



Yemen

Cholera Outbreak Situation Report #2



24 October 2016

SITUATION IN NUMBERS

Highlights

- As of 23 October, 31 cases of cholera have been confirmed, in Amant Al Asimah, Aden, Lahj, Al Bayda, Sana'a and Hajjah governorates. Including 15 children under 15 years.
- According to preliminary information, 32 deaths related to Acute Watery Diarrhoea have been reported in six governorates.
- At least 7.6 million people are estimated to be living in affected and at-risk areas. Given the poor sanitation conditions of many communities in Yemen, particularly the ones hosting large number of internally displaced people (IDPs), the situation is likely to worsen rapidly in the coming days.
- UNICEF, with partners, is responding in affected and at-risk areas, through Water, Sanitation and Hygiene (WASH), Health and Communication for Development (CAD) activities.
- Since 9 October, over 52,000 people have been reached with additional WASH services provided by UNICEF and more than 60,000 community members have been sensitised through CAD activities.

Date: 24 October 2016

31

of confirmed cases of cholera in six governorates (MoPHP)

15

of children under 15 confirmed cases of cholera (MoPHP, as of 20 October)

7.6 million

of people living in affected and at-risk areas (WHO)

**UNICEF Appeal
Cholera Outbreak Response
US\$ 13,462,000 million**

Situation Overview & Humanitarian Needs

On 6 October 2016, Yemen's Ministry of Public Health and Population (MoPHP) officially confirmed a cholera outbreak in the country. The situation is particularly serious given the collapse of the health system – with 54 per cent of health facilities not functioning or partially functioning¹ - poor sanitation services and practices, as well as the deteriorated nutrition situation, posing an additional health risk to the population, particularly children.

As of 23 October, 644 suspected cases had been reported. According to the MoPHP by 23 October the number of confirmed cases has risen to 31, of which five children are under 5 years, six are between 5 and 10 years, and four cases are children from 10 to 15 years.² Cholera cases have been confirmed in Amanat Al Asimah (12), Aden (9), Lahj (1), Al Bayda (4), Sana'a (4) and Hajjah (1) governorates. According to preliminary reports from local authorities, 32 deaths related to Acute Watery Diarrhoea have been reported in Taizz (4), Al Hudaydah (8), Aden (8), Lahj (8), Al Bayda (2), and Sana'a governorate (2).

At least 7.6 million people are living in areas affected by acute watery diarrhoea (AWD) and cholera and a total of nine governorates have been assessed as high risk in terms of a cholera outbreak.

Given the poor sanitation conditions of many of the most vulnerable, including nearly one million internally displaced persons (IDPs) living in host communities in the affected governorates, there is a very real possibility that the disease will be spreading much further and faster unless a wide-reaching response is mounted. Health partners estimate that without a comprehensive multi-sector response, the incidence of acute watery diarrhoea/cholera is likely to rise rapidly, with up to 76,000 additional cases across 15 governorates. This would include an estimated 15,200 cases requiring admission for cholera treatment, putting additional strains on a collapsing health system.

¹ According to Health Resources Availability Mapping System (HeRAMS), from 16 governorates surveyed (Sept. 2016).

² Number of children confirmed cases, as of 20 October.

Humanitarian leadership and coordination

A joint Health/WASH Cholera Task Force has been established involving UNICEF, WHO as well as Health and WASH partner NGOs to coordinate the daily work and support the 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 operational meetings at the national level and sub-national levels. UNICEF leads the WASH Cluster and is a key partner in the Health Cluster.

An inter-agency Cholera Response Plan has been developed to support health facilities and provide integrated WASH-Health-C4D response activities. The plan identifies the required funding to scale up response in areas with confirmed cases and other high risk areas, comprising the establishment of 10 Diarrhoea Treatment Centers and the strengthening of surveillance system, water treatment and hygiene and sanitation campaigns.

Humanitarian Strategy

UNICEF and partners continue to scale up prevention measures in the affected governorates and other areas at risk, with the government continuing to lead the response at national, governorates and district levels.

UNICEF's response scale up includes improvement of monitoring through community midwives, health volunteers and health workers; procurement and distribution of diarrhoeal kits and oral rehydration salts (ORS); water-quality testing in high risk governorates; safe water trucking; chlorination of water supply; distribution of water filters and hygiene kits to households; and communication of key hygiene messages in at-risk communities. During previous months, as part UNICEF's health programmes, 53 Diarrhoeal Disease Kits (DDKs) and nearly 3.5 million sachets of ORS were procured and delivered to governorates across the country.

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 is currently supporting Diarrhoea Treatment Centres in Sana'a, Aden and Al Hudaydah by providing acute watery diarrhoea (AWD) and cholera treatment supplies. Health workers (including 20 doctors and 20 nurses) were trained on Cholera case management, 40 more will be trained in the coming days. UNICEF has provided health facilities in Sana'a with Oral Rehydration Salts (ORS) and IV fluids enough to treat at least 3,000 children.

In Taizz, the Governorate Health Office (GHO), UNICEF, WHO and MSF are preparing technical specifications for the establishment of the Diarrhoea treatment centers, to be technically led by WHO under implementation of GHO, with support from UNICEF and MSF. UNICEF will provide Diarrhoeal Disease Kits, which will allow treatment for 600 severe cases and 2,500 mild to moderate cases.

Reliability and availability of information at governorate level is challenging, considering that there are only two reliable laboratories testing cholera samples (National Center of Public Health Laboratories) in Sana'a and Aden. Samples from other governorates are submitted to Sana'a. Rapid Diagnostic Kits have been used but quantities are not enough to cover this gap. WHO is making efforts to bring additional diagnostic kits and testing serum into the country.

Water, Sanitation and Hygiene (WASH)

With an overall goal to reduce morbidity related to poor WASH systems and practices, UNICEF and partners have mobilised support to reach 500,000 individuals with WASH support, half of them children vulnerable to the acute watery diarrhoea and cholera in Sana'a, Al Hudaydah and Taizz.

Rapid WASH response programme continues. In Amanat Al Asimah (Sana'a city), over 10,000 people have been reached with WASH services including household chlorination campaign,³ chlorination of water sources (5 wells), chlorination of water trucks (25), distribution of chlorination tablets (2,000 households),⁴ distribution of consumable hygiene kits,⁵ distribution of jerry cans,⁶ hygiene awareness sessions at household level.⁷ In addition, over 52,000 people living in affected neighbourhoods, have benefited from solid waste disposal, dislodging of cesspits and insecticide spreading. As part of the preparedness plan, 60,000 hygiene kits have been distributed in Al Hudaydah, Aden and Taizz.

In Taizz, WASH partners are assessing needs regarding decontamination of water sources and stand ready to deliver the required response.

Communications for Development (C4D)

Over 60,000 people have been reached by 400 community volunteers with key messages to prevent cholera across the country. Activities included mobile cinema and Friday speeches at mosques (including distribution of 6,000 brochures) in Amanat Al Asimah, Lahej, Shabwa, Abyan and Hadramaut.

³ Reaching 10,000 people (2,206 girls, 2,698 boys, 2,382 women, 2,714 men).

⁴ Reaching 10,000 people (2,206 girls, 2,698 boys, 2,382 women, 2,714 men).

⁵ 900 kits reaching 2,069 households / 10,345 people (2,282 girls, 2,791 boys, 2,464 women, 2,808 men).

⁶ 1,200 jerry cans reaching 8,845 people (1,951 girls, 2,386 boys, 2,107 women, 2,401 men).

⁷ Reaching 2,069 households / 10,345 people (2,282 girls, 2,791 boys, 2,464 women, 2,808 men).

With an inter-personal communication (IPC) approach, the C4D campaign is promoting safe health practices and distributing Information, Education and Communication (IEC) materials on cholera prevention. In addition, mass text messages (Whatsapp) have been sent to over 8 million mobile phones subscribers, in partnership with the three providers in country (MTN, Saba Phone and Y). Cholera messages have also been disseminated through local newspapers in Aden (Aden Al-Ghad Hardcopy and online, Al-Omanaa and Aden Times). Radio announcements have been broadcasted in 11 government and seven private Radio stations.

More than 345 Community Volunteers in Taizz, Aden, Shabwa, Hadramout, Abyan and Sana'a governorates received a one-day refresher training on IPC skills, WASH key issues, cholera key messages and case management. 158 religious and community leaders, as well as local authorities, participated in a one-day advocacy-for-community engagement activity to develop an action plan towards cholera outbreak response.

Supply and Logistics

UNICEF is preparing a 7 MT air shipment from its regional stock in Amman to Sana'a, including 15 Diarrhoeal Disease Kits (each kit is enough for treating 100 severe cases and 400 mild to moderate cases), WASH (water containers, purification tablets, chlorine tester kits) and health supplies, ready to be used immediately. As part of the preparedness plan, 60,000 Hygiene kits were distributed in Al Hudaydah, Aden and Taizz. The procurement of 1 million Oral Rehydration Salts (ORS) sachets is being processed.

Funding

Funding for cholera outbreak interventions is urgently needed to support dedicated health, WASH and C4D interventions. UNICEF has already secured funding from available emergency grants including a recent allocation from the Rapid Response window of the Central Emergency Response Fund (CERF), but additional funding will be required to implement integral response interventions, including the procurement and distribution of much needed health and WASH supplies, and to scale-up community awareness activities. UNICEF additional fund requirements for the cholera outbreak response stands at US\$13,462,000.

Funding Requirements				
Sector	Requirements (US\$)	Funds available (US\$)	Funding gap	
			US\$	%
WASH	10,036,906	363,800	9,673,106	72%
Health	2,578,230	786,400	1,791,830	13%
C4D	846,864	149,800	697,064	5%
Total	13,462,000	1,300,000	12,162,000	90%

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