



الوصول الإنساني
HUMAN ACCESS

Report of
Health Needs Assessment

Al Mudaffar, Salah & Al Misrakh Districts of Taiz

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Prepared by

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<https://humanaccess.org>

1. Background

In 2024, approximately 17.8 million individuals in Yemen will require health assistance, including 3.2 million IDPs. Yemen has the double burden of disease and armed conflict. The most vulnerable groups include IDPs, children, women, the elderly, individuals with disabilities and mental health conditions, marginalized communities, and those affected by conflict-related injuries. 5.5 million women of reproductive age, including pregnant and lactating women, especially in rural and frontline districts, have challenge accessing reproductive health services. Health care workers remaining in the public sector following conflict-related “brain drain” out of the country and to the private sector are not receiving adequate remuneration for their services (HNO, OCHA January 2024).

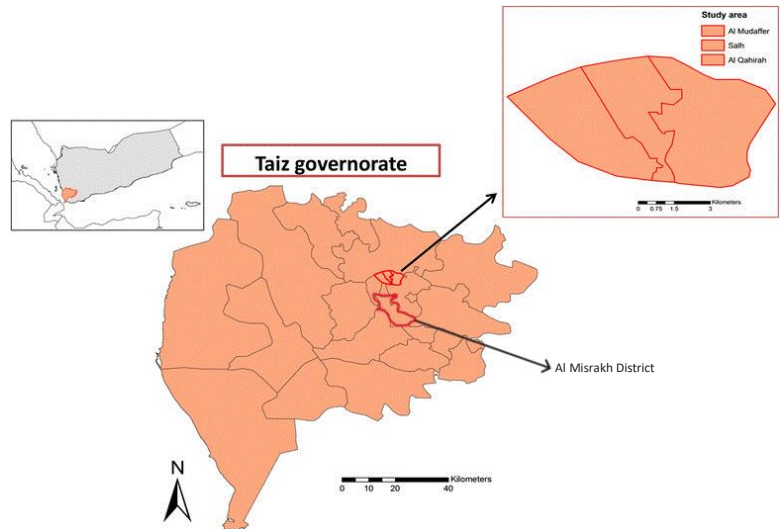


Figure 1: Al Mudaffar, Salah & Al Misrakh districts of Taiz governorate.

The health situation in Al Mudaffar, Salah & Al Misrakh districts of Taiz governorate is acutely in need. These districts are located in close proximity to conflict frontlines. 95 per cent of the internally displaced people (IDPs) living there and up to 83 per cent of the host communities in these districts need urgent humanitarian assistance. Based on the JIAF inter-sectoral analysis, while **Al Misrakh** district is reporting **severity four**, the districts of **Al Mudaffar and Salah** are the top districts of Taiz governorate reporting **severity five**, which is the highest severity score indicates dire humanitarian crisis in the aforementioned districts (HNO, OCHA January 2024). People in Need (PiN) in these overcrowded districts are markedly vulnerable due to:

- Huge **health** PiN: Al Mudaffar 121.1K, Salah 61.1K, and Al Misrakh 86.3K; total 268.5K (Yemen PiN 2024).
- The high **GAM** rate: Al Mudaffar 13.7%, Salah 14.8, and Al Misrakh 12.8% (Nutrition Cluster).
- Large number of **IDPs**: Al Mudaffar 55.7K, Salah 35.98K, and Al Misrakh 13.4K; total 105.1K (OCHA).
- The 1st peak of **AWD/Cholera** outbreak wave was in W30 and the 2nd peak was in W35. The outbreak still hitting reached 2017 cases in Al Mudaffar with the highest attack rate: 121.73 in 10K people. The second-high attack rate reported in Salah: 43.97 in 10K people (eIDEWS). AWD/Cholera eIDEWS’s report shows 3 deaths from Al Mudaffar and 4 deaths from Al Misrakh in 2024.
- The peak of **Dengue fever** trend was in W36. The cases still recording reached 883 cases in Al Mudaffar during 2024 with the highest attack rate: 53.29 in 10K people (eIDEWS).
- Moreover, the governorate's **Mental Health Hospital** is located in Al Mudaffar district serving monthly ~800 people from deferent governorates of Yemen with no support in medicines or operational costs.

The purpose of this needs assessment is to explore the health needs of the IDPs and the host communities in Al Mudaffar, Salah & Al Misrakh districts.

2. Method

The data was collected by HUMAN ACCESS health coordinator in Taiz governorate through interviews with key informants: the district health officer (DHO) of each district. This was done in coordination with Taiz governorate health officer (GHO) and Al-Turba sub-national health cluster (SNHC). The tool used for data collection was the Health Cluster's tool of Health Needs Assessment.

3. Findings

- The topographic characteristic of Al Mudaffar, Salah & Al Misrakh is mostly mountain and valley. Al Mudaffar and Salah are an urban districts involving 60 areas for each, and forming with Al Qahirah district the three districts of Taiz city, where is the paved roads and easy access to all areas. However, Al Misrakh is a rural district involving 12 sub-districts and 87 villages.
- Al Mudaffar district involves a large number of IDPs, 55,700 persons, in houses and 21 sites with total population 244,530 individuals. Population of Salah district is 133,705 individuals involving 35,976 IDPs in houses and 15 sites. There are 13,438 IDPs in houses and 4 sites of Al Misrakh district, where the population is 155,316 individuals.
- There is a piped water and piped sewer system in Al Mudaffar district but partially in Salah district and the main sources of water are wells and tanker-trucks. Hence, there is no open defecation in both districts. On the contrary, the main sources of water in Al Misrakh district are wells and rainwater collections. There is no piped water or sewer system, and open defecation is practiced. However, the public electricity is not available in all districts.
- The dominant health issues in Al Mudaffar and Salah districts are the acute malnutrition and outbreaks. The most common morbidity and mortality in children under 5 years are in order: acute malnutrition, measles, diarrheal diseases, malaria, and acute upper respiratory tract infections (URTI).
- In Al Mudaffar district, there are 1 Referral Hospital (Mental Health Hospital), 1 District Hospital (DH), 2 Maternal & Child Health (MCH), and 5 Health Centers (HCs) including Leprosy Center. No Health Unit (HU). Nevertheless, Salah district involves 1 Referral Hospitals, 3 HCs, and 1 HU. Al Misrakh district involves 1 DH, 1 MCH, 8 HCs, and 13 HUs.
- In all districts, the assessment finds that the allowances for Health Workers (HWs), medicines, supplies, and operational costs for health facilities (HFs) are most commonly provided by non-governmental organizations (NGOs). There is ongoing support for reproductive health services in Al Misrakh DH by HUMAN ACCESS, which funded by UNFPA. The MAM services are covered in almost all HFs by HAD that funded by WFP.

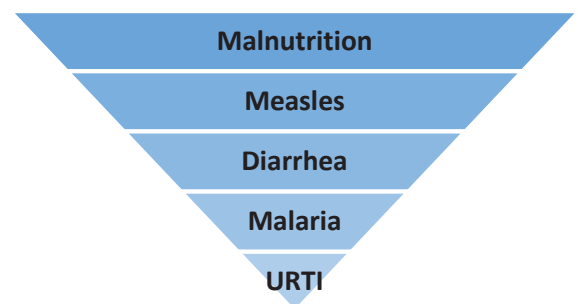


Figure 2: The most common morbidity and mortality in children under 5 years. (URTI: Upper Respiratory Tract Infection)

Table 1: Number and type of public health facilities (HFs) at the district level according to the providing service.

#	Governorate	District	Referral/General hospital (RH/GH)	District hospital (DH)	Maternal & Child Health (MCH)	Health Center (HC)	Health Unit (HU)
1.	Taiz	Al Mudaffar	1 (Mental H)	1	2	5	0
2.	Taiz	Salah	1 (Al-Thawrah GH)	0	0	3	1
3.	Taiz	Al Misrakh	0	1	1	8	13
	Total		2	2	3	16	14

▪ **The most important constraints noted in these districts are:**

- The huge need for medicines and supplies, inadequate remuneration for HWs, and scarcity of operational funds for HFs are handicapped staff to provide quality service to the fullest extent, reflected in the level and quality of health care.
- Leakage of HWs from public HFs to private clinics or outside the governorate in search of a better income. On the other hand, the large number of IDPs and people coming from the DFA to IRG areas seeking for better socio-economic situation add more burden on the fragile health system.
- The lack of financial resources allocated for rehabilitation and training of human cadres.
- There is no district hospital in some districts with the poor infrastructure of the existing health centers.
- Some areas are on the frontlines of conflict, and some health facilities are still within rental buildings.

4. Recommendations

- Provide allowances for health workers (HWs) and ensure providing quality health care services covering the huge needs particularly in the districts that receiving large numbers of IDPs.
- Support health facilities (HFs) with operational cost and essential medicines and supplies including Infection Prevention & Control (IPC) materials to enhance health system in response to outbreaks.
- Installing and operating consultation corners for infant and young child feeding (IYFC) to promote safe and healthy practices and prevent children under 5 and pregnant and lactating women (PLW) from acute malnutrition.
- Refresh training for HWs on Case Management, Outbreaks, and IPC to contribute in strengthening health system.
- Enhance the resilience among the local community and IDPs through conducting capacity and skill development for women and men community health volunteers (CHVs) to lead a social behavior change and promote health and hygiene between their people and communities.

5. Appendices

- Data Collection tool: Health Needs Assessment Tool of National Health Cluster (NHC).
- Coordination email with SNHC.
- Coordination letter of GHO.

6. Data Availability

- eIDEWS: [Microsoft Power BI](#)
- Nutrition Cluster Dashboard: [Microsoft Power BI](#)
- HNO: Issued by OCHA in January 2024
- Data available on request from HUMAN ACCESS

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