



HIGHLIGHTS

- On 14 September 2009 a joint UN mission including the UN Resident Coordinator and representatives from OCHA, UNICEF, WHO and other agencies visited the IDP camps in Haradh, Hajjah Governorate.
- The WHO office in Yemen has received surgical supplies donated by the Italian Government and medicines and diarrhoeal disease kits procured from CERF funds. These medicines and supplies will be used to support mobile medical teams and hospitals in the conflict-affected areas.
- WHO is supporting six mobile health units managed by the Ministry of Public Health and Population (MOPHP). These units are providing essential health care services in Jowf, Amran and Hajjah Governorates.
- 107 patients have been confirmed H1N1 positive by the MOPHP's disease control and surveillance unit.
- No disease outbreaks have been reported from any of the IDP-hosting areas.
- The fourth cluster coordination meeting was held on 13 September 2009. The Health Cluster is preparing its humanitarian response plan for 2010.
- Most health facilities in Sa'ada Governorate remain inaccessible due to the continuing conflict.



HEALTH IMPACT

- Malaria, skin infections, diarrhoeal diseases, respiratory infections and malnutrition are the main causes of consultation.
- The increasing number of H1N1 cases is overburdening the limited specialized care services in the hospitals.
- No disease outbreaks have been reported to date.

HEALTH SECTOR RESPONSE

- A joint humanitarian mission including representatives from WHO, UNHCR, WFP, UNICEF, Oxfam, Yemen Women's Association, Yemen Red Crescent and Save the Children visited Amaran and Khaiwan District on 7 September 2009. Currently there are 500 families in Khaiwan living in schools/health centres and with family/friends. Plans are under way to open an IDP camp in Khaiwan. WHO will strengthen a health centre located 200m from the proposed site of the camp, in order to ensure the availability of basic health services for IDPs.
- Limited health sector resources are hindering the provision of health services to IDPs. To date the health sector has received funding from the CERF only¹. No funds have been received for the health component of the recent Flash Appeal (US\$ 2.3 million requested for

¹ US\$229 662 received from the CERF.

the health cluster). The WHO Representative for Yemen is holding meetings with ambassadors to mobilize funds for the health response.

- Cluster partners are preparing their projects under the humanitarian response plan for 2010.
- Six mobile medical teams jointly operated by WHO and the MOPHP have reported a total of 2628 consultations since 1 September 2009.

WHO RESPONSE

Jawf Governorate

- Two mobile teams supported by WHO reported a total of 460 consultations between 7 and 14 September 2009.

Sa'ada Governorate

- Due to the continuing conflict and security constraints, Sa'ada remains inaccessible to humanitarian actors. A desktop review of the health sector in Sa'ada Governorate showed that the area (15 districts with a total population of 829 147 as of 2008) has 127 health facilities including two general and eight district hospitals, 18 health centres, 80 fixed health posts and 19 temporary health posts. These health facilities are managed by a total of 901 health workers including five specialist doctors, 43 general physicians, 164 nurses, 16 dentists, 137 health educators, 89 midwives, 55 pharmacy technicians and others.
- No patient data are available due to very limited communication.

Hajjah Governorate

- The WHO-supported fixed medical post in Haradh IDP camp is fully functional and is treating around 250 patients a day. There are separate facilities for males and females. In addition to covering operating costs, WHO has donated a generator, six beds, medical equipment, furniture, medicines and other supplies.
- A joint UN mission including Mr Rashid Khalikov (OCHA New York) Ms Pratibha Mehta (UN Resident Coordinator) and Dr Ghulam Popal (WHO Representative) (*pictured right*) visited the Haradh IDP camps, including the WHO-supported health post, on 14 September 2009.



Amaran Governorate

- The two mobile medical teams supported by WHO reported 468 consultations between 7 and 14 September.

NEEDS

- Specialized care capacity in at least one hospital per governorate should be improved in order to handle the increasing number of H1N1 cases.
- Referrals to secondary health facilities should be strengthened in order to provide timely treatment for chronic illnesses such as tuberculosis, hypertension, cardiovascular diseases, asthma, etc.
- Water quality monitoring needs to be strengthened.

- Reproductive health services for IDPs need to be strengthened.
- In the Yemen Flash Appeal launched on 2 September, the Health Cluster has requested US\$ 2.3 million to provide emergency health care to the 150 000 people who have been displaced and the 800 000 people who have been indirectly affected by the conflict.

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