

HEALTH CLUSTER BULLETIN March-April 2021

*** All Health Cluster Coordination meetings are conducted virtually.

YEMEN

Emergency Level: Level 3

Reporting period: March - April 2021



17.9M
PIN of Health Assistance



7.3M
Targeted with Health Interventions



3.34
Million** IDPs



508M
Funds required



1Million
Returnees

HIGHLIGHTS

- A total of 2,706 Health Facilities (16 Governorate Hospitals, 135 District Hospitals, 64 General Hospitals, 19 Specialized Hospitals, 730 Health Centers and 1,742 Health Units) are being supported by Health Cluster Partners.
- As of the 30th of April 2021, 6321 positive COVID-19 cases and 1227 deaths have been confirmed by MoPHP Aden (COVID-19 reports are only from the southern governorates).
- The cumulative total number of suspected Cholera cases from the 1st of January to the 30th of April 2021 is (27,452) with (16) associated deaths (CFR 0.06%). Children under five represent (23.99%) whilst the elderly above 60 years of age accounted for (6.39%) of total suspected cases. The outbreak has so far affected in 2021: (22) of 23 governorates and (256) of 333 districts in Yemen.
- As of the 30th of April 2021, Health Cluster Partners supported a total number of 274 DTCs and 504 ORCs in 169 Priority districts.

HEALTH SECTOR



71 HEALTH CLUSTER PARTNERS
9.7 M PEOPLE IN ACUTE NEED

KITS DELIVERED TO HEALTH FACILITIES/PARTNERS



704 IEHK BASIC KITS
847 IEHK SUPPLEMENTARY KITS
0 TRAUMA KITS
406 OTHER TYPES OF KITS

SUPPORTED HEALTH FACILITIES



2,706 HEALTH FACILITIES



2,311,665 OUTPATIENT CONSULTATIONS
19,438 SURGERIES
88,625 ASSISTED DELIVERIES (NORMAL & C/S)

VACCINATION



63,297 PENTA 3

EIDAWS



1,982 SENTINEL SITES

FUNDING US\$



\$438.8 REQUESTED FOR HRP 2021
8.8% FUNDED ACCORDING TO FTS)

Situation update

The overall situation in Yemen, including the Humanitarian situation, has been deteriorating and worsening during the past years, resulting in catastrophic numbers and levels.

The impact of the drivers of the crisis is most visible in the growing risk of famine and severe acute malnutrition, disease outbreaks (COVID-19, Cholera, Diphtheria, Vector-borne(Dengue & Malaria), conflict casualties, forced displacement and reversal of past development gains.

Over six years of conflict that has killed and injured tens of thousands of civilians, causing immense suffering for the Yemeni people. In 2021, the conflict intensified, the number of frontlines increased from 33 to 49, and 172,000 people were displaced, bringing the number of Internally Displaced People (IDPs) to at least 4 million.

This has led to increasing number of people in need for live saving & essential health services. According to HNO 2021 people in need for health assistance during 2021 will reach a whopping 20.1 Million people with 11.6 million are in acute need.

Health Cluster Partners are continuing to support & to strengthening the public health system to ensure that essential, life-saving health services, are being provided to respond to the urgent health needs of the people of Yemen.

However, the shortage in funding during 2020 led to further deterioration of the current health system. Out of the 304.6 million USD needed for the health sector, only 27.4%% was funded during 2020. the situation in 2021 is not looking any better. Out of the total request of the Health Cluster in 2021, only 8.8% has been funded by the end of May 2021. Failure to acquire the funds needed for the health response will endanger the lives of millions of Yemenis who are in dire need of the medical health services being provided.

In addition to economic deterioration including the inflation of the Yemeni Rial exchange rate, which reached 880 YR/ 1 USD in the South and 602 YR/1USD in the North. In addition, and since last June 2020, a severe fuel crisis has been recorded in northern governorates in Yemen. A 20-liter bottle of gasoline reached around 15 to 16 thousand Yemeni Rials. This is impacting all aspects of life in these governorates, including the availability and accessibility to health services.

Public health risks, priorities, needs and gaps

The main risks being faced is maintaining the functionality of the public health system in Yemen. AS per 2020 data, only 50% of all health facilities inside the country are fully functional (HeRAMS 2020). The burden of the COVID-19 pandemic and epidemic-prone diseases, food insecurity with an increase in acute malnutrition, and low vaccination coverage, overstretched the already weekend health system and limited its ability to provide the essential needs of health services to the most vulnerable groups, including women and children, elderly and IDPs. The majority of the Yemeni population have limited access to health services as a result of the in-security situation in many areas, roadblocks and poor access, and harsh socio-economic conditions, which is impacting their ability to seek health services. In addition, the escalation of conflict on multiple frontlines and recurrent natural disasters are leading to

the diversion of established live-saving support, in order to meet the emerging needs of the people impacted by these situations. In 2021, more than two-thirds of the total number of districts (273 of the total 333 country districts) are in severe needs of health services (vulnerability scoring 1,2 and3) and these affected districts cover all 22 governorates.

The Fuel crisis continues in Yemen, thus hindering the accessibility to and provision of health services to the population in need, and also limiting the referral process from primary health care to the secondary & tertiary care levels, decreasing the availability and increasing cost of primary and specialized care alongside limited resources. The Health Cluster is monitoring the situation on a continuous basis through its partners in the field.

COVID-19 Highlights

The first confirmed case of COVID-19 in Yemen was registered on April 10th, 2020. As of the 30th of April 2021, 6321 positive cases have been reported and 1227 deaths (please note that these figures represent the southern part of the country only).The real number of cases is unknown due to low testing capacity and sharing of information by the authorities. The UN and all its partners are working under the assumption that the country is in a full-scale community transmission. Furthermore, a large increase in the number of reported data has been noticed.

During the past three months, the second wave of COVID-19 pandemic has hit the country. A large increase in the number of cases and deaths have been reported from the southern areas. However, the reported data is highly unlikely to be the real data, the real figures are expected to be much higher. Data is not being shared by the authorities in the North. However, a full fledged community transmission of COVID-19 is believed to be happening in both the North and South of Yemen.

Health Cluster partners led by CLA- WHO are currently supporting (48) isolation units(24 in the North & 24 in the South) out of the(59) IUs identified by the health authorities in the South and North to receive severe and critical COVID-19 cases. They support with medicines, medical supplies, equipment, ventilators, IPC, case management & IPC training hazard payment and operational support. UNICEF and UNFPA are also supporting with ventilators and various materials of IPC, PPE and medicines. MSFs France, Belgium, Spain and Swiss have done good efforts in COVID-19 response by running (fully or partially support) (5) isolation units in Aden, Sana'a, Ibb and Al-Hudaydah. Additionally, ICRC, SCI, IRY MEDGLOBAL are providing support to COVID-19 IU in some governorates in Al-Hudaydah, Ibb, Taiz. However, some of these facilities went back to providing normal non-COVID services. Health Cluster partners are continuing to provide support to several aspects of COVID measures in the non- COVID health facilities they support.

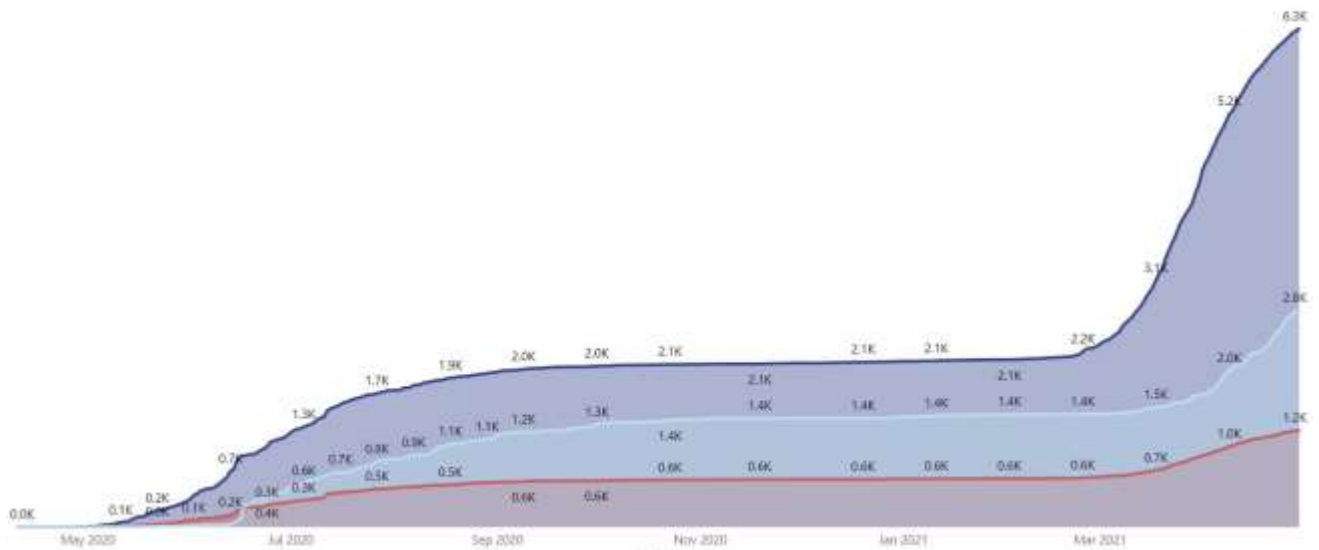


FIGURE 1 COVID-19 CASES, DEATHS AND RECOVERIES TILL 30 APRIL 2021

COVID-19 Vaccination:

On March 31st, 2021, 360,00 doses of AstraZeneca COVID-19 vaccines arrived in Aden, Yemen from the COVAX initiative as part of 1.9 million doses. A 12-day vaccination campaign started on April 20th, 2021, in all IRG controlled governorates. The first round of the campaign is targeting the frontline health workers and elderly persons of age 60 years and above as well as those with co-morbidities. The vaccination started in 266 vaccination sites in 11 southern governorates.

National Vaccine Deployment Plan

- Developed national vaccine deployment plan as per WHO guideline
- Target population prioritized as per WHO SAGE roadmap for use of COVID19 vaccine in context of supply constraint

Country specific prioritization

Objective: Reduce deaths and disease burden from the COVID-19 pandemic

Scenario: Community Transmission

Strategy: Initial focus on direct reduction of morbidity and mortality and maintenance of most critical essential services, and, reciprocity. Expand to reduction in transmission to further reduce disruption of social and economic functions.

Stage I (1-10%)	Stage II (11-20%)	Stage III (21-50%)
<p>Stage Ia (Initial launch)</p> <ul style="list-style-type: none"> - Health workers at high to very high risk of acquiring and transmitting infection <p>Stage Ib</p> <ul style="list-style-type: none"> - Older adults defined to age-based risk specific to country/region 	<ul style="list-style-type: none"> - Older adults not covered in Stage I - Individuals with comorbidities or health status determined to be at significantly higher risk of severe disease or death - Sociodemographic groups at significantly higher risk of severe disease or death - Health workers engaged in immunization delivery - High priority teachers and school staff 	<ul style="list-style-type: none"> - Remaining teachers and school staff - Other essential workers outside health and education sectors - Pregnant Women - Health workers at low to moderate risk of acquiring and transmitting infection - Personnel needed for vaccine production and other high-risk laboratory staff - Socioemployment groups at elevated risk of acquiring and transmitting infection because they are unable to effectively physically distance

- **Phase 1: up to 10% of target population**
 - Health care workers
 - Elderly people 55 years and above
 - People with comorbidities
 - Social groups unable to physical distance (IDPs/refugees)
- **Phase 2: 11-20%**
 - Other essential workers including humanitarian actors
 - Older adults at high risk of disease (cut-off age to be determined based on epidemiologic data)
- **Phase 3: 21-70%**
 - Older adults not included in the previous categories
 - No commitment yet secured

FIGURE 2 NATIONAL VACCINE DEPLOYMENT PLAN - YEMEN

Implementation plan and vaccination strategy

- Phased implementation based on vaccine availability
- First 360,000 doses received -31 March 2021
- Targets: HCWs and elderly people 60yrs + (MoPHP endorsed)
- Scope: 13 Governorates under IRG control
- Two doses to be administered 12 weeks apart
- Campaign launched in Aden - 20 April 2021

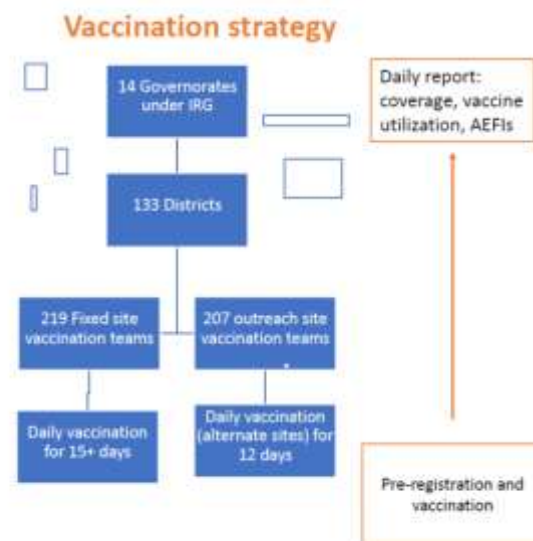


FIGURE 3 IMPLEMENTATION PLAN AND VACCINATION STRATEGY - YEMEN

Update on COVID-19 Community Engagement Efforts

The UNICEF’s technical lead on the Community Engagement updated on COVID-19 Community Engagement Efforts, including findings from the COVID-19 rapid assessment conducted in March 2021. The assessment on the related knowledge, attitude and practices followed a three-phase strategy. Initial scaled response continued for phase 1 and 2, whereas full and mass engagement started from October 2020 in 22 governorates, with 1398 respondents. Key interventions to engage the communities included mass media communication through radio, television and social media, community engagement, mosque events, shielding interventions, videos and animations, production of COVID-19 related materials and procurement of items such as masks For behavior adaptation, findings highlighted poor knowledge about COVID-19 transmission, low level risk perceptions as well as reduced preventive practices as compared to earlier surveys. There was also a very low level of trust on health services being provided in the country and vaccine reluctance was alarmingly high. Vaccination in the south has already commenced on 20 April. It will be interesting to track the trends of uptake and acceptance among at community level.

Main Recommendations

Advocacy with the leadership of both North and South for strengthened messaging and RCCE interventions.

- Strengthening:
 - coordination (Steering Committee, technical coordination group).
 - government ownership and leadership of the response.
- Continue:
 - Community mobilization through engaging religious leaders and other influential.
 - Engaging professional association to advise and reassure HCWs on safety of vaccine

- Monitor coverage to discuss on contingency plan depending on coverage trend
- Increase duration of night-time vaccination
- Reduce number of vaccination teams until demand requires full deployment of teams
- Prioritize vaccination of health care workers in a group as this group are relatively manageable
- Feedback to governors and district councils through letter from office of prime minister

Communicable Diseases

From the 1st of January to the 30th of April 2021, there were **(27,452)** cholera suspected cases reported and (16) associated deaths and the outbreak has affected (22) of 23 governorates and (256) of 333 districts in Yemen. The districts reporting the highest number of suspected cases of cholera during month of March and April 2021 were Al Mudhaffar, Khawlan, Ash Shamayatayn, Az Zuhrah and Monabbih.

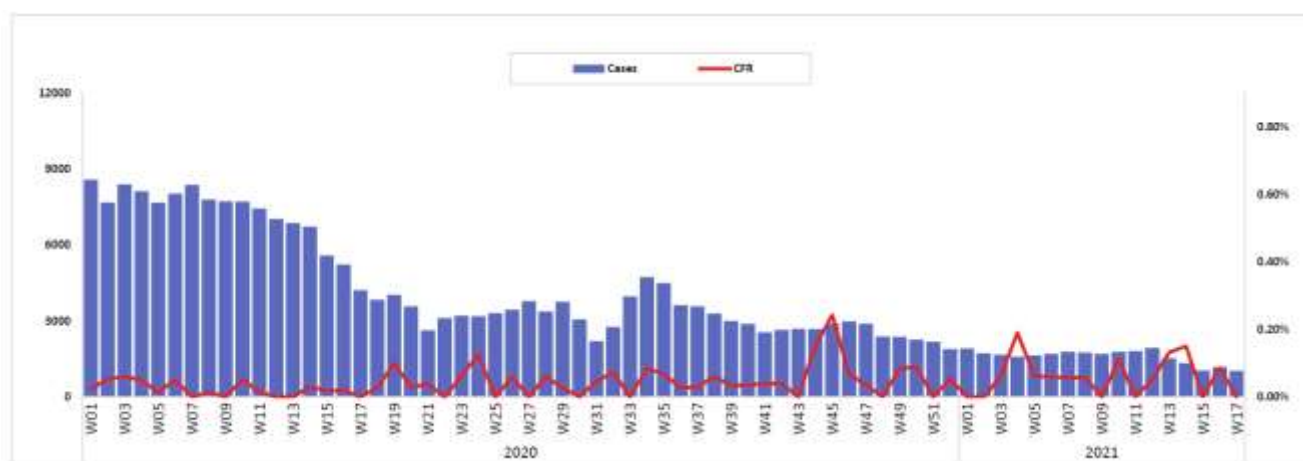


FIGURE 4 EPI CURVE: CHOLERA SUSPECTED CASES AND CFR FROM JANUARY 2020 TO APRIL 2021- SOURCE – EOC

Non-communicable diseases and Mental Health

There were 19,718 new hypertensive and 1,959 individuals with mental health illness who received medical attention and psychosocial support by health partners during the month of March and April 2021.

Health Facility Support

During March and April 2021, 43 Health Cluster Partners have sustained their support to the 2,706 health facilities including operational support, incentives for the health workers, training of health workers and provision of medicines and medical supplies.

Availability of essential services

The Health Cluster Partners are continuing to support primary and secondary health care services across the country. These services are offered free of charge across all health centers and units, with secondary health care provided in the governorate and district hospitals, as a result of the support of partners with incentives and operational costs. Some of the main challenges that are hindering the delivery of quality health services are insecurity, access impediments and inadequate health workers

(capacity and numbers). The economic situation is becoming worst on a daily basis as the Yemeni Rial continues to depreciate and the majority of the population are not able to afford transport to and from the health facilities. In addition, the roads are in poor state and can some of them are no longer usable. In an effort to counter these challenges, Health Partners are supporting and facilitating patients' transportation and referral through the voucher system in order to improve acceptance, access and utilization of health services by the patients.

Availability of Health Staff

The health workers available in the health facilities are not enough, as the majority have migrated from their locations due to insecurity, access challenges or lack of salaries. Those still in the health facilities are largely dependent on incentives offered by the humanitarian actors to sustain the remaining services offered in these facilities.

Availability of Essential Drugs, Vaccines and Supplies

Health Cluster partners supported the health facilities' operations with medicines and medical supplies as well as payment of incentives to health staff. 2,096,977 Liters of fuel and 57 million liters of water were supplied to the health facilities in addition to 704 IEHK basic Kits, 406 other types of kits and 0 Trauma kit to support various health facilities across the country.

Health Cluster Action

Health Cluster Partners include 5 UN agencies, 21 INGOs, 17 NNGOs in 22 Governorates in Yemen. During March and April 2021, 43 Partners reported through the Yemen health information system.

Partners Implementation Status can be accessed at the below link:

<https://www.humanitarianresponse.info/en/operations/yemen/health>

Health Cluster Partners Updates – March and April 2021

Health Cluster Partners continued supporting health service delivery across the country. Below are a few examples of different Health Cluster Partners operating in different governorates inside Yemen.

International Organization for Migration (IOM)

Key Highlights during March 2021:

- IOM continues to support 21 healthcare facilities and mobile teams across 6 governorates (Aden, Amanat Al Asimah, Lahj, Ma'rib, Ta'iz and Shabwah), including operation support, provision of medicines and medical supplies, referral services and capacity building and incentives to healthcare workers.
- 36,087 people including 2,256 migrants have been reached with medical consultations.
- 7 Health facilities in Amanat Al Asimah and Ta'iz governorates received medical supplies and equipment.

- 7 mobile teams provide access to emergency health assistance and referrals for IDPs at displacement sites and for migrants along migratory routes in Aden, Lahj, Shabwah and Marib.
- COVID-19 screening check was conducted for 183 migrants and refugees as a part of medical fitness prior to voluntary return (AVR) or resettlement.
- 1,013 cases of suspected cholera have been provided with treatment through IOM's supported oral rehydration points (ORCs) in Marib, Shabwah, Lahj and Ta'iz governorates.
- 47 IOM's staff in Sana'a, Aden and Marib were trained online in preparedness of COVID-19 Vaccination.
- 51 health workers and community health volunteers in Shabwah and Ta'iz were trained on community health volunteering and Psychological First Aid.
- Onsite trainings were conducted for 8 IOM's Medical staff in Sana'a city on Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS)
- IOM continued supporting three national programmes in the implementation of life saving activities for HIV, TB and Malaria.
- The National TB Control Program (NTCP) conducted supervision visits to the governorates' TB Centers of Abyan and Hadramout governorates.
- The National Malaria Program (NMCP) implemented the Long-Lasting Insecticidal Nets (LLINs) distribution campaign in Malaria endemic districts of Sana'a, Raymah and Al-Jawf governorates.
- A total of 343,499 LLINs were distributed in the targeted areas protecting more than 727,770 people from Malaria including 107,374 children under five years, 20,908 pregnant women and 26,00 IDPs.
- The NMCP also conducted onsite training to health workers on the management and treatment of severe malaria. A total of 282 participants from 20 health facilities from 14 districts of Ibb and Sa'ada governorates were trained.
- The National AIDS Control Programme (NACP) organized a HIV/TB meeting in Aden on 6th of March to discuss HIV/TB collaborative activities. A total of 10 participants from NACP and NTCP attended the meeting.
- NACP also conducted a training session on International Safety Standards and HIV testing for blood bank's health workers. The training was attended by 30 participants from majority of Aden governorate's blood banks at governmental and private health sectors.
- The mobile medical team (MMT) have implemented 24 awareness sessions on TB, HIV and Malaria for a total of 5,181 population (2,821 IDPs and 2,360 Marginalized resident) at Al Fakhamah Marginalized camp, Al Hirathah IDPs camp and Al Salam IDPs camp in Al Mashannah and Al Dhihar districts of Ibb governorate.



FIGURE 5 IOM ACTIVITIES DURING MARCH 2021

United Nations Population Fund (UNFPA)

Key Highlights during March 2021:

- The UNFPA Executive Director, Dr. Natalia Kanem called for peace in Yemen and urgent funding for women’s health and protection as she concluded a three-day visit to the country in March.
- In March, UNFPA distributed medical equipment for the provision of reproductive health services across 44 facilities in the governorates of Al Hudaydah, Al Mahweet, Hajjah and Raymah.
- In response to the recent increase in the number of COVID-19 cases within the country, PPE equipment was distributed to 33 health facilities in the governorates of Aden, Lahj, Al Dhale, Abyan, Taizz, Shabwah, Hadramout, Al Maharah, Socotra, Marib and Al Hudaydah.
- In addition, 36 midwives across seven governorates were trained on the provision of family planning and other reproductive health services with adherence to COVID-19 protocols.
- UNFPA has set up two mobile reproductive health teams in frontline areas of Marib, while four health facilities are being supported by UNFPA to provide essential reproductive health services, including normal deliveries and caesarean sections.
- More than 22,000 displaced persons were provided with reproductive health services from January to March 2021. UNFPA also mobilized 50 community midwives in Marib. The midwives serve a population of nearly 75,000 people, including 3,000 pregnant women.



FIGURE 6 UNFPA ACTIVITIES DURING MARCH 2021

Qatar Charity (QC)

Qatar Charity has been operating in Yemen for the last twenty years either through different implementing partners or through direct implementation. In 2012, QC has come to mark its direct presence in Yemen and established its representation in order to facilitate more aid into the country as well as work closely with its partners, the community and other stakeholders. Qatar Charity began providing life-saving emergency assistance in all Yemen to the most vulnerable in underserved and hard to reach areas, our implementation including all aspect of humanitarian response like WASH, Food security shelter and orphan's care.

Key Highlights during March 2021:

- IMCI consultations: 825 consultations.
- OPD consultations: 7026 consultations.
- RH services (ANC/PNC): 656 consultations.
- Hazard allowance support: 24 health workers
- Number of children under 1 received Penta 3: 865 children.
- Number of outpatient consultations for IDPs: 114 consultations.
- Provision of PPEs for health workers in three health facilities.



FIGURE 7 QATAR CHARITY ACTIVITIES DURING MARCH 2021

Action Contre La Faim ACF

Key Highlights during March 2021:

- SAM U5 new admission **(661 cases)**
- MAM U5 new admission **(1320 cases)**
- MAM PLWs new admission **(1719 cases)**
- IMCI consultations **(6136 cases)**
- OPD consultations **(17971 cases)**
- RH services (ANC/PNC) **(3681)**
- H/Nut awareness sessions **(18521)**
- Care practices new admissions and consultations **(1418)**
- U5 children U5 screening through CHVs and HFs **(7966)**
- PLW screening through CHVs and HFs **(3820)**

- Hazard allowance support (239)



FIGURE 8 ACF ACTIVITIES DURING MARCH 2021

Yemen Family Care Association (YFCA)

Key Highlights during March 2021:

- With the start-up of the project “Provision of Integrated essential lifesaving Health services and Shelter assistance to IDPs and most vulnerable groups in hosting communities at Ma’arib and al-Dhalea Governorates - 17899” funded by YHF, two trucks well packed with the WHO emergency health kits were distributed to one EMMT and two HFs (Al-Shaheed Mohammed Hayel and Ma’arib central hospital) in Ma’arib city and one EMMT in Qa’atabah district in Al-Dhalea governorate:
 - (6 Surgical Kits, 47 Supplementary Module Pharmaceutical, and 5 NCDK 2016 Basic Module)
- A preliminary result for the Health Facility Assessment for 233 (public and private) HFs in the nine targeted districts in Aden, Lahj and Taiz. To identify the gaps in the availability of health services and accessibility of women and children under five to RMNCH + Nutrition components of MSP and thus to detect the appropriate interventions.
- 118 (80 Female, 38 Male) health workers providing Primary Health Care services. (Most of them are providing Reproductive Health and Integrated Management of Childhood Illness services) from 9 districts in the three governorates (Aden, Lahj and Taiz) were trained on adequate infection prevention and control (IPC) as part of COVID-19 response to ensure continuity of health services during the pandemic and to provide standard protection for health workers and beneficiaries.
- 363 children and 17 women at reproductive age were vaccinated and more than 1,221 children have benefited from IMCI services provided on supported health facilities in Al Abr and Rakhia districts in Hadramout Governorate.

- Three day-training sessions on first aid and Basic lifesaving support BLS have been conducted for more than 60 supported health workers on Rakhia and Qa'atabah districts and Ma'arib city.

Field Medical Foundation (FMF)

Key Highlights during April 2021:

- FMF implemented number of covid-19 response projects as well as supports services in adherence to the covid-19 preventive guidelines and to the IPC measures. Therefore, during the previous two months that marks the beginning of 2nd wave of covid-19 and in contrast to what happened regarding HFs shut down during the 1st wave, FMF targeted HFs in the three health projects (MSP, RH and Integrated H&N) kept providing the services with all needed equipment to function; PPE, medications/equipment, operational cost and staffing. In addition to that, MSP targeted the main referral hospital in Al-Dhale'a governorates with the MSP package (staff, medications, IPC as well as supports the referral of cases to it.
- The MoPHP launched the covid-19 vaccination campaign in the southern and eastern governorates and some of the HFs that are targeted by FMF projects and interventions, provide the vaccination and our staff are part of this campaign i.e. Al-Razi hospital in Abyan, Ataq hospital in Shabwah and Al-Naser hospital in Al-Dhale'a governorate and many other..
- The MSP project showed a significant impact of interventions on people's health at targeted HFs which reflected through the recognizable increase in numbers of beneficiaries in comparison to the period when there is no MSP project. This is because of the project had provided the targeted HFs with sophisticated lab machines, reagents, solar systems and medicines. Moreover, the remarkable increase in the number of beneficiaries, when compared with the period preceding the project, indicates how fast the beneficiaries' confidence in the project and the services provided had grown. Here we get into mention more details of rehabilitation carried out in each district separately.

Family Health International (FHI360)

FHI 360 has been responding to the humanitarian crisis in Southern Yemen since 2018. Through an integrated health, nutrition, and WASH program, FHI 360 has to date supported ten static health facilities, including rehabilitation of those non-functional due to the conflict, and one mobile health team. FHI360 is serving as the Co-Lead for the Sub-national Health Cluster in Aden.

Key Highlights during April 2021:

- Infection Prevention Control (IPC) training was conducted from the 6th to the 8th of April targeting all health workers from Khawkhah MCH and the Mobile health Team (MHT) from Tuhayta district (28 participants in total).
- Clean delivery kits, provided by UNFPA, were distributed to Al Shatheliah HU, Al Gharaffi HC and MHT.

- A regular distribution of medications was conducted to all supported facilities.
- 15 ICCM CHVs in Gharaffi received three additional days of training on how to dispense medications as per MoPHP's protocol.

Health Cluster Coordination

During the reporting period of March and April, the Health Cluster at the National and Hub level conducted 21 Health Cluster coordination meetings. (Aden, Al Hudaydah, Ibb/Taizz, Sa'dah, Sana'a, Marib, Hadramout, and West Coast).

The Health Cluster at the National and Hub level also participated in 90 technical meetings, which include but are not limited to ICCM, RCT, TWGs, COVID-19, inter-sectoral, and government meetings. This is on a weekly, bi-weekly, and monthly basis. Furthermore, the Health Cluster conducted 6 field visits during the reporting period due to COVID-19 restrictions. The Health Cluster at the National and Hub level conducted 80 bilateral meetings with partners, agencies, and government entities to ensure the proper coordination and implementation of activities and projects as well as resolving any pending issues on the field.

The HRP 2021 Consultative meeting took place on the 28th and 29th of April 2021 in Sana' with 60 participants from the partners, observers and authorities. The meeting focused on discussing the activities of the HRP 2021 and indicators and revise the ones used during the previous year. The same meeting is scheduled in Aden for the end of May 2021.

Links to the 4Ws are as follows:

<https://www.humanitarianresponse.info/en/operations/yemen/infographic/yemen-health-cluster-4w-draft-march-2021-en>

<https://www.humanitarianresponse.info/en/operations/yemen/infographic/yemen-health-cluster-4w-draft-april-2021-en>

Training of Health Staff

During the months of March and April 2021, Partners across the country conducted training sessions for 361 community health workers on health education, health promotion and infection prevention, 144 midwives on various topics in Reproductive Health and 595 staff on MSP.

Trauma and Injury Care

With the ongoing conflict in several parts of the country, 6708 thousand patients were treated for conflict related trauma injuries in various health facilities across the country during March and April 2021.

Child Health

63939 children were immunized for Penta-3, while 21370 children were treated for SAM with complications cases and referred for further follow up and support during this reporting period.

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*****The Health Cluster is CO-Chaired by the Ministry of Public Health and Population.**