

YEMEN – CRISIS INFO DECEMBER 2018

HODEIDAH

On 18 September, a new offensive was launched by SELC backed forces to retake Hodeidah from Ansar Allah control after a new round of peace negotiations failed in Geneva. In mid-September, SELC-backed forces moved towards the eastern side of Hodeidah, with daily clashes partially blocking the main Hodeidah-Sanaa road and raising fears of a siege around the city.

Clashes erupted on multiple occasions near the biggest hospital of the city (Al Thawrah).

In August/September, a further depreciation of the Yemeni Riyal led to further increases in the price of commodities, while shortages of fuel and cooking gas were also reported. It is estimated that more than half of the 600,000 inhabitants of Hodeidah left the city, towards Sanaa, Ibb and Hajjah. In October, we also observed the return of some of them to the city due to the deteriorating economic conditions.

In early October, MSF started working at Al Salakhanah hospital, northeast of the city. Teams rehabilitated the emergency room and operating theatres so as to be able to provide emergency medical and surgical care in case fighting reached new areas of the city. There is a need for healthcare, particularly trauma and surgical care.

From 1 November, a stronger offensive was launched by SELC-backed forces, with deployment of troops on the ground and battles getting very close to Al Salakhana hospital, where MSF teams are working. Al Salakhana hospital remains one of only three open and operational public hospitals in the area. Al Thawrah hospital, the main public health facility in the city, is still operational but threatened by fighting and rapidly moving frontlines.

In November, MSF teams treated at least 750 war wounded from Hodeidah frontlines at its facilities in Hodeidah itself, but also in Mocha, Aden, Abs and Hajjah. Main injuries come from gunshots and blast.

Date	18-nov	02-déc	04-déc	23-nov	23-nov	
	Aden	Mocha	Hodeidah	Hajjah	Abs	Total
# of war wounded	105	259	116	140	131	751
number of females	3	16	31			
number of children	4	33	22			

cause of injury	Aden	Mocha	Hodeida	Hajjah	Abs	Total
GSW	58	118	42	62	55	335
Blast	39	86	55	78	76	334
Shrapnel	1	50	14			65
Missing/not recorded	7	1	5			13
mine		4				4
Total	105	259	116	140	131	751

Since August, MSF teams have also been working in Mocha, 180 km south of Hodeidah, where MSF opened a surgical field hospital to provide emergency medical care to people coming from the Hodeidah and Taiz frontlines. Since opening, near 2,000 consultations were realized at the ER, and more than 1,000 surgeries were performed. Among emergencies received between August and December, 18% were children under 15. Patients had injuries from landmines, gunshots, shrapnel and blasts. MSF field hospital in Mocha remains the only health facility performing emergency surgery in the area. Teams are also treating pregnant women with complicated deliveries who require urgent surgery.

Ad Dhale project closure

On 7 November, MSF announced the closure of its project in Ad Dhale governorate, following two security incidents that happened in less than a week in October, targeting MSF staff and residence. The decision to close is a result of repeated attacks and threats of violence on the medical facility, health staff and most recently, on MSF's residence in Ad Dhale.

There have been multiple security incidents directly targeting patients, staff and MSF supported medical facilities in the area. After this series of serious incidents, we are left with no choice but to close all medical and humanitarian activities in Ad Dhale governorate. MSF activities in Ad Dhale were suspended several times in the past years.

The closure of activities include stopping the support to the four MSF supported health facilities in Al Nasr Hospital in Ad Dhale town, Al Salaam Primary Health Care Centre (PHCC) in Qatabah, Thee Jalal PHCC in Al Azariq, and Damt PHCC. MSF was one of the few medical organizations delivering humanitarian assistance to the community in Ad Dhale.

MSF has been working in Ad Dhale since 2012 supporting the provision of free medical care to the people of Ad Dhale, Qatabah, Al Azariq and Damt districts. MSF's support enabled these health facilities to treat more than 400,000 patients across the governorate.

“FAMINE”

Between January and October 2018, MSF hospitals and supported health facilities have treated 4,855 cases of malnutrition. Our projects treating malnourished children are located in Hajjah, Saada, Amran, Ibb and Taiz governorates. In the areas where MSF is working, data collected through our nutritional programs do not suggest the existence of “pockets of famine” (meaning a situation where global acute malnutrition prevalence rate is very high, not only among children but also among teenagers and adults, with high rate of mortality). But MSF, as other NGO’s and UN agencies, cannot have a global view on the nutritional status of all the population in the country, partly because insecurity and access constraints do not allow to conduct large-scale surveys.

CHOLERA

Between January and October 2018, MSF treated 6,680 suspected cholera cases in Ibb, Amran, Ad Dhale, Hajjah and Taiz governorates. MSF runs cholera treatment units in Khamer (Amran governorate), Ibb and Abs (Hajjah governorate) and runs cholera treatment centres in Thi Al Sufal (Ibb governorate), Houban (Taiz governorate), Damt (Ad Dhale governorate) and Abs.

In Ibb, MSF opened recently a new cholera treatment center to deal with the increase in number of confirmed and suspected cases in the governorate.

The Yemeni health system has de-facto collapsed – across the whole country, but most evidently in the northern governorates – and no salaries have been paid to health staff since August 2016, leading to a lack of qualified medical staff. The provision of healthcare is limited to the few hospitals that are still functional. In addition, the closure of Sanaa airport has prevented people from seeking treatment abroad.

Cholera – while it appears to have been contained – remains a threat, since conditions are ripe for new waves of the disease. But, as of today, this year cannot be compared with the 2017 outbreak. MSF teams faced a peak of suspected cholera cases in July, which dropped in August. These numbers are far below the same period last year when MSF had already cared for 7,000 suspected cholera cases in Ibb alone.

MSF FIGURES

MSF works in 12 hospitals and health centres across the country and provides support to more than 20 hospitals or health facilities across 11 governorates: Abyan, Aden, Amran, Hajjah, Hodeidah, Ibb, Lahj, Saada, Sana’a, Shabwah and Taiz.

Medical figures from March 2015 to October 2018

- People with injuries related to war and violence treated in MSF facilities: **91,574**
- Emergency room patients received in MSF facilities & MSF supported facilities: **973,095**

- Surgical interventions performed by MSF: **76,436**
- Children admitted to pediatric ward (non-violence cases): **34,189**
- Deliveries: **64,032**
- General consultations for internal displaced people: **232,576**
- Cholera suspected cases: **114,646**
- Malaria cases treated: **14,130**
- Malnutrition cases treated: **14,370**

HR-Fin-Log for 2018:

- Total MSF Staff: **more than 2,200** – and **approx. 700** Ministry of Health staff on monthly financial compensation
- Total Intersectional MSF budget for 2018: **64.5 Million euros**
- Tons of medical supply & equipment sent to Yemen from January to October 2018: **848 tons**
- Total tons of medical supply & equipment sent to Yemen from March 2015 to October 2018: **4,760 tons**