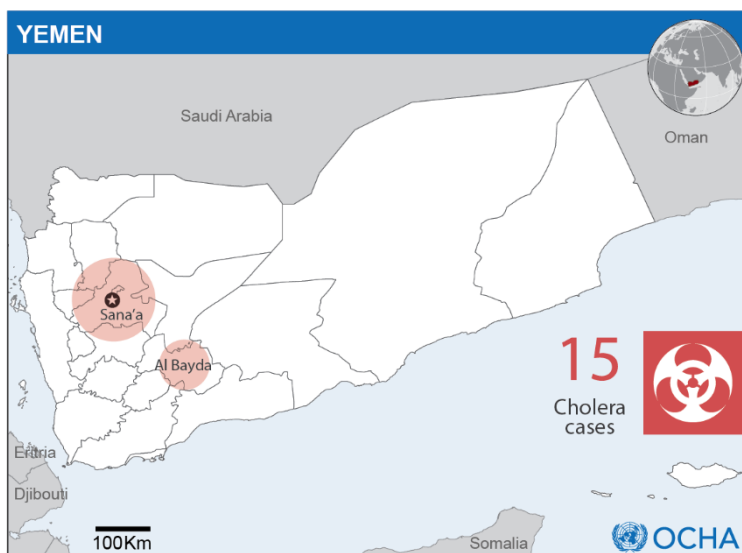




This report is produced by OCHA Yemen in collaboration with humanitarian partners and is issued by OCHA Yemen. It covers the period from 6-13 October. The next report will be issued as additional information becomes available.

## Highlights

- As of 13 October, 15 cases of cholera have been confirmed: 11 in Sana'a and four in Al Bayda.
- WHO estimates that 76,000 people are at risk in 15 governorates.
- National health system's capacity to respond has been compromised by 18 months of conflict.
- Planned interventions include the establishment of 15 Cholera Treatment Centers. The overall cost of the integrated Cholera/Acute Watery Diarrhea outbreak Response Plan in Yemen stands at \$22.3M.



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

**15**

Cholera cases

Source: United Nations and Government

**7.6M**

People in areas with AWD/Cholera

Source: WHO

**\$16.5M**

Immediate funding required

Source: United Nations

**45%**

Health facilities functional

Source: WHO

## Situation Overview

On 6 October 2016, Yemen's Ministry of Public Health and Population confirmed 15 cholera cases, 11 cases in Sana'a and four cases in Al Bayda. Cholera is an acute intestinal infection caused by ingestion of food or water contaminated with the bacterium *Vibrio Cholerae*. It can quickly lead to severe dehydration and death if treatment is not promptly given. The cases were admitted to Al-Sabeen Hospital in Sana'a and are receiving intensive treatment. The outbreak is currently confined to the Al-Nasr neighborhood of Sana'a city located in the district of Sho'ob. Laboratory tests of suspected cholera cases in Taizz and Al Hudaydah have so far come out negative.

The outbreak poses a significant threat given the drastic deterioration of the health care infrastructure. Currently only 45 per cent of health facilities are functional. The national health system's capacity to respond to the cholera outbreak has been severely compromised by the continuing decline in performance due to conflict. The situation is also further exacerbated by the inadequate sanitary conditions, especially in the cities, with uncollected garbage playing a role in the spread of cholera. Two-thirds of Yemen's population does not have access to clean water supply. The 3.1 million internally displaced population of concern is particularly vulnerable to the outbreak. WHO estimates that 76,018 people are at risk of attack with Acute Watery Diarrhea/Cholera in 15 governorates.

Health cluster partners are targeting 3.8 million people at risk through surveillance, health promotion, and laboratory and treatment/case management.

The Ministry of Public Health and Population in partnership with WHO, UNICEF and health partners are mobilizing a rapid WASH and health response, including a public outreach campaign. An integrated Cholera Response Plan that encompasses a comprehensive health, WASH and communication interventions has been endorsed. The plan identifies the required funding to scale up response in areas where confirmed cases have been reported and other high risk areas. Among the planned interventions are: 1) the establishment of 15 Cholera Treatment Centers, and 2) the strengthening of surveillance system, water treatment and hygiene and sanitation campaigns in Abyan, Aden, Amran, Al Bayda, Al Dhale, Dahmar, Hadramaut, Hajjah Al Hudaydah, Ibb, Lahj, Sa'ada, Sana'a – including Sana'a city - and Taizz governorates.

Given the overall situation in Yemen, containing the outbreak at an early stage is critical to avoid the spread of the disease. The failure to control the outbreak could have immense public health consequences, straining the overstretched capacity of health services and resulting in an increase of morbidity and mortality rates.

## Funding

The total cost of the response is currently estimated to be \$22.34 million.

Cluster response	
Health	\$8,460,000
Water and Sanitation	\$13,462,142
Communication for Development	\$420,000
<b>TOTAL</b>	<b>\$22,342,142M</b>

OCHA has activated the emergency window of the Yemen Pooled Fund for humanitarian organizations involved in the cholera response. The Central Emergency Response Fund (CERF) has also been activated for a rapid disbursement of funding under the Rapid Response window to kick start the response. The CERF is considering financing ten per cent of the overall response.

## Humanitarian Needs/Response

The response strategy is aligned to the main objective of the plan developed by the health authorities which is to reduce the attack rate and the case fatality rate of AWD/Cholera in Yemen to zero. The main objective is to provide the health authorities with support to respond to the AWD/Cholera outbreak with three strategic objectives including: 1) supporting treatment/case management, 2) surveillance and laboratory services, and 3) prevention.

The initial period for the response is estimated to be three months and the geographical priorities for the response plan are based on the governorates affected by the AWD/Cholera outbreaks, population density, outbreak history and population of concern, including IDPs.

### Health

#### Needs

- Strengthen surveillance system established for early detection and response to diseases outbreaks in all locations including those hosting displaced population;
- Provision of access to health care services, including provision of essential medicines for AWD/cholera case management;
- Provide support for central public health laboratories on capacity building, equipment, reagents and transport media; and
- Improve knowledge of people at risk with providing public health information about Cholera/AWD.

## Response

- WHO has provided the Al-Sabeen Hospital with intravenous ringer lactate solutions for 1,000 cases and has pre-positioned 10 diarrheal diseases kits in a Sana'a warehouse. These kits are sufficient for 7,000 cases.
- WHO provided 100,000 chlorine tablets and a second shipment of 600,000 chlorine tablets. These tablets are sufficient for 23,000 households for one month (with average of 7-member family size).
- Essential supplies and medicines have been provided for rapid response teams (doxycycline caps, erythromycin table and syrup, paracetamol and zinc tablets), hygiene kits (alcohol base rub for hand washing) and gloves.
- WHO has moved supply reserves (10 diarrheal disease kits and chlorine tablets) from an Al-Hudaydah warehouse to Sana'a to meet contingency needs.
- The national surveillance system is being supported by WHO, including a public health laboratory, verification and response team activities.

## Gaps and constraints

- The Health cluster funding gap for the cholera response stands at \$8,460,000. The cluster has no confirmed funding yet, including from the CERF, as grants applications are being prepared.

## Wash

### Needs

With an overall goal to reduce morbidity related to poor water, sanitation and hygiene, the WASH cluster aims to reach to 500,000 individuals vulnerable to the Acute Watery Diarrhea and Cholera in targeted governorates. The key cause of current outbreak is poor quality of water contaminated through various sources and poor sanitation behaviors plus the absence of service delivery. The response will mainly focus on:

- Improvement in quality and quantity of water supply in most affected areas which will include some infrastructure improvement, but will mainly focus on improved care;
- Improvement in environmental hygiene through solid waste collection and disposal, sanitation/drainage improvement at household, community and city level;
- Availability and use of hygiene materials i.e. soap, water utensils, and washing utensils for personal and households hygiene improvement; and
- Improved knowledge on hygiene and collective action to improve overall hygiene conditions of specific target areas.

The Communication for Development (C4D) overall goal is to contribute to reduce morbidity and mortality due to the outbreak of AWD/cholera in Yemen. Specifically, C4D response plan aims to:

- Provide accurate, consistent, and comprehensive public information about AWD/cholera acute watery diarrhea prevention, outbreak, treatment and response using variety of communication channels;
- Promote adoption of safe water, hygiene and sanitation practices and service seeking behaviors among the public with a focus on the at risk population through direct, face to face interpersonal engagement at the household and community levels;
- Increase capacity of family and community members and volunteers to effectively identify, report and respond to, manage and refer cases of AWD/ cholera and acute watery diarrhea;
- Improve participation and coordination of stakeholders including government, CSO and community members in the planning and implementation of a coherent public communication and social mobilization response plan for cholera outbreak response.

## Response

- Household water tanks were chlorinated in 49 homes in the affected areas.
- Five water wells and 25 water trucks were chlorinated.
- Chlorination tablets were distributed to 1,500 households.
- UNICEF team dislodged 34 cesspits in contaminated areas in Sana'a.

- UNICEF has also supported the solid waste and water canal cleaning in Sana'a and Taizz to improve sanitation.
- Water sources have been mapped for routine water quality.
- UNICEF has in place 57 Diarrheal Disease Kits, each containing medicines, including Oral Rehydration Salt (ORS), enough to treat 100 severe or 400 mild cases.
- In addition, 20,000 hygiene kits with soap, towels, shampoo and wash in powder are ready to be distributed.
- UNICEF is providing information to the public on cholera prevention and safe hygiene practices through radio and engagement with community and religious leaders.

### Gaps and constraints

- The Wash cluster funding gap for the cholera response stands at \$13,462,142. The cluster has no confirmed funding yet, including from the CERF, as grants applications are being prepared.

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