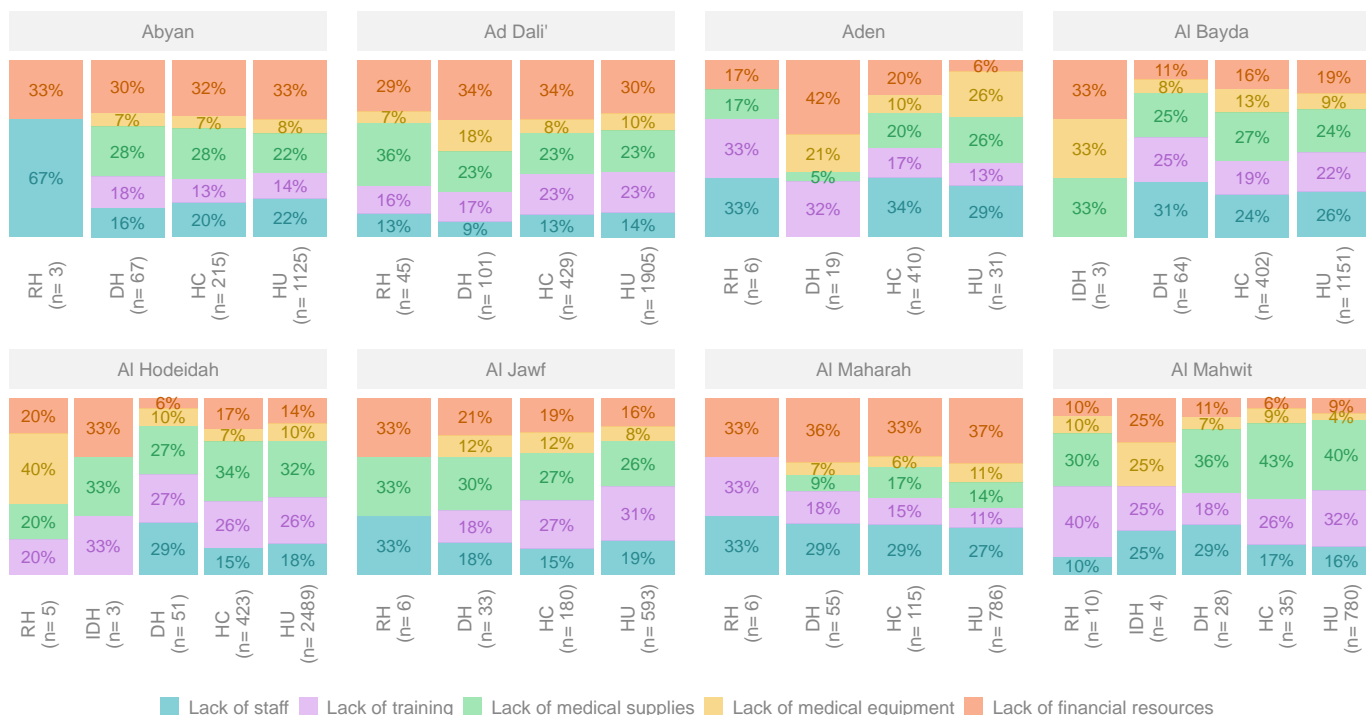
Availability of essential services by governorate and health facility type (cont.)



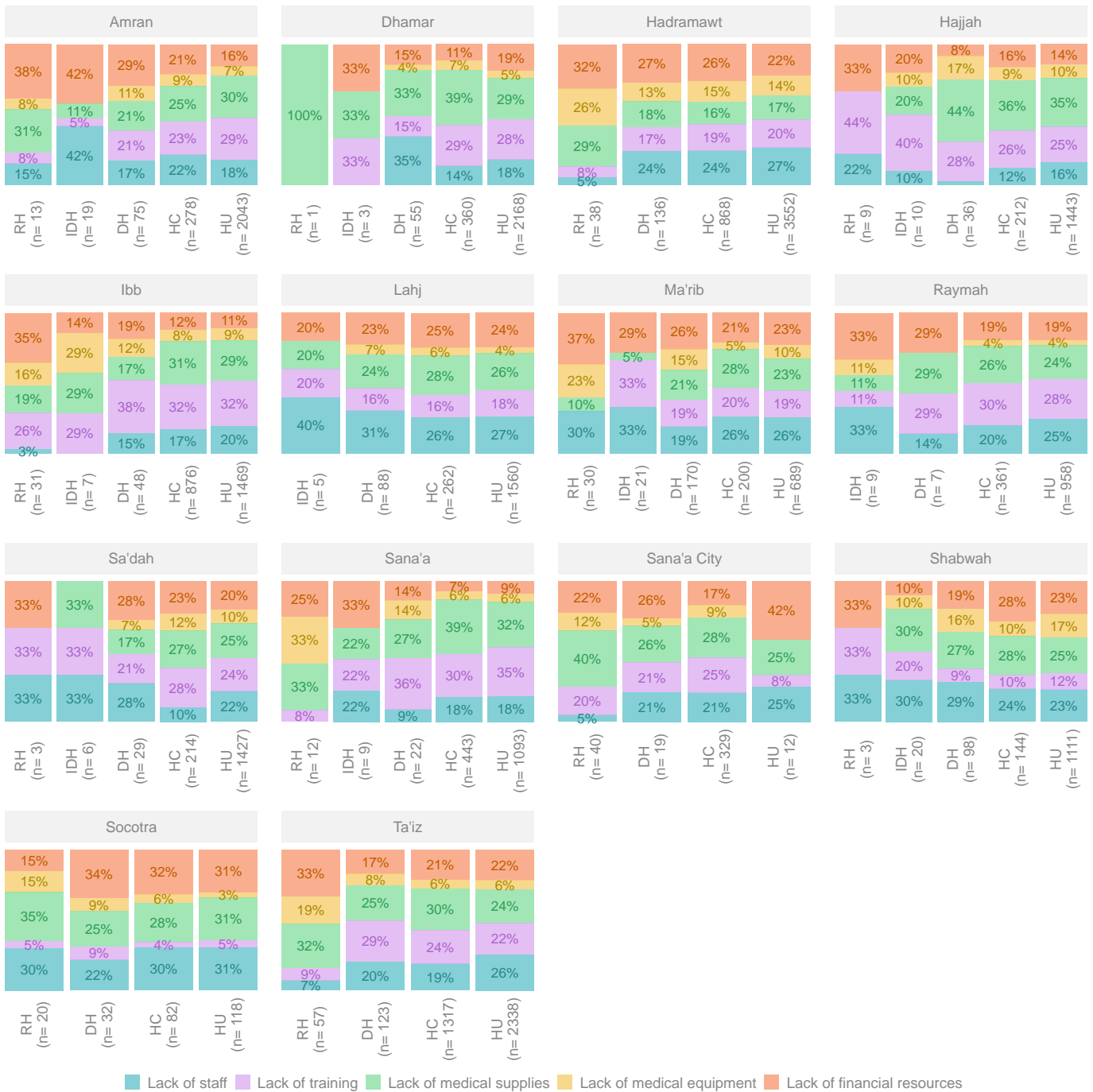
Main barriers impeding availability of essential health services by health facility type



Main barriers impeding availability of essential health services by governorate and health facility type



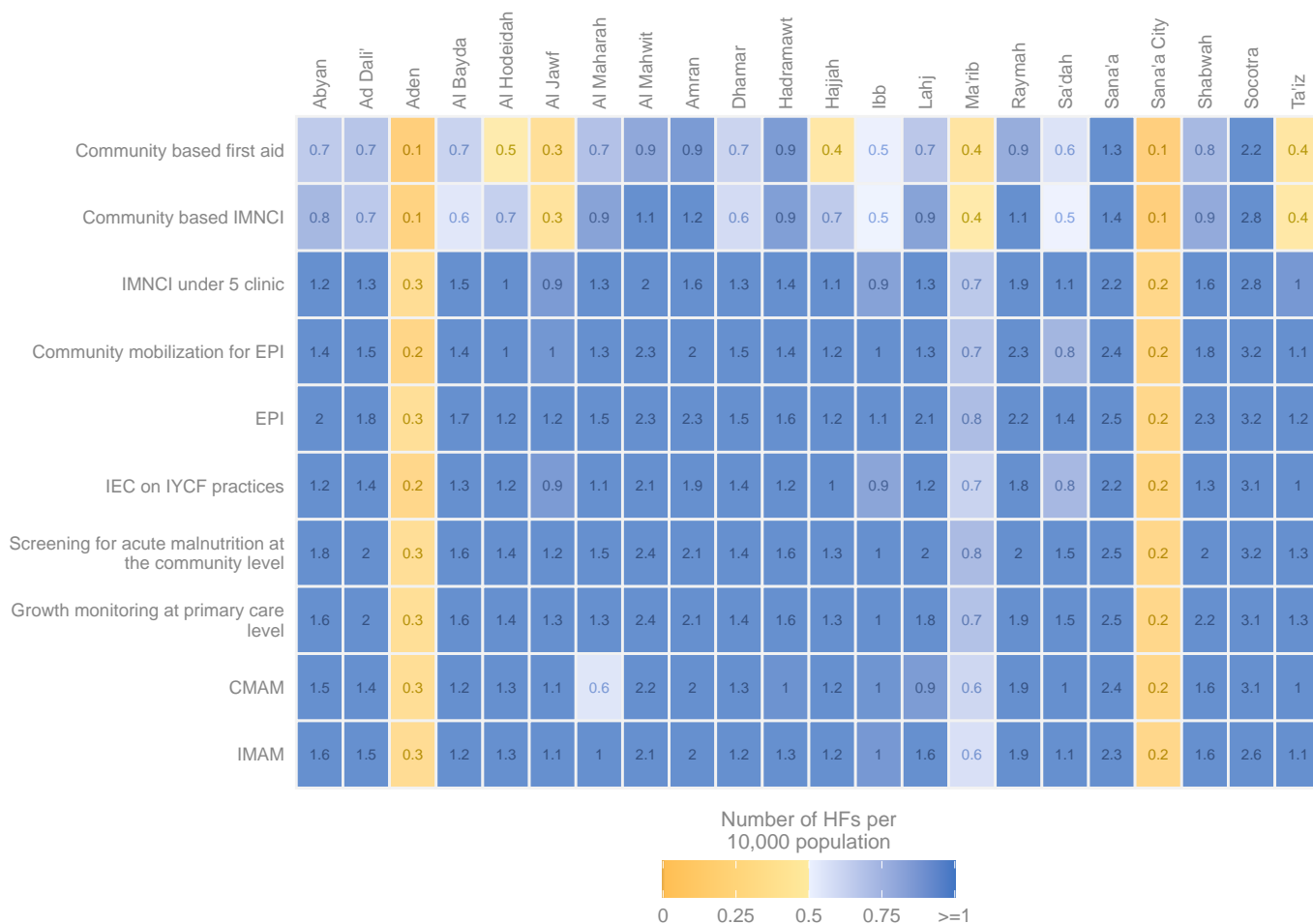
Main barriers impeding availability of essential health services by governorate and health facility type



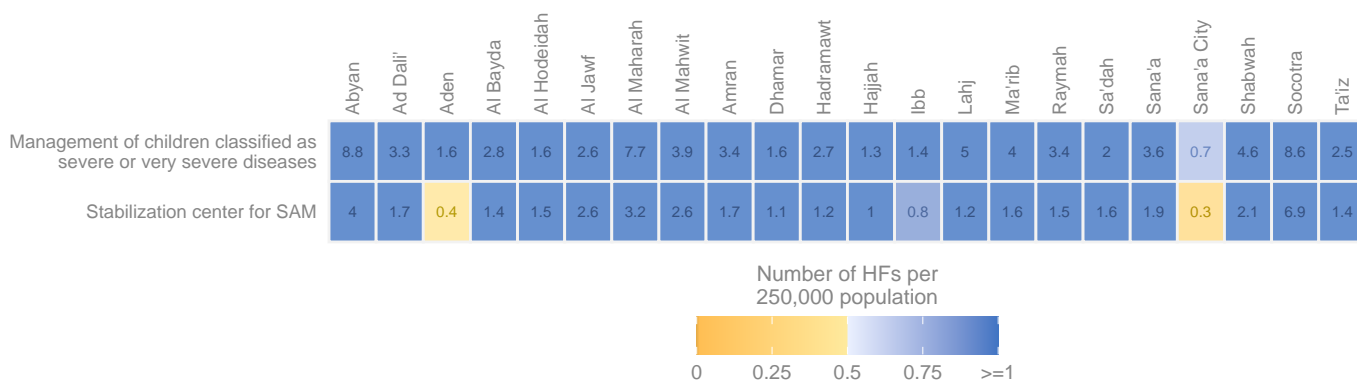
SERVICE AVAILABILITY BY CATCHMENT POPULATION

Note: While the average number of health facilities providing essential health services per population is a useful metric for high-level comparisons, it is recommended that geospatial accessibility models be developed. By taking into account additional factors such as travel time, these models provide a more accurate reflection of the actual accessibility to and coverage of essential health services.

Number of health facilities providing essential community and primary services per 10,000 population⁷



Number of health facilities providing specialized services per 250,000 population⁷



⁷ Sphere minimum standard: 1 HF per 10,000 population and 1 hospital per 250,000 population. See annex II for population estimates by governorate and by district.

MAIN BARRIERS IMPEDING SERVICE DELIVERY

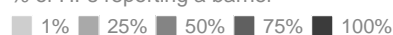
Main barriers impeding availability of essential community and primary health services by governorate

	Abyan					Ad Dali'					Aden					Al Bayda					Al Hodeidah				
Community-based first aid	44	26	55	18	49	46	75	113	28	98	16	12	13	5	10	75	72	91	35	35	124	204	238	48	62
	54%	32%	68%	22%	60%	33%	54%	81%	20%	71%	76%	57%	62%	24%	48%	60%	58%	73%	28%	28%	39%	65%	76%	15%	20%
Community-based IMNCI	44	29	64	12	63	52	83	122	26	113	19	6	11	6	15	79	66	111	19	47	115	187	252	27	62
	49%	32%	71%	13%	70%	34%	54%	79%	17%	73%	86%	27%	50%	27%	68%	59%	49%	83%	14%	35%	38%	61%	83%	9%	20%
IMNCI under 5 clinic	52	29	63	12	76	36	74	128	21	97	14	10	13	5	6	32	27	47	23	27	56	90	214	23	55
	53%	30%	64%	12%	78%	24%	48%	84%	14%	63%	78%	56%	72%	28%	33%	52%	44%	77%	38%	44%	24%	38%	91%	10%	23%
Community mobilization for EPI	22	7	8	4	37	25	43	18	25	100	16	3	4	9	14	30	25	8	19	47	59	72	36	46	95
	56%	18%	21%	10%	95%	24%	41%	17%	24%	94%	94%	18%	24%	53%	82%	47%	39%	12%	30%	73%	32%	39%	19%	25%	51%
EPI	9	7	17	8	19	28	28	42	41	51	12	3	7	8	7	10	7	14	12	11	16	25	51	77	27
	35%	27%	65%	31%	73%	33%	33%	50%	49%	61%	92%	23%	54%	62%	54%	40%	28%	56%	48%	44%	15%	24%	48%	73%	25%
IEC on IYCF practices	20	20	17	11	49	34	74	32	19	87	18	9	4	7	16	50	45	24	6	24	67	68	43	17	44
	38%	38%	33%	21%	94%	29%	63%	27%	16%	74%	86%	43%	19%	33%	76%	72%	65%	35%	9%	35%	51%	52%	33%	13%	34%
Screening for acute malnutrition at the community level	21	11	14	8	35	37	27	23	13	43	11	7	8	4	3	21	15	15	4	14	16	21	17	4	16
	55%	29%	37%	21%	92%	59%	43%	37%	21%	68%	92%	56%	67%	33%	25%	64%	45%	45%	12%	42%	47%	62%	50%	12%	47%
Growth monitoring at primary care level	28	21	17	13	35	20	31	26	17	31	12	7	7	4	3	22	20	16	13	14	15	27	15	7	16
	60%	45%	36%	28%	74%	36%	56%	47%	31%	56%	92%	54%	54%	31%	23%	56%	51%	41%	33%	36%	41%	73%	41%	19%	43%
CMAM	24	24	29	11	41	28	49	26	17	56	12	10	9	1	6	45	30	39	16	34	22	37	36	16	26
	45%	45%	55%	21%	77%	34%	60%	32%	21%	68%	92%	77%	69%	8%	46%	62%	42%	54%	22%	47%	32%	54%	53%	24%	38%
IMAM	32	27	32	11	49	29	60	41	28	70	14	10	11	2	8	40	32	36	13	30	23	45	48	17	32
	52%	44%	52%	18%	79%	29%	61%	41%	28%	71%	88%	62%	69%	12%	50%	59%	47%	53%	19%	44%	28%	55%	59%	21%	39%

	Al Jawf					Al Maharah					Al Mahwit					Amran					Dhamar				
Community-based first aid	24	46	47	12	23	34	12	15	23	44	34	96	120	15	13	80	169	192	46	67	91	159	186	34	72
	36%	70%	71%	18%	35%	72%	26%	32%	49%	94%	24%	67%	83%	10%	9%	33%	71%	80%	19%	28%	33%	58%	68%	12%	26%
Community-based IMNCI	29	47	48	9	24	34	11	25	9	46	41	67	109	6	18	106	151	222	22	64	88	146	228	23	90
	42%	68%	70%	13%	35%	72%	23%	53%	19%	98%	31%	50%	81%	4%	13%	42%	60%	89%	9%	26%	30%	49%	77%	8%	30%
IMNCI under 5 clinic	12	34	44	8	12	24	13	16	4	34	4	18	68	1	8	47	90	165	15	59	45	65	133	17	63
	22%	63%	81%	15%	22%	67%	36%	44%	11%	94%	6%	25%	94%	1%	11%	25%	48%	88%	8%	32%	26%	37%	76%	10%	36%
Community mobilization for EPI	17	19	13	10	23	28	9	5	9	39	7	5	2	1	6	21	53	16	25	61	29	17	16	7	30
	46%	51%	35%	27%	62%	70%	22%	12%	22%	98%	44%	31%	12%	6%	38%	21%	54%	16%	25%	62%	51%	30%	28%	12%	53%
EPI	4	6	10	8	5	24	6	18	13	32	1	3	1	6	9	8	6	9	11	5	13	17	31	30	35
	21%	32%	53%	42%	26%	69%	17%	51%	37%	91%	6%	19%	6%	38%	56%	33%	25%	38%	46%	21%	17%	23%	41%	40%	47%
IEC on IYCF practices	22	31	13	5	19	25	18	9	13	39	32	16	10	2	10	53	66	23	10	39	59	48	31	8	27
	54%	76%	32%	12%	46%	58%	42%	21%	30%	91%	67%	33%	21%	4%	21%	50%	63%	22%	10%	37%	60%	48%	31%	8%	27%
Screening for acute malnutrition at the community level	10	9	4	3	5	25	15	14	6	27	8	9			3	38	32	14	3	20	34	58	25	6	27
	67%	60%	27%	20%	33%	71%	43%	40%	17%	77%	67%	75%			25%	60%	51%	22%	5%	32%	40%	67%	29%	7%	31%
Growth monitoring at primary care level	6	10	5	2	3	22	12	17	10	34	2	6		1	2	23	26	10	11	24	29	70	25	8	30
	43%	71%	36%	14%	21%	59%	32%	46%	27%	92%	25%	75%		12%	25%	41%	46%	18%	20%	43%	33%	79%	28%	9%	34%
CMAM	8	18	11	6	9	11	3	1	2	11	6	18	7		2	40	41	25	11	39	36	71	48	5	37
	33%	75%	46%	25%	38%	100%	27%	9%	18%	100%	26%	78%	30%		9%	47%	48%	29%	13%	46%	34%	66%	45%	5%	35%
IMAM	9	15	11	7	8	30	15	15	7	40	4	23	13	2	4	28	44	30	11	27	36	73	60	5	41
	39%	65%	48%	30%	35%	71%	36%	36%	17%	95%	13%	77%	43%	7%	13%	36%	57%	39%	14%	35%	32%	65%	53%	4%	36%

	Hadramawt					Hajjah					Ibb					Lahj					Ma'rib				
Community-based first aid	148	122	113	101	121	72	142	190	52	60	92	201	203	42	42	71	68	83	16	54	43	40	46	18	33
	66%	54%	50%	45%	54%	30%	59%	79%	22%	25%	33%	72%	73%	15%	15%	54%	52%	63%	12%	41%	61%	56%	65%	25%	46%
Community-based IMNCI	157	113	155	83	135	61	103	170	29	59	101	194	202	33	49	78	54	106	9	70	36	30	42	17	32
	65%	47%	64%	34%	56%	29%	49%	81%	14%	28%	35%	68%	70%	11%	17%	51%	36%	70%	6%	46%	55%	46%	65%	26%	49%
IMNCI under 5 clinic	135	102	113	62	111	23	28	106	12	31	44	51	121	15	24	94	48	139	10	75	29	14	30	7	19
	69%	52%	58%	32%	57%	20%	25%	93%	11%	27%	30%	35%	83%	10%	16%	52%	27%	77%	6%	42%	71%	34%	73%	17%	46%
Community mobilization for EPI	103	67	37	86	102	18	38	11	7	25	21	41	8	24	27	35	13	9	6	63	23	17	11	12	21
	66%	43%	24%	55%	65%	32%	67%	19%	12%	44%	32%	62%	12%	36%	41%	46%	17%	12%	8%	83%	61%	45%	29%	32%	55%
EPI	72	52	81	76	83	12	6	18	22	7	26	18	34	34	16	17	5	3	6	16	14	9	9	11	14
	53%	38%	59%	55%	61%	31%	15%	46%	56%	18%	44%	31%	58%	58%	27%	89%	26%	16%	32%	84%	52%	33%	33%	41%	52%
IEC on IYCF practices	139	105	53	75	116	33	57	33	20	44	56	91	19	20	37	62	34	17	11	74	25	21	22	7	27
	71%	53%	27%	38%	59%	34%	59%	34%	21%	45%	47%	76%	16%	17%	31%	56%	31%	15%	10%	67%	53%	45%	47%	15%	57%
Screening for acute malnutrition at the community level	106	79	35	47	79	11	13	5	4	4	22	47	24	8	15	28	12	15	7	19	19	13	16	4	15
	75%	56%	25%	33%	56%	61%	72%	28%	22%	22%	37%	80%	41%	14%	25%	80%	34%	43%	20%	54%	68%	46%	57%	14%	54%
Growth monitoring at primary care level	113	86	47	38	88	10	10	14	4	3	26	33	22	7	20	28	43	31	4	21	25	13	15	7	22
	78%	59%	32%	26%	61%	43%	43%	61%	17%	13%	49%	62%	42%	13%	38%	44%	67%	48%	6%	33%	71%	37%	43%	20%	63%
CMAM	79	59	59	21	80	11	13	17	5	5	27	47	35	11	28	27	15	24	6	22	23	22	22	5	24
	68%	51%	51%	18%	69%	39%	46%	61%	18%	18%	36%	62%	46%	14%	37%	64%	36%	57%	14%	52%	59%	56%	56%	13%	62%
IMAM	129	101	90	62	135	12	22	23	11	8	30	43	38	14	28	53	34	60	5	39	28	20	27	9	31
	65%	51%	45%	31%	68%	32%	59%	62%	30%	22%	39%	57%	50%	18%	37%	50%	32%	57%	5%	37%	61%	43%	59%	20%	67%

% of HF's reporting a barrier



Type of barrier



Main barriers impeding availability of essential community and primary health services by governorate (cont.)

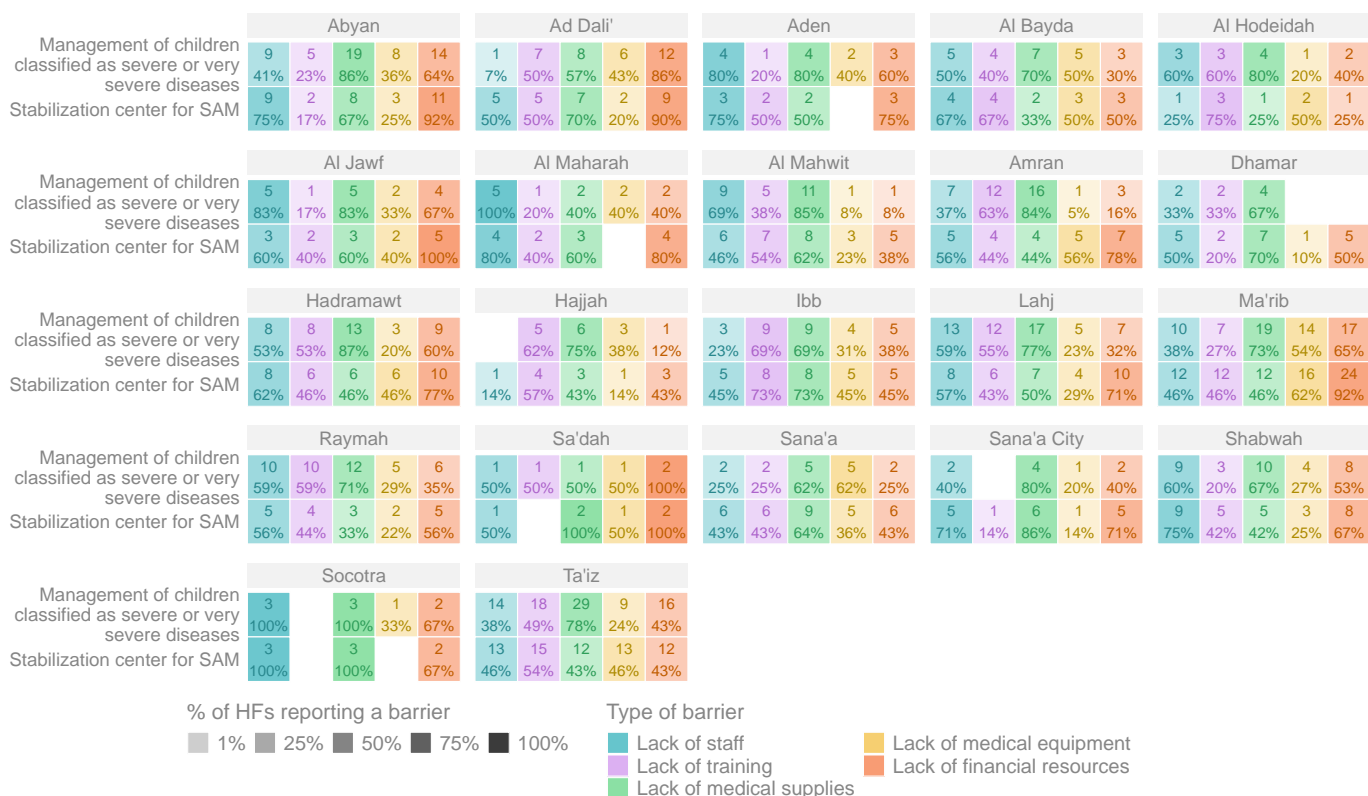
	Raymah					Sa'dah					Sana'a					Sana'a City					Shabwah				
Community-based first aid	63 52%	87 72%	93 78%	10 8%	40 33%	70 55%	74 58%	87 69%	37 29%	45 35%	65 30%	156 71%	165 75%	30 14%	24 11%	21 42%	29 58%	33 66%	13 26%	19 38%	37 57%	18 28%	41 63%	17 26%	28 43%
Community-based IMNCI	56 47%	76 63%	95 79%	5 4%	50 42%	58 49%	59 50%	82 69%	23 19%	55 47%	87 40%	139 65%	151 70%	10 5%	31 14%	20 42%	27 56%	32 67%	10 21%	15 31%	29 40%	26 36%	50 69%	15 21%	30 42%
IMNCI under 5 clinic	30 51%	34 58%	39 66%	1 2%	19 32%	41 42%	46 47%	81 83%	16 16%	37 38%	27 26%	49 48%	90 87%	7 7%	20 19%	7 47%	4 27%	13 87%	2 13%	7 47%	63 56%	36 32%	72 64%	34 30%	60 53%
Community mobilization for EPI	10 53%	14 74%	2 11%	1 5%	10 53%	35 37%	49 52%	16 17%	18 19%	65 68%	20 54%	16 43%	10 27%	11 30%	10 27%	3 23%	6 46%	1 8%	3 23%	10 77%	13 52%	2 8%	8 32%	12 48%	11 44%
EPI	10 42%	5 21%	9 38%	17 71%	12 50%	14 44%	8 25%	24 75%	17 53%	16 50%	1 5%	4 20%	7 35%	16 80%	7 35%	2 50%		4 100%	1 25%	1 25%	19 32%	4 7%	31 53%	39 66%	32 54%
IEC on IYCF practices	36 63%	37 63%	12 21%		30 53%	48 47%	72 70%	25 24%	17 17%	49 48%	32 43%	58 78%	25 34%	4 5%	15 20%	7 39%	11 61%	6 33%	2 11%	8 44%	23 41%	18 32%	14 25%	14 25%	32 57%
Screening for acute malnutrition at the community level	28 74%	21 58%	13 34%		17 45%	8 38%	18 86%	14 67%	3 14%	5 24%	8 33%	18 75%	9 38%		4 17%	2 29%	4 57%	4 57%	1 14%	2 29%	31 76%	9 22%	14 34%	13 32%	16 39%
Growth monitoring at primary care level	28 58%	34 71%	18 38%	5 10%	24 50%	16 55%	23 79%	15 52%	5 17%	9 31%	9 56%	10 62%	7 44%		1 6%	1 25%	2 50%	3 75%	1 25%		28 52%	12 22%	30 56%	20 37%	26 48%
CMAM	23 52%	34 77%	14 32%	2 5%	26 59%	28 51%	28 51%	29 53%	14 25%	30 55%	13 30%	25 58%	28 65%	3 7%	11 26%	5 56%	5 56%	6 67%		4 44%	31 53%	14 24%	35 59%	23 39%	32 54%
IMAM	19 49%	26 67%	20 51%	5 13%	24 62%	28 44%	32 50%	40 62%	15 23%	31 48%	14 25%	40 73%	34 62%	8 15%	9 16%	4 44%	6 67%	6 67%	1 11%	4 44%	34 51%	12 18%	44 66%	24 36%	40 60%

	Socotra					Ta'iz				
Community-based first aid	11 69%	6 38%	14 88%	1 6%	14 88%	150 41%	215 59%	247 68%	30 8%	107 29%
Community-based IMNCI	9 90%	3 30%	9 90%	2 20%	7 70%	150 40%	195 52%	261 70%	24 6%	106 28%
IMNCI under 5 clinic	8 100%	1 12%	8 100%		7 88%	143 47%	127 42%	228 75%	28 9%	123 40%
Community mobilization for EPI	6 86%		3 43%	4 57%	5 71%	73 53%	40 29%	9 6%	24 17%	92 66%
EPI	6 86%	1 14%	4 57%	3 43%	6 86%	49 36%	21 15%	73 53%	66 48%	55 40%
IEC on IYCF practices	6 75%	1 12%	3 38%	4 50%	7 88%	93 57%	78 48%	15 9%	16 10%	87 54%
Screening for acute malnutrition at the community level	7 100%		7 100%		6 86%	27 42%	31 48%	18 28%	6 9%	35 54%
Growth monitoring at primary care level	6 86%	1 14%	7 100%	1 14%	6 86%	47 53%	42 47%	25 28%	6 7%	49 55%
CMAM	5 83%		6 100%		6 100%	57 50%	44 38%	41 36%	12 10%	67 58%
IMAM	6 75%		8 100%	1 12%	8 100%	68 45%	67 44%	58 38%	18 12%	89 59%

% of HFs reporting a barrier: 1% (lightest), 25%, 50%, 75%, 100% (darkest)

Type of barrier: Lack of staff (light blue), Lack of training (purple), Lack of medical supplies (green), Lack of medical equipment (yellow), Lack of financial resources (orange)

Main barriers impeding availability of specialized services by governorate





PART II:

IN-DEPTH ANALYSIS BY HEALTH SERVICE



HOW TO READ THE CHARTS AND THE MAPS

Service availability

Arc charts

Arc charts provide an overview of the overall availability of a health service. The total number of health facilities included in the analysis of a service is shown inside the arc chart. It should be noted that the analysis of individual services was limited to operational health facilities (see page 3 for details).

The availability of service is further broken down by governorate and health facility type.



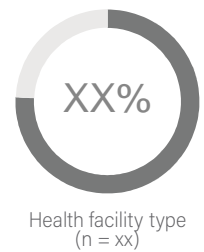
Column charts

Column charts display the availability of a service by governorate. The number of health facilities in a governorate is shown below the governorate's name.

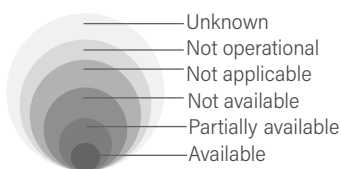


Donut charts

Each donut chart represents a type of health facility. The percentage of health facilities for which the service was available or partially available is shown inside the donut while the total number of health facilities included is shown at the bottom of the chart, below the health facility type name. If a service was not available in any health facility, the number inside the chart displays the percentage of health facilities for which the service was partially or not available.

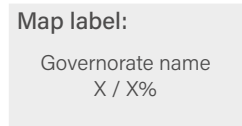


Maps



Maps display availability of health services at the governorate level. Each circle corresponds to the cumulative number of health facilities in a governorate and may be divided into multiple smaller circles with the colour representing the proportion of health facilities of a specific availability status. To highlight areas not reporting, respectively the impact of non-operational health facilities, maps depict all health facilities targeted with HeRAMS.

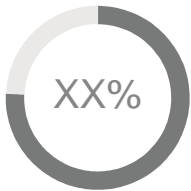
Map labels indicate the total number of health facilities expected to provide the service (i.e., excluding non-reporting, not operational, and health facilities where the service is not expected) as well as the percentage of health facilities where service is at least partially available. For ease of readability, labels for governorate where the service is not expected in any or at last partially available in all HSDUs have been omitted.



Barriers

To gain a more comprehensive understanding of the challenges faced by health facilities, whenever a service was not or only partially available, main barriers impeding service availability were recorded.

Donut charts

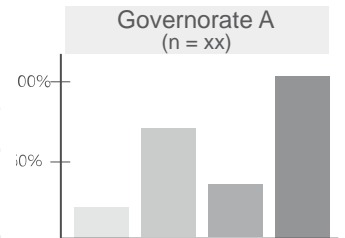


Each donut chart indicates the percentage of health facilities having reported a given reason. The total number of health facilities reporting at least one barrier is shown below the chart header.

is shown below the chart header.

Bar charts

Bar charts depicting barriers follow the same logic as donut charts and exclude health facilities where the service was fully available. The number of health facilities reporting at least one barrier is displayed below the governorates' name.

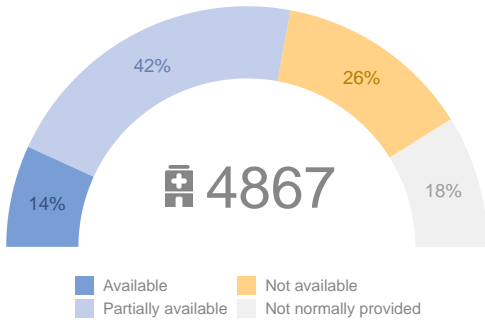


Important: The denominators of barrier charts exclude health facilities where the service was available up to standard. It should further be noted that health facilities could report up to three barriers for each service. Hence, the sum of all barriers may exceed 100%.



COMMUNITY-BASED FIRST AID

Overall service availability

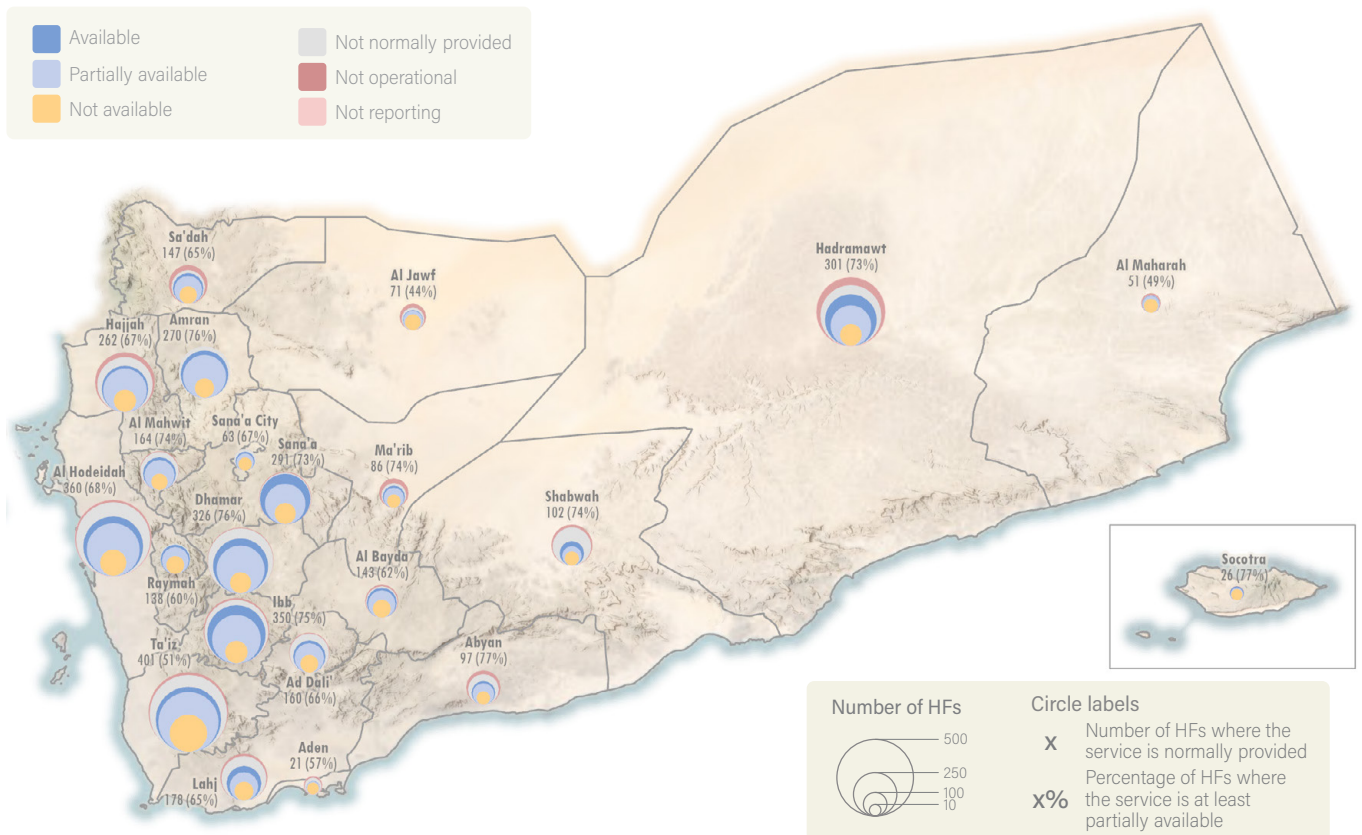
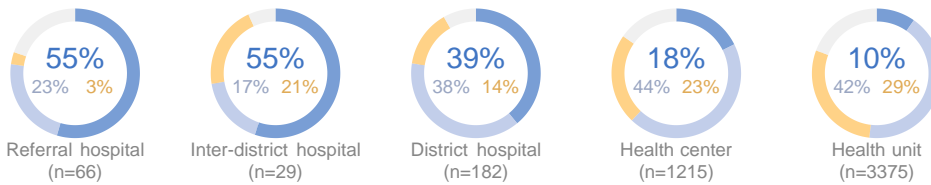


Main barriers impeding service delivery

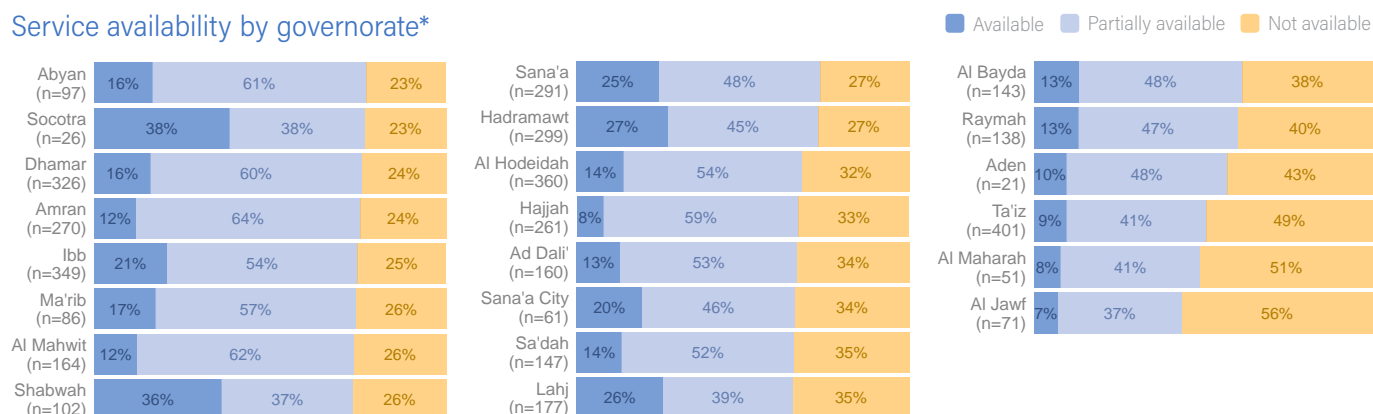
n = 3336



Service availability by type of HF



Service availability by governorate*



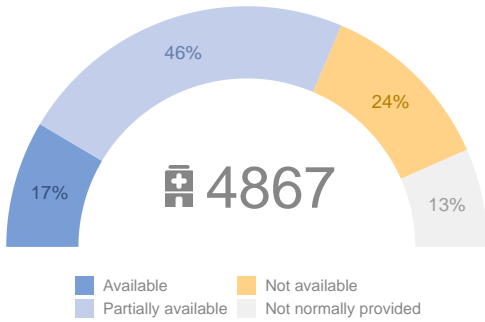
Main barriers impeding service delivery by governorate



* HF's with missing value or that reported "Not normally provided" are excluded.

COMMUNITY-BASED IMNCI

Overall service availability

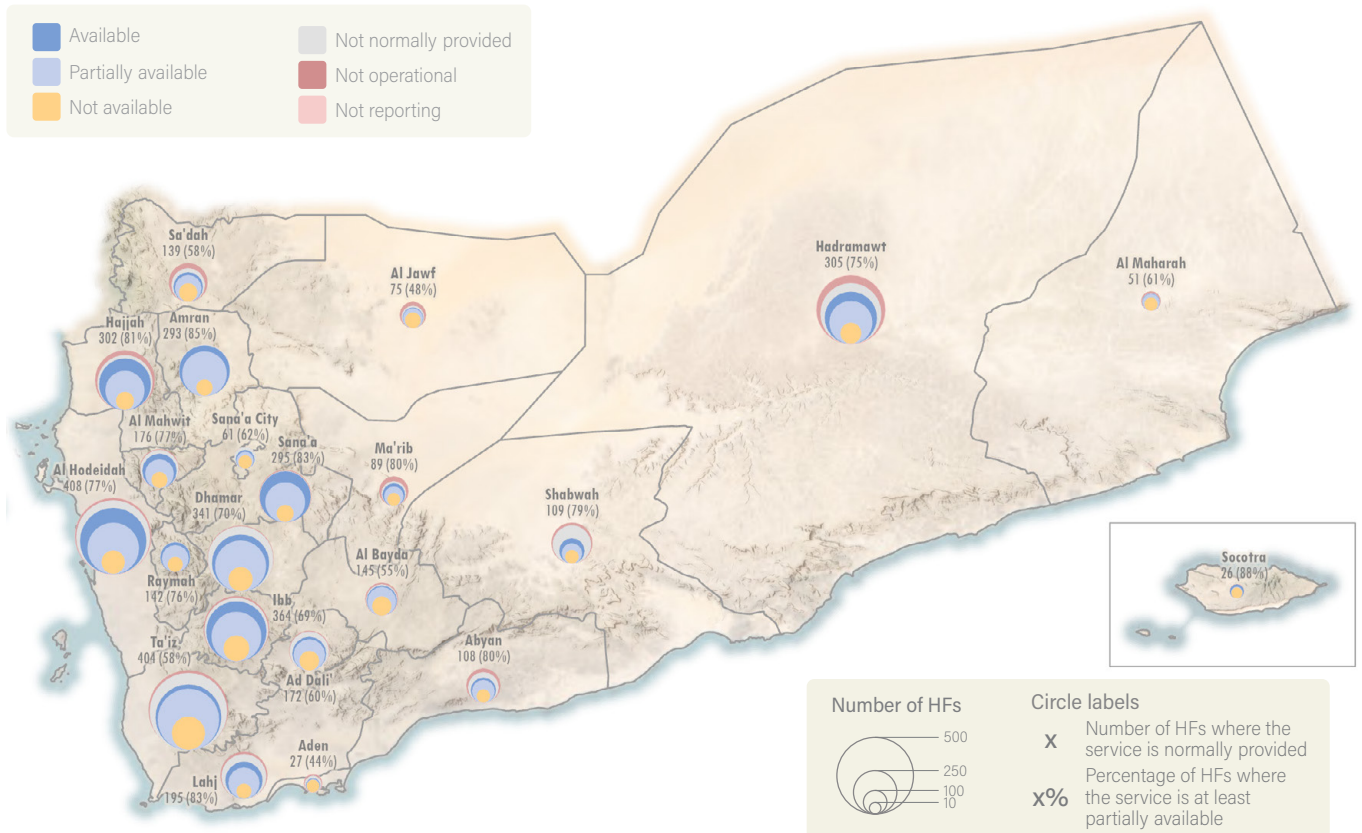
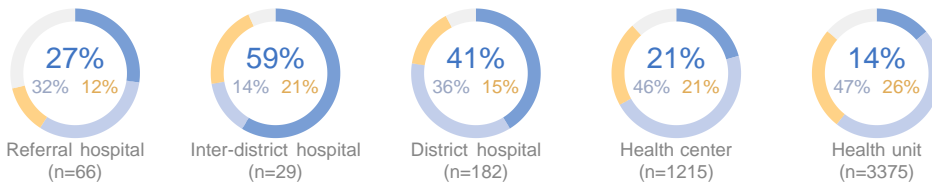


Main barriers impeding service delivery

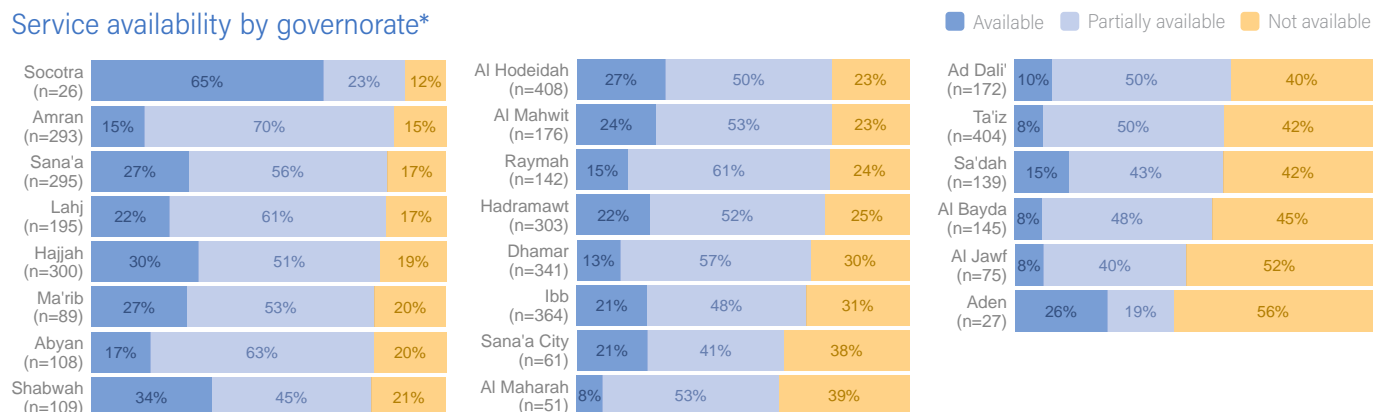
n = 3394



Service availability by type of HF



Service availability by governorate*



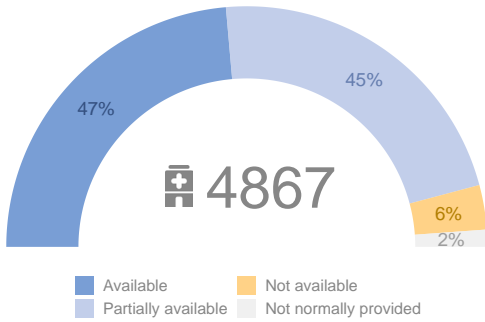
Main barriers impeding service delivery by governorate



* HFs with missing value or that reported "Not normally provided" are excluded.

IMNCI UNDER 5 CLINIC

Overall service availability

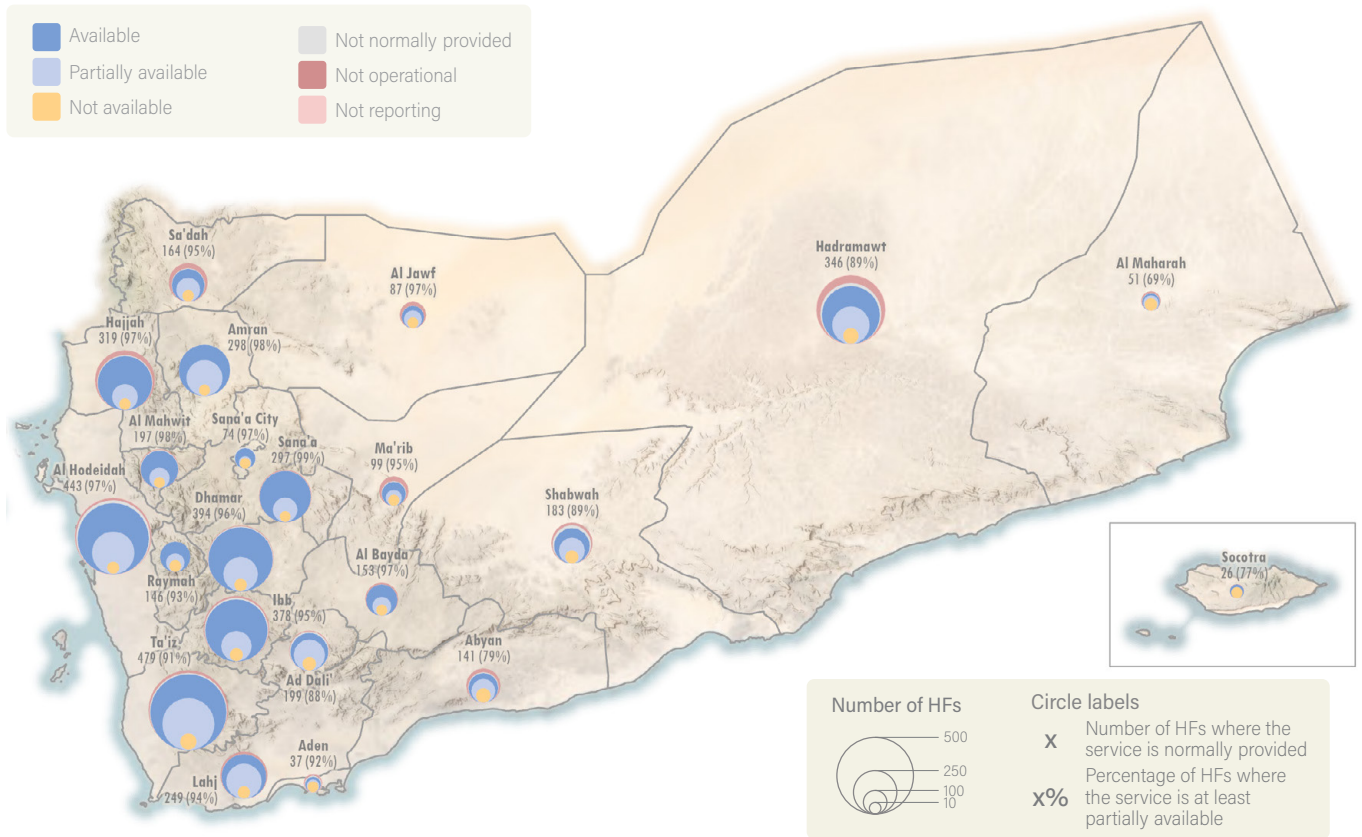
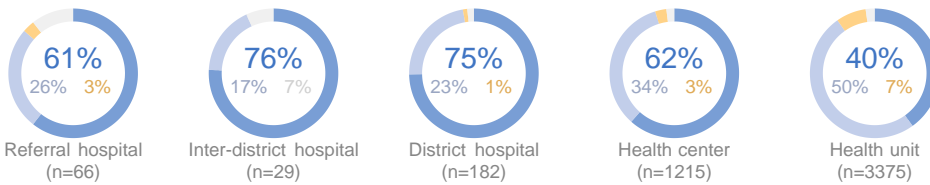


Main barriers impeding service delivery

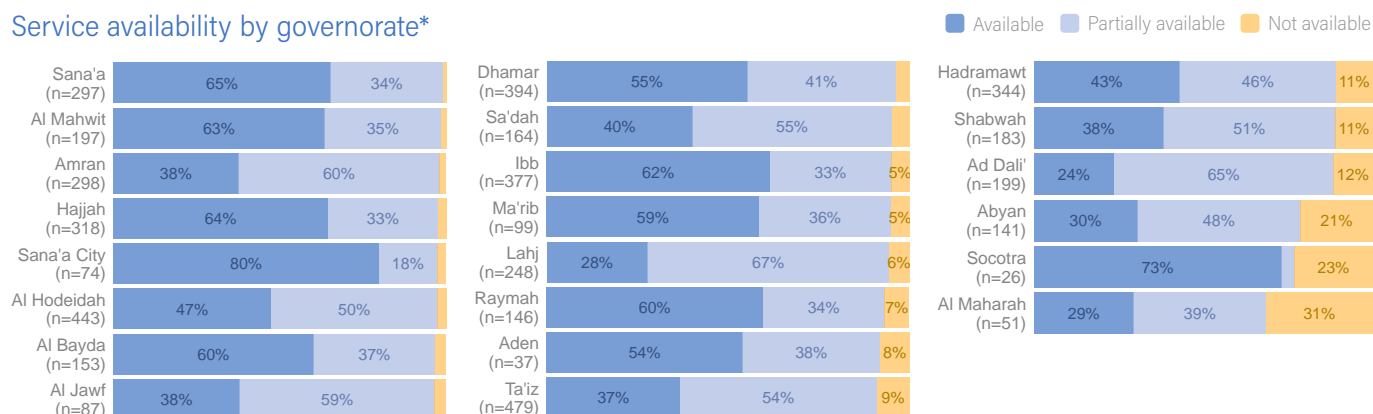
n = 2457



Service availability by type of HF



Service availability by governorate*



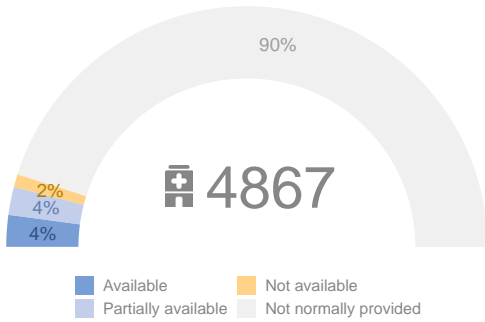
Main barriers impeding service delivery by governorate



* HF's with missing value or that reported "Not normally provided" are excluded.

MANAGEMENT OF CHILDREN CLASSIFIED AS SEVERE OR VERY SEVERE DISEASES

Overall service availability

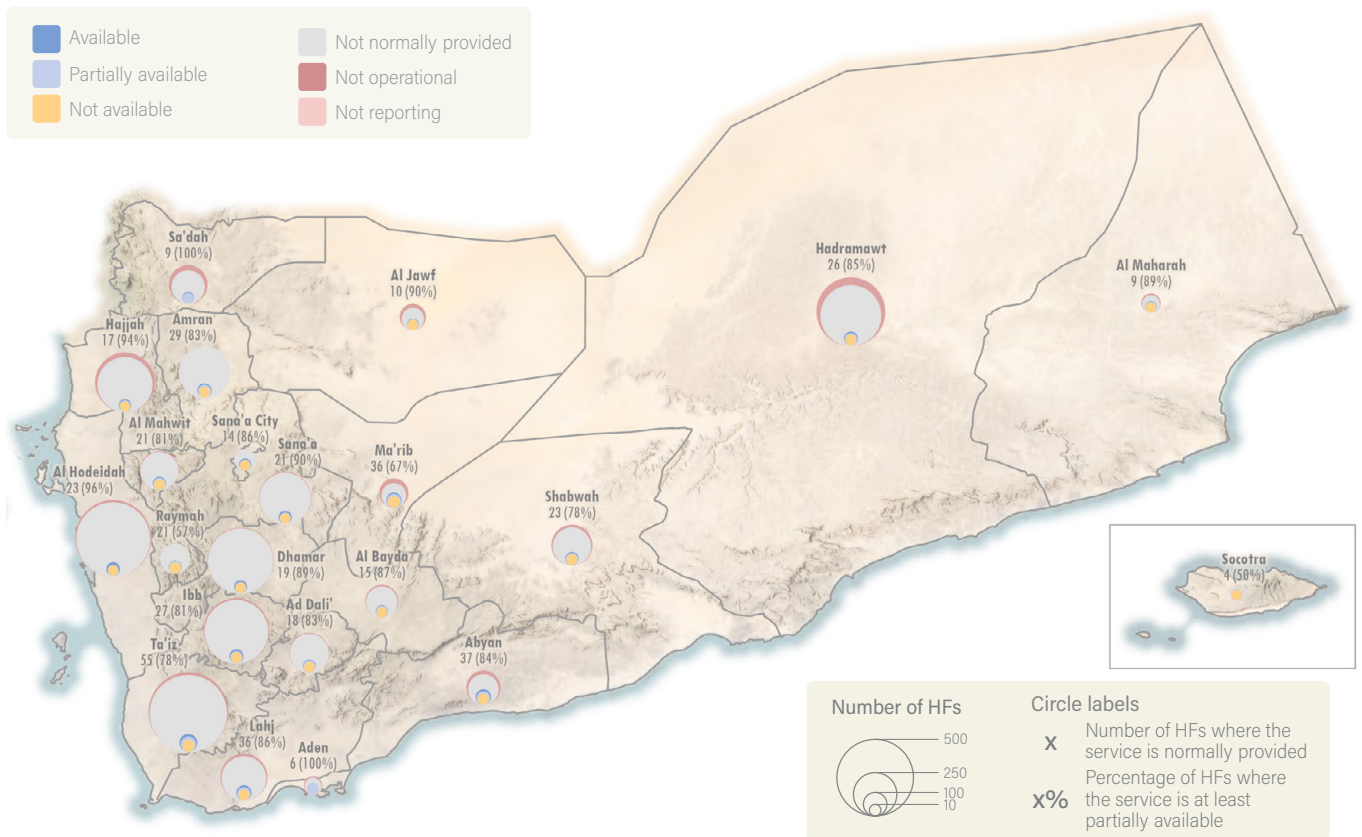
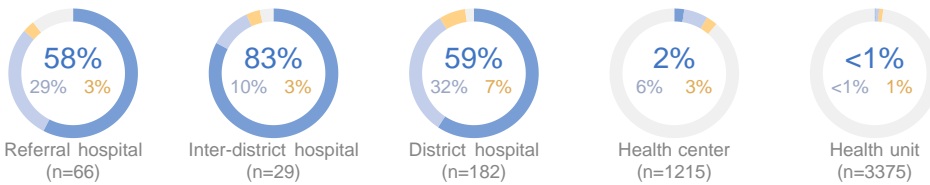


Main barriers impeding service delivery

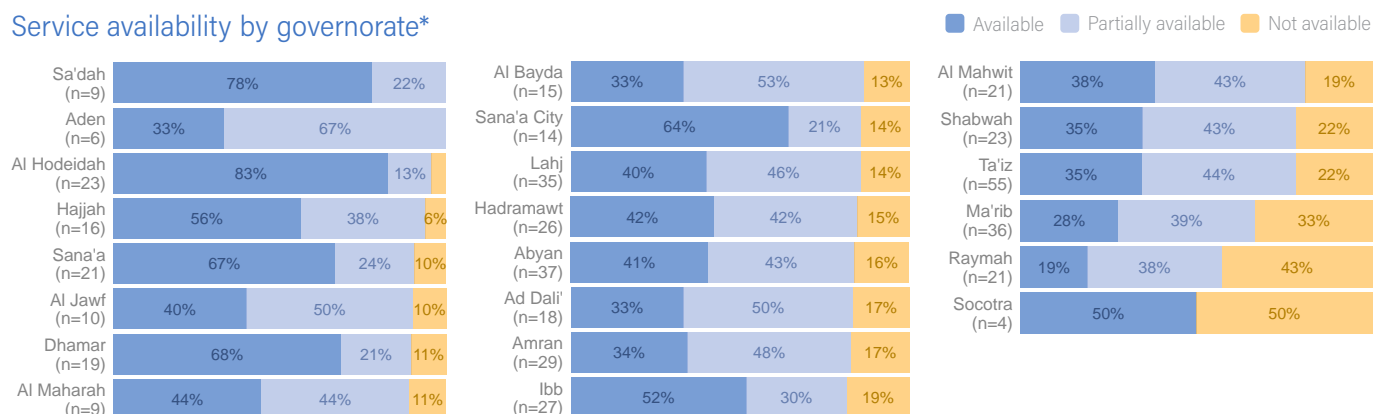
n = 267



Service availability by type of HF



Service availability by governorate*



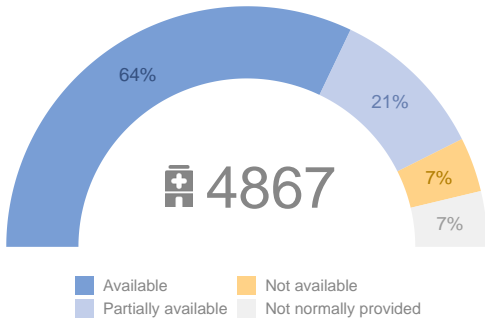
Main barriers impeding service delivery by governorate



* HF's with missing value or that reported "Not normally provided" are excluded.

COMMUNITY MOBILIZATION FOR THE EXPANDED PROGRAMME FOR IMMUNIZATION

Overall service availability

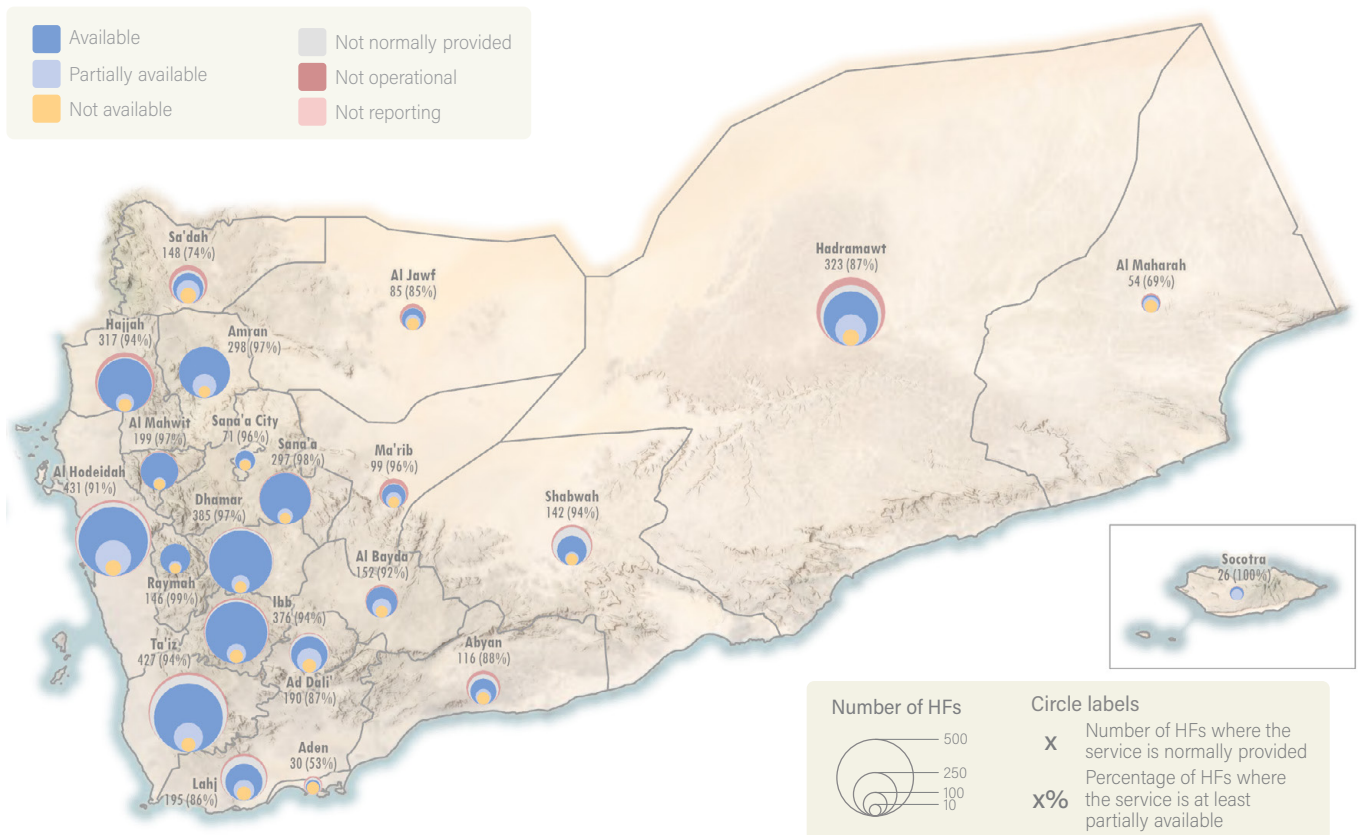
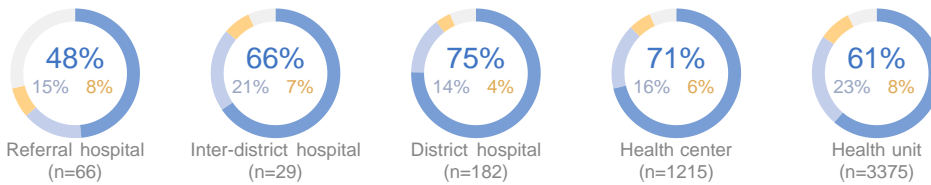


Main barriers impeding service delivery

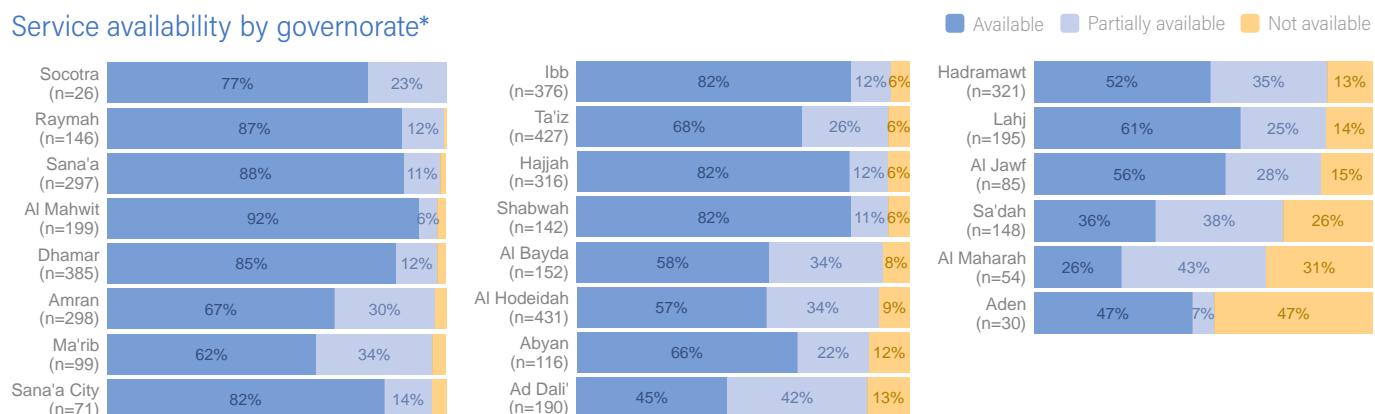
n = 1380



Service availability by type of HF



Service availability by governorate*



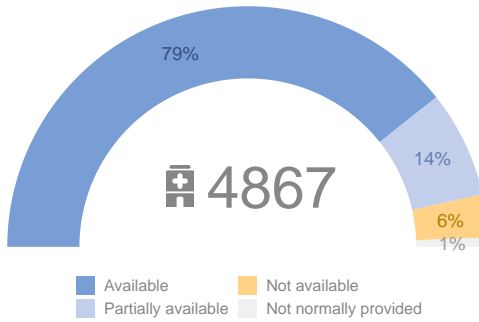
Main barriers impeding service delivery by governorate



* HF's with missing value or that reported "Not normally provided" are excluded.

EXPANDED PROGRAMME FOR IMMUNIZATION

Overall service availability

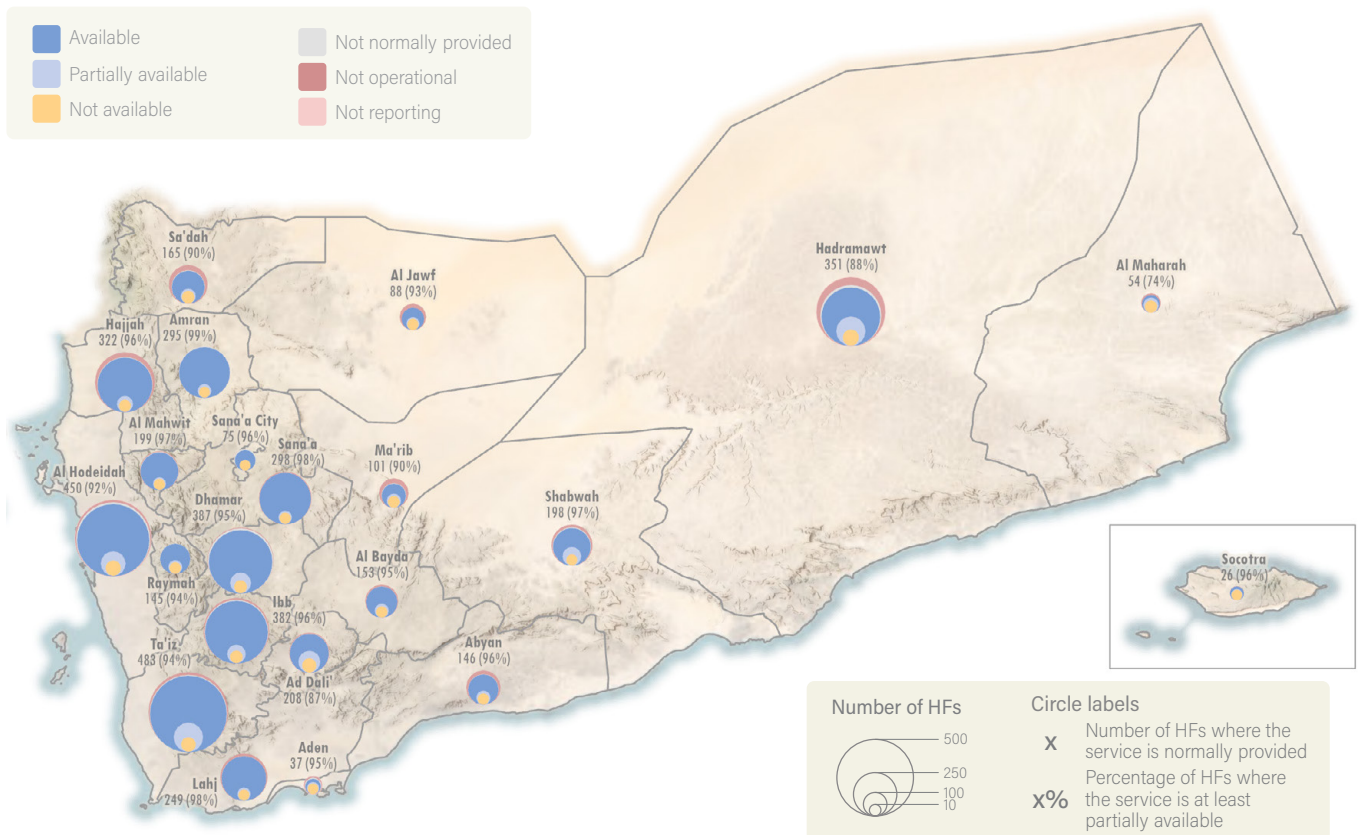
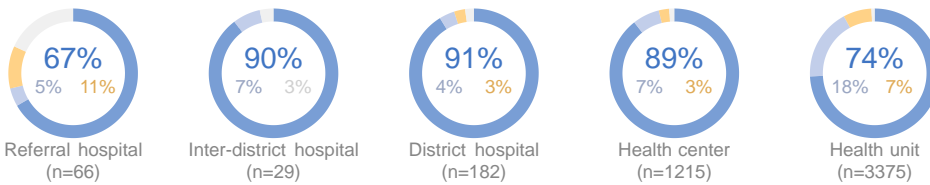


Main barriers impeding service delivery

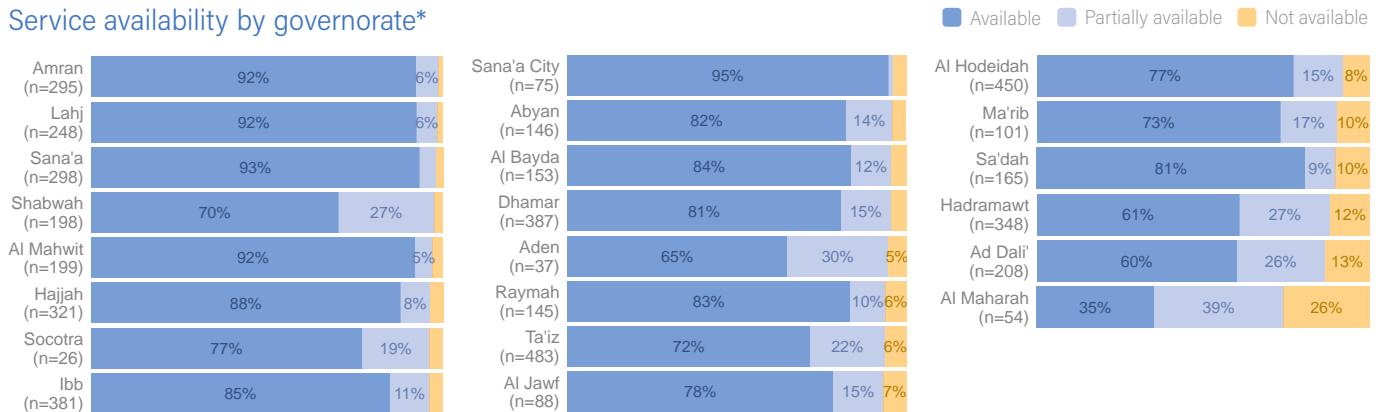
n = 979



Service availability by type of HF



Service availability by governorate*



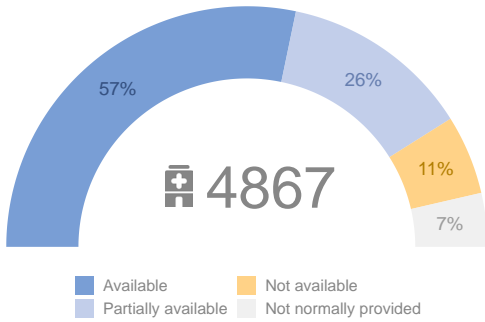
Main barriers impeding service delivery by governorate



* HF's with missing value or that reported "Not normally provided" are excluded.

IEC ON IYCF PRACTICES

Overall service availability

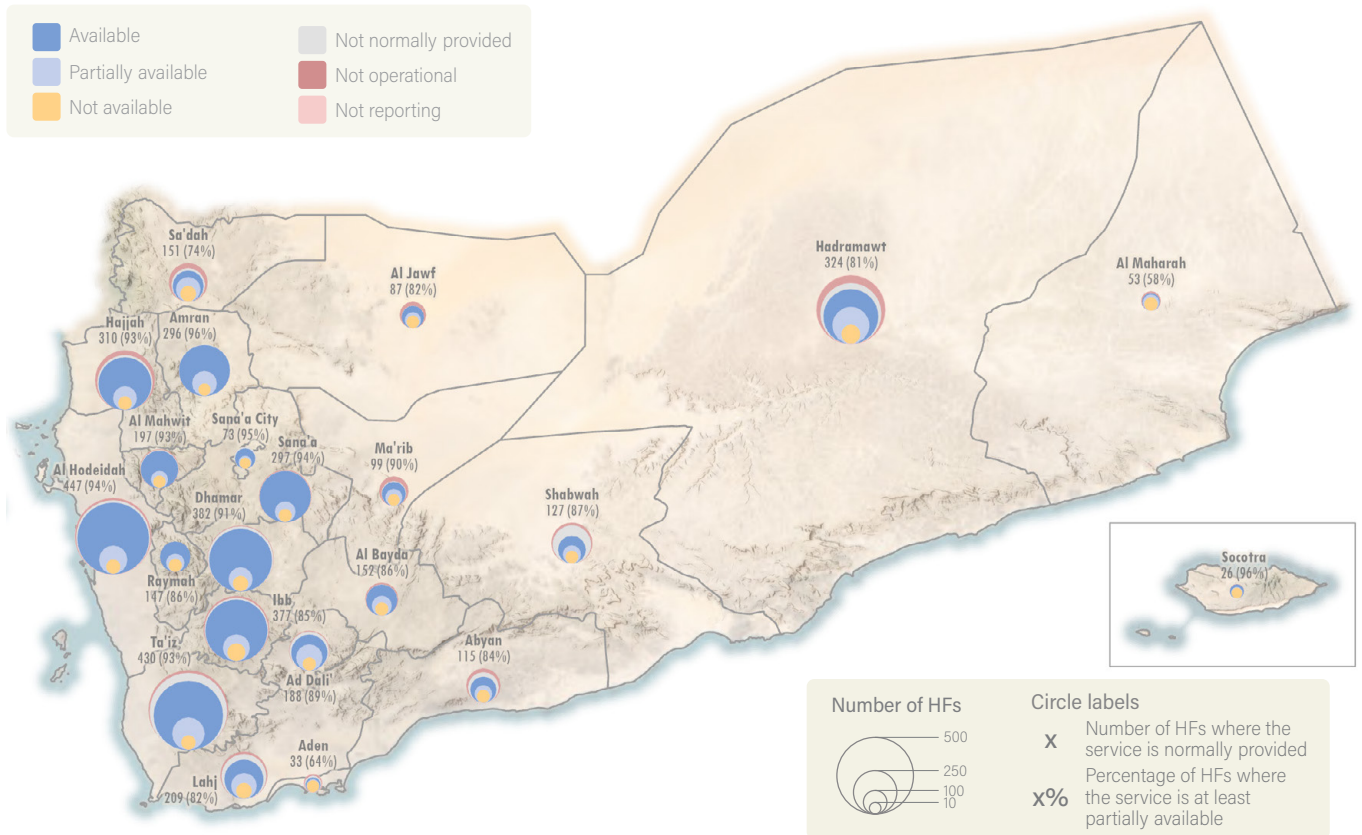
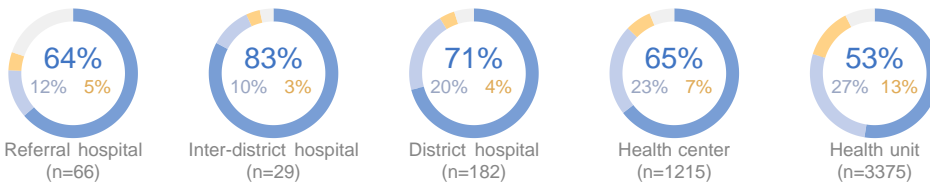


Main barriers impeding service delivery

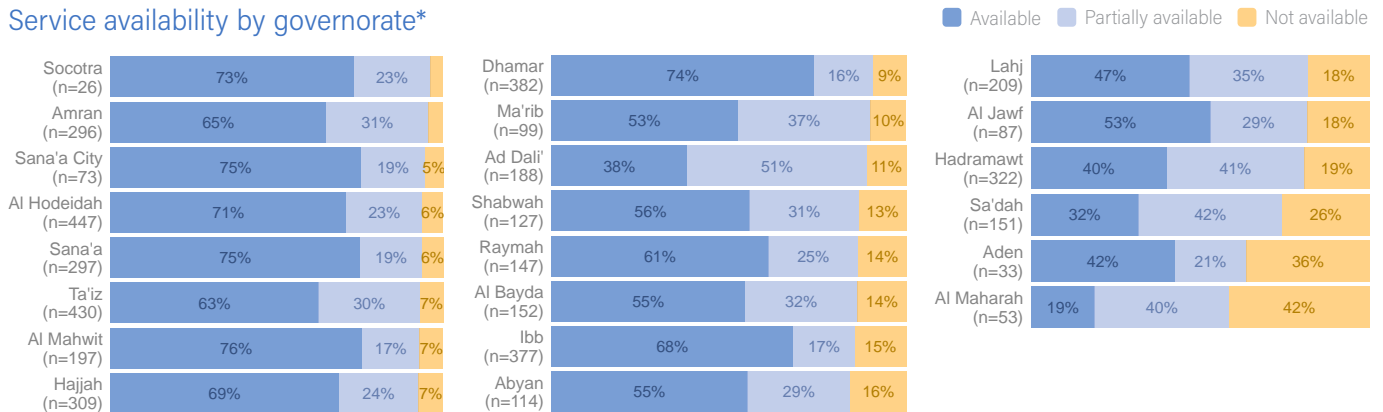
n = 1764



Service availability by type of HF



Service availability by governorate*



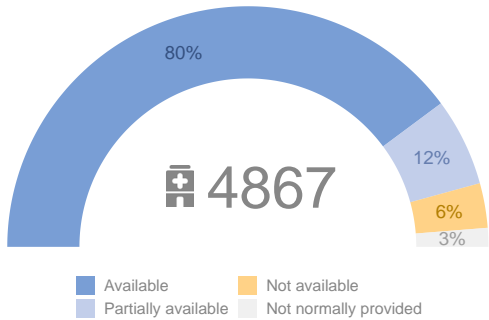
Main barriers impeding service delivery by governorate



* HFs with missing value or that reported "Not normally provided" are excluded.

SCREENING FOR ACUTE MALNUTRITION AT THE COMMUNITY LEVEL

Overall service availability

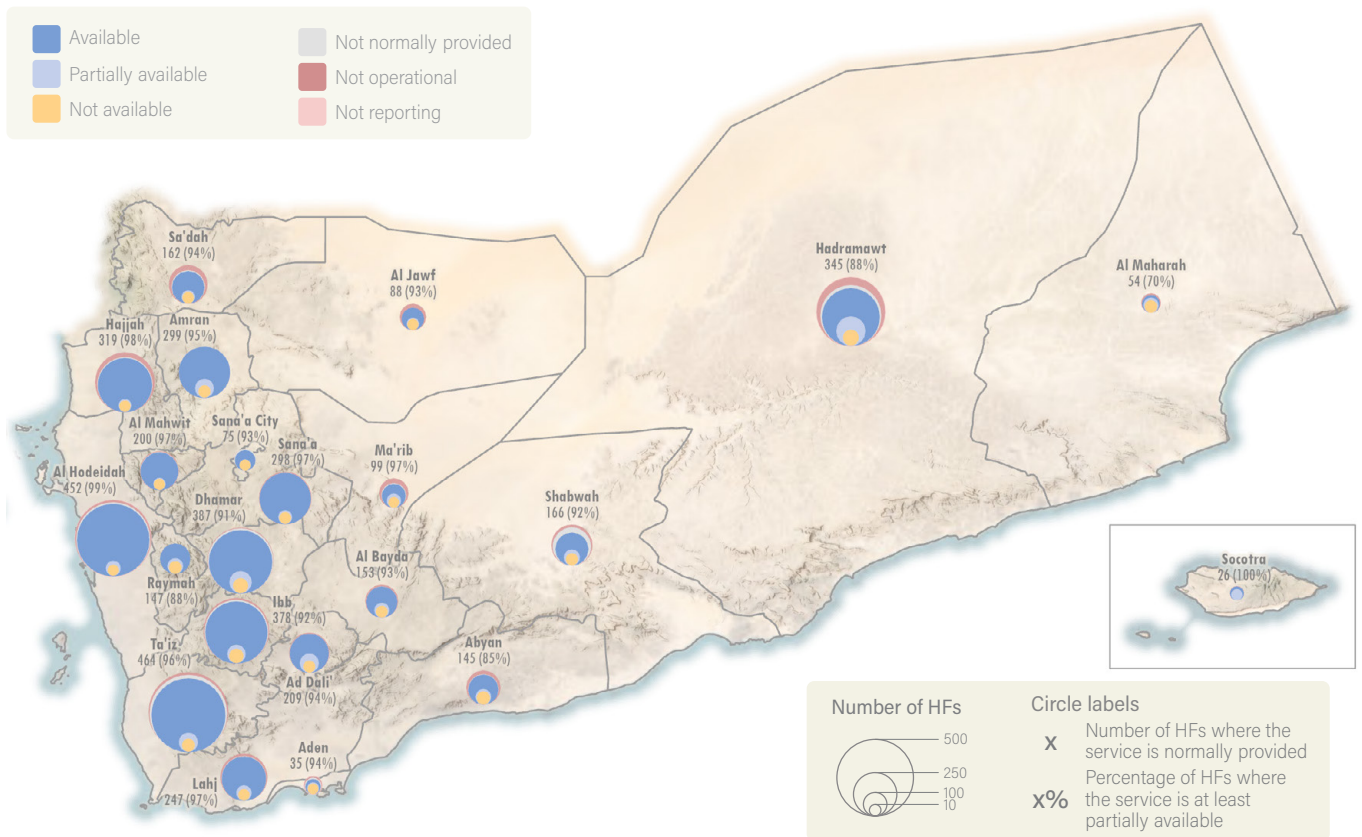
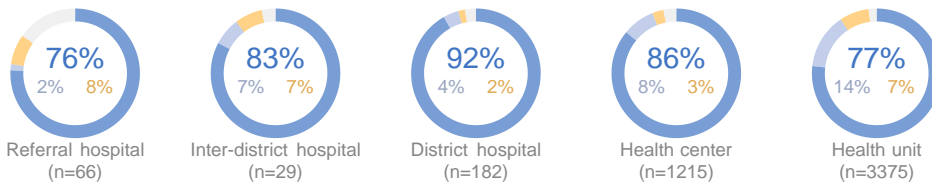


Main barriers impeding service delivery

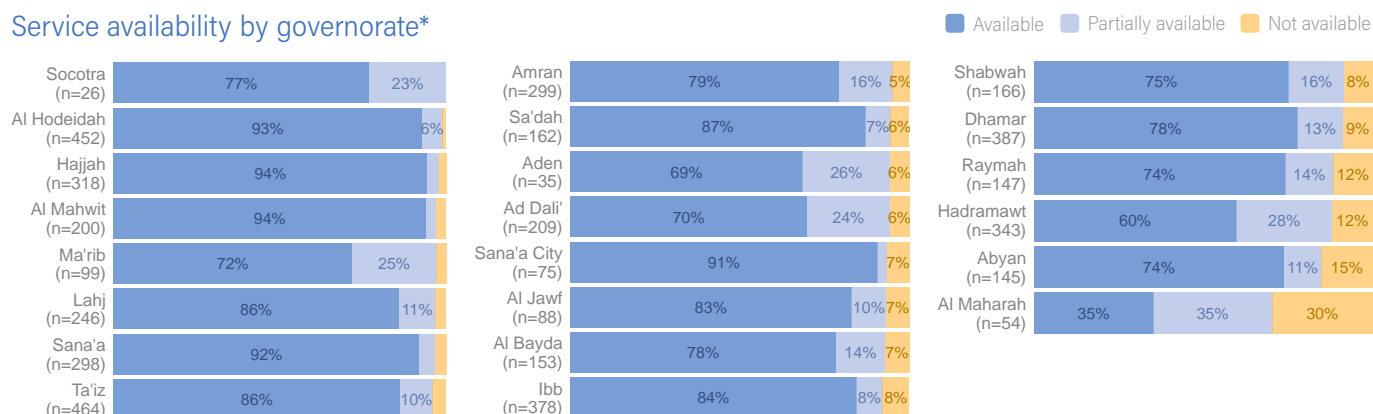
n = 867



Service availability by type of HF



Service availability by governorate*



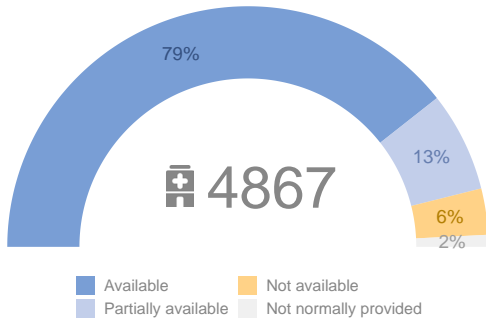
Main barriers impeding service delivery by governorate



* HF's with missing value or that reported "Not normally provided" are excluded.

GROWTH MONITORING AT PRIMARY CARE LEVEL

Overall service availability

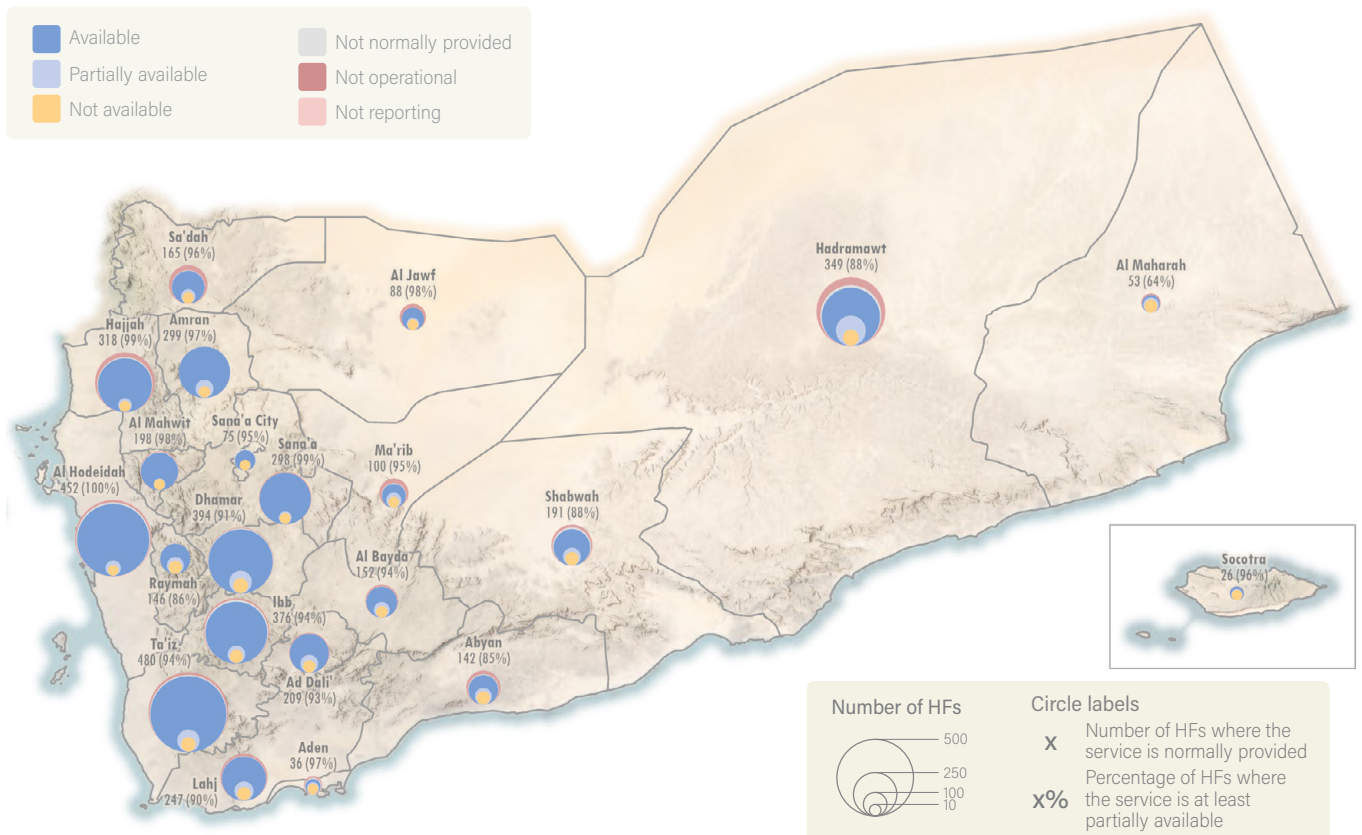
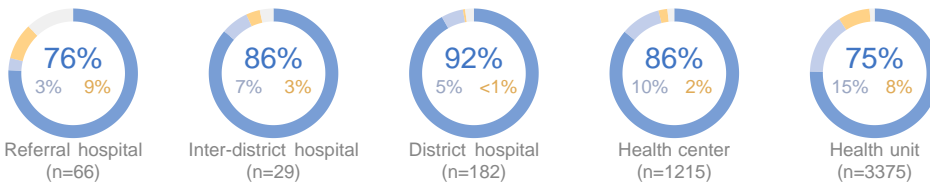


Main barriers impeding service delivery

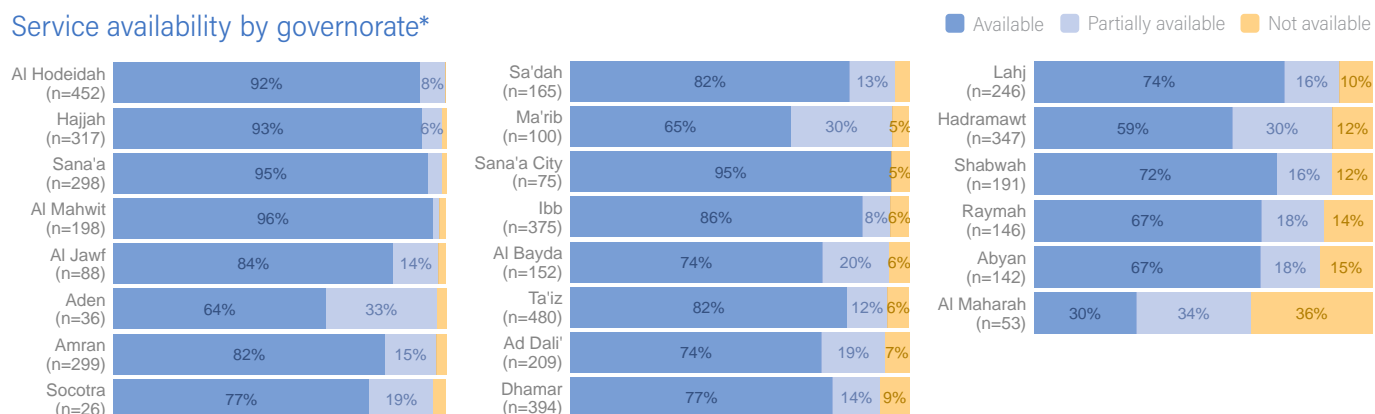
n = 955



Service availability by type of HF



Service availability by governorate*



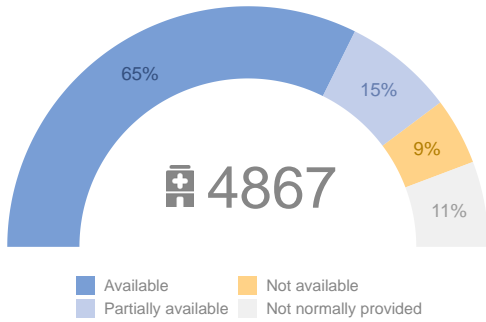
Main barriers impeding service delivery by governorate



* HF's with missing value or that reported "Not normally provided" are excluded.

COMMUNITY MANAGEMENT OF ACUTE MALNUTRITION

Overall service availability

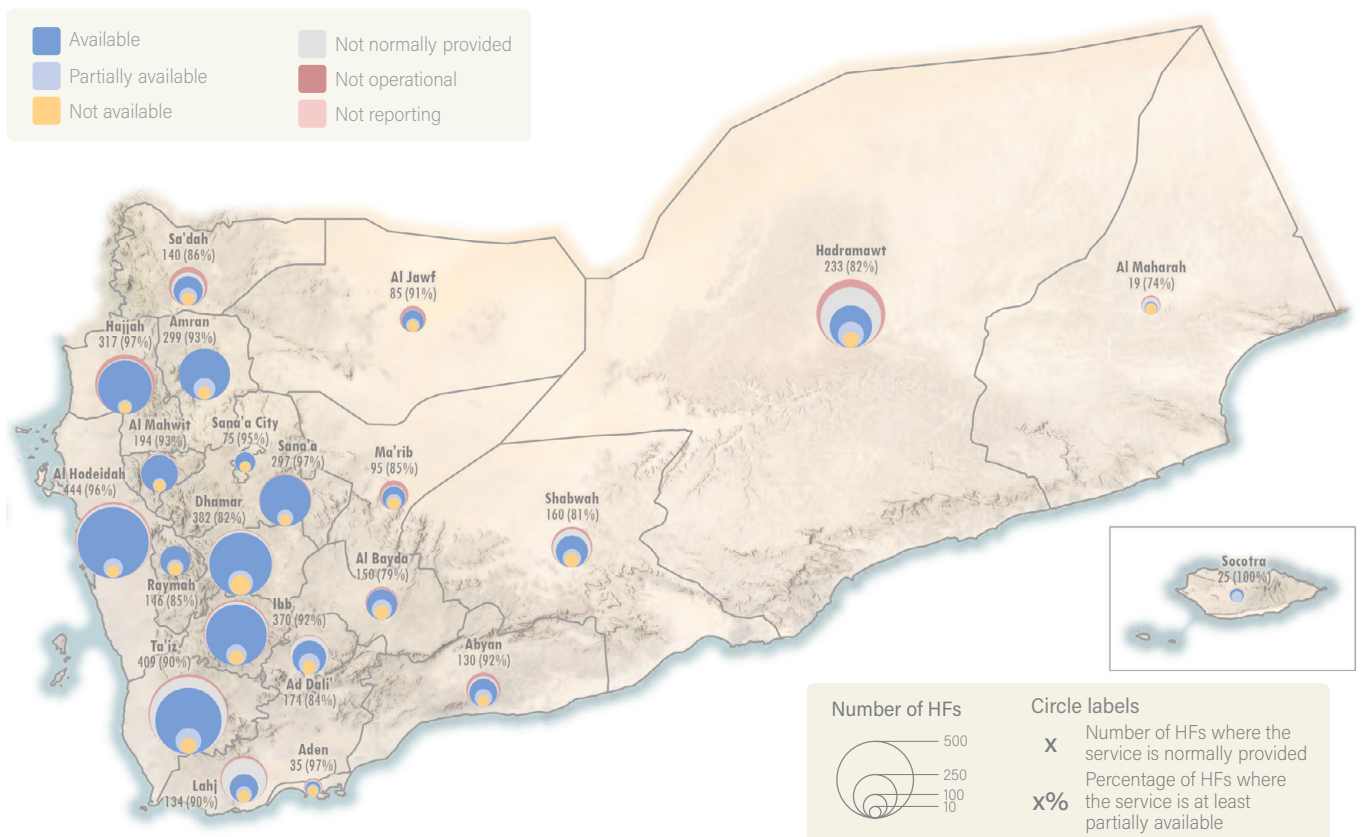
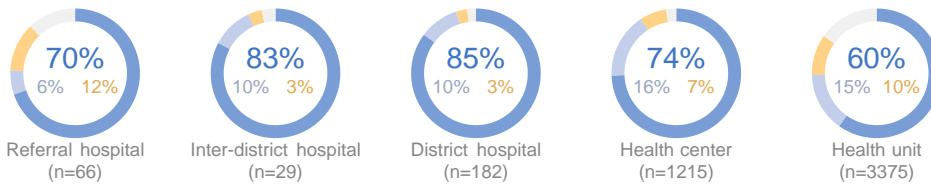


Main barriers impeding service delivery

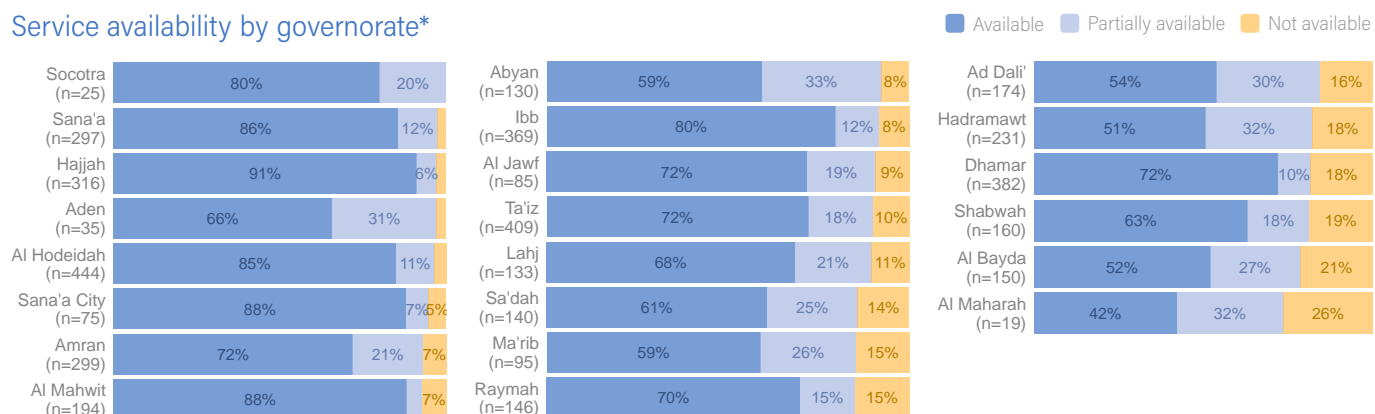
n = 1160



Service availability by type of HF



Service availability by governorate*



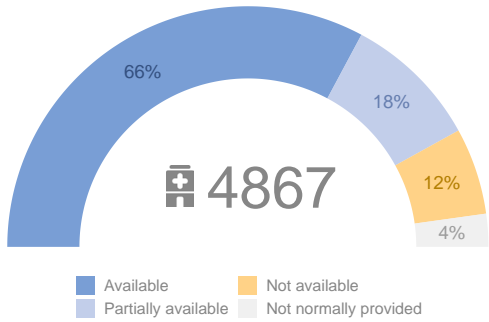
Main barriers impeding service delivery by governorate



* HF's with missing value or that reported "Not normally provided" are excluded.

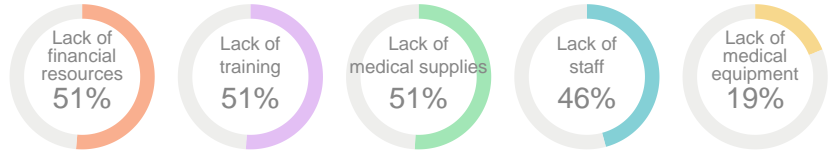
INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION

Overall service availability

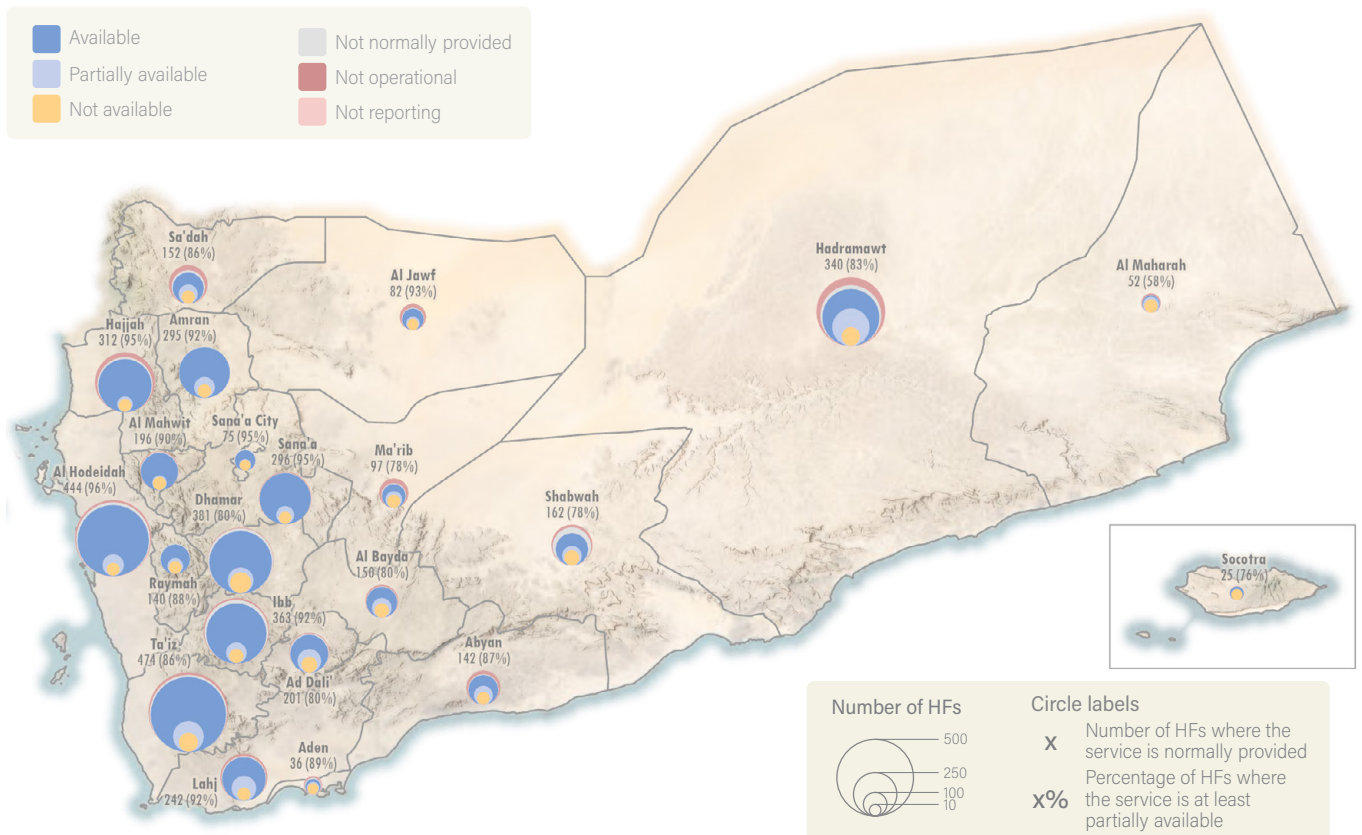
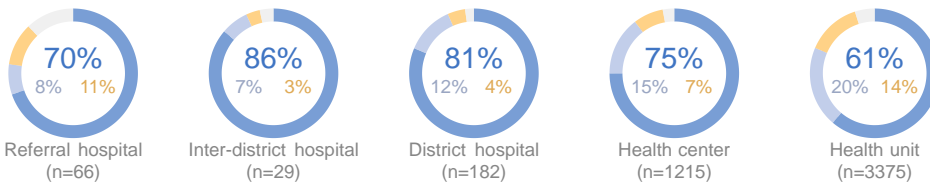


Main barriers impeding service delivery

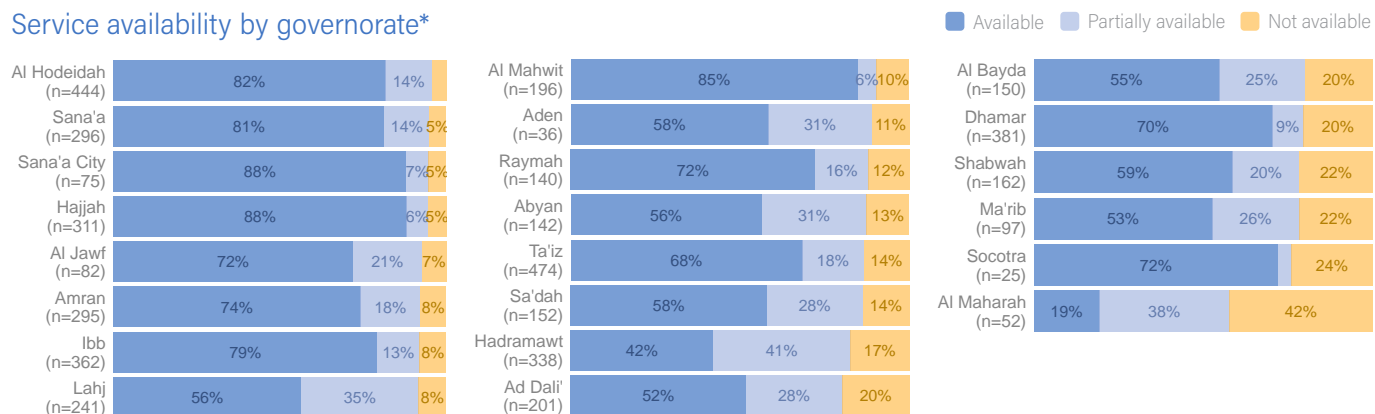
n = 1457



Service availability by type of HF



Service availability by governorate*



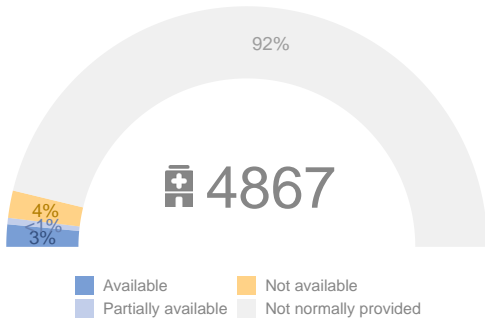
Main barriers impeding service delivery by governorate



* HFs with missing value or that reported "Not normally provided" are excluded.

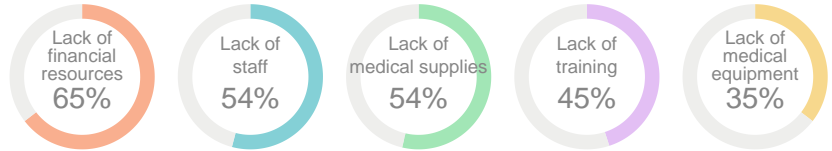
STABILIZATION CENTER FOR SEVERE ACUTE MALNUTRITION

Overall service availability

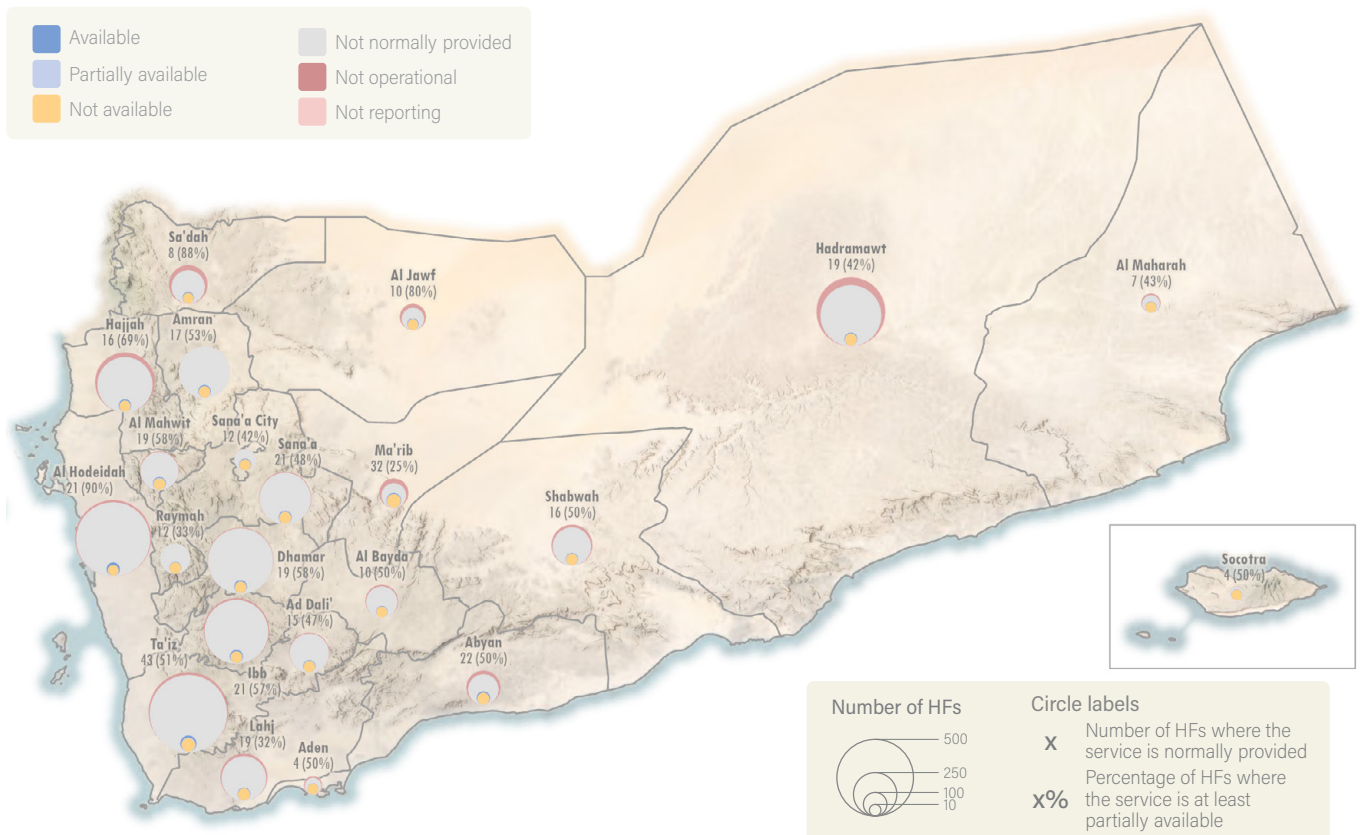
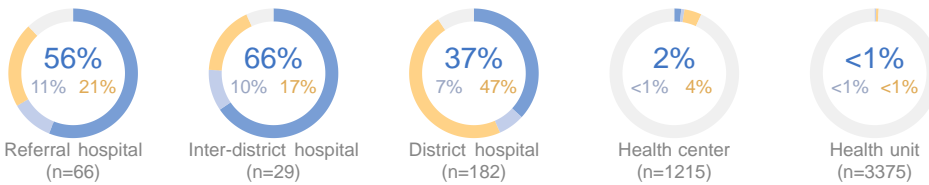


Main barriers impeding service delivery

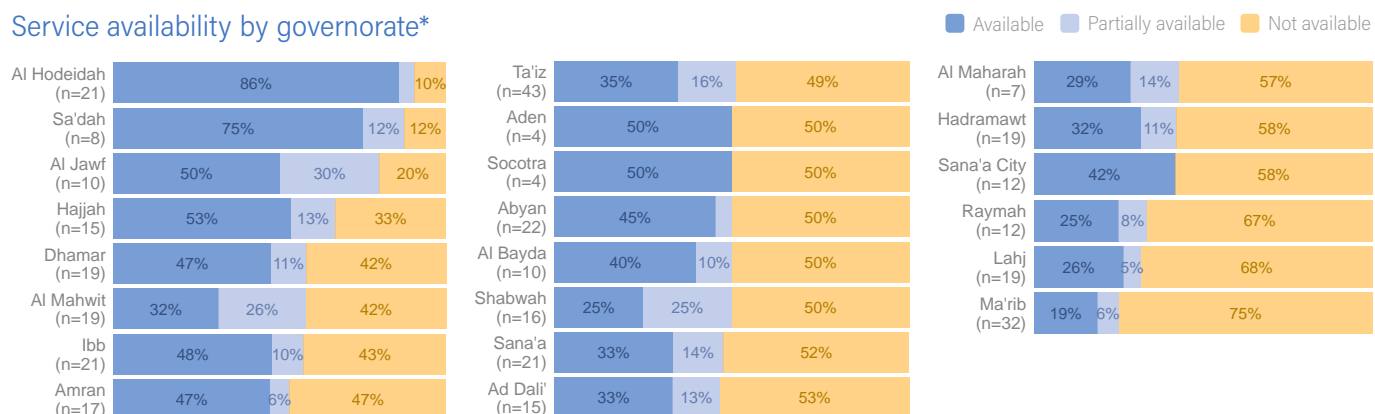
n = 220



Service availability by type of HF



Service availability by governorate*



Main barriers impeding service delivery by governorate



* HF's with missing value or that reported "Not normally provided" are excluded.



ANNEXES



ANNEX I: DEFINITIONS OF ESSENTIAL SERVICES

SERVICE	DEFINITION	EXPECTED SERVICE				
		RH	IDH	DH	HC	HU
COMMUNITY-BASED FIRST AID	Interventions include airway positioning, choking interventions, and basic external hemorrhage control	X	X	X	X	X
COMMUNITY-BASED IMNCI	Community-based Integrated Management of Newborn and Childhood Illnesses for acute respiratory infection (ARI), diarrhoea, and malaria by trained and supervised village volunteers or community health workers			X	X	X
IMNCI UNDER 5 CLINIC	Under-5 clinic conducted by IMNCI-trained health staff with available paracetamol, first-line antibiotics, Oral rehydration salts (ORS) and zinc dispersible tablets, national IMCI guidelines, and flowcharts	X	X	X	X	X
MANAGEMENT OF CHILDREN CLASSIFIED AS SEVERE OR VERY SEVERE DISEASES	Includes parenteral fluids and drugs, oxygen	X	X	X	X	
COMMUNITY MOBILIZATION FOR EPI	Community mobilization and support of outreach sites of routine Expanded Programme for Immunization, and/or mass vaccination campaigns			X	X	X
EPI	Regular outreach site for routine immunization against all national target diseases or permanent site with functioning cold chain in place	X	X	X	X	X
IEC ON IYCF PRACTICES	Information, education, and communications of child caretaker, promotion of exclusive breastfeeding and Infant, Young, and Child Feeding practices, active case finding, and referral of sick children	X	X	X	X	X
SCREENING FOR ACUTE MALNUTRITION AT THE COMMUNITY LEVEL	Screening using mid-upper arm circumference (MUAC)	X	X	X	X	X
GROWTH MONITORING AT PRIMARY CARE LEVEL	Growth monitoring and/or screening of acute malnutrition (MUAC, weight-for-height (W/H) and oedema)	X	X	X	X	X
COMMUNITY MANAGEMENT OF ACUTE MALNUTRITION (CMAM)	Support community site for the Community Management of Acute Malnutrition programme and/or follow-up of children enrolled in supplementary/therapeutic feeding	X	X	X	X	X
INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (IMAM)	Management of acute malnutrition with outpatient programme for severe acute malnutrition without medical complications with ready-to-use therapeutic foods available	X	X	X	X	X
STABILIZATION CENTER FOR SEVERE ACUTE MALNUTRITION (SAM)	Center for SAM with medical complications, availability of F75, F100, ready-to-use therapeutic foods, and dedicated trained team of doctors, nurses, and nurse aids, 24/7	X	X	X	X	

RH = referral hospital, IDH = inter-district hospital, DH = district hospital, HC = health center, HU = health unit.

ANNEX II: POPULATION ESTIMATIONS

GOVERNORATE	POPULATION ESTIMATIONS
ABYAN	652,038
AD DALI'	869,050
ADEN	1,118,611
AL BAYDA	813,748
AL HODEIDAH	3,158,169
AL JAWF	621,589
AL MAHARAH	193,822
AL MAHWIT	804,472
AMRAN	1,253,006
DHAMAR	2,299,288
HADRAMAWT	1,643,041
HAJJAH	2,428,326
IBB	3,244,039
LAHJ	1,129,754
MA'RIB	1,072,048
RAYMAH	592,069
SA'DAH	1,004,814
SANA'A	1,138,450
SANA'A CITY	3,869,414
SHABWAH	707,407
SOCOTRA	72,422
TA'IZ	3,203,121
TOTAL	31,888,698

