Al Hudaydah Situation Report #5 (26 June – 2 July 2018)

The next situation report will be issued by the Health Cluster when new information on health response becomes available.

Highlights

- The fighting in Al Hudaydah City has remarkably decreased as well as in Zabid and Bayt Al Faqiah districts. However, airstrikes are still reported in the southern part of the governorate.

- The current volatile situation in the city has led to temporary closures of most commercial establishments and public institutions. Some roads within the city remain impassable to civilians but the city remains accessible from Sana’a.

- A total of 243 trauma-related injuries and 25 deaths were reported to WHO from 5 hospitals (Al-Thawra Hospital, Al-Olofy Hospital, Bait Al-Fakih Hospital, Zabeed Hospital, Al-Amal Private Hospital) in Al Hudaydah (13 to 29 June 2018).

- Displacement is becoming evident as families seek safer refuge within the affected governorate and nearby governorates (Amanat Al Asimah, Sana’a, Dhamar, Ibb, Taizz and Hajjah).

- 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 and neighboring governorates encountered despite the movement and access restrictions being encountered. And under the Al Hudaydah Concept of Operations developed by WHO, response is based on the level of health needs of different districts affected by the continued conflict as well as influx of IDPs to nearby governorates.

- Almost 15.5M USD has been mobilized from the Emergency Reserve Allocation Fund for the Al Hudaydah Response to nine (9) health partners to ensure critical life-saving health care to IDPs and people affected by the conflict for a duration of six months.

IDP Movement

- Displacement is becoming evident as families seek safer refuge within the affected governorate and nearby governorates (Amanat Al Asimah, Sana’a, Dhamar, Ibb, Taizz and Hajjah). Some of the IDP households are currently staying in 5 IDP hosting sites in

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Amanat Al Asimah and Sana‘a with another school (Hafsah School) serving as the registration site.

- Dhamar and Amran governorates have also reported some IDPs coming from Al Hudaydah with the Governor of Dhamar asking an appeal for humanitarian assistance on 27 June 2018.

**Health Cluster Response**

- 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 and neighboring governorates despite the movement and access restrictions being encountered. And under the **Al Hudaydah Concept of Operations developed by WHO**, response is based on the level of health needs of different districts affected by the continued conflict as well as influx of IDPs to nearby governorates:
  - Level 1 response in Al Mina, Al Hali and Al Hawak districts is focused on trauma care and blood transfusion centre support, cholera response and prevention, continuation of basic services at different levels of care including chronic conditions and dialysis centre support, and treatment of Severe Acute Malnutrition (SAM).
  - Level 2 Concept of Operations include the remaining 23 districts of Al Hudaydah—priority districts affected by the conflict and/or with highest vulnerabilities, located nearest to the UN established Humanitarian Service Points, using the MSP as way to deliver critical health services, in the midst of military escalation. Trauma care
with priority on the enhancement of the trauma care capabilities and capacities will also be implemented.

- The current displacement of people to other governorates (Amanat Al Asimah, Sana’a, Dhamar, Ibb, Taizz and Hajjah) is highly considered under the Level 3 Concept of Operations. The Health Cluster response will be tailored to the health needs of IDPs to these governorates in line with the MSP.
Health Cluster Response in Amanat Al Asimah and Sana’a for IDPs

- **Five (5) schools identified as IDP hosting sites are already hosting IDPs** from Al Hudaydah with Hafsah School serving as the registration site. The Health Cluster also identified nearby health facilities to these sites using the latest Health Resources and Services Availability Monitoring System (HeRAMS) where health partner support is essential due to the influx of IDPs.

- **Seven (7) other schools are also being planned to serve as IDP hosting sites.**

- **ADRA** (Adventist Development and Relief Agency) is taking the lead of ensuring that the Rapid Response Mechanism (RRM) is in place to facilitate the timely provision of humanitarian assistance to IDPs and verification of IDP as well. A verification of IDPs in the community will be initiated by the NGO.

- The **Health Cluster Sana’a hub** convened an ad hoc coordination meeting with health partners operating in Amanat Al Asimah for a coordinated response to IDPs.

- The **Amanat Al Asimah Governorate Health Office in collaboration with UNICEF** has already deployed a mobile team to Abu-Bakr Al-Seddeq School (Al Wahdah district) to provide full-package health and nutrition activities to the IDPs in Sana’a and also in support of the referral system from schools to Al Sabeen and Zaid Hospital by providing
free transportation, accommodation and medical care. They are also planning to expand the response activities to other IDP hosting sites.

- **WHO** is supporting the Abu-Bakr Al-Sadeeq School health clinic and Abdul-Ghader Hilal Health Centre through provision of essential drugs. Incentives to health staff will also be provided. IRC is also supporting the nearby centre from the school (Abdul-Ghader Hilal Centre) by providing health services to the IDPs.
- **IOM** will be supporting in mobilizing a mobile medical team to deliver health services to IDPs in Amanat Al Asimah.
- **WHO - EOC** will be setting up a surveillance system at Abu-Bakr School for outbreak-prone diseases.

**Gaps & Constraints**

**DETERIORATING SECURITY SITUATION**

- The current volatile situation in the city has led to temporary closures of most commercial establishments as well as public institutions.
- Keeping health workers present and safe at the main hospitals and district hospitals presents a major challenge.
- Local health authorities reported that many of the foreign and local medical staff had already left Hudaydah City, the remaining staff are planning to leave when the conflict intensifies again.
- The deteriorating security situation is hindering civilian seeking health care and preventing health workers from reporting to respective health facilities.
- Increasing number of health facilities that are temporarily closing down due to insecurity
  - Health cluster partners in Al Hudaydah (ACF, SCI and IRC) have reported that 7 health facilities (1 health centre in Al Mina, 3 health units in Bayt Al Faqiah, 1 health centre and 2 health units in At Tuhayta) are temporarily closed / health activities are temporarily suspended because of the deteriorating security situation preventing health workers to report to respective health facilities as well as displacement of health staff.
  - The health activities of ACF in a health centre in Jabal Ra’s are also temporarily suspended.
  - The nursery unit of Alsalkhana Hospital (Al Hali district) is temporarily closed due to staff displacement as reported by SCI.

**HUMANITARIAN ACCESS RESTRICTIONS**

- Access restriction into Al Hudaydah of some health partners.
- Movement restriction to other districts (especially for Mobile Health Teams) and governorates for health partner staff as well as storage / delivery of medical supplies.

**UNCERTAINTY RELATED TO NUMBERS AND MOVEMENTS OF IDPs**

- No information yet on the actual number of IDPs going to safer locations in other districts of Al Hudaydah and other governorates.
UNCERTAINTY RELATED TO TRAUMA-RELATED CASUALTIES

- Under-reporting of trauma-related injuries and deaths considering that an increase in the number of casualties is anticipated.

Needs

- A need for health cluster partners to understand their roles within the Al Hudaydah Concept of Operations wherein health activities are tailored to the different needs of the districts through health cluster meetings among health partners.

- Strengthening the trauma capacity of referral hospitals to cater to the anticipated increase of trauma-related casualties and capacity to conduct mass casualty management. Sufficient amount of trauma-related drugs should also be prioritized.
  - Capacity building on trauma response of health care workers at district and inter-district hospitals and training on trauma stabilization of some mobile medical teams should also be done. A monitoring system for the number of casualties should also be prioritized.
  - Ensuring that all 3 main hospitals inside Al Hudaydah City (Al Thawra, Alolofi and As Sulkhanah hospitals) and front line rural hospitals will also have generator capacity, sufficient fuel and stocks of drugs.

- Emphasis on the eight Humanitarian Service Points (HSPs)—4 in Al Hudaydah, 1 in Dhamar (Wusab As Safil district), 1 in Ibb (Far Al Udayn district), 1 in Taizz (Al Mukha district) and 1 in Aden governorate regarding health partner response to IDPs. This underscores the importance of aligning the response of health facilities / health partners within the respective HSPs and Concept of Operations.

- The number of IDPs within districts should be monitored in coordination with OCHA, NAMCHA, Sub-national Health Cluster Coordinator and respective RRM focal points in order to anticipate the increase in the demand of health care needs among the IDPs in different hosting sites and nearby health facilities.