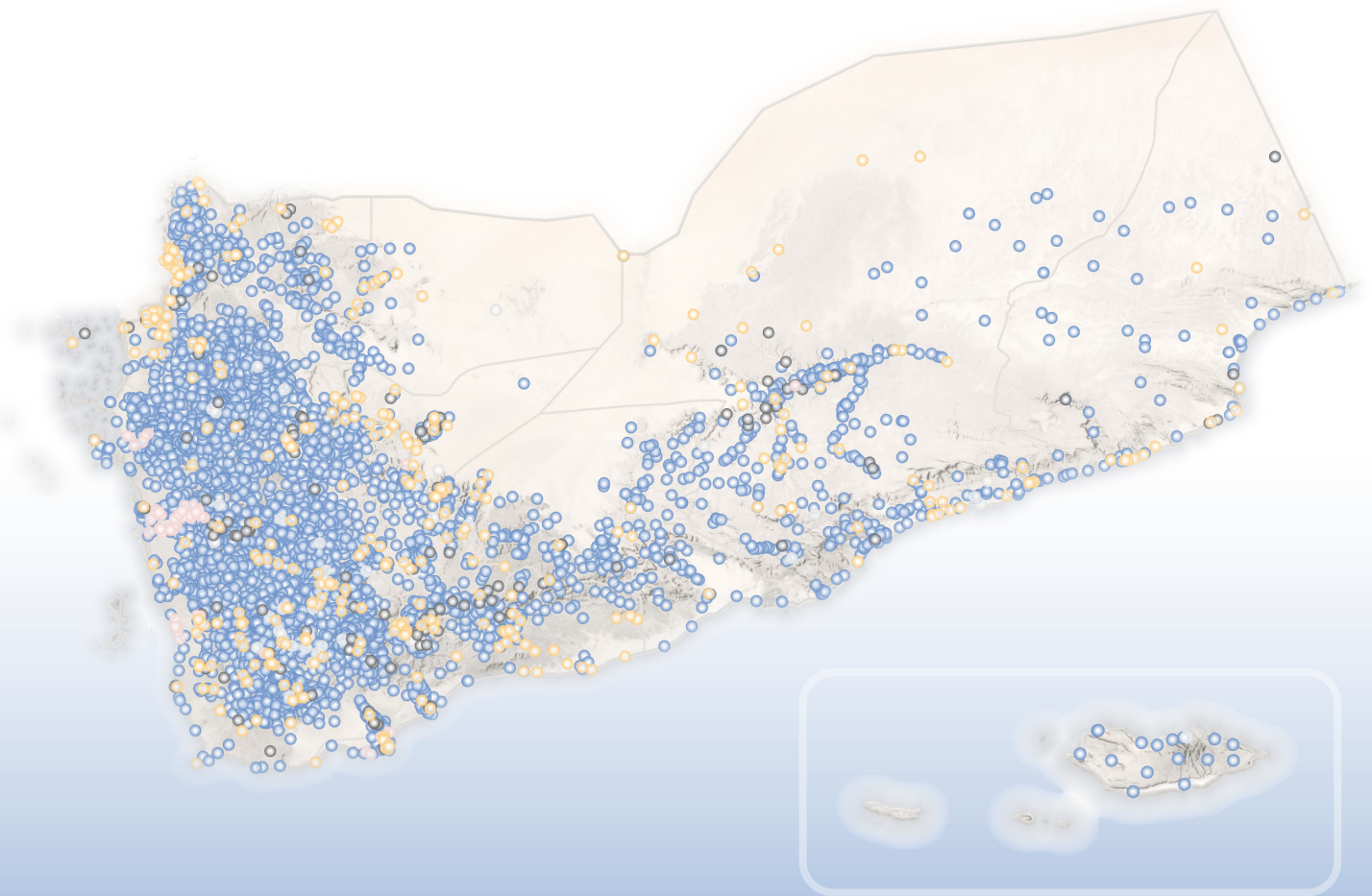




HeRAMS Yemen

Summary update report

FEBRUARY 2024



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



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HeRAMS Yemen

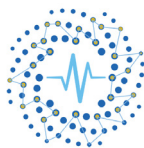
Summary Update Report

February 2024

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



Ministry of Public Health & Population
وزارة الصحة العامة والسكان



GDHIR





ACRONYMS

ART	Antiretroviral Treatment
BEMOC	Basic Emergency Obstetric Care
CEMOC	Comprehensive Emergency Obstetric Care
CMAM	Community Management of Acute Malnutrition
GDHIR	General Directorate for Information and Health Research
HeRAMS	Health Resources and Services Availability Monitoring System
HIV	Human Immunodeficiency Virus
HSDU	Health Service Delivery Unit
IEC	Information, Education, and Communication
IMAM	Integrated Management of Acute Malnutrition
IMNCI	Integrated Management of Newborn and Childhood Illnesses
LARC	Long-Acting Reversible Contraception
MDRTB	Multi-Drug Resistant Tuberculosis
MUAC	Mid-Upper Arm Circumference
NCD	Non-Communicable Diseases
OPD	Outpatient Department
PMTCT	Prevention of Mother-to-Child HIV Transmission
RDT	Rapid Diagnostic Test
SAM	Severe Acute Malnutrition
SARC	Short Acting Reversible Contraception
STI	Sexually Transmitted Infection
TB	Tuberculosis
WHO	World Health Organization

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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 that require 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 nongovernmental organizations, donors, academic institutions and other technical bodies. It builds on a collaborative approach involving health service providers at large and integrates 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 makes 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 5345 health service delivery units (HSDUs) across the country. The process is led by the General Directorate of Information and Research of the Ministry of Public Health and Population. They coordinate a network of 474 data contributors at the district level, responsible for regularly updating HeRAMS. Thus, ensuring the continuous monitoring of availability of essential health services and resources and the timely reporting of observed changes.

It is worth noting that continuous efforts are made to ensure high data quality. These measures begin with the integration of data quality components into training sessions for data contributors, the establishment of a feedback mechanism as an effective tool for improvement, and conducting regular on-site verification for randomly selected samples of HSDUs.

This report provides an update on the HeRAMS Baseline Report 2023¹ and is based on data reported up to February 29th, 2024. It offers a summary analysis of the operational status of HSDUs, availability of essential amenities and health services. Furthermore, main barriers impeding availability of basic amenities or health services are systematically included throughout the report. It is imperative to underscore that the deployment of HeRAMS is ongoing, including data verification and validation. Hence, this analysis is not final and was produced solely for the purpose of informing operations.

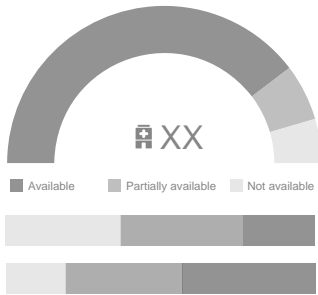
Caution must be taken when interpreting the results presented in this report. Differences between information products published by WHO, national public health authorities, and other sources using different inclusion criteria and different data cut-off times are to be expected. While steps are taken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

To gain a more comprehensive understanding on the current and historical context, previously published HeRAMS reports available on the WHO HeRAMS initiative website (<https://www.who.int/initiatives/herams>). For additional information, please contact herams@who.int.

¹ **HeRAMS Yemen Baseline Report Series:** 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>.

INTERPRETATION GUIDE

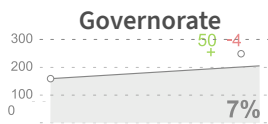
Availability



Arc charts or **bar charts** provide an overview of the overall status of an indicator (i.e. functionality, availability, etc.), hereafter referred to as “availability”. The total number of HSDUs included in the analysis of an indicator is shown inside the arc chart. It is crucial to note that the total number of HSDUs considered in the analysis may vary due to the exclusion of non-operational and non-reporting HSDUs from subsequent analyses (refer to [page 4](#) for details).



Donut charts offer a breakdown of indicators by HSDU type. By default, each donut provides information on the total number of HSDUs it encompasses.



Trend lines of core indicators illustrate changes in the availability by governorates between January 2022 and February 2024, with data points corresponding to the latest available information as of January 1st, 2022, January 1st, 2023, and February 29th, 2024. The line represents the number of HSDUs where an indicator was available up to the standard. Small labels in green and red highlight the number of HSDUs where the situation has improved or deteriorated, respectively. To underscore the current status, the graphic includes a label indicating the present proportion of HSDUs where the indicator is available. Consequently, these charts do not account for changes from *partially available* to *not available*.

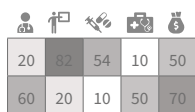
Similarly, trend lines portraying overall changes in the availability of individual health services are available for each service domain. Unlike core indicators, no distinction between *partially* and *fully available* were made. Hence, the line indicates the number of HSDUs where the service is at least partially available.

Similarly, trend lines portraying overall changes in the availability of individual health services are available for each service domain. Unlike core indicators, no distinction between *partially* and *fully available* were made. Hence, the line indicates the number of HSDUs where the service is at least partially available.

Barriers



To obtain a more comprehensive understanding of the challenges faced by HSDUs, barriers impeding the availability of an indicator or services were systematically recorded whenever an indicator was not or only partially available. Similarly, sub-questions on building and equipment conditions, functionality, and accessibility collected information on underlying causes.



Each **donut chart** or **heat map** indicates the percentage of HSDUs having reported a specific barrier. The percentage inside the donut or inside the heat map cell indicates the proportion of HSDUs reporting a specific barrier.

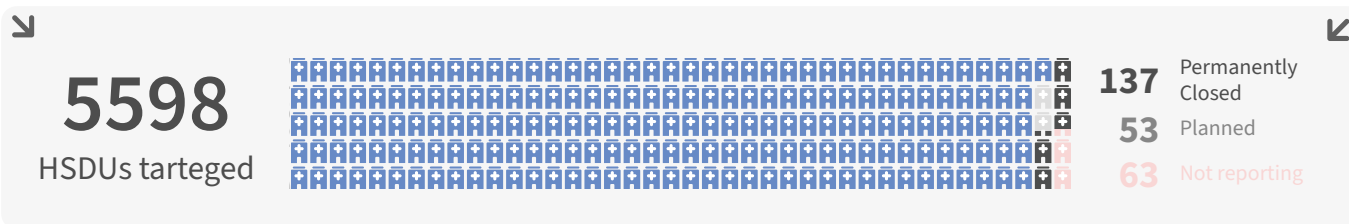
Important: The denominator for barrier charts excludes HSDUs where the indicator was fully available. It should further be noted that HSDUs can report up to three barriers for each indicator. Thus, the sum of all barriers may exceed 100%.

Basic amenity types

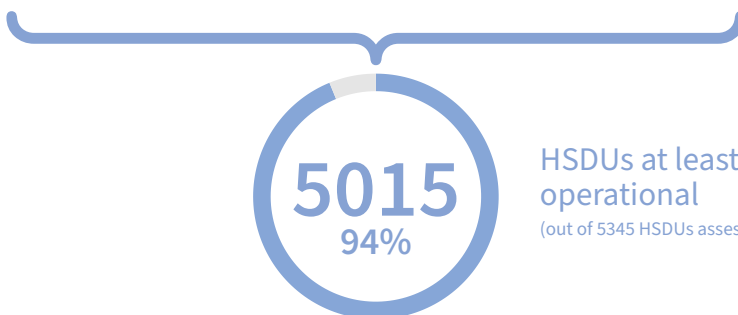
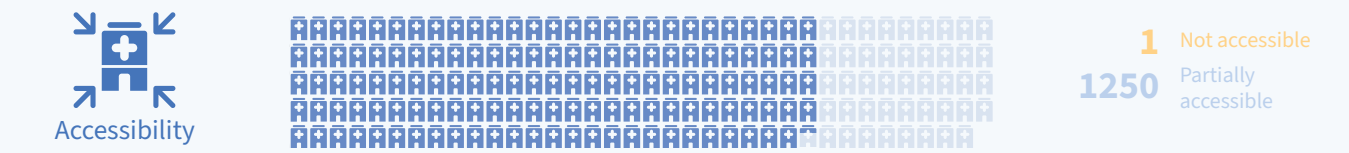
For some basic amenities, additional information on the main sources or types available to the HSDU were collected. The analysis of basic amenities follows the same logic as barriers (see above). Consequently, analyses related to the types of amenities exclude HSDUs where the amenity was not available. Furthermore, alike for barriers, focal point could report up to three main amenity sources or types.



AT A GLANCE...



5345 HSDUs



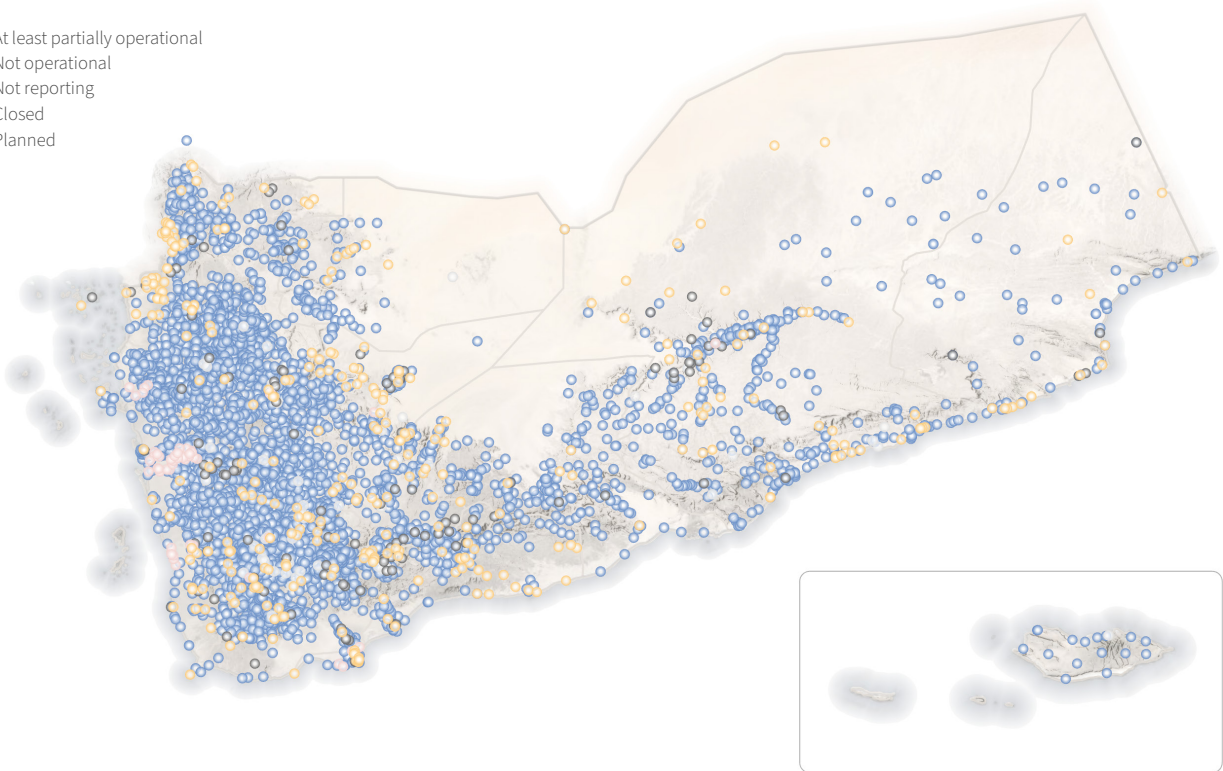
HSDUs at least partially operational
(out of 5345 HSDUs assessed)

* HSDUs (Health Service Delivery Units) reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as non-operational. Consequently, reporting ends upon confirmation of an HSDU's non-operational status.

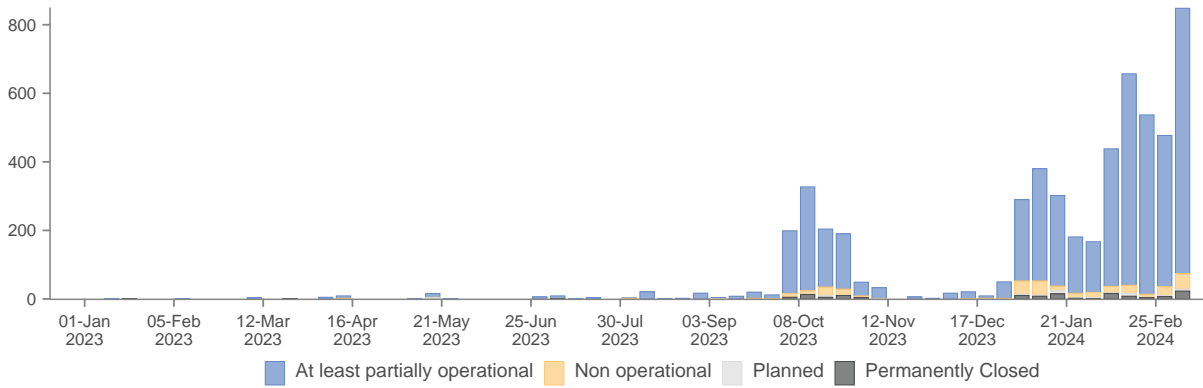
** Due to the dynamic state of the health systems, HSDUs not submitting any new updates since January 2023 were considered as "not reporting".

Geographic distribution of HSDUs

- At least partially operational
- Not operational
- Not reporting
- Closed
- Planned



Last date of update per HSDU





Distribution of HSDUs by type and governorate

GOVERNORATE	Referral Hospital					Inter-district Hospital					District Hospital					Health center				
	O	N/O	N/R	C	P	O	N/O	N/R	C	P	O	N/O	N/R	C	P	O	N/O	N/R	C	P
ABYAN	1	-	-	-	-	1	-	-	-	-	7	1	-	-	-	25	2	-	1	-
AD DALI'	2	-	-	-	-	-	-	-	-	-	10	-	-	-	-	46	-	-	2	-
ADEN	4	-	1	-	-	1	-	-	-	-	-	-	1	-	-	42	6	3	-	-
AL BAYDA	1	-	-	-	-	1	-	-	-	-	9	1	-	1	-	52	2	-	1	-
AL HODEIDAH	3	-	-	-	-	4	-	-	-	-	12	1	1	-	-	79	1	3	1	-
AL JAWF	2	-	-	-	-	-	-	-	-	-	3	-	-	-	-	18	1	-	-	-
AL MAHARAH	2	-	-	-	-	-	-	-	-	-	4	-	-	-	-	8	-	-	2	-
AL MAHWIT	1	-	-	-	-	1	-	-	-	-	6	-	-	-	-	11	-	-	1	-
AMRAN	2	-	-	-	-	4	-	-	-	-	11	-	-	-	1	42	-	-	-	-
DHAMAR	3	-	-	-	-	1	-	-	-	-	14	1	-	-	-	103	1	-	-	-
HADRAMAWT	5	-	1	-	-	-	-	-	-	-	14	1	-	-	-	94	2	-	3	1
HAJJAH	2	-	-	-	-	5	-	-	-	-	5	1	-	1	-	56	5	-	2	-
IBB	6	-	-	-	-	4	-	-	-	-	9	1	-	-	-	150	6	-	-	6
LAHJ	3	-	-	-	-	2	-	-	-	-	11	-	-	-	-	32	2	-	2	-
MA'RIB	7	-	-	-	-	1	-	-	-	-	13	5	1	-	-	24	4	-	1	-
RAYMAH	1	-	-	-	-	2	-	-	-	-	1	-	-	-	-	50	-	-	4	1
SA'DAH	3	-	-	-	-	3	-	-	-	-	4	2	-	-	-	29	10	-	-	-
SANA'A	2	1	-	-	-	1	-	-	-	-	11	1	-	-	-	108	1	-	-	-
SANA'A CITY	5	-	-	-	-	-	-	-	-	-	3	-	-	-	1	60	4	-	4	3
SHABWAH	3	-	-	-	-	3	-	-	-	-	11	-	-	1	-	40	2	-	1	1
SOCOTRA	1	-	-	-	1	-	-	-	-	-	1	-	-	-	-	12	-	-	-	-
TA'IZ	12	-	1	-	-	1	-	-	-	-	18	1	-	-	1	193	10	-	2	3
TOTAL	71	1	3	-	1	35	-	-	-	-	177	16	3	3	3	1274	59	6	27	15

O = At least partially operational - N/O = Not operational - N/R = Not reporting - C = closed - P = planned, HSDUs

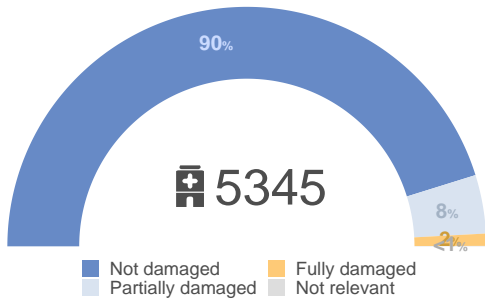
Distribution of HSDUs by type and governorate (Cont.)

GOVERNORATE	Health Unit					Other					Total				
	O	N/O	N/R	C	P	O	N/O	N/R	C	P	O	N/O	N/R	C	P
ABYAN	111	26	-	15	3	-	-	-	1	-	145	29	-	17	3
AD DALI'	155	6	-	4	3	1	-	-	-	-	214	6	-	6	3
ADEN	2	3	-	2	-	4	1	2	1	-	53	10	7	3	-
AL BAYDA	97	10	-	11	2	-	-	-	-	-	160	13	-	13	2
AL HODEIDAH	323	5	43	2	-	8	1	-	2	-	429	8	47	5	-
AL JAWF	70	8	-	1	1	-	-	-	-	-	93	9	-	1	1
AL MAHARAH	39	13	-	3	-	-	-	-	-	-	53	13	-	5	-
AL MAHWIT	184	2	-	2	-	2	-	-	-	-	205	2	-	3	-
AMRAN	246	-	-	-	1	1	-	-	-	-	306	-	-	-	2
DHAMAR	286	4	-	-	2	3	-	-	-	-	410	6	-	-	2
HADRAMAWT	248	47	-	17	8	13	1	-	-	-	374	51	1	20	9
HAJJAH	275	20	-	5	2	3	4	-	-	-	346	30	-	8	2
IBB	215	7	-	2	3	5	-	1	-	-	389	14	1	2	9
LAHJ	199	13	-	9	-	1	2	-	-	-	248	17	-	11	-
MA'RIB	70	20	1	8	4	5	-	-	1	-	120	29	2	10	4
RAYMAH	93	1	-	8	1	-	-	-	-	-	147	1	-	12	2
SA'DAH	144	16	-	5	-	5	3	-	-	-	188	31	-	5	-
SANA'A	186	4	-	-	-	1	-	-	-	-	309	7	-	-	-
SANA'A CITY	2	-	-	1	-	3	-	4	1	-	73	4	4	6	4
SHABWAH	158	15	-	1	-	7	-	-	-	-	222	17	-	3	1
SOCOTRA	16	1	-	-	-	-	-	-	-	-	30	1	-	-	1
TA'IZ	277	21	-	5	4	-	-	-	-	-	501	32	1	7	8
TOTAL	3396	242	44	101	34	62	12	7	6	-	5015	330	63	137	53

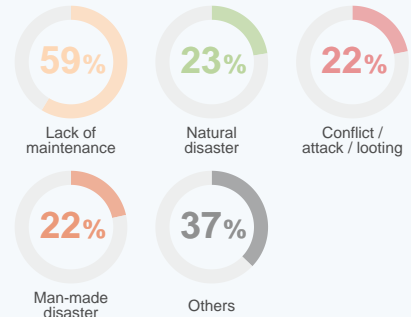
O = At least partially operational - N/O = Not operational - N/R = Not reporting - C = closed - P = planned, HSDUs



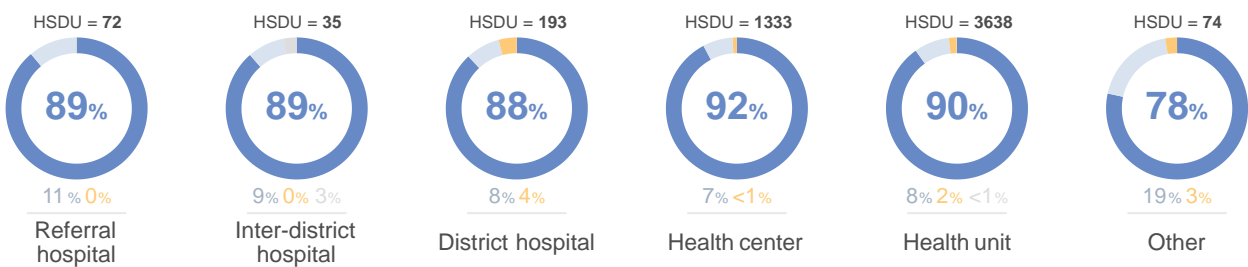
BUILDING CONDITION



The following causes were reported by **423** HSDUs building was partially damaged and **88** HSDUs who were complete damaged.

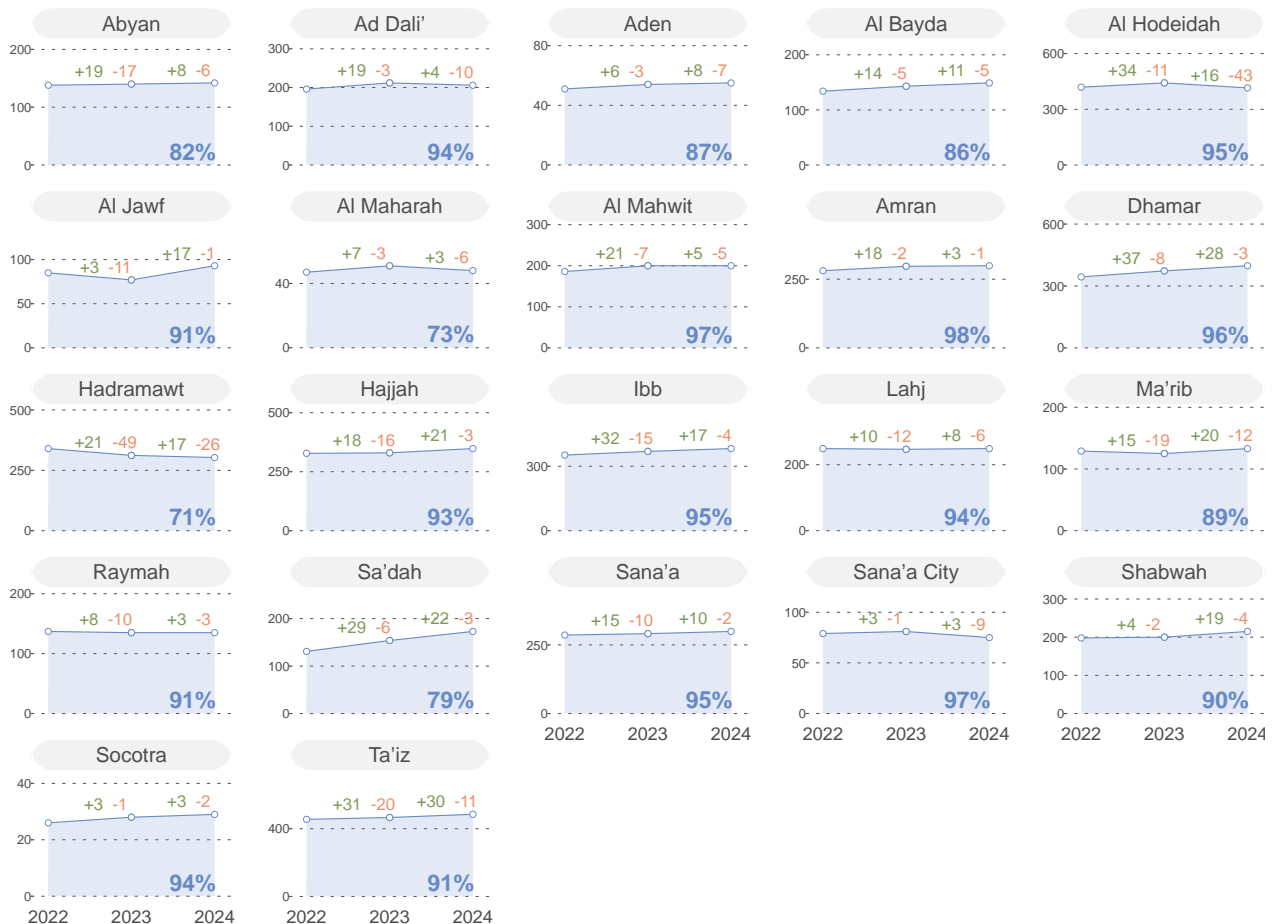


Building condition by HSDU type

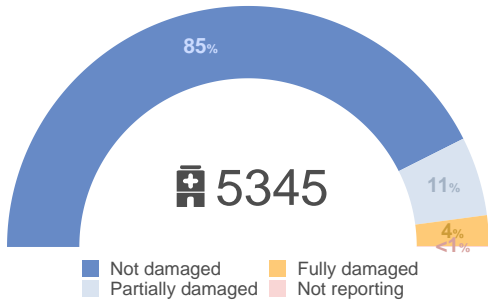


Building condition over time

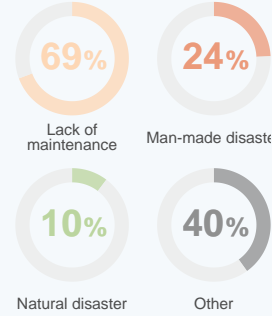
Displays changes in building condition between January 2022 and February 2024. The blue line indicates the number of HSDUs whose building was intact. Small numbers positioned above the line indicate the number of HSDUs where the status has **improved** or **deteriorated**. Additionally, the **percentage value** denotes the proportion of HSDUs with intact buildings for February 2024. For more information see [page 3](#).



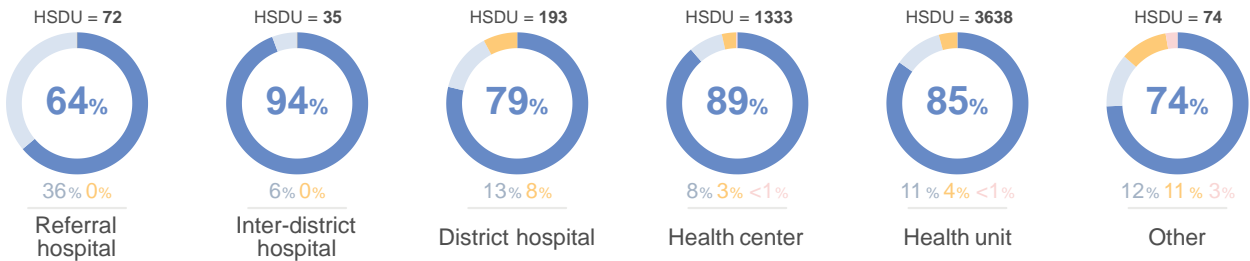
EQUIPMENT CONDITION



The following causes were reported by 567 HSDUs reporting partially damaged equipment and 219 HSDUs where the equipment was completely damage.

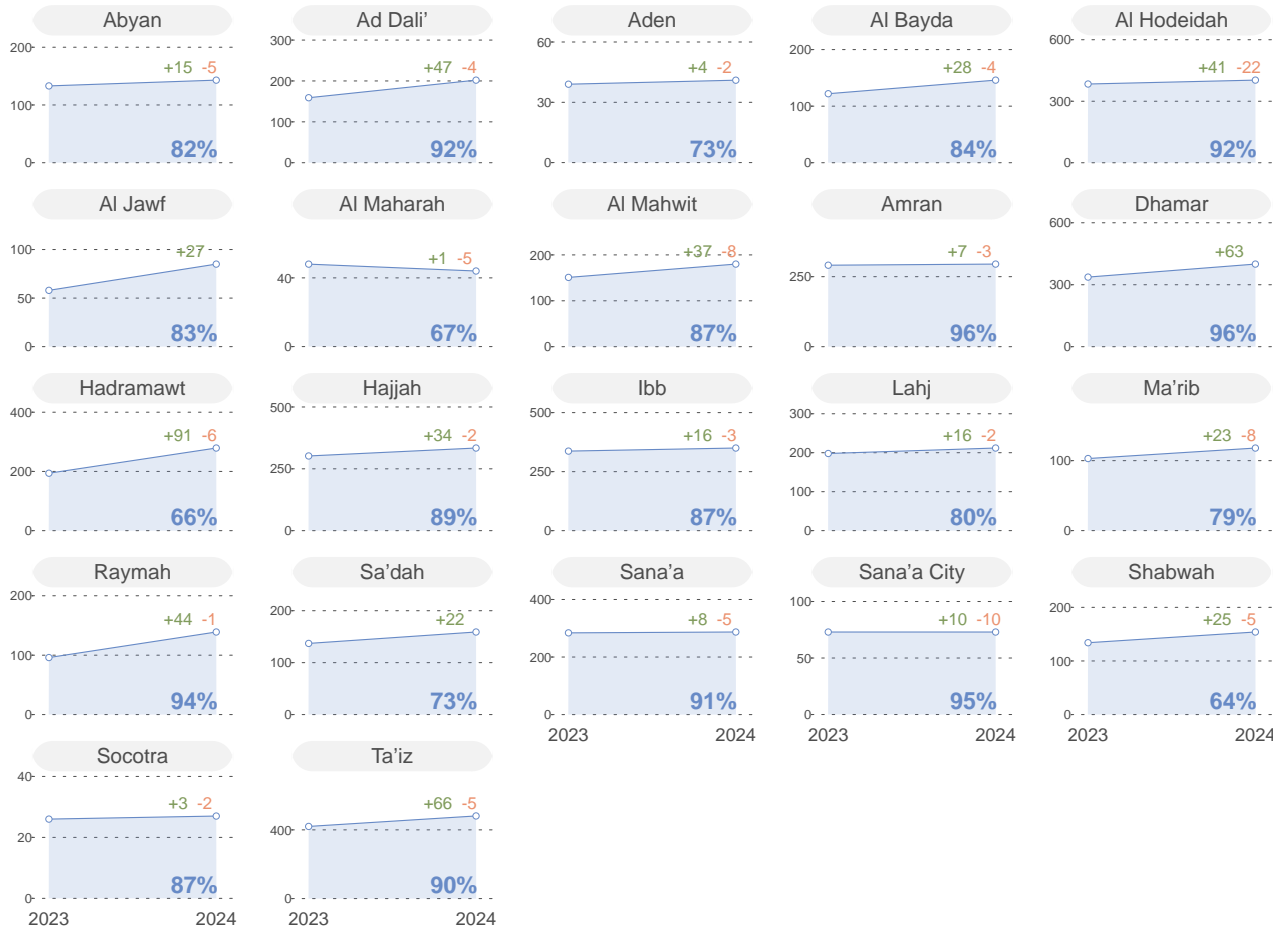


Equipment condition by HSDU type



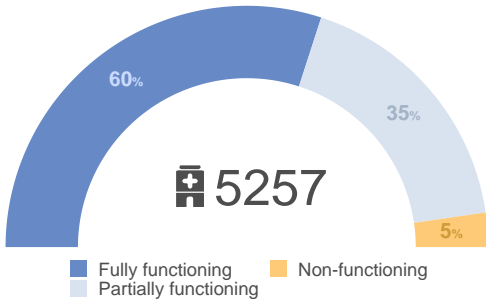
Equipment condition over time

Displays changes in equipment condition between January 2023 and February 2024. The blue line indicates the number of HSDUs whose building was intact. Small numbers positioned above the line indicate the number of HSDUs where the status has improved or deteriorated. Additionally, the percentage value denotes the proportion of HSDUs whose equipment was intact for February 2024. For more information see [page 3](#).

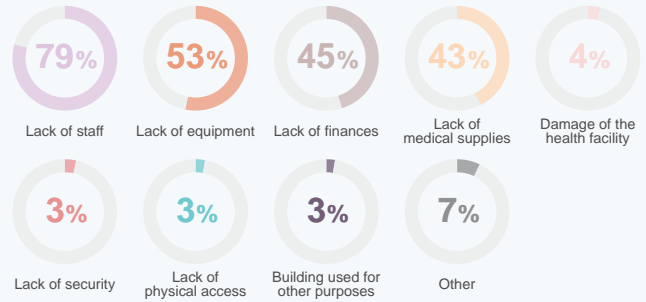




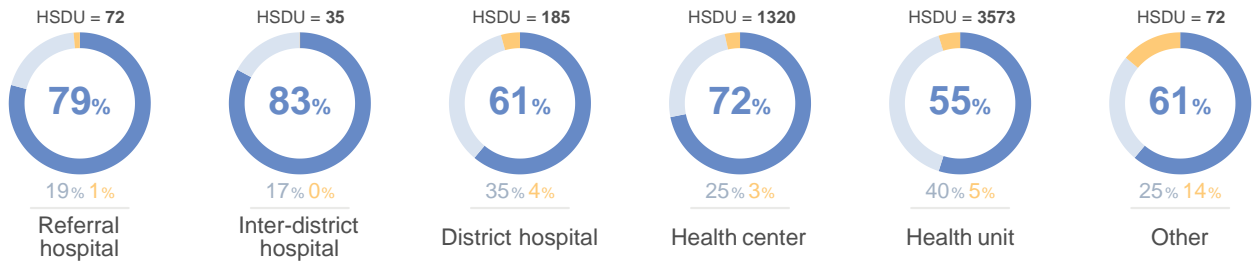
FUNCTIONALITY



The following causes were reported by **1863** partially **241** non-functioning HSDUs.



Functionality by HSDU type

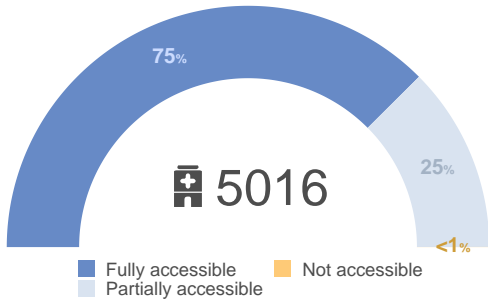


Functionality over time

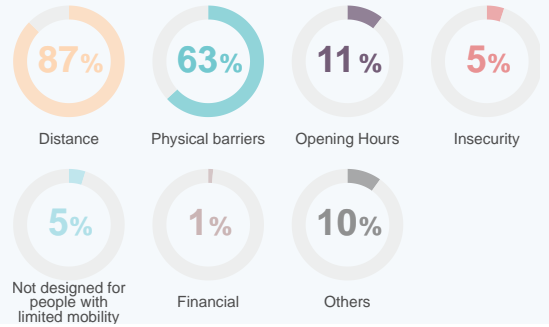
Displays changes in functionality between January 2022 and February 2024. The blue line indicates the number of functioning of HSDUs. Small numbers positioned above the line indicate the number of HSDUs where functionality has improved or deteriorated. Additionally, the percentage value denotes the proportion of functional HSDUs for February 2024. For more information see [page 3](#).



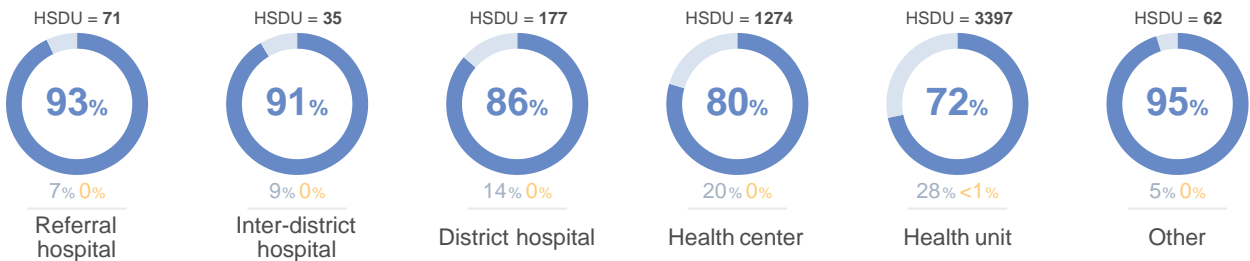
ACCESSIBILITY



The following causes were reported by **1250** partially accessible and **1** inaccessible HSDUs.

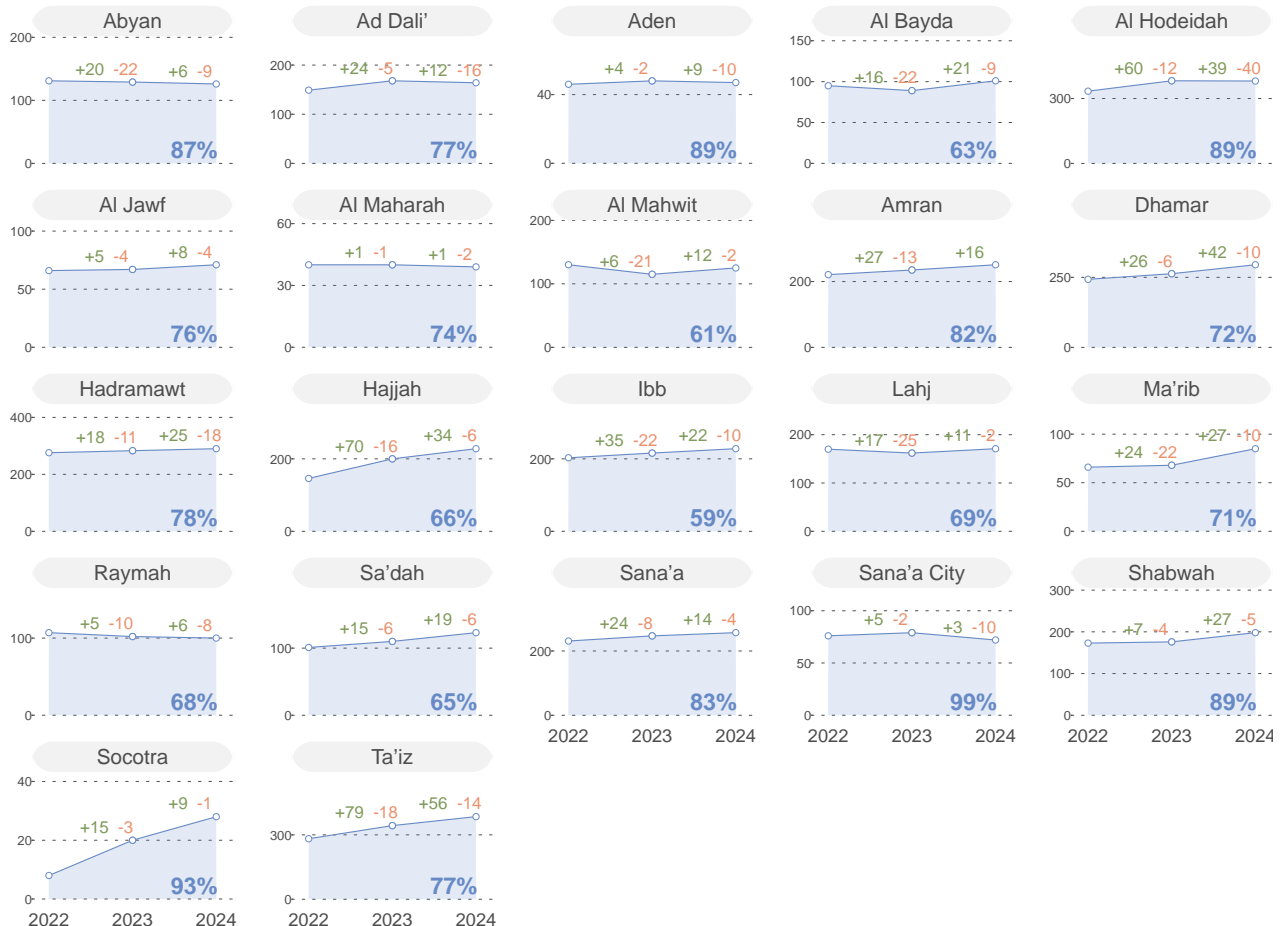


Accessibility by HSDU type



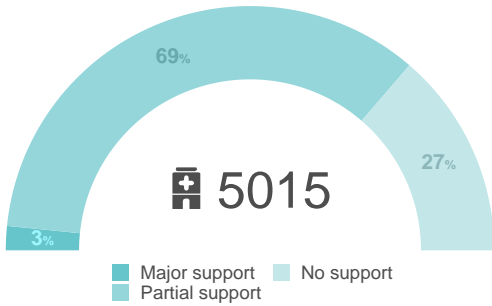
Accessibility over time

Displays changes in accessibility between January 2022 and February 2024. The blue line indicates the number of accessible of HSDUs. Small numbers positioned above the line indicate the number of HSDUs where accessibility has **improved** or **deteriorated**. Additionally, the **percentage value** denotes the proportion of accessible HSDUs for February 2024. For more information see [page 3](#).

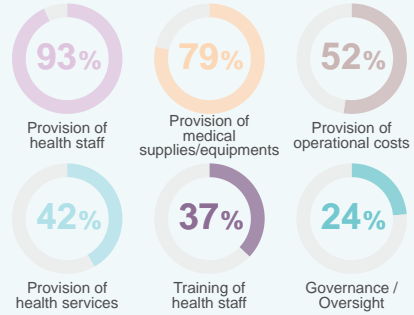




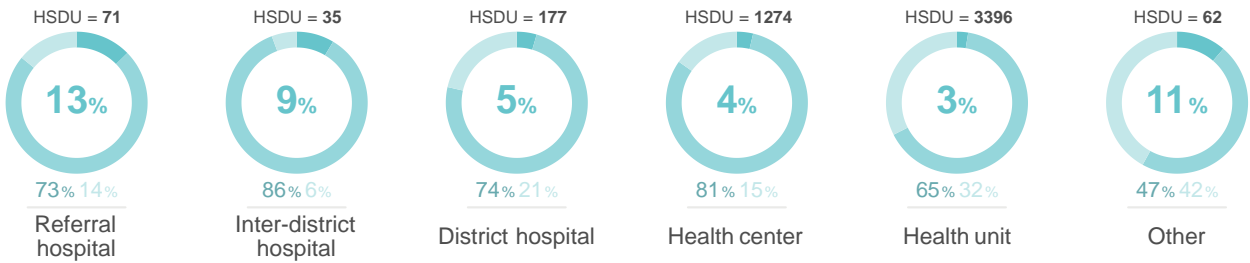
PARTNER SUPPORT



The following support types were reported by **3485** HSDUs receiving partial support and **160** HSDUs receiving full support.

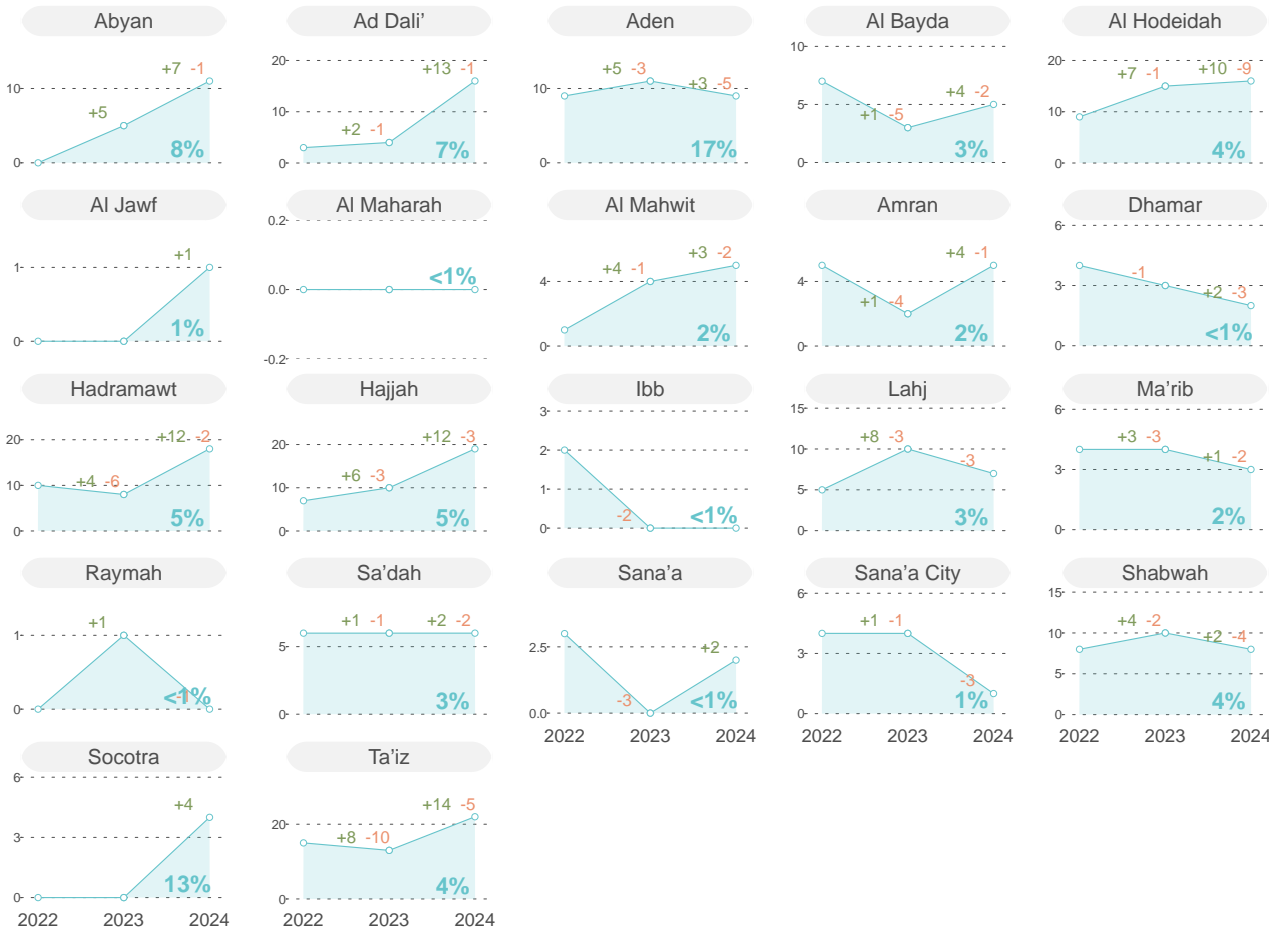


Partner support by HSDU type



Partner support over time

Displays changes in support provided by partners between January 2022 and February 2024. The turquoise line indicates the number of HSDUs receiving major support from partners. Small numbers positioned above the line indicate the number of HSDUs where support has **increased** or **decreased**. Additionally, the **percentage value** denotes the proportion of HSDUs receiving major support for February 2024. For more information see [page 3](#).



BASIC AMENITIES

WASH

	Availability (%)				Barriers (%)					
	Available	Partially available	Not available	Not reporting	Lack of staff	Lack of training	Lack of supplies	Lack of equipment	Lack of financial resources	Lack of water
Water availability	48	47	6		5	13	60	30	65	
Availability of sanitation facilities	37	56	7		4	3	36	52	55	34
Availability of hand-hygiene facilities	28	57	15		3	4	58	67	44	27

Availability: ■ Available ■ Partially available ■ Not available ■ Not reporting

Barriers (icons from left to right): Lack of staff, Lack of training, Lack of supplies, Lack of equipment, Lack of financial resources, Lack of water.

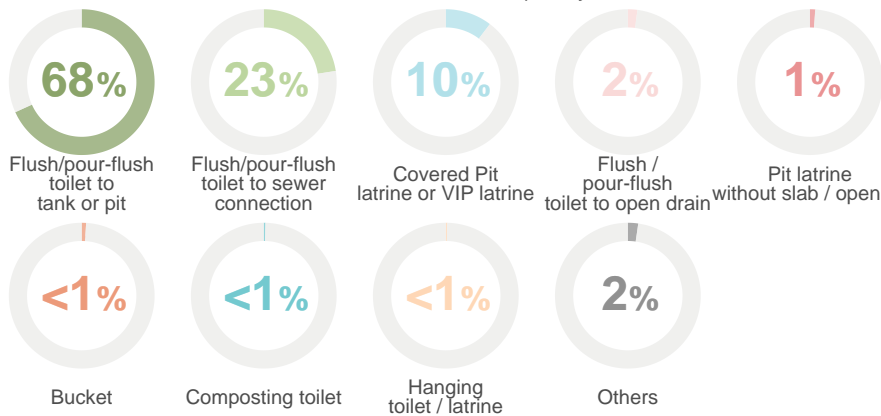
Water sources

Limited to 4728 HSDUs where water is at least partially available.



Sanitation facility types

Limited to 4653 HSDUs where sanitation facilities are at least partially available.



Sanitation facility accessibility

Limited to 4653 HSDUs where sanitation facilities are at least partially available.





Waste management

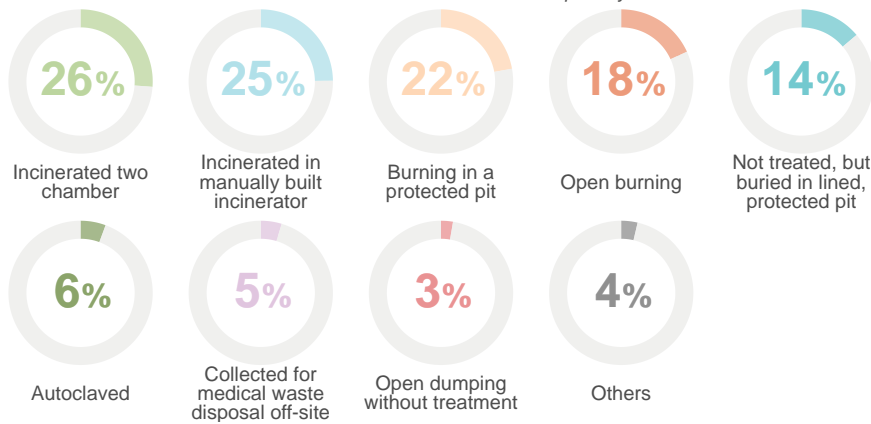
	Availability (%)			Barriers (%)				
	Available	Partially available	Not available	Lack of staff	Lack of training	Lack of supplies	Lack of equipment	Lack of financial resources
Waste segregation	35	52	13	16	33	36	67	50
Final disposal of sharps	39	52	9	16	33	32	67	53
Final disposal of infectious waste	41	49	10	18	35	31	65	54

Availability: ■ Available ■ Partially available ■ Not available

Barriers (icons from left to right): Lack of staff, Lack of training, Lack of supplies, Lack of equipment, Lack of financial resources.

Waste disposal methods

Limited to 4684 HSDUs where waste treatment methods are at least partially available.



Power and cold chain

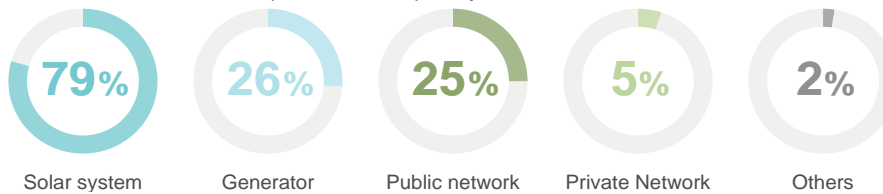
	Availability (%)			Barriers (%)				
	Available	Partially available	Not available	Lack of staff	Lack of training	Lack of supplies	Lack of equipment	Lack of financial resources
Power availability	27	44	30	3	2	50	54	66
Cold chain availability	79	11	10	9	6	54	55	61

Availability: ■ Available ■ Partially available ■ Not available ■ Not reporting ■ Not normally provided

Barriers (icons from left to right): Lack of staff, Lack of training, Lack of supplies, Lack of equipment, Lack of financial resources.

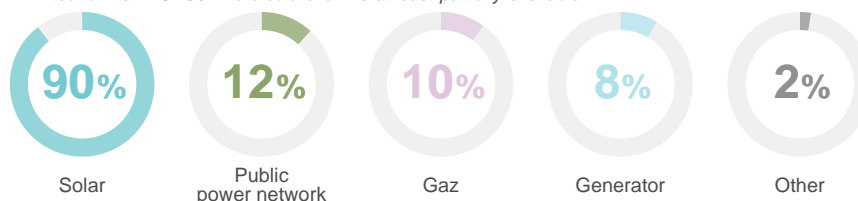
Power sources

Limited to 3513 HSDUs where power is at least partially available.



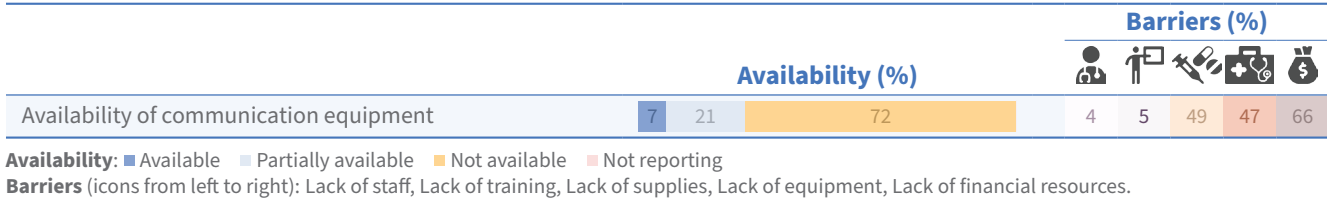
Cold chain power sources

Limited to 4492 HSDUs where cold chain is at least partially available.

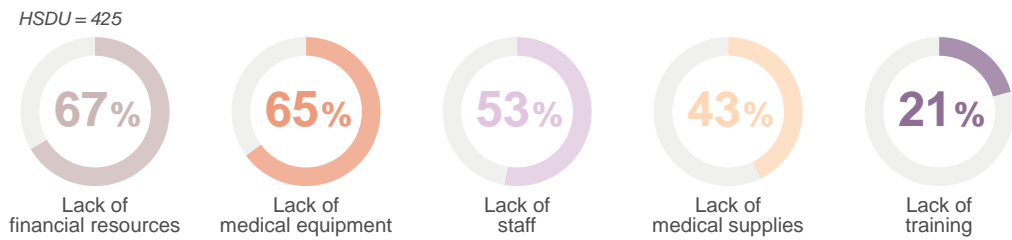
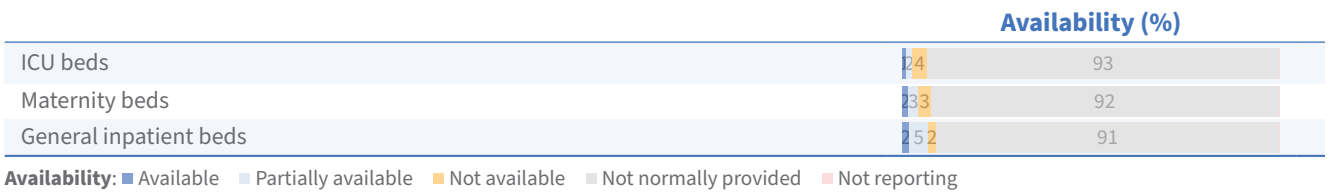




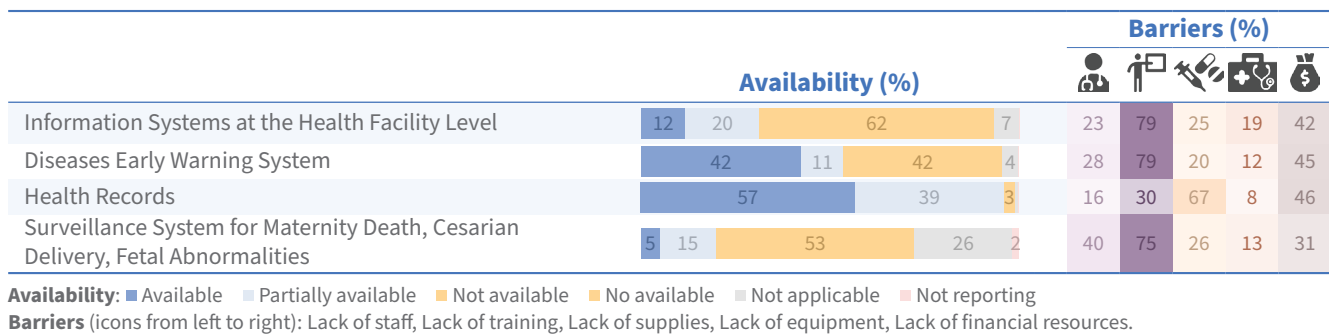
Communication



Inpatient bed capacity



HEALTH INFORMATION SYSTEMS

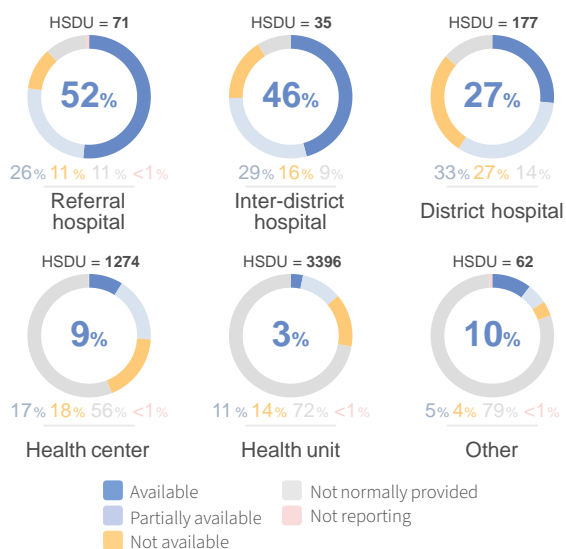




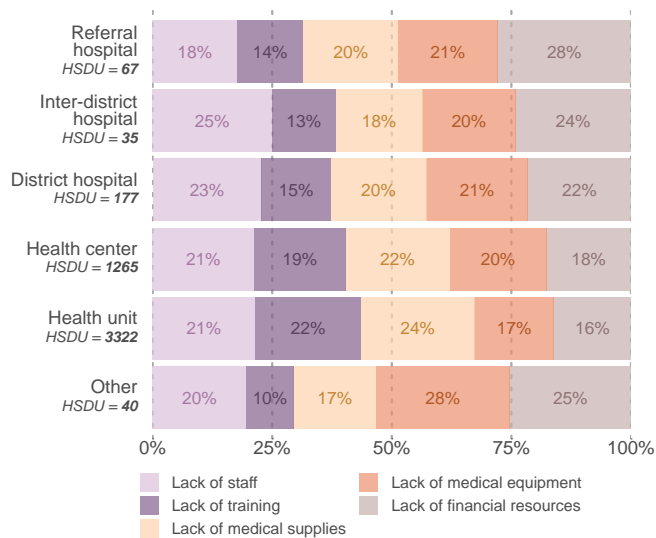
GENERAL CLINICAL AND TRAUMA CARE SERVICE

Health service domains overview

Availability by HSDU type



Main barriers impeding service availability





Individual services

Service	Availability (%)				Barriers (%)				
	Available	Partially available	Not available	Not normally provided	Lack of staff	Lack of training	Lack of medical supplies	Lack of medical equipment	Lack of financial resources
Request for ambulance services by the patient	3	8	43	45	31	36	25	68	41
Recognition of danger signs	17	39	16	28	45	67	44	27	24
Acuity-based formal triage	12	20	32	35	45	70	28	15	31
WHO Basic emergency care by prehospital provider	6	20	43	31	45	59	48	38	34
WHO Basic Emergency Care	7	41	34	18	44	60	63	29	30
Advanced Syndrome-based management	2	4	92		53	57	59	39	41
Monitored referral	7	15	43	35	44	52	29	48	34
Referral capacity	5	33	37	25	28	34	21	73	43
Acceptance of referrals	7	16	26	50	39	55	40	41	31
Acceptance of complex referrals	2	3	93		54	51	48	45	45
Outpatient services for primary care	3	35	56	5	4	44	33	87	16
Outpatient department for secondary care	7	14	20	59	66	29	72	20	33
Home visits include promoting self-care practices, monitoring non-communicable diseases	8	29	44	19	55	52	49	22	41
Minor trauma definitive management	3	35	54	6	5	34	33	87	18
Emergency and elective surgery	2	3	93		79	25	61	39	54
Emergency and elective surgery with at least two operating theatres	1	2	95		68	23	58	52	52
Orthopedic/trauma ward	3	3	95		79	25	50	44	52
Short hospitalization capacity	6	6	18	70	52	25	54	53	45
20 Inpatient bed capacity	3	2	93		64	16	52	51	65
50 inpatient bed capacity	1	2	95		66	13	45	58	63
Inpatient critical care management	1	2	95		58	34	55	49	49
Intensive care unit	1	3	95		67	26	45	62	52
Basic laboratory	17	16	26	41	58	20	46	53	44
Laboratory services secondary level	7	10	14	69	48	19	57	53	49
Laboratory services tertiary level	2	7	90		50	23	50	54	49
Blood bank services	2	6	90		49	23	47	59	54
Hemodialysis unit	5	5	94		75	17	52	47	51
Basic X-ray service	5	9	19	67	70	20	25	69	41
Radiology unit	2	7	90		59	20	28	63	49
Medical evacuation procedures	1	2	96		44	40	28	62	54
Procedures for mass casualty scenarios	1	2	95		52	41	40	52	47

Availability: ■ Available ■ Partially available ■ Not available ■ Not normally provided ■ Not reporting

Barriers (icons from left to right): Lack of staff, Lack of training, Lack of medical supplies, Lack of medical equipment, Lack of financial resources.



Changes in service availability over time

Displays changes in availability of general clinical and trauma care services between January 2022 and February 2024. The blue line indicates the number of HSDUs where the service is **at least partially available**. Small numbers positioned above the line indicate the number of HSDUs where service availability has **improved** or **deteriorated**. Additionally, the **percentage value** denotes the proportion of HSDUs where the service was at least partially available for February 2024. For more information see [page 3](#).

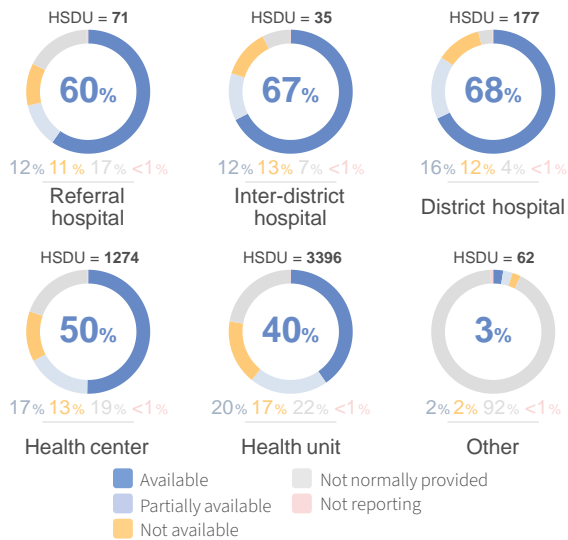




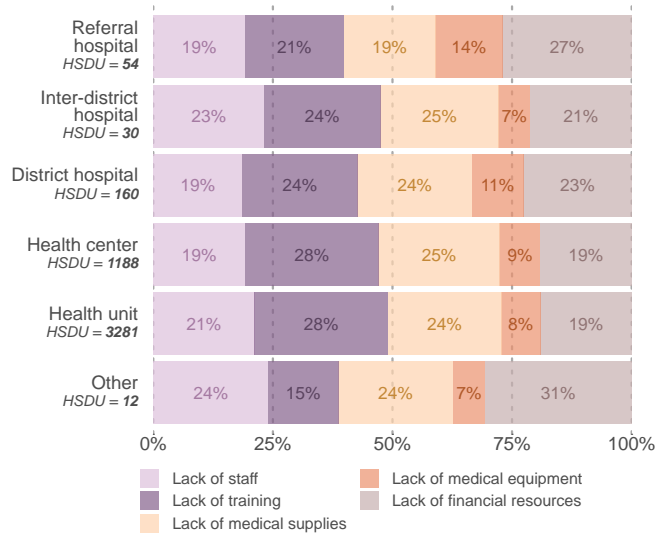
CHILD HEALTH AND NUTRITION SERVICES

Health service domains overview

Availability by HSDU type



Main barriers impeding service availability



Individual services

Service	Availability (%)					Barriers (%)				
	Available	Partially available	Not available	Not normally provided	Not reporting	Lack of staff	Lack of training	Lack of medical supplies	Lack of medical equipment	Lack of financial resources
Community-based first aid	12	37	36	15		42	64	68	19	29
Community-based IMNCI	17	41	30	12		43	57	72	13	33
IMNCI under 5 clinic	50	41	6	3		40	45	79	13	39
Management of children classified as severe or very severe diseases	4	3	91			50	37	79	32	52
Community mobilization for EPI	45	17	30	8		29	52	15	18	54
EPI	81	12	5	2		37	31	45	53	47
IEC on IYCF practices	57	26	9	7		53	61	25	16	45
Screening for acute malnutrition at the community level	78	11	7	3		57	59	34	13	46
Growth monitoring at primary care level	79	12	6	2		52	59	38	18	49
CMAM	64	14	10	13		47	52	46	15	50
IMAM	65	17	12	6		43	56	49	17	50
Stabilization center for SAM	3	4	93			61	42	56	37	66
Nutritional surveillance of the mother and newborn	14	17	44	23	2	41	72	30	14	32

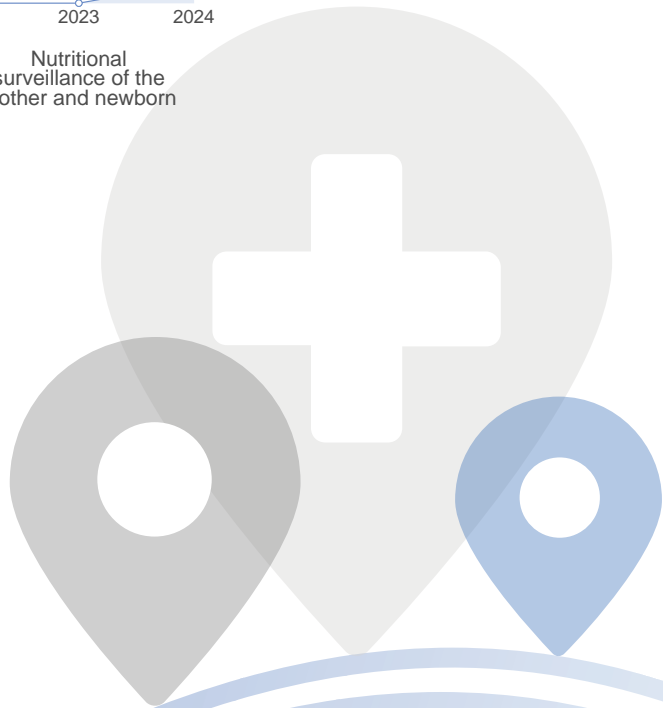
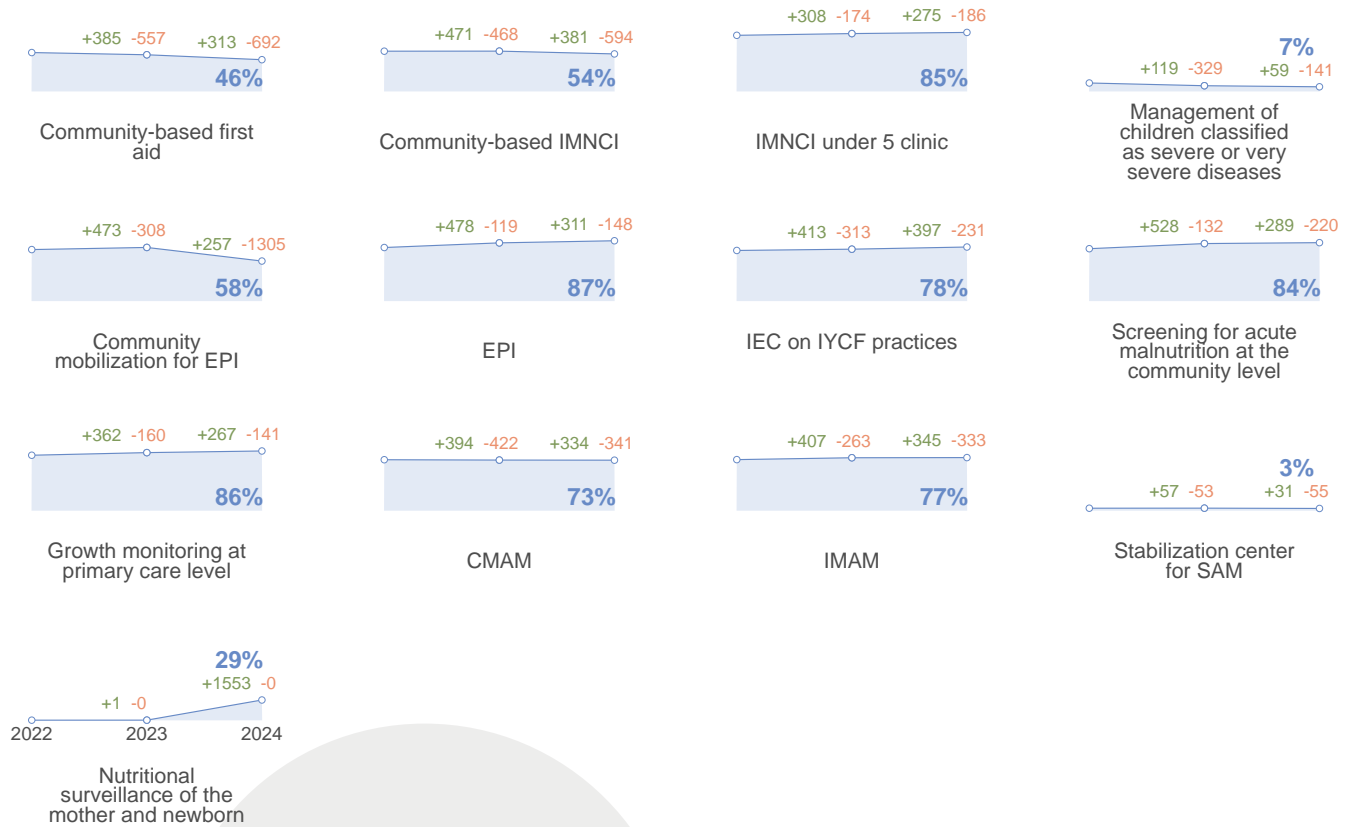
Availability: Available, Partially available, Not available, Not normally provided, Not reporting

Barriers (icons from left to right): Lack of staff, Lack of training, Lack of medical supplies, Lack of medical equipment, Lack of financial resources.



Changes in service availability over time

Displays changes in availability of child health and nutrition services between January 2022 and February 2024. The blue line indicates the number of HSDUs where the service is **at least partially available**. Small numbers positioned above the line indicate the number of HSDUs where service availability has **improved** or **deteriorated**. Additionally, the **percentage value** denotes the proportion of HSDUs where the service was at least partially available for February 2024. For more information see [page 3](#).

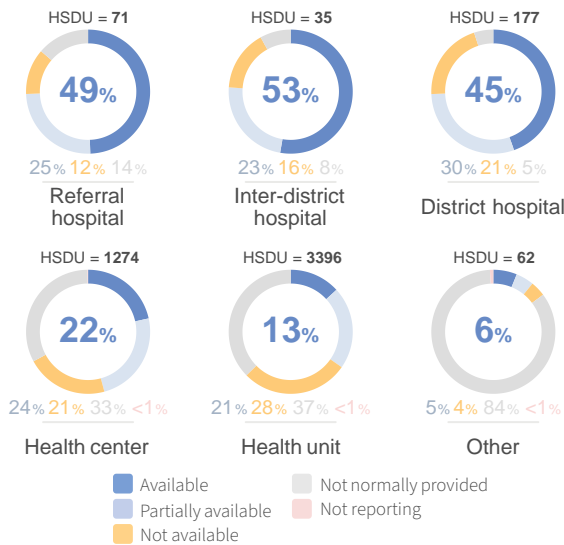




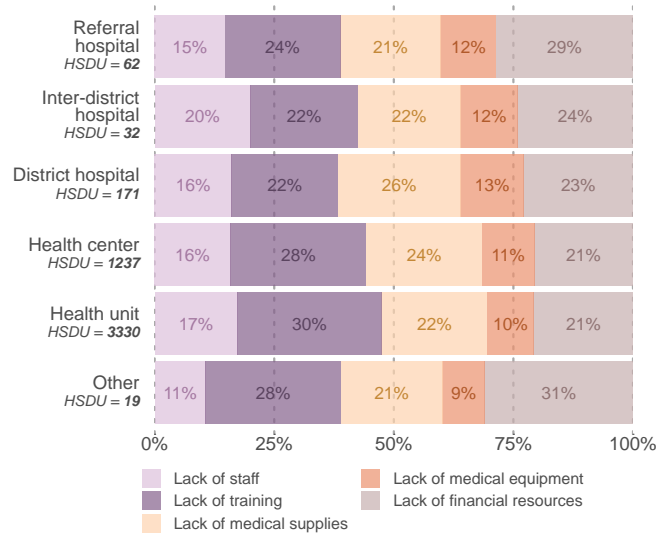
COMMUNICABLE DISEASES SERVICES

Health service domains overview

Availability by HSDU type



Main barriers impeding service availability



Individual services

Service	Availability (%)					Barriers (%)				
	Available	Partially available	Not available	Not normally provided	Not reporting	Lack of staff	Lack of training	Lack of medical supplies	Lack of medical equipment	Lack of financial resources
Syndromic surveillance	41	11	42	6	36	80	15	15	44	
Event-based surveillance	21	17	48	14	32	76	13	16	43	
Malaria at the primary care level	28	38	26	8	37	51	75	20	35	
Vector control	11	28	42	20	23	37	47	43	62	
Support mass drug administration	33	22	32	13	32	49	37	21	55	
Tuberculosis	6	30	43	21	43	64	70	18	30	
MDRTB	24	93			47	48	71	25	44	
IEC on local priority diseases	27	42	17	13	32	67	34	14	46	
Local priority diseases	15	51	21	13	38	63	68	16	31	
Management of severe and/or complicated communicable diseases	34	92			51	52	76	26	41	
Isolation unit or room	23	94			42	40	50	47	64	

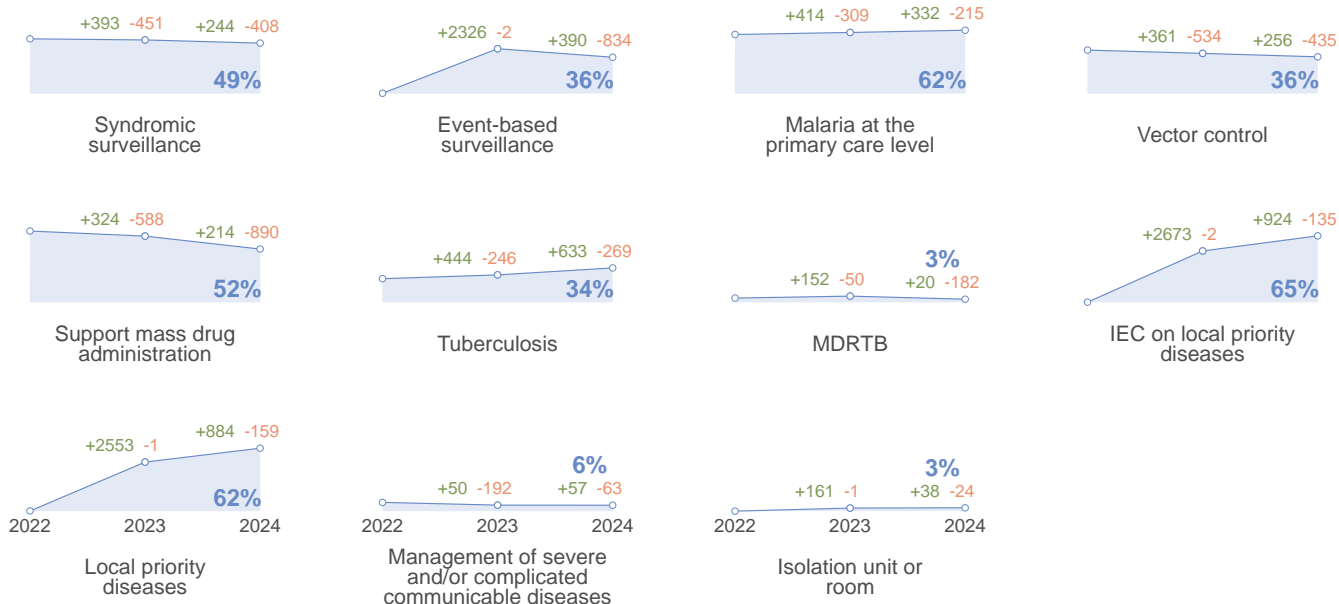
Availability: Available (Dark Blue), Partially available (Light Blue), Not available (Orange), Not normally provided (Grey), Not reporting (Pink)

Barriers (icons from left to right): Lack of staff, Lack of training, Lack of medical supplies, Lack of medical equipment, Lack of financial resources.



Changes in service availability over time

Displays changes in availability of communicable disease services between January 2022 and February 2024. The blue line indicates the number of HSDUs where the service is **at least partially available**. Small numbers positioned above the line indicate the number of HSDUs where service availability has **improved** or **deteriorated**. Additionally, the **percentage value** denotes the proportion of HSDUs where the service was at least partially available for February 2024. For more information see [page 3](#).



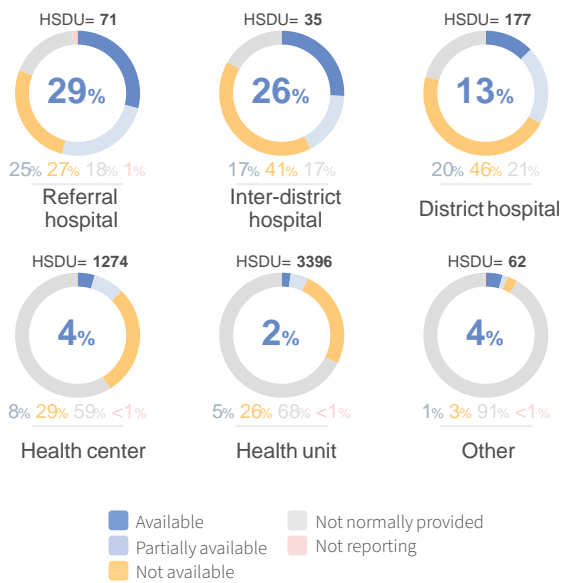


MATERNAL AND NEONATAL HEALTH SERVICES

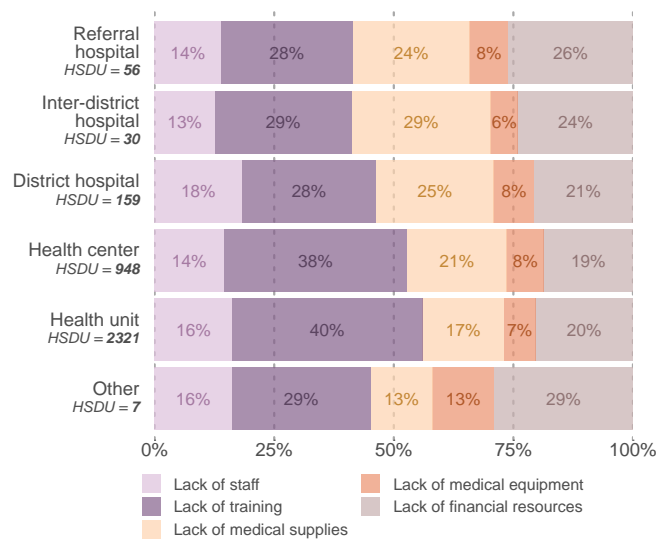
Health service domains overview

STI & HIV/AIDS

Availability by HSDU type

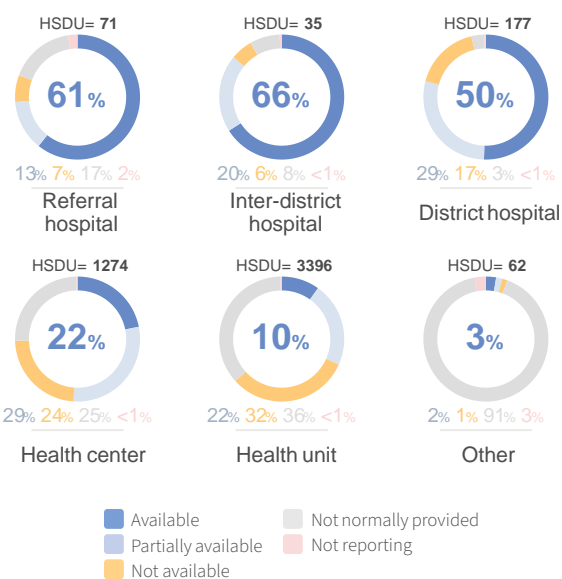


Main barriers impeding service availability

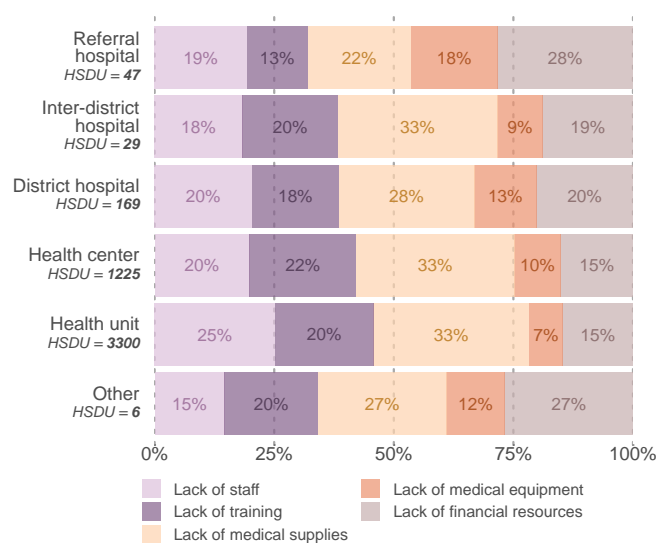


Maternal and neonatal health

Availability by HSDU type



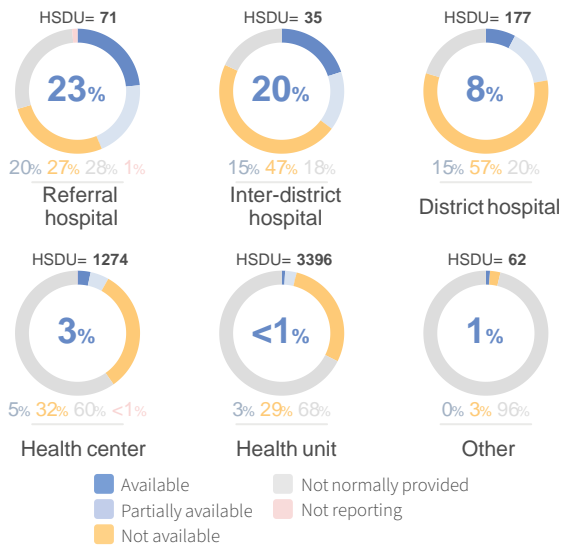
Main barriers impeding service availability



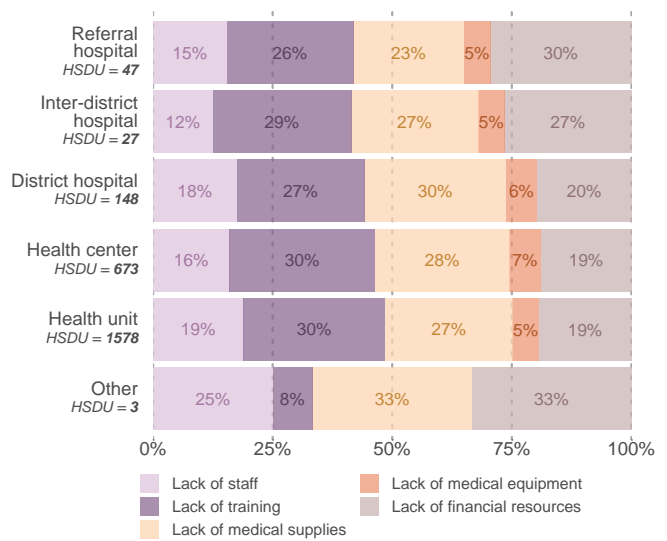


Sexual violence

Availability by HSDU type



Main barriers impeding service availability



Individual services

Service	Availability (%)				Barriers (%)					
	Available	Partially available	Not available	Not normally provided	Lack of staff	Lack of training	Lack of medical supplies	Lack of medical equipment	Lack of financial resources	
STI & HIV/AIDS										
IEC on STI/HIV	11	16	43	30	30	77	23	12	40	
STI/HIV Advocacy	6	10	46	37	28	71	14	13	48	
Syndromic management of STIs	3	21		75	31	63	65	11	28	
HIV counselling and testing	3	21		72	28	64	47	23	29	
PMTCT	3	17		79	30	73	51	11	27	
Antiretroviral treatment	2	14		84	27	58	74	10	27	
Maternal and neonatal health										
Availability of pregnancy test	34	29	30	7	30	20	77	14	34	
SARC	23	40	33	5	25	17	82	8	31	
Antenatal care	22	44	25	10	55	45	71	15	31	
Clean home deliveries	19	34	32	15	51	44	57	18	32	
Skilled care during childbirth	19	34	37	11	58	44	69	18	29	
Basic emergency obstetric care	7	7	23	63	56	46	66	23	28	
Comprehensive Emergency Obstetric Care	3	3		93	70	29	47	52	58	
Post-partum care	24	34	30	12	59	48	57	14	31	
LARC	5	16	47	31	35	48	72	12	29	
Neonatal and premature care	23	23		72	51	53	36	37	29	
Fistula	12	18	30	41	51	64	28	14	18	
Sexual violence										
Clinical management of rape survivors	2	5	36	57	42	67	40	12	42	
Emergency contraception	4	6	37	53	32	46	69	12	41	
Post-exposure prophylaxis	1	1	18	80	28	69	51	11	28	

Availability: ■ Available ■ Partially available ■ Not available ■ Not normally provided

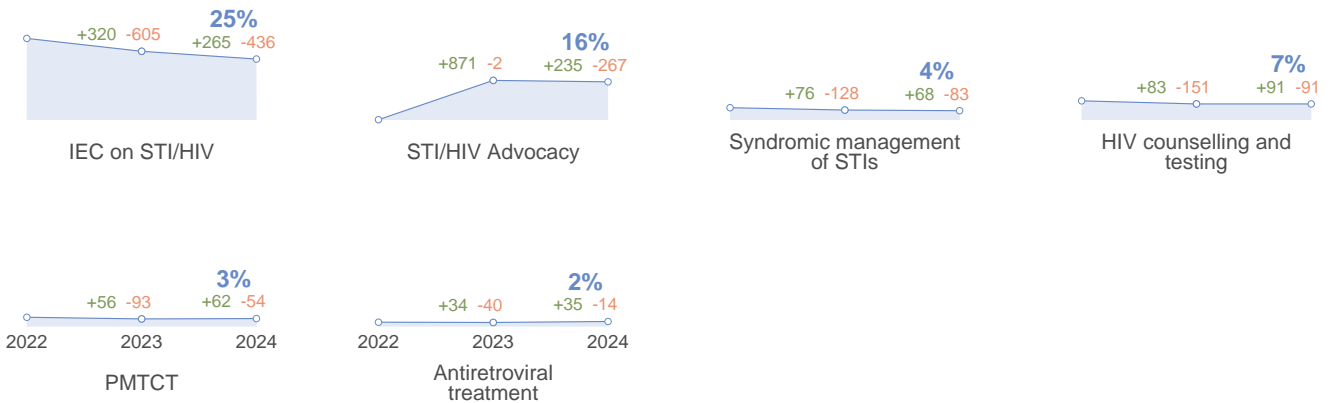
Barriers (icons from left to right): Lack of staff, Lack of training, Lack of medical supplies, Lack of medical equipment, Lack of financial resources.



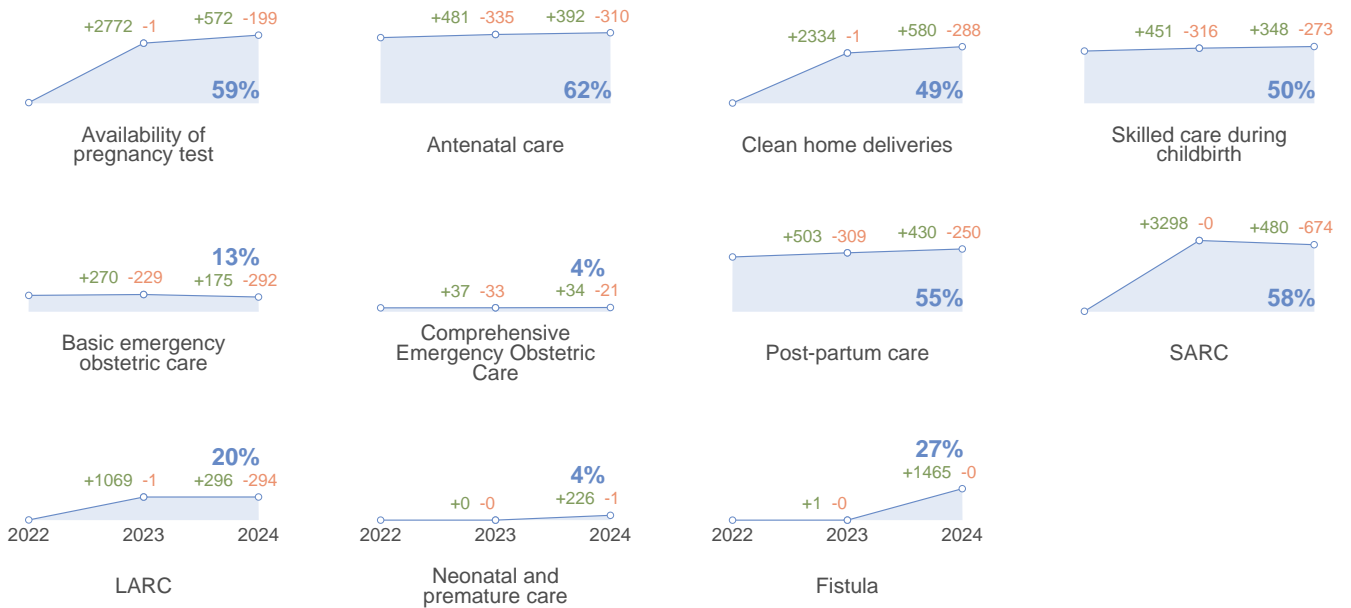
Changes in service availability over time

Displays changes in availability of maternal and neonatal health services between January 2022 and February 2024. The blue line indicates the number of HSDUs where the service is **at least partially available**. Small numbers positioned above the line indicate the number of HSDUs where service availability has **improved** or **deteriorated**. Additionally, the **percentage value** denotes the proportion of HSDUs where the service was at least partially available for February 2024. For more information see [page 3](#).

STI & HIV/AIDS



Maternal and neonatal health



Sexual violence

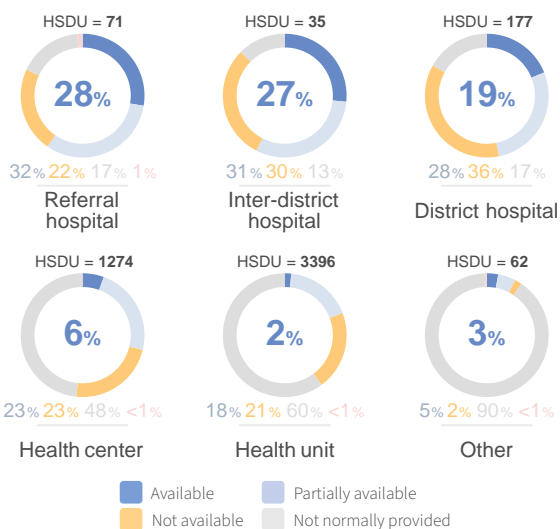




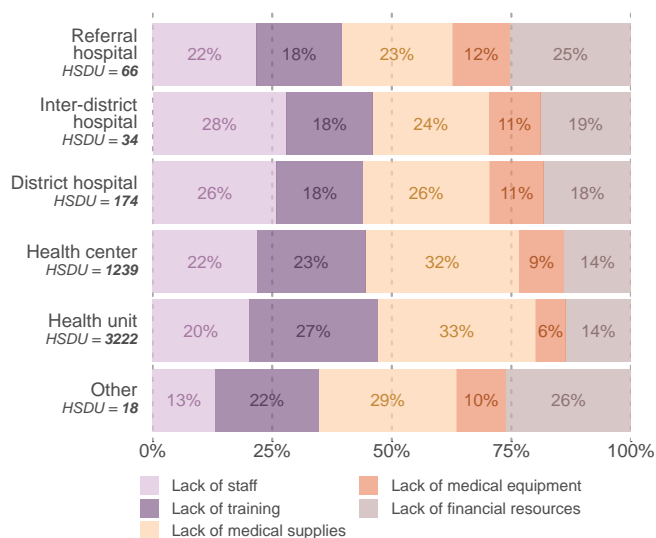
NON-COMMUNICABLE DISEASES AND MENTAL HEALTH SERVICES

Health service domains overview

Availability by HSDU type



Main barriers impeding service availability



Individual services

Service	Availability (%)					Barriers (%)				
	Available	Partially available	Not available	Not normally provided	Not reporting	Lack of staff	Lack of training	Lack of medical supplies	Lack of medical equipment	Lack of financial resources
Promote self-care, provide basic health care and psycho-social support	4	18	43	35		46	70	41	14	33
Psychological first aid	4	20	47	29		43	69	50	12	34
NCD clinic	6	37	29	27		42	58	65	17	33
Management of mental disorders	8	37		54		47	64	66	10	30
Asthma and COPD	8	50	26	16		41	49	87	11	27
Inpatient care for mental disorders	4			94		77	43	54	24	41
Hypertension	15	65	13	7		38	43	88	12	26
Inpatient care for mental disorders by specialists	4			95		77	44	47	19	37
Diabetes	6	47	33	14		40	46	88	15	28
Inpatient acute rehabilitation	13			95		47	41	48	45	59
Outpatient or community level rehabilitation services	2	13		85		54	44	48	31	33
Prosthetics and Orthotics	7			93		63	36	43	41	47
Oral health and dental care	43	21		71		81	20	44	58	30

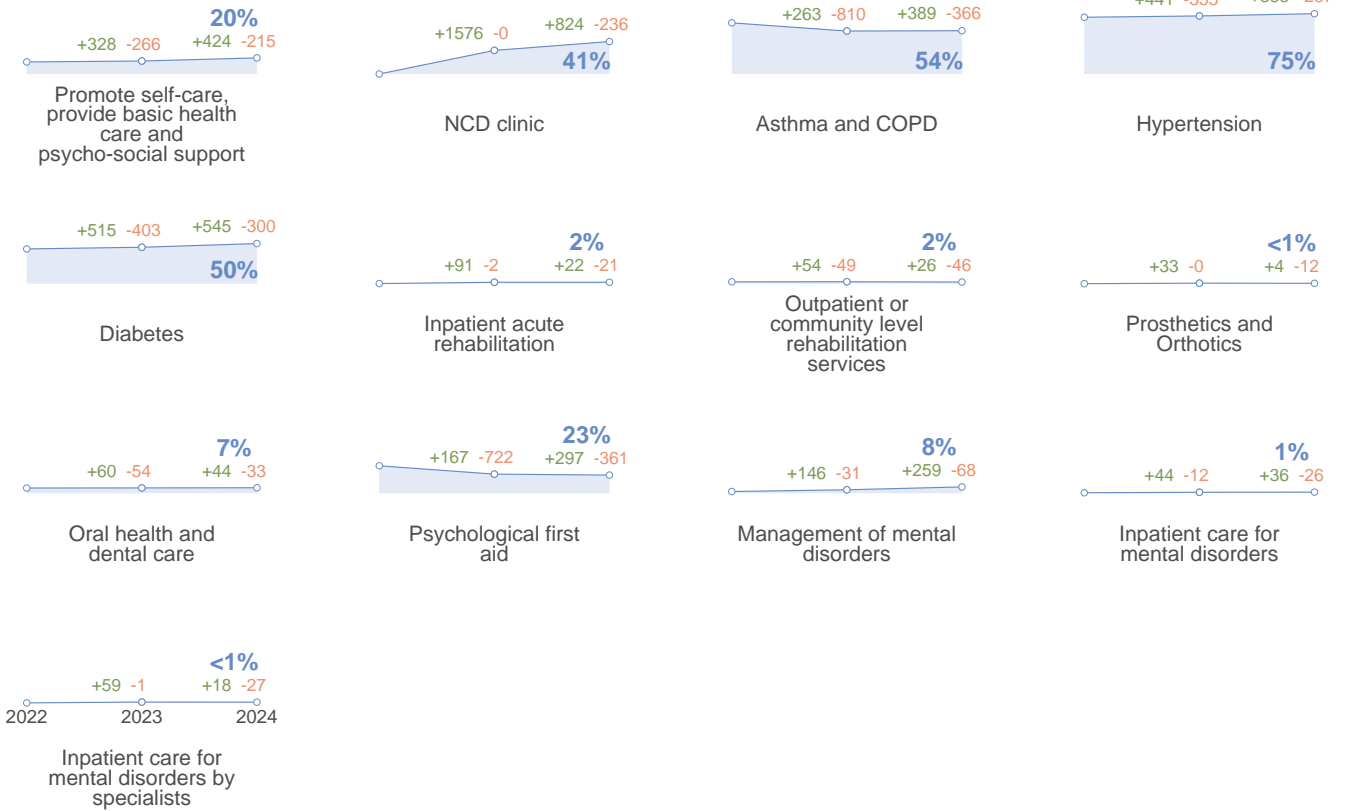
Availability: ■ Available ■ Partially available ■ Not available ■ Not normally provided ■ Not reporting

Barriers (icons from left to right): Lack of staff, Lack of training, Lack of medical supplies, Lack of medical equipment, Lack of financial resources.



Changes in service availability over time

Displays changes in availability of NCD and mental health services between January 2022 and February 2024. The blue line indicates the number of HSDUs where the service is **at least partially available**. Small numbers positioned above the line indicate the number of HSDUs where service availability has **improved** or **deteriorated**. Additionally, the **percentage value** denotes the proportion of HSDUs where the service was at least partially available for February 2024. For more information see [page 3](#).



ANNEX





ANNEX I: SUMMARY TABLE AVAILABILITY BY GOVERNORATE

Basic amenities

	ABYAN	AD DALI'	ADEN	AL BAYDA	AL HODEIDAH	AL JAWF	AL MAHARAH	AL MAHWIT	AMRAN	DHAMAR	HADRAMAWT	HAJJAH	IBB	LAHU	MARIB	RAYMAH	SA'DAH	SANAA	SANAA CITY	SHABWAH	SOCOTRA	TAIZ
Water availability	6	6	7	6	7	6	7	8	8	7	9	7	7	7	7	6	7	8	9	7	4	6
Availability of sanitation facilities	6	6	8	6	6	5	7	6	6	7	8	7	7	6	6	6	6	6	10	7	4	6
Availability of hand-hygiene facilities	5	5	8	5	5	4	4	5	6	6	7	6	6	7	5	5	5	6	8	6	4	5
Waste segregation	5	5	7	5	6	4	3	6	6	7	7	7	7	6	6	6	6	6	9	7	5	5
Final disposal of sharps	6	5	7	6	7	5	4	6	7	8	7	8	7	6	6	6	6	6	8	7	6	6
Final disposal of infectious waste	6	5	6	6	7	4	4	8	7	8	6	8	7	6	6	6	7	6	8	7	6	6
Power availability	6	4	8	3	5	4	7	4	4	4	7	6	4	5	6	4	5	5	9	5	3	4
Cold chain availability	9	9	8	9	8	9	5	9	10	8	7	9	8	9	8	8	8	9	9	8	8	9
Availability of communication equipment	2	1	5	1	1	0	2	3	1	2	4	1	1	2	2	1	1	2	5	2	3	2

Inpatient bed capacity

	ABYAN	AD DALI'	ADEN	AL BAYDA	AL HODEIDAH	AL JAWF	AL MAHARAH	AL MAHWIT	AMRAN	DHAMAR	HADRAMAWT	HAJJAH	IBB	LAHU	MARIB	RAYMAH	SA'DAH	SANAA	SANAA CITY	SHABWAH	SOCOTRA	TAIZ
ICU beds	2	1	3	2	3	5	5	3	3	2	4	6	4	1	1	3	3	5	8	2	5	3
Maternity beds	3	3	4	2	5	5	5	6	5	3	4	5	6	3	2	3	4	7	8	4	6	4
General inpatient beds	5	5	4	3	6	4	4	6	5	5	5	7	6	4	3	4	6	8	6	5	6	5

Health information systems

	ABYAN	AD DALI'	ADEN	AL BAYDA	AL HODEIDAH	AL JAWF	AL MAHARAH	AL MAHWIT	AMRAN	DHAMAR	HADRAMAWT	HAJJAH	IBB	LAHU	MARIB	RAYMAH	SA'DAH	SANAA	SANAA CITY	SHABWAH	SOCOTRA	TAIZ
Information Systems at the Health Facility Level	2	2	4	1	2	0	4	0	2	2	5	1	1	5	3	0	1	4	4	5	6	2
Diseases Early Warning System	5	5	9	3	6	5	5	5	4	4	6	7	4	5	4	6	5	6	7	5	7	3
Health Records	8	7	10	7	9	8	6	8	6	8	8	8	7	9	8	8	7	8	8	8	7	7
Surveillance System for Maternity Death, Cesarean Delivery, Fetal Abnormalities	2	2	3	1	2	1	2	1	0	3	3	2	0	4	1	1	1	2	2	4	1	2

The values in the table represent the availability of an indicator, scored on a scale from 0, indicating availability in very few or no HSDUs (denoted by orange cells) to 10, indicating availability in nearly all or all HSDUs where the indicator was reported as expected (denoted by dark blue cells). A weighting factor of 0.5 was applied to account for indicators that were only partially available. It should be noted that this table excludes non-operational and non-reporting HSDUs.



General clinical and trauma care service

	ABYAN	AD DALI'	ADEN	AL BAYDA	AL HOEIDAHA	AL JAWF	AL MAHARAH	AL MAHWIT	AMRAN	DHAMAR	HADRAMAWT	HAJIAH	IBB	LAHU	MARIB	RAYMAH	SADAH	SANAA	SANAA CITY	SHABWAH	SOCOTRA	TAIZ
Request for ambulance services by the patient	3	2	2	1	1	0	5	1	1	1	4	1	1	3	2	0	1	1	2	3	2	1
Recognition of danger signs	4	4	4	5	6	4	5	8	5	4	5	6	5	6	5	5	5	5	6	4	2	4
Acuity-based formal triage	4	2	2	3	4	3	4	1	3	5	5	5	3	5	5	1	3	4	4	4	3	3
WHO Basic emergency care by prehospital provider	2	2	4	2	2	1	2	3	2	3	4	2	2	3	2	1	2	2	2	3	3	2
WHO Basic Emergency Care	2	3	3	3	4	4	2	3	3	4	4	4	3	3	4	3	4	4	4	4	3	2
Advanced Syndrome-based management	5	3	1	4	5	4	5	6	7	6	5	5	6	5	4	4	6	6	6	4	3	4
Monitored referral	3	1	3	2	2	1	3	3	2	2	4	2	2	3	2	1	2	2	3	4	3	2
Referral capacity	2	2	2	3	4	3	2	3	2	2	4	4	3	2	4	3	3	3	3	3	2	2
Acceptance of referrals	3	3	2	2	3	2	5	4	3	2	4	3	3	5	4	2	3	3	3	5	5	3
Acceptance of complex referrals	4	2	2	4	5	4	3	4	5	5	4	6	5	5	3	2	5	5	6	6	7	5
Outpatient services for primary care	5	5	7	6	7	7	5	8	7	6	6	7	7	6	7	7	7	8	8	5	8	6
Outpatient department for secondary care	4	4	5	2	4	2	5	3	2	2	5	2	3	4	4	2	4	3	6	4	7	4
Home visits include promoting self-care practices, monitoring non-communicable diseases	2	2	2	2	3	1	2	3	3	4	3	3	3	4	3	3	1	3	1	3	6	2
Minor trauma definitive management	4	5	6	5	7	6	6	6	7	7	7	6	7	6	7	6	7	7	8	6	4	6
Emergency and elective surgery	4	3	4	2	3	6	3	4	4	5	5	5	6	3	3	3	7	6	6	5	5	4
Emergency and elective surgery with at least two operating theatres	4	4	4	4	4	5	5	6	4	4	6	5	4	6	2	4	4	6	6	4	0	4
Orthopedic/trauma ward	2	1	5	1	3	2	4	2	1	3	2	2	2	2	2	1	2	3	6	2	5	2
Short hospitalization capacity	3	4	4	2	3	2	4	6	3	3	4	2	2	5	4	3	3	2	4	7	6	2
20 Inpatient bed capacity	6	5	3	5	6	6	6	7	6	4	5	5	8	5	4	7	7	7	9	6	5	7
50 inpatient bed capacity	6	4	4	6	4	5	6	4	4	3	6	6	7	3	3	4	4	6	6	4	2	6
Inpatient critical care management	3	2	0	2	2	2	2	4	3	3	3	4	3	3	3	0	3	5	6	3	5	3
Intensive care unit	3	1	5	4	3	6	5	2	2	2	4	4	5	2	3	1	4	5	7	3	5	4
Basic laboratory	4	4	7	2	4	3	4	6	3	4	5	3	5	5	4	4	4	4	10	5	3	5
Laboratory services secondary level	4	3	4	2	4	3	6	6	4	3	6	3	3	5	4	2	5	3	7	5	2	4
Laboratory services tertiary level	1	2	4	1	2	1	3	6	1	1	4	2	2	3	3	1	6	1	4	4	2	2
Blood bank services	2	1	7	1	2	2	7	5	3	1	4	1	4	2	3	1	5	3	7	3	5	3
Hemodialysis unit	0	0	6	0	2	0	2	3	1	0	3	1	3	0	2	0	4	2	6	6	5	2
Basic X-ray service	3	1	6	1	3	3	4	5	4	2	4	2	2	3	3	1	3	3	7	3	1	2
Radiology unit	1	2	1	0	1	1	3	2	1	0	2	1	2	4	2	1	2	1	4	3	2	1
Medical evacuation procedures	6	3	4	2	4	2	2	1	2	3	5	6	3	5	3	3	5	4	7	5	5	4
Procedures for mass casualty scenarios	6	2	5	3	3	0	2	1	3	3	6	6	4	4	3	4	7	4	6	3	5	4

The values in the table represent the availability of health services, scored on a scale from 0, indicating availability in very few or no HSDUs (denoted by orange cells) to 10, indicating availability in nearly all or all HSDUs expected to provide the service (denoted by blue cells). A weighting factor of 0.5 was applied to account for services that were only partially available. It should be noted that this table excludes non-operational and non-reporting HSDUs.



Child health And nutrition

	ABYAN	AD DALI'	ADEN	AL BAYDA	AL HODEIDAH	AL JAWF	AL MAHARAH	AL MAHWIT	AMRAN	DHAMAR	HADRAMAWT	HAJJAH	IBB	LAHU	MARIB	RAYMAH	SADAH	SANAA	SANAA CITY	SHABWAH	SOCOTRA	TAIZ
Community-based first aid	5	3	4	3	3	1	3	2	3	4	5	3	4	4	4	2	3	4	4	5	6	3
Community-based IMNCI	5	3	4	3	5	2	3	3	4	4	5	5	5	5	5	3	3	6	4	5	8	3
IMNCI under 5 clinic	6	6	7	8	7	7	5	8	7	8	7	8	8	6	8	8	7	8	9	6	8	6
Management of children classified as severe or very severe diseases	6	5	6	5	8	8	8	8	7	9	7	7	9	5	6	7	7	8	8	7	5	7
Community mobilization for EPI	8	6	6	5	4	2	4	3	3	9	7	5	5	7	5	7	4	7	4	9	9	6
EPI	9	8	8	9	9	9	6	10	10	9	8	9	9	10	9	9	8	9	10	9	8	9
IEC on IYCF practices	8	7	6	7	8	7	4	8	8	8	6	8	8	7	7	7	6	8	9	7	8	8
Screening for acute malnutrition at the community level	8	8	8	8	9	9	5	9	9	8	8	9	9	9	9	7	8	9	9	8	9	9
Growth monitoring at primary care level	8	8	8	8	10	9	4	10	9	8	8	9	9	9	8	8	9	9	9	8	9	9
CMAM	8	7	8	6	9	8	6	9	8	8	7	9	9	8	8	7	7	9	9	8	9	8
IMAM	7	7	7	7	9	8	4	9	8	7	6	7	9	8	8	8	8	9	8	8	9	8
Stabilization center for SAM	4	4	3	3	7	7	4	6	4	6	3	7	7	2	3	4	8	4	6	3	4	4
Nutritional surveillance of the mother and newborn	5	3	6	2	4	3	4	2	1	3	6	2	2	6	4	2	2	3	3	5	7	4

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Communicable diseases

	ABYAN	AD DALI'	ADEN	AL BAYDA	AL HODEIDAH	AL JAWF	AL MAHARAH	AL MAHWIT	AMRAN	DHAMAR	HADRAMAWT	HALJAH	IBB	LAHU	MARIB	RAYMAH	SADAH	SANAA	SANAA CITY	SHABWAH	SOCOTRA	TAIZ
Syndromic surveillance	6	5	9	3	7	6	4	5	4	4	5	6	4	5	4	6	5	6	9	5	7	4
Event-based surveillance	4	4	8	2	4	2	4	3	2	3	6	2	1	4	3	3	1	4	5	5	7	3
Malaria at the primary care level	4	4	8	3	8	4	4	7	4	4	4	8	5	6	4	5	5	4	7	4	2	5
Vector control	4	3	4	0	4	1	3	5	2	4	4	4	3	4	1	4	1	2	1	6	1	3
Support mass drug administration	7	4	4	4	4	2	4	7	3	8	5	5	4	6	3	7	2	6	6	7	8	5
Tuberculosis	3	3	3	2	4	2	1	5	2	2	2	3	2	3	2	4	2	2	5	2	2	2
MDRTB	5	1	3	2	3	2	5	6	6	4	5	4	4	5	2	2	3	5	5	3	3	3
IEC on local priority diseases	5	4	4	4	7	4	2	7	6	5	5	7	6	5	5	6	5	7	7	5	7	4
Local priority diseases	4	4	6	4	6	4	2	5	4	4	5	5	4	4	4	5	5	5	7	5	5	3
Management of severe and/or complicated communicable diseases	5	4	5	4	7	5	8	6	6	6	6	7	6	5	5	6	7	8	8	7	6	6
Isolation unit or room	4	4	4	5	4	2	4	2	2	4	5	4	6	3	2	3	4	7	7	4	2	3

The values in the table represent the availability of health services, scored on a scale from 0, indicating availability in very few or no HSDUs (denoted by orange cells) to 10, indicating availability in nearly all or all HSDUs expected to provide the service (denoted by blue cells). A weighting factor of 0.5 was applied to account for services that were only partially available. It should be noted that this table excludes non-operational and non-reporting HSDUs.



Maternal and neonatal health services

STI & HIV/AIDS

	ABYAN	AD DALI'	ADEN	AL BAYDA	AL HODEIDAH	AL JAWF	AL MAHARAH	AL MAHWIT	AMRAN	DHAMAR	HADRAMAWT	HAJJAH	IBB	LAHJ	MARIB	RAYMAH	SA'DAH	SANAA	SANAA CITY	SHABWAH	SOCOTRA	TAIZ
IEC on STI/HIV	5	3	3	1	2	0	2	1	2	4	4	2	2	4	3	4	1	2	5	3	7	2
STI/HIV Advocacy	5	1	2	1	1	0	2	0	1	3	5	1	1	4	1	2	0	2	2	3	7	2
Syndromic management of STIs	2	1	2	0	1	0	5	0	0	1	2	0	1	4	1	2	1	1	2	4	1	1
HIV counselling and testing	3	1	3	0	2	1	6	1	1	1	5	1	2	6	3	2	2	2	6	5	2	2
PMTCT	2	1	5	0	1	1	1	0	0	1	3	1	1	3	2	1	1	1	2	3	5	2
Antiretroviral treatment	1	1	3	0	0	0	1	0	0	1	2	0	1	2	2	2	1	1	2	4	5	1

Maternal and neonatal health

	ABYAN	AD DALI'	ADEN	AL BAYDA	AL HODEIDAH	AL JAWF	AL MAHARAH	AL MAHWIT	AMRAN	DHAMAR	HADRAMAWT	HAJJAH	IBB	LAHJ	MARIB	RAYMAH	SA'DAH	SANAA	SANAA CITY	SHABWAH	SOCOTRA	TAIZ
Availability of pregnancy test	6	5	8	3	3	4	5	4	4	6	5	5	6	7	5	4	7	6	9	4	8	6
SARC	7	7	8	4	1	3	4	2	3	4	6	3	4	8	4	3	4	4	3	5	10	6
Antenatal care	4	5	7	3	6	4	3	5	4	6	4	6	5	4	5	5	4	5	8	4	5	5
Clean home deliveries	5	3	3	3	6	3	2	5	3	6	4	5	4	4	4	4	3	4	2	5	8	4
Skilled care during childbirth	3	4	4	3	4	3	3	5	3	6	3	5	4	3	4	4	4	4	6	3	7	4
Basic emergency obstetric care	4	4	6	2	4	2	6	4	1	2	5	3	2	5	3	2	3	2	5	5	4	2
Comprehensive Emergency Obstetric Care	5	2	8	3	6	5	4	8	5	6	6	5	7	4	4	2	5	8	8	4	3	6
Post-partum care	4	4	7	3	6	3	2	6	4	6	4	6	4	4	5	4	3	4	8	3	7	4
LARC	4	2	6	1	1	1	4	1	1	2	4	1	1	5	2	1	1	2	3	3	7	3
Neonatal and premature care	2	0	2	1	1	0	2	1	1	1	4	1	1	2	3	1	1	1	2	2	2	1

Sexual violence

	ABYAN	AD DALI'	ADEN	AL BAYDA	AL HODEIDAH	AL JAWF	AL MAHARAH	AL MAHWIT	AMRAN	DHAMAR	HADRAMAWT	HAJJAH	IBB	LAHJ	MARIB	RAYMAH	SA'DAH	SANAA	SANAA CITY	SHABWAH	SOCOTRA	TAIZ
Clinical management of rape survivors	1	1	2	0	1	0	1	0	0	2	2	0	2	2	1	1	0	1	0	1	1	1
Emergency contraception	2	1	4	1	0	0	1	0	1	1	2	1	1	4	2	0	2	1	1	2	2	1
Post-exposure prophylaxis	1	0	5	0	0	0	3	0	0	0	3	0	1	4	2	0	1	1	3	2	3	1

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Noncommunicable diseases and mental health

	ABYAN	AD DALI'	ADEN	AL BAYDA	AL HODEIDAH	AL JAWF	AL MAHARAH	AL MAHWIT	AMRAN	DHAMAR	HADRAMAWT	HAJAJAH	IBB	LAHU	MARIB	RAYMAH	SADAH	SANAA	SANAA CITY	SHABWAH	SOCOTRA	TAIZ
Promote self-care, provide basic health care and psycho-social support	3	1	2	1	2	1	1	2	1	2	3	1	4	2	2	2	2	2	3	2	3	1
Psychological first aid	2	2	2	1	1	2	0	1	1	3	3	1	4	2	2	1	2	2	3	2	2	2
NCD clinic	3	2	3	2	4	4	1	4	4	3	3	4	3	4	4	4	4	4	4	2	4	2
Management of mental disorders	1	1	0	0	1	1	0	0	0	2	1	1	3	2	1	0	1	2	2	0	2	0
Asthma and COPD	4	4	4	3	4	4	4	4	3	4	5	3	4	4	4	4	4	4	5	4	5	3
Inpatient care for mental disorders	1	1	1	1	2	0	1	4	1	1	2	3	1	2	1	1	1	2	5	1	2	2
Hypertension	5	5	6	5	5	5	4	5	5	4	6	5	5	6	5	5	5	5	8	5	5	4
Inpatient care for mental disorders by specialists	1	1	1	1	1	0	0	2	1	1	2	1	1	3	1	1	1	2	5	0	2	2
Diabetes	3	4	4	3	3	4	3	4	3	3	4	4	4	4	4	3	5	4	5	4	3	3
Inpatient acute rehabilitation	1	1	2	2	3	1	2	3	1	3	3	3	3	4	1	2	2	4	6	2	5	2
Outpatient or community level rehabilitation services	1	1	3	0	1	0	1	0	0	0	3	0	2	3	1	0	1	1	3	1	5	1
Prosthetics and Orthotics	1	0	2	0	0	0	0	0	0	0	2	0	0	1	1	0	1	1	5	0	5	0
Oral health and dental care	2	2	4	1	1	2	4	3	1	1	3	1	1	3	2	1	2	2	10	3	2	2

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ANNEX II: SERVICE DEFINITIONS



General clinical and trauma care service

TITLE	SERVICE DEFINITIONS
Request for ambulance services by the patient	User-request dispatch of basic ambulance services from the district-level staging center (e.g., ambulance pool).
Recognition of danger signs	Recognition of danger signs in neonates, children, and adults, including early recognition of signs of serious infection, with timely referral to higher-level care.
Acuity-based formal triage	Acuity-based formal triage of children and adults at the first entry to the facility (with a validated instrument such as WHO/ICRC Interagency Triage Tool).
WHO Basic emergency care by prehospital provider	Initial syndrome-based management at the scene by prehospital providers for difficulty breathing, shock, altered mental status, and polytrauma.
WHO Basic Emergency Care	Basic syndrome-based management of difficulty breathing, shock, altered mental status, and polytrauma for neonates, children, and adults. Interventions include manual airway maneuvers, oral/nasal airway placement, oxygen administration, bag-valve mask ventilation, temperature management, administration of essential emergency medications, including empiric antibiotics for serious infection.
Advanced Syndrome-based management	Advanced Syndrome-based management of difficulty breathing, shock, altered mental status, and polytrauma in a dedicated emergency unit, including for neonates, children, and adults. Interventions include intubation, mechanical ventilation, surgical airway, placement of chest drain, hemorrhage control, defibrillation, administration of IV fluids via peripheral and central venous line with adjustment for age and condition, including malnutrition, and administration of essential emergency medications.
Monitored referral	Direct provider monitoring during transport to the appropriate healthcare facility and structured handover to facility personnel.
Referral capacity	Referral procedures, means of communication, access to transportation.
Acceptance of referrals	Acceptance of referral with remote decision support for prehospital providers and primary-level facilities, and condition-specific protocol-based referral to higher levels.
Acceptance of complex referrals	Acceptance of complex referrals with remote decision support for prehospital providers and lower-level facilities.
Outpatient services for primary care	Availability of all essential drugs for primary care as per national guidelines.
Outpatient department for secondary care	Outpatient department (OPD) with the availability of all essential drugs for secondary care as per national guidelines (including NCD and pain management), and at least one general practitioner.
Home visits	Promotion of self-care practices, monitoring of non-communicable diseases (NCD) medication compliance, and palliative care.
Minor trauma definitive management	Pain management, tetanus toxoid, and human antitoxin, minor surgery kits, suture absorbable/silk with needles, disinfectant solutions, bandages, gauzes, cotton wool.



TITLE	SERVICE DEFINITIONS
Emergency and elective surgery	Full surgical wound care, advanced fracture management through at least one operating theater with basic general anesthesia (with or without gas).
Emergency and elective surgery with at least two operating theaters	With pediatric and adult gaseous anesthetic.
Orthopedic/trauma ward	For advanced orthopedic and surgical care, including burn patient management.
Short hospitalization capacity	Short hospitalization capacity (maximum 48 hours).
20 Inpatient bed capacity	At least 20 inpatient bed capacity with 24/7 availability of medical doctors, nurses, and midwives, and 4-5 beds for short observation before admission, or 24/48-hour hospitalization.
50 Inpatient bed capacity	50 Inpatient bed capacity with pediatric and ob-gyn wards with 24/7 availability of doctors and/or specialists (general surgeon, ob-gyn, pediatrician, others).
Inpatient critical care management	Inpatient critical care management with availability of mechanical ventilation, infusion pumps, and third-line emergency drugs.
Intensive care unit	Intensive care unit with at least 4 beds.
Basic laboratory	Basic hematology, bacteriology, and clinical pathology services.
Laboratory services secondary level	Laboratory services secondary level.
Laboratory services tertiary level	Including electrolyte and blood gas concentrations, public health laboratory capacities.
Blood bank services	Blood bank services.
Hemodialysis unit	Hemodialysis unit.
Basic X-ray service	X-ray service (basic radiological unit) and ultrasound.
Radiology unit	With X-ray with stratigraphy, intraoperation X-ray intensifier, ultrasound, MRI, and/or CT scan.
Medical evacuation procedures	Means of transport and referral network for patients requiring highly specialized care.
Procedures for mass casualty scenarios	Procedures in place for early discharge of post-surgery patients through referral to secondary hospitals, in a mass casualty scenario.



Child health and nutrition

TITLE	SERVICE DEFINITIONS
Community-based first aid	Interventions include airway positioning, choking interventions, and basic external hemorrhage control.
Community-based IMNCI	Integrated Management of Newborn and Childhood Illnesses (IMNCI) for acute respiratory infection (ARI), diarrhea, and malaria by trained and supervised village volunteers or community health workers (CHW).
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.
Management of children classified as severe or very severe diseases	Management of children classified as severe or very severe diseases involving parenteral fluids and drugs, and oxygen.
Community mobilization for EPI	Community mobilization and support of outreach sites of routine Expanded Programme for Immunization (EPI), and/or mass vaccination campaigns.
EPI	Expanded Programme on Immunization (EPI): Provision of routine immunization services for the target diseases by a fixed health facility with the availability of a functional cool chain.
IEC on IYCF practices	Information, education, and communication (IEC) of child caretaker, promotion of exclusive breastfeeding and Infant, Young, and Child Feeding (IYCF) practices, active case finding, and referral of sick children.
Nutritional surveillance of the mother and newborn	Conducting nutritional examinations of the mother during antenatal care visits by measuring the circumference of the shield with Mid-Upper Arm Circumference (MUAC) and the percentage of hemoglobin, taking the weight and height of the newborn and feeding during the first hour of birth, and measuring the percentage of hemoglobin for the mother during childbirth.
Screening for acute malnutrition at the community level	Screening for acute malnutrition at the community level using Mid-Upper Arm Circumference (MUAC).
Growth monitoring at primary care level	Growth monitoring and/or screening of acute malnutrition using Mid-Upper Arm Circumference (MUAC), weight-for-height (W/H), and edema.
CMAM	Community Management of Acute Malnutrition (CMAM): Support community sites for CMAM programs and/or follow-up of children enrolled in supplementary/therapeutic feeding.
IMAM	Integrated Management of Acute Malnutrition (IMAM): Outpatient program for severe acute malnutrition without medical complications with ready-to-use therapeutic foods available.
Stabilization center for SAM	Stabilization center for Severe Acute Malnutrition (SAM) with medical complications, availability of F75, F100, ready-to-use therapeutic foods, and a dedicated trained team of doctors, nurses, and nurse aids, operating 24/7.



Communicable diseases

TITLE	SERVICE DEFINITIONS
Syndromic surveillance	Regular reporting sentinel site for syndromic surveillance of locally relevant diseases/conditions.
Event-based surveillance	Immediate reporting of unexpected or unusual health events through an event-based surveillance system.
Malaria at the primary care level	Diagnosis of suspected malaria cases with rapid diagnostic tests (RDT) and treatment of positive cases, or detection and referral of suspected cases, and follow-up.
Vector control	Support vector control interventions such as distribution of impregnated bed nets, indoor/outdoor insecticide spraying, and distribution of related Information, Education, and Communication (IEC) materials.
Support mass drug administration	Mobilize communities and support mass drug administration/treatment campaigns.
Tuberculosis	Diagnosis and treatment of tuberculosis (TB) cases, or detection and referral of suspected cases, and follow-up.
MDRTB	Diagnosis, management, and follow-up of multi-drug-resistant TB patients.
IEC on local priority diseases	Information, Education, and Communication (IEC) on the prevention and self-care of local priority diseases, such as dengue, acute diarrhea, and others.
Local priority diseases	Diagnosis and management of other locally relevant diseases such as measles, viral hepatitis, diphtheria, pertussis, etc., with protocols available for identification, classification, stabilization, and referral of severe cases.
Management of severe and/or complicated communicable diseases	Management of severe and/or complicated communicable diseases, for example, measles with pneumonia, cerebral malaria, etc.
Isolation unit or room	Isolation unit or room for patients with highly infectious diseases



Maternal and neonatal health services

TITLE	SERVICE DEFINITIONS
IEC on STI/HIV	Information, Education, and Communication (IEC) on prevention of STI/HIV infections and behavioral change communications.
STI/HIV Advocacy	Advocacy for community leaders on STI/HIV risks.
Syndromic management of STIs	Syndromic management of STIs (sexually transmitted infections) with first-line antibiotics available nationally.
HIV counselling and testing	HIV counselling and testing.
PMTCT	Prophylaxis and treatment of opportunistic infections, prevention of mother-to-child HIV transmission (PMTCT).
SARC	Availability of Short Acting Reversible Contraception (SARC), including condoms, oral contraceptives, and injections.
LARC	Availability of Long-Acting Reversible Contraception (LARC) methods/procedures.
Antenatal care	Assessment of pregnancy, birth, and emergency plan, response to observed problems (using urine protein test strips, Syphilis RDT) and/or reported STIs, counselling on nutrition, breastfeeding, self-care, and family planning, intermittent iron and folate supplementation in non-anaemic pregnancy.
Clean home deliveries	Distribution of clean delivery kits to visibly pregnant women, Information, Education, and Communication (IEC) and behavioural change communications, knowledge dissemination on danger signs and when/where to seek help, promotion of exclusive breastfeeding, and Infant and Young Child Feeding (IYCF) practices.
Skilled care during childbirth	Skilled care during childbirth, including early essential newborn care: preparation for birth, assessment of labor, staging, completion of WHO partograph and monitoring, management of conditions, drying the baby, cord care, basic newborn resuscitation, skin-to-skin contact, oxytocin administration, early and exclusive breastfeeding, eye prophylaxis (availability of magnesium sulphate and antenatal steroids).
Basic emergency obstetric care	Basic emergency obstetric care (BEmOC), including parenteral antibiotics, oxytocic/anticonvulsant drugs, antenatal steroids, manual removal of placenta, removal of retained products with manual vacuum aspiration, assisted vaginal delivery, and 24/7 functioning health facility.
Comprehensive Emergency Obstetric Care	Comprehensive Emergency Obstetric Care (CEmOC), comprising BEmOC, caesarean section, and safe blood transfusion.
Post-partum care	Post-partum care, including examination of mother and newborn (up to 6 weeks), response to observed signs, support for breastfeeding, counselling on complementary feeding, and promotion of family planning.
Neonatal and premature care	Provision of incubators, staff, and care for premature newborns, including those with underweight, asphyxia, respiratory distress syndrome, congenital malformations, neonatal infections, and jaundice.
Fistula	Diagnosis, treatment, follow-up, or referral of fistula cases.
Clinical management of rape survivors	Clinical management of rape survivors, including psychological support.
Post-exposure prophylaxis	Post-exposure prophylaxis (PEP) for STIs and HIV infections.



Noncommunicable diseases and mental health

TITLE	SERVICE DEFINITIONS
Promote self-care, provide basic health care and psycho-social support	Identify and refer severe cases for treatment, provide needed follow-up to people discharged by facility-based health and social services for individuals with chronic health conditions, disabilities, and mental health problems.
NCD clinic	Brief advice on tobacco, alcohol, and substance abuse, healthy diet, screening and management of risks of cardiovascular disease, individual counselling on adherence to chronic therapies, availability of blood pressure apparatus, blood glucose and urine ketones test strips, and essential NCD drugs as per national list.
Asthma and COPD	Classification, treatment, and follow-up of Asthma and Chronic Obstructive Pulmonary Disease (COPD).
Hypertension	Early detection, management, and counselling (including dietary advice), follow-up of hypertension cases.
Diabetes	Early detection, management (oral anti-diabetic and insulin available), counselling (including dietary advice), foot care, follow-up for diabetes cases.
Inpatient acute rehabilitation	Inpatient rehabilitation for people with acute injury or illness, delivered by rehabilitation professionals as part of multi-disciplinary acute care, including the provision of assistive devices such as crutches or wheelchairs.
Outpatient or community level rehabilitation services	Provision of rehabilitation services by a rehabilitation professional via an outpatient, mobile, or post-acute inpatient rehabilitation service, often as part of follow-up care, including assistive device provision or maintenance.
Prosthetics and Orthotics	Manufacture, fitting, and training to use prosthetic and orthotic devices.
Oral health and dental care	Provision of oral health and dental care services.
Psychological first aid	Psychological first aid for distressed individuals, survivors of assault, abuse, neglect, domestic violence, and linking vulnerable individuals/families with resources, such as health services, livelihood assistance, etc.
Management of mental disorders	Management of mental disorders by specialized and/or trained and supervised non-specialized health-care providers, including availability of fluoxetine, carbamazepine, haloperidol, biperiden, and diazepam.
Inpatient care for mental disorders	Inpatient management of mental disorders by specialized and/or trained and supervised non-specialized healthcare providers.
Inpatient care for mental disorders by specialists	Inpatient management of mental disorders by specialized health-care providers.



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