



More than 99% of patients with suspected cholera are surviving, thanks to
unsung local heroes: UNICEF

© UNICEF/UN066510/Fuad

Yemen: Cholera Response

Emergency Operations Center

Situation Report No.3

9 September 2017

Situation Overview

- Between 27 April 2017 and 8 September 2017, 635,752 suspected cholera cases and 2,062 associated deaths have been reported across the country.
- In total, 22 out of 23 (96%) governorates and 300 out of 333 districts (90%) are affected by the outbreak.
- The outbreak is far from over. During the past three weeks, a significant increase in the number of suspected cholera cases has been reported in select districts of seven governorates. The most concerning increase is in three governorates: Al-Hudaydah (which has seen a 40% increase over the last three weeks), Ibb and Aden.

635,752

Cases of suspected cholera were reported in Yemen

2,062

Associated deaths of cholera across the country

0.32%

The overall case fatality rate

22

Out of 23 affected governorates

Logistics Support

WHO and WFP logistics teams transported 157 tonnes of cholera kits from Amsterdam to Sana'a and Djibouti last week on behalf of WHO and UNICEF.

Construction works are ongoing at the 22nd of May Hospital to establish a new Diarrhea Treatment Center (DTC)

Sana'a and Aden Emergency Operations Centres (EOCs) are receiving IT support from WFP IT team. Sana'a EOC IT system is already operational; Aden is to be finished this week.

During this week, a team of MoH staff and WFP engineers visited Amran to identify and assess four locations for setting up DTCs in the governorate.

WHO has finished loading trucks containing 70 tonnes of cholera treatment supplies which arrived at Sana'a airport last week.



Logistic Cluster coordinated transport of 152 mt relief for partners, Yemen. Photo credit: logistics cluster

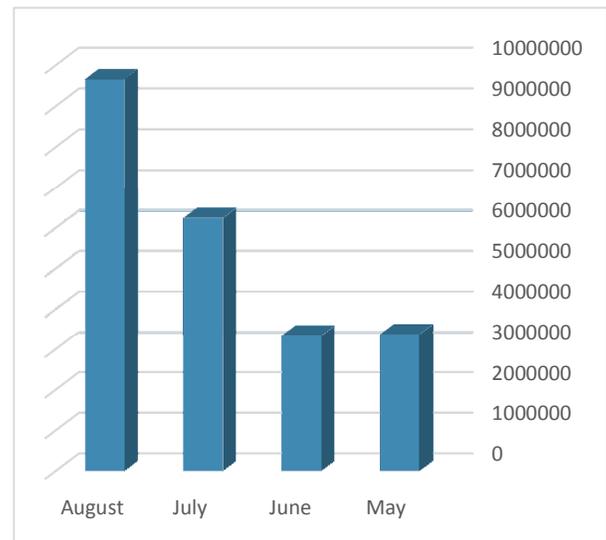
WASH Cluster Response

A total of 21 WASH Cluster partners are reporting cholera response activities in 20 governorates in 193 districts throughout the reporting period. Partners reporting include ACF, ACTED, All Girls, ARD, BFD, CARE, DRC, IMC, IYCY, LFD, LMMPO, NFDHR, OXFAM, RI, SCI, SFD, SYFD, UNICEF, VHI, WHO and YFCA. Partners are working closely with GARWSP EU, NWRA, LWCs, GHOs and HEC.

At Least, 106,000 people benefitted from chlorination of water supplies or disinfection of water points in 23 districts in 6 governorates. In addition, more than 32,000 people benefitted from chlorination of private water tankers at filling stations in Aden, Hajjah, and Lahj. Chlorine provision for disinfection of water supply networks continued in 40 districts in 12 governorates. In addition, over 15,000 people benefitted from construction, rehabilitation of latrines at households and public areas. Support to cleaning campaigns is ongoing in 21 districts of Abyan, Aden, Al Jawf, Al Mahwit, Amran, Dhamar, Hajjah, Sa'ada and Taiz. Waste water treatment plants are supported in Aden, Hodeidah and Amanat Al Asimah.

Almost 95,000 people received safe water through water trucking in 8 districts in 6 governorates. Almost 278,000 people have received chlorine tablets for household water treatment in 64 districts in 11 governorates. Furthermore, an estimated 120,000 benefitted from a campaign on disinfection of water storage containers and 12,000 people received new jerry cans.

Training of hygiene promoters and health facility workers on key cholera awareness and prevention messages took place in 12 districts in 8 governorates. Almost 2.4 million people were reached by partners with cholera key messages, through household visits, public events (including schools and mosques) and through mass media in 170 districts in 19 governorates. WASH partners reached almost 370,000 people with basic or consumable hygiene kits in 74 districts in 13 governorates for households, schools and food vendors.



The overall WASH beneficiaries by month



A construction worker while repairing underground sewage pipes at Dar Sa'ad district, Aden. The repairing of underground sewage was conducted as part of UNICEF, World Bank and WHO's Emergency Health & Nutrition Project intended to control cholera and support Yemen's health system. Photo Credit: Mutaz Fuad, UNICEF.

Health Cluster Response

Health Cluster partners are supporting 253 Diarrhoea Treatment Centres (DTCs) (with 3270 beds) and 1046 Oral Rehydration Points (ORPs) in 20 governorates and 234 affected districts in Yemen

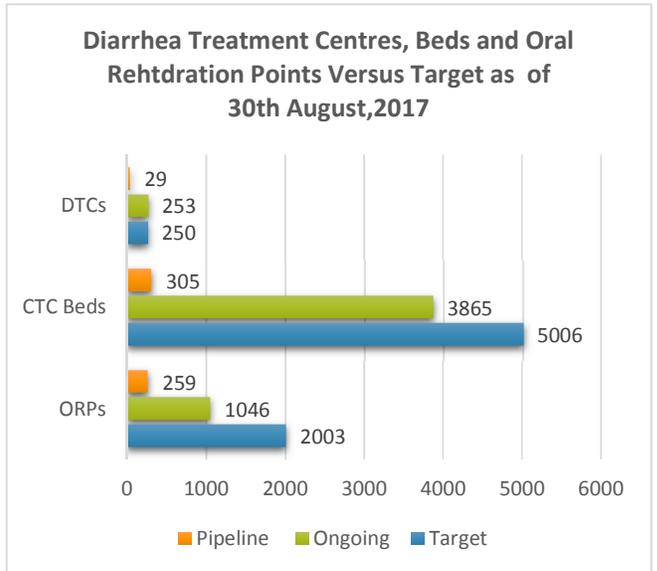
By now, partners have reached 77% of the target number of Diarrhoea Treatment Centre (DTC) beds and 52% of the target number of oral rehydration points (ORPs).

A total of 40 health cluster partners are working to set up DTCs and ORPs, conduct training for health staff and provide health education at the community level. These organizations include HORS, ADO, ADRA, AGF, ACF, BFD, CSSW, ANHADH FDE, FMF, GHO/MOH, GRW, MHO, HCR, IMC, INTERSOS, IOM, IRC, IYCY, KDH, MDM, MSF, NFDHR, OBSERVER, PU-AMI, RI, SCI, SWAT, SOUL, TAYBAH, UNICEF, VHI, YFCA, YMU, WHO, MILLENNIUM DEVELOPMENT, MINISTRY OF INFO, SAJAIA F., SFD, YAMAAN F. and YRCS.

WHO is investigating a significant increase in the number of suspected cholera cases reported in select districts of seven governorates. When the spike in suspected cases was detected on 27 August, staff moved to scale-up diagnostic testing and accelerate data analysis as quickly as possible to establish whether the increase is the result of cholera or another form of diarrhoeal disease.



Eight-year-old Mohannad has overcome cholera following 3 days of treatment in the diarrhoea treatment centre at Al-Sabeen Hospital in Sana'a, which is operated by Health cluster. Photo credit: Sadeq



Risk communications/community engagement

A house-to house-cholera campaign to spread awareness across the country was concluded last week, reaching 13 million people. The campaign aimed to spread four key messages on proper hand washing, preparation of ORS, and proper home care of the people with cholera/acute watery diarrhea including referrals to health facilities.

Challenges and Concerns

- WASH supplies such as household water treatment tablets and soap are limited available (only small quantities) in the local market, which prevents large scale / blanket distributions.
- Some WASH partners are facing challenges in accessing the most affected communities due to security risks or because of bureaucratic impediments. Visa constraints continue to hinder WASH experts from coming into the country.
- WASH cholera response is competing with other WASH emergency response priorities, such as IDPs and reducing malnutrition.
- The health system has been weakened by the ongoing conflict. More than 55% of all facilities are closed or are only partially functional. Water and sanitation systems have been disrupted and continued funding is required for the operation and maintenance of these systems to control outbreaks such as cholera and AWD.
- There are impediments to the importation and delivery of medicines, medical supplies and chlorine. The country is experiencing a shortage of medicines and medical supplies necessary for the treatment and management of cholera cases. Intravenous fluids needed for treating severe cases are not available in the market.
- The quality of health services in cholera treatment facilities is sometimes poor, especially in relation to infection prevention and control with partners have exhausted their capacity while a lack of funding hinders

FOR FURTHER INFORMATION:

Dr Alaa Abou Zeid

Health Cluster Coordinator

abouzeida@who.int

Ms Marije Broekhuijsen

WASH Cluster Coordinator

mbroekhuijsen@unicef.org

Ms Muneerah Al Mahdli

Communication Consultant-EOC

Muneerah.mahdli@gmail.com