



Situation Update

777,229
suspected cholera cases



2,134
Deaths of cholera



0.27 %
Case Fatality Rate



811
Lab-Confirmed Cases

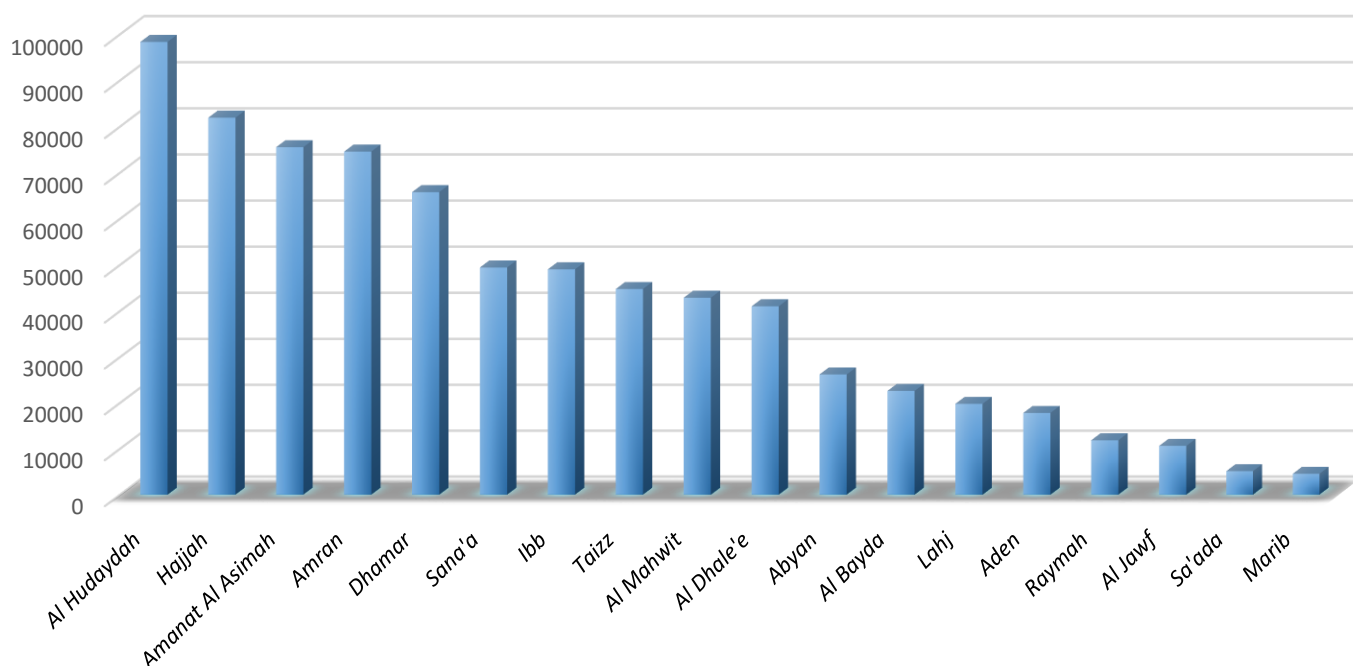


22
Out of 23 affected
governorates



- As of 1 of October 2017, the cumulative total of suspected cholera cases reached **777,229** and **2,134** associated deaths in 22 out of 23 governorates across the country.
- The overall case fatality rate shows a noticeable decrease recording 0.27%. Raymah governorate continues to report the highest case fatality rate (0.93%).
- Children under the age of 5 years represent 25.45% of the cases and 16.93% of deaths.
- Children under the age of 18 represent 60% of suspected cases.
- People over the age of 60 continue to report the highest numbers of deaths (668 cases- 31.3%).
- The trend at country level over the past 3 weeks is considered stable.
- At governorate level, the trend decreased in 11 governorates (Amarn -11%), (Al Dhalea -11%), (Abyan -12%), (Sana'a -22%), (Hajja, -10), (Aden, -15%), (Taiz,-10%), (Al Mahrah, -72%), (shabwa, -58%), (Moklla, -21%) and (Say'on, -100). The trend has increased in two governorates (Marib, +12 % and Sa'adah +25%).

Spread of Cholera Cases per governorate



Wash Cluster Response

- A total of 16 WASH Cluster partners are reporting cholera response activities in 219 districts in 19 governorates throughout the reporting period. Partners reporting are ACF, ACTED, BFD, DRC, IMC, IYCY, Khadija Foundation, LFD, NFDHR, RI, SCI, SFD, SYFD, UNICEF, VHI, WHO. Partners are working closely with GARWSP EU, NWRA, LWCs, GHOs and HEC.
- In the reporting period, 359,000 people benefitted from chlorination of water supplies or disinfection of water points in 17 districts in 2 governorates. Chlorine provision for disinfection of water supply networks continued in 40 districts in 12 governorates, with an estimated 3.4 million people connected to these networks. Testing of Free Residual Chlorine (FRC) to ensure adequate chlorination of the water is ongoing in 9 districts in 3 governorates. Almost 36,000 people received safe water through water trucking in 10 districts in Al Hudaydah, Amanat Al Asimah, Ibb and Taizz governorates. Almost 179,000 people have received chlorine tablets for household water treatment in 72 districts in 12 governorates. Furthermore, a campaign to disinfect water storage containers is ongoing in 3 districts in Al Mahwit governorate; and about 4000 people received new jerry cans.



UNICEF is providing Taizz with potable water and supporting water and sanitation foundation in the governorate. Photo Credit: UNICEF

- More than 600,000 people were reached by partners with cholera key messages, through household visits, public events (including schools and mosques) and through mass media in 192 districts in 17 governorates. WASH partners reached over 229,000 people with basic or consumable hygiene kits in 82 districts in 12 governorates, targeting households, schools and food vendors.
 - Support to cleaning campaigns is ongoing in 13 districts in Aden, Al Jawf, Al Mahwit, Dhamar, Hajjah and Sa'ada. Waste water treatment plants, serving approximately 3.2 million people, are being supported in Aden, Hodeidah and Amanat Al Asimah.
- WASH partners supported diarrhea treatment centres (DTCs) with hygiene kits and cleaning materials in 19 districts in 5 governorates. Oral rehydration corners (ORCs) and DTCs are supported with trucked and chlorinated water in 2 districts in Al Hodeida governorate. Partners provided handwashing facilities or rehabilitated latrines in DTCs in 3 districts in Hajjah governorate.

Logistics Support

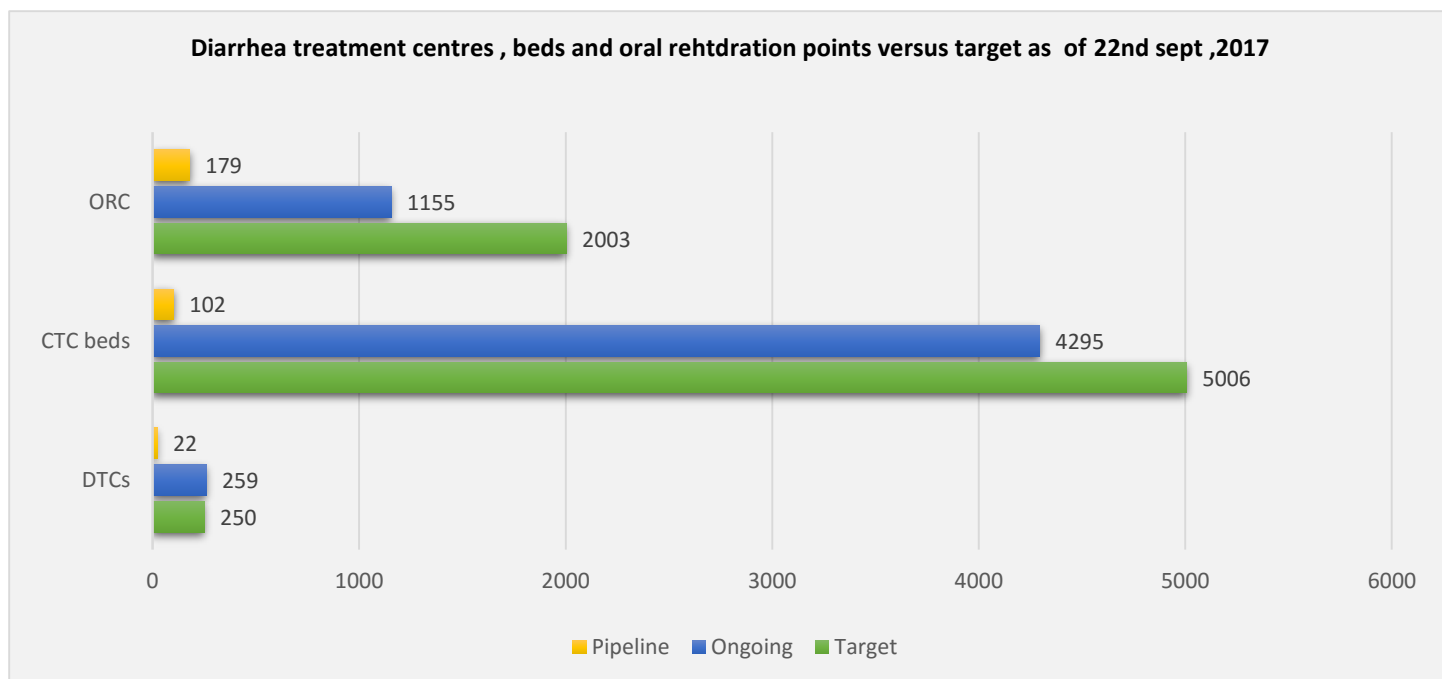
Logistics support continues and a local contractor has been assigned to assess the technical requirement of the emergency operations centers (EOCs). WHO and WFP coordinated the movement of 105 metric tons of medicines and supplies from Djibouti to Sana'a. The EOC of Aden governorate is to be moved to a newly constructed location within WHO. Hodeida's EOC is also under preparation.

Risk communications/community engagement

- During the reporting period, 330,246 people and 16,186 households were reached, bringing the cumulative total to 16,398,545 people and 3,186,269 households respectively in all 23 governorates. Community events and activities were conducted including focus group discussions, community gathering and festivals, Friday's sermons, small scale video shows, puppet shows and health education/cholera awareness sessions in markets and public places. Counselling/education on key cholera prevention and response practices were also provided with a focus on safe household water treatment (chlorination), storage and use, handwashing, appropriate food handling, disinfection and care of the sick (including referral and post-treatment care).
- Rapid Response Team training is planned to be conducted in coming weeks. The training aims to build the capacity of 660 Rapid Response Teams under the general Authority for Rural Water Supply Projects - Emergency Unit (GARWAP) in community mobilization and effective promotion of health and hygiene behaviours and reporting. The RRT teams will use a new online/offline reporting mechanism during their visits.
- One million copies of cholera public information materials are being printed and will be disseminated through the C4D partners in all of Yemen, with a focus on the high risk districts.
- A nationwide mapping exercise is underway, incorporating data received from partners, to identify areas of low coverage and to scale up the response focusing especially on the 11 districts in Al-Hudaydah, Taiz and Aden reporting an increase in cases.
- New messages focusing on promoting preventive behaviours associated with funerals and festive occasions are drafted in consultation with Ministry of Endowment. The key messages will be developed as IEC materials to be used by Imams during the Friday speech (Friday's sermons) to promote preventive behaviours associated with funerals and how to handle the body of someone who has died of cholera.
- The interagency Community Engagement Working Group are planning to conduct a perception survey next week. The survey aims to provide information about humanitarian assistance at the community level and to support humanitarian agencies in their efforts to be accountable to affected populations.
- A three-month-long national media campaign in partnership with the information authorities and the local media will conclude next week. Mass media activities have been scaled up to reach over 20 million people through 21 public and private radio stations and three TV stations. The targeted media outlets increased the rate that cholera flashes and programmes were broadcasted during the campaign to four times per hour. Three radio flashes and three TV spots were broadcasted approximately 49,983 times in the three months. Information authorities reported 1423 calls, poll, interviews from communities were conducted encouraging engaging communities to discuss key practises and cholera messages with focus on the household practises, helping to identify communication gaps and community needs.
- Youth and volunteer initiatives continue to carry out national and local social media campaigns, mainly through Facebook, Twitter and WhatsApp groups. These social media campaigns are supported by community engagement partners together with the health, information, religious affairs and education authorities.

Health Cluster Response

- Health Cluster partners are operating **4,295** Diarrhoea Treatment Centre (DTC) beds in **259** DTCs and **1,155** Oral Rehydration Corners (ORCs) in 19 governorates and **149** affected districts in Yemen.
- Partners have reached 85.8% of the target number of DTC beds and 57.7% of the target number of ORCs.



- From among the Health Cluster partners, the following organizations shared their report for last week: ACF, ADO, ADRA, BFD, CSSW, ENHADH, FMF, HCR, Hope, IMC, INTERSOS, IOM, IRC, IYCY, MdM, NFDHR, 2 Observers, PU-AMI, Relief International, SAWT, SCI, SOUL, Taybah, UNICEF, VHI and Yemen Red Crescent, YFCA, YRC, YRC, YWU. These partners are setting up and running DTCs and ORCs, training health staff and providing health education at the community level in 19 governorates and 149 districts.
- The results of an investigation into the causes of an increase in the cholera caseload in the select districts of Aden, Al-Hudaydah and Ibb was shared with Health Cluster partners and measures were put in place to reduce over-reporting and increase supervision.
- The Health Cluster assessment working group discussed different assessment tools to be used in DTCs and ORCs. New versions of the tools are expected to be shared in the coming few days.
- Health Cluster partners agreed to strengthen case definition and registration of suspected cholera cases in the supported DTCs and ORCs they are supporting. For this purpose, cluster partners will use two registers for each DTC/ORC, one for all cases of diarrhoea and the other one for suspected cases of cholera meeting the case definition.

Challenges and Concerns

- WASH supplies such as household water treatment tablets and soap are of limited availability in the local market.
- 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 some experts from coming into the country.
- The cholera response of WASH partners is competing with other WASH emergency response priorities, such as the provision of clean water and sanitation for displaced populations and the response to 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 also been disrupted.
- 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. Some supplies, such as rapid diagnostic tests (RDT) and intravenous fluids needed for treating severe cases, are difficult to find or are not available in the local market.
- Larger partners have exhausted their capacity while a lack of funding hinders smaller NGOs from scaling up to cover all gaps in the country.
- The quality of health services in some cholera treatment facilities requires improvement, especially in relation to infection prevention and control.

FOR FURTHER INFORMATION:

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Note:

The information provided in the report is taken from WASH cluster, Health Cluster, Logistics teams, Communication for development section and the daily Epidemiological bulletin of the WHO.