



International Medical Corps staff delivers cholera treatment medicines to Palestine Hospital, Sana'a, which registered more than 600 suspected cases since the outbreak was declared on March 14.

Five years after the deadliest cholera outbreak in its history, Yemen is experiencing an alarming resurgence of acute watery diarrhea (AWD)/cholera. As of April 22, more than 18,000 suspected cases have been identified. Yemen began recording a surge in suspected cholera cases across multiple governorates in the last quarter of 2023. Between October 15 and December 31, more than 1,000 cases were associated with the outbreak. Cases spanned 23 districts in nine governorates of southern and eastern Yemen. Children under the age of five accounted for nearly one-third of cases.

As the Yemenis continue to struggle with the aftermath of COVID-19 and the protracted war that has now entered its tenth consecutive year, AWD/cholera and acute malnutrition have taken unprecedented tolls, affecting mostly children and women amidst the collapsed public healthcare system. An immediate lifesaving response is required to mitigate excess mortality and morbidity from the widespread respectively. One referral hospital that is supported by International Medical Corps in Sana'a (DFA), which serves a catchment population of over 460,000 people, is overwhelmed with over 600 admissions. Sana'a and Ibb governorates, where International Medical Corps is present, rank second and third for suspected cholera cases, with 2,076 and 1,498 respectively.¹ The WASH/Health Clusters and MoH have reached out to International Medical Corps to remedy the situation, but additional funding is required to do so adequately.

Whereas AWD/cholera is endemic in Yemen, and upsurges are common, especially during rainy seasons, the current widespread epidemic is rapidly intensifying acute malnutrition rates. The MoH SMART survey conducted between November 11–16 reported an alarming increase in cases of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) among children aged 6–59 months on March 14. Of 551 children surveyed, the global acute malnutrition (GAM) rate reached 33.5% (catastrophe), with at least 9.8% and 23.7% counted as SAM and

FAST FACTS

As of April 18, there were 18,608 suspected cases based on the WHO's clinical case definition. Of these:

- there were 109 associated deaths
- disease was widespread across the country, covering at least 86% (18/21) of governorates; five out of seven governorates (71%) where International Medical Corps is present were affected by the outbreak, contributing:
 - 24% of all suspected cases
 - 19% of all RDT positive cases
 - 32% of all culture-confirmed cases
 - 19% of all associated deaths

OUR FOOTPRINT

- International Medical Corps has been present in **Yemen** since **2012**—focusing on integrated healthcare, MHPSS, nutrition, food security, WASH, and protection assistance across six governorates.

OUR RESPONSE

- Our medical and nutrition workers support 37 static health facilities—including four hospitals, and two medical mobile units that serve a catchment population of more than 700,000 crisis-affected people, including 120,000 children under 5 years.
- We provide about 1,500 lifesaving medical consultations on average each day.
- We treat 57 vulnerable children and 35 pregnant or breastfeeding women affected with acute malnutrition daily and support more than 100 mother groups to promote nutrition awareness.
- We distributed more than \$600,000 in cash to 935 children and families affected by acute malnutrition.
- Our network of 309 volunteers reaches about 1,850 people each day with health, nutrition and hygiene awareness to promote best practices.
- We delivered \$43,000 worth of essential medicines within 24 hours to one referral hospital currently managing cholera cases in Sana'a. The hospital serves a catchment population of 460,000 people and has so far treated more than 5,350 suspected cases of cholera and acute watery diarrhea.

¹ Electronic Integrated Disease Early Warning System (EIDEWS), AWD/Cholera in Yemen (April 15, 2024).

MAM, respectively. The current GAM rate doubles the WHO's 15% threshold for emergency response. The Yemen Nutrition Cluster projects SAM and MAM admissions to increase by 30% in 2024 given the dire humanitarian situation.

International Medical Corps Response

Healthcare

Since 2012, International Medical Corps has helped primary and secondary healthcare facilities of the Ministry of Health (MoH) to remain functional and provide a wide range of services, including maternal and child health care, sexual and reproductive health services, and prevention and management of communicable and non-communicable diseases, including cancers, while helping to provide essential pharmaceuticals, medical and non-medical commodities.

Our use of mobile medical units gives us the flexibility to help internally displaced persons (IDPs) and those who reside in remote locations who are unable to reach static services. Currently, we provide supplies to one diarrhea treatment center (DTC) as a fast response to the current cholera outbreak, while working on establishing a second DTC, alongside oral rehydration centers (ORCs) in 20 health facilities around the country. As the MoH is no longer able to pay the salaries of its staff, International Medical Corps is bridging this gap by paying monthly incentives to 597 (251 females; 346 males) health workers and providing ongoing supportive supervision to deliver quality services.

Food Security and Livelihoods (FSL)

FSL is a core component of International Medical Corps' program strategy in Yemen, integrated into health and nutrition to reduce risks of acute malnutrition and increase health and nutrition outcomes. In addition to providing emergency food assistance, our FSL program has used a financial service provider's mobile team to provide unconditional cash assistance to vulnerable households, with a focus on families whose children suffer from, or are at risk of, developing acute malnutrition.

Nutrition

International Medical Corps provides both curative and preventive nutrition services, integrated into the static health facilities, as well as our outreach mobile teams that take services to hard-to-reach areas, including IDP camps close to frontline areas of the west coast. Our curative services for children and pregnant and lactating women suffering from SAM and/or MAM have often yielded very high cure rates and saved thousands of children from the long-term impacts of acute malnutrition, including their growth, development and learning outcomes. We collaborate closely with WHO and UNICEF on the referral and management of cases of SAM with medical complications as well as on the supply of nutrition commodities for the outpatient therapeutic programs and targeted supplementary feeding programs. Furthermore, to reduce the risks of relapses and incidents of new cases, our team has promoted the integration of infant and young-child feeding in emergencies, cooking demonstrations, improved hygiene practices and risk communication among women and caregivers.

WASH

To avert the increased risk of disease caused by reduced access to clean water, basic sanitation and hygiene, we provide safe water, promote healthy hygiene practices, support latrine and water system construction and rehabilitation, and support responsible solid and medical waste management. Since we began WASH programming in Yemen in 2012, we have reached more than 4 million people, providing critical access to water, sanitation and hygiene during major cholera outbreaks. Through integrating WASH in health facilities, we support the rehabilitation of WASH infrastructure, connect health facilities to running water, provide clean water through trucking, increase water storage capacity and monitor water quality and treatment to guarantee the safety of patients and health workers. We have built a strong reputation in the solarization of water supply systems in health facilities and communities as a durable solution to the fuel crisis and contribute to reducing the carbon footprints of our programs. This, coupled with training WASH committees on operations and maintenance, has resulted in self-sustaining water systems. Our team ensures prompt prepositioning of essential WASH cholera kits for rapid response to outbreaks.

Protection

Due to restrictions from local authorities on providing a humanitarian protection response, protection services remain overstretched across Yemen, and absent in some remote areas. International Medical Corps is partnering with local women-led organizations to pilot models for delivering gender-based violence (GBV) and child protection (CP) response and prevention services including case management, individual and group psychosocial support, provision of dignity kits and emergency cash assistance to survivors to support them in accessing specialized services, etc. Along with our local implementing partners, we are setting up mother-baby spaces within health facility premises to create safe dignified entry points for GBV survivors, and people at risk of GBV. International Medical Corps places gender and protection mainstreaming at the top of its humanitarian response. We do this across health, nutrition, WASH and FSL by building field workers' capacity on protection principles, including GBV and CP core concepts. We also ensure that each supported health facility has at least one social worker to help with mainstreaming protection, gender and GBV risk mitigations.