



Cholera patients at a hospital in Sana'a. Credit: Giles Clarke/OCHA

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HIGHLIGHTS

- Over 96,200 suspected cholera cases and 746 associated deaths recorded since 27 April in 19 governorates.
- 136 Oral Rehydration Corners have been established and 99 Diarrhoea Treatment Centres opened.
- Two million people remain displaced in Yemen and over 900,000 have returned home in 19 governorates.
- Malnutrition rates in four governorates have exceeded the WHO emergency threshold.

FIGURES

Total population	27.4 m
Total people in need of humanitarian assistance	18.8 m
Total people in acute need of humanitarian assistance	10.3 m
# of people displaced (IDPs & returnees)	3.0 m
# of deaths (WHO)	8,053
# of injuries (WHO)	45,116

Source: 2017 HNO and WHO (as of 30 April 2017).

FUNDING

\$2.1 billion requested

\$500.5 million funding against HRP

24.2 per cent funded (07 June 2017)

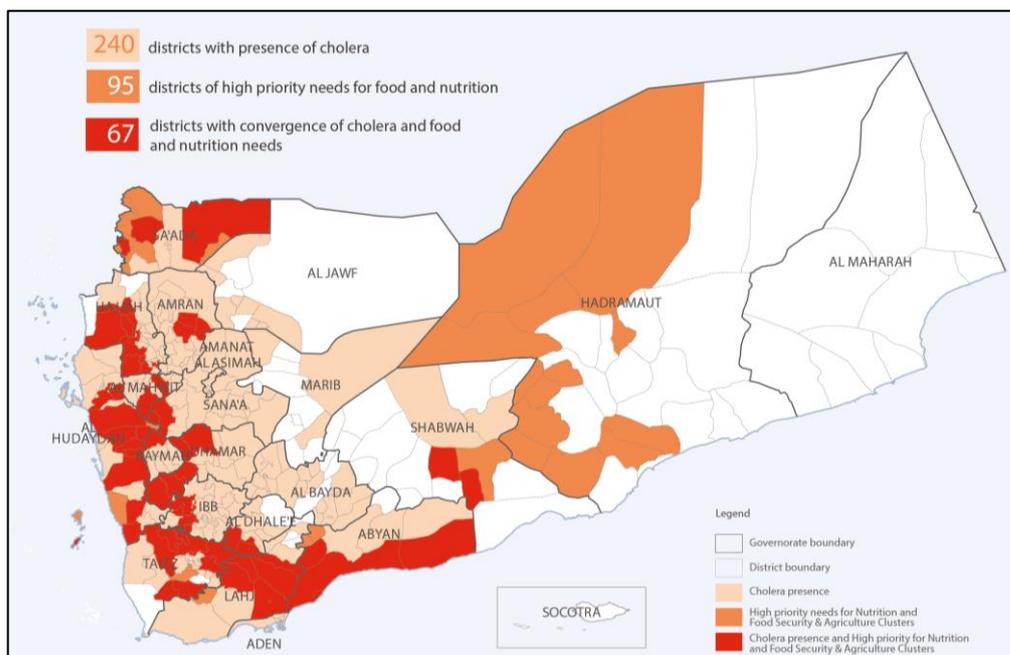
Source: FTS, June 2017

Cholera outbreak of an unprecedented scale

Over 96,200 suspected cases and 746 deaths recorded since 27 April

Yemen is in the grip of a severe cholera epidemic of an unprecedented scale. In the first three weeks since 27 April, suspected cases reached over 35,000 while in the previous epidemic just over 25,000 cases were recorded in the first seven months. In the last four weeks, the number of deaths is three times higher than deaths reported from October 2016 to March 2017. On 14 May, authorities in Sana'a, which has recorded the highest resurgence in cases, declared a state of emergency given the inability of the health system to cope with the magnitude of the crisis. The rapid spread of the disease in 19 governorates is a manifestation of the dire humanitarian catastrophe in Yemen where more than half of all health facilities no longer function due to conflict. Health and sanitation workers have not been paid for over eight months, only 30 per cent of required medical supplies are being imported into the country, garbage collection in the cities is irregular, and more than eight million people lack access to safe drinking water and proper sanitation. The risk of the epidemic spreading further and affecting thousands more people is compounded by the rainy season, widespread food insecurity and

Convergence of Cholera Presence and High Priority Food Security and Nutrition Needs



Source: Cholera Task Force, Food Security and Agriculture Cluster and the Nutrition Cluster

malnutrition. Malnourished children and women, people living with other chronic health conditions and households that do not have enough to eat are now at greater risk of death as they face the "triple threat" of conflict, famine and cholera, particularly in 95 most

At the current rate of spread, cholera cases are likely to reach more than 127,000 in the coming seven months from June

affected districts. At the current rate of spread, the Health Cluster is forecasting that suspected cases are likely to exceed 127,000 in the coming seven months from June.

How an under-resourced hospital struggles to treat cholera

The Emergency Department at Al Jomhuri Hospital in Sana'a city, was full to capacity for two weeks in early May, and had over 100 patients admitted with symptoms of Acute Water Diarrhoea and suspected cholera. "Some patients were so feeble that they collapsed within hours after their admission, one patient sadly had a cardiac arrest," said Obeid Aladami, medical doctor and head of the hospital's Clinical Department. Out of the first five confirmed cholera cases, two in their 20s, died.

The first patients to be admitted during the current surge came from outside the capital, Aladami explained. Later, an increasing number came from neighborhoods within Sana'a City. He attributed the spike in cases to heavy rains in a city with poor sanitation and inadequate access to clean water. At the time, cleaners and garbage collectors were on strike because they had not been paid salaries for several months. They only resumed work in mid-May after receiving two month's salary.



Dr. Obeid Aladami preparing to attend to cholera cases at Al Jomhuri hospital. Credit: Giles Clarke/OCHA

With 360 beds, Al Jomhuri hospital is a major health facility in Yemen, yet it lacks appropriate equipment and enough medical personal. Its budget has been reduced by two thirds since the escalation of the conflict in 2015 and medical personal have not received salaries for eight months. To deal with the cholera outbreak, the emergency department was transformed into an improvised Cholera Treatment Center. Patients who couldn't find beds in these wards were simply lying in the corridor.

"We are working at our maximum capacity, but with very limited resources," explained Aladami. Then he turned to one new patient who was seeking admittance. "Sorry, we are full."

Malnutrition and cholera are interconnected; weakened and hungry people are more likely to contract cholera and cholera is more likely to flourish in places where malnutrition exists

Humanitarian response scaled up but funding remains a challenge

Humanitarian partners are sparing no efforts to deliver a coordinated response in affected areas across Yemen. The response is being implemented at the national, governorate and community level with coordination between UN, INGOs, local partners, relevant public institutions and local authorities. Health and WASH Cluster partners have been reprogramming existing funding while the Humanitarian Coordinator has made available from the Yemen Humanitarian Fund a US\$10 million reserve allocation.

Current resources have enabled a modest scale-up of the humanitarian response, but significant gaps remain in various governorates. As of 30 May, the health cluster reports that 136 Oral Rehydration Corners out of the targeted 1,640 have been established while 99 Diarrhoea Treatment Centres out of a targeted 328 have been opened. To sustain the response, adequate funding is critical. The humanitarian partners have developed an integrated response plan to contain and prevent the further spread of cholera. The plan seeks \$66.7 million, considering available resources, including the \$10 million from the humanitarian fund, the net requirement totals \$55.4 million. As of 30 May, the 2017 Yemen Humanitarian Response Plan is just 23 per cent funded, with the crucial Health and WASH Clusters funded respectively to only 13 and 12 per cent.

The integrated cholera response plan requires \$55.4 million to contain and prevent cholera in affected areas

A review of the response plan for this year is currently underway to ensure that gaps can be addressed swiftly and collectively

From January to April, about 36 per cent of the yearly targeted population has been reached with some form of assistance

Nearly a quarter of all displaced people in Yemen live in collective centres like disused schools and vacant buildings

Monitoring review shows response gaps

The outbreak of Cholera has increased humanitarian needs

In light of the rapidly changing humanitarian situation across the country, the Yemen Humanitarian Country Team have invested significant time and resources to ensure that the humanitarian response to the crisis is based on the best available evidence. Linking information on evolving needs to the response analysis allows for an operationally relevant approach to the humanitarian programme cycle.

A review of the Humanitarian Response Plan launched earlier this year is currently underway, empowering the humanitarian partners to make any necessary adjustments to their responses, based on evidence. This will ensure that response gaps can be addressed swiftly and collectively, given the rapidly deteriorating situation in many parts of the country. Initial results

of the data collection and analysis of response progress, challenges and gaps indicate that between January and April 2017, humanitarian partners reached an average of 36 percent of the yearly targeted population with some form of direct assistance across all governorates. More than two million people have been reached in the Aden and Sana'a hubs alone, with an additional two million people reached from Al Hudaydah, Ibb and Sa'ada.

Due to shifts in the areas of control in several regions, access negotiations are becoming increasingly cumbersome for partners, often resulting in delays in delivery of assistance. With the dynamically evolving situation of cholera and the risk of famine in 95 districts, collecting response information at district level is becoming ever more important. Gathering and analysing needs and response data at the district level will allow humanitarian partners to deliver a more targeted response, by accurately identifying and targeting underserved areas. The next collective review and analysis of evolving needs will be carried out in October, when partners are producing the 2018 Humanitarian Needs Overview that will guide response planning for the coming year.



A medical worker registering young patients in Hudaydah. Credit: Giles Clarke/OCHA

Forced displacement and return of civilians

10.4 per cent of all Yemenis were displaced in the last 24 months

Forced displacement of civilians from their homes in search of safety and livelihoods is a key feature of the ongoing conflict in Yemen. Although there was a minor decrease in conflict-related movements in March, nearly two million people still remain displaced from their homes in 21 governorates, according to the 14th **Task Force on Population Movements (TFPM) report** issued in May. Most of the people who are currently displaced (about 81 per cent or over 1.6 million people) have lived away from their homes for more than one year, which suggests a prolonged burden on hosting families and those paying rent given that the economy has virtually collapsed. Nearly a quarter of those displaced (462,468 people) live in collective centres such as disused schools, health facilities, religious buildings and other vacant public and private buildings – most likely as a last resort.

The TFPM report indicates that 10.4 per cent of all Yemenis have experienced the shock of conflict-related displacement while some 11,000 people remain displaced due to natural disasters. The report indicates that since March 2015, over 900,000 people returned to their homes in 19 governorates. However, many of them have found widespread destruction and lack of opportunities to re-start their lives even in pockets of relative stability. Some found their farmland contaminated with mines and unexploded remnants of war. In Aden Governorate, where the highest number of returns is found, most returnees reside in the same locations as vulnerable IDPs and host communities. Lack of sustainable options puts them in greater jeopardy as they struggle to meet their daily needs and host families deplete their meagre resources.

The priority needs among displaced people are food, access to income and shelter plus housing

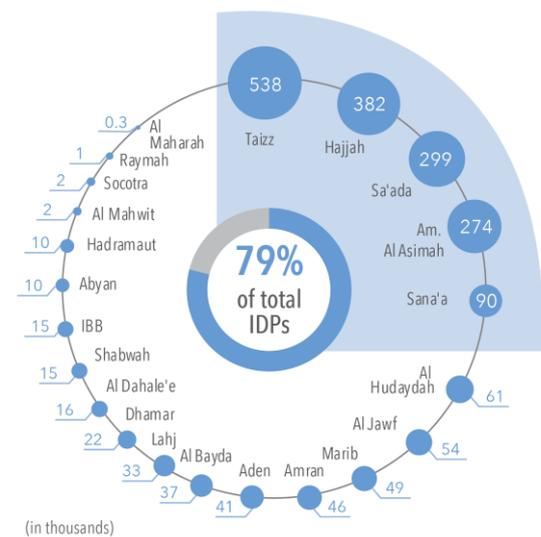
Stopping the violence will minimize displacement

Most civilian displacement, according to the TFFPM report, is occurring in areas of active conflict. About 1.5 million people (75 per cent) who were found displaced in March came from four governorates – Taizz, Hajjah, Sa'ada and Amanat Al Asimah. There is a clear correlation between the level of displacement and ongoing conflict in Yemen. Taizz which has witnessed a complex pattern of violence in the last few months is the origin of 27 per cent of all the displaced population (538,422 people). In March, nearly half of all the displaced people were found to have sought shelter within their governorates of origin. Children bear a disproportionate burden of displacement making up more than half of the people currently displaced in Yemen.

Parties to the conflict have a responsibility to protect civilians and civilian infrastructure. Since March 2015, the humanitarian community has reminded the warring parties in Yemen to place the very people they claim to be fighting for, at the centre of their concerns and end the fighting. Humanitarian partners have also constantly called for respect for international humanitarian law and international human rights law, and on parties to ensure military activities take into account the safety and security of civilians. Yet little has changed.

The priority needs among the displaced people are food, followed by access to income and shelter/housing. There is widespread use of negative coping mechanisms including limiting portion sizes, eating fewer meals a day and restricting adult consumption so children could eat. Humanitarian partners are trying their best to respond to these needs and every month since January, more than three million people, including displaced people, receive emergency food assistance.

Top Five Governorates of Origin for IDPs



(in thousands)

Source: TFFPM 14th report

Malnutrition at an all-time high

A child dies in Yemen every 10 minutes of a preventable disease

UNICEF warns that today in Yemen one child dies every 10 minutes from a preventable disease such as cholera, measles and polio. Currently, a third of all suspected cholera cases being reported are children and over 1,000 children suffering from acute watery diarrhoea continue to report to health facilities every day. Over two years of violence have reversed years of progress in the health and vaccination levels of Yemeni children. UNICEF estimates that more than 9.6 million children (80 per cent of all children in Yemen) need humanitarian assistance and their families have resorted to negative coping mechanisms to survive. Apart from eating less, 80 per cent of households are in debt or are borrowing money just to feed their children. Overall, about 4.5 million children and pregnant or lactating women are acutely malnourished, a 148 per cent increase since late 2014.

Child malnutrition is at all-time high in Yemen with an estimated 462,000 children currently suffering from Severe Acute Malnutrition (SAM). In four governorates – Abyan, Al Hudaydah, Hadramaut and Taizz, – malnutrition rates have exceeded the WHO 'emergency' threshold, meaning an acute malnutrition rate of more than 15 per cent. In seven governorates – Aden, Al Dhale'e, Al Jawf, Al Mahwit, Hajjah, Lahj, and Shabwah – rates now exceed the 'serious' threshold, which indicates an acute malnutrition rate of more than 10 per cent. Affected children living in these governorates are at much greater risk of dying than their healthier peers.

This year, humanitarian partners aim to reach at least 70 per cent of all children under 5 years of age who are suffering from SAM, but warn that more needs to be done to meet

The violence in Yemen, especially over the last two years, is continuing to reverse years of progress in health and vaccination among children

Reliance on negative coping mechanisms has increased with over 80 per cent of households in debt or borrowing money just to feed their children

the extreme needs of all children in Yemen. As of March, scaled up community management programmes had reached about 196,000 children screened for SAM, with more than 66,000 receiving micronutrient supplementation.

One family's struggle to care for a malnourished child

Saleh is four months old but weighs only 2.5 kilograms. He is being treated for severe acute malnutrition at the Al Thawra Hospital in Al Hudaydah. He was also diagnosed with gastro-enteritis and the doctors do not exclude a contamination by rotavirus, an epidemic disease in this part of Yemen. Despite his critical condition, Saleh is lucky to be treated in a hospital.



Nora holding Saleh at Al Thawra hospital.
Credit: Giles Clarke/OCHA

“Most child malnutrition cases here are in the rural areas around Al Hudaydah City, but their families do not have enough money to take them to a hospital,” said Warda Al Mahwiti, deputy head of the nursing department at the hospital. In recent months, the WHO-funded child malnutrition center at the hospital has received an increasing number of patients from at least three neighbouring regions. In March 2017, 68 were admitted, nine of whom died.

Saleh's mother, Nora is aged 22 and has five children. “I got married at 11 and was pregnant at 12,” she said. Orphaned at 9, Nora moved to stay with her eldest brother, who pushed her to marry Majid, a 13-year old neighbour. “It was not my decision,” she said. All their children were delivered at home. “I would have preferred to deliver in a hospital if I had the money,” Nora added. None of the five children were vaccinated. Three children are of school age, but none attends school. “We just cannot afford it,” said Nora. Majid is a garbage collector for the city, but he has not received salary for months. “We were living on the edge, now we are barely surviving,” said Nora.

Saleh is receiving intensive medical treatment, but he cannot stay at the hospital until reaching the vital four kilograms for an infant of his age. The nurses have advised Nora how to properly feed him, but they fear that once back home, Saleh will again lose weight because the family cannot afford infant milk and complementary foods.

Al Thawra hospital in Al Hudaydah, one of the functioning health facilities in Yemen, is treating many malnourished children

In brief

Tens wounded or killed in escalated violence in Taizz

At the end of May, violence escalated in Taizz governorate resulting in tens of war-wounded people arriving at medical facilities and multiple deaths. The governorate is one of those most affected by conflict. Approximately 70 per cent of the war-wounded who have sought medical treatment are women and children. On 26 May, the Humanitarian Coordinator Jamie McGoldrick in [a statement urged](#) all the parties to the conflict to lay down their weapons and halt the fighting to allow much-needed peace for the people of Yemen during the current Ramadhan season.

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