

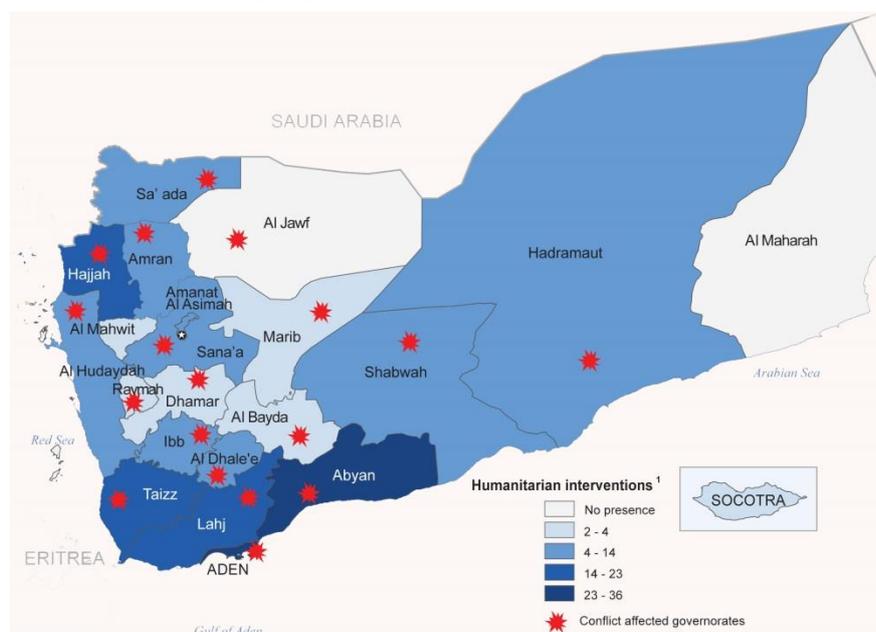


This report is produced by OCHA Yemen in collaboration with humanitarian partners. It was issued by OCHA Yemen. It covers the period from 17 to 23 April. The next report will be issued on or around 30 April. Between Situation Reports, daily Flash Updates are issued.

## Highlights

- Humanitarian operations in Yemen will come to a halt within two weeks, and hospitals in Sana'a and Aden will close down, unless additional fuel is imported. Fuel shortages have also affected water supply in many places.
- Markets in the 19 conflict-affected governorates are incapable of providing all necessary food supplies, according to WFP. Where available, retail prices of wheat grain and wheat flour rose by 42 percent and 44 percent, respectively, in April compared with February.

Areas of conflict and ongoing humanitarian activities



Source: OCHA, partners, media

**#IDPs**  
**150,000**

**#Killed**  
**1,080 people**

**#Injured**  
**4,352**

- The health care system in Yemen is facing an imminent collapse, According to WHO, facilities are struggling to operate amid increasing shortages of medicines and vital supplies, and frequent power disruptions. Market prices of essential medicines have increased by more than 300 per cent.

## Overview

The continuing violence in Yemen has taken a heavy toll on lives and livelihoods. It has also hampered the delivery of critical humanitarian assistance, displaced civilians and forced 3,750 schools to close, affecting an estimated two million children. The most affected governorates include Sana'a, Taizz, Aden, Lahj, Sa'ada, Al Dhale'e as well as Sana'a City. In Sana'a, some agencies have suspended operations following a massive blast on 20 April after airstrikes hit an ammunition depot in Faj Attan area. At least 39 people were killed and 547 injured, according to WHO estimates. Offices of several humanitarian agencies near the area, including the UN, were damaged by the blasts. One partner temporarily suspended activities in Sana'a after its offices were damaged. Another partner suspended for at least a week from 21 April, the evacuation of third country nationals because of insecurity. However, despite serious concerns over security and access, humanitarian partners are scaling-up response activities in conflict-affected areas

The fuel shortages in Yemen have reached critical levels. Several humanitarian partners will be unable to continue operations in two weeks unless more fuel supplies arrive in the country, while hospitals in Sana'a and Aden are at risk of closing down. Lack of fuel has also affected water supply in several governorates because water pumps are not functional. The severe shortages have resulted from restrictions on commercial shipping vessels. Since 21 April, a commercial oil tanker has been waiting outside Yemeni territorial waters for clearance to dock. Importers

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have warned that more ship owners are becoming reluctant to transport freight to Yemen, making delivery by sea even more expensive. Only 137,000 liters of fuel (59,690 diesel and 78,500 petrol) is available for the entire humanitarian operation in Yemen at the moment. To cope, partners have decided to prioritize existing fuel stocks to transport food aid, operate ambulances, water supply to facilities, run hospitals and transport medical supplies through a system of pooling the remaining fuel for critical response activities.

Ongoing conflict has seriously disrupted the availability and supply of essential food and non-food commodities. Yemen used to import an average 350,000 tonnes of food every month on a commercial basis. This has been severely hampered and many markets in the affected 19 governorates are incapable of providing the necessary supplies. Where available, retail prices of wheat grain and wheat flour rose by 42 percent and 44 percent, respectively, in April compared with February. In Aden, some IDPs who received food rations including wheat grains and pulses, could not cook the pulses because they had no means to either purchase gas or grind the wheat.

The situation has pushed the health care system to a state of imminent collapse. According to WHO, health care facilities are struggling to function as they face increasing shortages of medicines and vital health supplies, frequent disruptions in power supply and lack of fuel for generators. The power cuts and fuel shortages also threaten to disrupt the vaccine cold chain, leaving millions of children below the age of five unvaccinated, while water shortages have resulted in increased risk of diarrhoea, and other diseases. Since the escalation of conflict, daily consultations in health facilities have reduced by 40 per cent, indicating that many people are unable to reach health facilities due to blocked roads and fighting. According to the Ministry of Public Health and Population, major hospitals will soon be completely unable to provide services and programmes will gradually collapse due to lack of medicines for chronic diseases such as kidney dialysis, cardiac and oncology.

### Casualties

At least 1,080 people (28 children and 48 women) have been killed between 19 March and 22 April, according to figures compiled by WHO from health facilities. Another 4,352 people have been injured (80 children and 143 women). These, however, are likely to be under-estimates. There are also widespread unverified reports of damage to civilian infrastructure across the country. According to international humanitarian law, all parties to conflict are legally obligated to do everything in their power to avoid civilian casualties.

### Priority humanitarian needs

The most immediate needs are health care, water and sanitation, protection and food, as well as non-food items and emergency shelter for newly displaced people. Fuel and other logistical requirements are urgently needed to enable humanitarian operations and needs assessments.

### Humanitarian access and basic supplies

To scale up the delivery of assistance, partners are calling for humanitarian pauses to allow for aid workers and supplies to be urgently delivered into and moved within Yemen. In Aden, partners could not deliver safe drinking water to IDPs due to clashes around the city and in parts of Lahj on 25 April. Water trucking could not reach 10 schools, reportedly hosting IDPs that were recently displaced. In addition, partners were forced to postpone aid delivery plans after IDPs they planned to assist were forced to flee again by clashes around the Al What School where they had sheltered in Lahj. In many areas, displacement remains fluid.

## Funding

On 17 April, humanitarian partners released a Flash Appeal for Yemen. The Appeal amounts to US\$273.7 million to cover the most essential needs over the next three months in the food security, health, WASH, nutrition, shelter, protection and logistics sectors. [More details are available in the Flash Appeal](#). The Kingdom of Saudi Arabia fully funded the Flash Appeal. The Yemen Humanitarian Pooled Fund has also allocated US\$ 10 million to support the response efforts to address additional needs to those of the Flash Appeal.

Humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA's Financial Tracking Service of cash and in-kind contributions by e-mailing [fts@un.org](mailto:fts@un.org) or visiting <http://fts.unocha.org>

## Humanitarian Response



### Water, Sanitation and Hygiene (WASH)

For more details on WASH needs, response and gaps, contact Mr. Derek Kim ([dhkim@unicef.org](mailto:dhkim@unicef.org)).

**Needs:**

- Fuel shortages continue to drive most needs in the WASH sector. Local water corporations that supply water to urban areas and rural water projects are severely disrupted or non-functional due to fuel shortages. Sewage treatment plants need fuel to continue operations.
- Newly displaced and secondary IDPs require comprehensive WASH assistance. The most urgent assistance is required for IDPs without shelter. The newly and secondarily displaced people require greater sanitation and hygiene support, including soap, sanitation facilities and designated defecation areas.
- Hygiene promotion campaigns and other WASH activities are urgently needed in several conflict-affected neighbourhoods in Aden. Unconfirmed reports by local partners indicate deaths due to diarrhoea in Mualla and the emergence of skin diseases in Dar Saad.
- Partners report that solid waste collection services are not available in most urban centres and new IDP settlements due to security concerns and a lack of salary for public employees' payments. Accumulating waste presents a public health risk and must be addressed.

#### Response:

- WASH Cluster partners estimate that they have provided emergency WASH services to 240,000 people in affected areas since 26 March. These services have included water trucking, fuel provision for WASH facilities, distribution of basic hygiene kits and ceramic water filters, public health promotion campaigns, rehabilitation of wash facilities in schools for IDPs and provided water tanks.
- In Lahj, daily water trucking continues for IDPs in Al Hawta District. Partners are delivering 10,000 litres of water per day for 1,100 people. Water is delivered to water points at Al Dola Mosque (Al Hawta), Al Maghafa Al Baqer (outskirts of Al Hawta) and Tehror village. IDPs previously at Al Waht School (Tuban District) fled the school following renewed fighting and are now being served at the Al-Dola Mosque.
- In Lahj, two water committees in Al Wadi village (west of Sufyan village) continue to receive 20 litres of fuel each to run water pumps for two hours per day- the minimum time required for basic WASH needs. This activity benefits 800 people.
- In Aden, partners have delivered cleaning materials and other supplies to 22 May Hospital (Al Mansura) and the surgical centre (Sheikh Othman). These facilities are currently serving about 300 patients. Water trucking also continues to Basheeb Hospital.
- In Abyan, water trucking continues to 300 IDP families (2,100 people) living in one school in Zinjibar, 12 schools in Khanfar and two schools in Lawder. Nine water tanks were installed in affected schools and WASH facilities were rehabilitated in four schools.
- In Al-Dhale'e, partners provided water trucking for about 500 IDPs living in a mosque in the Dhobayat area.
- In Aden, partners rehabilitated WASH facilities and installed two water tanks in the 30 November School, benefiting about 60 IDP families. WASH facility rehabilitation was also completed at Al-Fajr School.
- An agreement has been signed with the Aden Local Water Corporation to provide urgently needed spare parts
- Fuel is being provided to support local water corporations in Sana'a Governorate and Sana'a City. During the reporting period, the Sana'a Water Corporation (SWC) received 39,000 litres of fuel, enabling services that benefit 169,000 people in Sana'a Governorate. An additional 60,000 litres will be supplied. The Amanat Al Asima (Capital City) Local Water Corporation has also set up three water distribution points supplying 20 litres per person per day, benefiting 30,000 people.
- In Hajjah and Hudaydah, water trucking has begun to support 2,609 new and re-displaced IDP families (about 18,300 people). These efforts are reaching IDPs in Al Zuhra (850 households (HH) per day), Abbs (844 HH/day), Hairan (622 HH/day) and Haradh (293 HH/day). Thirty-nine water tanks have also been installed in Haradh: 28 500-litre tanks, two 1,000-litre tanks, two 1,500-litre tanks and seven 2,000-litre tanks. Household-level public health programmes (PHP) are being conducted for 1,680 families (11,760 people) in Al Zuhra, Hairan, Abbs and Haradh.
- In Hajjah, partners distributed hygiene kits to 1,620 IDP families (about 11,340 people) in Haradh and Hairan Districts. Partners originally intended to distribute to a further 325 IDP families but could not due to airstrikes.
- In Hajjah, partners completed installation of 12 water points for 1,000- and 2,000-litre tanks in Haradh and Hairan Districts. These water points will benefit about 2,500 IDPs.
- Distribution of 1,000 ceramic water filters is under way in Hudaydah (Al Zuhra District) and Hajjah (Abbs District). To date, 263 IDP families (about 1,840 people) have already received the filters.

#### Gaps & Constraints:

- Power cuts and disruptions to communications systems (including mobile phones, landlines and internet) are hampering communication between and coordination of WASH partners.
- Lack of fuel on the market is hampering field operations and limiting the amount of energy that can be produced by generators. Fuel scarcity has resulted in high prices for available supplies, increasing operational costs.
- Many partners lack in-country relief items and cannot procure them due to the restrictions on shipping and flights imposed on Yemen, which has prevented many commercial shipments from entering the country.
- Insecurity hampers delivery of humanitarian aid to some locations.

- The collapse of large parts of the banking system is hampering operations.



## Health

For more details on Health needs, response and gaps, contact Dr. Iman Ahmed ([ahmedi@who.int](mailto:ahmedi@who.int)).

### Needs:

- Mass casualty management remains a pressing need. Hospitals are overwhelmed with casualties, including people who have been direct victims of violence and those suffering severe burns. Needs outlined in the previous Situation Reports remain valid. These needs include:
  - Trauma and surgical medicines, surgical teams and medical supplies, including first aid kits in hospitals
  - Medicines for chronic non-communicable diseases
  - Fuel for ambulances and generators in health facilities and to maintain cold chain supplies
  - Safe water in health facilities
  - Additional ambulances and scaling up of medical teams
  - Re-agents and supplies for medical laboratories and blood banks
  - Hygiene kits for affected communities
  - Operational support supplies, including alternative methods of generating power, spare batteries for phones and computers, and communications equipment to facilitate communication and coordination among front-line health responders.
- Partners are calling for immunization activities and epidemiological surveillance to be scaled up.
- Partners urgently require safe, predictable access to Yemen in order to import procured supplies into the country. In addition, partners require safe access routes to health facilities in affected areas in order to position needed supplies and health teams that will ensure maintenance and continuity of current operations.

### Response:

- Efforts to support mass casualty management in major hospitals continue (as reported in previous Situation Reports).
- During the reporting period, partners provided fuel and other essential supplies to support emergency operations. Fuel was provided to hospitals in Sana'a, Hudaydah and Haradh. Oxygen and fuel were provided to the largest public hospital in Sana'a (Al Thawrah), which was facing imminent closure due to supply shortages. Partners also provided fuel to run ambulances. Water purification and testing in all health facilities and IDP concentration areas also continue.
- Partners began a major immunization campaign this week targeting children under 5 – beginning with IDP children.
- Partners are also working to maintain other critical services, including activities to prevent communicable diseases. During the reporting period, this included spraying against Dengue fever and malaria, as well as distribution of malaria drugs. The Electronic Disease Early Warning System (eDEWS) also scaled up surveillance.
- eDEWs activities strengthened and surveillance scaled up with immediate Epidemic Task Forces and Investigative Teams, coupled with immediate response.
- In Shabwah, partners have conducted two five-day training sessions on first aid, reaching 40 volunteers.

### Gaps & Constraints:

- Fuel shortages remain the most serious barrier to the health response. Although partners have provided some fuel to ensure vaccine safety and minimum operational maintenance, substantially more supplies are urgently needed
- IDPs – mainly women and girls – in some areas are living in health facilities, hampering the ability of these facilities to provide services and heightening risks of disease transmission. Urgent action is required by the Shelter Cluster to address this problem.
- People in Aden are increasingly unable to access healthcare, as snipers are positioned in areas throughout the city. This threat also prevents movement of health staff – including humanitarian partners – in the city and is hampering response and coordination efforts.
- An assessment is needed to gauge the status and functionality of the health system at the primary and secondary (referral) levels and to estimate what is required to restore the health system.



## Food Security and Livelihoods

For more details on needs, response and gaps, contact Ms. Hanalia Ferhan ([hanalia.ferhan@acted.org](mailto:hanalia.ferhan@acted.org)).

### Needs:

- According to WFP, about 12 million people in Yemen are currently food insecure – a 13 per cent rise since the start of the conflict. An estimated 100,000 MT are required to meet food needs every month. Partners urgently need safe, predictable ways to import emergency food supplies into Yemen. Maintaining commercial food imports is also critical, given that Yemen imported over 90 per cent of its staple food before the crisis.
- Cluster partners report that access to food remains a priority need of affected people, in addition to food-related NFIs. According to rapid assessment results, affected people are facing severe constraints on their own food supplies and on their access to food. Assessments in Aden, Lahj, Al Dhale'e and Hajjah have all found that affected people's food supplies are running low. Respondents in these areas all identified food among their top three priorities. They also report that food is not widely available in markets, and shops and markets have been reported closed in some parts of the country. Where food is available and markets are functioning, access is often restricted by insecurity, lack of transportation and inadequate financial means.
- Farmers in conflict-affected areas have reportedly lost productive assets and will likely miss the next planting season. Sharp rises in prices of farming inputs are further hindering agriculture. These developments will have medium-term negative consequences for food security.

#### Response:

- Emergency general food distributions (GFD) began on 15 April for affected people in Aden, Al Hudaydah, Hajjah, and Sana'a. Distributions were continuing as of 23 April. As of 22 April 2015, about 13,000 people had received full food rations. Distributions are proceeding much slower than originally planned due mainly to insecurity, especially in the south.
- Partners have completed distributions of unconditional cash transfers to 1,161 IDP families (about 8,100 people), including 875 families in Hajjah and 286 in Abyan. Cash assistance programmes are also moving forward in other locations. In Hajjah, IDP registration and selection in Abbs and Haradh began during the reporting period. As of 23 April, 1,274 IDPs had been selected for unconditional cash assistance in Abbs. Registration efforts were interrupted by airstrikes in the last few days. Altogether, partners are currently planning to target over 80,000 people (including about 46,000 IDPs) with unconditional cash assistance to meet basic food needs.

#### Gaps & Constraints:

- Security-related access constraints have curtailed response efforts, mainly due to ongoing conflict in the south and airstrikes. Access to affected people in the south and in Sa'ada has especially decreased compared to pre-crisis levels.
- Frequent, lengthy power and communication cuts complicate coordination of the response.
- Fuel shortages (both petrol and diesel) and high fuel prices are undermining operations, including transportation of field teams and supplies to affected people. Fuel shortages are also causing significant increases in key commodity prices.
- Food shortages in markets in some parts of the country not only affect local people, but hamper humanitarian partners' ability to procure food locally for emergency programmes.
- Response planning efforts are challenged by the extremely fluid nature of displacement.
- The lack of available hard currency and increasing difficulty in transferring money for emergency assistance – especially cash assistance – are undermining response efforts.



## Nutrition

For more details on Nutrition needs, response and gaps, contact Ms. Saja Abdullah ([sabdullah@unicef.org](mailto:sabdullah@unicef.org)).

#### Needs:

- Needs identified in previous Situation Reports remain valid, mainly:
- Therapeutic nutrition supplies (all locations)
- In-country logistical support, including fuel to ensure maintenance of services (all locations)
- Mobile therapeutic nutrition services where facility-based services have been interrupted.
- Health facilities offering nutrition treatment continue to close in heavily affected areas. Nutrition partners estimate that at least 66 facilities have closed: 53 in the south and 13 in Sa'ada. In Sa'ada, the therapeutic feeding centre at Al Jumhuriya Hospital is reportedly empty because staff are unable to reach the facility.
- Nutrition partners are organizing needs assessments of IDPs in some locations in order to inform planning for mobile services to be deployed.

#### Response:

- During the reporting period, partners ran mobile clinics that reached 1,678 malnourished children under 5 in conflict-affected areas of Hajjah (Haradh area), Lahj, Taizz, Sana'a, Abyan, Al Dhale'e and Al Bayda Governorates. These clinics offered a community management of acute malnutrition approach (CMAM). Of children reached, 480 were suffering from severe acute malnutrition (SAM); the remainder were affected by

moderate acute malnutrition (MAM). Mobile clinics targeting IDPs in Al-Dhale'e and Abyan offered integrated nutrition, immunization, antenatal and family planning services, as well as treatment of different illnesses.

- Partners screened 11,410 children under 5 in Al Bayda and Amran governorates for malnutrition during the reporting period. Of these 897 children were diagnosed and treated for SAM.
- Partners conducted CMAM training for 25 health workers to support the mobile health and nutrition clinic programmes. In Al Bayda, partners also trained 40 community health volunteers on infant and young child feeding practices.

#### Gaps & Constraints:

- Deployment of staffs and delivery of emergency drugs, consumables and supplies for mobile teams and HFs and ensure the functionality of health facilities
- Fuel shortages constrain deployments of mobile clinics to some IDPs locations.
- Closure of health facilities due to insecurity in some areas limits availability of nutrition services.



## Protection

For more details on Protection needs, response and gaps, contact Ms. Charlotte Ridung ([ridung@unhcr.org](mailto:ridung@unhcr.org)).

#### Needs:

- Physical security and safety of civilians remain major concerns. Consistent reports have been received of death and injury to civilians, including women and children, following airstrikes, indiscriminate shelling and small-arms fire. Airstrikes intensified considerably in Sana'a and Sa'ada during the reporting period. Civilians urgently need protection from violence and from harm and deprivation caused by the destruction of civilian infrastructure.
- As food insecurity increases, vulnerable families and individuals may resort to negative coping mechanisms, including women, children and older people. These coping mechanisms could threaten their personal dignity.
- Concerns are growing over the needs of IDPs in Marib Governorate, where conflict is reportedly spreading and forcing families into displacement. IDP estimates in the Governorate range from 400 to 550 families (about 2,800 to 3,850 people), mainly in Marib Valley, Marib City and around the Marib garbage dump. Humanitarian assistance has not reached these IDPs, whose priority needs are for food, shelter and NFIs.
- A rapid assessment in Amran found that almost all IDPs and the host community urgently need food, NFIs and child protection services, in addition to needs in other sectors. The crisis has had a major impact on the sense of security of children, impacting on their wellbeing and resulting in behavioural changes.

#### Gaps & Constraints:

- Insecurity owing to on-going conflict and airstrikes impedes humanitarian access and the ability to provide protection services, including needs assessments.
- Damage to civilian infrastructure, especially the electricity network, challenges to the ability of staff in Yemen to continue activities. With a lack of fuel, staff are largely unable to power generators or travel for work purposes. These constraints are limiting some core Protection Cluster activities, including efforts to obtain and verify displacement statistics or estimate the size of the total affected population. They also limited the amount of information that could be collected and verified covering the reporting period.



## Shelter, Non-Food Items (NFIs), and Camp Coordination and Camp Management (CCCM)

#### Needs:

- In Amran, a rapid needs assessment (Al Saud, Al Souda, Amran, Rayda and Iyal Yazid Districts) highlighted the need for NFIs – mainly blankets, kitchen sets and water buckets – for affected people.
- In Lahj, a rapid needs assessment identified basic life-saving and protection needs in Tuban District. Top community priorities are food and WASH, but shelter and NFIs were also identified as serious problems and will be required to support displaced families.
- In Sa'ada, a rapid needs assessment in As Safra and Sahar Districts identified NFIs, food, water and healthcare as priority needs. More details will be available with the final report.

#### Response:

- Partners provided NFIs for 400 IDP families (about 2,800 people) in Hajjah Governorate during the reporting period.
- Partners have provided NFIs to 145 vulnerable families (about 1,000 people) in Aden and Abyan. In Aden, NFIs reached 60 IDP families sheltering in schools. In Abyan, 85 families in Khanfir District received NFIs. Partners have provided mattresses and blankets to IDPs living in schools or public buildings in Al Mahwit.
- Partners have provided unconditional cash assistance to support NFIs and food in Hajjah and Hudaydah; see the point on this issue under Food Security and Agriculture for more information.

**Gaps & Constraints:**

- Fuel shortages remain the main challenge to reaching people in need of shelter and NFI services and expanding operations.
- Limited stocks in local markets in some areas hinder local procurement of aid supplies. Restrictions set on shipping and flights to Yemen, prevents most commercial imports, complicating efforts to source NFI and shelter materials from abroad.
- The absence of Government authorities and presence of armed groups in conflict-affected areas make the delivery of humanitarian assistance to affected people very challenging. Transporters are fearful of moving aid supplies due to concerns of hijacking on the main roads or potential airstrikes.

 **Education**

For more details on Education needs, response and gaps, contact Mr. Kenji Ohira ([kohira@unicef.org](mailto:kohira@unicef.org)).

**Needs:**

- Partners estimate that up to 1.87 million children lack access to education due to conflict-related school closures. More than 150,000 pupils have returned to school in Ibb, but conditions deteriorated in Taizz simultaneously, leaving about 120,000 students out of school.
- More than 3,500 schools remain closed due to insecurity, representing over 70 per cent of all schools in most affected Governorates (Sana'a City, Sana'a Governorate, Aden, Lahj, Al-Dhale'e, Abyan, Shabwah, Hudaydah, Hajjah, Sa'ada, Taizz and Ibb).
- Armed confrontations or airstrikes have reportedly damaged or destroyed 62 schools. IDPs are reportedly sheltering in 113 schools. Armed groups have reportedly occupied 41 schools. Partners call on all armed groups occupying schools to depart immediately. International humanitarian law forbids commandeering civilian infrastructure for military purposes.
- IDP children (mostly living with host families) who moved from Sana'a, Aden, Lahj and Al-Dhale'e to other areas need assistance to join host community schools.
- Support is needed to provide safe learning environments for those who lost access to education, including learning spaces, school bags, stationary, school kits and recreational kits. Training of teachers for psychosocial support for pupils is also needed.

**Response:**

- Education authorities and cluster partners are working to ensure integration of IDP children into schools. An estimate of IDP children integrated into local schools has not been finalized.
- Many schools in non-affected areas of Taizz, Ibb and Hudaydah began end-year exams on 19 April and will continue in the coming week. Partners are working with education authorities to ensure steps are taken to ensure equity in exam administration given conflict circumstances.

**Gaps & Constraints:**

- Fuel shortages have reduced student and teacher school attendance, as well as authorities' ability to monitor schools.
- Shortages in education in emergency supplies have limited partners' capacity to respond to the needs of IDPs.
- Insecurity, airport closures and road closures have made it difficult for partners to obtain and distribute basic school supplies scheduled to arrive during the first two weeks of April.

## General Coordination

Humanitarian organizations remain operational with mainly Yemeni staff and national partners. Most international staff were temporarily relocated outside of Yemen due to insecurity. An operations and coordination hub has been established in Amman. The Yemen Inter-Cluster Coordination Mechanism (operational coordination) and the Yemen Humanitarian Country Team (strategic guidance) are both meeting weekly. A deconfliction cell has been established in Riyadh to liaise with coalition partners and Yemeni Government counterparts.

For questions on the coordination structure, contact Ms. AnnMarie Ask ([aska@un.org](mailto:aska@un.org)).

**For further information, please contact:**

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