



HIGHLIGHTS

- A humanitarian mission led by the Minister for Health (the Government of Yemen's focal point for the IDP crisis) and the WHO Representative (currently acting UN Resident Coordinator) visited the IDP-hosting Governorates of Hajjah and Amran from 28 to 30 September.
- The Government of Yemen is planning to open a new IDP camp in Aleb on the Yemen-Saudi border north of Baqim, where thousands of IDPs are present. A joint UN mission will visit Aleb for initial assessment and planning.
- The National Malaria Programme has provided 2000 bed nets to Haradh district for distribution to IDPs. Eight hundred bednets have already been distributed in Al-Mizraq camp. A residual spray campaign in Sa'dah will begin shortly.
- No communicable disease outbreaks have been reported from any IDP-hosting areas, but the risk remains very high due to partial surveillance, inadequate health services and lack of safe drinking watery.
- 9174 consultations have been reported by six WHO-MoPHP joint mobile medical teams working in Al Hawf, Amran and Hajjah.
- The current WHO response is supported through CERF funds and an in-kind donation of surgical kits and supplies by the Italian government. There is an urgent need for more resources to continue the emergency response.
- Limited resources in the health sector are hindering the provision of health services to IDPs. To date, the health sector has received funding only from the CERF¹. No funds have been received for the health component of the recent Flash Appeal (US\$ 2.3 million requested for the health sector).



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 communicable diseases due to low surveillance, lack of clean drinking water and inadequate sanitation.
- Six mobile medical teams jointly operated by WHO and the MoPHP have reported a total of 9174 consultations since 1 September 2009.

HEALTH SECTOR RESPONSE

- The fifth health cluster coordination meeting was conducted on 27 September. The draft health response plan for 2010 was discussed and agreed. Partners will prepare proposals as per shared objectives and strategies by 3 October.

- Médecins Sans Frontières (MSF) provided one basic kit, one dressing kit and additional essential medicines to the Manadabah health unit (located near Aleb customs point).
- A mission from the Mentor initiative visited the WHO office on 27 September and discussed the need for malaria control interventions in the IDP-hosting Governorates.
- Limited resources in the health sector are hindering the provision of health services to IDPs. To date, the health sector has received funding only from the CERF¹. 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 to meet with the heads of diplomatic mission to facilitate resource mobilization.

WHO RESPONSE

Al Jawf Governorate

- The joint MoPHP and WHO mobile teams remained operational in Al Jawf and reported 284 consultations last week.

Sa'ada Governorate

- No patient data are available from Sa'dah due to limited communication.
- The Government of Yemen is planning to open a new IDP camp at Aleb (located on the Yemen-Saudi border north of Baqim.) A joint UN planning mission will visit these areas next week. Access will be provided through the Kingdom of Saudi Arabia; the Government of Yemen will facilitate all humanitarian processes.

Hajjah Governorate

- The joint MoPHP and WHO mobile medical teams reported 349 consultations last week.
- The WHO-supported fixed health clinic in the Al-Mizraq camp remains functional.

Amran Governorate

- A joint humanitarian mission led by the Minister for Health, who is also the Government of Yemen's focal point for the IDP crisis and the WHO Representative for Yemen, who is currently acting UN Resident coordinator, the Amran district.
- The two mobile medical teams supported by WHO reported 1483 consultations last week.

NEEDS

- Enhanced primary health care coverage 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 must be strengthened.
- Reproductive health services to IDPs need to be enhanced.
- Funding: In the Yemen Flash Appeal launched 2 September 2009, the Health Cluster requested US\$ 2.3 million to provide emergency health care to the 150,000 IDPs and the 800,000 persons indirectly affected by the conflict.

¹ US \$ 229,662 received from CERF.

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