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Situation update

• Since 19 March to 31 August 2015, 4855 people have died as a result of the conflict in Yemen, including 270 women and 300 children. Eight health workers have also been killed and 12 injured. Forty seven (47) health facilities in 11 governorates have been damaged or closed as a result of the ongoing violence (see table 1).

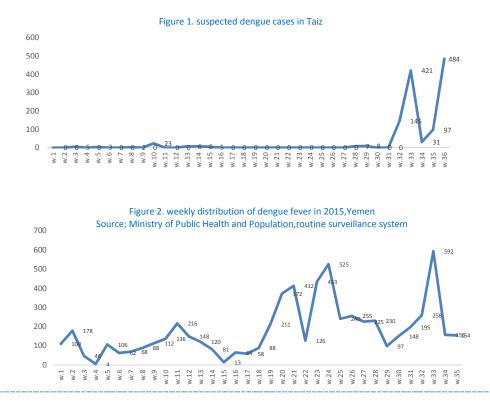
Table 1. Health Care facilities affected by the ongoing crisis in	n YEMEN, since 19 March to 31 August 2015
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Health staff & Facilities	No. of health staff and facilities affected by the ongoing crisis in Yemen
Hospitals	32
Health centers and polyclinics	11
Health units	1
Emergency health operations rooms	2
Blood transfusion centers	1
Health workers killed	8
Health workers injured	12

- On 6 September, parts of Al-Sabeen Hospital in Sana'a were damaged. Patients were evacuated and the hospital closed to avoid any deaths and injuries. 207 inpatients (80 children and 127 women) were transferred to four private and government hospitals in Sana'a. The National Blood Transfusion and Research Centre (NBTRC) housed in the same compound with the hospital was partially damaged and remains functional.
- Four blood transfusion centers in Yemen: Hodeida, Hadramout, Abyan and Sana'a have reported shortage of blood bags, reagents and fuel to run generators that support their work. Additional support is required to prevent the facilities from shutting down. Two of the six centers (Aden and Taiz) have already shut down their operations following the escalation of the crisis in the two governorates.

Epidemiological update

A total of 1243 cases of Dengue fever have been recorded in Taiz since week 3. Over the last five weeks, cases of dengue fever in Taiz have reached 1178 cases. The highest number of cases were recorded in week 33 with 421 cases and week 36 with 484 cases. (see figures 1). Until 31 August 2015, 6320 suspected dengue fevers cases were recorded in Yemen. An outbreak of dengue fever was reported in April 2015 in six governorates. However, since 15 June 2015, a decline has been reported in Aden, Hodiedah and Hadramout governorates (see figure 2).



Public health	 Reduced health services in all public and private hospitals, especially operating theatres an intensive care units. 	d
concerns	• Disrupted immunisation activities increasing risk of outbreaks for measles and polio.	
	 Limited life-saving medicines and supplies, including trauma, diarrhoea disease kits and medicines for chronic diseases. 	
	 Limited access to health care services and a breakdown in safe water supply and sanitatio services facilitating the spread of endemic diseases such as malaria and dengue fever, as well a acute diarrheal diseases. 	
	 Limited communications possibilities are hampering the functionality of the disease earl warning alert and reporting system. 	y
	• Cases of dengue fever in Taiz and malaria continues to be a public health concern.	
	Grave concern over the safety of health facilities and health personnel.	
• Health priorities •	 Support mass casualty management in conflict affected governorates, including provision of trauma kits, medical and surgical supplies, deployment of surgical teams and referral services and ambulance services. 	
	 Provide integrated primary health care services in all the affected governorates, includin mental health care, routine immunization, screening and treatment of childhood illnesse through health facilities, outreach and mobile services, all accompanied by social mobilizatio activities. 	s
	 Procure, stockpile, and distribute lifesaving medicines and supplies including Interagence Emergency health kits, Trauma kits, Interagency Diarrhoea Disease kits and blood bags to healt facilities in the highly affected governorates, namely, Sada'a, Amran, Taiz, Aden, Lahej and Hajja 	h
	• Update information systems and field reporting to ensure timely and effective response an avoid duplication of efforts.	d
Health response and WHO action	 A total of 2029 children under 5 years, pregnant women and mothers have benefited from th WHO and Field Medical Foundation (FMF) nutrition mobile clinics that were established in Ade (1630) and Hadramout (399) governorates in August. 77% of the beneficiaries from Aden wer children under five years and 85% of them from Hadramout. 	n
	• All children under 5 years were screened for malnutrition; In Aden, the Global Acut Malnutrition (GAM) rate was 41% among the screened children (11% severe acute malnutritio and 30% moderate acute malnutrition). While in Hadramout, Global Acute Malnutrition (GAM rate was 31% (10% severe acute malnutrition and 21% moderate acute malnutrition).	n
	• The second round of integrated outreach activities including immunization, Integrate Management of Childhood Illnesses (IMCI), reproductive health, nutrition and treatment of common diseases started on 12 September. The activity will run for six days covering more that	of

95% of districts in all the twenty three governorates and targets 358,681 under one year of age in remote and rural areas. An estimated 1982 mobile medical teams and 5964 health workers will participate in this activity. WHO will support 16 independent supervisors and 806 mobile teams to reach the target population across the country at a cost of more than US \$ 0.5 million.

- WHO donated 20 metric tons and 60 cubic meters of lifesaving medicines to Taiz governorate, including surgical kits worth covering the needs of 6000 wounded patients and other surgeries such as caesarean and nine basic kits worth covering the needs of 9000 people for three months. Supplies to treat dengue fever and prevent its spread, chlorine tablets, Oral Rehydration Salts (ORS) and supplies to prevent diarrhoeal and other water borne diseases have also been donated. These will support the increasing health needs of the displaced populations and host communities.
- On 31 August, WHO donated four tons of essential primary health care medicines and medical supplies to Khalifah Hospital in Al-Turbah and other functional health facilities in Taiz Governorate. The supplies supported the response to the increasing numbers of mass casualties' cases and acute shortage of drugs. This list of medicines and supplies were enough to serve 5000 people for a period of three months.
- On 6 September, Al-Sabeen Hospital in Sana'a was closed due to damages to its infrastructure as a result of the conflict. WHO responded by coordinating and fuelling three ambulances that were used to evacuate patients from the hospital and facilitated their admission to other

government and private hospitals within Sana'a. 207 inpatients (80 children and 127 women) were evacuated.

 To improve water storage for the internally displaced persons in Sana'a, WHO distributed 250 jerry cans of water to internally displaced persons in host communities in Jader area, Bani Al-Hareth district Amant Al-Asimah.



VHO staff supervises the distribution of jerry cans for internally displaced people in Jader rea in Sana'a

Resource mobilization

As part of the revised Yemen Humanitarian Response Plan (YHRP), WHO requires a total of US\$ 105 million of which US\$ 36.8 million has been received. WHO's response to the crisis in Yemen has been supported by the Governments of Japan and Finland, Kingdom of Saudi Arabia, the Central Emergency Response Fund and the Office of U.S. Foreign Disaster Assistance (OFDA).

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