

Situation Report #1
17 JUNE- 23 JUNE 2018

Al Hudaydah Operation
YEMEN

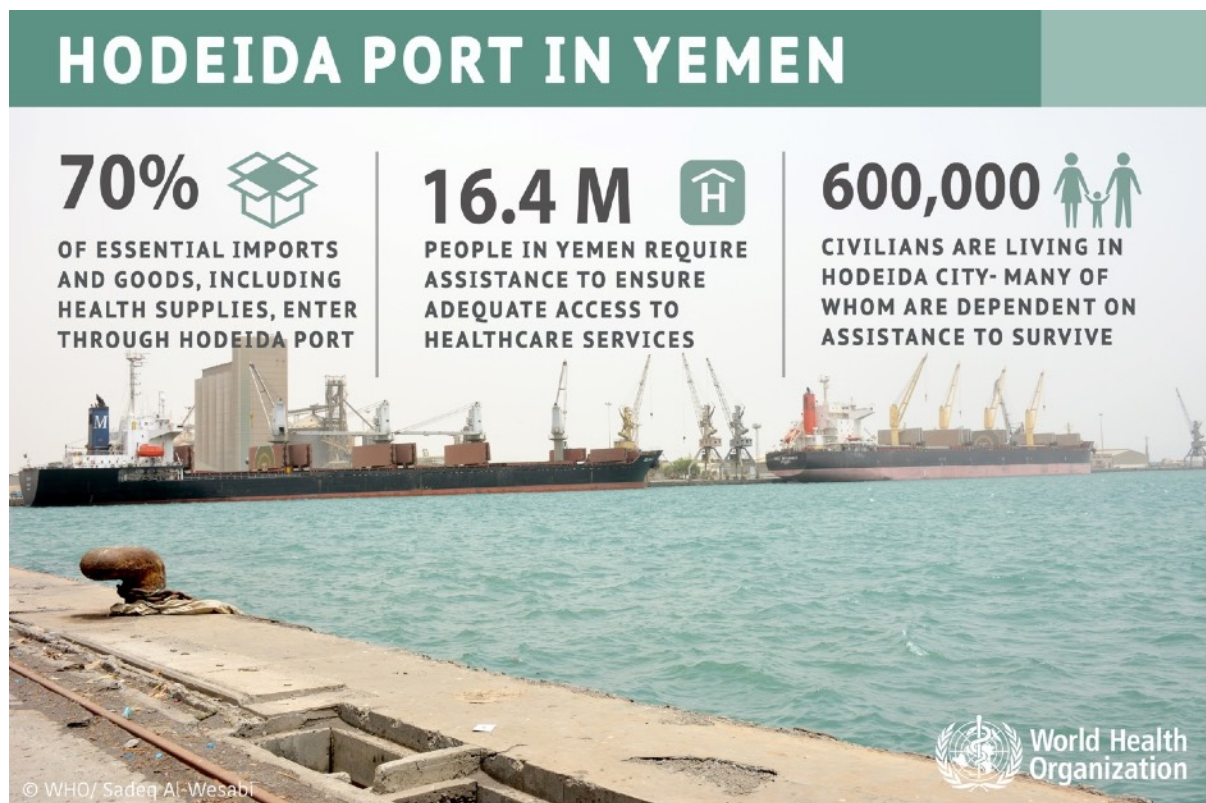


Situation update:

- Fighting continues in Al Hudaydah City, at a less severe scale, with a decrease in clashes, bombardments and airstrikes. Casualties were reported but actual numbers are unknown.
 - Based on reports received by the WHO Hub office in Al Hudaydah City, a total of 149 injuries and 15 deaths have been reported, it is likely that casualties and those injured are under-reported.
- IDPs from Al Hudaydah City have arrived in the capital, Sana'a. Total figures on displacement are not available yet as humanitarian organizations are verifying the IDPs and setting up monitoring systems.
- Humanitarian partners have ramped up rapid response activities amid security and access constraints. To facilitate timely provision of humanitarian assistance to people in need, a Rapid Response Mechanism (RRM) has been established.
- Humanitarian service points (HSPs) have been set up across Al Hudaydah Governorate, as well as in neighboring governorates, along with transit sites in Al Hudaydah City. At least 858 RRM kits containing food, hygiene kits and other essential items, have been distributed from these service points since 13 June.
- The capacity of the health system to conduct mass casualty management and health response continues to be strengthened through the prepositioning of trauma kits in hospitals and health facilities; mobile teams are also being supported to ensure that health assistance is provided to people who cannot travel to medical facilities.
- The continued functioning of the Local Water and Sanitation Corporation (LWSC) is being ensured through the provision of fuel to various facilities. As part of cluster-led coordinated responses, agencies have activated plans and pre-positioned stocks; some to cover governorate-wide responses and other stocks specifically for responses in Al Hudaydah City and southern districts.
- The Al Hudaydah and Saleef ports remain operational. As of 21 June, one commercial vessel was at berth and six in the anchorage area in Al Hudaydah port while two UNVIM-cleared vessels were en route. A WFP-chartered vessel finished offloading 50,000 MT at Al Hudaydah port.

Impact on public health and WHO operations:

- **Access restrictions due to escalation:** Various gaps and constraints may limit a scaling-up of interventions. Access restrictions include: difficulties of getting permissions from various authorities, restrictions on operation of mobile teams and limited number of Community Health Volunteers working in the governorate.
- **Access challenges and damage to local water supply:** Al Hudaydah City—access to warehouses has become difficult due to fighting and blockage of some roads. The repair of the water and sewage system in the city is a critical priority since the pipes were damaged when trenches were being dug up by warring factions endangering the water supply for large neighborhoods, further exacerbating cholera risk to communities in the area.
- **Displacement of people:** This has also been witnessed within Al Hudaydah Governorate as clashes continue in the southern districts of Ad Durayhimi, At Tuhayat and Jabal Ra's and Bayt Al Faqiah. Local authorities have reported the arrival of an estimated 800 households to Al Marawi'ah, Bajil I, Al Qanawis and Al Mansuriyah districts, a number which is yet to be verified by humanitarian partners. Other IDPs have moved further to Hajjah Governorate, and some others are expected to reach Ibb Governorate.
 - **IDP movement to neighboring governorates:** Humanitarian partners report that some IDPs from Al Hudaydah City have arrived in the capital, Sana'a. Total figures on displacement are not available yet as humanitarian organizations are working on verifying the IDPs. Other IDPs have moved further to Hajjah Governorate, and some others are expected to reach Ibb Governorate.
 - **WASH needs:** Due to movement and needs of IDPs, the WASH Cluster reports that water trucking needs to be scaled up across the Al Hudaydah Governorate to cover additional IDP caseload. Access to IDPs in At Tuhayat, Ad Durayhimi and Al Garrahi districts is a challenge due to ongoing hostilities in those areas.



Health priorities:

- **Enhanced capacity of hospitals and primary care to detect, stabilize and refer trauma patients:** There is a need to establish Trauma Stabilization Points (TSPs) near the frontline and to strengthen the capacity of hospitals/health facilities (HFs) to respond to mass casualties/trauma cases. There are several hospitals and HFs, near Houthi military areas (e.g. Al Thawra Hospital) that should be prioritized.
 - The escalation has resulted in the mobilization of support to Ibb, Hajjah and Al Mahwit. Support to Ibb is already being mobilized, since it is hosting war-wounded and IDPs at Al Thawra Hospital). The Cluster partners continue to deliver life-saving nutrition humanitarian interventions in need in Al Hudaydah and stand ready to scale up as needs increase.
- **Cholera response (Oral Cholera Vaccine):** Due to severe limitations in access to improved water and sanitation, here are plans to vaccinate over 800 000 people with OCV across 6 priority districts in the governorate.
- **Severe Acute Malnutrition (SAM) with medical complications:** Al Hudaydah Governorate has one of the highest malnutrition rate in the country. The current escalation of fighting will likely further exacerbate the situation. As per the 2018 HNO, Global Acute Malnutrition (GAM) rate in Al Hudaydah is 25.2% and the SAM rate is 5%.
 - WHO currently responds to the treatment of SAM cases with medical complications, while UNICEF focuses on SAM cases without medical complications.
 - There are 7 fully functioning therapeutic feeding centers (TFCs) in Al Hudaydah Governorate, and 7 in neighboring governorates (i.e. 1 in Al Mahweet, and 6 in Hajjah).

WHO response:

- **Al Hudaydah Operation:** The incident management system (IMS) and all emergency operation centers were repurposed, at central level, Aden and hub-levels to focus on the Al Hudaydah emergency operations.
- **Al Hudaydah Concept of operations (COO)** was developed that is founded on 3 levels/streams of work, to ensure that the minimum service package (MSP) aligns with the established Humanitarian Service Points (HSPs) in priority districts within Al Hudaydah. The coverage of operations is comprised of 3 levels:

Level 1: Al Hudaydah City: Focuses on trauma care, cholera response and prevention including, but not limited to, the OCV campaign, continuation of basic services including chronic conditions at different level of care, and SAM. Prior to the emergency, the following resources had already been provided to Level 1:

(Previous) : Al Thawra Governorate hospital, the largest hospital in Al Hudaydah Governorate and one of the biggest in Yemen, has been supported since mid-2017 with fuel, water, medical supplies, equipment, and drugs. This hospital conducted over 600,000 consultations in 2017:

- WHO also supported the TFC in Al Thawra hospital.
- 4 Trauma Kits enough to treat (2 Trauma A and 2 Trauma B) kits sent to Al Hudaydah City (pre-positioned in warehouse) in the first quarter of 2018 (Jan-Mar)

Level I: Hudaydah City		
Preparedness actions	Resources	Status
Preparedness for referral hospitals for influx of 1,800 war wounded	Providing Al Thawra Hospital with 3 complete Italian Trauma Kits (A+B).	Done on 12 June
	Providing Al-Olofy Hospital with 2 complete Italian Trauma Kits (A+B).	
	Providing Al Thawra Hospital with 3 complete Italian Trauma Kits (A+B).	Initiated (from Hodeida warehouse)
	Providing Al-Olofy Hospital with 2 complete Italian Trauma Kits (A+B).	
	Providing Al Thawra Hospital with 5 complete Italian Trauma Kits (A+B), in addition to 5 Trauma kits (B).	Initiated (from Sana'a warehouse)
	Providing Al-Olofy Hospital with 3 complete Italian Trauma Kits (A+B), in addition to 5 Trauma kits (B).	
Providing Al-Olofy Hospital with 40 inpatient beds, 10 ICU beds and 2 operations tables.	Not started	
Skilled Human resources for 24/7 surgical services in referral hospitals	Deployment of 1 surgical team, in addition to support 64 specialized health staff in Al-Thawra Hospital.	Done
	Deployment of 1 surgical team in Al-Olofy Hospital.	
	Deployment of 1 surgical team in Al-Salakhana Hospital.	
	Training of 20 HWs from Al-Olofy Hospital on Mass Casualty Management.	Done
	Training of 20 HWs from Al-Thawra Hospital on Mass Casualty Management.	Initiated
Referral system support: frontlines to referral hospitals.	Supporting monthly operational cost for 2 Ambulance vehicles in Al-Thawra and Al-Olofy Hospitals.	Done
	Procuring 9 new Ambulance vehicles.	Initiated
Supporting Health facilities operations	Providing 50,000 litre of fuel per month to Al-Thawra Hospital.	Done
	Providing 30,000 litre of fuel per month to Al-Olofy Hospital.	
	Providing 1,800,000 litre of water per month to Al-Thawra Hospital.	Done
	Maintenance of water well in Al-Thawra Hospital.	Initiated
	Re-fill 800 Oxygen cylinders per month to Al-Thawra Hospital.	Done

Level 2: Priority districts inside Al Hudaydah Governorate — Priority districts affected by the conflict and/or with highest vulnerabilities, including the 8 where the UN established the Humanitarian Service Points, (2 are outside Al Hudaydah Governorate but should be part of this concept of operations) with the adaptation of the MSP ongoing implementation to the present health priorities driven by the escalation of the military operations, in order to give priority to the standard Trauma Care approach at the different levels of care, with priority on the enhancement of the trauma care capabilities and capacities. Prior to the emergency, the following resources had already been provided to Level 2:

(Previous) : Of the 8 identified priority districts where there are now Humanitarian Service Points (Al Marawi'ah, Al Mansuriyah, Bayt Al Faqiah, Wusab As Safil, Far Al Udayn, Al Mukha, Al Khawkhah, Zabid), 4 of these districts have NGOs who are in the finalization stages to start an MSP project. The following 'Interdistrict (serves multiple districts has an operating theatre, provides comprehensive emergency obstetric care) and district hospitals (basic emergency obstetric care) have been supported since mid-2017 with fuel, water, supplies and medicines, under the Emergency Health and Nutrition Project (EHNP) in Al Hudaydah Governorate:

- Hays District Hospital
- Az Zaydiyah Interdistrict Hospital
- Bajil Interdistrict Hospital

Level II: Priority Districts within Hodeidah Governorate		
Preparedness actions	Resources	Status
Preparedness for frontlines hospitals for influx of 200 war wounded	Providing Zabeed Hospital with 1Trauma Kit (B),	Done
	Providing Bait Al-Fakih Hospital with 1Trauma Kits (B).	
	Providing Al-Zaidyiah Hospital with surgical equipment.	Initiated
Skilled Human resources for 24/7 surgical services in frontlines hospitals	Deployment of 1 surgical team in Zabeed Hospital.	Done
	Deployment of 1 surgical team in Bait Al-Fakih Hospital.	
	Deployment of 1 surgical team in Bajil Hospital.	
	Training of 40 HWs from Zabeed and Bait Al-Fakih Hospitals on Mass Casualty Management.	Done
	Training of 40 HWs from Bajil and Al-Zaidyiah Hospitals on Mass Casualty Management.	Initiated
Referral system support: frontlines to referral hospitals.	Contracting Emergency Surge team and establishment of Trauma Stabilization Points (TSPs).	Initiated
	Supporting monthly operational cost for 2 Ambulance vehicles in Zabeed, 1 in Bait Al-Fakih, 1 in Bajil and 1 in Al-Zaidyiah Hospitals.	Done
Supporting Health facilities operations	Link the Humanitarian service points to the nearest health facilities.	Not started
	Providing 7,000 litre of fuel per month to each of Zabeed, Bait Al-Fakih, Bajil and Al-Zaidyiah Hospitals.	Done
	Providing 30,000 litre of fuel per month to Al-Olofy Hospital.	Done
	Providing 140,000 litre of water per month to Bajil Hospital.	
Providing 130,000 litre of water per month to Al-Zaidyiah Hospital.		

Level 3: Priority districts and governorates adjacent to Al Hudaydah Governorate (i.e. Ibb, Hajjah, Al Mahwit): Selected districts in the three second line Governorates: Hajjah, Al Mahwit, Ibb with the expansion of the support to the Governorate Hospitals and the adjustment and expansion of the MSP scaling up plan to the priority districts, with priority on the enhancement of the trauma care capabilities and capacities. Prior to the emergency, the following resources had already been provided to Level 3:

(Previous): The following Governorate (GH), Inter-district (IDH), and District Hospitals (DH) have been supported since mid-2017 with fuel, water, supplies, medicines under EHNP in these governorates:

- Al Mahwit: Al Jamouri GH, Alkhamis DH
- Hajjah: Al Jamouri GH, Al Mahabisha DH, Khayran Al Muharaq DH, Qafi Shamr DH
- Ibb: Al Thawra GH, Yarim IDH, Al Udayn IDH, Ba'adan DH, As Saddah DH

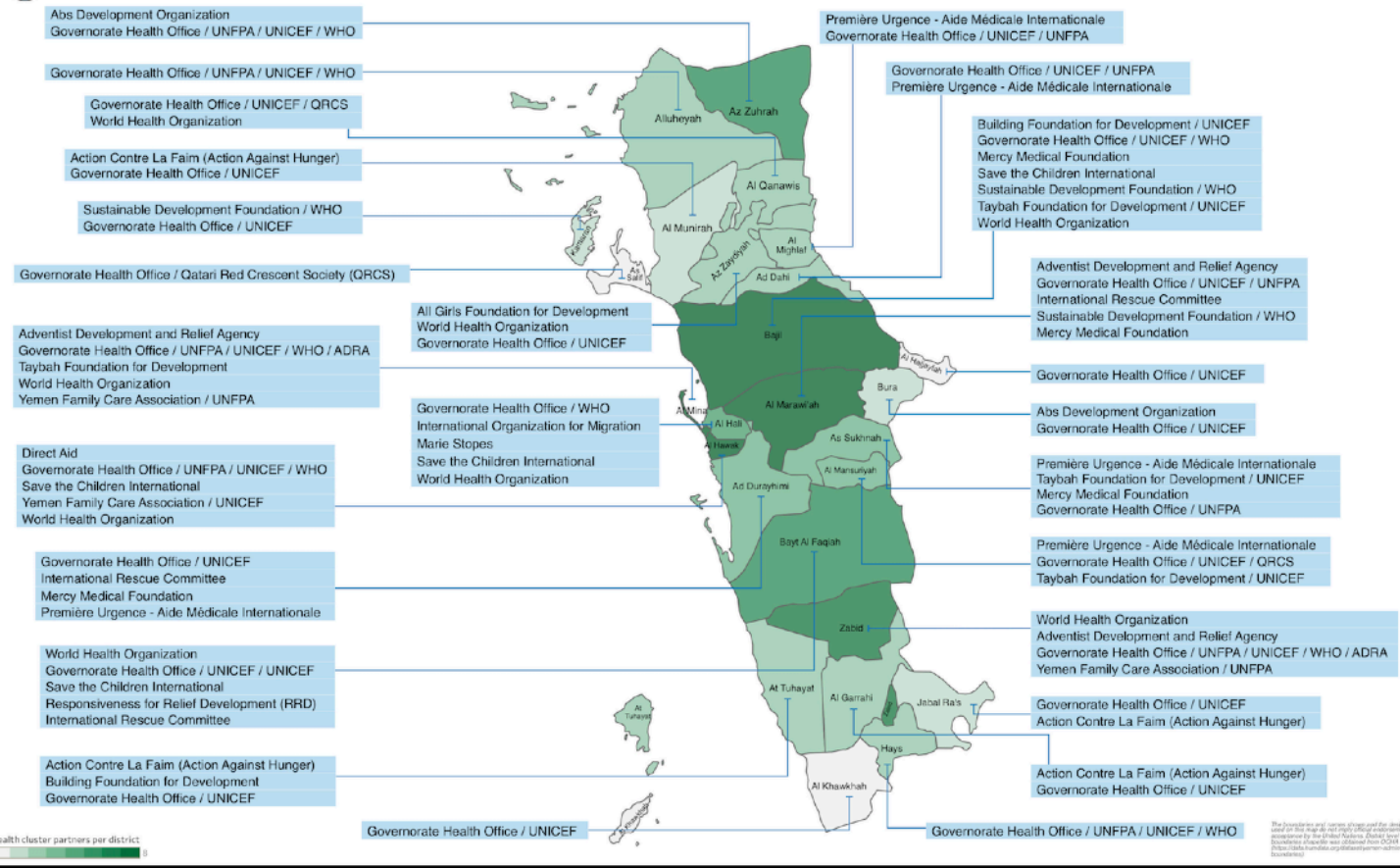
Additionally, 19 districts identified in these districts for full MSP implementation through NGOs.

Level III: Hajjah, Mahweet and Ibb Governorates		
Preparedness actions	Resources	Status
Skilled Human resources for 24/7 surgical services in frontlines hospitals	Deployment of 1 surgical team in Al-Jumhoori Hospital/Hajja.	Done
	Deployment of 1 surgical team in Al-Jumhoori Hospital/ Mahweet.	
	Deployment of 1 surgical team in Al-Thawra Hospital/Ibb.	
	Deployment of 1 surgical team in Naser Hospital/ Ibb.	
	Deployment of 1 surgical team in Al-Odeen Hospital/Ibb	
Supporting Health facilities operations	Providing 30,000 litre of fuel per month to Al-Jumhoori Hospital/Hajja.	Done
	Providing 3500 Litre of fuel per month to each of Al-Mahabisha, Qafi Shamr and Khairan Hospitals in Hajja.	
	Providing 30,000 litre of fuel per month to Al-Thawra Hospital/Ibb.	
	Providing 7,000 Litre of fuel per month to each of Al-Odeen, Yaremm and Naser Hospitals in Ibb.	
	Providing 5,000 Litre of fuel per month to each of Jiblah and Kilo (Qaeda) Hospitals in Ibb.	
	Providing 15,000 litre of fuel per month to Al-Jumhoori Hospital/Mahweet.	Done
	Providing 1,167,000 litre of water per month to Al-Jumhoori Hospital/Hajjah.	
	Providing 600,000 litre of water per month to Al-Jumhoori Hospital/Mahweet.	
	To do some rehabilitation for the building beside Al-Jumhoori hospital/Hajjah.	Not started
	To support the laboratory in Al-Jumhoori hospital/ Hajjah.	Not started
To support the laboratory in Al-Jumhoori hospital/ Mahweet.	Not started	

- **WHO presence:** Current WHO staff in Al Hudaydah are programme critical staff, (PC1), including 1 international Health Operations Lead, who has been there since 11 June, as part of a joint UN mission to the area.
- **The Minimum Service Package (MSP) and Humanitarian Service Points (HSPs):** OCHA has released the locations of HSPs across the Al Hudaydah governorate and surrounding areas. The objective of the WHO Al Hudaydah Concept of Operations (COO) is to ensure that there is a MSP implementing partner(s) present wherever HSPs are located. The establishment of this is reliant on the location and engagement of Health Cluster partners in Al Hudaydah , whose current locations are represented in the map below (see next page):

Because of the continued fighting in several districts of Al Hudaydah, more than 30,000 Yemenis have already been displaced since 1 June 2018. The number of displaced people in need of humanitarian assistance will likely increase as well as trauma-related injuries and deaths.

The Health Cluster partners are currently responding to the health needs of the people to ensure adequate access to health care in 26 districts of Al Hudaydah.



• **Fully operational EOC for Al Hudaydah Operation:** As of 23 June, the EOC for this operation is functioning, which includes the continuation of the IMS for the ongoing outbreaks, with the relocation and expansion of the EOC from the old to the new building at third floor.

• **Support to health facilities and hospitals:**

- Maintaining alternative power source for the 3 referral hospitals inside Al Hudaydah City (Al Thawrah, Alolofi and As Sukhnah) and rural hospitals along the frontline is difficult.
- These hospitals face challenges to manage casualties and ensure sufficient availability of medical stocks. MoPHP mentioned that 2 governorate hospitals are requesting specific support on laboratory issues.
- Given the evolving situation, WHO still needs to understand the type of support given, and if more support is needed in the areas of trauma care (i.e. NGO roles, staff, contractor and equipment).
- Payment of reinforcement medical teams to support the surgical capacity in Al Hudaydah continues today and will be complete by tomorrow.
- Purchase of spare parts to establish an oxygen station in Al Thawra hospital and the water network is under process.
- 5 Trauma kits A&B are to be shipped and will be dispatched to Al Thawra (3) and Al Aloofi (2) hospital in Al Hudaydah City.

- **Capacity Building/Trauma stabilization points (TSPs) and Emergency response:**

- WHO is working to ensure strengthened capacity in the area of emergency/trauma response by ensuring the following:

1. Setting up of TSPs
2. Establishing a network of ambulances within the central command system

- To accomplish the above, WHO is planning to deploy 25 trauma specialists (contractors) from Aspen medical as part of capacity building for trauma response and training of health care workers at the District Hospitals (DHs) and Interdistrict Hospitals (IDHs) through support from the WHO Emergency Medical Team Unit (WHO HQ); and has procured 24 ambulances have been ordered by WHO ordered 24 ambulances, estimated delivery in 2-3 weeks time



- **Donations and Procurement Snapshot:**

- Air charter with Trauma and IEHK 2x 50 MT being readied – ETA still pending clarification
- Trauma A and B being readied for dispatch ETA approximately 26/27 June
- 7 Ambulances from Djibouti. ETA 26/27 June
- 8 Ambulances from Dubai ETA 26/27 June
- Swiss Government have kindly donated through SDC one of their two surgical kits from the Swiss EMT to WHO to transport to Yemen urgently, to fill a gap in a larger surgical kit supply to 4 critical referral level hospitals to cover the latest up-surge in conflict related trauma. Rough value is almost 100K and it has been donated free
- Turkish Government have donated 2 pre-fab field hospitals which WHO will be handing over 1 to MSF to operate.

- **Provision of psychological first aid support for war affected population in Al Hudaydah and neighboring areas:** To enhance the access to mental health services for affected population, ensure that it is integrated into primary health services and ensure that the community takes an active role in mental health protection, prevention and rehabilitation. Also, to highlight the referral mechanism for the affected people with mental health disorders in needs for specialized services and provide the essential drugs for mental health patients. Proposed activities are:

- Psychological First Aid (PFA) training for 100 health workers at the PHC facilities in the affected areas and in the humanitarian service points
- PFA education meetings for 500 community leaders/teachers/NGOs and humanitarian responders to provide care for the affected people.
- Recruit and hire one mental health specialist to supervise the mental health response and conduct regular onsite training.
- Provision of the essential neuropsychiatric medicines for patients in needs

- **Fuel, water, personnel, equipment:** WHO is providing 576,800 litres of fuel to health facilities as well as more than 10 million litres of water; six surgical teams; five emergency mobile teams; six primary health teams.

- **Severe Acute Malnutrition (SAM) with medical complications:** WHO has prepositioned 12 SAM kits, each kit benefits 50 children over a 6 month period, also in preparation to treat IDP children. Additional SAM kits are scheduled to arrive in Sana'a before the end of the month.

- **Cholera response (OCV):** WCO Yemen exploring the possibility of having 850 000 doses of OCV delivered into Yemen to conduct an OCV campaign in Al Hudaydah. The potential destruction of water pumps and supplies, the movement of IDPs and restricted humanitarian access can cause an increase of cholera in neighboring areas where numbers of suspected cases were previously low.

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