



YEMEN

Cholera Outbreak Situation Report #1



SITUATION IN NUMBERS

Highlights

On October 6, 11 cases of Cholera were confirmed positive in one neighbourhood of the capital Sana'a. No confirmed cases have been reported in other locations in Yemen. UNICEF, together with WHO and Health authorities, have initiated a rapid response setting up a treatment centre as well as dispatching an investigation team to the affected neighbourhood. The source of infection was identified as water and commercial food contamination.

- UNICEF is planning to provide 1 million people with adequate water supply in the affected areas which includes improvement of water infrastructure.
- UNICEF is conducting cholera awareness activities among the community.
- UNICEF and its partners are supporting environmental hygiene through solid waste collection and disposal and sanitation/drainage improvement at household, community and city level.

Date: 11 October 2016

11

confirmed cases of Cholera in Sana'a

06

out of 11 are children

197

Watery Diarrhea Cases
(Yemen MoPHP)

UNICEF Fund Gap
US\$ 3.2 million

Situation Overview & Humanitarian Needs

Health authorities in Yemen confirmed a cholera outbreak on 6 October 2016, posing an increased health risk to the population especially children. This is particularly serious given the crumbling health system in the country as well as deteriorated nutrition situation. Ministry of Public Health and Population (MoPHP) announced that a total of 11 out of 25 suspected diarrhea cases have been confirmed as Cholera cases in the capital, Sana'a. The stool samples of these cases tested positive for *Vibrio Cholera* (01 –Eltor- Ogawa). The cases were admitted to Al-Sabeen Hospital in Sana'a in the first week of October and are currently receiving treatment for acute dehydration in an isolated section of the hospital. Another 30 cases that were suspected in the South-western city of Taiz and the coastal city of Hodeida have been identified by MoPHP as non-Cholera cases.

A MoPHP surveillance team was dispatched together with a WHO-UNICEF rapid response team to the affected neighborhood in Sana'a, where the patients were living. The teams investigated the source of cholera cases, tested the water sources in the area and started awareness activities about cholera among the community. 26 Water samples were taken from wells, water trucks and the case house along with neighboring houses in addition to 6 food samples. After thorough clinical analysis of the collected samples, MoPHP determined that the source of infection is linked to contaminated water, contaminated commercial food and inadequate sanitation exacerbated by low levels of hygiene practices.

Humanitarian leadership and coordination

While response, investigation and preventive measures are on-going, a joint Health/WASH Cholera Task Force comprising UNICEF, WHO as well as Health and WASH partners has been established to coordinate the daily work and support to MoPHP and Water Authorities on an integrated Cholera Response Plan.

UNICEF, WHO and government counterparts are using existing coordination structures (WASH/Health Clusters) for emergency preparedness and response through dedicated meetings at the national level and sub-national level in which UNICEF leads the WASH Cluster and is a key partner in the Health Cluster.

An OCHA, WFP, UNICEF inter-agency Cholera Response Plan has been developed to support health facilities and provide an integrated WASH-Health response activities. The response plan requires urgent funding for establishment of Cholera Treatment Centres (CTC) in inaccessible areas, diarrheal disease kits distribution, training, strengthening surveillance system, environmental interventions and community awareness.

Humanitarian Strategy

UNICEF and partners continue to scale-up prevention measures in the affected neighborhood in Sana'a, Taiz and Hodeida with the government continuing to lead the response at national, provincial and district levels. Within UNICEF the Emergency Management Team comprising of colleagues from Health, WASH, Emergency/Field Operations and C4D has been tasked to manage and coordinate the overall response to the outbreak.

Summary Analysis of Programme response

Health: the health response strategy is focusing on detection and treatment of all suspected cholera cases, conducting diagnostic confirmation, strengthening surveillance systems and ensuring close follow-up on cases including contact tracing and disinfecting affected households through the Environmental Health Teams. UNICEF will support the Cholera Treatment Centres (CTC) once established by providing acute watery diarrhoea (AWD) and cholera treatment supplies already prepositioned in-country.

Water, Sanitation and Hygiene (WASH): With an overall goal to reduce morbidity related to poor Water, Sanitation and Hygiene, UNICEF and partners have mobilised support to reach 500,000 individuals, half of them children vulnerable to the Acute Watery Diarrhea and Cholera in Sana'a, Hodeida and Taiz.

Rapid WASH response programme has commenced immediately after the reported outbreak in the affected neighbourhood. Hygiene promotion campaigns are on-going including mass media messaging, door-to-door health education in all affected areas and the distribution of WASH emergency supplies (including liquid and granular chlorine, H₂S strips and pool testers supplied by UNICEF).

Household water tanks chlorination was completed in the contaminated neighbourhood covering water tanks of 49 houses, five water wells and 25 water trucks. Chlorination tablets were distributed to 1500 households for one month. Additionally, UNICEF WASH teams dislodged a total of 34 cesspits in the contaminated neighbourhood in Sana'a. UNICEF has also supported the solid waste and water canals cleaning in the affected areas in Sana'a and Taiz; a key activity to improve hygiene and sanitation .

Water sources have also been mapped and routine water quality monitoring is ongoing, including collection of water samples for lab bacteriological analysis.

Communications for Development (C4D)

UNICEF is providing information to the public on how to prevent cholera through using water from safe sources, treating water stored at home, keeping good hygiene and clean surroundings, and getting medical assistance as soon as any member of the family develops diarrhoea or other symptoms. The campaign is conducted through inter- personal communication, radio spots that are now running on national radio, and through the distribution of IEC materials. Mass text messages have been sent as well.

C4D has started community engagement through religious and community leaders. Recent Friday prayers sermons in 6 mosques in Sana'a have included key C4D messages on behavioural and social practices related to WASH key issues. In addition, Community Volunteers in Sana'a, Taiz and Hodeida will receive a 2-days refreshing training on IPC skills, WASH key issues, cholera key messages and case management.

Supply and Logistics

UNICEF has in place 57 Diarrheal Disease Kits, each containing medicine, including Oral Rehydration Salt (ORS). Each kit can cover treatment for 100 severe or 400 mild cases of cholera. In addition, 20,000 hygiene kits with soap, towels, shampoo and washing powder are ready to be distributed.

Funding

As per the Inter-Agency joint response plan, UNICEF additional fund requirements for the cholera outbreak response stands at **US\$3.2 million** (US\$2.5 million for WASH & C4D and US\$.07 million for Health).

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