



### HIGHLIGHTS

- In response to unconfirmed reported civilian casualties resulting from Airstrikes in Amran Governorate, WHO's Representative to Yemen (currently Resident Coordinator a.i.) along with representative Of INGOs met with the Deputy Prime Minister and the Minister of Health and expressed concern from the humanitarian community over the Amran incident. With reference to the UNSG's statement, the Government of Yemen expressed its consent for an in-depth investigation of the incident and called a ceasefire to facilitate humanitarian support.
- Responding to the request for medicines from a health center in Aleb (Sa'ada governorate), WHO dispatched two basic health kits (medicines and supplies for 2000 persons for three months.) These supplies were sent by military helicopters. Aleb is located on the Yemen-Saudi border north of Baqum where thousands of IDPs are located.
- No communicable disease outbreaks have been reported from any IDP-hosting area, but the risk remains very high due to partial surveillance, inadequate health services and safe drinking water unavailability.
- WHO received information on the presence of 57,225 IDPs in various locations in Sa'ada Governorate.
- Most health facilities in the Sa'ada Governorate remain inaccessible due to the continuing conflict.
- Six WHO-MoPHP joint mobile medical teams remained operational and reported 3299 consultations since 1 September, 2009.
- The current WHO response is supported through CERF funds and in-kind donation (surgical kits and supplies) by the Italian government. There is an urgent need for more resources to continue response to ongoing situation.



### HEALTH IMPACT

- The main causes of patient consultations are diarrhoeal diseases, respiratory and urinary infections, as well as skin infections, which mainly include scabies and rashes.
- No disease outbreaks have been reported to date.
- High risk of the spread of communicable disease due to low surveillance and inadequate services is directly related to the lack of appropriate water and sanitation services.
- Six mobile medical teams jointly operated by WHO and the MoPHP have reported a total of 3299 consultations since 1 September, 2009.

### HEALTH SECTOR RESPONSE

- WHO is facilitating Médecins Sans Frontières's health activities in Al-Marashi, Jawf Governorate.

- International Medical Corps (IMC) held a meeting on 19<sup>th</sup> September with WHO and the Minister of Health as part of its situation-analysis mission to Yemen. WHO as Health Cluster leader agency assured its full support to IMC.
- Médecins du Monde has planned health interventions in Sa'ada and will begin its work as soon as the security situation improves.
- Limited health sector resources are hindering the provision of health services to IDPs. To date, the health sector has received funding only from the CERF<sup>1</sup>. No funds have been received for the health component of the recent Flash Appeal (US\$ 2.3 million requested for the health sector). The WHO Representative for Yemen is meeting with ambassadors to mobilize funds for the health response.
- All cluster partners will submit projects online for the Humanitarian Response Plan 2010 by 3<sup>rd</sup> October, 2009.

## WHO RESPONSE

### Jawf Governorate

- While chairing a meeting held on September 16, His Excellency the Governor of Jawf expressed his thanks to the WHO for its support to the IDP response. He also stressed upon the need of coordination among all stakeholders.

### Sa'ada Governorate

- Sa'ada remains inaccessible to the humanitarian community due to continuing conflict and security constraints. But WHO sent two basic interagency kits (medicines and supplies for 2000 people for three months) through military helicopters to the Aleb health centre in Sa'ada.
- No patient data is available from Sa'ada due to limited communication.
- WHO received information regarding the rolling presence/displacement of displaced people in various locations of Sa'ada Governorate.

Location of IDPs	No. of Families	Individuals
AhmeeAl-Taj Camp	750	5250
Saam Camp	220	1540
Al-Ahsa Camp	65	455
Al-Zeqoul	500	3500
Al-Amar	350	2450
Center of Sa;ada and surroundings	1240	8680
Al-Abu Jabara	50	350
Baqim	4000	28000
Al-Sahla (Al-Mahadher)		7000
<b>Total</b>	<b>7175</b>	<b>57225</b>



### Hajjah Governorate

- The WHO-supported fixed health clinic in Al-Mizraq camp in Haradh district is fully functional in four tents (one each for male and female patients, another for immunizations and also one is being used as a pharmacy). Four physicians and 10 health workers, including three midwives, are providing services in alternate shifts. Each shift is reporting an average of 120 consultations. Eight beds are available for day care/observation of patients.
- The Governor of Hajjah visited the WHO supported clinic in Al-Mizraq camp and appreciated the services.

<sup>1</sup> \$ 229,662 received from the CERF.

## Amran Governorate

- In response to the unconfirmed reported airstrikes and civilian casualties on 16 September in Amran, WHO's Representative to Yemen, Dr. Ghulam Popal, who is currently Resident Coordinator a.i. met with the Deputy Prime Minister for Defense and Security and the Health Minister, who is also the Government of Yemen's focal point for the IDP crisis. Dr Popal expressed deep concern on behalf of the UN and other partners and, in reference to the [UN Secretary-General's statement](#), highlighted the need for protection and assistance to civilians. On behalf of the government, the Deputy Prime Minister assured full support to the international humanitarian community and notified that the President of Yemen had established a committee to investigate the incident and submit a detailed report. The government also supported the UNSG request for a two-week ceasefire to facilitate humanitarian assistance to IDPs.
- The two mobile medical teams supported by WHO reported 423 consultations between 15-18 September.

## NEEDS

- Enhanced primary health care coverage to the population by increasing support to existing health care infrastructure and the number of mobile medical teams.
- 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 to provide timely treatment for chronic illnesses such as tuberculosis, hypertension, cardiovascular diseases and asthma.
- Water quality monitoring needs must be strengthened.
- Reproductive health services to IDPs need to be strengthened.
- Funding. In the Yemen Flash Appeal launched September 2, the Health Cluster requested US\$ 2.3 million to provide emergency health care to the 150 000 displaced people and the 800 000 people indirectly affected by the conflict.

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