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## Emergency Plan of Action (EPoA)

### Yemen: Dengue Fever Outbreak



International Federation  
of Red Cross and Red Crescent Societies

<b>DREF n°</b> MDRYE008	<b>Glide n°</b> <a href="#">EP-2019-000178-YEM</a>
<b>Date of issue:</b> 26 December 2019	<b>Expected timeframe:</b> Four months, <b>Expected end date:</b> 30 April 2020
<b>Category allocated to the of the disaster or crisis:</b> <b>Yellow</b>	
<b>DREF allocated:</b> CHF 278,498	
<b>Total number of people affected:</b> 59,486 people in 22 governorates	<b>Number of people to be assisted:</b> 35,000 people (approximately 5,000 HHs) in five governorates of Hodeidah, Taiz, Hajja, Aden and Shabwa
<b>Host National Society:</b> Yemen Red Crescent Society (YRCS) has branches in all 22 Governorates of the country, with 321 staff and approx. 5,000 active volunteers, including trained National Disaster Response team members, CBHFA and first aid volunteers ready to mobilize for emergency response. There are 100 volunteers and six staff in five target governorates of Shabwa, Hodeidah, Taiz, Hajja and Aden.	
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> International Federation of Red Cross and Red Crescent Societies (IFRC) and International Committee of the Red Cross (ICRC).	
<b>Other partner organizations actively involved in the operation:</b> Ministry of Public Health and Population (MoPHP), World Health Organization (WHO) and local government authorities.	

## A. Situation analysis

### Description of the disaster

#### Description of the disaster

A significant increase in dengue cases was observed in the last three weeks of epidemiological reporting (Weeks 47,48,49) in the country and this was further confirmed on the 18<sup>th</sup> December during the Health Cluster meeting, with 22,003 cases and 60 deaths reported. Children below five years old are 11% of the total caseload and 30% of the total death cases. Dengue outbreaks have affected 174 of 333 total districts (54%) in 22 of 23 governorates of the country. The highest governorates with suspected dengue cases are from Hodeidah, Taiz, Aden, Hajja and Lahj and death cases reported from Hudaidah, Aden, Hajja, Lahj, Shabwa, Marib and Rayma.<sup>1</sup> Most reported cases are concentrated in urban areas. The number of affected governorates is likely to increase due to the collapse of the health system in Yemen, the poor water and hygiene condition in the most affected areas, additionally due to the ongoing complex and protracted conflict, with limited access to humanitarian support to the most vulnerable and affected populations.

59,486 dengue suspected cases and 219 death cases with Case fatality rate (CFR) of 0.4% were reported from January 1<sup>st</sup> to 8<sup>th</sup> December 2019. Comparing to the same reporting period in 2018, the number of dengue cases has doubled, and death cases has increased in 2019 with an attack rate of 19.8 per 10,000 population. During the last three weeks, spike of dengue cases are noted with a total of 22,003 suspected cases and 60 deaths.

In view of the current dengue outbreak in the country, the Ministry of Public Health and Population (MoPHP) has requested the support of YRCS and other humanitarian partners to participate in the prevention and control of dengue outbreaks. YRCS had received request for support and intervention to respond to the Dengue outbreak from MoPHP offices in the governorates of Shabwa and Hajja after the wider spread of the outbreak during the past three weeks. In

<sup>1</sup> See MoPHP eDEWS W1 to W49 report



## **Summary of the current response**

### **Overview of Host National Society.**

Yemen Red Crescent Society (YRCS) has a nationwide presence in Yemen, with 22 branches in the different governorates across the country. Preparedness and response to public health in emergencies focusing on epidemics and outbreaks are priority of YRCS as part of Disaster Management and Response operation under its strategic plan 2016-2020. YRCS has existing capacity to provide emergency health assistance to people in need through its medical health teams from 15 YRCS Health Facilities, and 7 are not functioning out of 22 health facilities, three Emergency Obstetric care (EMoC) facilities, mobile health clinics and ambulance services that can be mobilized. CBHFA volunteers in branches were trained on Epidemic Control and Community-based Psychosocial Support (CBPSS) and involved in responding to epidemics and outbreaks such as cholera, Dengue Fever, Diphtheria, H1N1 and malaria through community awareness and social mobilization activities in coordination with Ministry of Public Health and Population (MoPHP). YRCS is a recognized health partner in first aid response and ambulance services and leading in providing first aid trainings and health education activities to local communities by trained community volunteers. YRCS implements integrated health, WASH and PSS activities in emergency and non-emergency conditions and caters to the needs of the internally displaced people (IDPs) affected by conflict and natural disasters.

YRCS started to coordinate with MoPHP at national level through health-cluster coordination meetings when the outbreak was reported and closely monitored the reports with information from branches. Ministry of Public Health and population (MoPHP) has requested support from humanitarian health actors in the country to respond to dengue outbreaks with the spike of suspected cases for the past three weeks resulting in the need for a DREF now to support YRCS in its response. YRCS Health as lead in public health emergency response has activated the Task Force meeting with RCRC Movement Partners in Yemen to coordinate respective response for dengue outbreaks collectively.

### **Overview of Red Cross Red Crescent Movement in country**

Movement coordination mechanism in the country is very active with regular strategic, operational and technical levels meetings. Aside from IFRC and ICRC, Danish Red Cross, Norwegian Red Cross, German Red Cross, Qatar Red Crescent and Turkish Red Crescent are present in the country, supporting projects and programmes to the YRCS in National Society Development, Health, WASH, Disaster Management, Livelihood and Shelter. Other Partner National Societies (PNSs) such as Japanese Red Cross, Swedish Red Cross, British Red Cross and Canadian Red Cross are also supporting specific programmes. Health Technical Working Group is established and meets with the Movement partners in-country regularly every two months and/or as needed for coordination, information sharing, harmonization and standardization of support to YRCS.

Prevention and control of dengue are incorporated in primary health care services provided by the YRCS, supported by Movement partners. It is also included in the training of epidemic control, hygiene promotion, first aid trainings in operational areas of support.

YRCS is coordinating with the in-country Movement partners and ICRC Health department regarding the response of the dengue outbreak and shared the information and request from MoPHP and Health cluster. The ICRC is responding to the outbreak through provision of treatment kits/medicines to the government health facilities supported by ICRC in Hudidah and Taiz.

### **Overview of non-RCRC actors in country**

MoPHP are implementing treatment campaign in Hudidah governorate specially in Bait Al Faqeeh district. Also, they are coordinating with the Health cluster to request the support of the humanitarian actors. YRCS is attending and participating efficiently in regular Health Cluster meetings to get the gap analysis, in order to arrange the intervention and avoid any duplication with other counterparts. MoPHP is leading the response to dengue outbreaks with technical guidance and operational support from WHO coordinated through governorates and district level health system. Locally supported materials available to humanitarian actors for production and utilization. Local authorities support in coordination and meetings with the community.

## **Needs analysis, targeting, scenario planning and risk assessment**

### **Needs analysis**

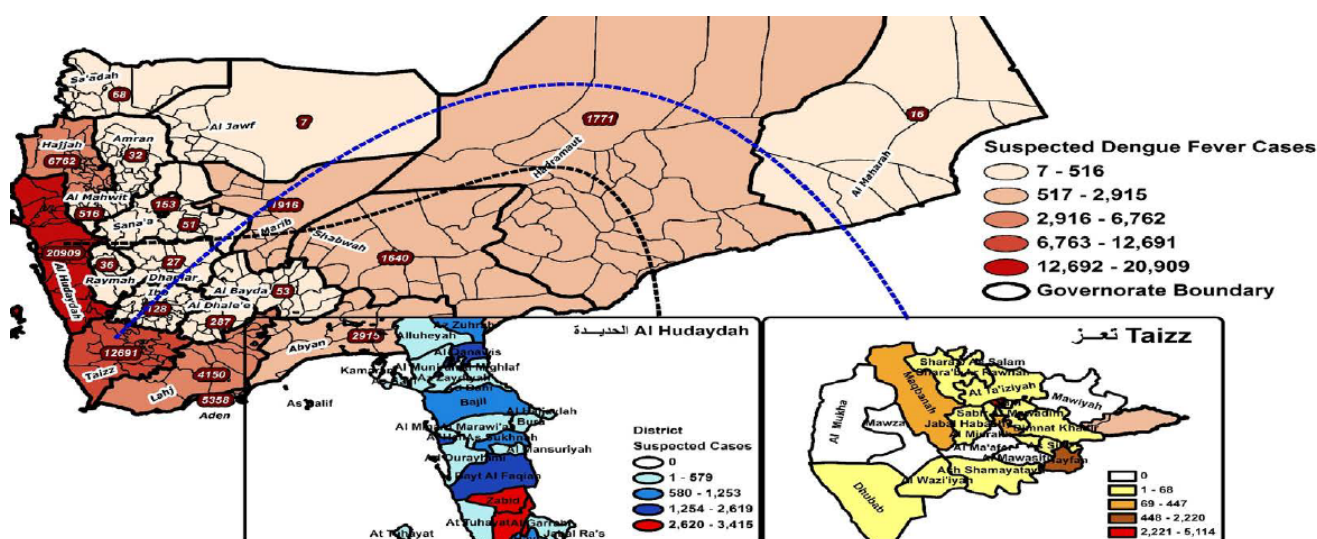
22 governorates across Yemen are affected by dengue outbreaks with different rates this year. The incidence of dengue cases this year is much higher compared to 2018 reported cases. The attack rate of the disease / 10,000 is 19.8 and the case fatality rate is 0.4%. Since the start of the conflict in Yemen, 49% of health facilities are not functioning or only partially functioning due to staff shortages, lack of supplies, inability to meet operational costs or limited access according to Health Resource Availability Monitoring System -HeRAMS 2018 report. Approximately 19.7 million people

are in need of health assistance in Yemen – an increase of 3.1 million comparing to 2018. This leads to communities having poor access to health services.

Based on the health cluster meeting report, 5 governorates with most number of cases reported with suspected cases of dengue are Hudaidah, Taiz, Hajja, Aden and Shabwa. The below table illustrates the figures of the suspected cases in five governorates from week 1 to week 49 (WK1 – WK49) during 2019. More details can be found [here](#). These governorates are priority based on the health availability and the weather condition which contributed to provide suitable environment factors to increase the growth/spreads of mosquito which is the main vector of Dengue spread.

Items	2018	2019
Date	1 Jan – 31 Dec	1 Jan – 8 Dec
# Suspected cases	28,051	59,486
# Death	46	219
CFR %	0.2 %	0.4 %
% case under 5 years	14 %	11 %
AR % 10,000	9.3	19.8
Affected Governorates	22 / 23 (96%)	22 / 23 (96%)
Affected Districts	55% (182/333)	66 % (219/333)

The distribution of suspected Dengue Fever cases by governorate is illustrated in the below map.



The high priority governorates with suspected cases are:

No.	Governorate	Suspected cases
1	Hudaidah	20,909
2	Taiz	12,691
3	Hajjah	6,762
4	Aden	5,358
5	Shabwah	4,150
	<b>Total</b>	<b>49,870</b>

During the last three epidemiological reporting weeks (W47, W48 and W49) of 2019, 22,003 suspected dengue cases and 60 death cases are reported from Hudaidah, Aden, Lahj, Hajja, Shabwah, Marib and Raymah governorates. 30% from the total case load of the associated death of the outbreak is children below five years old. The total number of the affected districts by the dengue outbreak in Yemen are 219 districts out of 333 among all the governorates of Yemen.

### Targeting

YRCS will be targeting communities in districts with high attack rate of dengue outbreaks in five governorates of Hodeidah, Taiz, Hajja, Aden and Shabwa for this outbreak response operation in close coordination with the MoPHP, government authorities and health cluster coordination mechanism. Affected districts prioritize for response support based on gap and vulnerability analysis presented in Health Cluster meetings will be re-assessed by the YRCS local branches in five governorates to determine the most affected communities to be covered for this operation with a target of 35,000 people with approx. 5,000 HHs to reach.

### Scenario planning

The worst-case scenario, the number of cases will continue to increase in all the governorates due to the poor health services and the collapse of the health system in Yemen. Dengue cases are expected to affect more governorates and districts if it is not controlled. The IFRC will keep monitoring the situation with the YRCS and ensure the Movement partners' engagement to define required actions and scale-up in a coordinated manner both internally within the movement and externally with key stakeholders as well. The lack of the knowledge/education of the people in the communities to prevent the risk of dengue also, the collapse of the general health system in Yemen with the climate factors might have an impact leading to an increase in the spread of the disease. The weakness of the sanitation system the water resource pollution with the poor hygienic practices of the people and poverty might also increase the dengue spread. To address this scenario, the mitigation will include raising the awareness of the people on the best hygienic practices and the signs and preventive measures for dengue including vector control support.

### Operation Risk Assessment

The operational risks possible are detailed below, based on a scale that refers to the probability that the phenomenon and the impact that could occur. This table includes a description of these impacts and proposed mitigation measures.

Risk	DESCRIPTION	PROB.	MITIGATING ACTION
Security situation limiting the implementation of field activities	Ongoing conflict in Yemen limit the access of YRCS volunteers to implement activities in certain situations to affected communities.	High	YRCS will rely on branch volunteers and local communities' leaders, to facilitate access and movement of YRCS staff and volunteers. Coordination with the ICRC and local authorities for safer access. Seek security advice regularly from the ICRC.
Adverse weather events	Heavy rains that may results in floods	Medium	YRCS and IFRC to monitor weather forecasting, and direct operations accordingly
Financial difficulties/challenges	Due to ongoing conflict in Yemen, and civil unrest in regional countries, might negatively impact the money transfers processes to local banks in Yemen	Medium	Proper contingency plan will be drafted, and agreed upon with IFRC country and regional offices

## B. Operational strategy

**Overall Operational objective:** Reduce the risks of dengue for 35,000 people in 13 prioritized districts in five affected governorates: Shabwah, Hodiadah, Hajjah, Aden, Taiz, through the implementation of a community mobilization strategy on risk prevention and health hygiene promotion activities.

### Intervention strategy:

This DREF Operation aims to support the YRCS to deliver humanitarian assistance to the most vulnerable affected by the dengue outbreaks under the following strategic areas:

- **Support to public authority response to the outbreaks:** through the improvement of the collaboration and cooperation at the national and district/ branch level with MoPHP/GHO/WHO /YRCS and local government units to have a timely/effective and comprehensive response plan to the outbreak. Additionally, the YRCS will be strengthening the timely and the quality of the dengue case management at the YRCS supported health facilities.
- **Enhancing public awareness through health promotion and community mobilization:** Actively disseminating timely and related information to ensure positive changes of behavior towards early referral and

management of dengue, and updates on resources for health and health-related needs across levels. Also, improve the community on early case identification and referral of the suspected case of dengue fever. A mass awareness session will be also targeting the school and public community. The YRCS volunteers will be trained in Epidemic Control for Volunteers (ECV) and will perform community sensitization and clean up campaigns in this framework. Considering secondary risks of water-borne diseases in the targeted communities and general community engagement efforts, personal hygiene promotion and hygiene kits will be include in the campaigns and covered under this DREF operation.

- **Environmental prevention and management of dengue:** through community vector control activities according to the MoPHP guideline (insecticide spraying/ fogging), which will be conducted by MoPHP staff supported by YRCS volunteers and hygiene promotion, hygiene kits & mosquito net distribution to the most vulnerable affected population.

The operation will be underpinned by a commitment to quality programming that involves:

- Continuous and detailed assessments and analysis to inform the design and ongoing implementation of the program. An ongoing process of adjustments based on these assessments.
- Adherence to protection, gender and inclusion measures. The interventions will also ensure community engagement and accountability through establishment of mechanisms to facilitate two-way communications with, and ensure transparency and accountability to, disaster-affected people.
- Management and delivery of the program will be informed by appropriate monitoring and evaluation. YRCS, with the support from IFRC, will also ensure that lessons learned from this operation are gathered, recorded and analyzed to be used in future operations and programs design and will be considered as part of the preparedness activities for YRCS. This will be shared and discussed with the Movement partners.

### Human resources

The operation will have the following basic structure for the implementation of activities at a national level:

- **YRCS national headquarter:** two staff from the Health and Care Department, at YRCS HQ will oversee and follow up with five governorate branches, on progress, implementation, and reporting for all emergency response activities.
- **YRCS branches:** five local focal points - one in each of the target YRCS branches to train and mobilize volunteers for the implementation of community level mobilization activities for response.
- **Two members of National Disaster Response Team (NDRT)** will be activated to support respective branches to coordinate the overall implementation of response activities for this operation.
- **100 volunteers** (at least 10 volunteers per branch) to implement activities aligned with the YRCS's National Volunteering Regulations.

### Security

The conflict is ongoing in the targeted five governorates. However, at present, no specific security threats have been reported in the areas of intervention. YRCS and IFRC continue to monitor the situation with close coordination with the ICRC. Any security concerns will be handled with the ICRC and the local authorities as per the existing security framework.

### Logistics and supply chain

The YRCS headquarters will facilitate the logistics and procurement under this DREF operation to ensure the supplies required are available for the implementation complementing the items available from other related programmes (e.g. Hygiene kits). The supplies will be purchased through the headquarters, and then distributed to targeted branches and from there, to selected communities for assistance. IFRC will provide guidance to YRCS to ensure compliance with IFRC procurement and administrative processes and also on more coordination with the ICRC.

The below table shows the content of the hygiene kits:

Item	Quantity
Bar soap 75 g	6
Hand sanitizer, minimum 70% alcohol, ~100ml	4
Jerry cans 20L	2
Chlorine bleach 1L	2
Buckets ~10L	1
Chlorine tab – 33 mg	100
Ceramic water filter	1
Sprayers for sterilization of infected places	100
Mosquito nets	3 per family

**Planning, monitoring, evaluation, & reporting (PMER)**

YRCS will oversee all operational, implementation, monitoring and evaluation, and reporting aspects of the present operation in the dengue affected areas through its country-wide network of branches and volunteers along with its Movement partners. IFRC, through its Country office, will provide technical support in programme management to ensure the operation objectives are met. Reporting on the operation will be carried out in accordance with the IFRC DREF minimum reporting standards. Regular updates will be issued during the operation's reporting timeframe and a final report will be issued within three months from the end of the operation. A lesson learned workshop will be organized at the end of the operation and a report will be subsequently published.

**Administration and Finance**

Operational expenses such as volunteer per-diem, accommodation, transportation, communication and coordination activities are factored in. Finance and administration support to the operation will be provided by YRCS National Headquarter, with the assistance from the finance team of the IFRC country office.

**Exit Strategy**

Stakeholders involved from the onset of the operation will participate in the lessons learned workshop conducted at the end of the operation. Lesson Learned outcomes and recommendations will be considered to establish further improved response mechanism of YRCS in future epidemic and outbreaks support to MoPHP. This operation will provide opportunity to YRCS enhance their capacity to respond systematically in coordination, assessment, mitigation and effectively respond. This will be built in the potential contribution of YRCS as a recognized health partner in the country for epidemic response. Community leaders and trained volunteers in targeted specific communities covered for this operation will be part of the lessons learned workshop and capture best practices on their active on early identification of the Dengue fever disease, good practices of domestic and personal hygiene, vector control which might contribute to the reduction of the infected cases during the upcoming seasons.



## C. Detailed Operational Plan



Male: 17,150

## Requirements

**Needs analysis:** Following the Dengue outbreak in Yemen and the priority of five governorates by the attack rate, there is need to control the spread of the disease and provide preventive measures. The high priority governorates are Hudaidah. Aden, Taiz, Hajja and Shabwah to be targeted with the intervention. As per the health cluster, the needs are identified as control of disease spreads.

**Population to be assisted:** 35,000 people in 13 dengue priority districts of Hudaidah. Aden, Taiz, Hajja and Shabwah.

**Programme standards/benchmarks:** *the programme will follow the sphere standards.*

[illegible]



P&B Output Code	Health Output 2.4: Epidemic prevention measures carried out in communities	# of mosquito nets distributed (to reach 1,666 HH under this Operation while the rest of the Mosquito nets will be provided by other partners) (Target: 5,000) # of communities in 13 priority districts in five governorates supported by fogging (Target: 13)															
		Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP021	Procure and distribute mosquito nets to prioritize HHs with children, pregnant and lactating mothers and elderly (3 nets per HH)																
AP017	Procurement and provision of standard personal protection equipment (PPE) for volunteers																
AP017	Procurement and provision of cleaning items for community sanitation activities (for clean-up of stagnant canals, mosquito breeding places, etc.)																
AP017	Volunteers training on Fogging measures and control disease spreads																
AP017	Carry out community cleanliness drive for the prevention and control of dengue																



## Water, sanitation and hygiene

**People targeted: 35,000 (5,000 HHs)**

Male: 17,150

Female: 17,850

**Requirements (CHF): 50,588**

### Needs analysis:

Urban communities are mostly the center of dengue outbreaks in particular crowded IDP camps. The lack of a proper drainage system stagnated information e water-attracting breeding places for mosquitoes. Heavy rains in the last months caused flooding and water stagnation. The lack of access to proper information and community actions to prevent the spread of dengue are factors attributed to this scenario. MoPHP has requested support from YRCS to support in dengue outbreak response to humanitarian partners to integrate into community vector control activities.

**Population to be assisted:** The activities is implemented in the same 13 districts in five governorates targeting 35,000 people (approx. 5,000 HHs).

**Programme standards/benchmarks:** This operation will follow the sphere standards in terms of hygiene kits to be procured and the IFRC eCBHFA guidelines to design the IEC materials and the messages.

[illegible]

## Strategies for Implementation

**Requirements (CHF): 19,703**

[illegible]

[illegible]

## Budget

### DREF Operation

Dengue Outbreak

MDRYE008

Budget Group		Multilateral Response	Appeal Budget CHF
500	Shelter - Relief	0	0
501	Shelter - Transitional	0	0
502	Construction - Housing	0	0
503	Construction - Facilities	0	0
505	Construction - Materials	0	0
510	Clothing & Textiles	0	0
520	Food	0	0
523	Seeds & Plants	0	0
530	Water, Sanitation & Hygiene	30,000	30,000
540	Medical & First Aid	0	0
550	Teaching Materials	0	0
560	Utensils & Tools	0	0
570	Other Supplies & Services	85,000	85,000
571	Emergency Response Units	0	0
578	Cash Disbursements	0	0
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>		<b>115,000</b>	<b>115,000</b>
580	Land & Buildings	0	0
581	Vehicles	0	0
582	Computer & Telecom Equipment	0	0
584	Office/Household Furniture & Equipment	0	0
587	Medical Equipment	6,500	6,500
589	Other Machiney & Equipment	0	0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>		<b>6,500</b>	<b>6,500</b>
590	Storage, Warehousing	0	0
592	Distribution & Monitoring	12,500	12,500
593	Transport & Vehicle Costs	16,000	16,000
594	Logistics Services	0	0
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>		<b>28,500</b>	<b>28,500</b>
600	International Staff	0	0
661	National Staff	0	0
662	National Society Staff	0	0
667	Volunteers	60,500	60,500
669	Other Staff Benefits	0	0
<b>Total PERSONNEL</b>		<b>60,500</b>	<b>60,500</b>
670	Consultants	0	0
750	Professional Fees	0	0
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>		<b>0</b>	<b>0</b>
680	Workshops & Training	28,500	28,500
<b>Total WORKSHOP &amp; TRAINING</b>		<b>28,500</b>	<b>28,500</b>
700	Travel	15,000	15,000
710	Information & Public Relations	7,500	7,500

730	Office Costs	0	0
740	Communications	0	0
760	Financial Charges	0	0
790	Other General Expenses	0	0
799	Shared Office and Services Costs	0	0
<b>Total GENERAL EXPENDITURES</b>		<b>22,500</b>	<b>22,500</b>
		0	0
830	Partner National Societies	0	0
831	Other Partners (NGOs, UN, other)	0	0
<b>Total TRANSFER TO PARTNERS</b>		<b>0</b>	
599	Programme and Services Support Recovery	16,998	16,998
<b>Total INDIRECT COSTS</b>		<b>16,998</b>	<b>16,998</b>
<b>TOTAL BUDGET</b>		<b>278,498</b>	<b>278,498</b>
<b>Available Resources</b>			
Multilateral Contributions			0
Bilateral Contributions			0
<b>TOTAL AVAILABLE RESOURCES</b>		<b>0</b>	<b>0</b>
<b>NET EMERGENCY APPEAL NEEDS</b>		<b>278,498</b>	<b>278,498</b>



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## Yemen - Dengue Outbreak Disaster Relief Emergency Funds



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

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## How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere) in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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