

August, 2018

Integrated HEALTH and WASH Rapid Need Assessment for

- Ataq District- Shabwah governorate
- Jehaf District- Al Dhale'e governorate
- Al Qabeetah district, Lahj governorate



YFCA

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IN COORDINATION WITH THE WASH AND HEALTH PROGRAMS.

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List of Abbreviations

CBC	Complete Blood Count
FGD	Focused group discussion
DHO	District Health Office
EmOC	Emergency Obstetric Care
HC	Health Center
HF	Health Facility
HNO	Humanitarian need overview
HU	Health unit
GHO	Governorate Health Office
GP	General Physician
PHC	Primary Health Care
IUCD	Intra Uterine Contraceptive Device
IYCF	Infant and Young Child Feeding
WASH	Water Sanitation and Hygiene
YFCA	Yemen Family Care Association
YHR	Yemen humanitarian response

1. Introduction:

The Yemen's crisis still one of the largest and one of the worst humanitarian crisis in the world. Humanitarian needs across the country are driven by ongoing conflict and displacement, the economic crisis and collapsing public services. More people are vulnerable now than at any time during the recent conflict. Seventy-five per cent of the population, 22 million people, require some form of assistance and protection. Sixty per cent of the population, 17.8 million people, are food insecure; 107 of Yemen's 333 districts are pre-famine. Nearly 1.9 million children and 1.1 million pregnant and lactating women are acutely malnourished, including nearly 400,000 children suffering from severe acute malnutrition. At least 56 per cent do not have access to safe water and sanitation or health care and one in four children is out of school (YHR, 2018).

16.4 million People in 215 districts across Yemen need assistance to ensure adequate access to health care - 9.3 million of them are in desperate need. This represents a 79.3 percent increase since late 2014, indicating the disastrous impact of the health system collapse two and a half years after the conflict. Only 50 percent of health facilities in 16 counties are fully operational. The non-payment of salaries of health personnel and the difficulties in importing medicines and other important supplies result in exhaustion of the capacity of the public health sector, while the majority of the population cannot afford the health services provided by the private sector (HNO, 2018).

Recording of the crisis 16 million Yemenis need humanitarian assistance to establish or maintain access to safe water, basic sanitation and hygiene facilities, out of which 11.6 million are in acute need (HNO, 2018). Since the start of the crisis, access to improved water sources significantly reduced in 11 out of 20 governorates, and the number of governorates where less than half of the population can access water from improved sources has almost doubled since 2014. Protracted displacement continues to put additional pressure on already scarce water sources and sanitation services. Collapsing urban water and sanitation systems, deteriorating water and sanitation conditions in rural areas, and lack of means to maintain personal hygiene and purchase safe drinking water all contributed to one of the worst cholera outbreaks Yemen has ever faced.

The main goal of this health facilities based assessment was to get a situational overview of WASH and health related needs in the targeted health facilities and surrounded households and communities. Likewise, to provide initial understanding of the current landscape of available health services and WASH status in targeted health facilities and the targeted districts and sub districts.

Specific objectives:

- To obtain the infrastructure and general information of the targeted health facilities
- To determine the priorities of those areas and their needs in term of Water, Sanitation and Hygiene to ensure better functional water sources in targeted health facilities and surrounded sub districts.
- To assess the current status of health services in the target health facilities in the targeted governorates.
- To estimate the general health and nutrition indicators as well as the quality control indicators.
- To determine the status of the medical equipment, health staff and medicines and medical supply current status in the targeted health facilities .
- To enhance the community participation in planning and implementing the interventions plan that YFCA has suggested to help those communities,

2. Methodology

This assessment was carried out by YFCA team in August 2018 in three districts of three governorates. This Integrated health and WASH assessment was conducted at targeted health facilities level, community level and household level. Information was gathered by YFCA team in the targeted districts and governorates through semi structured questionnaires. Combinations of quantitative and qualitative instruments through FGDs used to involve health and WASH leaders, community, key informative and the district health offices in the assessment.

2.1 Assessment Areas:

The assessment took place in Ataq, Alqabeeta'ah and Jehaf districts in shabwah, Lahj and AIDhalee governorates respectively that represented in table 1. The targeted health facilities within the below-mentioned districts were selected after coordination with health and WASH clusters and sub clusters under the umbrella of IFRR. Other coordination was performed with the local authorities (DHO and GHO) and they recommended as the top priority areas within those governorates that are in need for urgent health and WASH interventions.

Table 1. Targeted governorates and selected districts and HFs

Governorate	District	Targeted health facilities
Shabwah	Ataq	Ataq hospital
Lahj	Alqabeeta'ah	Aldhahi health unit
AIDhalee	Jehaf	AIOzlah Health Center

2.2 Assessment Tools:

The tools used for data collection were approved by the health and WASH clusters.

The used tools for both WASH and health were developed as following:

✓ Health:

- **Health facility based need assessment tool:** an assessment tool was developed based on Service Availability and Readiness Assessment tool shared by the

health cluster. The used health assessment tool has covered various aspects in the health facility assessment such as health facility general information, infrastructure, types of services , Laboratory diagnostic and Imaging Services, Pharmaceutical Services , medical equipment, staff, supplies & medicines, infection control and waste management.

➤ **Community based health need assessment :**

The Health related sides and indicators were covered in the FGD tool such as using the health services in the health facility , accessibility to health services any time, Health services fee, main diseases and health problems in the communities and barriers to accessing health services and seeking adequate treatment. In addition, critical problem faced by women and satisfaction level with the available services.

The focus group discussions form was developed to facilitate managing the different community informants points of views, the recommended gender and protection mainstreaming issues were considered as well.

✓ **WASH:**

➤ **Health facility based WASH assessment tool:** a tool has covered WASH aspects in health facilities such as water sources and coverage available to the HF, water supply system, quality of water, situation of sanitary system, functionality of latrines, waste management and drainage and general evaluation of HF buildings.

➤ **Community based WASH assessment tool:**

The WASH aspects and indicators were covered in the FGD tool such as primary source of water, accessibility to water source, latrines accessibility and hygiene practices. In addition, among the assessment team, a WASH specialist conducted filed visits to selected water sources in the targeted sub-districts to identify maintenance priorities that should be considered to ensure better functionality of these sources.

The focus group discussions form was developed to facilitate managing the different community informants points of views, the recommended gender and protection mainstreaming issues were considered as well.

➤ **Household level WASH assessment tool:**

The WASH aspects at household level were covered in the household assessment tool such as source of water, accessibility to water source, latrines accessibility and hygiene practices and promotion. The total sample size was 90 households in the three targeted areas. 30 households in the catchment area around each targeted health facility were randomly selected. Then, face to face interviews were conducted with head of each sampled HH and collected data entry to Excel sheet for analysis

2.3 Sampling

The health facilities and their catchment areas were selected for this assessment in close coordination with health authorities in targeted governorates and districts, partners and clusters to avoid any duplication. The selected health facilities and their catchment areas are on the priority areas of health and WASH intervention shared by the clusters and the allocation guidelines.

The assessment was carried out in three districts of three governorates of AIDhale'e, Shabowah and Lahj in order to provide an idea of the current situation and needs of those selected health facilities in the targeted areas. Total of 3 health facilities were selected for this assessment in three districts as showed in (table 1).

Six FGDs were conducted around each targeted health facility (Two with KIs, two with women and girls and two with men and boys) using Community based health and WASH need assessment tools to collect the data from the community prospective.

In addition, 30 households in the catchment area around each targeted health facility were randomly selected to interview using Household level WASH assessment tool. A total of 90 HHs were surveyed during this assessment.

2.4 Data collection and analysis

The needed data was collected during period of 18th to 20th of August 2018 by using the pre prepared health and WASH assessment tools. Face to face interviews were conducted with the hospital director, GHO director, heads of departments, head of statistic section and direct observation during filed visit the targeted health facilities and their catchment areas. Focused group discussion were conducted with women, girls, men and boys and KIs interviews as well. For household data, face to face interviews were conducted with household head using the pre prepared community based data collection tools. Excel was used to analyze collected household data.

2.5 Team recruitment:

Three teams recruited and each team consisted of 5 trained data collectors. Each team contains at least one health specialist and one WASH specialist. The respective teams were deployed to the targeted governorate and visited the targeted health facility in targeted district to collect data. Then they performed the FGDs and collected the household data.

3. Findings:

In this section, the findings of this assessment are outlined in two separate domains. One for the health findings and the second for WASH.

For the health domain, the main findings will represent as:

- Health findings – Targeted Health facilities
- Health findings - Community group discussion

For the WASH domain, the main findings will outline as:

- WASH findings – Targeted Health facilities
- WASH findings - Community group discussion
- WASH findings - Household level

3.1 Health findings

3.1.1 Health findings – targeted Health facilities :

3.1.1.1 General findings of the targeted health facilities

The below table (2) shows general information of the targeted health facilities where it demonstrates on general hospital in Ataq district , AIOzlah health center in Jehaf district and AIDhahi health unit in Alqabeeta'ah district. Ataq hospital is intact and fully functioning and AIOzlah HC is intact and partially functioning whereas AIDhahi HU is partially destroyed and totally closed as impact of 2015 conflict in Lahj governorate.

Table 2. General information of Targeted health facilities

Governorate	District / villag /city	Health Facility	Type of HF	HF Functionality	HF status	No of rooms	Working hours /day	No of days of shifts duty	budget/ month	Distance from the capital city
Shabwah	Ataq	Ataq hospital	General hospital	Functioning	Intact	35	24/7	daily	4900000	65 km
AIDalee	Jehaf	AIOzlah Health Center	Health center without beds	Partially functioning	Intact	10	6	-	66000	10 km
Lahj	Alqabeeta'ah	AIDhahi health unit	Health unit	Totally closed	Partially destroyed	2	6 (before the conflict)	-	5000 (before the conflict)	35 km

3.1.1.2 Health services provided by the targeted health facilities

The below table (table 3) represents the health services that are provided in the targeted health facilities. The health services are grouped into eight categories (Outpatient services, Inpatient services, Reproductive Health, Family Planning, Health Education, Child Immunization services, Child and mother Nutrition and Outreach services). Each health service marks either as (A) for availability or (NA) for unavailability.

There is a variation on the types of health services that provided by each health facility. Among the targeted health facilities Ataq hospital provides most of the services except the outreach services and AlOzlah Health center has no inpatient or outpatient services but it provides all the rest health services. Regrettably, AlDhahi health unit provides no services since 2015 when the unit partially destroyed.

Table 3. Health services in targeted health facilities

Health Service		Ataq hospital	AlOzlah HC	AlDhahi health unit
Outpatient services				
1	Clinic with GP medical doctor	A	NA	NA
2	Internal Medicine	A	NA	NA
3	Obstetrics and gynecology	A	NA	NA
4	General Surgery	A	NA	NA
5	Pediatric	A	NA	NA
6	Others	Dentistry clinic	-	-
Inpatient services				
1	Generalist (GP medical doctor)	A	NA	NA
2	Internal Medicine	A	NA	NA
3	General Surgery	A	NA	NA
4	Obstetrics and gynecology	A	NA	NA
5	Delivery services including normal delivery	A	NA	NA

6	Newborn care services	A	NA	NA
7	Pediatric	A	NA	NA
8	Delivery services including Basic BMOC	A	A	NA
9	Delivery services including Comprehensive CMOC.	A	NA	NA
Reproductive Health				
1	Antenatal care	A	A	NA
2	Postnatal care	A	A	NA
3	Women & pregnant Vaccination	A	A	A
4	Iron supplementation	A	A	NA
5	Folic acid supplementation	A	A	NA
6	Counseling	A	A	NA
7	Monitoring for hypertensive disorder of pregnancy	A	A	NA
Family Planning				
1	Oral contraceptive pills	A	A	A (Before 2015)
2	Condoms	A	A	A (Before 2015)
3	IUCD	A	NA	NA
4	Injectable contraceptive	A	A	A
5	Implant contraceptive	A	NA	NA
6	Tubal ligation	A	NA	NA
Health Education on				
1	Immunization	A	A	A (Before 2015)
2	Nutrition	NA	A	A (Before 2015)
3	Family planning	A	A	A (Before 2015)
4	Antenatal care	A	A	A (Before 2015)
5	Breast feeding	A	A	A (Before 2015)
Child Immunization services				
1	BCG vaccine	NA	A	A (Before 2015)
2	Measles vaccine	A	A	A (Before 2015)
3	Polio vaccine	A	A	A (Before 2015)

4	Pentavalent vaccine	A	A	A (Before 2015)
5	Pneumococcal vaccine	A	A	A (Before 2015)
Child and mother Nutrition				
1	Diagnosis and management of child malnutrition	A	A	NA
2	Vitamin (A) supplementation	A	A	NA
3	Child growth monitoring	A	NA	NA
4	Screening of malnutrition for pregnant & lactating women	A	A	NA
5	Infant and young child feeding (IYCF)	A	NA	NA
Outreach Services				
1	Immunization as outreach service	NA	A	NA
2	Availability of outreach services in the serving area	NA	A	NA
3	Availability of outreach services in the serving area	NA	A	NA

* A= Available, NA= Not Available

3.1.1.3

The below table (table 4) shows the laboratory diagnostic and imaging services that provided in each health facility.

Table 4. Laboratory diagnostic and imaging services in targeted health facilities

Health Service	Ataq hospital	AlOzlah HC	AlDhahi health unit
Laboratory diagnostics services:			
1	General Urine Examination	A	NA
2	General Stool Examination	A	NA
3	C.B.C	A	NA
4	Blood chemistry Examination	NA	NA
5	Malaria parasite smear	A	NA
6	Bilharzia testing	A	NA
7	Pregnancy test	A	NA

Health Service		Ataq hospital	AlOzlah HC	AlDhahi health unit
Imaging Services				
1	Plain X-ray	A	NA	NA
2	Ultrasound	A	NA	NA

* A= Available, NA= Not Available

3.1.1.4 Pharmaceutical services:

For pharmaceutical services, some of the targeted health facilities have some medicines which are provided either from the ministry of the health, district health office or private source either in regular or irregular manner. Table 5 illustrate medicines availability, source and regularity of delivery over each targeted health facility and table 6 shows availability of each medicine group during the time of assessment.

Table 5. Pharmaceutical services in targeted health facilities

Pharmaceutical services		Ataq hospital	AlOzlah HC	AlDhahi health unit
1	Availability of Medicines	NA	A	NA
2	Source of Medicines	private	GHO	The HU closed
3	Regularity of Delivery	Irregular	Every six month	

Table6. General Medicine in targeted health facilities

	Item	Ataq hospital	AIOzlah HC	AIDhahi health unit
1	Local Anesthetics/preoperative medication/Anaphylactic shock	A	NA	NA
2	Anti-Leishmaniasis	NA	NA	NA
3	Medicines acting on Gastrointestinal /Antacids and other anti-ulcer	A	NA	NA
4	Antibiotics	A	A	NA
5	Cardiac and /or Vascular Drugs / Anti-hypertensive Drugs	NA	NA	NA
6	Antidots for Poisoning	NA	NA	NA
7	Scabicides and /Pediculicides	NA	NA	NA
8	Anti-venom and anti-scorpion and snake serums	NA	NA	NA
9	Ophthalmic Preparations	NA	NA	NA
10	Ear Preparations	NA	NA	NA
11	Disinfectants and antiseptics	NA	A	NA
12	Anti-allergic and drugs used in anaphylaxis	A	NA	NA
13	Antifungal Preparations	A	NA	NA
14	Parenteral (Injectables)	NA	NA	NA
15	Analgesics, antipyretics	A	A	NA
16	Non-steroidal anti-inflammatory Medicines	A	NA	NA
17	Antiemetic Preparations	A	NA	NA
18	Diuretics	NA	NA	NA
19	Insulin, Oral Diabetic Pills	NA	NA	NA
20	Labour inducers	NA	NA	NA
21	Oral Rehydration salt	A	A	NA
22	Topical antibiotics	NA	A	NA
23	Antiasthmatic Therapy	NA	NA	NA
24	Anti-rabies	A	NA	NA
25	I.V fluids	A	A	NA
26	Anthelmintic Drugs Anti-protozoal	NA	A	NA
27	Anti-malaria		NA	

* A= Available, NA= Not Available

3.1.1.5 Medical equipment

Table 7 shows the availability of the medical equipment which categorized to eight groups (Equipment for Medical Examination, Delivery Equipment, Pharmacy Equipment, Laboratory Equipment, Diagnostic Equipment, In-Patient Department Equipment, Emergency Department Equipment and other Equipment). Each equipment marks either as (A) for availability or (NA) for unavailability. For each equipment, if it is available the functionality will be addressed by (F) for functional or (NF) for not functional in the below row in addition to the number of available paces.

Table 7. Medical equipment in targeted health facilities

Items		Ataq hospital	AIOzlah HC	AIDhahi health unit
Equipment for Medical Examination				
1	Examination Bed	A	A	A
		6 F	4F	1NF
2	Sphygmomanometer	A	A	A
		3 F	2 F	1NF
3	Stethoscope	A	A	A
		6 F	2 F	1NF
4	Thermometer	A	A	A
		6 F	5 F	1NF
5	Tongue Depressor	A	A	NA
		-	200	-
6	Scale + Pediatric Height Measure	NA	A	NA
		-	1 F	-
7	Scale+ Adult Height Measure	NA	A	A
		-	1 F	1NF
8	Mobile Curtain	A	A	NA
		4 F	5 F	-
9	Desk	A	A	A
			4	1NF
10	Chairs	A	A	A
			10	2NF
11	Oto-Ophthalmoscope	A	A	NA
		2 F	1 F	-

12	Ophthalmoscope	A	NA	NA
13	Diagnostic Set Auriscope	NA	NA	NA
Delivery Equipment				
1	Labour table	A	A	NA as service
		3 F	-	
2	Fetoscope	NA	NA	
3	Safe delivery kit	A	A	
		2	1	
4	Oxygen cylinder	A	A	
		4 F	1	
5	Vaginal Speculum	NA	A	
		-	1	
6	Vacuum Extractor	A	A 1	
7	Suction Machine	A	A	
		-	1	
8	Sterilization Machine	A	A	
		-	1 F	
9	Lamp	A	A	
		-	1	
Pharmacy Equipment				
1	Air Conditioner	A	NA	NA
2	Fans	A	NA	NA
3	Refrigerator	A	NA	A
		-	-	1NF
4	Cupboard	A	A	A NF
5	Shelves	NA	NA	A NF
		-	6	2
6	Chairs	NA	A	ANF
7	Desk	NA	A	A NF
Laboratory Equipment				
1	Microscope	A	A	NA as service
		2F	1 F	
2	photometer	A	A	
		1 F	1 F	

3	Sterilization Machine (Oven)	A	A	
		3F	1 F	
4	Shaker	A	NA	
		1F	-	
5	Centrifuge	A	NA	
		1 F	-	
6	Hemoglobin measurement device	A	A	
		1F	1 F	
7	Refrigerator	A	NA	
		2F	-	
8	Blood Cells Counter	A	A	
		-	-	
9	Water bath	A	A	
		-	-	
Diagnostic Equipment				
1	Fixed X-ray machine	A	NA	NA
		1 F	-	NA
2	Ultrasound machine	A	NA	NA
		2 F	-	NA
Inpatient department equipment				
1	Beds and sheets	A	NA as service	NA as service
		100 F		
2	Mobile Curtain	A		
		4F		
3	Suction Machine	A		
		3 F		
4	Trolley Stretcher	A		
		2 F		
5	Oxygen cylinders	A		
		70 F		
7	Thermometers	A		
		50 F		
8	Sphygmomanometer	A		
		10 F		

9	Stethoscope	A		
		10 F		
Emergency department Equipment				
1	Trolley	A	NA as service	NA as service
		2F		
2	Oxygen	A		
		5 F		
3	Nebulizer	A		
		2 F		
4	Patient monitoring machine	NA		
		-		
5	Ventilator	NA		
		-		
6	Infusion pump	NA		
		-		
7	Defibrillator	NA		
8	Suction pump	A		
Other Equipment				
1	Electricity Generator	A	A	NA
		1 F	1 NM	
2	Emergency Electricity Generator	NA	NA	NA
		-	-	
3	Refrigerator for vaccines	A	A	NA
		1 NF	1 F	
4	Laundry	A	NA	NA
		2 F	-	
5	Kitchen	A	NA	NA
		1 F	-	
6	Incinerator	NA	A	NA
		-	1	
7	Physiotherapy and rehabilitation equipment	NA	NA	NA
		-	-	

* A=Available, NA= Not available, F= Functional, NF= Not Functional

3.1.1.6 Health workers

Shortage of health personnel is a critical challenge for the entire national health system in Yemen; it is even more visible problem in most of health facilities. The intensification of the ongoing conflict and the financial crises made this issue more complicated where many health workers have left their work place to search for better living and income opportunities. Table (10) displayed the number and qualifications of health care providers in the selected health facilities for this assessment. In general, the number of health workers in these facilities is below the national average of human resources per 10.0000 population . The issues of human resources shortages surely influences the health service delivery's outcomes especially for some interventions such as deliveries, caesarean sections and emergency and expose the lives of mothers and children to risk. Moreover, and as a result of health workers shortage, quality of care and safety measures becomes too difficult to achieve.

Table 8. Health workers in targeted health facilities

Job		Ataq hospital		AlOzlah HC		AlDhahi health unit	
		M	F	M	F	M	F
Number of Health Workers							
1	General Practioner	8	2	-	-	-	-
2	Internal Medicine	4	-	-	-	-	-
3	Paediatrics	4	-	-	-	-	-
4	Gynaecologist / Obstetrician	-	5	-	-	-	-
5	Medical Assistant	8	-	3	2	1	-
6	Vaccinator	-	-	-	-	-	-

Job		Ataq hospital		AlOzlah HC		AlDhahi health unit	
		M	F	M	F	M	F
Number of Health Workers							
7	Community Health Volunteer	-	-	-	-	-	-
8	Pharmacist	2	-	-	-	-	-
9	Pharmacy Technician	-	-	-	-	-	-
10	Bachelor in Laboratory	-	1	-	-	-	-
11	Laboratory Technician	18	-	1	-	-	-
12	Bachelor in Radiology	-	-	-	-	-	-
13	Radiology Technician	-	-	-	-	-	-
14	Nutritionist	1	-	-	-	-	-
15	Qualified Nurse	-	5	-	-	-	-
16	Nurse by experience	-	3	-	-	-	-
17	Community Midwife	-	-	-	1	-	-
18	3-year study Midwife	-	3	-	-	-	-
19	1-year study Midwife	-	-	-	1	-	-
20	Midwife Supervisor	-	1	-	-	-	-
21	Health Guidance						
22	Public Health Nurse	-	-	-	-	-	-
23	Technicians/ Supporters	3	-	-	-	-	-
24	Restaurant Worker	3	2	-	-	-	-
25	Administrators	6	-	-	-	-	-
26	Supporting Labor	8					
27	Guard	8	-				

3.1.1.7 General health indicators

The below table (9) shows some of the general health indicators during 2017 over each health facility. The collated data for this assessment shows various figures that describe the total number of beneficiaries of the provided health services at selected health facilities; the health services include primary, secondary care and Although maternal mortality indicator.

The total number of beneficiaries ranged from 36000 in Ataq hospital to 2642 in AIOzlah health center.

Table 9. General Health Indicators in targeted health facilities

General health indicators		Ataq hospital	AIOzlah HC	AIDhahi health unit
1	# of beneficiaries from the health facility services in 2017.	36000	2642	
2	Average Number of beneficiaries seen in the health facility per month.	3000	226	
3	# of maternal death in 2017.	-	-	
4	# of infant death in 2017.	-	-	
5	# of children vaccinated.	-	424	
7	# of children treated from diarrheal diseases.	150/m	222	
8	# of children treated from respiratory infections.	80/m	475	
9	# of children treated from parasitic infestation.	50/m	206	
10	# of children under 5 years screened for Malnutrition.	60/m	234	
11	# of children under 5 years enrolled for SAM treatment.	30/m	58	
12	# of children under 5 years enrolled for MAM treatment.	15/m	109	
13	Grand total of Reproductive health services beneficiaries.	1500/m	42	
14	# of women provided with ANC.	1500/m	116	
15	# of normal vaginal deliveries	210	9	
16	# of women provided with PNC.	210	9	
17	# of Health Workers trained on IMCI.	14	5	
18	# of Health Workers trained on BMOC.	6	2	
19	# of Health Workers trained on EMOC.	6	2	
20	# of Health Workers trained on Family planning.	1	2	

3.1.1.8 Quality indicators at targeted health facilities

In most settings, services improve with good management and supervision. The findings of this assessment of the selected health facilities revealed that no quality improvement initiatives or system were in place in terms of structure and practice, therefore the quality standards and policies are not adopted. Four main indicators were used to assess the quality at these HFs, quality systems & programs, mechanism to assess the client satisfaction, infection control and waste management as displayed in table (13). All health facilities targeted in this assessment were poor in terms of quality indicators. Infection prevention in term of cleaning, safe injection, sterilization and disinfection and personal protective equipment are also not available in two of the targeted health facilities. Waste management is poor in targeted HHs and no guideline and policies are available in targeted HFS.

Table 10. Quality Indicators in targeted health facilities

Quality indicators	Ataq hospital	AlOzlah HC	AlDhahi health unit
Approved and written quality assurance program	NA	NA	NA
committee/officer in-charge of quality/ IC	NA	NA	NA
Standards for quality of services	NA	NA	NA
Mechanism to assessing the patient's satisfaction	NA	NA	NA
Guideline/ policies for infection control that focuses on safe injection	NA	A	NA
Guideline/ policies for infection control that focuses on sterilization and disinfection	NA	A	NA
Guideline/ policies for infection control that focuses on cleaning	NA	A	NA
Guideline/ policies for infection control that focuses on personal protective equipment	NA	A	NA
Guideline/ policies for infection control that focuses on waste management	NA	A	NA
System in place to assess the hospital performance using defined indicators	NA	NA	NA

3.1.2 Health findings - Community group discussion - :

Focused group discussions were performed at the first zone in catchment area around the targeted health facilities to involve the community in determining the health need and consequently health intervention design. Six FGDs were conducted around each targeted health facility (Two with KI, two with women and girls and two with men and boys) . The table below outline summery of health need from the community perspective in each targeted area.

Table 11. Summary of health findings by community groups in the targeted health facilities.

Questions	Responses from the community groups		
	Ataq hospital	AIOzlah HC	AIDhahi health unit
Using the health services in the health facility in the last 3 months	<ul style="list-style-type: none"> - The hospital provides various type of health services such as emergency services ,motherhood and childhood care services ,care of chronic diseases - All the surrounding community benefits from the services that are provided by Ataq hospital 	<ul style="list-style-type: none"> The health center provide vaccination services and , motherhood and childhood care services and medical examination 	<ul style="list-style-type: none"> - The health unit is closed since 2015 when the conflict started in the area. - No health services are available in the health unit
Access to health services any time during the day or night	<ul style="list-style-type: none"> - the people access the hospital easily during the day or night - it takes less than 15 min to reach the hospital 	<ul style="list-style-type: none"> -the people access the hospital easily during the day . it takes less than 30 min to reach the hospital 	<ul style="list-style-type: none"> - Nowadays no one can access to the closed health unit - The nearest health facility to this area is located in Karesh and takes more than two hours to reach.

	- there are clinics where pregnant women can see health workers smoothly		- No clinics where the pregnant women can see health workers - critical cases have to travel to Aden to receive proper health care
Health services fee	- Regular fees afforded toward provided health services and the community has no problem with this	The people pay nothing for the health services	- Before the conflict when the health unit was running, health services were free. Due to the fact that health unit is closed most people reach a village's doctor who asks for expensive fee for his services. - The health services cost is one of the most serious barrier for the community to use the services.
Main diseases/ health problems the communities have experienced in the last 3 months	Acute respiratory infections Diarrheal diseases especially children Cholera Malnutrition Malaria Measles Skin diseases Physical injuries	Acute respiratory infections Diarrheal diseases Illness related to women's reproductive and sexual health Measles Skin diseases Psychological illness	Acute respiratory infections Diarrheal Diseases Malnutrition Malaria and infectious diseases Illness related to women's reproductive and sexual health Skin diseases Physical Injuries

	<p>Psychological illness</p> <p>Illness related to women's reproductive and sexual health</p> <p>Dengue fever</p>		Dengue fever
<p>The most critical problems faced by pregnant women in the community</p>	<ul style="list-style-type: none"> - Women generally have their babies in the health facilities. - Malnutrition on of the serious problem faced by women in the community. 	<ul style="list-style-type: none"> - Women generally have their babies in the homes - No Female gynecologist in the health center - Anemia and Vitamins deficiency are among critical problems of women in the community. 	<p>Home deliveries is the way how women have their babies and women suffer from many health problems such as :</p> <ul style="list-style-type: none"> - Dystocia (Difficult births) - Eclampsia - Repeated abortion - Urinary and reproductive tract infections - Pregnancy problems
<p>Barriers to accessing health services and seeking adequate treatment.</p>	<ul style="list-style-type: none"> -Lack of type of services (irregular supply of medicines) - Lack of diagnostic equipment such as CT scan. 	<ul style="list-style-type: none"> - Price which is regular price but community unable to pay -No female medical staff available -Lack of type of services (irregular supply of medicines) 	<ul style="list-style-type: none"> - Price to move outside the village is too expensive -Bad quality of services, unqualified/unfriendly staff - Type of facility not according to the population size /overcrowded /lack of staff in the facility) - village's health facility is

			<p>damaged and destroyed by the fighting and the nearest health facility that located in Karesh Which is too far.</p> <p>-The transportation cost is too expensive and travelling consumes Long time that may lead to serious consequences such as patient pass away in the road.</p>
Last vaccination campaign conducted in the zone	Two weeks ago	One week ago	Last week there was vaccination campaign against poliomyelitis
Satisfaction with the services provided by health facility	Most of the participants are satisfied to some extent with the services provided by health facility	Most of the participants are satisfied with the services provided by health facility	Most of the participants are not satisfied t with the services provided by health facility
Death cases due to health problems	The participant reported that most of death cause is Cardiovascular disease	-The participant reported that women died because of Eclampsia	Dystocia (Difficult births) Eclampsia Diarrheal and vomiting disease
suggested interventions that	- Awareness sessions in the community by trained health	- provide specialized and qualified staff.	- Refunctioning and rehabilitation the health unit.

<p>will improve the health status in community</p>	<p>workers and community health volunteers.</p> <ul style="list-style-type: none"> - Support the available health facilities in the area - Specialized staff are needed - Provide the health facilities with medical equipment and instrument 	<ul style="list-style-type: none"> - Provide medications - Provided diagnostic services - Provided nutrition services - providing maternity care services - Management of the chronic diseases and providing their medication regularly - Have a night shift at the health facility 	<ul style="list-style-type: none"> -Provide qualified health staff especially who will provide motherhood and childhood care services. - Improve the quality of the health services - Provide health services for free - Equipped small lab which will provide the basic examinations - Provide first aid - Activate Outreach services especially awareness raising sessions
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3.2 WASH findings:

3.2.1 WASH findings _ Health facility level:

As the water, sanitation and hygiene are important aspects in the health facilities, WASH related elements in Ataq hospital, ALOzlah health center and ALDhahi health unit were considered for this assessment. The WASH in the health facility developed tool composed of four main domains for assessment that include Water source and quality, water supply system, Sanitary system and latrines functionality in health facilities. The findings of the WASH assessment in health facilities can inform for maintenance planning and identify the related aspects that need further support.

Based on domains of the WASH in health facilities assessment tool, a summary of each WASH assessment domain's findings in each targeted health facilities are delineate in the below table

Table 12. WASH Assessment findings in targeted health facilities

WASH assessment		WASH Assessment findings		
aspect	Ataq hospital	AlOzlah HC	AlDhahi health unit	
Water Source	Main source: - The HF is supplied with water from a government water project -The HF water demand is around 30000 L/day. Secondary source: - An alternative Source is through Water trucks when pervious source is not working or stopped	The main water source for the HF is through water trucks , the existing water tanks is 9000 L it's in a good condition and got refilled once a month.	Source: The HF is supplied with water from a well and transferred to the HF by hands.	

Water Pipes and network	<p>The piping system is partially functioning, some broken parts were noted and there is leakage as well, some facilities is not supplied well due to blocking in some Pipes.</p> <p>Its need to be rehabilitated to ensure water supply for all the facilitations in the hospital.</p>	<p>- Piping system is good, no leakage, no Clogging and no broken pipes were noted.</p>	<p>- There are no Pipes and the network isn't existed, the water used directly from jerry cans.</p>
Water Quality	<p>The supplied water to the HF's main water tank is good sense the source is a governorate water project.</p>	<p>The water is from random water trucks from different wells, no disinfection process was done while transportation.</p>	<p>Water quality is poor since the water is transferred by hands to different water containers.</p>
Water Supply Equipment, Sanitary Systems and rain drainage.	<p>Water supply tanks cover the HF requirements ,however sanitary systems isn't functioning well ,some latrines needs to be rehabilitated and others need to be connected to water network .</p> <p>Storms and rain water drainage is not working, rain water is stays on the building which can affect the structure of the HFs.</p>	<p>The water supply system is working well, however the tanks capacity insufficient for the HF needs. There is a supply problem from the plastic tanks on the yard to the tanks on the roof. Sanitary system is functioning well. Only one latrine of three has a siphon. Rain water drainage is working well and discharge the water out of the HF roof.</p>	<p>The situation in HF is primitive. There aren't any water supply tanks or network. There are latrines without a rudimentary sanitation system and network. Rain drainage system is functioning.</p>

Hygiene promotion/ Hand washing facilities	There are no hygienic awareness posters or brochures in the HF. Also not all hand washing facilities is functioning, some of them needs to be rehabilitated. Hand washing soap is available.	There are hygiene awareness raising posters in the HF. Hand washing facilities is functioning well. Also soap is available	Hygiene promotion posters and brochures aren't existed. Hand washing facilities isn't working. No soap is used for hand washing.
Solid waste management at HF.	There were no waste pins and baskets in the health facility.	Waste pins and baskets are available.	There were no waste pins and baskets in the health facility.
Building Structure	The building structure has some cracks ,plasters stale ,painting is pale.	The overall status of the structure is good, however some finishing need to be rehabilitated such as windows glasses ,doors and paint.	HF structure is good, with some finishing that need maintenance such as doors windows and paints.
Vector Control	There were no sign for biomedical waste baskets , detergent is available and used in daily basis the HF doesn't has an incinerator for biomedical waste consuming.	Biomedical waste baskets is available, detergent is available but with insignificant quantity.	Vector control in HF isn't considered at all. No biomedical waste baskets or tools used for biomedical waste.
Electrical system in HF	The electric source for the HF is the main electrical network, beside a diesel generator. However the internal electrical network is deteriorated there are some exposed cables,	The electrical source for the HF is the main electricity lines with little operation hours, the diesel generator is inoperative. The internal electric	Electrical system installed in the HF, but no electric line connected to it whether by the main line or by diesel generator.

	malfunctioning switchboard and fuse boxes.	network is partially functioning with need to fix some points. A previous solar system was destroyed by strong winds.	
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3.2.2 WASH findings – Community group discussions:

Focused group discussions were performed at the first zone in catchment area around the targeted health facilities to involve the community in determine the WASH need and consequently WASH intervention design. Six FGDs were conducted around each targeted health facility (Two FGDs with KI, two with women and girls and two with men and boys). The table below outline summery of WASH need from the community perspective in each targeted area.

Table 13. Summary of WASH findings in the community in the targeted health facilities

Questions	Responses from the community groups		
	Ataq hospital	AIOzlah HC	Aldhahi health unit
Common water sources accessed by people in the community in the last 30 days	The most common water sources reported by participant are: -Piped water into compound as improved source - Water Trucking and Unprotected rainwater tank as non-improved sources.	The participants stated that the common water sources are: - Protected rainwater tank and protected well as improved sources - Unprotected well as non-improved water source.	Non-improved sources which is Unprotected well is the only water source in AIDhahi village.

Access to water for the community	- Everyone or nearly everyone has problems accessing enough water for their needs as participants describe access to water.	- Everyone or nearly everyone has enough water for their needs .But the situation changes all the time: sometimes water access is easy, sometimes it is hard.	- Everyone or nearly everyone has problems accessing enough water for their needs as participants describe access to water.
Coping means to lack of water in the community	When participant describe how they copy with water lack they said : - Reduce drinking water consumption - Spend money usually spent on other things to buy water - Go fetch water to a further water point than the usual one	- Reduce drinking water consumption - Spend money usually spent on other things to buy water - Receive water on credit/Borrow water -Drink water usually used for cleaning or other purposes than drinking	- Reduce water consumption for hygiene practices (bathe less, etc) - Go fetch water to a further water point than the usual one
Water fetching	- Participants stated that, it takes to go to main water point, fetch water, and return between 1 and 2 hours.	- Participants stated that, it takes to go to main water point, fetch water, and return Between 1 and 2 hours	- Participants stated that, it takes to go to main water point, fetch water, and return one hour or less
	- Usually Sons and daughters undertaken the water fetching	-Usually Mothers and daughters undertaken the water fetching	- Usually Mothers and Daughters undertaken the water fetching.

			In addition to sons (by men FGD)
	Sons and daughters fetch the water by using wheelbarrow	Mothers and daughters fetch the water by carrying on their back or carrying it on the donkeys backs	Mothers and daughters fetch the water by carrying on their back
	The activity of fetching water (distance and queuing time) constitutes a problem for members of the community as all participants agreed on	The activity of fetching water (distance and queuing time) constitutes a problem for members of the community as all participants agreed on	The activity of fetching water (distance and queuing time) constitutes a problem for members of the community as all participants agreed on
Associated problems with fetching water	<ul style="list-style-type: none"> -Prevents children from attending classes - Reduces amount of water accessible to household - Forces household to complement with closer, less desirable water sources 	<ul style="list-style-type: none"> - Prevents children from attending classes -Reduces amount of water accessible to household 	<ul style="list-style-type: none"> - Prevents children from attending classes - Reduces amount of water accessible to household - Forces household to complement with closer, less desirable water sources
Water storage unit	Almost all HHs in the community have water storage unit	some of HHs have water storage unit	No HH have water storage unit

Type of drinking water storage facility	Most of community store drinking water in Fiberglass or metal containers	Most of community store drinking water in containers with lid or narrow –necked jerry cans	No containers!
Water tank cleaning	The cleaning level of the water tanks is expectable as the participants reported	The cleaning level of the water tanks is good because HHs clean them regularly .	
Water treatment in households	No one treat the water in household because they don't have treatment materials and they don't know how to treat water	No one treat the water in household because they don't have treatment materials and they don't know how to treat water	No one treat the water in household because they don't have treatment materials and they don't know how to treat water
Soap ownership and use for handwashing	-some people use soap and have soap in their household - Most people use soap but do not have soap because it is not available and too expensive	Most people use soap but do not have soap because it is not available and too expensive	Most people use soap but do not have soap because it is not available and too expensive
Access to hand washing facility	Everyone has access to hand washing facilities (100%)	The majority of the population does not have access to hand washing facilities ($\pm 75\%$)	Nobody has access to hand washing facilities (0%)

Diarrheal cases among children in the community	There are some diarrheal cases among children in the community	There are some diarrheal cases among children in the community	40 % of children and 15% of adults suffer from diarrheal diseases in this area
Access to functioning latrines in the last 30 days	Everyone has access to a latrine (100%) as all participants agreed on.	Everyone has access to a latrine (100%) as all participants agreed on	The majority of people does not have access to a functioning latrine ($\pm 75\%$ as all participants agreed on
Latrines problems	The main latrines problems as the participant stated are : - Absence/insufficiency of water. - Connection to sewage blocked.	The main latrines problems as the participant stated are : - Lack of privacy/no separation between men and women -Connection to sewage blocked	There are no proper latrines in this area due to many reasons such as : -Absence/insufficiency of water. -Exist Latrines are unclean/unhygienic. -It is not safe (no door, no lock, etc) - Lack of privacy -No sewage system
Common type of latrines	- Flush latrine to the open (unimproved) - Pit latrine-covered/with slab (improved)	- Pit latrine-covered/with slab (improved) - Pit latrine-open/without slab (unimproved)	- Pit latrine-open/without slab (unimproved)

Garbage disposed in the community	Garbage is buried or burned Garbage is collected daily	Garbage is buried or burned Garbage is collected more than once a week	Garbage is left in public areas and not collected
	Most areas of the community have many piles of garbage everywhere in the street	Some areas are clean, some areas have piles of garbage	Although the garbage is not collected or buried, most areas of the community have a few piles of garbage in the street.
Sewage/wastewater management	- Most areas of the community have had issues with sewage and there is visible wastewater sometimes in the streets.	- Most areas of the community have constant sewage problems there is visible wastewater constantly in the streets.	- Most areas of the community have constant sewage problems there is visible wastewater constantly in the streets.

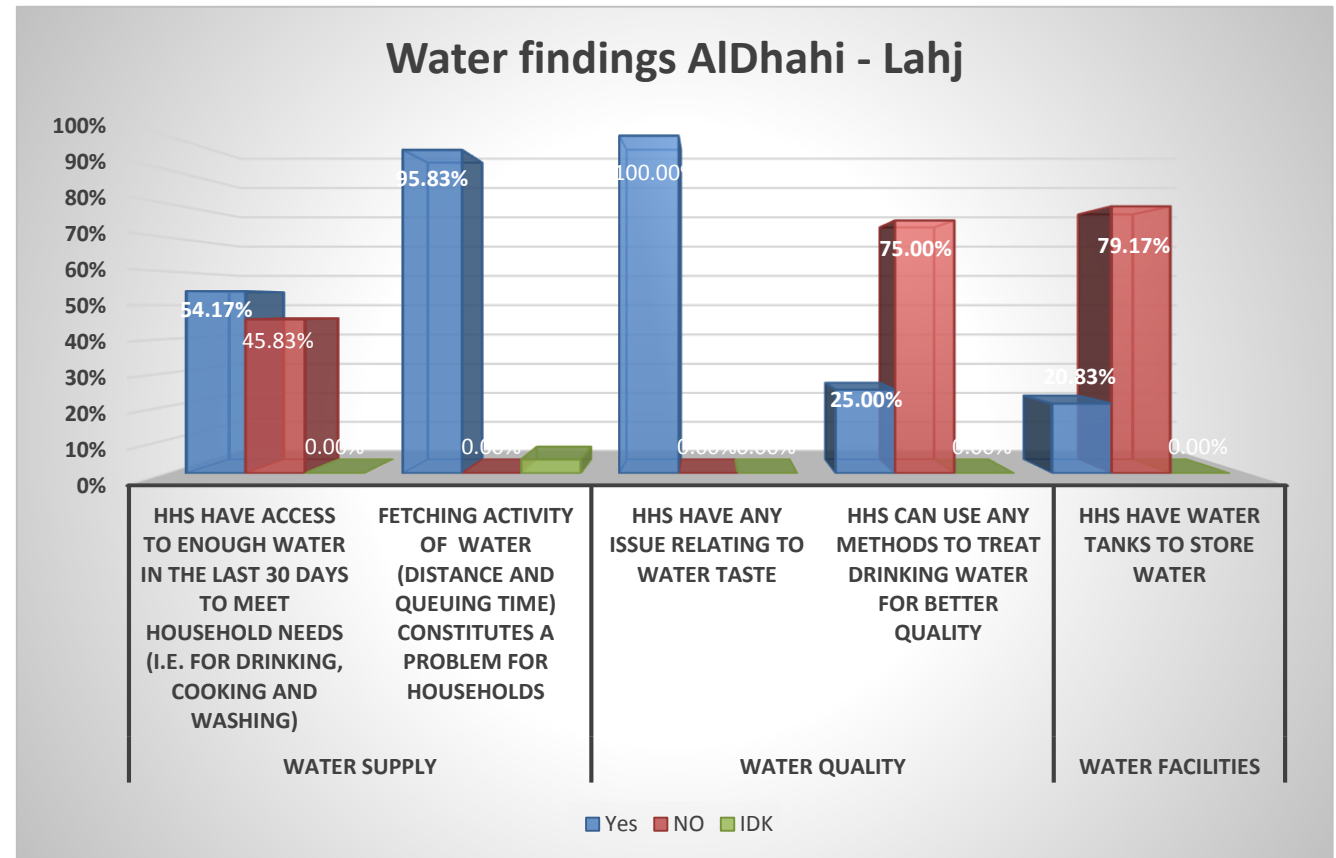
3.2.3 WASH findings_ household level:

3.2.3.1 WASH findings in AlDhahi area – Lahj

3.2.3.1.1 Water findings

The below figure represent the main water findings

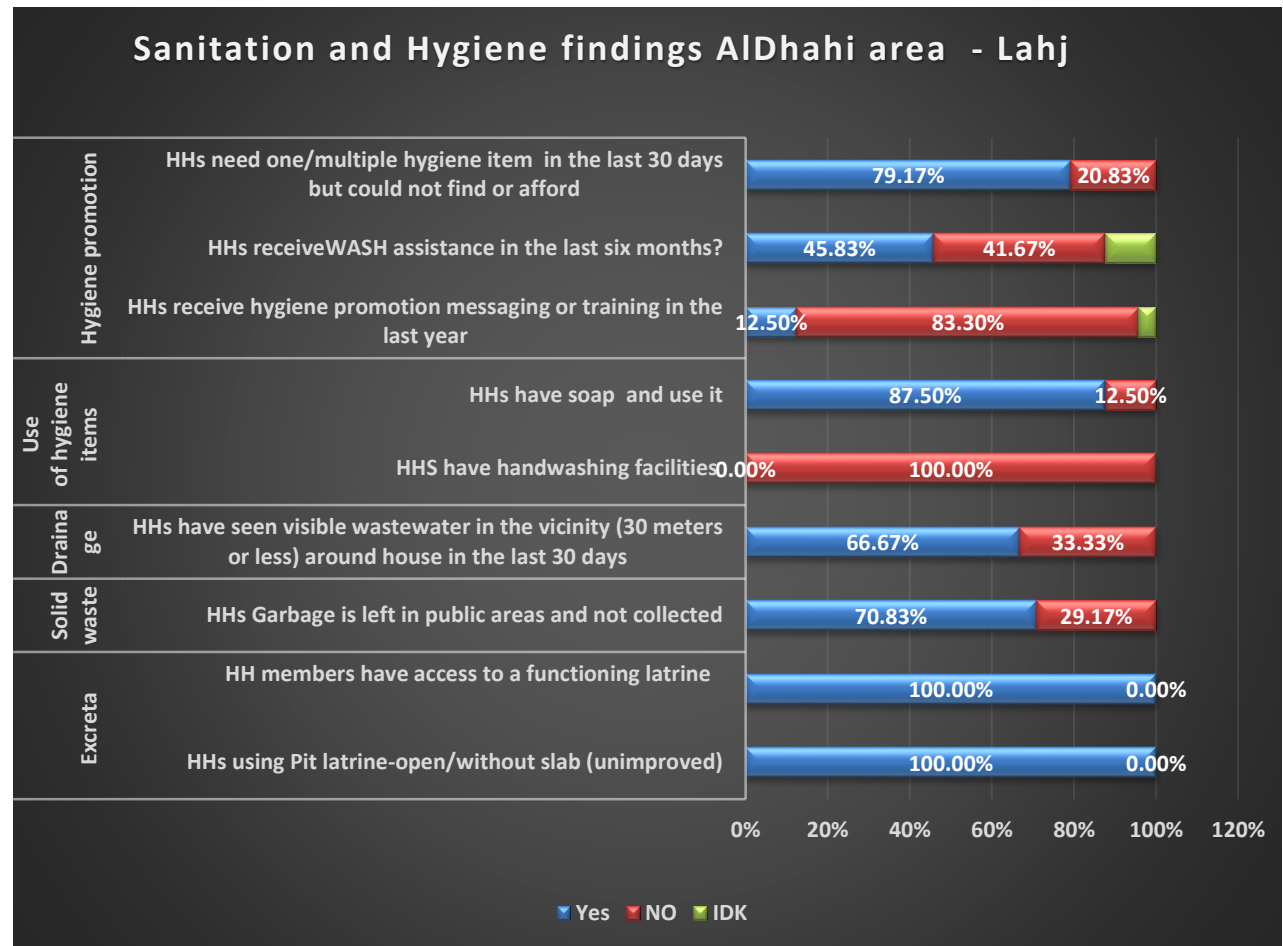
54.17% of surveyed HHs have access to enough water in the last 30 days to meet household needs such as drinking, cooking and washing. Also, 59.83% of HHs considered fetching activity of water as serious problem due to long distance and queuing time. All sampled HHs have an issue relating to water taste and 25% of them can't use any methods to treat drinking water for better quality. Only 20.83% of HHs have water tanks to store water.



3.2.3.1.1 Sanitation and Hygiene findings

The below figure represent the main sanitation and hygiene findings

All HHs (100%) use unimproved pit latrine-open/without slab . All HH's members have access to a functioning latrine. 70.83% of HHs left the garbage in public areas which do not collected. 66.67% of HHs have seen visible wastewater in the vicinity (30 meters or less) around house in the last 30 days. No HHs have hand washing facilities and 87.5% have soap and use it. 12.5% HHs receive hygiene promotion messaging or training in the last year. Majority of HHs (79.17%) were in need to one/multiple hygiene item in the last 30 days but could not find or afford.

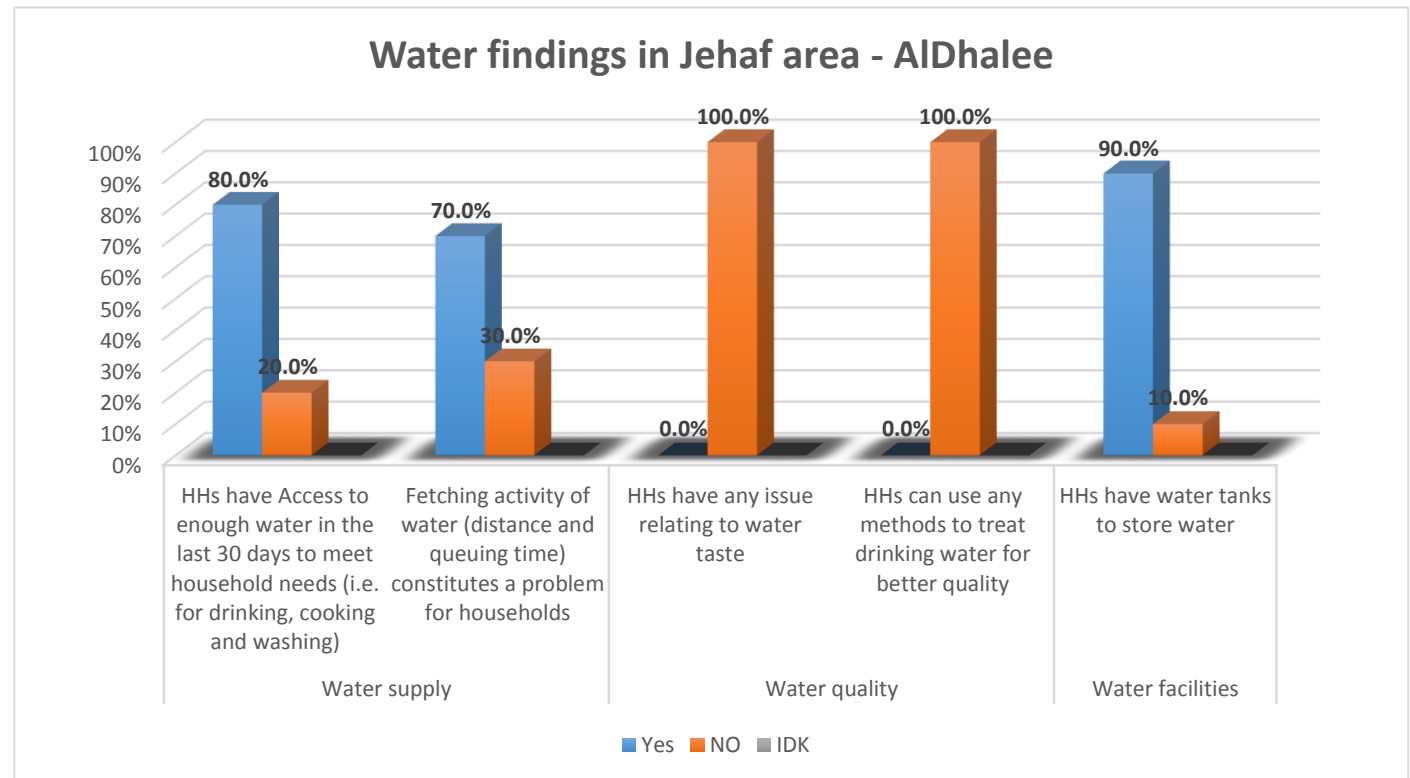


3.2.3.2 WASH findings in Jehaf area – AIDhalee

3.2.3.2.1 Water findings

The below figure represent the main water findings

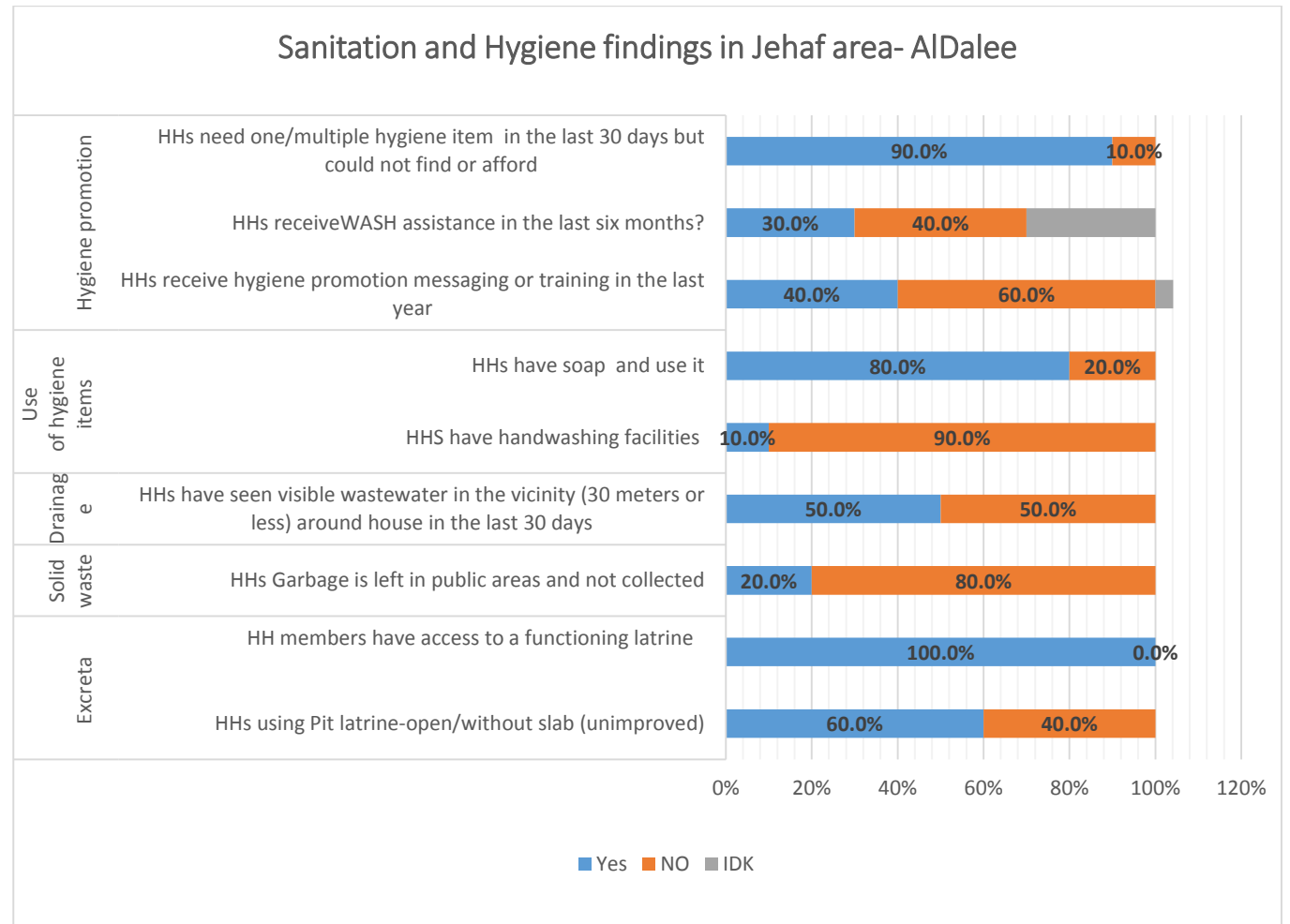
80 % of surveyed HHs have access to enough water in the last 30 days to meet household needs such as drinking, cooking and washing. Also, 70 % of HHs considered fetching activity of water as serious problem due to long distance and queuing time. No HHs have an issue relating to water taste and all HHs can't use any methods to treat drinking water for better quality. 90 % of HHs have water tanks to store water.



3.2.3.1.1 Sanitation and Hygiene findings

The below figure represent the main sanitation and hygiene findings

60% HHs use unimproved pit latrine-open/without slab. All HH's members have access to a functioning latrine. 20% of HHs left the garbage in public areas which do not collected. 50 % of HHs have seen visible wastewater in the vicinity (30 meters or less) around house in the last 30 days . Only 10% of HHs have hand washing facilities and 80 % have soap and use it. 40 % HHs receive hygiene promotion messaging or training in the last year. Majority of HHs (90 %) were in need to one/multiple hygiene item in the last 30 days but could not find or afford.

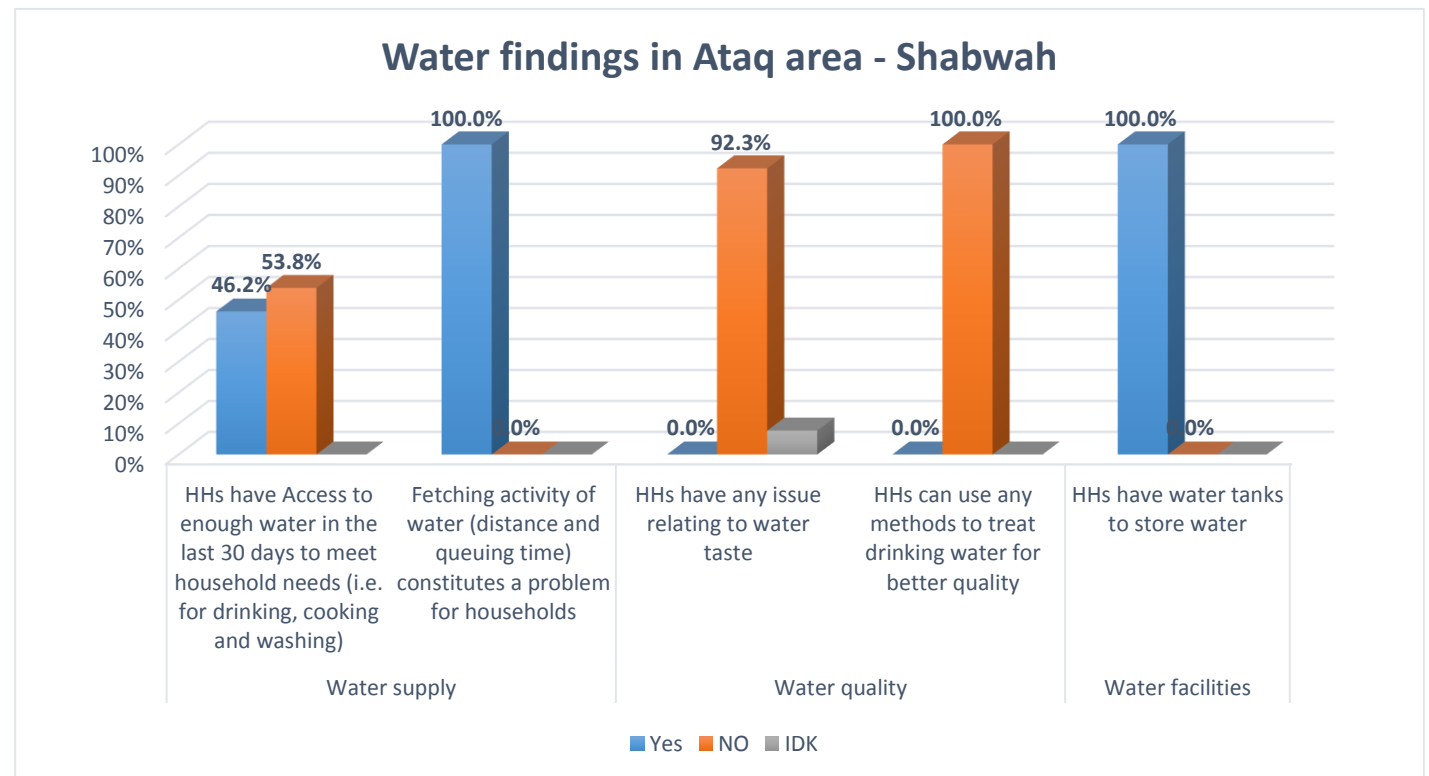


3.2.3.3 WASH findings in Ataq area – Shabwah

3.2.3.3.1 Water findings

The below figure represent the main water findings

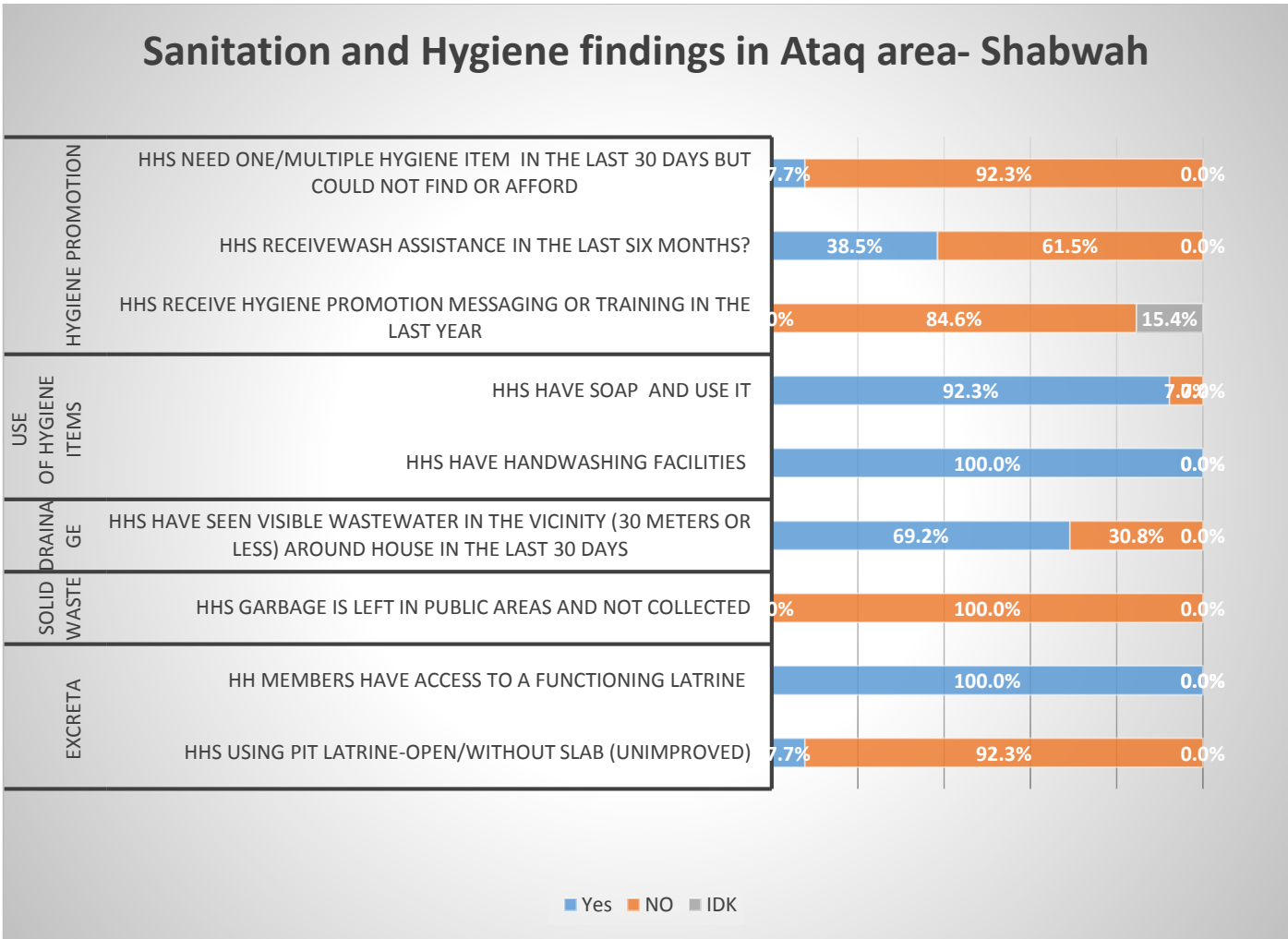
46.2 % of surveyed HHs have access to enough water in the last 30 days to meet household needs such as drinking, cooking and washing . Also, All HHs 100% considered fetching activity of water as serious problem due to long distance and queuing time. No HHs have an issue relating to water taste and all of them can't use any methods to treat drinking water for better quality. 100% of HHs have water tanks to store water.



3.2.3.3.1 Sanitation and Hygiene findings

The below figure represent the main sanitation and hygiene findings

Only 7.7% use unimproved pit latrine-open/without slab. All HH's members have access to a functioning latrine. No HHs left the garbage in public areas which do not collected. 69.2% of HHs have seen visible wastewater in the vicinity (30 meters or less) around house in the last 30 days . All HHs have hand washing facilities and 92.3% have soap and use it. No HHs receive hygiene promotion messaging or training in the last year. Only 7.7 % of HHs were in need to one/multiple hygiene item in the last 30 days but could not find or afford.



4. ANNEXES-Photos

Below are Samples of photos that were taken during data collection process in the targeted health facilities and their respective catchment areas:

4.1 Photos- Ataq Hospital ,Ataq district, Shabwah governorate









4.2 Photos- AlOzlah Health Center, Jehaf district, AlDhalee governorate







Community around AlOzlah HC



4.3 Photos- Aldhahi health unit ,Alqabeeta'ah district
,Lahj





Community around AlDhahi HU









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