ABOUT NFDHR

The National Foundation for Development and Humanitarian Response (NFDHR) is a local non-profit and non-governmental organization that was established in June 2012 to enhance the community participation in service provision, advocate and monitor policies, encourage women and youth participation at local and national levels, and build resilience of societies affected by natural crises or armed conflicts.

Vision:
“A peaceful and stable Yemen with no poverty”

Mission
NFDHR works to enhance the development and stability of local communities through awareness raising and increasing access to basic services as well as building the capacity of Yemeni people, especially women and youth to be able to participate in making decisions that lead to peaceful society and sustainable development.

Goals
1- Increase access to basic services and raise awareness of the Yemeni society on the importance of investment in education, health, and capacity building of youth and women.
2- Contribute to efforts and activities that alleviate the legal and social obstacles that prevent women and youth from access to decision making positions in political and economic situations.
3- Increase participation and access of communities affected by conflicts to humanitarian response activities and services that lead to stability and security.
4- Improve the quality and availability of information and right indicators for development and human rights issues.

Values
NFDHR believes in the following values and is committed to them throughout its program design and implementation:
- **Neutrality:** NFDHR is a neutral organization not driven by any political, regional or religious interests.
- **Professionalism:** NFDHR is a professional, developmental and humanitarian organization that is keen to build the capacity of its staff and apply high standards to ensure high quality implementation of its programs.
- **Accountability:** NFDHR is accountable to its donors as well as to the beneficiaries.
- **Transparency:** NFDHR is committed to produce technical and audit reports and publish them through media.
- **Representation:** NFDHR believes that it is the voice of the people of Yemen and will ensure that voice of the people is raised and heard by the duty bearers in the country.

**Programs**

At NFDHR, we have six main programs:

- WASH
- Health and Nutrition
- Governance and Peace Building
- Education
- Food Security and Livelihoods
- Protection and Gender

NFDHR Programs
OVERVIEW

Humanitarian needs and key figures

More than two and a half years since the escalation of the conflict, Yemeni people continue to bear the brunt of ongoing hostilities and severe economic decline. People are increasingly exhausting their coping mechanisms, and as a result the humanitarian crisis remains extremely widespread: an estimated 22.2 million people in Yemen need some kind of humanitarian or protection assistance, including 11.3 million who are in acute need – an increase of more than one million people in acute need since June 2017. The escalation of the conflict since March 2015 has dramatically aggravated the protection crisis in which millions face risks to their safety and basic rights.*

In health sector 16.4 million people in 215 districts across Yemen require assistance to ensure adequate access to healthcare – 9.3 million of whom are in acute need. This represents a 79.3% increase since late 2014, illustrating the catastrophic impact of the health system’s collapse after two and a half years of conflict. Only 50 per cent of health facilities in 16 surveyed governorates are fully functional. A lack of salary payment to health personnel and difficulties in importing medicines and other critical supplies are depleting the capacity of the public health sector, while private sector health services remain unaffordable to most of the population. The cholera epidemic that started in 2016 is the latest demonstration of the extent of the failing health system with 900,000 suspected cases and 2192 deaths until 5 November 2017. *

The overriding humanitarian need is access to minimum healthcare for people whose lives are at risk due to illness or injury. Only 50% of health facilities are fully functional. This rate falls below 20% of facilities in several conflict-affected governorates, including Marib, Al Jawf and Al Bayda, and below 30 per cent in Taizz, Sa’ada and Al Dhale’e. Humanitarian health programs in 2015 and 2016 were based on at least minimal Ministry of Public Health and Population (MOPHP) capacity to provide services. Since August 2016 MOPHP has been unable to provide funding to cover operational costs. Since then, pressure increased on humanitarian partners to fill the enormous gap in primary and secondary health care services. *

The most dramatic change since last year is the accelerating collapse of the health system, as funds for operational costs, including salaries, remain unavailable. This is further exacerbated by the most devastating cholera epidemic Yemen has faced for over a year,
which spiked since April 2017. This catastrophic situation has added to the challenges of health cluster partners to provide health services and support health facilities.

Because of the continuing conflict, humanitarian space has been reduced, with health partners facing access constraints from all parties to the conflict. Ongoing restrictions on imports and financial transactions are also resulting in numerous “silent deaths” among patients who cannot afford or cannot find essential lifesaving treatments. As the general livelihoods situation continues to deteriorate, people’s ability to afford the cost of health care has significantly declined.

Furthermore, the nutrition situation in Yemen continues to be negatively impacted by the conflict, which has exacerbated chronic vulnerabilities. Five governorates (Al Hudaydah, Lahj, Taizz, Abyan and Hadramaut) have acute malnutrition rates above 15%, and additional seven governorates report GAM rates between 10 to 15% with aggravating factors. A total of 12 out of the 22 governorates are therefore classified as emergency. An estimated 7 million people require services to treat or prevent malnutrition, including 2.9 million people who require treatment for acute malnutrition - 1.8 million children under 5 and 1.1 million pregnant and lactating women (PLW). Nearly, 2.3 million PLW and caretakers of children aged 0-23 months require preventative nutrition services including infant and young child feeding counselling.

Children under the age of five and pregnant and lactating women continue to bear the brunt of Yemen’s nutrition crisis. Despite the attempts to scale up the nutrition response by partners on the ground, the governorates with high acute and chronic malnutrition prevalence still record the highest malnutrition caseload and are therefore an immediate priority for the nutrition cluster. The total number of people in need has increased from 4.2 to 7 million due to the inclusion of children and pregnant and lactating women in need of micronutrient supplementation to the total population in need of nutrition services (vitamin A and iron-folic acid supplementation).

During 2017, many international and local organizations have worked to mitigate the effects of the war and provide basic needs to the people in need in all sectors. In the health and nutrition sector, The National Foundation for Development and Humanitarian Response (NFDHR) implemented 4 projects and are currently still implementing another 2 projects which provide free medical services to those in conflict zones with rehabilitation of health units and building the capacity of health workers. All these efforts by local and international NGOs are working to mitigate the effects of the conflict, with the hope that the war will stop and the humanitarian crisis will end.

*(Source: Yemen humanitarian needs overview 2018)
**HEALTH & NUTRITION PROGRAM’S OBJECTIVE**

**Improve** access of IDPS and other vulnerable groups to life-saving health and nutrition services and information in Amran, Sa’ada, Albayda’a, Ibb, Sana’a, Almahweet and Aljawf governorates. Strengthen maternal, newborn and child health interventions, through rehabilitation and/or support of health facilities in remote areas with essential equipment and supplies.
ACHIEVEMENTS

What We’ve Done in 2017

The National Foundation for Development and Humanitarian Response believes that rapid response is the basis for providing people with essential needs and reducing their suffering. Therefore, in 2017 NFDHR was one of the first organizations to intervene intensively in fighting the cholera epidemic which spread rapidly and largely in most governorates of the Republic of Yemen. NFDHR through their Health and Nutrition Program has focused its effort deeply in Al-Bayda governorate. Since November 2016 until now, NFDHR has been working in Al-Bayda governorate extensively and intensively through its medical teams to provide services to the community to fight the cholera epidemic, interventions have included the following:

- Setting up Cholera Treatment Centers (CTCs) in several districts to be ready to provide free medical services and medicines to individuals (with suspected and confirmed cholera cases).
- Providing incentives to the Cholera Treatment Centers teams (CTCs) in Al-Bayda’a governorate to ensure operating of the CTCs for 24 hours/day.
- Capacity building of the health workers in the targeted districts.
- Rehabilitation and furnishing of 26 health units in the targeted districts that were previously closed in order to reopen and provide health services to the community.
- Establishing Oral Rehydration Corners (ORCs) at 15 communities and primary health care level for management of mild and moderate cases. The ORCs established in the districts where cases of AWD/Cholera have been reported.

Beside the previous interventions, NFDHR’s Health and Nutrition Program in 2017 has worked in Sa’ada, Amran, Ibb, Al-Bayda’a, Al-Jawf and Sana’a governorates through 17 fixed medical teams to provide free medical services and medicines in 7 targeted districts. NFDHR targeted closed health facilities through rehabilitating and furnishing them to be ready to receive beneficiaries and provide required health services through the medical teams of NFDHR and twelve of these teams are still working and providing free medical services and medicines in 14 health facilities in 5 different districts.

In the coming pages, we will explain more about the implemented projects during 2017 and highlight activities with the number of beneficiaries, and some of the projects still in progress.

<table>
<thead>
<tr>
<th>No.</th>
<th>Project Name</th>
<th>location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Delivery of lifesaving health Services to the most vulnerable groups</td>
<td>Amran, Sada’a</td>
</tr>
<tr>
<td>2</td>
<td>Emergency Cholera Response</td>
<td>Albayda’a</td>
</tr>
<tr>
<td>3</td>
<td>WASH and Health Integrated Response to Cholera Outbreak</td>
<td>Albayda’a</td>
</tr>
<tr>
<td>4</td>
<td>Integrated Emergency Response to AWD/Cholera Outbreak</td>
<td>Albayda’a</td>
</tr>
<tr>
<td>6</td>
<td>Health and WASH Integrated Response for IDPs and Those Most Vulnerable to Cholera in Al Bayda Governorate</td>
<td>Albayda’a</td>
</tr>
</tbody>
</table>
Delivery of Lifesaving Health Services to the Most Vulnerable Groups Project

Project Period: 01/07/2016 - 28/02/2017  
Donor: OCHA  
Budget: 450,175$

Project location: Amran (Amran city, Maswar, Suwayr) , Sada’a (Al Safra’a)

Achieved activities:

- NFDHR provided furniture and medical equipment for 5 health facilities in the targeted districts.
- Comprehensive health services including; primary health care, and maternal and child health services provided by three mobile teams as follows:
  1. Medical mobile team No. 1 provided their free medical services in Amran governorate (Amran city and Maswar districts).
  2. Medical mobile team No. 2 provided their free medical services in Amran governorate (Suwayr and Shaharah districts).
  3. Medical mobile team No. 3 provided their free medical services in Sa’ada governorate (Al Safraa district).

The medical teams reached a total number of 15116 individuals (5747 girls, 2780 boys, 3485 women, 3104 men).

- A training course was conducted for 5 days for the community volunteers (Amran & Sa’ada) on main health messages.
- 20 health workers were trained in management of outbreak investigation. Furthermore, a training on the Minimum Initial Service Package (MISP) of reproductive health services in emergency was conducted on February 2017 for 20 Midwives from the targeted districts.
- 20 health workers (17 male, 3 female) were trained on outbreak investigation, preparedness and response.

<table>
<thead>
<tr>
<th>Total number of direct beneficiaries</th>
<th>5747</th>
<th>2780</th>
<th>3485</th>
<th>3104</th>
<th>15116</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Emergency Cholera Response Project

Project Period: 01/11/2016 - 28/02/2017  Donor: OCHA  Budget: 406,634$

Project location: Albayda’a (Alsheriah, Mukairas)

Achieved activities:

- NFDHR coordinated with the General Health Office and other Local Authorities in Albayda governorate to set up two Cholera Treatment Centers (CTCs) in the health center of Alsheriah district and the rural hospital of Mukairas district. Each CTC has been prepared to receive both men and women with ensuring women have separate places for admission and treatment in the CTCs.

- During the project period, the medical teams in the CTCs provided their medical services to 1068 individuals suspected and confirmed cholera cases (5747 girls, 2780 boys, 3485 women, 3104 men).
- Incentives were also provided to the Cholera Treatment Centers teams to ensure operating of the CTCs for 24hours/day.
WASH and Health Integrated Response to Cholera Outbreak Project

Project Period: 15/02/2017 - 14/06/2017  
Donor: OCHA  
Budget: 307,482$

Project location: Albayda’a (As Sawma’ah, Az Zahir, At Taffah, Mukayras, Ash Sharyah)

Achieved activities:

- The project has helped the most vulnerable people including women, men, boys and girls in the affected areas to have access to treatment services for AWD/Cholera disease through the Cholera Treatment Centers established earlier in the previous project and extended in this project.

- During the project period, the three medical teams in the CTCs provided their medical services to 9332 individuals suspected and confirmed cholera cases -by rapid test- (2223 girls, 2478 boys, 2581 women, 2050 men)

- Three medical teams were operating as follows:

  1) Fixed medical team in AL Wafa’a health center, Ash Shireya district
  2) Fixed medical team in Makiras hospital, Makiras district
  3) Mobile medical team for areas where patient had difficulties to reach fixed centers, and later on as a response to the emergency call from Al-Bayda’ governorate the mobile team moved and settled in Rada’a Central hospital.

DTCs have received many confirmed cases of cholera epidemic, especially women and children.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Total number of direct beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>2050</td>
</tr>
<tr>
<td>Women</td>
<td>2581</td>
</tr>
<tr>
<td>Boys</td>
<td>2478</td>
</tr>
<tr>
<td>Girls</td>
<td>2223</td>
</tr>
<tr>
<td>Total</td>
<td>9332</td>
</tr>
</tbody>
</table>
Integrated Emergency Response to AWD/Cholera Outbreak Project

Project Period: 01/06/2017 - 30/09/2017  Donor: OCHA  Budget: 700,228$

Project location: Albayda’a (Ash Sharyah, Mukiys, Radaa, Al-Malagem, Al-Radman)

Achieved activities:
- In this project NFDHR established and sustained 5 Diarrhea Treatment Centers (DTCs) with the required health and WASH facilities for management of severe cases by:
  1) Continue to work on the existing two DTCs in Mukayras district (Makiras hospital) and Ash Sharyah districts (AL Waf'a health center).
  2) Establishing new DTCs in Radman Al Awad and Al Malagim districts.
  3) Scaling-up and sustaining work on the DTC in Rada’a district (Rada’ central hospital).
  4) In addition, NFDHR established 15 Oral Rehydration Corners (ORCs) at 15 community and primary health care level for management of mild and moderate cases. The ORCs established in the districts where cases of AWD/Cholera have been reported.

60% percent of the confirmed and suspected cases of cholera epidemic that were received by DTCs & ORCs were children

NFDHR medical team in Radman district, Aug. 2017

One of the health centers in Rada’a district that has been rehabilitated and provided with furniture and equipment in order to provide medical services to the needed people

Health worker during a home visit to one of the suspected cholera cases - Sep. 2017, Al-Bayda’a gov.

Total number of direct beneficiaries

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>10331</td>
<td>9836</td>
<td>7157</td>
<td>6389</td>
<td>33713</td>
</tr>
</tbody>
</table>

2017 ANNUAL REPORT - HEALTH & NUTRITION PROGRAM
Emergency Health Services Project (2017/2018)

Project Period: 01/07/2017 - 30/06/2018  Donor: OCHA  Budget: 750,193$

Project location: Sana’a (Bani Matar), Ibb (As Sayyani), Al-Jawf (Al Maton), Amran (Kharif)

- NFDHR designed this project with an aim to reduce the mortality and morbidity among the most vulnerable groups mentioned above, including IDPs and host communities in the district of Bani Matar in Sana’a, Kharif in Amran, As Sayyani in Ibb, and Al Maton in AlJawf, which are considered priority districts according to UNOCHA.
- 12 health facilities are supported with medicines, medical supplies, and incentives for 4 Health Workers (Medical doctor Assistant, Midwife, Nurse, Cleaner), the supported Health Facilities as follows:

  **Sana’a governorate, Bani Matar district**
  1) Al-Qaleas Health Center
  2) Al-Morahtha Health Unit
  3) Mahdah Health Unit

  **Ibb governorate, As Sayyani district**
  1) Al-Sayani Health Center
  2) Al-Damegh Health Center
  3) Al-Zraeb Health Unit

  **Al-Jawf governorate, Al Maton district**
  1) Al-Maton Health Center
  2) Al-Kwasema Health Unit
  3) Al-Qasabah Health Unit

  **Amran governorate, Kharif district**
  1) Kanet Health Center
  2) Bait Zawd Health Center
  3) Naad Health Unit

- Two training courses were conducted on “Emergency Obstetric Care Services (EmOC)”, and “Integrated Management of Childhood Illness (IMCI)” for 43 health workers.
- Furniture and equipment were provided for the targeted 12 health facilities.
- The project is mainly implemented directly by NFDHR, with minor support from four sub-implementing partners: (Mobaderon Foundation in Ibb, Alkhair Triangle Foundation in Al Jawf, Sawaed Foundation for Development in Sana’a, Mozn Charitable Foundation for Development in Amran). These partners are helping in monitoring and following-up of project activities through field visits, but the main purpose of their support will be to build their capacity and establish their presence within the targeted communities for further partnership and impact in future projects.
- The project is still in progress and will end in June 2018.

Providing primary health services in Al-Qaleas Health Center, Bani Matar district, Sana’a, gov.

Providing furniture and medical equipment helped the health facilities to provide good quality health services to communities.

**Total number of direct beneficiaries**

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7397</td>
<td>7341</td>
<td>7934</td>
<td>12258</td>
<td>34930</td>
</tr>
</tbody>
</table>
Health and WASH Integrated Response for IDPs and those Most Vulnerable to Cholera in Al Bayda Governorate

Project Period: 01/12/2017 - 30/06/2018  Donor: OCHA  Budget: 750,490$

Project location: Albayda’a (Ash Sharyah, Rada’a, Radman Al Awad, Al Bayda City, Mukayras)

The project was designed with an aim to improve access to integrated cholera response interventions for those most vulnerable (IDPs, women, children and Cholera survivors) in Al Bayda governorate. This project is summarized through the following activities (Health sector):

- Continue supporting 4 DTCs for 6 months in Mukayras districts (Makiras hospital), AshSharyah district (AL Wafa’a Health Center), Radman Al Awad districts (Alsheed Alawadi Hospital) and Rada’a district (Rada’ Central Hospital).
- Continue supporting 12 ORTCs for 6 months. The ORCs established in the districts where cases of AWD/Cholera have been reported.
- Provide necessary medicines and equipment for the 4 DTCs and 12 ORTCs.
- Support 2 health facilities in Al Bayda City with essential drugs, medical supplies and training on EmOC to provide minimum services package.
- Support 109 healthcare service providers financially (65 in the DTCs, 36 in ORCs and 8 in HF).

The project is still in progress and will end in June 2018.

NFDHR teams are working 24/7 to providing health services in the DTCs and ORCs.

Total number of direct beneficiaries

Until December 31, 2017

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>703</td>
<td>861</td>
<td>1383</td>
<td>1575</td>
<td>4522</td>
</tr>
</tbody>
</table>
2017 IN NUMBERS

Number of beneficiaries from health services (public health services & cholera treatment services)

**Host Communities (HCs):**

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCs</td>
<td>17496</td>
<td>18021</td>
<td>15179</td>
<td>18880</td>
<td>69576</td>
</tr>
</tbody>
</table>

**Internally Displaced People (IDPs):**

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDPs</td>
<td>6,312</td>
<td>6,251</td>
<td>6,932</td>
<td>9,588</td>
<td>29083</td>
</tr>
</tbody>
</table>

Number of Health Workers whose Capacity has been built

<table>
<thead>
<tr>
<th></th>
<th>Male HW</th>
<th>Female HW</th>
<th>Training subject</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>17</td>
<td>3</td>
<td>Outbreak Investigation training</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>20</td>
<td>Minimum Initial Service Package (MISP) of reproductive health services in emergency</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>12</td>
<td>Health messages training for community volunteers</td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>6</td>
<td>Integrated Management of Childhood Illness (IMCI)</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>19</td>
<td>Emergency Obstetric Care Services (EMOC)</td>
</tr>
<tr>
<td></td>
<td>47</td>
<td>60</td>
<td>Total</td>
</tr>
</tbody>
</table>

Number of conducted health promotion awareness sessions

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Amran</td>
<td>118 awareness sessions</td>
</tr>
<tr>
<td>Sa’ada</td>
<td>40 awareness sessions</td>
</tr>
<tr>
<td>Al-Bayda’a</td>
<td>1,149 awareness sessions</td>
</tr>
</tbody>
</table>

Total of 1,307 awareness sessions
### Number of beneficiaries from health promotion awareness sessions

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>6,557</td>
<td>6,811</td>
<td>6,699</td>
<td>6,028</td>
<td>26,095</td>
</tr>
</tbody>
</table>

### Number of Health facilities rehabilitated and/or furnished and equipped

- Amran: 7
- Sa’ada: 1
- Al-Bayda’a: 9
- Al-Jawf: 3
- Ibb: 3
- Sana’a: 3

**Total: 26**

### Number of operated Health teams/clinics

- Amran: 5
- Sa’ada: 1
- Al-Bayda’a: 14
- Al-Jawf: 3
- Ibb: 3
- Sana’a: 3

**Total: 29**
Financial grants disbursed

1,723,962 $
WHO WE SERVE?

The Health and Nutrition Program is one of the main programs at NFDHR in terms of funds and implemented activities. Since its establishment in 2013, the program has been providing services to a number of targeted groups which are:

**Poor and Vulnerable Groups:**
During 2017 medical and cholera treatment services were provided to poor and vulnerable groups in the targeted communities (Host Communities), total of 69,576 individuals (17,496 men, 18,021 women, 15,179 boys, 18,880 girls) were served.

**Internally Displaced People (IDPs):**
Because of the war in Yemen, many people abandoned their homes and moved to other places for shelter, even temporarily. These groups found in the targeted areas of the health and nutrition programs benefited from the services provided by our field teams reaching total of 29,083 individuals (6,312 men, 6,251 women, 6,932 boys, 9,588 girls) which benefited from these free services.

**Women and Children:**
Women and Children are among the most vulnerable groups and are disproportionately affected by the conflict. The Health and Nutrition Program during 2017 provided many special services to women and children such as reproductive health services and children vaccinated.

**Other in Need Groups:**
Returnees, Refugees, Migrants, and Marginalized groups were targeted indirectly through the program’s interventions. In 2017, more than 1 million people have returned from displacement to their places of origin. Furthermore, the total asylum-seeker and refugee population is 280,395 and an estimated migrant population in Yemen of 154,675.

**Health Workers:**
During 2017, NFDHR’s health and nutrition program trained 107 health workers (47 male, 60 female) working in public health facilities in order to build their capacity in many fields to ensure high quality health services in the public health facilities.
CHALLENGES AND DIFFICULTIES

The health and nutrition program faced many challenges and difficulties during the implementation of their activities in 2017, the main challenges and difficulties includes:

**Shortage of medicines and supplies:**
Because of the current crises in Yemen, there were many difficulties in securing the required quantities of medicines and medical supplies needed by the medical teams, due to lack of availability of some medicines and supplies and the high prices for other varieties. This has made the program represented by the logistics unit to look for more than one supplier in order to get the necessary quantities of medicines and supplies at the specified time to provide them to the medical teams in the field.

**Difficult to hire qualified health workers:**
There were some difficulties in finding qualified health workers in some of the targeted districts, this was a big challenge for the program which could have led to the suspension of providing medical services in some targeted areas. Coordination was conducted with health offices at the time in order to find alternative qualified health workers from other districts to ensure the continuing provision of medical services despite difficulties to convince some of them to work in these areas.

**Difficulties in cash transfers:**
Due to the financial problems that banks and financial service centers are facing because of the current crises in Yemen and the instability of the exchange rate of the Yemeni Riyal against USD and the lack of money liquidity in some banks. The program faced some problems in transferring the salaries and payments of workers and suppliers on time. Moreover, the delay of sending the financial grants from donors made the program face difficulties in paying financial obligations to other parties.

**Complicated security situation:**
The unstable security situation is currently one of the most frequently discussed topics in health program meetings. This makes the work of the medical teams and the rest of the health program staff in the target areas somewhat difficult as most of the target areas are in the cycle of armed conflict or air strikes. On the other hand, NFDHR endorses a safety and security manual for its staff movement and project implementation to ensure safe and equal access to assistance among the project’s target groups.
2017 ACHIEVEMENTS VS. NFDHR 2020

As part of the strategic plan of NFDHR (NFDHR 2020), -which was formulated by the end of 2016- strategic goals, outcomes, outputs and performance indicators have been set for all NFDHR’s programs in order to be achieved by the end of the year 2020. Here we will compare what has been achieved so far from the Health and Nutrition Program by comparing 2020 strategy target goals with 2017 achievements.

**Program strategic goal** | Strengthened & Healthier Communities
---|---

**NO. 1**

**Outcome:** Sustain the access to primary health care, nutrition and maternal and child health.

**Output:** Provide integrated essential health and nutrition services including CMAM, primary, maternal, and child care.

**Key Performance Indicator:** # of patients (disaggregated by age and sex) provided with healthcare and nutrition services.

<table>
<thead>
<tr>
<th>Target 2020</th>
<th>Planned 2017</th>
<th>Achieved 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>180,000 individuals</td>
<td>45,000 individuals</td>
<td>98,659 individuals</td>
</tr>
</tbody>
</table>

**NO. 2**

**Outcome:** Strengthen the local capacities for better quality health and nutrition services.

**Output:** Strengthen healthcare providers’ capacities to provide quality maternal, newborn and child healthcare and nutrition interventions for those most vulnerable.

**Key Performance Indicator:** # of health professionals trained (disaggregated by age and sex).

<table>
<thead>
<tr>
<th>Target 2020</th>
<th>Planned 2017</th>
<th>Achieved 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>400 health and nutrition staff</td>
<td>100 health and nutrition staff</td>
<td>107 health and nutrition staff</td>
</tr>
</tbody>
</table>

**NO. 3**

**Outcome:** Support healthcare and nutrition interventions at health facility and community levels.

**Output:** Support the health system by providing more sustainable health interventions at the health facility and community levels.

**Key Performance Indicator:** # of health facilities rehabilitated and re-equipped.

<table>
<thead>
<tr>
<th>Target 2020</th>
<th>Planned 2017</th>
<th>Achieved 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 health centers</td>
<td>8 health centers</td>
<td>26 health centers</td>
</tr>
</tbody>
</table>

Through the previous tables, it is noted that Health and Nutrition Program achieved and exceeded the 2017 indicators, thus demonstrating the ability of the program to plan and implement projects effectively, which attracts the trust of donors to obtain other grants in order to serve more people.
The habitants of Rada’a city and those near it were petrified after rumors of Cholera outbreak in Rada’a city. Within days, Rada’a’s Central Hospital received hundreds of AWD cases. This number of cases exceeded the hospital’s capabilities. NFDHR’s mobile health teams were working in As sharia and Mukiras districts at the time, treating Cholera and AWDs cases, when they heard of the outbreak in Rada’a city, they answered the local authorities plea. On May 7th, 2017 the mobile teams were working as a fixed team in Rada’a’s central Hospital. Every day, the hospital receives 30-40 cases suffering of cholera or AWD, most of which are bedded in the ICU.

NFDHR had to double the number of the health team which now consists of two doctors, a pharmacist, six health workers, and two janitors. This team works 24/7 to treat cholera and AWDs cases for free. More than 8,000 IVs, cholera medications, and other types of medications like antibiotics were provided by NFDHR to the hospital.

NFDHR’s health team quick response to the outbreak made a huge difference, they treated more than 799 AWD and cholera suspected cases until May 31st, 2017. Rada’a’s Central Hospital is now the most important and well-known hospital in Albayda governorate after acquiring the people’s trust in treating AWD cases and providing other health services.
Eight-year-old Ghadir Al-Riamy, from Al Bayda, was infected with cholera. Day and night, she suffered acute watery diarrhea and constant vomiting. One night, when her symptoms were particularly bad, her family could not take her to the hospital due to a lack of transportation and mountainous, remote location. Nevertheless, her family eventually got her to a diarrhea treatment center (DTC) the next morning at the Rada’a Central Hospital.

Ghadir was already in acoma when she arrived, and her body showed symptoms of dehydration and fatigue. NFDHR’s DTC team gave her IV fluids and shock therapy right away and monitored her until she reached a healthy status of rehydration. The medical team knew she was in a critical condition, so they worked quickly to try to save her life and help her regain consciousness. After stabilizing her, the team took blood and stool samples to test for and confirm cholera, and when Ghadir stopped vomiting she was given oral rehydration solutions (ORS) and antibiotics. She then remained under observation for two more days until all her symptoms stopped. Thankfully, the DTC medical team saved the little girl’s life, and Ghadir left the center fully recovered, ready to return home happy and healthy with her family.
Success Story

Al-Awadi Hospital in Radman District (Al-Bayda’a gov.)
Resumes its Services to Patients

October, 2017 - Adel Othman

Al-Shaheed Al-Awadi Hospital in Radman serves more than 27,000 people in the Radman district, and many residents from the neighboring districts of Ash Sharyah, Al-Sawadiya and Mukayras, but because of the economic situation and the interruption of salaries, the Hospital was forced to stop providing services in March 2017.

Ahmed Ali al-Awadi, the Director of the hospital explains, "We used to have a medical team that provided primary healthcare, radiation, dental, laboratory and other services, but because of the war and lack of salaries, we gradually stopped providing such services until we had no more staff. Our last doctor left early last March."

After three months of being closed down, the National Foundation for Development and Humanitarian Response (NFDRH) intervened through cholera activities in the Radman district, as part of its plan to eradicate the cholera epidemic in Al-Bayda.

NFDRH has been working to rehabilitate the hospital, by providing it with furniture, essential equipment and medicines, and even helped opened a treatment center for acute water diarrhea (AWD/ Cholera) as part of the project’s integrated activities in the emergency response to the cholera epidemic. It also provided medical staff and health workers monthly incentives as a salary alternative.

In June 2017, Al-Shaheed Al-Awadi Hospital finally resumed its activities and has been open 24 hours a day to receive patients with severe acute water diarrhea and other medical needs.

The reopening of the hospital was met with great satisfaction by local authorities and community leaders in the directorate. The hospital has also been witnessing an increasing number of patients wishing to receive free medical services, not only for treating AWD/ Cholera, but also for internal medicine, child health care and other primary care services.

Ahmed Al Awadi, the director of the hospital, said that NFDRH’s intervention and direct contribution to the re-opening and operation of the hospital has had a positive impact on the provision of primary health care services for its catchment population, which is over 27,000.

Also, Al-Awadi added, "We are grateful that the National Foundation for Development and Humanitarian Response helped us to operate the hospital and rehabilitate our AWD/Cholera department to treat acute water diarrhea. We are also grateful that they provided medical staff and medicines, so that we can receive between 40-50 cases daily for Integrated health."

He praised the Foundation and its efforts in combating the cholera epidemic in the Radman district, and for their role in fighting against acute water diarrhea (AWD/ Cholera). The epidemic could have been exacerbated and difficult to control if NFDRH had not intervened in this regard. Al-Awadi expressed his hope that the Foundation will continue to support the hospital, to include the rest of the medical departments and provide other types of medicines, especially in light of the country’s state of war and the hospital’s inability to provide operating expenses and staff salaries.
Success Story

Almas back to life

October, 2017 - Adel Othman

After 3 days of AWD infection and severe vomiting, Almas Yousef AlAwi AlHujari was taken to the DTC managed by NFDHR in Rada’a District (Al-Bayda government). In the mid night of 14th September 2017, Almas aged 1 year, arrived to the center and she was about to die.

Dr. Murad Al-Shaaibi described her case "Almas was in a coma, her organs were about to stop and her heartbeats could not be detected". She was suffering of severe dehydration due to the liquid loss. Almas’s father stated that her situation was very dangerous, she was fighting death and he thought that she lost hope to came back to life.

As Almas was in the center, and while being examined by the doctor, her father and all working staff were hoping that she can be saved, at the same time they were scared of doctor’s announcement of her death at any moment. Severe dehydration caused shrinkage of her veins. The medical team suffered in putting the IVs in her right hand where they urgently put tubes in her nose to her stomach to fill it with glucose for feeding her up.

After 5 minutes of arriving to the center, the medical team gave her shock medications. However, her body refused them, so the doctor had to apply more shock medications in accordance to her weight according to World Health Organization standards. The doctor prescribed two other vein lines in her legs, to compensate the liquid lose from her body. Moreover, after one hour, she started getting better and her heartbeats started to get back to normal. The doctor gave her medicine to stop vomiting. After two hours the rapid test was made and the result was positive.

Almas was taken to the center from Al Hajari village (Al-Sharya district) – which is infected by Cholera- she was isolated in a room and provided with solutions and antibiotics. Almas was provided with medical care all day and night and on the next morning 15/9/2017 she was feeling much better and she started taking oral solutions. She stopped vomiting but she was still having Diarrhea where immediately she was taken to DTC (Diarrhea Treatment Center) for 3 days where she took all needed medical services for free.

Almas arrived to her home with her father after fully recovering. The medical team trained her family how to deal with infected person and gave them recommendations of how to prevent Cholera/AWD. After 2 days from getting out of Rada’a hospital, her doctor Murad AlShaaibi followed her up to her house to examine her case. And there NFDHR’s media team decided to follow him up to her house- which is 25 kilo meter far away from Rada’a- to document her case.

Dr. AlShaaibi stated "I felt so happy when arriving at Alma's house looking at her playing with her brothers in the yard. When I examined her and found out that she was totally cured from Cholera, It was one of my happiest moments" Those were difficult times to the family when they had to take their little daughter to DTC (Diarrhea Treatment Center) to be treated. In the first hours they were losing hope as their daughter where hardly trying to survive. However, God support and Dr. AlShaaibi experience in dealing with such case and quick response, Almas smile and happiness was back again.
LOOKING FORWARD (2018 PLAN)

22.2 million people in Yemen now require some kind of humanitarian assistance, including 11.3 million who are in acute need. These figures indicate that needs have risen by 7% compared to the 2017 Periodic Monitoring Report released in June, and the number of people in acute need has risen by 15%.

Furthermore, with only 50% of health facilities fully functional, and a disruption of salaries paid to health personnel, 16.4 million people in Yemen require assistance to ensure adequate access to healthcare – 9.3 million of whom are in acute need. The overriding humanitarian need is accessible to minimum healthcare for people whose lives are at risk due to illness or injury. The latest cholera outbreak has underscored the impact of the failing health system. An estimated 1.8 million children are acutely malnourished, including an approximate 400,000 suffering from Severe Acute Malnutrition (SAM). At least one child dies every ten minutes in Yemen because of preventable diseases such as diarrhea, malnutrition and respiratory tract infections. The 2017 cholera outbreak in Yemen most affected children, with over 57% of suspected cases reported among children under 18 years. (Source: Yemen humanitarian needs overview 2018)

Thus, the Health and Nutrition Program at NFDHR is committed to serving the needs of the most vulnerable, displaced, and people in need of health services, in partnership with donors from international organizations, and in partnership with some local organizations. This comes in line with the goals and plans of Yemen Health Cluster. Continuously, the program conducts surveys and assessments to identify the needs of people in the health sector in the targeted areas or planned to be targeted and therefore interventions are implemented to provide these needs, which comes in coordination with local authorities, health offices in governorates, and ministry of health.

To achieve the objectives of NFDHR 2020 strategy, the Health and Nutrition Program has developed 2018 plan with ensuring achievement of these objectives. To achieve 2018 objectives, these key indicators have been selected in order to be achieved by the program during the year 2018:

- 45,000 of patients provided with healthcare and nutrition services.
- 100 of health professionals trained.
- 8 health facilities rehabilitated and re-equipped.
- 750,000$ of financial grants to be obtained.
PROGRAM CORE TEAM

Behind every success there is a great team!

Dr. Abdulwhab Zinah
Program Manager
azainah@nfdhr.org

Dr. Mohammed Al-tabeeb
Project Coordinator
mtabeeb@nfdhr.org

Tariq Mohey Al-Dein
Senior MEAL Officer
tariqmohey@nfdhr.org

Dr. Manal Sheryan
Public Health Officer
msheryan@nfdhr.org

Mona Al-Sarari
Cholera Projects Coordinator
malsarari@nfdhr.org

Bilal Salah
Pharmacist
bamenteed@nfdhr.org

Faysal Grad
Project Coordinator
fgarad@nfdhr.org

Asker Hammed
Logistic Officer
ahammed@nfdhr.org

Tahani Alkadasi
Logistic Officer								talkadasi@nfdhr.org

Mohammed Rajeh
Finance Officer
mrajeh@nfdhr.org

Faysal Sharwan
Data Entry
fsharwan@nfdhr.org

Buthaina Al-Shaibani
Program Assistant
bshaibani@nfdhr.org
THANKS!

Thanks to the core team who works on planning and managing the implementation of activities to ensure that assistances reach people in need!

Thanks to our field teams Who work continuously to the provision of free medical services to the beneficiaries despite all the difficulties they face every day!

Thanks to all the local authorities who contribute to facilitating the program’s tasks in implementing its interventions in the targeted areas!

Thanks to all volunteers who work very hard for their contribution to the implementation of the activities of the program!

Thanks to donors for their trust and funding for the interventions!

Thanks to Health Cluster for their great efforts in coordinating humanitarian interventions in Yemen!

Thanks to the local partners for their contribution to the follow-up of activities in the field!