HEALTH CLUSTER BULLETIN # 1 (period up to 7 June 2015)
Yemen Humanitarian Crisis

HIGHLIGHTS

- According to OCHA Yemen 20 million people are now affected by the crisis while more than one million have been displaced.
- The access to health services and health facilities is becoming more complex due to the worse security situation while health services are needed for the total coverage of 15.1 million people.
- There are reports of increased cases of malaria, Dengue Fever and Viral Haemorrhagic Fever (VHF) in the southern governorates of Hadramaut, Abyan, Lahj and Aden.
- A total of 68 alerts were generated by eDEWS system in week 22, 2015. Of these 62 alerts were verified and confirmed after investigations with appropriate response.
- Under Health Cluster there are 74 MTs of medicines and medical supplies in the country ready to distribute covering more than 700,000 beneficiaries.
- A five day humanitarian pause in Yemen would provide desperately needed respite for civilians and enable humanitarian partners to respond to some of the most life-threatening needs with projected coverage of more than 500,000 people.
- As of 10th June no confirmed transfer of funds has been received from agencies that had Saudi Arabian funding pledges.

HEALTH SECTOR

- HEALTH CLUSTER PARTNERS: 20
- COVERAGE POPULATION: 15 M

MEDICINES STOCK AVAILABLE

- TRAUMA KITS A & B ITALIAN: 20
- EHKS/IENHS: 73
- FIRST AID BAGS: 466

HEALTH FACILITIES

- TOTAL HEALTH FACILITIES: 4173
- HEALTH FACILITIES AFFECTED: 50***

DISEASES

- CONSULTATIONS: 42674
- DENGUE FEVER: 16 ALERTS
- MEASLES: 10 ALERTS
- BLOODY DIARRHEA: 10 ALERTS

EDEWS

- SENTINEL SITES (CURRENT) REPORTING: 372
- 262

FUNDING $US

- % FUNDED: 9.95 M
- FLASH APPEAL/PLEDGES: 37.9 M

**reported by health facilities
***subject to field verification
Public health situation and risks:

As the situation is further deteriorating 20 million people need humanitarian assistance. 15 million people are in need of basic health care and the country health sector is at the verge of collapse. The number of internally displaced persons (IDPs) has nearly doubled since early May, reaching more than 1 million people and this number will further grow as conflict continues. The doubling of the displacement figure since early May requires increased efforts to meet urgent needs including water, sanitation, health care and food. Some of the areas hosting the greatest numbers of IDPs were also the most food insecure areas pre-crisis. This is increasing the strain on these communities, particularly those in Hajjah, Al Dhale’e and Lahj governorates.

Health needs have grown, as access to health care has been drastically reduced, lack of sanitation, coupled with reduced surveillance and a disrupted health-care system, and are major concerns. The ambulance service in most of the areas is nonfunctional due to fuel shortages and security threats to health workers and risk to assets. In addition to the high need for emergency medical and trauma treatment of the war wounded, the country is in serious shortage of medicines and supplies especially for chronic diseases. Medicines for hypertension, diabetes and cancer treatment are no longer available, while acute shortages are reported in anti-biotic, trauma kits, blood bags and other critical medical supplies. Fuel shortages are preventing generators from running, threatening the provision of quality care and cold chain shortages of vaccines and other temperature sensitive supplies. Health facilities and workers were attacked and the partners are facing difficulties in accessing the health facilities and hospitals. Increase in incidence of malaria, Dengue Fever and Viral Hemorrhagic Fever (VHF) have been reported in the southern governorates of Hadramaut, Abyan, Lahj and Aden.

The eDEWS system for disease surveillance and outbreak response is badly affected due to inaccessibility and disruption of communication channels which increase the public health risks especially high risk of outbreak of communicable diseases.

Fighting has resulted in more than 12,000 casualties since March. Latest estimates indicate that close to 2,300 people have been killed – half of them civilians – and almost 10,000 injured. (Source: reports for hospitals). The actual number of casualties is likely to be much higher, as many of the wounded and dead are not brought to health facilities and go unreported. MoHP acknowledges that casualties among women are not well tracked on a daily basis. WHO is working with the UN Gender Advisor to improve the reporting and planning for YHRP response.

Public health priorities, needs and gaps

The following are the Health Cluster priorities for the ongoing emergency health response:

1. Support **casualty management** in conflict-affected governorates, including provision of trauma kits, drugs, medical and surgical supplies, deployment of surgical teams, first aid, referral services, ambulance services and capacity-building of health workers on mass casualty incidents.

2. Provide **integrated primary health care (PHC) services**, including mental health care and provide health services through Mobile Health Units and outreach services including routine immunization, screening and treatment of SAM.

3. Provide life-saving **maternal, new-born and child health interventions**, including antenatal, delivery and postnatal care for mothers; new-born care, routine immunization and screening and treatment of illnesses in children through health facilities, outreach and mobile services, all accompanied by social mobilization activities.

4. **Disease surveillance and outbreak response** system (eDEWS) is strengthened and expanded for timely detection of communicable diseases alerts and respond to outbreaks along with preventive activities including health promotion and health risk awareness.
5. **Procure, stockpile and distribute medicines and medical supplies to health facilities** around the country and maintain cold chain for vaccines.

**Needs and Gaps:**

Due to ongoing conflict and movement of people, health facilities are overburdened in the displacement areas. There is a need to reinforce capacities to respond to the urgent health needs of the displaced population specially support for treatment of injured people, evacuation of patients, the elderly and particularly pregnant women requiring safe delivery services. Health Staff and workers have also moved to safe locations due to the conflict. In the displacement areas, population are directly seeking health services at the secondary health level and at tertiary level hospitals.

Due to the ongoing conflict, the health system is badly affected resulting in closure of hospitals, laboratories, health warehouses and health administrative offices, disruption of medical supplies distribution to health facilities, displacement of health workers and interruption in vaccination campaigns. Primary health care facilities are reported to have minimum access to medicines, supplies and equipment. The shortage of medicines and supplies is a major problem while the another major constraint is the inability to move supplies to hospitals and health facilities due to fuel shortages and insecurity. Ambulances have also been affected specially from basic health facilities to hospitals and also fuel shortage for the ambulances also affected their operations.

There are reports of increasing cases of measles and rubella due to disrupted immunization campaigns which create increased risk of outbreaks of measles and polio. At least 69 cases of dengue were recorded in May in Aden Governorate, as well as a growing number of cases of acute watery diarrhoea due to poor sanitation and limited access to safe water. With disruptions in vaccination program due to the insecurity, cases of measles have also increased, especially among IDPs living in overcrowded shelters, where risk of transmission between under-vaccinated children is high. Polio is also a serious risk, although Yemen is currently polio free. At Al Salam Hospital in Khamir District, Amran, the number of emergency admissions doubled in the last two weeks.

**Pop. Projections June 2015: estimated figures to define the health care by target**

**Target population high priority activities: 10,082,087**

**Period covering: 6 months**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Direct targets</th>
<th>6 Months Target Groups</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn (birth rate: 31.02/1000/year 2014)</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Infants &lt; 6 months</td>
<td></td>
<td>76,000</td>
<td></td>
</tr>
<tr>
<td>Infants (&lt;1 year)</td>
<td></td>
<td>320,000</td>
<td>1</td>
</tr>
<tr>
<td>&lt; 5 children (ARI, Diarrhea) PHC</td>
<td></td>
<td>276,000</td>
<td>1</td>
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<tr>
<td>Children &gt; 6 months and &lt;15 years for Measles/Rubella mass vaccination</td>
<td>8,600,000</td>
<td>4,375,000</td>
<td>2 rounds</td>
</tr>
<tr>
<td>Polio in Emergency Children 0 months and &lt;15 years</td>
<td>8,900,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Units coverage</td>
<td></td>
<td>830,000</td>
<td>100%</td>
</tr>
<tr>
<td>Integrated outreach</td>
<td></td>
<td>870,000</td>
<td>100%</td>
</tr>
<tr>
<td>Child bearing age (CBAs) (48.8% of female pop.)</td>
<td></td>
<td>845,867</td>
<td>one third</td>
</tr>
<tr>
<td>Pregnant ladies</td>
<td></td>
<td>370,000</td>
<td>100%</td>
</tr>
<tr>
<td>Deliveries</td>
<td></td>
<td>307,000</td>
<td>100%</td>
</tr>
<tr>
<td>Pregnancy /child birth related complication (15%)(of 4% of pregnant ladies/year)</td>
<td></td>
<td>2,220</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>10,082,087</strong></td>
<td></td>
</tr>
</tbody>
</table>

**** This population is calculated based on partners identified target population for various activities. The population for measles and polio is only calculated for the individual child once however there will be two 2 polio campaigns and 2 measles & rubella campaigns. The figure may increase as the conflict continues as more assessment from partners is coming.
Communicable diseases:

- During week no. 22, 2015; 70% (372/262) health facilities from 15 governorates provided valid surveillance data.
- The total number of consultations reported during the week in 15 governorates was 42674 compared to 42140 the previous reporting week. Acute respiratory tract infections (ARI), acute diarrhoea (OAD) and suspected malaria (S. Mal) were the leading cause of morbidity this week.
- A total of 68 alerts were generated by eDEWS system in week 22, 2015; Of these 62 alerts were verified as true for further investigations with appropriate response.
- Altogether 16 alerts for Dengue Fever, 10 each for Measles and Bloody diarrhoea, 9 Cutaneous Leishmaniasis, 5 Pertussis, 4 AVH, 3 Acute Flaccid Paralysis, 1 each for Malaria, Schistosomiasis, Neonatal Tetanus, Meningitis and Viral haemorrhagic fever were received and responded.
- Upper Respiratory Tract Infection (URTI) (9.8%), suspected malaria (5.1%), OAD (8.5%) and Pneumonia (5%) remain the leading causes of morbidity representing a total of 28.4%.
- Acute viral hepatitis, acute watery diarrhoea and Schistosomiasis represented less than 1% of total morbidity in reporting period. Bloody diarrhoea represented 0.3% of this morbidity.
- All diarrheal disease comprised 8.8% and Pneumonia 5% of total morbidity in Pilot Governorates this week.
- All diarrheal disease comprised 4.72% and Pneumonia 2.68% of total morbidity in the <5 years age group.

Measles/Rubella cases:

Source: MoHP data on measles and rubella
Functionality of health facilities

- Restrictions on humanitarian access are key impediments to ensuring that humanitarian aid reaches people in need. - Ongoing conflict have constrained humanitarian access, especially in Sa’ada, Hajjah, Taizz, Al Dhale, Aden and Lahj governorates.
- The Director General of health in Hajjah Governorate reported the death of an ambulance driver and the injuries of two accompanying staff due to an airstrike. This happened while they were trying to rescue victims of a previous airstrike in the district of Al-Malaheet in Sa’ada Governorate. The ambulance car was totally destroyed.
- The health institute in Ataq city, the capital of Shabwah Governorate was severely damaged.

The MoHP operations room follows up all hospitals in all governorates for any urgent needs in terms of oxygen supply, trauma and dressing kits, life-saving equipment and essentials, bed capacity, health human resources and inter-hospital patients transfer.

Stock essential medicines and available (WHO):

<table>
<thead>
<tr>
<th>No</th>
<th>Description</th>
<th>Unit Form</th>
<th>SANAA Total Stock 01/06/2015</th>
<th>HOUDEIDA Total Stock 01/06/2015</th>
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<tbody>
<tr>
<td>1</td>
<td>Trauma Kits A+B</td>
<td>Kits</td>
<td>21</td>
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<tr>
<td>2</td>
<td>Trauma B kits</td>
<td>Kits</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Basic unit 1-2 drugs</td>
<td>drugs</td>
<td>24</td>
<td></td>
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<tr>
<td>4</td>
<td>Basic unit 2-2 Supplies</td>
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<td>40</td>
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<tr>
<td>5</td>
<td>IEHK Basic unit 1-2 drugs(1-10)</td>
<td>carton</td>
<td>24</td>
<td>2</td>
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<tr>
<td>6</td>
<td>IEHK Basic unit 2-2 Supplies(1-10)</td>
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<tr>
<td>7</td>
<td>IEHK Supplementary(11/03-30/30)</td>
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<td>3</td>
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<tr>
<td>8</td>
<td>Emergency Kit Locally made (B)</td>
<td>Kits</td>
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<tr>
<td>9</td>
<td>Set surgical drainage material (ICRP)</td>
<td>set(cart)</td>
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<td>Remove raw</td>
</tr>
<tr>
<td>10</td>
<td>Set dressing, material, single use (ICRP)</td>
<td>set(cart)</td>
<td>4</td>
<td>Remove raw</td>
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<tr>
<td>11</td>
<td>First Aid Bags</td>
<td>kits-3</td>
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<tr>
<td>12</td>
<td>Dressing Materials Kits</td>
<td>Kit-4</td>
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<td>13</td>
<td>Surgical Supply Kits</td>
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<td>14</td>
<td>Dextrose 5% w/g set</td>
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<td>15</td>
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<td>16</td>
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<tr>
<td>17</td>
<td>Ringer Lactate</td>
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<tr>
<td>18</td>
<td>Emerg. Diarrhea Disease Kit, lt. ORS</td>
<td>kit</td>
<td>25</td>
<td>2</td>
</tr>
<tr>
<td>19</td>
<td>Emerg. Diarrhea Disease Kit, lt. Supplem.</td>
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<tr>
<td>20</td>
<td>Captopril 25 mg, 20 tablets</td>
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<tr>
<td>21</td>
<td>Moxal, chewable, 10x10 tablets</td>
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<tr>
<td>22</td>
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<td></td>
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<tr>
<td>23</td>
<td>Water Testing Kit, Basic-Delagua</td>
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<td>6</td>
<td></td>
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<tr>
<td>24</td>
<td>Water Testing Kit, Plus-Delagua</td>
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<td></td>
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<tr>
<td>25</td>
<td>Water storage and distribution</td>
<td>kit</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>
Proposed 5 days Humanitarian Pause:

Focus of the operational plan for the 5-days pause

1. A five day humanitarian pause in Yemen would provide desperately needed respite for civilians and enable humanitarian partners to respond to some of the most life-threatening needs. The focus of humanitarian partners during the pause would be:
   a) Evacuation of wounded and critical medical treatment;
   b) Replenishment of humanitarian supplies, including fuel, food, medical, nutrition, non-food items and water and sanitation supplies to the country;
   c) Replenishment of supplies to hospitals and local water corporations;
   d) Forward positioning of humanitarian stocks and distribution in country to most affected areas;
   e) Evacuation of civilians currently trapped by the conflict.
   f) Improve access to lifesaving health and Nutrition services through mobile teams.
   g) Provision of security telecommunications, charging stations and internet access for the coordinated, safe and effective work of the humanitarian community.

Prerequisites for the Humanitarian Pause to Succeed

2. A pause in all fighting, including airstrikes, should last a minimum of five days, to enable civilians to flee to safety and access services, and to enable an effective and principled humanitarian response. For the pause to be successful, parties to the conflict must commit to:
   • Implementing in areas under their control and influence a five days humanitarian pause to allow for the delivery of humanitarian assistance and/or for civilians trapped by the fighting to leave;
   • Respecting the imperative of humanitarian actors to engage with whoever is required – both inside and outside the country - to reinforce and coordinate pauses;
   • Allowing free and safe passage for humanitarian staff and supplies - including fuel, food, medical staff and medical supplies – for the full duration of the pause;
   • Allowing humanitarian actors to use the routes most practical and safe to deliver assistance;
   • Ensuring that all military activity ceases in and around airports and seaports which are critical for the humanitarian operation (including in Sana’a, Hudaydah and Aden) in advance of the five day pause, to allow for necessary repairs and preparations, and for the full duration of the pause;
   • Allowing the importation of at least 500,000 litres of additional fuel at least 72 hours prior to the commencement of the pause to support the most urgent life-saving humanitarian operations and infrastructure during the pause, and permitting the importation of more fuel after the pause to: i) sustain critical infrastructure, including telecommunications networks and essential services; and ii) sustain the humanitarian operation;
   • Informing civilians and humanitarian actors prior to any resumption in military action;
   • Guaranteeing that civilians who wish to leave Yemen are granted safe passage;
   • Allowing humanitarian partners to work with national partners most capable of delivering humanitarian assistance according to humanitarian principles;
Proposed Health Response during the second Humanitarian Pause:

A five day humanitarian pause in Yemen would provide desperately needed respite for civilians and enable humanitarian partners to respond to some of the most life-threatening needs. For Health Cluster the major focus during the pause is:

- Deployment of emergency medical and surgical teams
- Transportation and distribution of drugs, medical supplies (includes oxygen cylinders) and fuel to main hospitals and health centres
- Distribution of supplies already in critical areas like Taiz (such as vaccines) to safer places closer to the service delivery points
- For filling gaps deployment of additional medical teams to major hospitals with medicines and supplies
- Allow movement of severely injured persons or evacuation of civilians currently trapped by the conflict with chronic illnesses in need of urgent medical attention to governorates with functional hospitals
- To conduct a campaign – such as a general health campaign or a Mother and Child Health Day – to provide vaccinations, urgent treatment of illnesses, supplementations (Vit A, Zinc, Fefol, folic acid, other micronutrients), deworming, ANC/ PNC for mothers etc.
- To distribute essential quantities of fuel to main hospitals, cold rooms etc.
- Evacuation of wounded and critical medical treatment;
- Forward positioning of humanitarian stocks in country to most affected areas;

WHO actions plan for Humanitarian Pause -2:

WHO has around 58 MTs of medicines and medical supplies in the country ready to distribute covering more than 430,000 beneficiaries. The supplies include the following items

1- (A+B) trauma kits: 21 kits.
2- Trauma B kits: 20
3- Basic unit 1-2 drugs: 24
4- Basic unit 2-2 Supplies: 40
5- First Aid Bags: 466
6- Dressing Materials Kits: 188
7- 69 boxes of TB drugs in addition to malaria drugs (being cleared at Sana’a airport)
8- 1V fluids

WHO is also planning to conduct emergency vaccination for children <15 years on measles/rubella; polio and distribute vit. A in IDP concentrations

WHO is already supporting hospitals; blood banks; cold chain; ambulances while more medical teams would be deployed in the high health risk areas.

UNICEF action plan for Humanitarian Pause -2:

Below is the UNICEF action plan for the Humanitarian Pause- 2:

- Replenishing of medical equipment and health supplies to all hospitals and health facilities and community health workers, including:
  - Interagency emergency health kits
  - Midwifery kits
  - Diarrheal disease kits
  - 4 million ORS sachets distribution to all governorates
  - IMCI drugs
Maternal and new-born health drugs
Essential emergency supplies including epinephrine, diazepam, lidocaine, syringes, etc. to ensure continuous running of facilities

- Distribution of vaccines depending on specific context to safer places closer to the service delivery points, in Taiz to Ibb governorate. Movement of vaccines and health supplies within the governorate from governorate level to districts and health facilities
- Health and Nutrition integrated mobile teams/clinics to cover the selected communities in Sa'ada, Aden, Taiz, Ibb, Lahj, (9)Hajjah, (3) Hodeidah, (3) Rayma, (2) Mahweet, (2)Mareb, Amran, (2)Albaidha, Abyan.
- Tentative plan to conduct a campaign Mother and Child Health Day to provide vaccinations, urgent treatment of illnesses, supplementations (Vit A, Zinc, Fefol, folic acid, other micronutrients), deworming, ANC/ PNC for mothers. This will be targeting Taiz city, Aden, IDPs in Saada, Lahj, and others.
- To distribute essential quantities of fuel to the main hospitals, 120,000 litres for the central warehouse EPI and the 23 governorates selected cold rooms, and 11,700 litres for operating of the mobile team activities. Final distribution of the cold chain equipment/refrigerators.

**Health Cluster Actions**

**Health Cluster – strategies for implementation**

- Support to the Ministry of Health and Population (MoHP) in filling gaps in the urgent health interventions and to address duplication issues in the health services delivery.
- Health Cluster will operate from the Humanitarian Hubs initially from Sanaa and Hudayadh and eventually from all Hubs to facilitate the distribution of medicines, supplies and equipment. The coordination of the health response will also be supported from the common Humanitarian Hubs. The cluster meetings in Amman are anticipated to stop soon and they will be shifted to Yemen as access to Sanaa is assured.
- The supplies and medicines will be distributed to health facilities in close coordination with the health authorities and partners from the prepositioned stocks of three major suppliers of medicines i.e. UNICEF, UNFPA and WHO while the cluster partners will closely coordinate with the Health Cluster team to avoid any duplication of supplies.
- Integrated Primary Health Care (PHC) package will be adopted at all levels of service delivery including community level, health facilities, Mobile Health Units (MHUs), outreach activities for immunization/vaccination etc.
- The emerging public health threats will be addressed in a timely and appropriate manner by implementing and expanding the eDEWS and response to all the affected areas of displacements and insecurity.
- The strategy for the Mobile Health Units will be developed and partners will be encouraged to implement the strategy as standard package for the health services delivery.
- In the event of establishment of camps, partners and observers will be supported to start activities in the areas and provide referral services/ambulances to take patients to the nearest health facility.
- Environmental health response is an essential component in controlling the spread of water borne diseases during humanitarian emergencies. Water quality monitoring and treatment should be conducted to avert waterborne diseases and health education and hygiene campaigns for raising awareness and effective health seeking behaviour while closely working with WASH Cluster.
• Health Cluster will support lifesaving interventions for reducing excess morbidity and mortality among the highly vulnerable population groups due to complications associated with severe acute malnutrition among the affected population.

**Cluster Response:**

More than 200 people with burns after a 25 May attack on a fuel depot in Taizz were transferred to a partner-supported hospital. Partners continue to operate an emergency surgical hospital, emergency posts and two mobile clinics in Aden, treating over 1,320 people, and they are supporting hospitals in Sana’a, Amran and Sa’ada, as well as providing water to two hospitals in Sana’a. Mobile clinics provided general consultations for IDPs in Khamir District, Amran. Over 1,230 consultations have been provided in eight locations in Khamir. Water, NFI s and hygiene kits for more than 500 IDP families were also provided, along with health promotion. In Hajjah Governorate, over 650 IDP consultations were held in Haradh at Bani Hashim Health Centre. In Sana’a, partners provided emergency and operating theatre supplies, as well as dialysis drugs and materials to cover 500 sessions at Al Jumhoori Hospital. Medical support, health education and psychological support was also provided for IDPs from Sa’ada. One partner has imported more than 100 MT of medical supplies since March, but has indicated that this is inadequate to meet needs. Mass casualty training for staff at Al Olafi hospital in Al Hudaydah took place. There is a need to scale up Outbreak investigation and response in Hodeida, Aden, Hadramout, Lahj, Taiz, Aldhalea and Dhamar, Sa’ada, Hajjah and Hodeida and Amran. Targeted intervention in Aden, Lahj and Taiz as well as Hodeida for Dengue Fever. Supply of fuel is under progress to referral hospitals. 5000 litres per day for 10 major hospitals in Sana’a, Hajja, Hodeida, Aden, Lahj, Taiz, Aldhalea, Ibb, Hadramout, Saada.

Health Cluster meetings are regularly taking place in Amman and Sanaa where more than 20 partners participate in each meeting and priorities, needs and gaps are discussed with actions planned for the response.

**Mother and Child Health updates: (UNICEF)**

In Sa’ada, 2,277 children under 5 received health and nutrition services through fixed facilities, mobile clinics and community midwives. In Hajjah, community health workers reported that 992 children were provided health services including immunization for vaccine preventable diseases such as measles and polio (121), deworming (653) and diarrhoea treatment (218). UNICEF supported partners to deploy mobile teams to provide integrated health and nutrition services for IDPs and conflict affected people. One UNICEF supported mobile clinic in Amran, two in Marib and two in Al Bayda screened 1,277 children under 5 for malnutrition, of which 66 were identified as severe cases and were referred to treatment services. Mobile clinics also worked in various southern governorates including Al Dhale, Shabwa and Abyan but as reports have not been received yet due to problems with telecommunications, results from these cannot be calculated. UNICEF’s Health response continued through support to hospitals, health facilities, integrated outreach activities and mobile clinics. Through all of these services, during the reporting period, at least 1,263 women were provided with reproductive health services, including 822 who were provided with antenatal care, 82 were helped by skilled birth attendants during delivery and 44 were provided with post-natal care.

Continuing its support for maintaining the cold chain and storage of vaccines, UNICEF provided 1,000 litres of diesel to power Hodeida’s main cold room.

Mobile teams continued to function during the last week in Al Baida, Amran, Saada, Raymah, Hajjah, Shabwa and Abyan governorates. In addition, the community mid-wives have also begun service provision at household/community level in Hajjah. Through these two strategies health services were
provided to 1972 children under 5 and 1107 pregnant and lactating women. Service provided to children included:

- 1101 children under 5 vaccinated
- 653 under 5 children provided deworming
- 218 children with diarrhoea provided ORS and zinc supplements

Reproductive health services provided to women included:

- Antenatal care provided to 508 women including TT vaccination (464 women), iron/folate supplements (508 women)
- 122 women provided skilled birth attendance during delivery
- Postnatal care provided to 162 women

These figures do not include figures for service provision at health facilities which are still being collected on monthly basis.

As part of the support to maintain cold chain in the absence of fuel and electricity the support to replacing traditional cold chain with solar and gasoline energies continued. Two solar refrigerators were delivered to Abs & Kuidnah districts in Hajjah and 16 butane-gas refrigerators (14 in Rayman 2 in Hodeidah) were also transported to target districts for installation.

As part of efforts to support fuel needs of most urgent health needs, UNICEF supported Taypa NGO with 800 liters of diesel to run 2 district level Sub-Health centres in Maraweaa & Zabid and the same amount was provided to Hodeidah Health Offices for 4 Mobile Teams in Qanawes, Zabid Zaidia, and Maraweaa.

Supplies’ in-country transportation continued as well. This week vaccines were delivered to Alsukhnah, Tuhaita, Zabid and Mansoriah districts in Hodeidah.

Preparations were finalized for integrated outreach activities in 6 districts in Rayma, 6 districts in Hajjah & 5 districts in Hodeidah as well as vaccination only outreach in 7 districts from Hajjah in June.

**Reproductive Health: (UNFPA)**

UNFPA and its partners continue to deliver humanitarian interventions in both GBV and RH and strengthen the coordination efforts.

UNFPA managed to transport and distribute 7,004 dignity kits to IDPs settling in the southern and northern conflict affected governorates.

One of UNFPA partners reported the looting of 332 dignity kits by armed forces in ad Dale- claiming that they have the right to humanitarian assistance where their governorate did not receive any assistance since the conflict erupted. Partners are still in negotiation with key community figures on restoring the kits or redirecting them to community beneficiaries.

In spite of extreme challenges, UNFPA has already distributed RH kits in the northern governorates benefiting 33,423 beneficiaries since January 2015 up to date.

<table>
<thead>
<tr>
<th>Governorate</th>
<th>Beneficiaries</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
<td>Infants</td>
</tr>
<tr>
<td>Hajjah</td>
<td>13,395</td>
<td>1,587</td>
</tr>
<tr>
<td>Amran</td>
<td>7,005</td>
<td>1,069</td>
</tr>
<tr>
<td>Sa’ada</td>
<td>4,871</td>
<td></td>
</tr>
<tr>
<td>Al-Jawf</td>
<td>3,886</td>
<td>1,610</td>
</tr>
<tr>
<td>Total</td>
<td>29,157</td>
<td>4,266</td>
</tr>
</tbody>
</table>
Ongoing insecurity, fuel shortage and other logistical challenges hampered full implementation of the ongoing humanitarian assistance. Poor telecommunications links have also hindered full reporting by partners.

The Inter-agency Reproductive Health Working Group (RH IAWG) has been discussed under the Health Cluster; TOR have been are prepared and are awaiting feedback from partners (to be shared with GHC as well).

The Yemen Humanitarian Response Plan is currently under vital discussion and revision with partners and the humanitarian community. UNFPA Yemen has categorized severity of affected governorates and identified the needs-size – targeting the new caseload that combines the old caseload. Both GBV sub-cluster and RH IAWG activities were well reflected and discussed with partners as well as Health and Protection Cluster Leads. Additional updates on the YHRP will follow.

The establishment of GBVIMS Task Team was decided after meeting with UN agencies and other partners, in recognition of the fact that GBV data is scattered and partners are not adhering to the reporting mechanisms. As well as addressing constrains in coverage, the Task Team will steer the GBV IMS and assure full implementation of its agenda for reliable and data verification that will consequently feed-in to the General Secretary Report on GBV in Conflicts under resolution 1325. Draft TOR have been shared among members this week.

International procurement of RH kits continues and commodities are shipped to Djibouti as per the Humanitarian Coordinator's request. UNFPA Djibouti clearance agency is taking the lead on the logistics until the arrival of the logistics manager. Humanitarian aid is awaiting in shores for the first opportunity upon clearance by the de-confliction cell in Riyadh – to be shipped to Yemen through the logistics cluster. With support from the clearing agent and the logistics hub in Djibouti, a "cold chain" was organized for oxytocin and "keep cool items" of the RH kits.

**WHO response updates:**

WHO has supported hospitals in Yemen with fuel, essential medicines and staff; operations rooms in all governorates have been supported with oxygen supply, trauma and dressing kits, life-saving equipment and essentials, bed capacity, human resources and inter-hospital patients transfer. WHO also provided a shipment of anti-malaria medicines from the Global Fund to Fight AIDS, Tuberculosis and Malaria sufficient for 44,950 treatment courses of malaria.

WHO is scaling up its activities on the ground during the pause, including providing primary health care services through mobile health clinics in Aden, Sana’a and Hodeida and expanding vaccination activities to previously inaccessible areas. WHO is also providing more than 251 800 litres of fuel to 13 hospitals, 2 kidney dialysis centres, 2 vaccine centres, oxygen factory, national laboratory and ambulances to ensure continued functionality of health services, as well as providing safe water to hospitals and locations hosting internally displaced persons.

**Funding updates**

The Humanitarian Coordinator has approved the Yemen Humanitarian Pool Fund May Reserve Allocation of resources to the 19 highest priority projects with a total cost of $10 million.

Forty eligible proposals were received on Monday, 1 June, in response to the call-for-proposals that had been issued on 26 May. Of the 40 proposals reviewed by cluster-specific Strategic and Technical Review Boards on Wednesday, 3 June, 19 were recommended for approval. The four cluster Review Boards reviewed the proposals submitted under their clusters, and used a common scorecard to rate each project. The cluster technical review committees each included at least five members of the cluster, with an OCHA HFU staff member as secretariat.
The following table shows allocations per cluster and the number of projects funded. Two of the projects were multi-cluster focusing on both Health and Water, Sanitation and Hygiene response.

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Allocation (in US$)</th>
<th>Number of projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter and NFI</td>
<td>2,863,456</td>
<td>5</td>
</tr>
<tr>
<td>Health</td>
<td>2,256,902</td>
<td>6</td>
</tr>
<tr>
<td>Protection</td>
<td>833,592</td>
<td>2</td>
</tr>
<tr>
<td>Water Sanitation Hygiene</td>
<td>3,959,904</td>
<td>6</td>
</tr>
<tr>
<td>Grand Total</td>
<td>9,913,854</td>
<td>19 (of which 2 multi-cluster)</td>
</tr>
</tbody>
</table>

Editorial
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Inputs
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