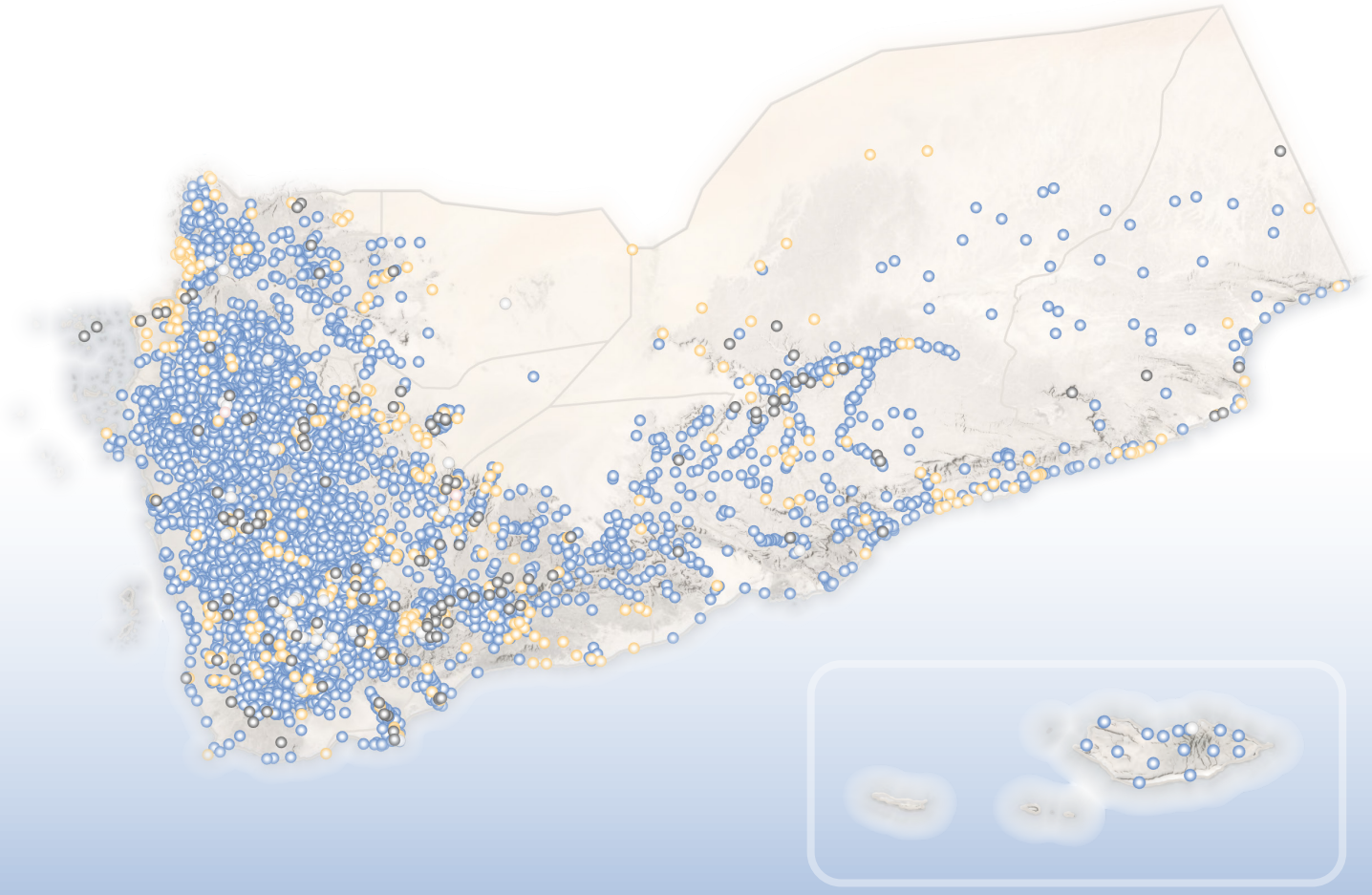
# HeRAMS Yemen

## *Summary update report*

AUGUST 2025



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

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# HeRAMS Yemen
# Summary update report
# August 2025

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

Ministry of Public Health & Population

وزارة الصحة العامة والسكان

GDHIR

World Health Organization

HeRAMS
Health Resources and Services Availability Monitoring System

WORLD BANK GROUP

# ACRONYMS

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

# TABLE OF CONTENTS

# DISCLAIMER

Disruptions to health systems can impede provision of and access to essential health services. Communities' vulnerability to increased morbidity and mortality substantially increases when a lack of reliable information prevents sound decision-making, especially in rapidly changing environments that require continued assessment. The Health Resources and Services Availability Monitoring System (HeRAMS) aims to provide decision-makers and health stakeholders at large with vital and up-to-date information on the availability of essential health resources and services, help them identify gaps and determine priorities for intervention.

HeRAMS draws on the wealth of experience and knowledge gathered by the World Health Organization (WHO) and health sector actors, including nongovernmental organizations, donors, academic institutions and other technical bodies. It builds on a collaborative approach involving health service providers at large and integrates what is methodologically sound and feasible in highly constrained, low-resourced and rapidly changing environments such as humanitarian emergencies. Rapidly deployable and scalable to support emergency response and fragile states, HeRAMS can also be expanded to - or directly implemented as - an essential component of routine health information systems. Its modularity and scalability makes it an essential component of emergency preparedness and response, health systems strengthening, universal health coverage and the humanitarian development nexus.

HeRAMS has been deployed in Yemen since 2017 and has allowed for the assessment of 5503 health service delivery units (HSDUs) across the country. The process is led by the General Directorate of Information and Research of the Ministry of Public Health and Population. They coordinate a network of 485 data contributors at the district level , responsible for regularly updating HeRAMS. Thus, ensuring the continuous monitoring of availability of essential health services and resources and the timely reporting of observed changes.

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

This report provides an update on the HeRAMS Summary report - February 2024[1] and is based on data reported up to 31 August 2025. It offers a summary analysis of the operational status of HSDUs, availability of essential amenities and health services. Furthermore, main barriers impeding availability of basic amenities or health services are systematically included throughout the report. It is imperative to underscore that the deployment of HeRAMS is ongoing, including data verification and validation. Hence, this analysis is not final and was produced solely for the purpose of informing operations.

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

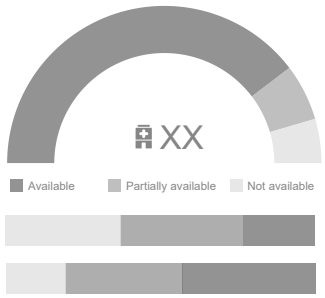
To gain a more comprehensive understanding on the current and historical context, previously published HeRAMS reports[2] are available on the WHO HeRAMS initiative website (https://www.who.int/initiatives/herams). For additional information, please contact herams@who.int.

[1] **HeRAMS Yemen Summary Report February 2024:** A comprehensive mapping of availability of essential services and barriers to their provision; 2024, https://www.who.int/publications/m/item/herams-yemen-summary-update-report-2024-02

[2] **HeRAMS Yemen Baseline Report 2023**
HeRAMS Yemen baseline report 2023 - Operational status of the health system: A comprehensive mapping of the operational status of health facilities; 2023, https://www.who.int/publications/m/item/herams-yemen-baseline-report-2023-operational-status-of-the-health-system

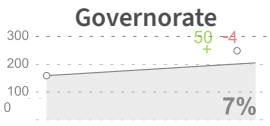
# INTERPRETATION GUIDE

## Availability




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


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

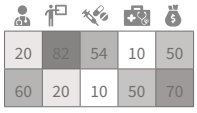



**Trend lines** of core indicators illustrate changes in the availability by governorates between December 2022 and August 2025, with data points corresponding to the latest available information as of 31 December 2022, 31 December 2023, 31 December 2024, and 31 August 2025. The line represents the number of HSDUs where an indicator was available up to the standard. Small labels in green and red highlight the number of HSDUs where the situation has improved or deteriorated, respectively. To underscore the current status, the graphic includes a label indicating the present proportion of HSDUs where the indicator is available. Consequently, these charts do not account for changes from *partially available* to *not available*.

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

## Barriers


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




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

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

## Basic amenity types

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

# AT A GLANCE...

**5696**
HSDUs tarteged

144 Permanently Closed
47 Planned
2 No data

**5503** HSDUs

## Building condition

4970 Not damaged
442 Partially damaged
88 Fully damaged
3 Not relevant

## Equipment condition

4667 Not damaged
595 Partially damaged
222 Fully damaged
19 No data

## Functionality

3264 Fully functioning
1913 Partially functioning
238 Non-functioning

## Accessibility

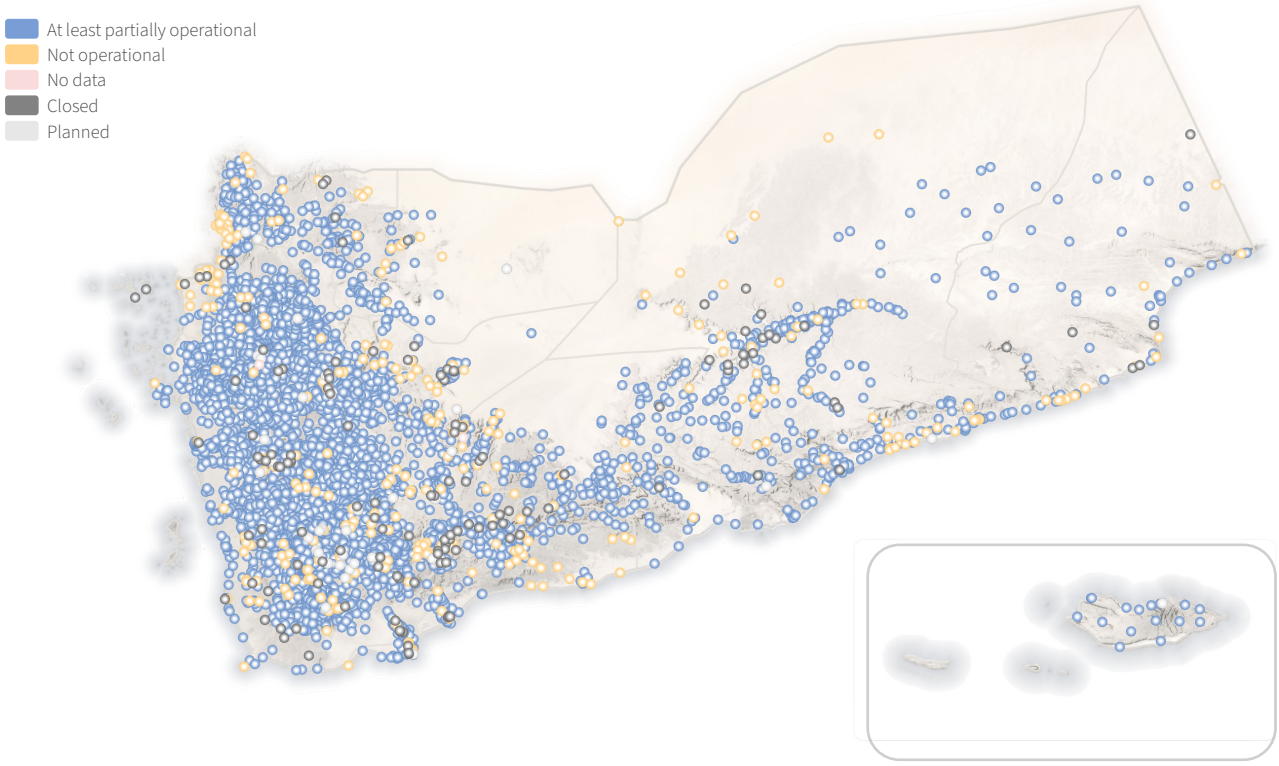
3898 Fully accessible
1277 Partially accessible
2 Not accessible


HSDUs at least partially operational
(out of 5503 HSDUs assessed)

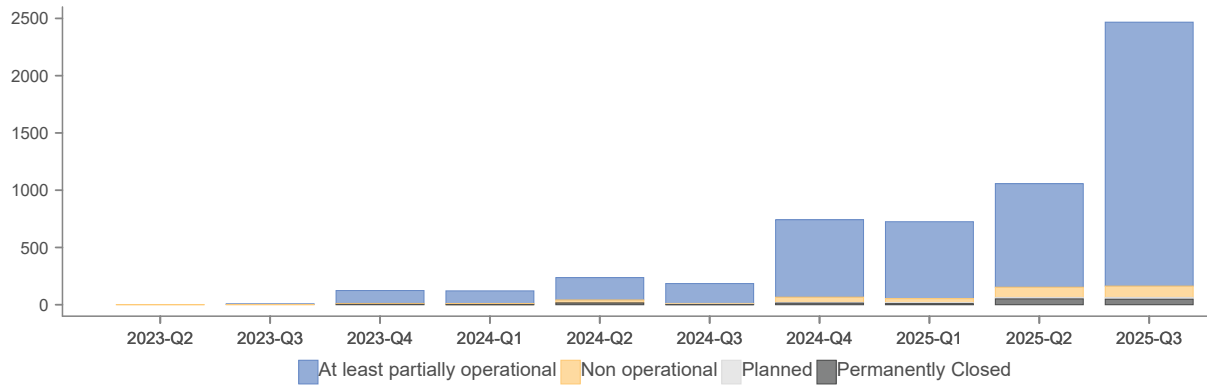
* HSDUs (Health Service Delivery Units) reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as non-operational. Consequently, reporting ends upon confirmation of an HSDU's non-operational status.

** Due to the dynamic state of the health systems, HSDUs not submitting any new updates since January 2023 were considered as "No data".

## Geographic distribution of HSDUs




## Last date of update per HSDU



## Distribution of HSDUs by type and governorate

| | Referral Hospital | | | | | Inter-district Hospital | | | | | District Hospital | | | | | Health center | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **GOVERNORATE** | O | N/O | N/D | C | P | O | N/O | N/D | C | P | O | N/O | N/D | C | P | O | N/O | N/D | C | P |
| ABYAN | 1 | - | - | - | - | 1 | - | - | - | - | 8 | - | - | - | - | 28 | 2 | - | 1 | - |
| AD DALI' | 2 | - | - | - | - | - | - | - | - | - | 10 | - | - | - | - | 50 | - | - | 2 | - |
| ADEN | 4 | - | - | - | 1 | 1 | - | - | - | - | 1 | - | - | - | - | 43 | 6 | - | - | - |
| AL BAYDA | 1 | - | - | - | - | 1 | - | - | - | - | 8 | 1 | - | 1 | - | 53 | 2 | - | 1 | - |
| AL HODEIDAH | 3 | - | - | - | - | 4 | - | - | - | - | 13 | 1 | - | - | - | 87 | 2 | - | 1 | - |
| AL JAWF | 2 | - | - | - | - | - | - | - | - | - | 3 | - | - | - | - | 18 | 1 | - | - | - |
| AL MAHARAH | 2 | - | - | - | - | 1 | - | - | - | - | 3 | - | - | - | - | 9 | - | - | 2 | - |
| AL MAHWIT | 1 | - | - | - | - | 1 | - | - | - | - | 6 | - | - | - | - | 11 | - | - | 1 | - |
| AMRAN | 2 | - | - | - | - | 4 | - | - | - | - | 11 | - | - | - | 1 | 44 | - | - | - | - |
| DHAMAR | 3 | - | - | - | - | 1 | - | - | - | - | 14 | 1 | - | - | - | 133 | - | - | - | - |
| HADRAMAWT | 7 | - | - | - | - | - | - | - | - | - | 14 | 1 | - | - | - | 93 | 2 | - | 3 | 1 |
| HAJJAH | 2 | - | - | - | - | 5 | - | - | - | - | 5 | 1 | - | 1 | - | 83 | 6 | - | 2 | - |
| IBB | 7 | - | - | - | - | 4 | - | - | - | - | 9 | - | - | - | - | 154 | 3 | - | - | 5 |
| LAHJ | 3 | - | - | - | - | 2 | - | - | - | - | 10 | - | - | - | - | 35 | 2 | - | 2 | - |
| MA'RIB | 7 | - | - | - | - | 1 | - | - | - | - | 14 | 5 | - | - | - | 43 | 2 | - | 1 | - |
| RAYMAH | 1 | - | - | - | - | 2 | - | - | - | - | 1 | - | - | - | - | 57 | - | - | 3 | 1 |
| SA'DAH | 3 | - | - | - | - | 3 | - | - | - | - | 5 | 2 | - | - | - | 30 | 10 | - | - | - |
| SANA'A | 3 | 1 | - | - | - | 1 | - | - | - | - | 10 | 1 | - | - | - | 112 | 1 | - | - | - |
| SANA'A CITY | 5 | - | - | - | - | 1 | - | - | - | - | 2 | - | - | - | 1 | 60 | 4 | - | 4 | 3 |
| SHABWAH | 3 | - | - | - | - | 4 | - | - | - | - | 10 | 1 | - | 2 | - | 45 | 2 | - | 2 | - |
| SOCOTRA | 1 | - | - | - | 1 | - | - | - | - | - | 1 | - | - | - | - | 12 | - | - | - | - |
| TA'IZ | 13 | - | - | - | - | 1 | - | - | - | - | 18 | 1 | - | - | 1 | 201 | 10 | - | 2 | 2 |
| **TOTAL** | 76 | 1 | - | - | 2 | 38 | - | - | - | - | 176 | 15 | - | 4 | 3 | 1401 | 55 | - | 27 | 12 |

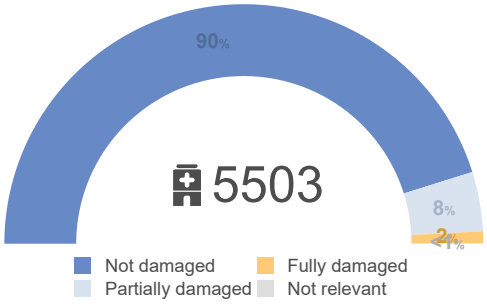
**O** = At least partially operational - **N/O** = Not operational - **N/D** = No data - **C** = closed - **P** = planned, HSDUs

## Distribution of HSDUs by type and governorate (Cont.)

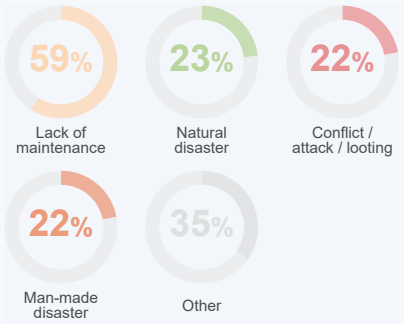
| | Health Unit | | | | | Other | | | | | **Total** | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **GOVERNORATE** | O | N/O | N/D | C | P | O | N/O | N/D | C | P | **O** | **N/O** | **N/D** | **C** | **P** |
| ABYAN | 110 | 26 | - | 16 | 3 | - | - | - | 1 | - | **148** | **28** | **-** | **18** | **3** |
| AD DALI' | 152 | 7 | - | 4 | 3 | 1 | - | - | - | - | **215** | **7** | **-** | **6** | **3** |
| ADEN | 1 | 3 | - | 2 | - | 5 | 1 | - | 1 | - | **55** | **10** | **-** | **3** | **1** |
| AL BAYDA | 98 | 10 | - | 11 | 2 | - | - | - | - | - | **161** | **13** | **-** | **13** | **2** |
| AL HODEIDAH | 362 | 6 | - | 2 | 1 | 8 | 1 | - | 2 | - | **477** | **10** | **-** | **5** | **1** |
| AL JAWF | 71 | 8 | - | 2 | 1 | - | - | - | - | - | **94** | **9** | **-** | **2** | **1** |
| AL MAHARAH | 40 | 12 | - | 4 | - | - | - | - | - | - | **55** | **12** | **-** | **6** | **-** |
| AL MAHWIT | 184 | 2 | - | 2 | - | 2 | - | - | - | - | **205** | **2** | **-** | **3** | **-** |
| AMRAN | 246 | 3 | - | - | - | 1 | - | - | - | - | **308** | **3** | **-** | **-** | **1** |
| DHAMAR | 287 | 4 | - | - | - | 2 | - | - | - | - | **440** | **5** | **-** | **-** | **-** |
| HADRAMAWT | 255 | 48 | - | 17 | 3 | 14 | 1 | - | - | - | **383** | **52** | **-** | **20** | **4** |
| HAJJAH | 257 | 22 | 1 | 6 | 2 | 9 | 4 | - | - | - | **361** | **33** | **1** | **9** | **2** |
| IBB | 221 | 7 | - | 3 | 3 | 5 | - | - | - | - | **400** | **10** | **-** | **3** | **8** |
| LAHJ | 200 | 12 | - | 10 | - | - | 2 | - | - | - | **250** | **16** | **-** | **12** | **-** |
| MA'RIB | 59 | 19 | - | 9 | 4 | 5 | - | - | 1 | - | **129** | **26** | **-** | **11** | **4** |
| RAYMAH | 90 | 3 | - | 8 | 3 | - | - | - | - | - | **151** | **3** | **-** | **11** | **4** |
| SA'DAH | 143 | 15 | - | 3 | 2 | 6 | 2 | - | - | - | **190** | **29** | **-** | **3** | **2** |
| SANA'A | 185 | 4 | - | - | - | 1 | - | - | - | - | **312** | **7** | **-** | **-** | **-** |
| SANA'A CITY | 3 | - | - | - | - | 7 | - | - | 1 | - | **78** | **4** | **-** | **5** | **4** |
| SHABWAH | 160 | 14 | 1 | 1 | - | 7 | - | - | - | - | **229** | **17** | **1** | **5** | **-** |
| SOCOTRA | 16 | 1 | - | - | - | - | - | - | - | - | **30** | **1** | **-** | **-** | **1** |
| TA'IZ | 271 | 20 | - | 7 | 3 | - | - | - | - | - | **504** | **31** | **-** | **9** | **6** |
| **TOTAL** | 3411 | 246 | 2 | 107 | 30 | 73 | 11 | - | 6 | - | **5175** | **328** | **2** | **144** | **47** |

**O** = At least partially operational - **N/O** = Not operational - **N/D** = No data - **C** = closed - **P** = planned, HSDUs

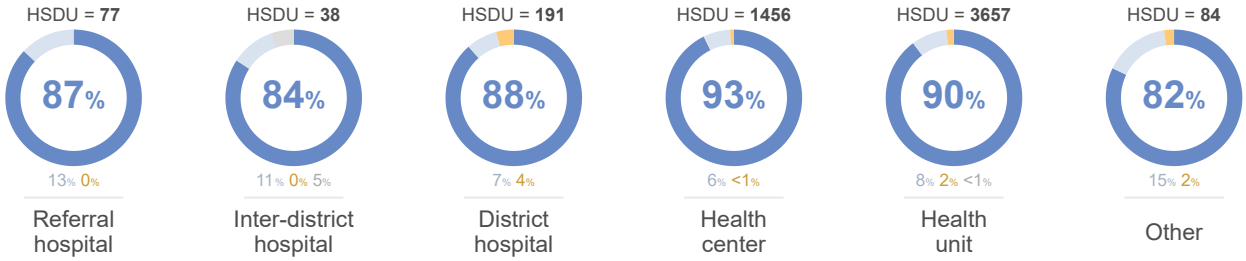
# BUILDING CONDITION




The following causes were reported by **442** HSDUs building was partially damaged and **88** HSDUs who were complete damaged.

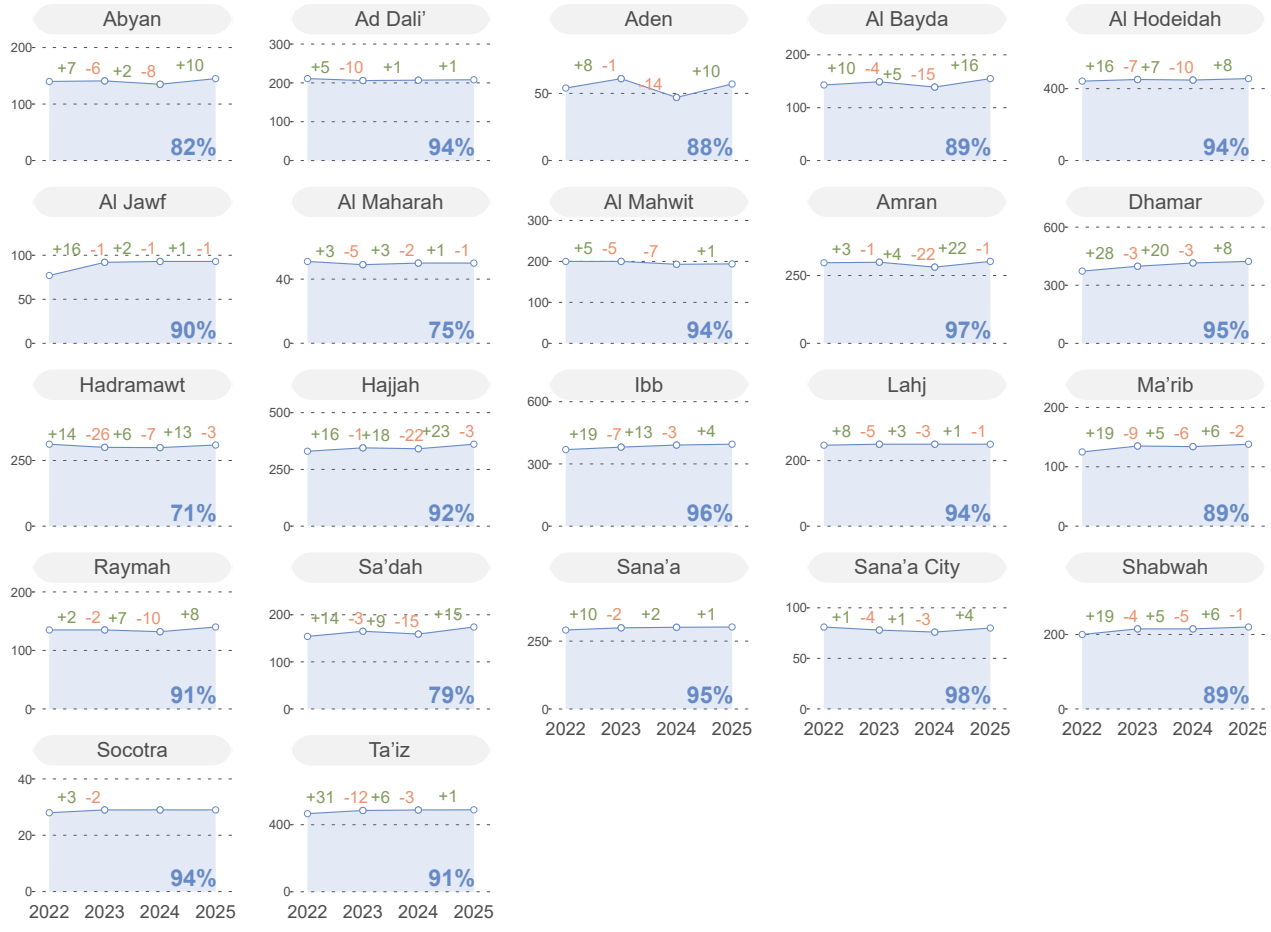



## Building condition by HSDU type

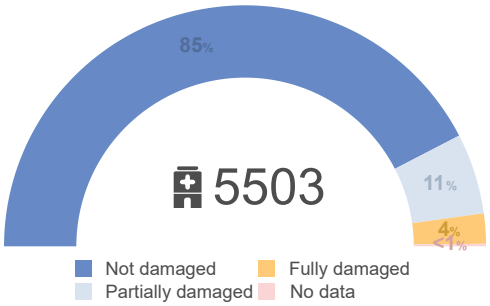



## Building condition over time

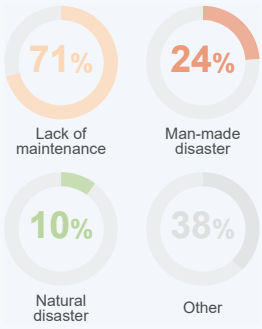
Displays changes in building condition between December 2022 and August 2025. The blue line indicates the number of HSDUs whose building was intact. Small numbers positioned above the line indicate the number of HSDUs where the status has **improved** or **deteriorated**. Additionally, the **percentage value** denotes the proportion of HSDUs with intact buildings for August 2025. For more information see page 3.



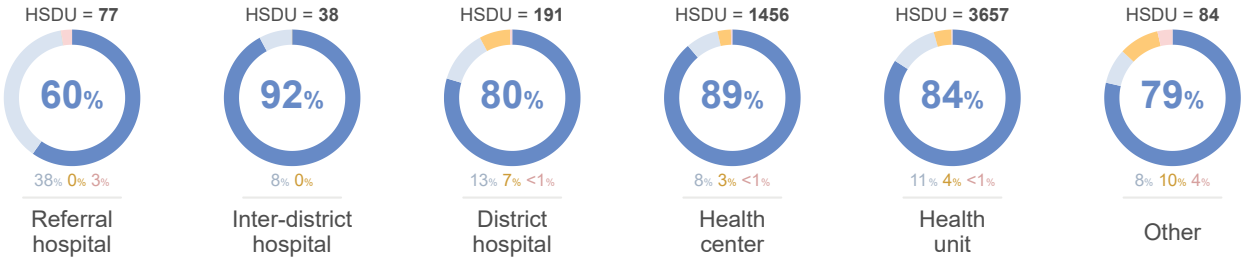
# EQUIPMENT CONDITION




The following causes were reported by **595** HSDUs reporting partially damaged equipment and **222** HSDUs where the equipment was completely damage.

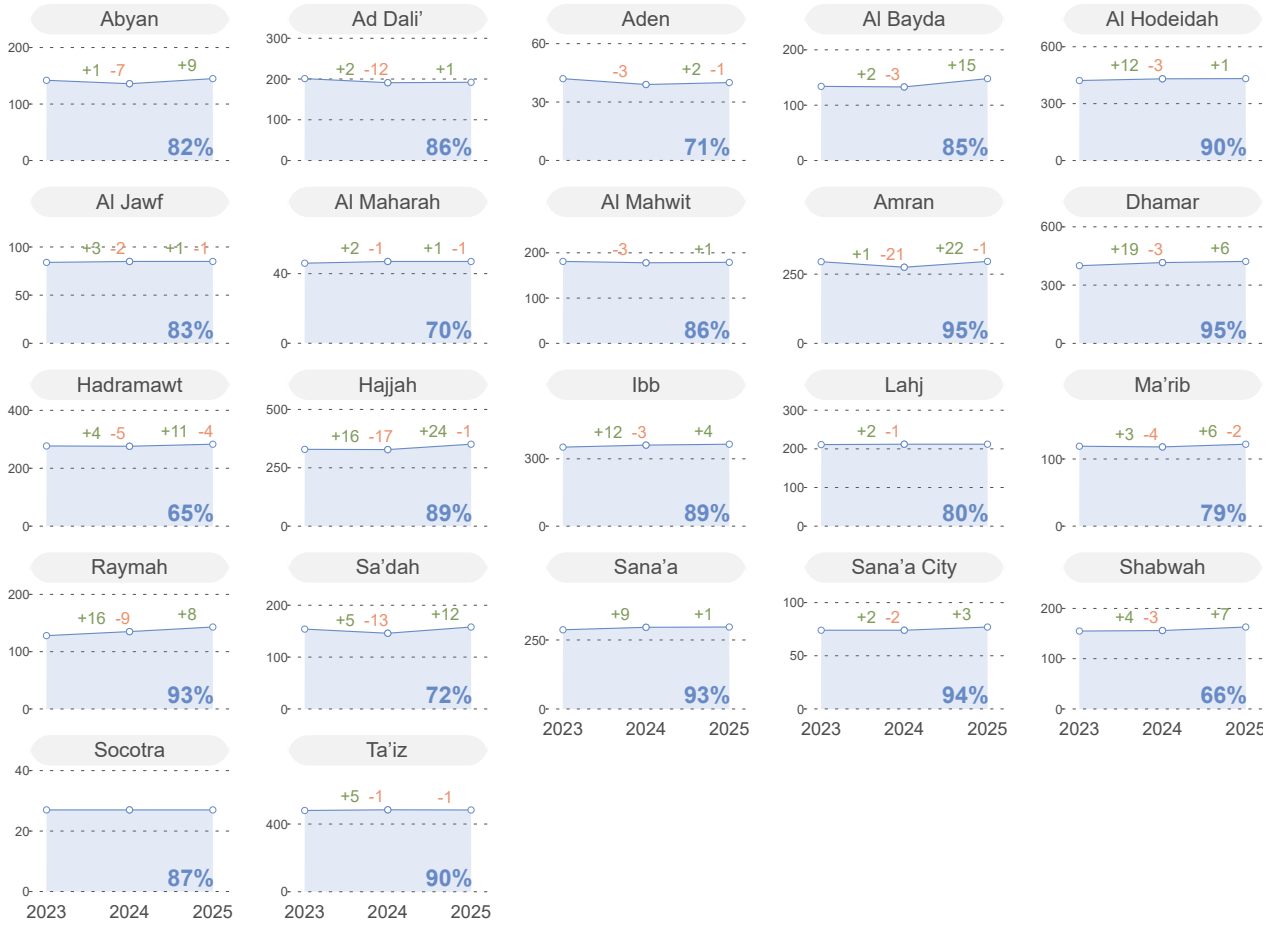



## Equipment condition by HSDU type

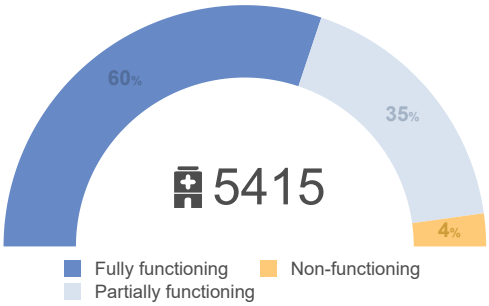



## Equipment condition over time

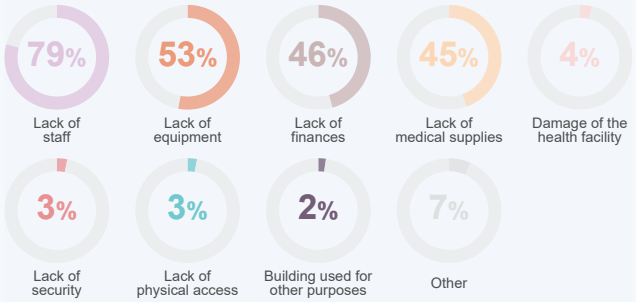
Displays changes in equipment condition between December 2023 and August 2025. The blue line indicates the number of HSDUs whose building was intact. Small numbers positioned above the line indicate the number of HSDUs where the status has **improved** or **deteriorated**. Additionally, the **percentage value** denotes the proportion of HSDUs whose equipment was intact for August 2025. For more information see page 3.



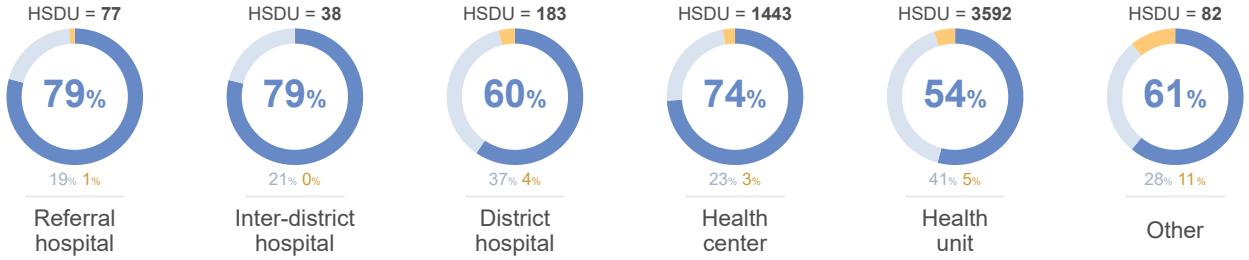
# FUNCTIONALITY




The following causes were reported by **1913** partially **238** non-functioning HSDUs.

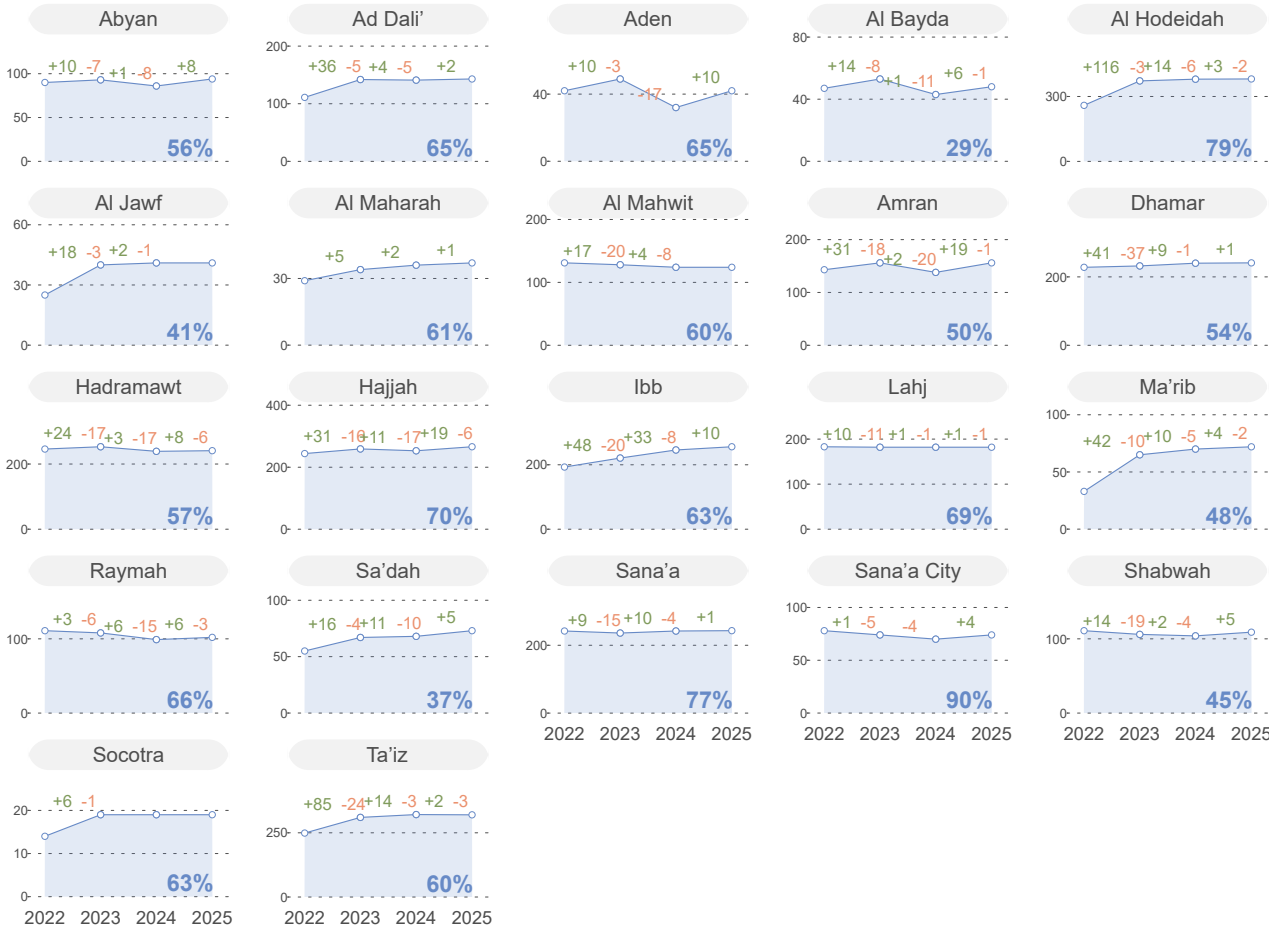



## Functionality by HSDU type

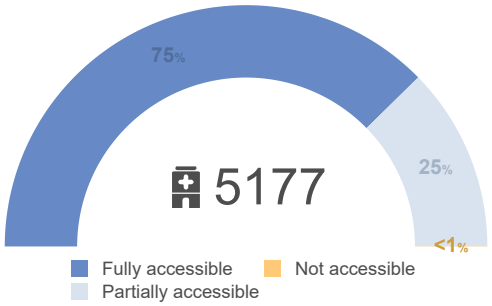



## Functionality over time

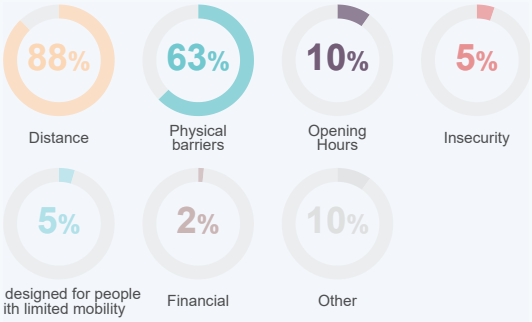
Displays changes in functionality between December 2022 and August 2025. The blue line indicates the number of functioning of HSDUs. Small numbers positioned above the line indicate the number of HSDUs where functionality has **improved** or **deteriorated**. Additionally, the **percentage value** denotes the proportion of functional HSDUs for August 2025. For more information see page 3.



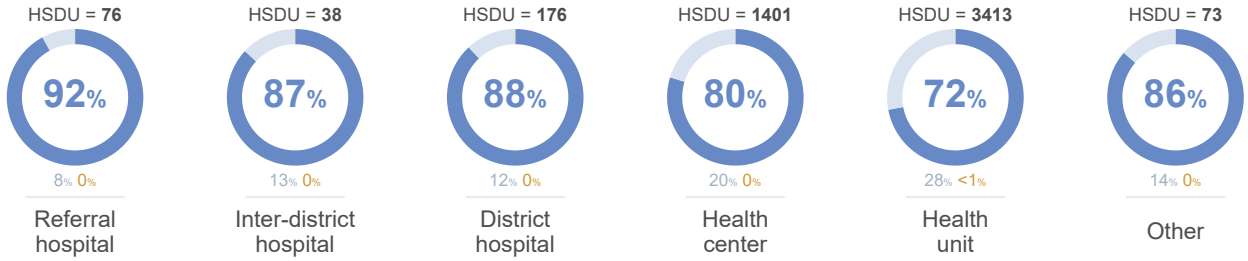
# ACCESSIBILITY




The following causes were reported by 1277 partially accessible and 2 inaccessible HSDUs.

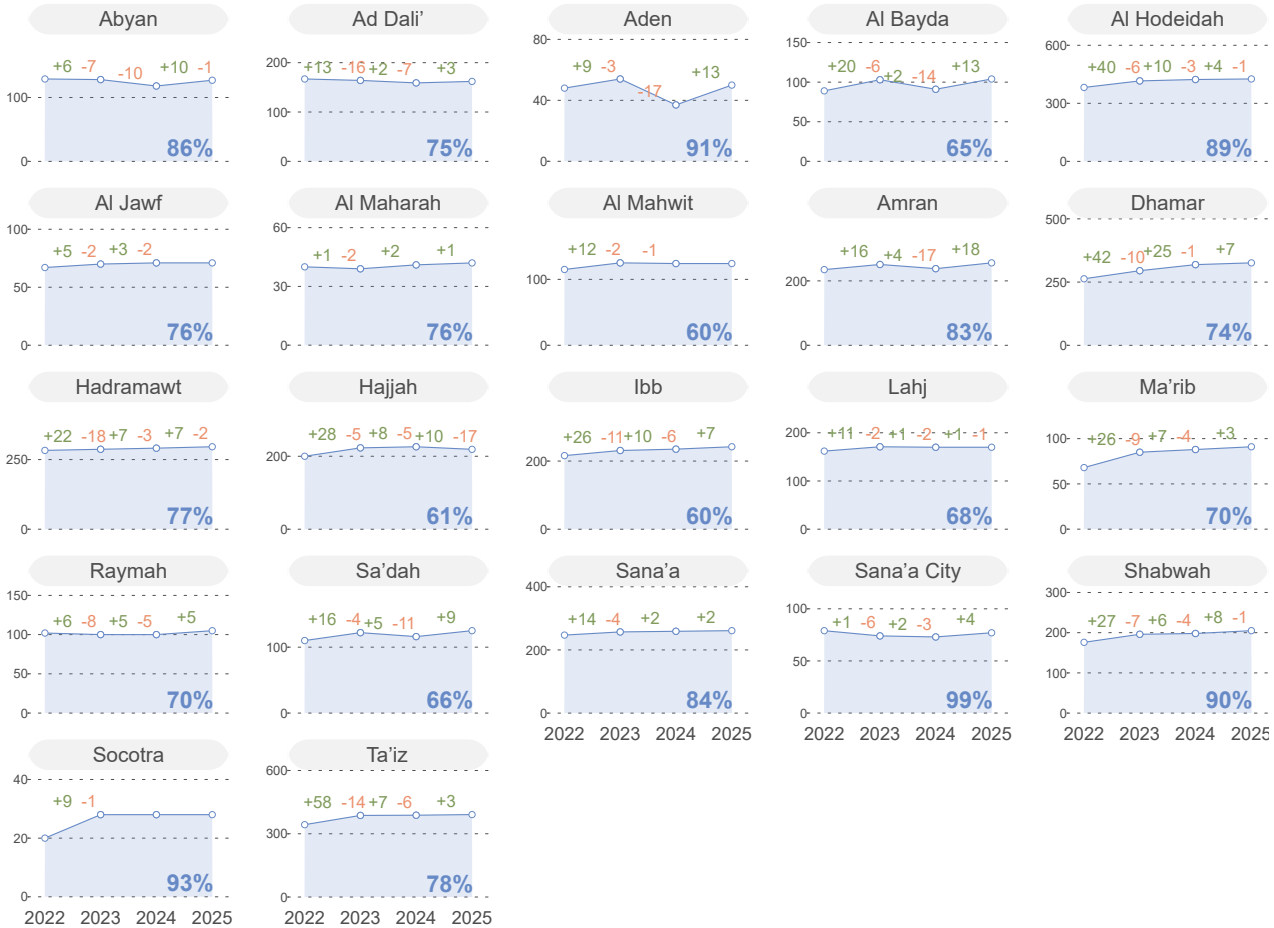



## Accessibility by HSDU type

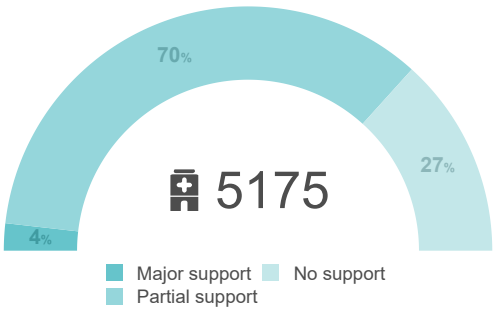



## Accessibility over time

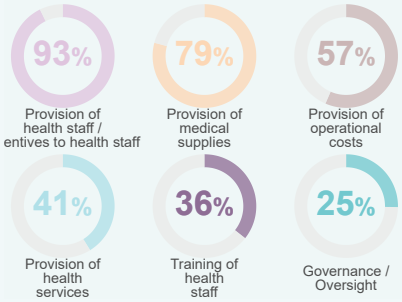
Displays changes in accessibility between December 2022 and August 2025. The blue line indicates the number of accessible of HSDUs. Small numbers positioned above the line indicate the number of HSDUs where accessiblity has **improved** or **deteriorated**. Additionally, the **percentage value** denotes the proportion of accessible HSDUs for August 2025. For more information see page 3.



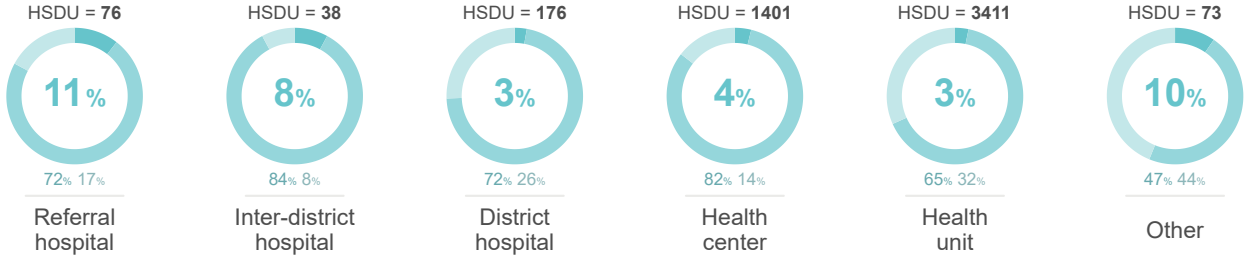
# PARTNER SUPPORT




The following support types were reported by 3612 HSDUs receiving partial support and 186 HSDUs receiving full support.




## Partner support by HSDU type




## Partner support over time

Displays changes in support provided by partners between December 2022 and August 2025. The turquoise line indicates the number of HSDUs receiving major support from partners. Small numbers positioned above the line indicate the number of HSDUs where support has **increased** or **decreased**. Additionally, the **percentage value** denotes the proportion of HSDUs receiving major support for August 2025. For more information see page 3.

# BASIC AMENITIES

## WASH

| | Availability (%) | | | Barriers (%) | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Water availability | 48 | 47 | 5 | 5 | 13 | 61 | 31 | 66 | |
| Availability of sanitation facilities | 36 | 57 | 7 | 3 | 3 | 38 | 52 | 56 | 33 |
| Availability of hand-hygiene facilities | 29 | 56 | 15 | 3 | 4 | 58 | 68 | 44 | 27 |

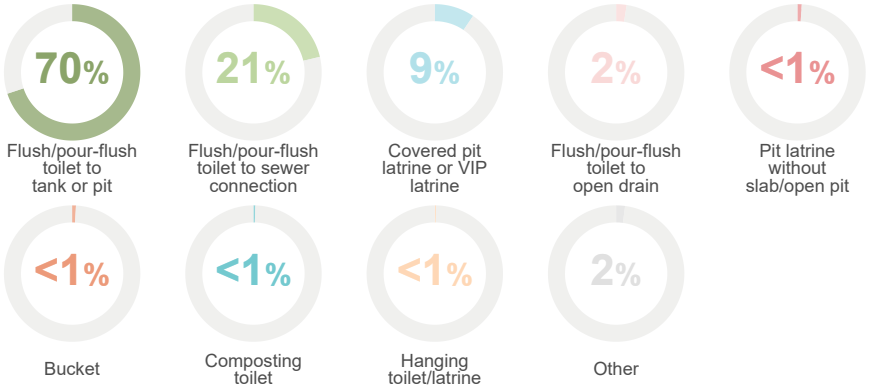
**Availability**: Available Partially available Not available No data
**Barriers** (icons from left to right): Lack of staff, Lack of training, Lack of supplies, Lack of equipment, Lack of financial resources, Lack of water.

### Water sources

*Limited to **4892** HSDUs where water is at least partially available.*

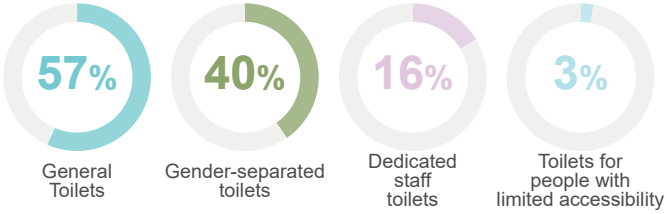

### Sanitation facility types

*Limited to **4805** HSDUs where sanitation facilities are at least partially available.*




### Sanitation facility accessibility

*Limited to **4805** HSDUs where sanitation facilities are at least partially available.*



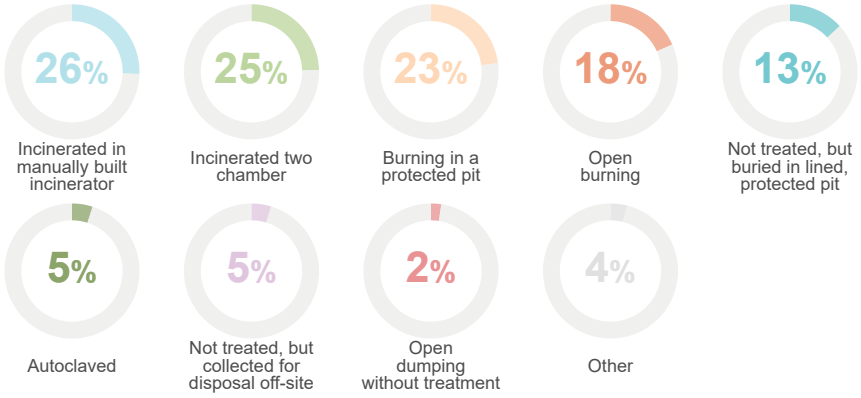
# Waste management

| | Availability (%) | | | Barriers (%) | | | | |
|---|---|---|---|---|---|---|---|---|
| Waste segregation | 35 | 53 | 12 | 16 | 33 | 37 | 68 | 49 |
| Final disposal of sharps | 40 | 52 | 9 | 16 | 33 | 32 | 68 | 52 |
| Final disposal of infectious waste | 42 | 49 | 9 | 17 | 35 | 31 | 66 | 54 |

**Availability**: Available Partially available Not available No data
**Barriers** (icons from left to right): Lack of staff, Lack of training, Lack of supplies, Lack of equipment, Lack of financial resources.

## Waste disposal methods

*Limited to **4845** HSDUs where waste treatment methods are at least partially available.*



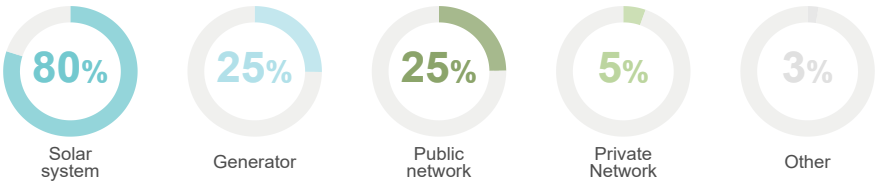

# Power and cold chain

| | Availability (%) | | | | Barriers (%) | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Power availability | 27 | 44 | 29 | | 2 | 2 | 52 | 55 | 66 |
| Cold chain availability | 79 | 10 | 10 | | 9 | 7 | 56 | 55 | 61 |

**Availability**: Available Partially available Not available Not normally provided No data
**Barriers** (icons from left to right): Lack of staff, Lack of training, Lack of supplies, Lack of equipment, Lack of financial resources.

## Power sources

*Limited to **3646** HSDUs where power is at least partially available.*




## Cold chain power sources

*Limited to **4588** HSDUs where cold chain is at least partially available.*

## Communication

| | Availability (%) | | | | Barriers (%) | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Availability of communication equipment | 7 | 20 | 72 | | 3 | 5 | 51 | 45 | 68 |

**Availability**: Available Partially available Not available No data
**Barriers** (icons from left to right): Lack of staff, Lack of training, Lack of supplies, Lack of equipment, Lack of financial resources.

## Inpatient bed capacity

| | Availability (%) | | | |
|---|---|---|---|---|
| ICU beds | 2 | 4 | 92 | |
| Maternity beds | 2 | 3 | 4 | 91 |
| General inpatient beds | 2 | 5 | 3 | 90 |

**Availability**: Available Partially available Not available Not normally provided No data


# HEALTH INFORMATION SYSTEMS

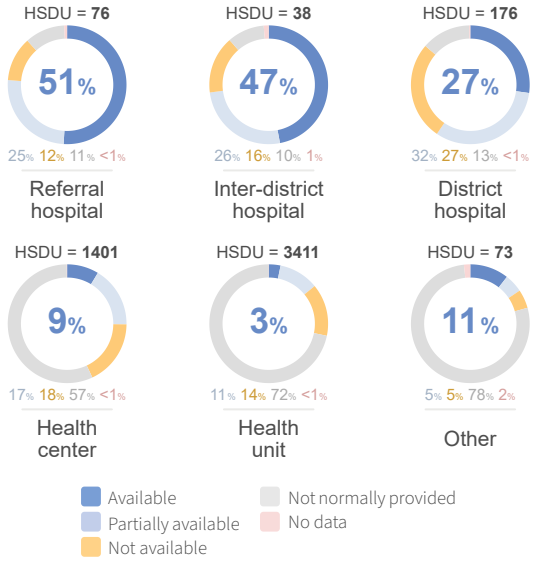
| | Availability (%) | | | | | Barriers (%) | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Availability of information systems at the health facility level | 11 | 12 | 71 | 5 | | 21 | 81 | 27 | 17 | 40 |
| Availability diseases early warning system | 41 | 10 | 45 | 4 | | 27 | 81 | 22 | 11 | 41 |
| Availability of health records | 56 | | 40 | 4 | | 15 | 28 | 71 | 8 | 44 |
| Availability of a surveillance system | 5 | 14 | 54 | | 26 | 36 | 76 | 26 | 12 | 29 |

**Availability**: Available Partially available Not available No available Not applicable No data
**Barriers** (icons from left to right): Lack of staff, Lack of training, Lack of supplies, Lack of equipment, Lack of financial resources.

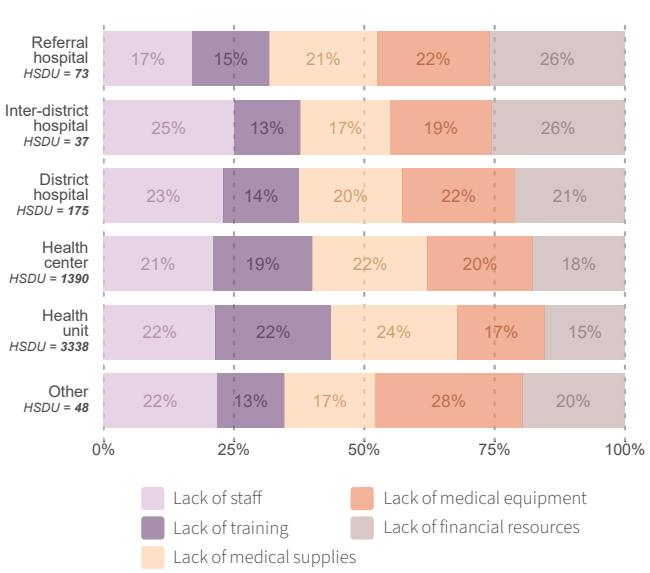
# GENERAL CLINICAL AND TRAUMA CARE SERVICE

## Health service domains overview

### Availability by HSDU type




### Main barriers impeding service availability



# Individual services

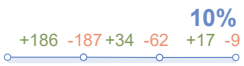
| | Availability (%) | Barriers (%) | | | | |
|---|---|---|---|---|---|---|
| Request for ambulance services by the patient | 3 8 43 46 | 31 | 38 | 27 | 68 | 40 |
| Recognition of danger signs | 20 40 13 26 | 45 | 69 | 42 | 25 | 23 |
| Acuity-based formal triage | 11 19 35 35 | 45 | 71 | 27 | 15 | 29 |
| WHO Basic emergency care by prehospital provider | 6 19 41 33 | 45 | 59 | 49 | 38 | 34 |
| WHO Basic Emergency Care | 7 42 34 16 | 45 | 61 | 66 | 28 | 29 |
| Advanced Syndrome-based management | 2 4 3 91 | 49 | 59 | 63 | 38 | 39 |
| Monitored referral | 6 14 42 37 | 43 | 51 | 30 | 50 | 34 |
| Referral capacity | 5 39 35 21 | 25 | 30 | 20 | 75 | 40 |
| Acceptance of referrals | 7 15 26 51 | 39 | 55 | 41 | 42 | 31 |
| Acceptance of complex referrals | 2 2 3 93 | 54 | 48 | 50 | 47 | 44 |
| Outpatient services for primary care | 35 57 5 4 | 43 | 31 | 88 | 15 | 33 |
| Outpatient department for secondary care | 6 14 21 59 | 67 | 27 | 73 | 19 | 33 |
| Home visits include promoting self-care practices, monitoring non-communicable diseases | 8 28 46 18 | 52 | 55 | 47 | 20 | 38 |
| Minor trauma definitive management | 35 54 6 5 | 34 | 32 | 88 | 18 | 36 |
| Emergency and elective surgery | 2 2 4 92 | 72 | 30 | 66 | 38 | 51 |
| Emergency and elective surgery with at least two operating theatres | 1 1 2 95 | 68 | 23 | 58 | 51 | 51 |
| Orthopedic/trauma ward | 1 3 95 | 82 | 22 | 52 | 43 | 48 |
| Short hospitalization capacity | 6 5 16 73 | 51 | 25 | 56 | 48 | 46 |
| 20 Inpatient bed capacity | 3 2 2 93 | 61 | 19 | 55 | 51 | 65 |
| 50 inpatient bed capacity | 1 2 2 95 | 67 | 12 | 42 | 58 | 62 |
| Inpatient critical care management | 2 2 95 | 60 | 34 | 57 | 49 | 47 |
| Intensive care unit | 1 1 3 95 | 66 | 24 | 47 | 61 | 50 |
| Basic laboratory | 18 16 28 38 | 59 | 20 | 46 | 55 | 41 |
| Laboratory services secondary level | 7 9 14 70 | 48 | 19 | 58 | 53 | 48 |
| Laboratory services tertiary level | 1 2 7 90 | 47 | 25 | 53 | 51 | 48 |
| Blood bank services | 2 2 6 90 | 48 | 22 | 49 | 59 | 52 |
| Hemodialysis unit | 1 5 94 | 76 | 17 | 53 | 47 | 48 |
| Basic X-ray service | 5 10 20 66 | 70 | 19 | 25 | 71 | 37 |
| Radiology unit | 2 7 90 | 56 | 21 | 32 | 63 | 48 |
| Medical evacuation procedures | 1 2 96 | 48 | 38 | 30 | 62 | 51 |
| Procedures for mass casualty scenarios | 1 2 2 95 | 53 | 40 | 40 | 52 | 45 |

**Availability**: Available Partially available Not available Not normally provided No data

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

# Changes in service availability over time

Displays changes in availability of general clinical and trauma care services between December 2022 and August 2025. he blue line indicates the number of HSDUs where the service is **at least partially available**. Small numbers positioned above the line indicate the number of HSDUs where service availability has **improved** or **deteriorated**. Additionally, the **percentage value** denotes the proportion of HSDUs where the service was at least partially available for August 2025. For more information see page 3.




Request for ambulance services by the patient


Recognition of danger signs


Acuity-based formal triage

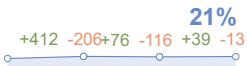

WHO Basic emergency care by prehospital provider


WHO Basic Emergency Care


Advanced Syndrome-based management


Monitored referral

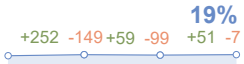

Referral capacity



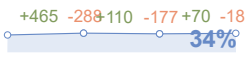

Acceptance of referrals


Acceptance of complex referrals


Outpatient services for primary care




Outpatient department for secondary care

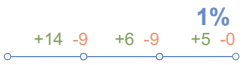



Home visits include promoting self-care practices, monitoring non-communicable diseases


Minor trauma definitive management

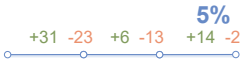

Emergency and elective surgery


Emergency and elective surgery with at least two operating theatres

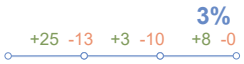



Orthopedic/trauma ward


Short hospitalization capacity

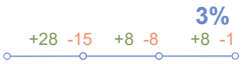



20 Inpatient bed capacity

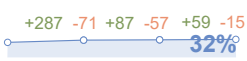



50 inpatient bed capacity

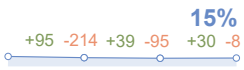

Inpatient critical care management



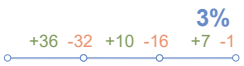

Intensive care unit



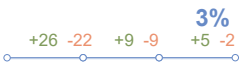

Basic laboratory




Laboratory services secondary level

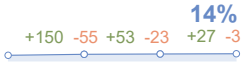



Laboratory services tertiary level

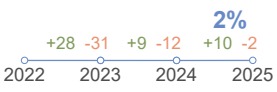



Blood bank services

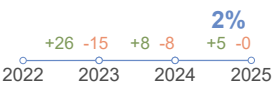

Hemodialysis unit



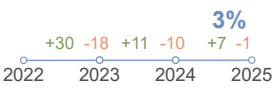

Basic X-ray service




Radiology unit




Medical evacuation procedures

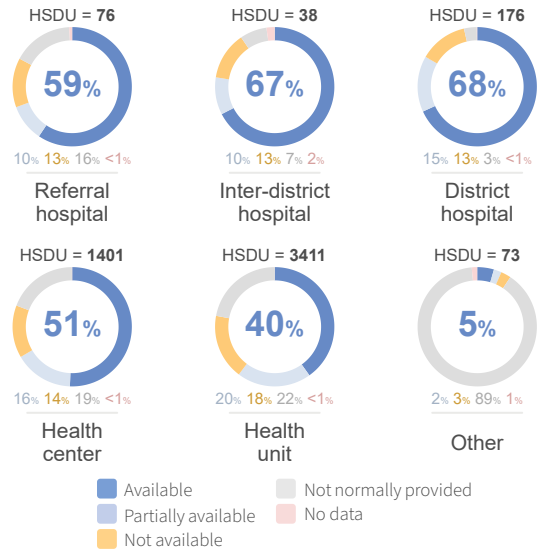



Procedures for mass casualty scenarios

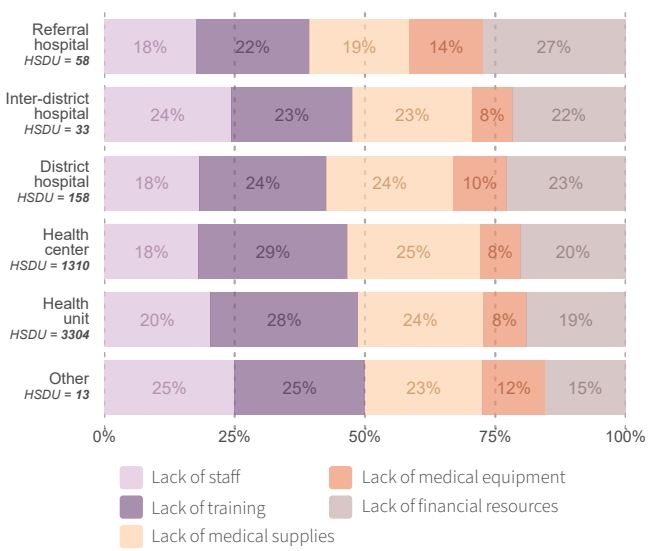
# CHILD HEALTH AND NUTRITION SERVICES

## Health service domains overview

### Availability by HSDU type




### Main barriers impeding service availability




## Individual services

| | Availability (%) | | | | | Barriers (%) | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Community-based first aid | 12 | 33 | 41 | 14 | | 41 | 67 | 70 | 18 | 28 |
| Community-based IMNCI | 18 | 41 | 30 | 12 | | 42 | 56 | 74 | 12 | 32 |
| IMNCI under 5 clinic | 51 | 39 | 6 | 3 | | 39 | 45 | 80 | 13 | 39 |
| Management of children classified as severe or very severe diseases | 4 | 3 | 2 | 91 | | 48 | 35 | 81 | 27 | 51 |
| Community mobilization for EPI | 43 | 17 | 32 | 8 | | 26 | 47 | 14 | 19 | 61 |
| EPI | 81 | 12 | 5 | 3 | | 35 | 32 | 44 | 54 | 48 |
| IEC on IYCF practices | 58 | 25 | 10 | 7 | | 53 | 62 | 25 | 16 | 43 |
| Screening for acute malnutrition at the community level | 78 | 12 | 7 | 3 | | 54 | 59 | 34 | 14 | 48 |
| Growth monitoring at primary care level | 80 | 12 | 6 | 3 | | 52 | 60 | 40 | 19 | 50 |
| CMAM | 65 | 13 | 9 | 13 | | 45 | 52 | 48 | 16 | 49 |
| IMAM | 64 | 17 | 13 | 6 | | 42 | 56 | 51 | 18 | 50 |
| Stabilization center for SAM | 3 | 4 | 92 | | | 54 | 47 | 55 | 30 | 65 |
| Nutritional surveillance of the mother and newborn | 13 | 15 | 49 | 23 | | 37 | 76 | 27 | 13 | 29 |

**Availability**: Available | Partially available | Not available | Not normally provided | No data
**Barriers** (icons from left to right): Lack of staff, Lack of training, Lack of medical supplies, Lack of medical equipment, Lack of financial resources.

# Changes in service availability over time

Displays changes in availability of child health and nutrition services between December 2022 and August 2025. he blue line indicates the number of HSDUs where the service is **at least partially available**. Small numbers positioned above the line indicate the number of HSDUs where service availability has **improved** or **deteriorated**. Additionally, the **percentage value** denotes the proportion of HSDUs where the service was at least partially available for August 2025. For more information see page 3.


Community-based first aid


Community-based IMNCI


IMNCI under 5 clinic


Management of children classified as severe or very severe diseases


Community mobilization for EPI


EPI

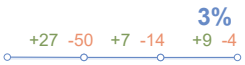

IEC on IYCF practices


Screening for acute malnutrition at the community level

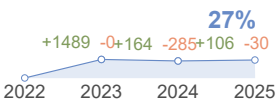

Growth monitoring at primary care level


CMAM


IMAM




Stabilization center for SAM

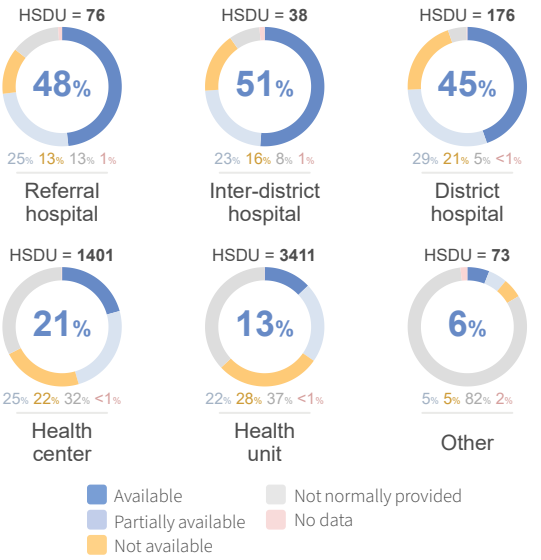



Nutritional surveillance of the mother and newborn

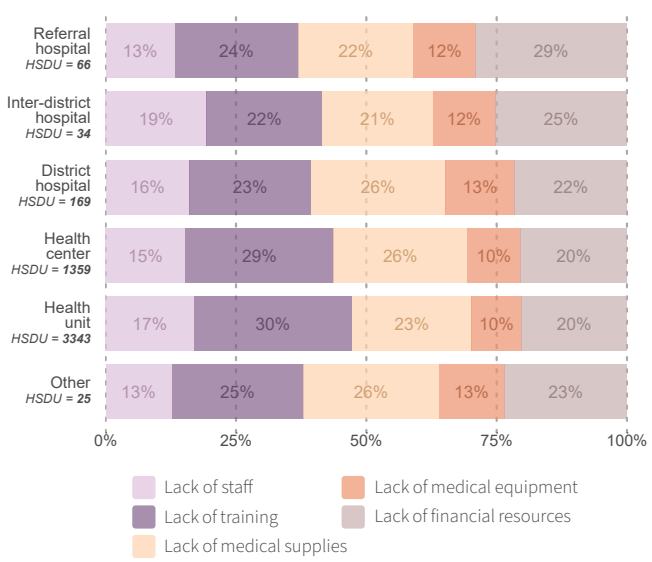
# COMMUNICABLE DISEASES SERVICES

## Health service domains overview

### Availability by HSDU type




### Main barriers impeding service availability




## Individual services

| | Availability (%) | | | | Barriers (%) | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Syndromic surveillance | 40 | 10 | 44 | 6 | 34 | 81 | 14 | 14 | 41 |
| Event-based surveillance | 19 | 15 | 52 | 13 | 29 | 78 | 12 | 14 | 42 |
| Malaria at the primary care level | 28 | 37 | 27 | 8 | 36 | 49 | 76 | 19 | 35 |
| Vector control | 11 | 26 | 43 | 20 | 23 | 36 | 47 | 44 | 62 |
| Support mass drug administration | 31 | 25 | 31 | 13 | 30 | 47 | 42 | 20 | 53 |
| Tuberculosis | 6 | 33 | 42 | 19 | 42 | 62 | 72 | 17 | 29 |
| MDRTB | 2 | 4 | 93 | | 42 | 54 | 73 | 24 | 41 |
| IEC on local priority diseases | 31 | 41 | 15 | 12 | 33 | 69 | 32 | 14 | 45 |
| Local priority diseases | 14 | 54 | 19 | 12 | 38 | 62 | 72 | 15 | 30 |
| Management of severe and/or complicated communicable diseases | 3 | 4 | 2 | 92 | 44 | 54 | 78 | 22 | 40 |
| Isolation unit or room | 2 | 3 | 93 | | 40 | 41 | 52 | 46 | 63 |

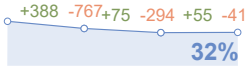
**Availability**: Available | Partially available | Not available | Not normally provided | No data

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

# Changes in service availability over time

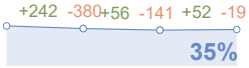
Displays changes in availability of communicable disease services between December 2022 and August 2025. he blue line indicates the number of HSDUs where the service is **at least partially available**. Small numbers positioned above the line indicate the number of HSDUs where service availability has **improved** or **deteriorated**. Additionally, the **percentage value** denotes the proportion of HSDUs where the service was at least partially available for August 2025. For more information see page 3.


Syndromic surveillance




Event-based surveillance

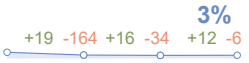

Malaria at the primary care level




Vector control


Support mass drug administration

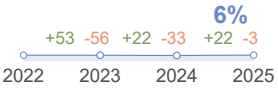

Tuberculosis




MDRTB


IEC on local priority diseases


Local priority diseases




Management of severe and/or complicated communicable diseases

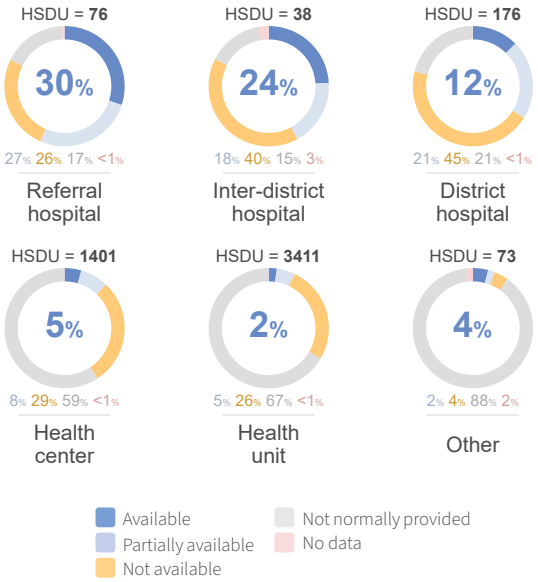

Isolation unit or room

# MATERNAL AND NEONATAL HEALTH SERVICES

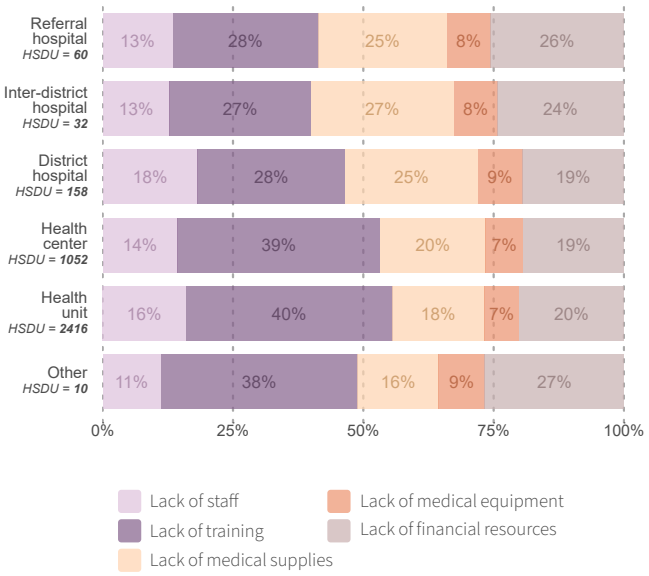
## Health service domains overview

### STI & HIV/AIDS

#### Availability by HSDU type

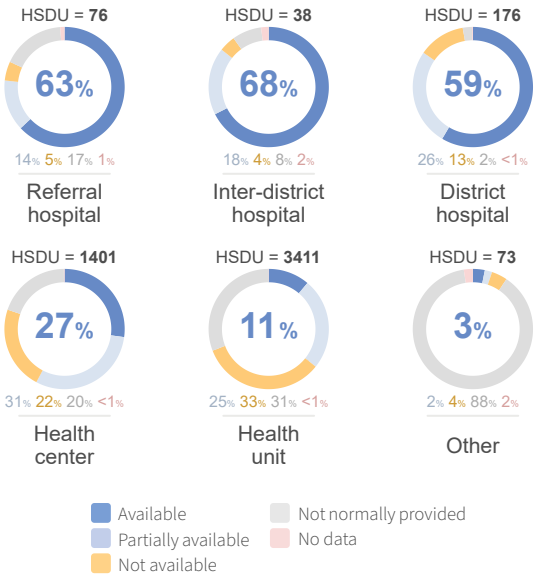



#### Main barriers impeding service availability

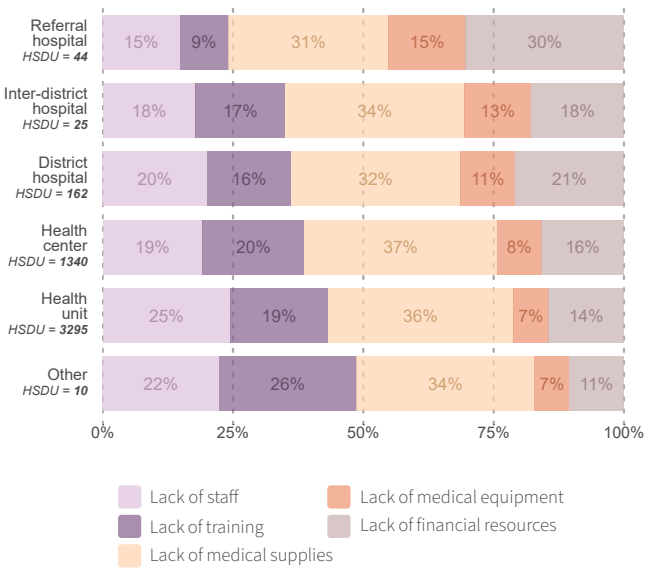



### Maternal and neonatal health

#### Availability by HSDU type




#### Main barriers impeding service availability



# Individual services

| Service | Availability (%) | | | | Barriers (%) | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **STI & HIV/AIDS** | | | | | | | | | |
| IEC on STI/HIV | 11 | 18 | 44 | 28 | 30 | 78 | 22 | 11 | 39 |
| STI/HIV Advocacy | 6 | 10 | 48 | 36 | 27 | 72 | 14 | 12 | 46 |
| Syndromic management of STIs | 3 | 21 | 75 | | 31 | 62 | 68 | 11 | 28 |
| HIV counselling and testing | 3 | 4 | 21 | 71 | 27 | 63 | 48 | 23 | 30 |
| PMTCT | 3 | 16 | 80 | | 30 | 69 | 53 | 12 | 30 |
| Antiretroviral treatment | 2 | 14 | 84 | | 27 | 56 | 76 | 11 | 27 |
| **Maternal and neonatal health** | | | | | | | | | |
| Availability of pregnancy test | 34 | 29 | 30 | 7 | 29 | 19 | 79 | 13 | 33 |
| SARC | 21 | 38 | 36 | 5 | 24 | 15 | 84 | 8 | 28 |
| Antenatal care | 26 | 43 | 22 | 9 | 55 | 45 | 72 | 14 | 30 |
| Clean home deliveries | 21 | 34 | 30 | 15 | 51 | 43 | 59 | 17 | 31 |
| Skilled care during childbirth | 20 | 33 | 37 | 10 | 58 | 44 | 70 | 20 | 28 |
| Basic emergency obstetric care | 7 | 6 | 23 | 64 | 58 | 46 | 69 | 24 | 28 |
| Comprehensive Emergency Obstetric Care | 3 | 3 | 93 | | 69 | 29 | 50 | 49 | 54 |
| Post-partum care | 28 | 33 | 28 | 11 | 60 | 46 | 56 | 13 | 30 |
| LARC | 5 | 15 | 49 | 30 | 34 | 46 | 74 | 12 | 28 |

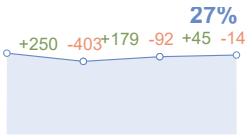
**Availability**: Available Partially available Not available Not normally provided No data

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

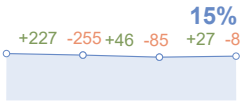
# Changes in service availability over time

Displays changes in availability of maternal and neonatal health services between December 2022 and August 2025. he blue line indicates the number of HSDUs where the service is **at least partially available**. Small numbers positioned above the line indicate the number of HSDUs where service availability has **improved** or **deteriorated**. Additionally, the **percentage value** denotes the proportion of HSDUs where the service was at least partially available for August 2025. For more information see page 3.

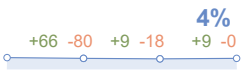
## STI & HIV/AIDS




IEC on STI/HIV

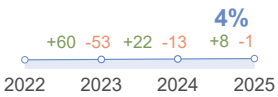



STI/HIV Advocacy

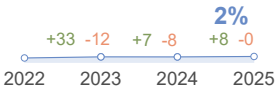



Syndromic management of STIs


HIV counselling and testing




PMTCT




Antiretroviral treatment

## Maternal and neonatal health

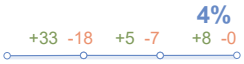

Availability of pregnancy test


Antenatal care


Clean home deliveries


Skilled care during childbirth

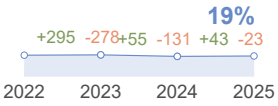

Basic emergency obstetric care




Comprehensive Emergency Obstetric Care


Post-partum care


SARC

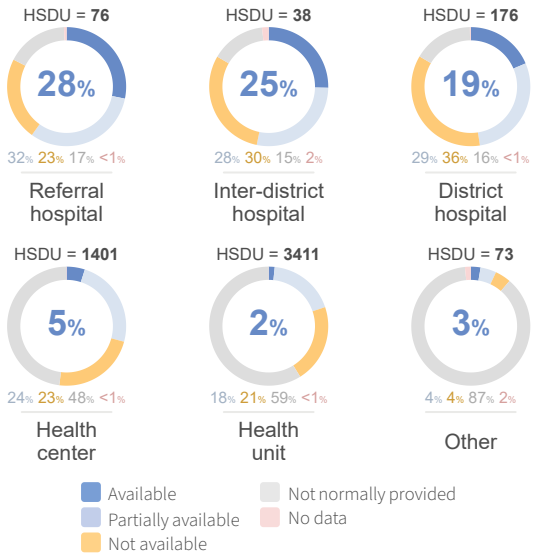



LARC

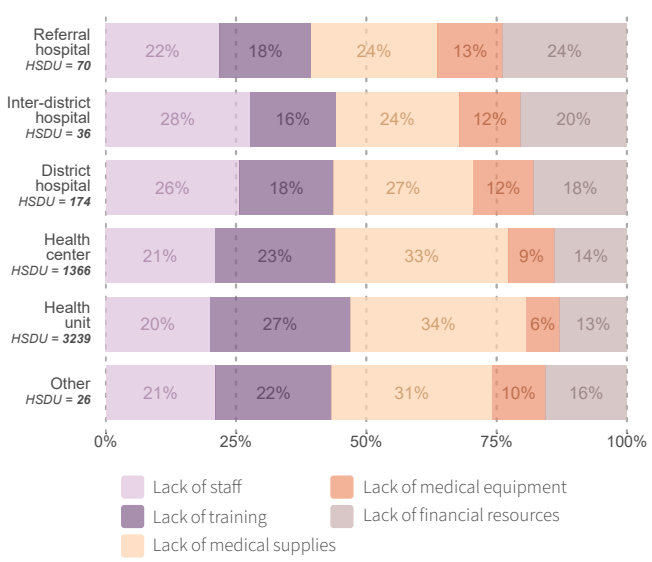
# NONCOMMUNICABLE DISEASES AND MENTAL HEALTH SERVICES

## Health service domains overview

### Availability by HSDU type




### Main barriers impeding service availability




## Individual services

| | Availability (%) | | | | | Barriers (%) | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Promote self-care, provide basic health care and psycho-social support | 4 | 16 | 47 | 33 | | 45 | 72 | 40 | 13 | 31 |
| Psychological first aid | 4 | 21 | 48 | 27 | | 41 | 71 | 48 | 12 | 32 |
| NCD clinic | 5 | 42 | 28 | 25 | | 42 | 55 | 69 | 16 | 31 |
| Management of mental disorders | 7 | 42 | 50 | | | 46 | 68 | 70 | 10 | 27 |
| Asthma and COPD | 8 | 52 | 25 | 15 | | 39 | 46 | 88 | 11 | 26 |
| Inpatient care for mental disorders | 14 | 94 | | | | 74 | 42 | 55 | 23 | 39 |
| Hypertension | 14 | 67 | 12 | 6 | | 36 | 41 | 89 | 11 | 25 |
| Inpatient care for mental disorders by specialists | 4 | 95 | | | | 75 | 42 | 50 | 19 | 34 |
| Diabetes | 6 | 50 | 31 | 13 | | 39 | 44 | 89 | 14 | 27 |
| Inpatient acute rehabilitation | 14 | 94 | | | | 45 | 41 | 50 | 45 | 55 |
| Outpatient or community level rehabilitation services | 2 | 12 | 85 | | | 53 | 44 | 52 | 31 | 33 |
| Prosthetics and Orthotics | 7 | 92 | | | | 59 | 38 | 47 | 43 | 46 |
| Oral health and dental care | 4 | 3 | 22 | 71 | | 81 | 20 | 43 | 59 | 29 |

**Availability**: Available | Partially available | Not available | Not normally provided | No data

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

# Changes in service availability over time

Displays changes in availability of NCD and mental health services between December 2022 and August 2025. he blue line indicates the number of HSDUs where the service is **at least partially available**. Small numbers positioned above the line indicate the number of HSDUs where service availability has **improved** or **deteriorated**. Additionally, the **percentage value** denotes the proportion of HSDUs where the service was at least partially available for August 2025. For more information see page 3.

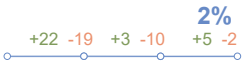

Promote self-care, provide basic health care and psycho-social support


NCD clinic


Asthma and COPD


Hypertension

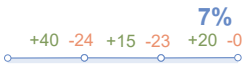

Diabetes




Inpatient acute rehabilitation

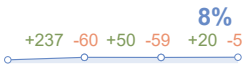

Outpatient or community level rehabilitation services


Prosthetics and Orthotics

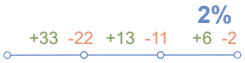



Oral health and dental care

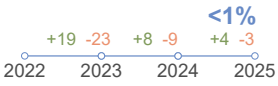

Psychological first aid




Management of mental disorders




Inpatient care for mental disorders




Inpatient care for mental disorders by specialists

# ANNEX

# ANNEX I: SUMMARY TABLE AVAILABILITY BY GOVERNORATE

## Basic amenities

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

## Inpatient bed capacity

| | ABYAN | AD DALI' | ADEN | AL BAYDA | AL HODEIDAH | AL JAWF | AL MAHARAH | AL MAHWIT | AMRAN | DHAMAR | HADRAMAWT | HAJJAH | IBB | LAHJ | MA'RIB | RAYMAH | SA'DAH | SANA'A | SANA'A CITY | SHABWAH | SOCOTRA | TA'IZ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ICU beds | 2 | 2 | 3 | 2 | 3 | 4 | 3 | 4 | 2 | 1 | 4 | 4 | 4 | 2 | 1 | 2 | 2 | 4 | 7 | 2 | 5 | 3 |
| Maternity beds | 3 | 4 | 3 | 2 | 5 | 4 | 4 | 6 | 4 | 2 | 4 | 4 | 5 | 4 | 2 | 3 | 2 | 7 | 7 | 4 | 6 | 4 |
| General inpatient beds | 4 | 5 | 4 | 4 | 6 | 4 | 4 | 6 | 4 | 3 | 5 | 5 | 6 | 4 | 3 | 4 | 4 | 8 | 6 | 5 | 6 | 3 |

## Health information systems

| | ABYAN | AD DALI' | ADEN | AL BAYDA | AL HODEIDAH | AL JAWF | AL MAHARAH | AL MAHWIT | AMRAN | DHAMAR | HADRAMAWT | HAJJAH | IBB | LAHJ | MA'RIB | RAYMAH | SA'DAH | SANA'A | SANA'A CITY | SHABWAH | SOCOTRA | TA'IZ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Availability of information systems at the health facility level | 2 | 2 | 4 | 0 | 2 | 0 | 4 | 0 | 1 | 2 | 4 | 1 | 0 | 5 | 2 | 0 | 1 | 1 | 1 | 5 | 6 | 1 |
| Availability diseases early warning system | 5 | 5 | 9 | 3 | 6 | 5 | 5 | 3 | 4 | 3 | 6 | 7 | 3 | 5 | 4 | 6 | 5 | 5 | 8 | 5 | 7 | 3 |
| Availability of health records | 8 | 7 | 10 | 7 | 9 | 8 | 6 | 8 | 6 | 6 | 8 | 8 | 7 | 9 | 8 | 8 | 7 | 8 | 8 | 8 | 7 | 7 |
| Availability of a surveillance system | 3 | 2 | 3 | 1 | 3 | 1 | 1 | 1 | 0 | 2 | 3 | 2 | 0 | 4 | 1 | 1 | 1 | 2 | 2 | 4 | 1 | 1 |

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

# General clinical and trauma care service

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

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

# Child health And nutrition

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

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

# Communicable diseases

| | ABYAN | AD DALI' | ADEN | AL BAYDA | AL HODEIDAH | AL JAWF | AL MAHARAH | AL MAHWIT | AMRAN | DHAMAR | HADRAMAWT | HAJJAH | IBB | LAHJ | MA'RIB | RAYMAH | SA'DAH | SANA'A | SANA'A CITY | SHABWAH | SOCOTRA | TA'IZ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Syndromic surveillance | 6 | 5 | 8 | 3 | 6 | 5 | 4 | 4 | 4 | 4 | 6 | 6 | 3 | 5 | 4 | 6 | 5 | 5 | 9 | 5 | 7 | 4 |
| Event-based surveillance | 4 | 4 | 8 | 2 | 4 | 1 | 4 | 3 | 2 | 3 | 6 | 2 | 0 | 4 | 2 | 3 | 1 | 2 | 3 | 5 | 7 | 3 |
| Malaria at the primary care level | 4 | 4 | 8 | 3 | 8 | 4 | 4 | 7 | 4 | 4 | 4 | 8 | 5 | 6 | 4 | 5 | 5 | 4 | 6 | 4 | 2 | 5 |
| Vector control | 4 | 3 | 3 | 0 | 4 | 1 | 3 | 4 | 2 | 4 | 4 | 4 | 2 | 4 | 1 | 3 | 1 | 1 | 1 | 6 | 1 | 3 |
| Support mass drug administration | 6 | 4 | 4 | 3 | 4 | 2 | 4 | 6 | 3 | 7 | 5 | 5 | 5 | 6 | 3 | 7 | 2 | 6 | 6 | 7 | 8 | 5 |
| Tuberculosis | 3 | 2 | 3 | 2 | 3 | 2 | 1 | 5 | 2 | 2 | 2 | 3 | 3 | 3 | 2 | 5 | 2 | 2 | 5 | 2 | 2 | 2 |
| MDRTB | 5 | 1 | 2 | 2 | 4 | 2 | 5 | 7 | 4 | 2 | 5 | 3 | 4 | 6 | 2 | 2 | 3 | 5 | 5 | 3 | 5 | 3 |
| IEC on local priority diseases | 5 | 4 | 4 | 4 | 8 | 4 | 2 | 8 | 6 | 5 | 5 | 7 | 6 | 5 | 6 | 7 | 5 | 7 | 8 | 5 | 7 | 5 |
| Local priority diseases | 4 | 4 | 6 | 4 | 6 | 4 | 3 | 5 | 4 | 4 | 5 | 5 | 5 | 5 | 4 | 6 | 5 | 5 | 7 | 5 | 5 | 4 |
| Management of severe and/or complicated communicable diseases | 5 | 4 | 4 | 4 | 7 | 4 | 8 | 6 | 5 | 4 | 6 | 5 | 6 | 6 | 4 | 5 | 5 | 8 | 8 | 6 | 7 | 4 |
| Isolation unit or room | 4 | 4 | 1 | 4 | 4 | 2 | 5 | 2 | 2 | 2 | 5 | 4 | 5 | 4 | 2 | 3 | 3 | 7 | 7 | 4 | 9 | 3 |

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

# Maternal and neonatal health services

## STI & HIV/AIDS

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

## Maternal and neonatal health

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

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

# Noncommunicable diseases and mental health

| | ABYAN | AD DALI' | ADEN | AL BAYDA | AL HODEIDAH | AL JAWF | AL MAHARAH | AL MAHWIT | AMRAN | DHAMAR | HADRAMAWT | HAJJAH | IBB | LAHJ | MA'RIB | RAYMAH | SA'DAH | SANA'A | SANA'A CITY | SHABWAH | SOCOTRA | TA'IZ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Promote self-care, provide basic health care and psycho-social support | 3 | 1 | 2 | 1 | 2 | 1 | 1 | 2 | 1 | 2 | 3 | 1 | 2 | 2 | 2 | 2 | 2 | 1 | 3 | 2 | 3 | 1 |
| Psychological first aid | 2 | 2 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 3 | 3 | 1 | 4 | 2 | 2 | 1 | 2 | 1 | 3 | 2 | 2 | 2 |
| NCD clinic | 3 | 2 | 3 | 2 | 4 | 4 | 1 | 5 | 4 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 2 | 4 | 2 |
| Management of mental disorders | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 2 | 1 | 0 | 1 | 0 | 2 | 0 | 2 | 1 |
| Asthma and COPD | 4 | 4 | 5 | 3 | 4 | 3 | 4 | 5 | 3 | 4 | 5 | 3 | 4 | 5 | 4 | 5 | 4 | 4 | 5 | 4 | 5 | 3 |
| Inpatient care for mental disorders | 2 | 2 | 1 | 1 | 2 | 1 | 4 | 4 | 1 | 0 | 2 | 2 | 1 | 2 | 1 | 1 | 1 | 2 | 5 | 1 | 2 | 2 |
| Hypertension | 5 | 5 | 6 | 5 | 5 | 5 | 4 | 5 | 5 | 4 | 6 | 5 | 5 | 6 | 5 | 5 | 5 | 5 | 7 | 5 | 6 | 4 |
| Inpatient care for mental disorders by specialists | 1 | 1 | 1 | 1 | 1 | 0 | 5 | 2 | 1 | 0 | 3 | 1 | 1 | 5 | 1 | 0 | 2 | 2 | 5 | 0 | 2 | 2 |
| Diabetes | 3 | 4 | 4 | 3 | 4 | 4 | 3 | 4 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 4 | 5 | 4 | 3 | 3 |
| Inpatient acute rehabilitation | 2 | 1 | 2 | 1 | 2 | 1 | 4 | 4 | 1 | 1 | 2 | 2 | 2 | 4 | 1 | 1 | 2 | 3 | 6 | 2 | 5 | 2 |
| Outpatient or community level rehabilitation services | 2 | 2 | 1 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 3 | 0 | 1 | 3 | 1 | 0 | 1 | 2 | 3 | 1 | 10 | 1 |
| Prosthetics and Orthotics | 2 | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 2 | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 4 | 0 | 5 | 0 |
| Oral health and dental care | 2 | 2 | 4 | 1 | 1 | 2 | 4 | 2 | 1 | 1 | 3 | 1 | 1 | 3 | 2 | 1 | 2 | 2 | 10 | 3 | 2 | 2 |

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

# ANNEX II: SERVICE DEFINITIONS

## General clinical and trauma care service

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

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

# Child health and nutrition

| TITLE | SERVICE DEFINITIONS |
|---|---|
| Community-based first aid | Interventions include airway positioning, choking interventions, and basic external hemorrhage control. |
| Community-based IMNCI | Integrated Management of Newborn and Childhood Illnesses (IMNCI) for acute respiratory infection (ARI), diarrhea, and malaria by trained and supervised village volunteers or community health workers (CHW). |
| IMNCI under 5 clinic | Under-5 clinic conducted by IMNCI-trained health staff with available paracetamol, first-line antibiotics, Oral Rehydration Salts (ORS), and zinc dispersible tablets, national IMCI guidelines, and flowcharts. |
| Management of children classified as severe or very severe diseases | Management of children classified as severe or very severe diseases involving parenteral fluids and drugs, and oxygen. |
| Community mobilization for EPI | Community mobilization and support of outreach sites of routine Expanded Programme for Immunization (EPI), and/or mass vaccination campaigns. |
| EPI | Expanded Programme on Immunization (EPI): Provision of routine immunization services for the target diseases by a fixed health facility with the availability of a functional cool chain. |
| IEC on IYCF practices | Information, education, and communication (IEC) of child caretaker, promotion of exclusive breastfeeding and Infant, Young, and Child Feeding (IYCF) practices, active case finding, and referral of sick children. |
| Nutritional surveillance of the mother and newborn | Conducting nutritional examinations of the mother during antenatal care visits by measuring the circumference of the shield with Mid-Upper Arm Circumference (MUAC) and the percentage of hemoglobin, taking the weight and height of the newborn and feeding during the first hour of birth, and measuring the percentage of hemoglobin for the mother during childbirth. |
| Screening for acute malnutrition at the community level | Screening for acute malnutrition at the community level using Mid-Upper Arm Circumference (MUAC). |
| Growth monitoring at primary care level | Growth monitoring and/or screening of acute malnutrition using Mid-Upper Arm Circumference (MUAC), weight-for-height (W/H), and edema. |
| CMAM | Community Management of Acute Malnutrition (CMAM): Support community sites for CMAM programs and/or follow-up of children enrolled in supplementary/therapeutic feeding. |
| IMAM | Integrated Management of Acute Malnutrition (IMAM): Outpatient program for severe acute malnutrition without medical complications with ready-to-use therapeutic foods available. |
| Stabilization center for SAM | Stabilization center for Severe Acute Malnutrition (SAM) with medical complications, availability of F75, F100, ready-to-use therapeutic foods, and a dedicated trained team of doctors, nurses, and nurse aids, operating 24/7. |

# Communicable diseases

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

# Maternal and neonatal health services

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

# Noncommunicable diseases and mental health

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