HeRAMS Yemen Baseline report 2023

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OPERATIONAL STATUS OF THE HEALTH SYSTEM

A comprehensive mapping of the operational status of health facilities



July 2023

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HeRAMS YEMEN

BASELINE REPORT 2023

Operational status of the health system

A comprehensive mapping of the operational status of health facilities

July 2023









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ACRONYMS

- ICU Intensive care unit
- HeRAMS Health Resources and Services Availability Monitoring System

HF Health facility

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 first report of the *HeRAMS Yemen baseline report 2023* series focusing on the operational status of health facilities, level and type of support provided by partners, and availability of basic amenities. For more in-depth information on the availability of essential health services and Main barriers impeding service delivery, specialized reports are available covering (*a*) essential clinical and trauma care services¹, (*b*) child health and nutrition services², (*c*) communicable disease services³, (*d*) maternal and newborn services⁴, and (*e*) 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 <u>https://www.who.int/initiatives/herams</u> or contact <u>herams@who.int</u>.

¹ HeRAMS Yemen baseline report 2023 - General clinical and trauma care services: A comprehensive mapping of availability of essential services and barriers to their provision, <u>https://www.who.int/publications/m/item/herams-yemen-baseline-report-2023-general-clinical-and-trauma-care-services</u>.

² HeRAMS Yemen baseline report 2023 - Child health and nutrition services: A comprehensive mapping of availability of essential services and barriers to their provision, <u>https://www.who.int/publications/m/item/herams-yemen-baseline-report-2023-child-health-and-nutrition-services</u>.

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

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

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, <u>https://www.who.int/publications/m/item/herams-yemen-baseline-report-2023-ncd-and-mentalhealth-services</u>.

How to read the charts and the maps

Indicator status

Arc charts

For each indicator, an arc chart provides an overview of the overall status (i.e. functionality, availability, sufficiency, etc.), hereafter referred to as "availability". The total number of health facilities included in the analysis of an indicator is shown inside the arc chart. It is important to note that the total number of health facilities included in the analysis of an indicator can vary due to the exclusion of non-operational and non-reporting health facilities from subsequent analyses (see page 3 for details).



The status of an indicator is further broken down by region and or type of health facility.

Column charts

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

Governorate A (n=XX) Governorate B (n=XX) Available Partially available Not available

Donut charts

Each donut chart represents a type of health facility. The percentage of health facilities for which the indicators 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 an indicator was not available in any health facility, the number inside the chart will display the percentage of health facilities for which the indicator was partially or not available.

Maps



Maps display the availability of an indicator at the province level. In contrast to charts and to highlight areas not reporting, respectively the impact of non-operational health facilities, maps depict all health facilities included in the HeRAMS assessment. The outermost circle corresponds to the cumulative number of health facilities in a governorate. Each circle may be divided into multiple smaller circles, with each color representing the proportion of health facilities of a specific availability status.

For each circle, the corresponding governorate name is shown in the map label together with the total number of health facilities evaluated (excluding non-reporting health facilities and health facilities where the indicator is not applicable or not relevant). By default, the second number displays the percentage of evaluated health facilities for which the indicator was fully available. Any deviation from this is clearly stated in the map legend.

Map label:

Governorate name X / X%

Barriers

If an indicator was not or only partially available, main barriers impeding availability were collected. Similarly, indicators assessing availability of basic amenities may include a sub-question gathering additional information on the type of amenity available. Alike barriers, types of amenities are only evaluated if the amenity was at least partially available. For simplicity, causes of damage, non-functionality and inaccessibility, barriers, types of basic amenities, and type of support provided by partners are hereafter commonly referred to as "barriers".

Donut charts



facilities having reported a given barrier. The total number of health facilities reporting at least one barrier

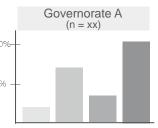
Each donut chart indicates

the percentage of health

is shown below the chart header.

Bar charts

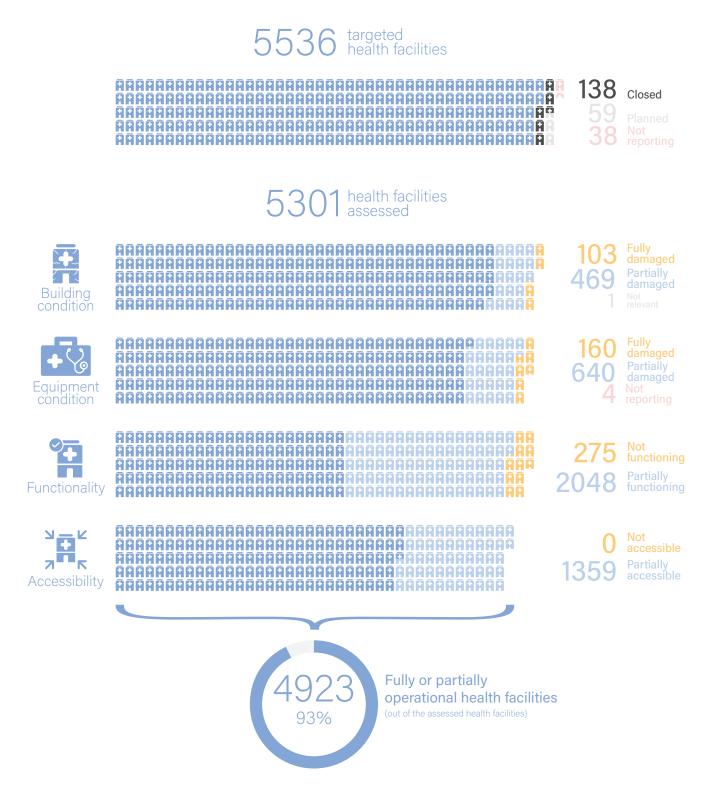
Bar charts depicting barriers follow the same logic as donut charts and exclude health facilities where the indicator was fully available. The number of health facilities reporting at least one barrier is displayed below the governorate name.



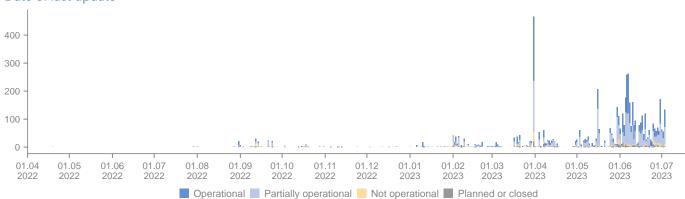
Important: The denominators for barrier charts exclude health facilities where the indicator was fully available or in the case of basic amenities not available. It should further be noted that health facilities could report up to three barriers for each indicator. Thus, the sum of all barriers may exceed 100%.

OVERVIEW OF HEALTH FACILITIES ASSESSED

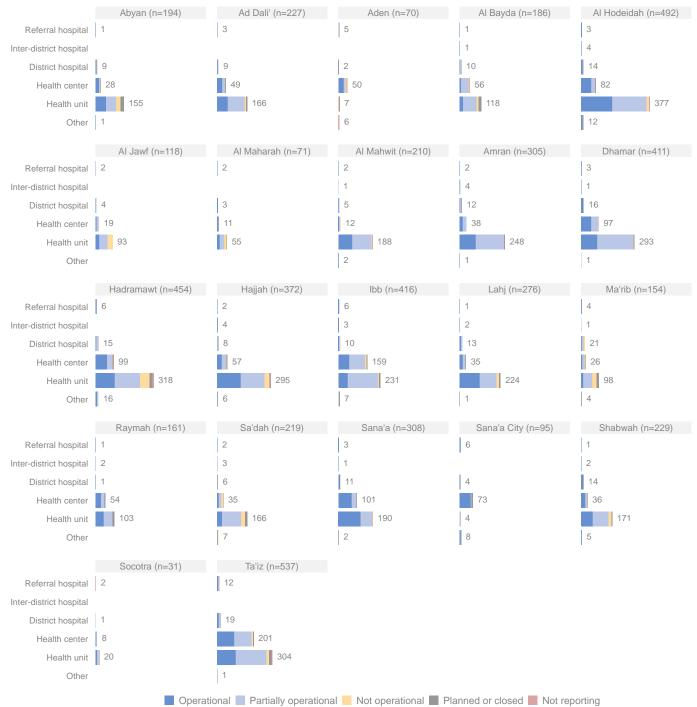
Summary of health facilities assessed



Date of last update



Health facility distribution by type, by status and by governorate

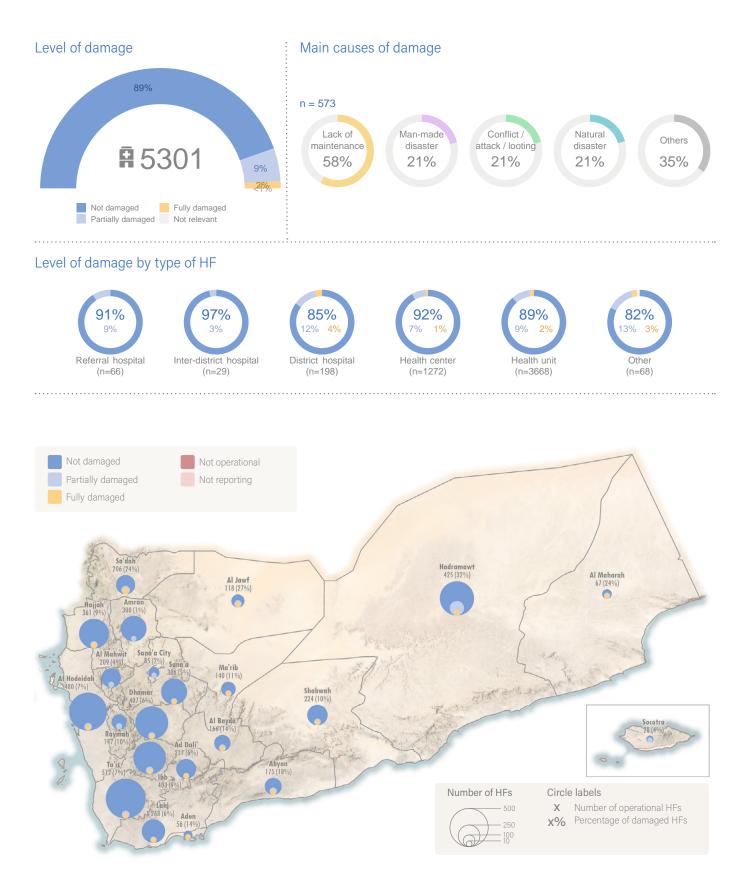


Interdistrict Referral hospital hospital District hospital Health center Health unit Other TOTAL Op NOp P/C NR Op NOp P/C NR Governorate Op NOp P/C NR Op NOp Op NOp P/C NR Op NOp P/C NR Op NOp P/C NR Abyan -_ Ad Dali' Aden _ AL BAYDA Al Hodeidah AL JAWF _ Al Maharah AL MAHWIT Amran Δ Dhamar Hadramawt Најјан lвв Lahj Ma'rib Raymah Sa'dah Sana'a SANA'A CITY Shabwah Socotra TA'IZ TOTAL 43 3375 293 138 4923 378 197

Health facility distribution by type, by status and by governorate (cont.)

Op = fully or partially operational NOp = non operational P/C = planned or closedNR = not reporting

Building condition

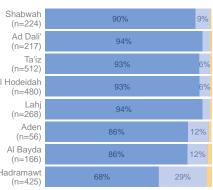


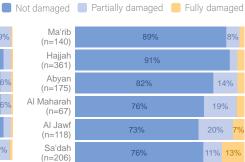




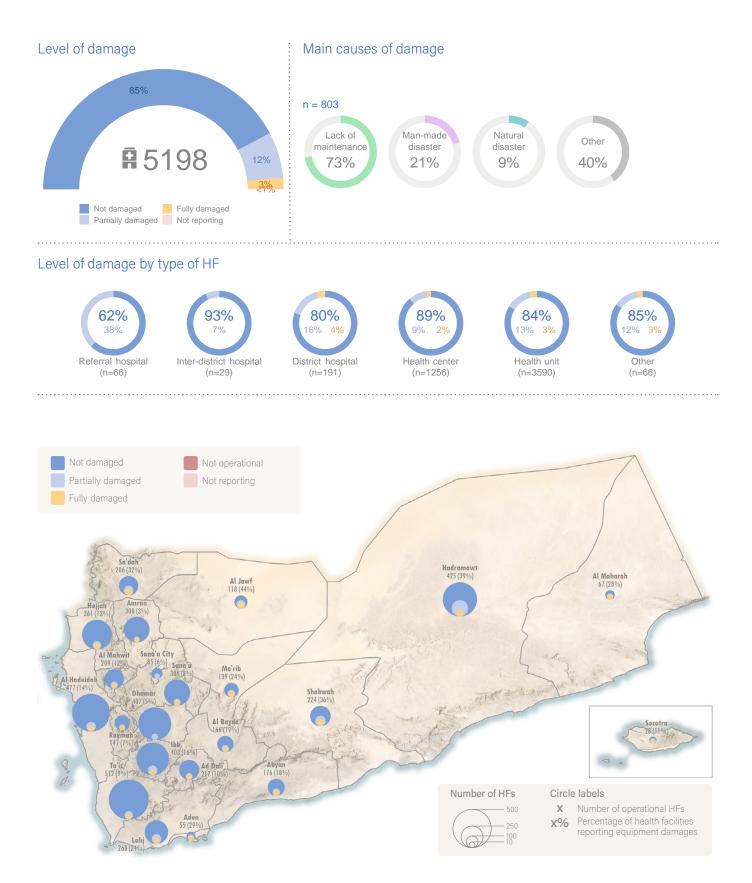
Lack of maintenance Man-made disaster Conflict / attack / looting Natural disaster Others

Level of damage by governorate*





& EQUIPMENT CONDITION





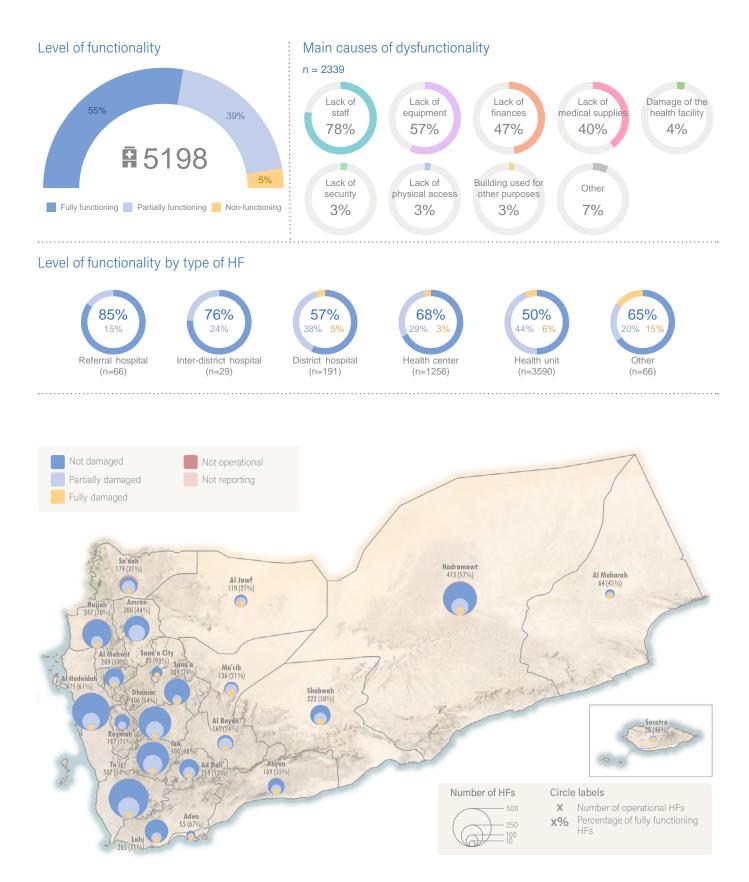
📕 Lack of maintenance 📕 Man-made disaster 📕 Natural disaster 📕 Other

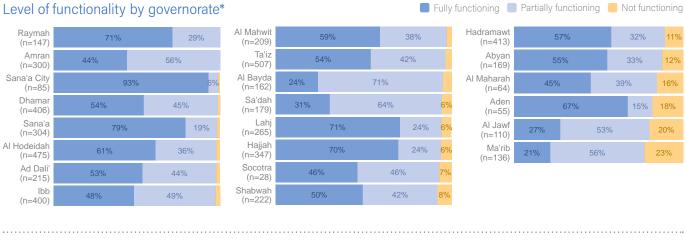
* HFs with missing value or that reported "Not normally provided" are excluded.

25% 0%

100% 75% 50% 25% 0% Ta'iz (n=44)

FUNCTIONALITY STATUS





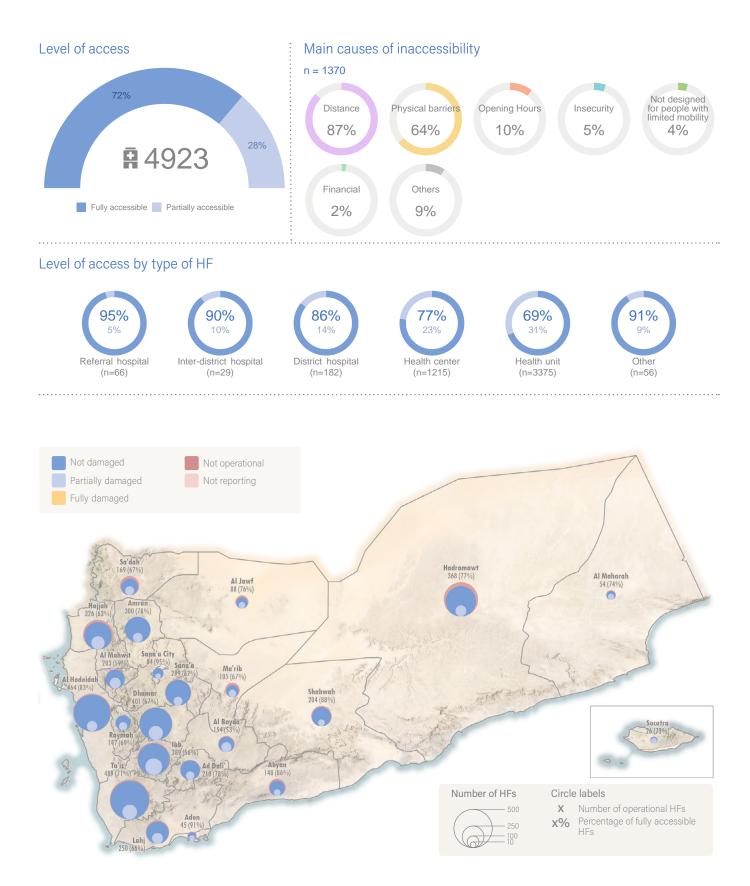
Level of functionality by governorate*

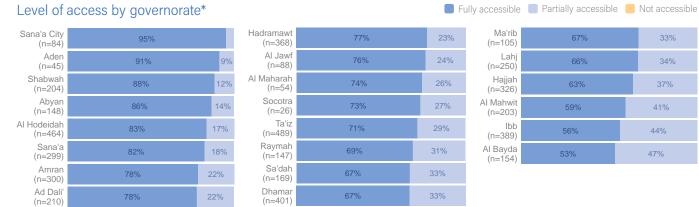




^{*} HFs with missing value or that reported "Not normally provided" are excluded.

ACCESSIBILITY



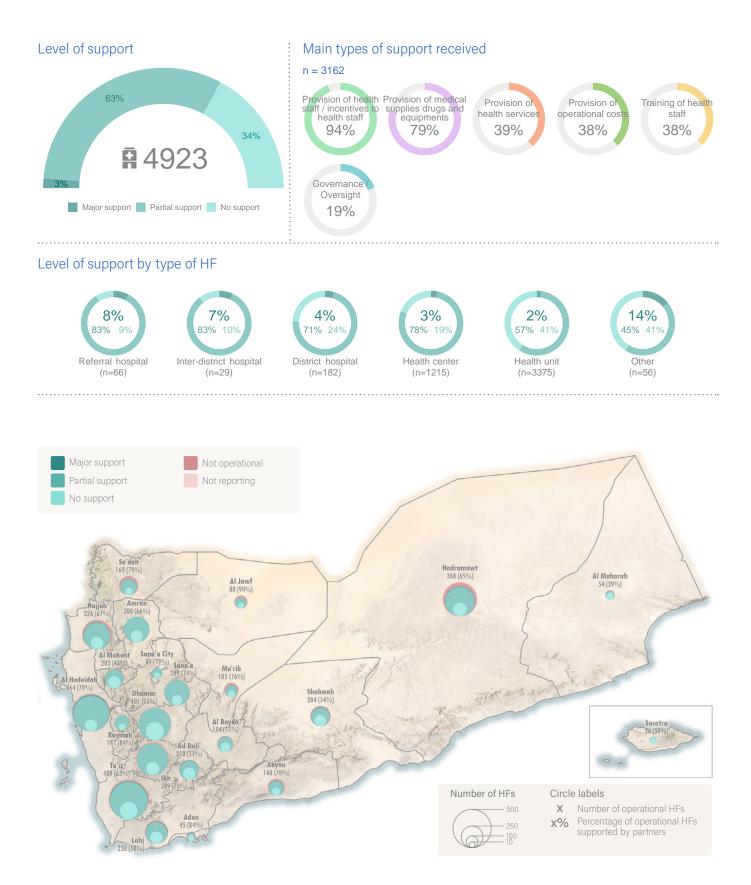


33% 34% 41% 44% 47%





PARTNER SUPPORT



Level of support by governorate* lbb (n=389) Al Jawf 90% 10% 70% 30% (n=88) Aden (n=45) Abyan (n=148) 20% 64% 66% 30% 16% Hajjah (n=326) Raymah 83% 64% 33% 16% (n=147) Sa'dah Amran 21% 65% 34% 76% (n=300) (n=169) Al Hodeidah (n=464) Hadramawt (n=368) 21% 62% 35% 74% Sana'a City (n=84) Ta'iz 60% 37% 74% 21% (n=489) Lahj (n=250) Ma'rib 71% 24% 54% 42% (n=105) Al Bayda (n=154) Sana'a 45%

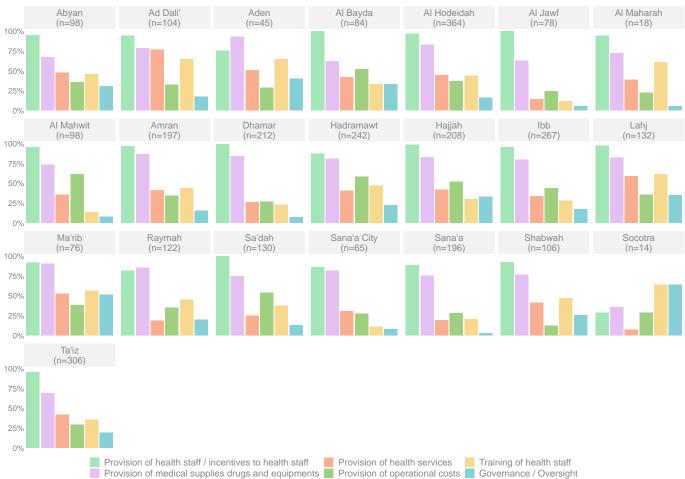
26%

📕 Major support 📕 Partial support 📕 No support Shabwah (n=204) 50% 46% Dhamar 47% (n=401) Ad Dali' 46% 49% (n=210) Socotra 50% 50% (n=26) Al Mahwit 45% 52% (n=203) Al Maharah (n=54) 61% 39%

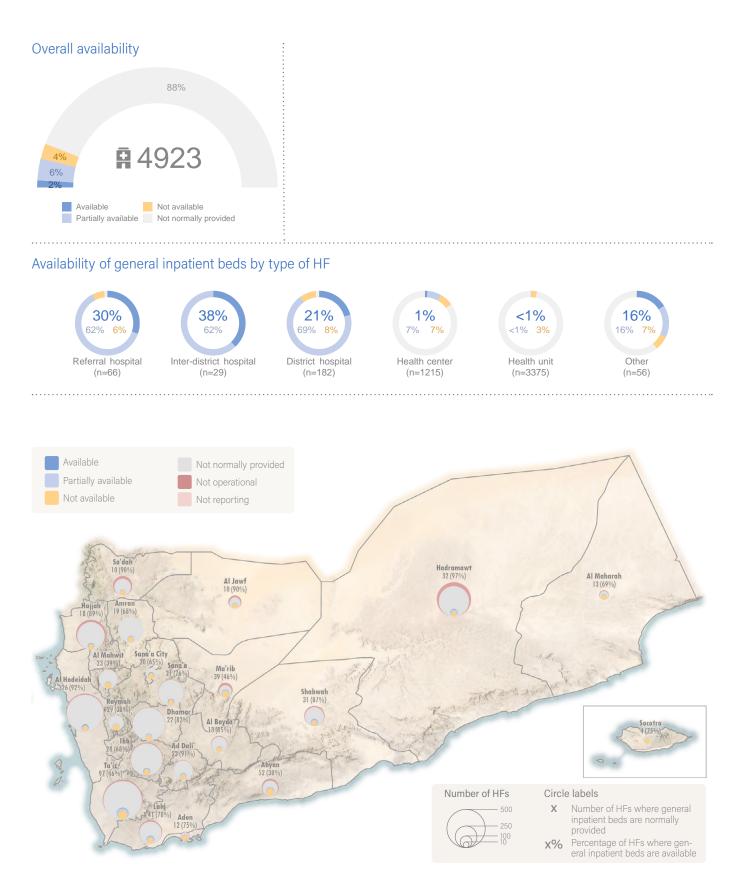


74%

(n=299)

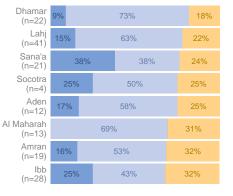


General inpatient beds

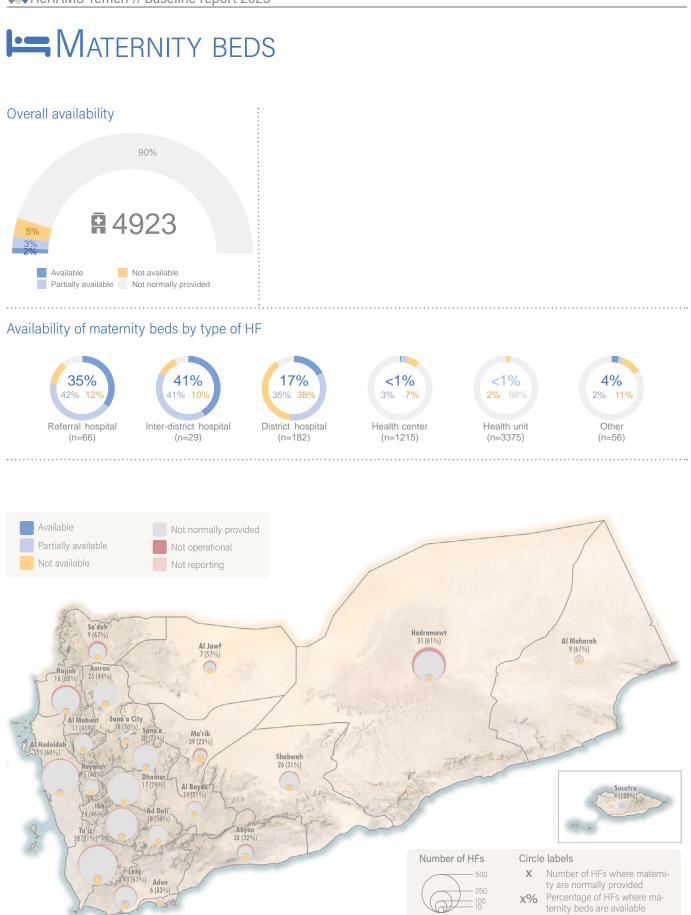


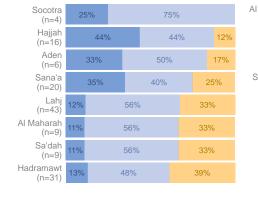
Hadramawt (n=32)	19%		78%	
Al Hodeidah (n=26)	38%		54%	% 8%
Ad Dali' (n=23)	17%		74%	9%
Al Jawf (n=10)	20%		70%	10%
Sa'dah (n=10)	20%		70%	10%
Hajjah (n=18)	2	14%	44	% 11%
Shabwah (n=31)	19%		68%	13%
Al Bayda (n=13)	15%		69%	15%

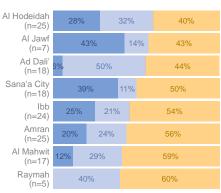
Availability of general inpatient beds by governorate*



Available Partially available Not available					
Sana'a City (n=20)		35%		30%	35%
Ta'iz (n=97)	8% 38%				54%
Ma'rib (n=39)	10%	0% 36%			54%
Al Mahwit (n=23)	13%	13% 26%			61%
Abyan (n=52)	6 <mark>%</mark> 33%			(62%
Raymah (n=29)		38%		(62%

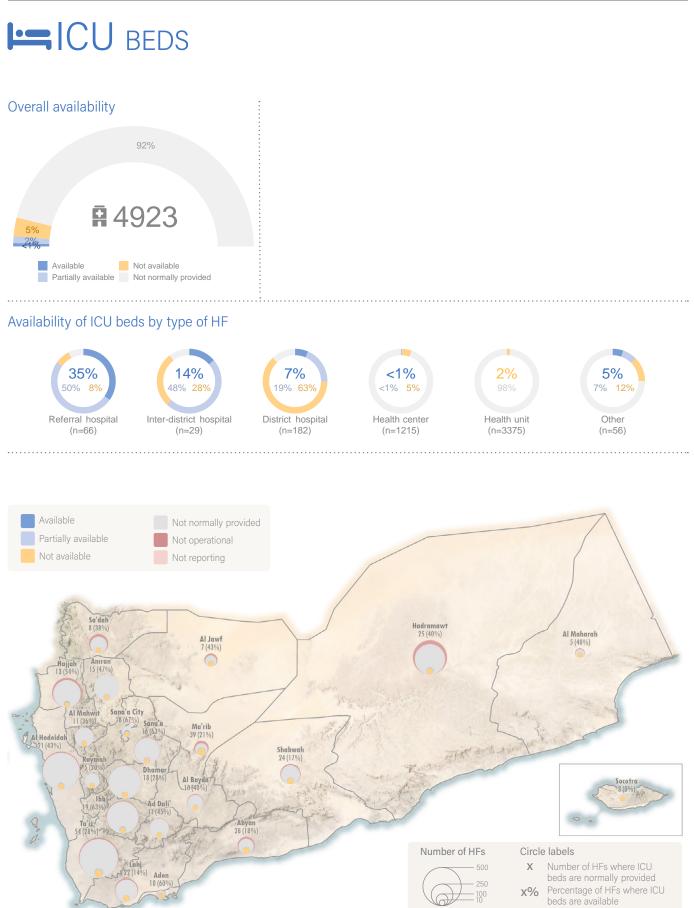






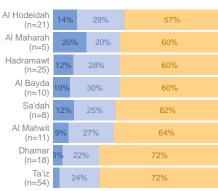
Available Partially available INot available					
Abyan (n=38)	8%		24%		68%
Al Bayda (n=13)	15	5%	15%		69%
Shabwah (n=26)	12	%	19%		69%
Ta'iz (n=59)	8%		22%		69%
Dhamar (n=17)	6%	6 24%		1	71%
Ma'rib (n=39)	5%	189	%	77	7%

Availability of maternity beds by governorate*



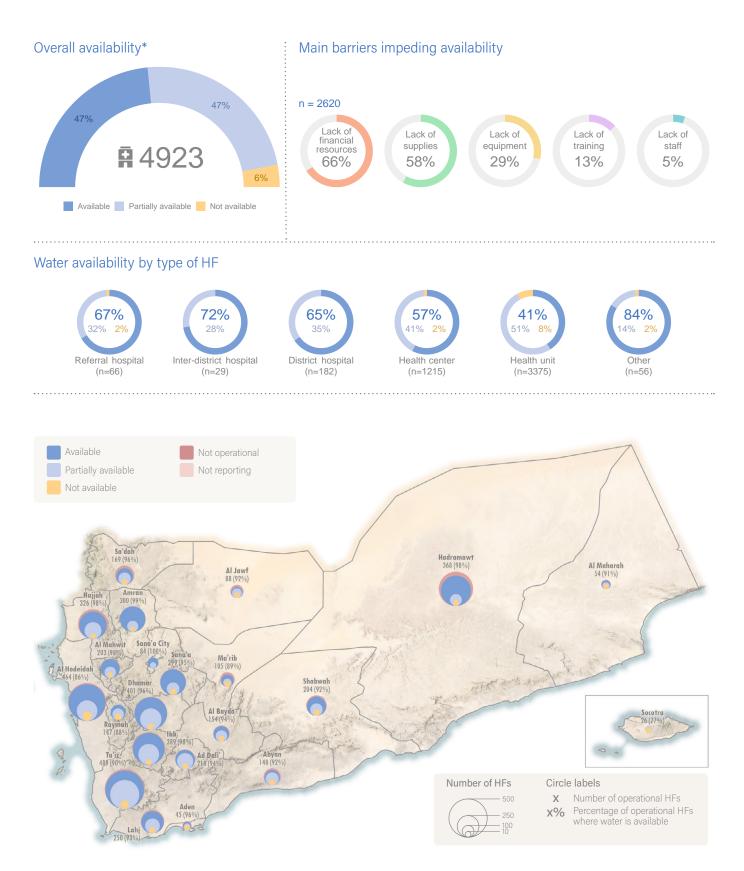
Sana'a City (n=18) 39% 28% 33% lbb (n=19) 21% 42% 37% Sana'a (n=16) 12% 50% 38% Aden (n=10) 30% 30% 40% Hajjah (n=13) 46% 8% 46% Amran (n=15) 7% 40% 53% Ad Dali' 45% 55% (n=11) Al Jawf **29%** 14% 57% (n=7)

Availability of ICU beds by governorate*



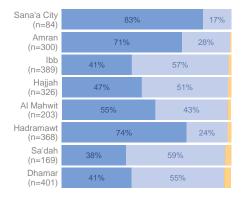
Available Partially available Not available				
Ma'rib (n=39)	5% 15%	79%		
Raymah (n=5)	20%	80%		
Abyan (n=28)	14%	82%		
Shabwah (n=24)	12%	83%		
Lahj (n=22)	9%	86%		
Socotra (n=3)		100%		

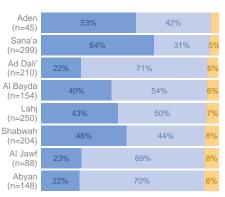
♦ WATER

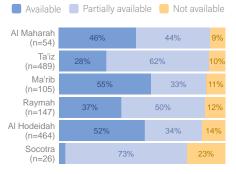


^{*} Water is considered available if it is available in sufficient quantities and qualities within the premises of the HF. Water is considered as partially available if average daily quantities are insufficient to meet daily demand or water is taken from unimproved sources and not treated.

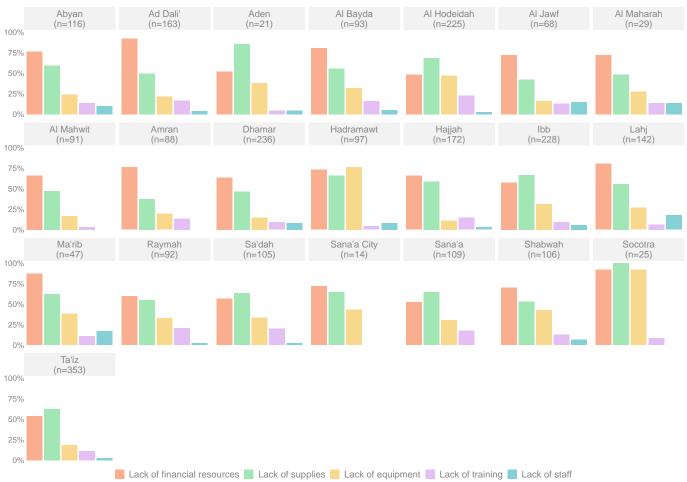
Water availability by governorate*

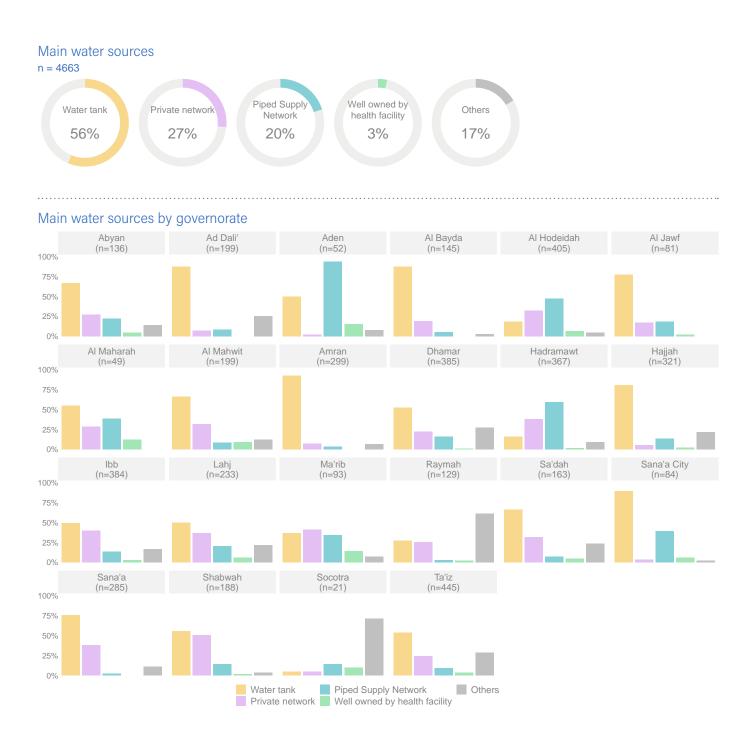






Main barriers by governorate

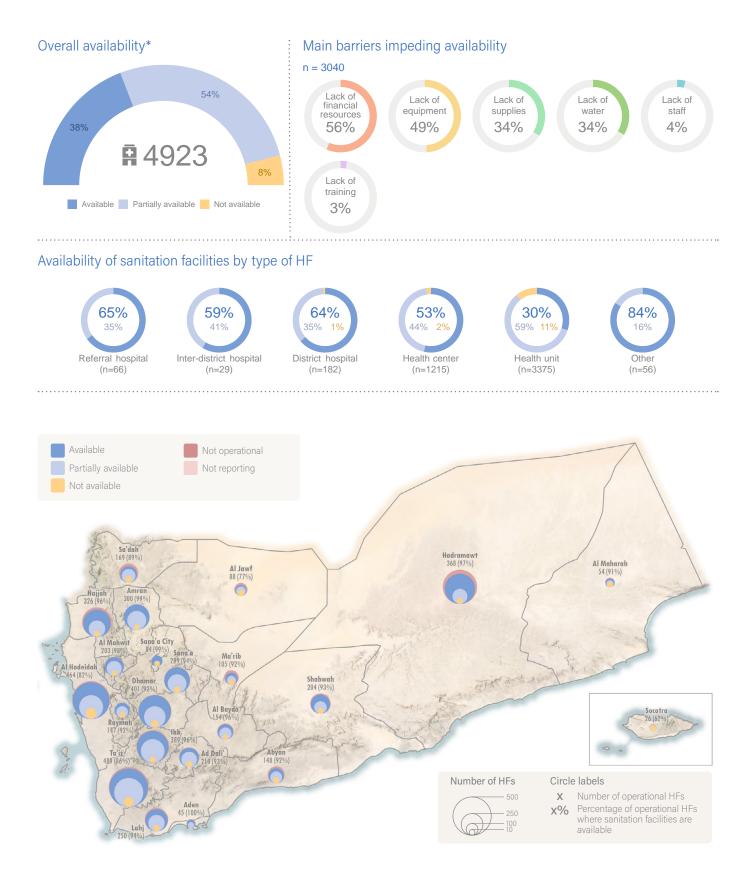




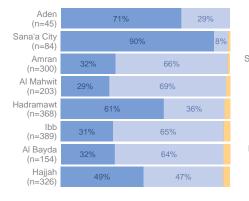
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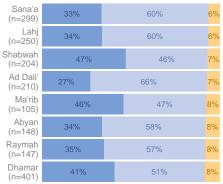
SANITATION FACILITIES

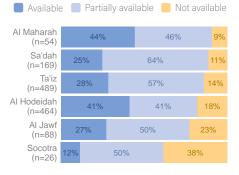


* Sanitation facilities are considered available if improved and fully functioning facilities are available in sufficient quantities.



Availability of sanitation facilities by governorate*

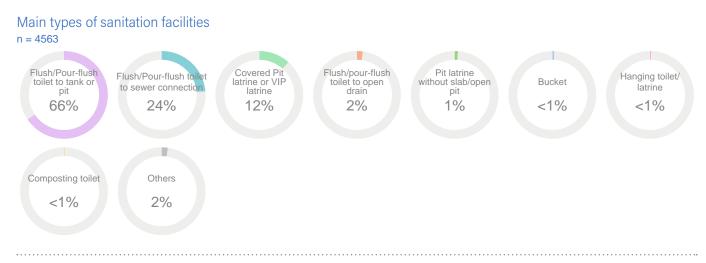




Main barriers by governorate



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



Main types of sanitation facilities by governorate



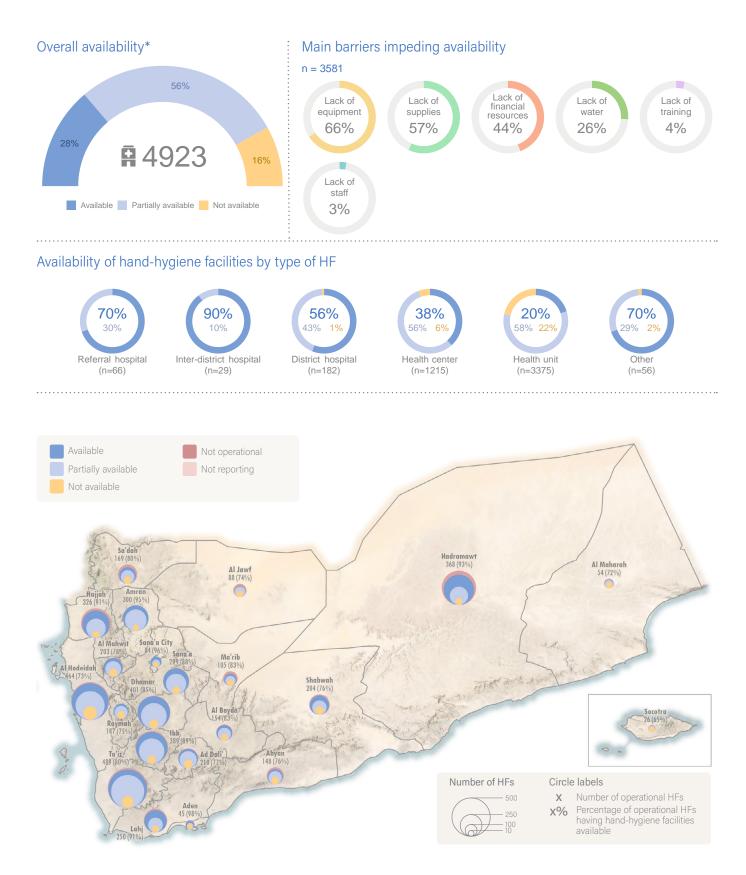
Toilet accessibility



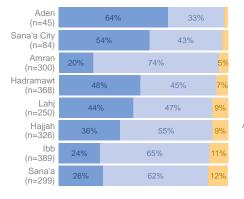
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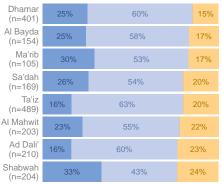
CHAND-HYGIENE FACILITIES

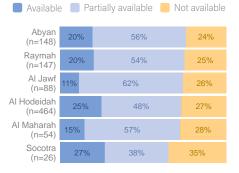


^{*} Hand hygiene facilities are considered available if (1) they are available at all critical points in the HF, (2) sufficient water and soap, or hydroalcoholic solution are available, (3) staff are trained in good hand hygiene practices.



Availability of hand-hygiene facilities by governorate*

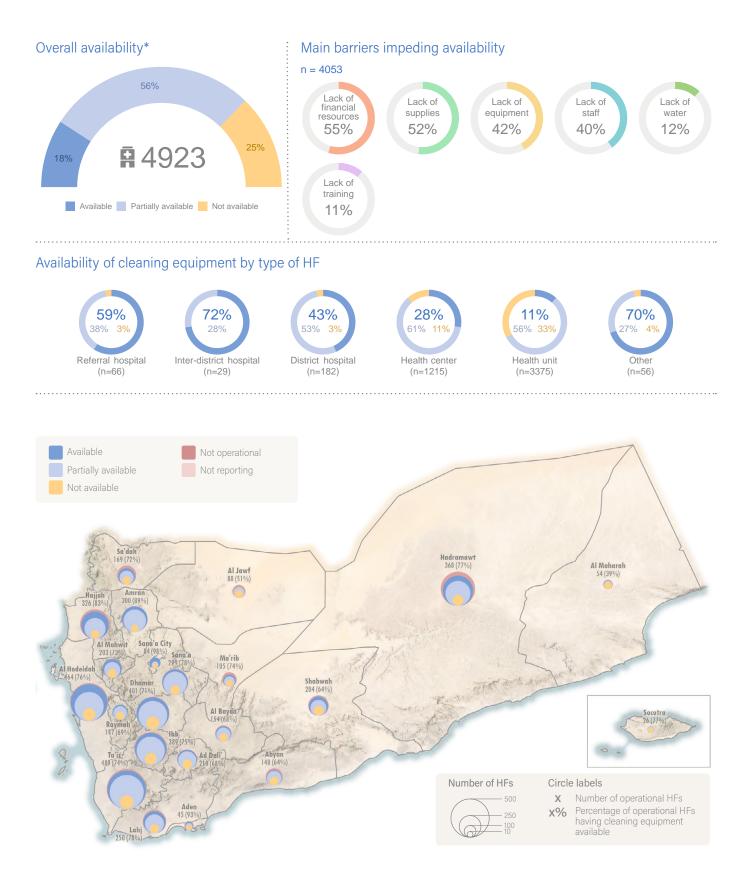




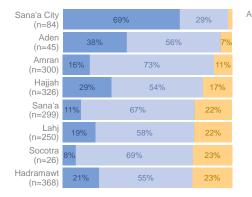




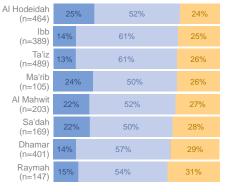
CLEANING EQUIPMENT

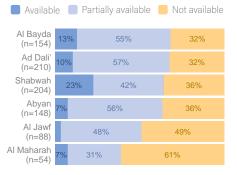


^{*} Cleaning equipment is considered as available only if (1) sufficient equipment and supplies are available, (2) cleaning protocols are in place and (3) staff is adequately trained.



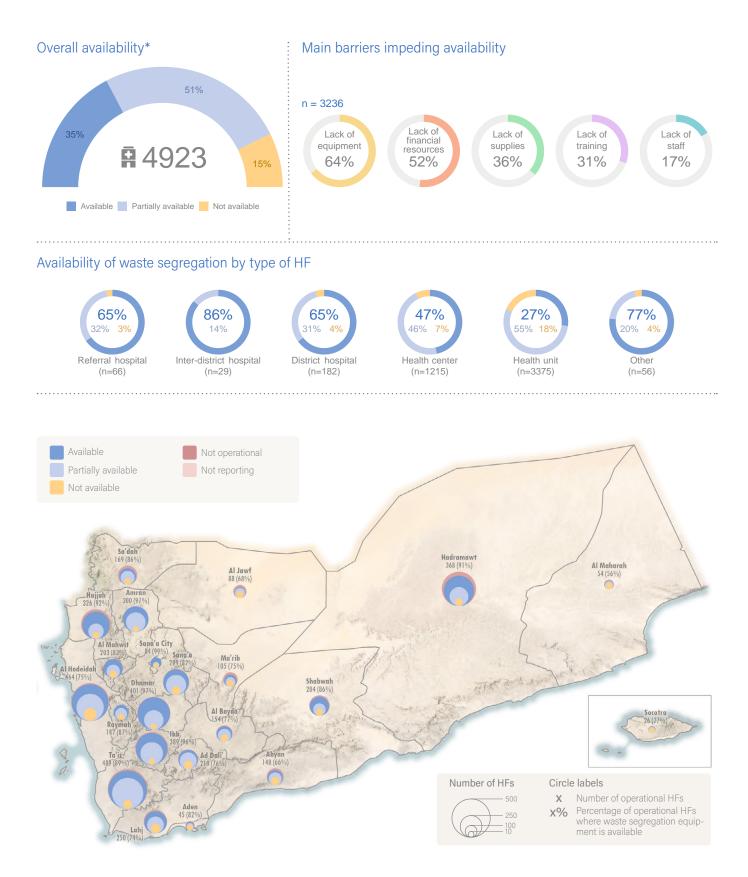
Availability of cleaning equipment by governorate*





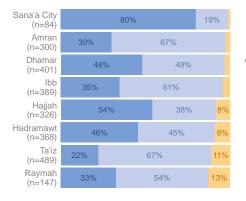


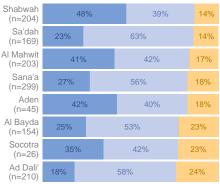
WASTE SEGREGATION

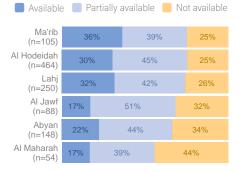


^{*} Waste segregation is considered available if sharps, infectious waste, and non-infectious general waste are segregated into at least 3 different labelled bins.

Availability of waste segregation by governorate*



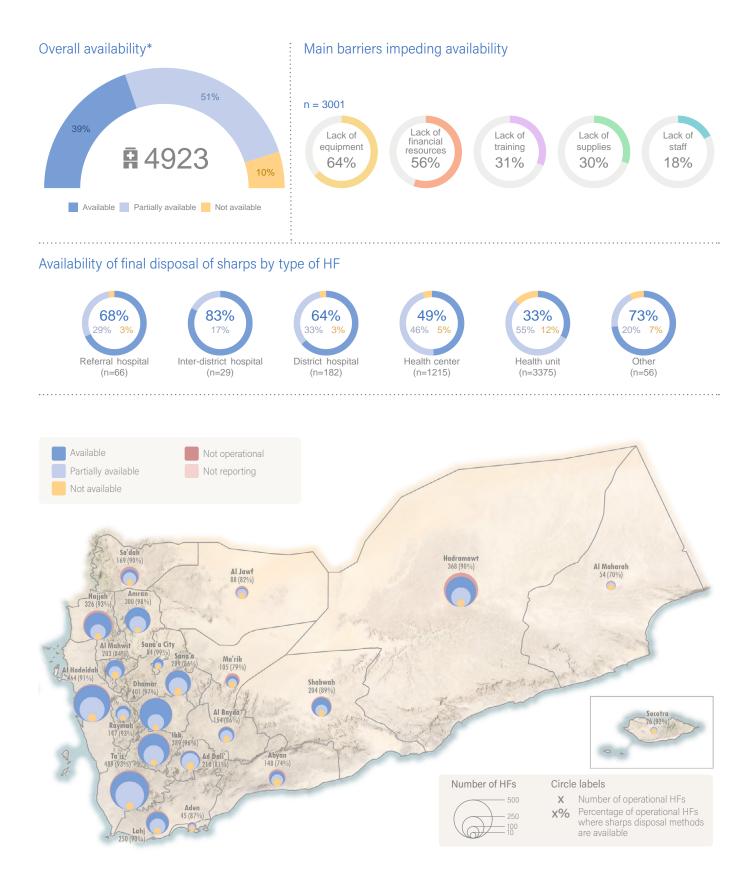






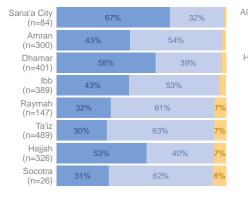


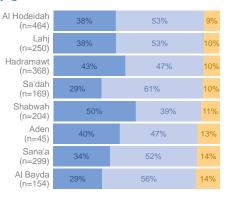
FINAL DISPOSAL OF SHARPS

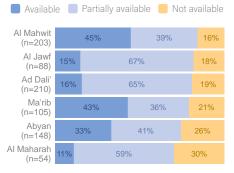


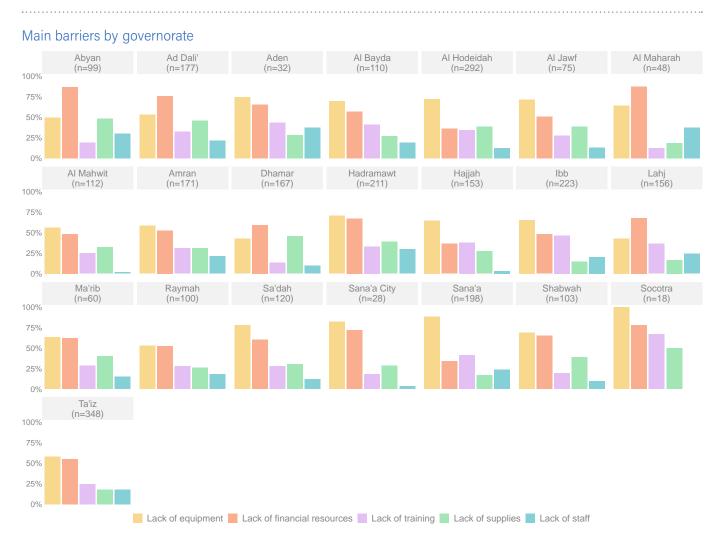
* Final disposal of sharps is considered as available only if the HF has sufficient capacities to treat and safely dispose of sharps.

Availability of final disposal of sharps by governorate*

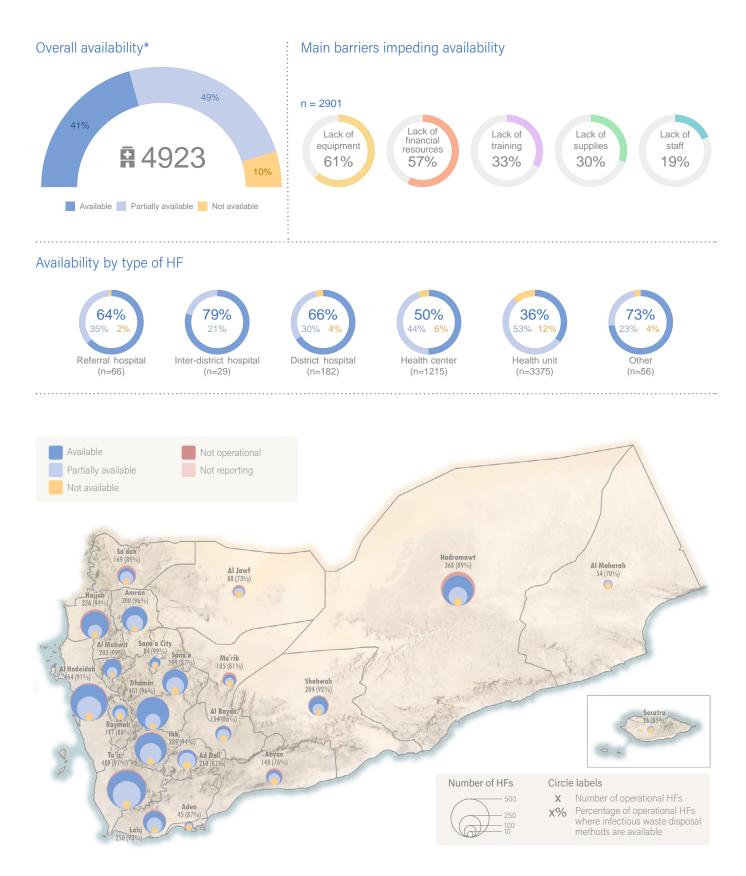




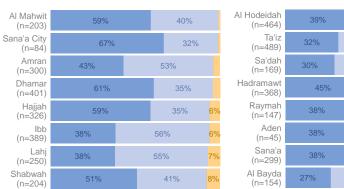




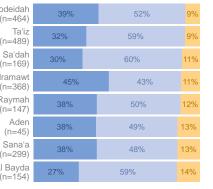
$\mathbf{\overline{m}}$ Final disposal of infectious waste

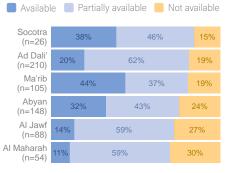


* Final disposal of infectious waste is considered as available only if the HF has sufficient capacities to treat and safely dispose of infectious waste.



Availability by governorate*











Main types of waste treatment methods by governorate

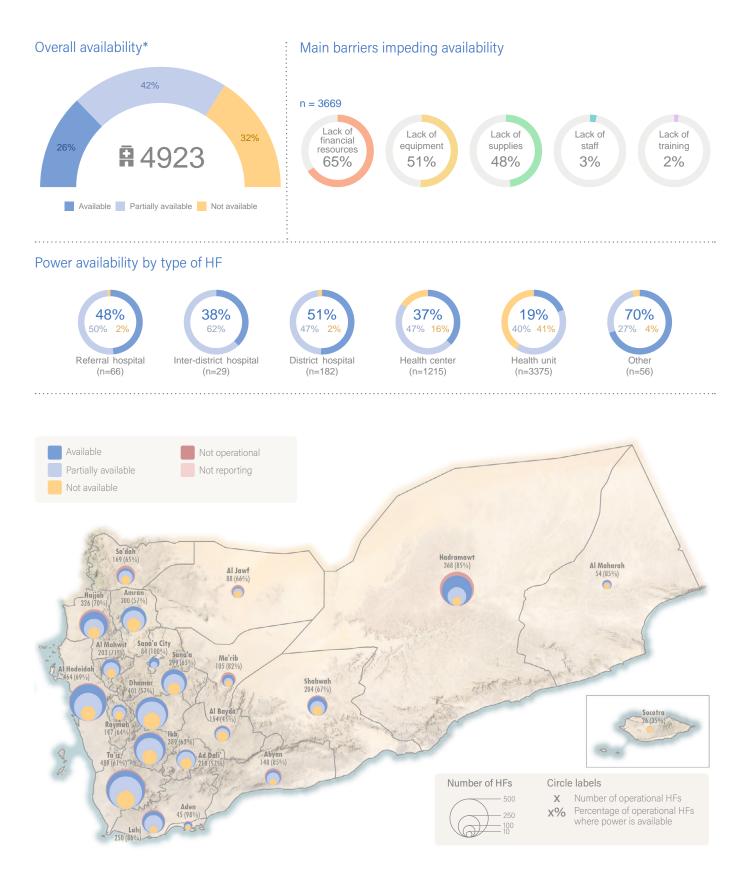


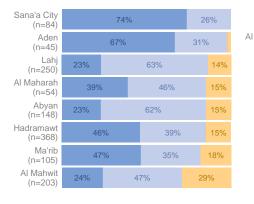
40

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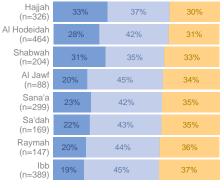


POWER



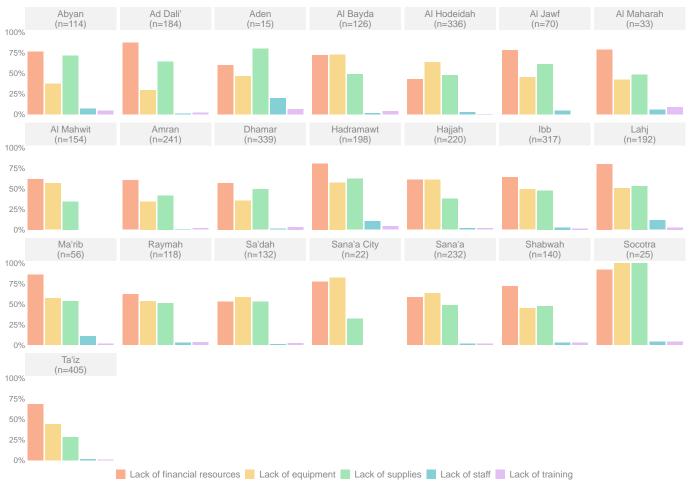


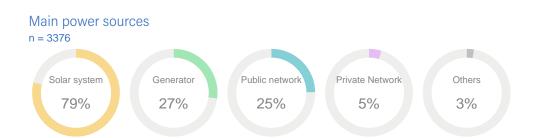
Power availability by governorate*



📕 Available 📕 Partially available 📒 Not available								
Ta'iz (n=489)	18%	44%)	39%				
Amran (n=300)	20%	37%		43%				
Ad Dali' (n=210)	12%	44%		43%				
Dhamar (n=401)	15%	41%		43%				
Al Bayda (n=154)	19%	26%	55%					
Socotra (n=26)	3	1%	65%					





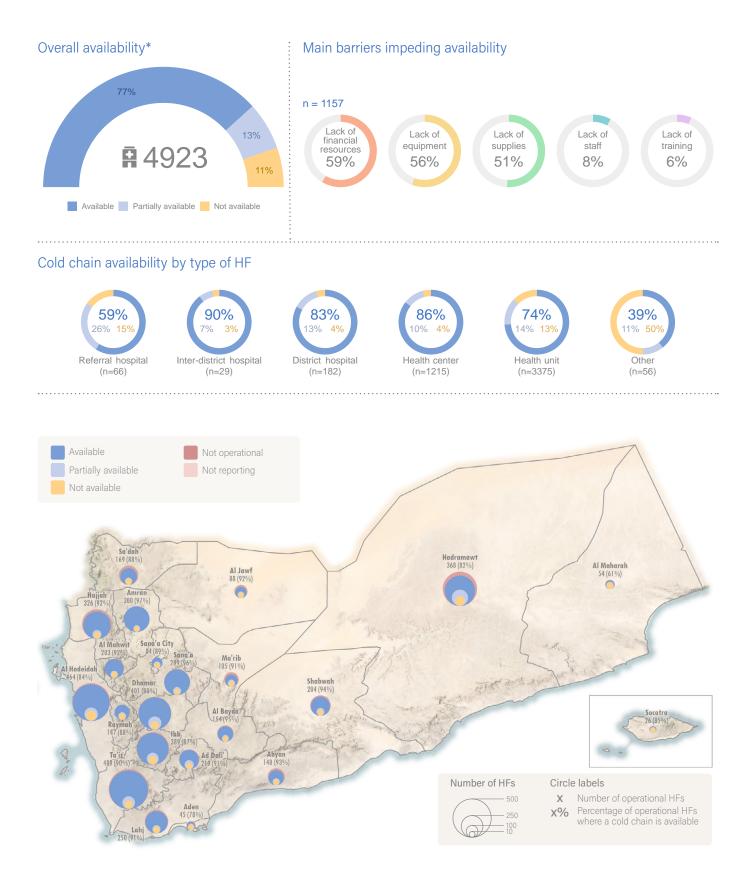




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Cold Chain



* Cold chain is considered as available if it is functioning with sufficient capacity for vaccination campaigns.

📕 Available 📕 Partially available 📒 Not available

13% 13%

10% <mark>16%</mark>

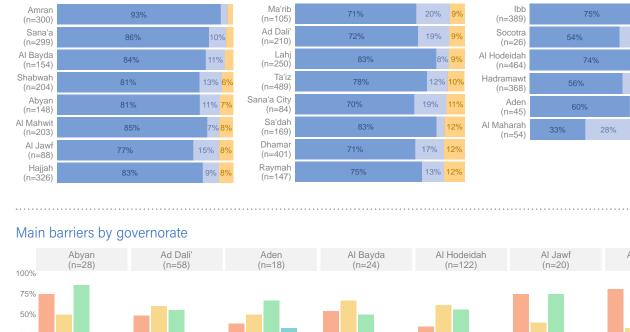
18%

22%

39%

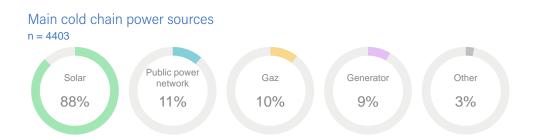
26%

18%



Cold chain availability by governorate*





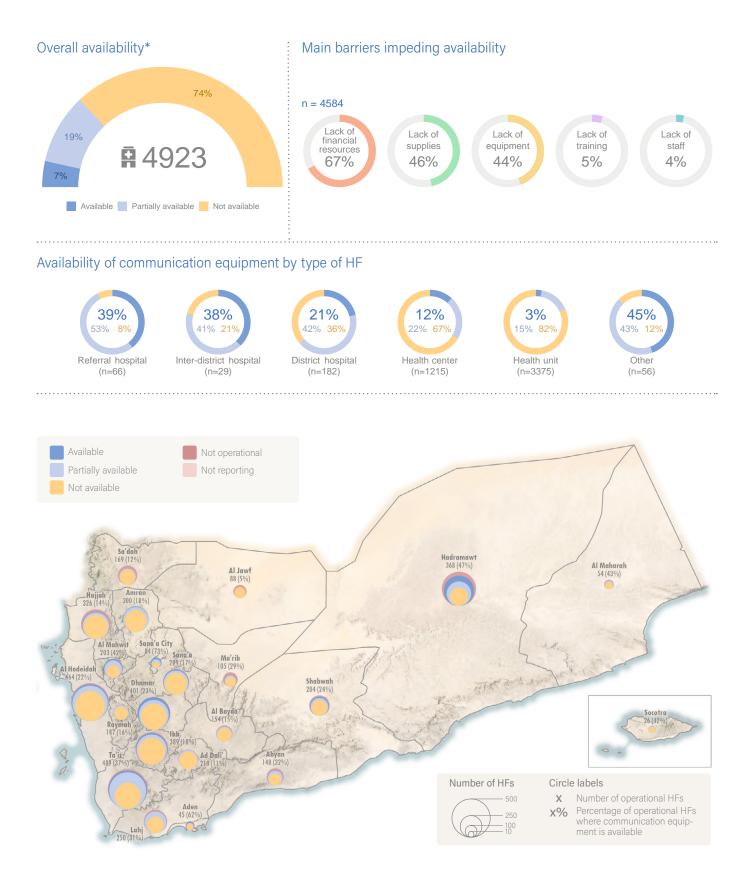
Main cold chain power sources by governorate



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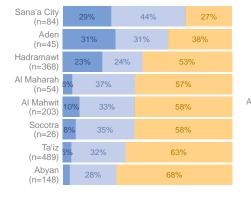


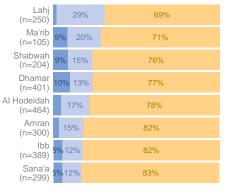
COMMUNICATION EQUIPMENT



* Communication equipment is considered as available only if it is functioning and sufficient for daily work.

Availability of communication equipment by governorate*

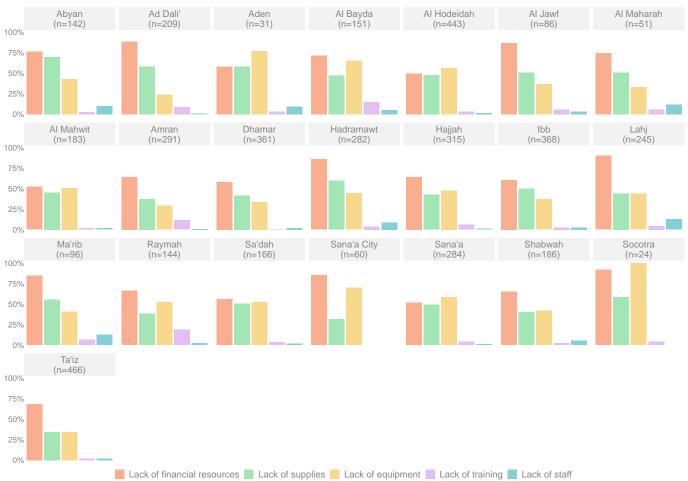


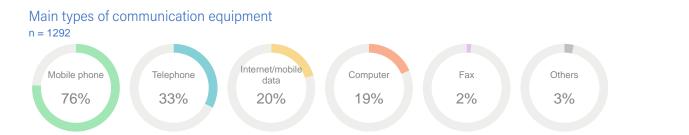


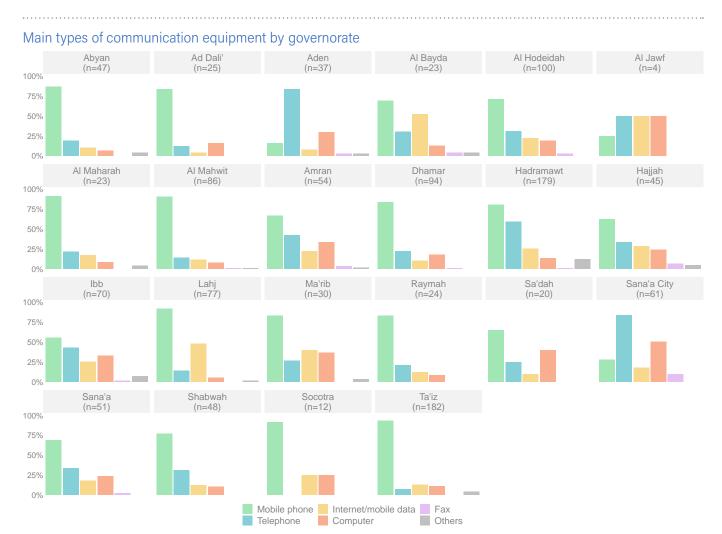
Raymah (n=147)	14%	84%		
Al Bayda (n=154)	12%	85%		
Hajjah (n=326)	10%	86%		
Sa'dah (n=169)	10%	88%		
Ad Dali' (n=210)	11%	89%		
Al Jawf (n=88)		95%		

📕 Available 📕 Partially available 📒 Not available





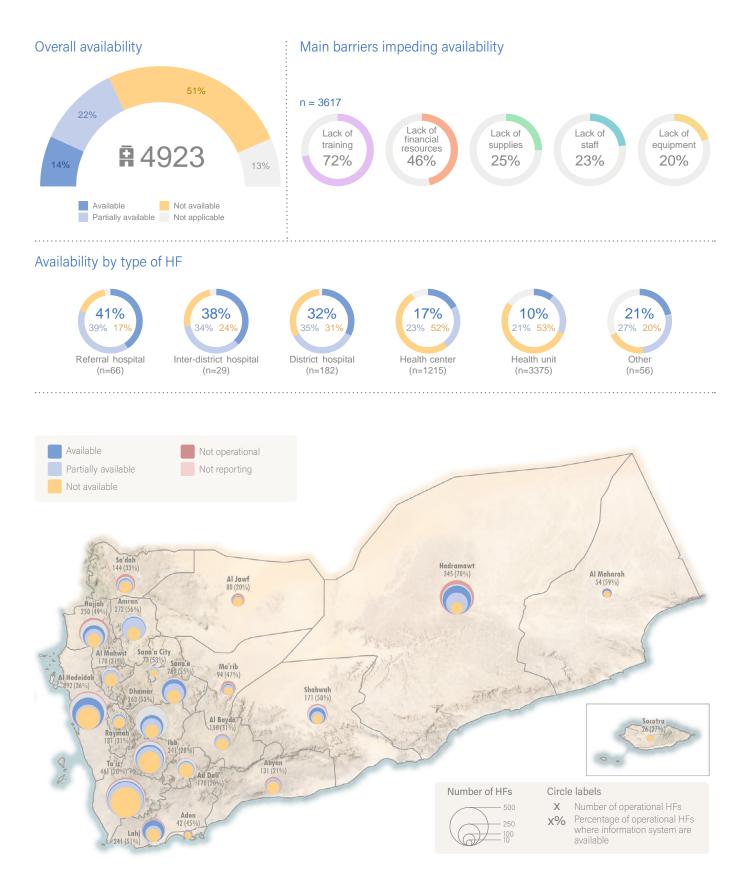




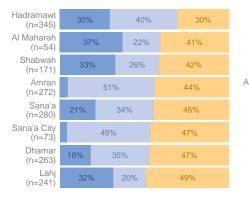
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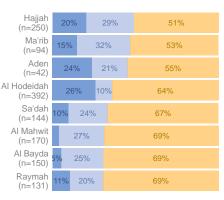


■ NFORMATION SYSTEMS AT THE HEALTH FACILITY LEVEL



Availability by governorate*





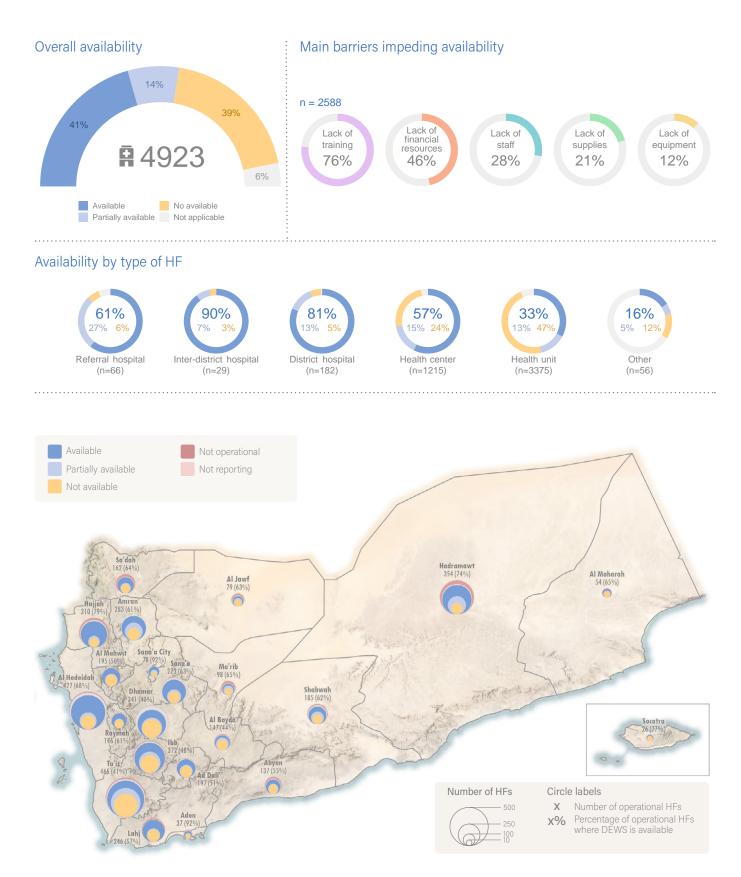
lbb (n=341) 20% 72% Socotra (n=26) 73% Abyan (n=131) 6% 15% 79% Al Jawf **9%** 11% (n=80) Ad Dali' 14% 6% 80% (n=170) Ta'iz 16% 80% (n=461)

📕 Available 📕 Partially available 📒 Not available

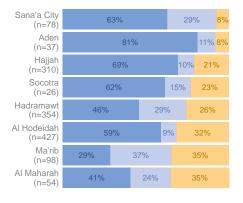


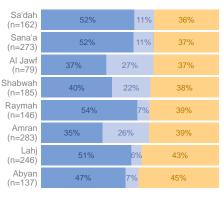


AVAILABILITY DISEASES EARLY WARNING SYSTEM



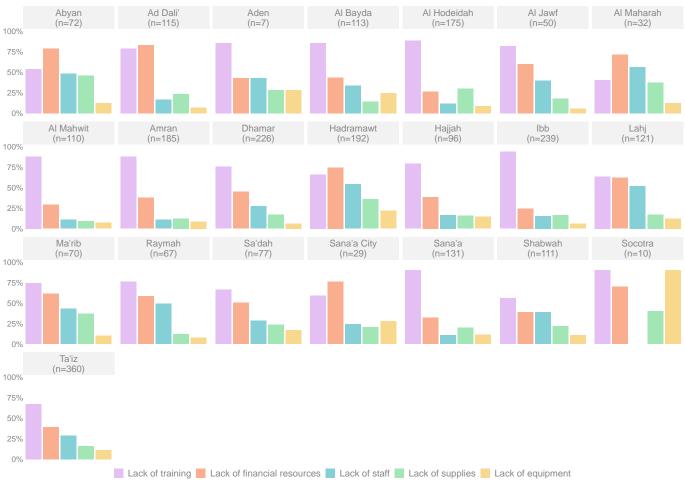
Availability by governorate*



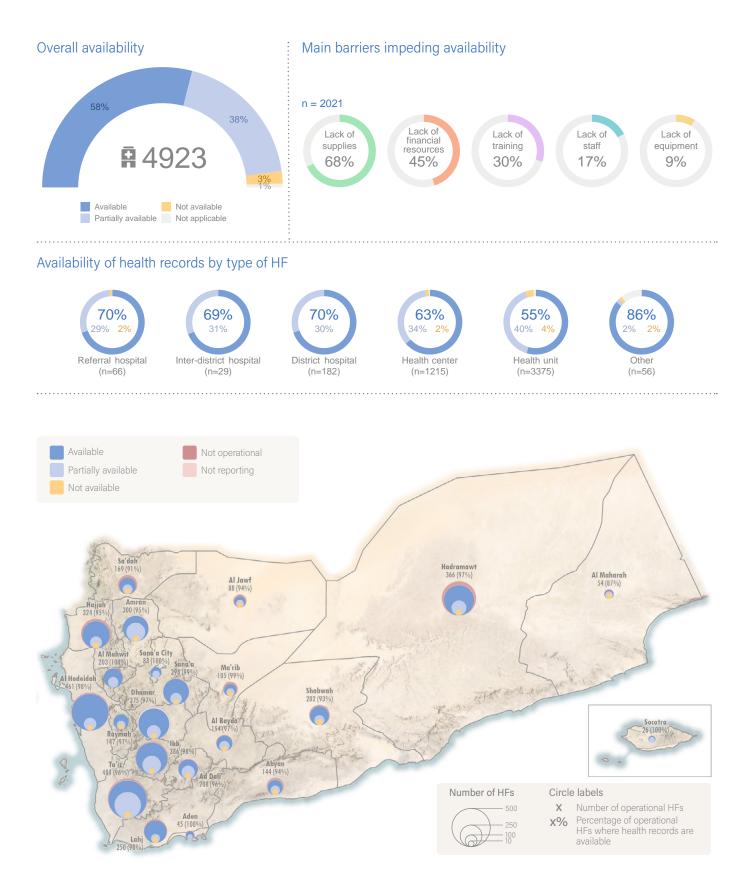


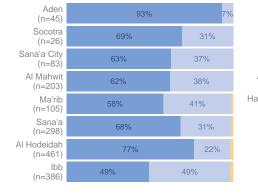
Availa	ble 📃 Pa	artially	/ avail	able	Not available	
Ad Dali' (n=197)	42%			þ	49%	
Al Mahwit (n=195)	44%		6%	6	50%	
lbb (n=372)	36%		12%		52%	
Al Bayda (n=147)	24%	20%	6		56%	
Ta'iz (n=466)	23%	23% 18%		59%		
Dhamar (n=341)	34%	7	%		60%	





HEALTH RECORDS





Availability of health records by governorate*

