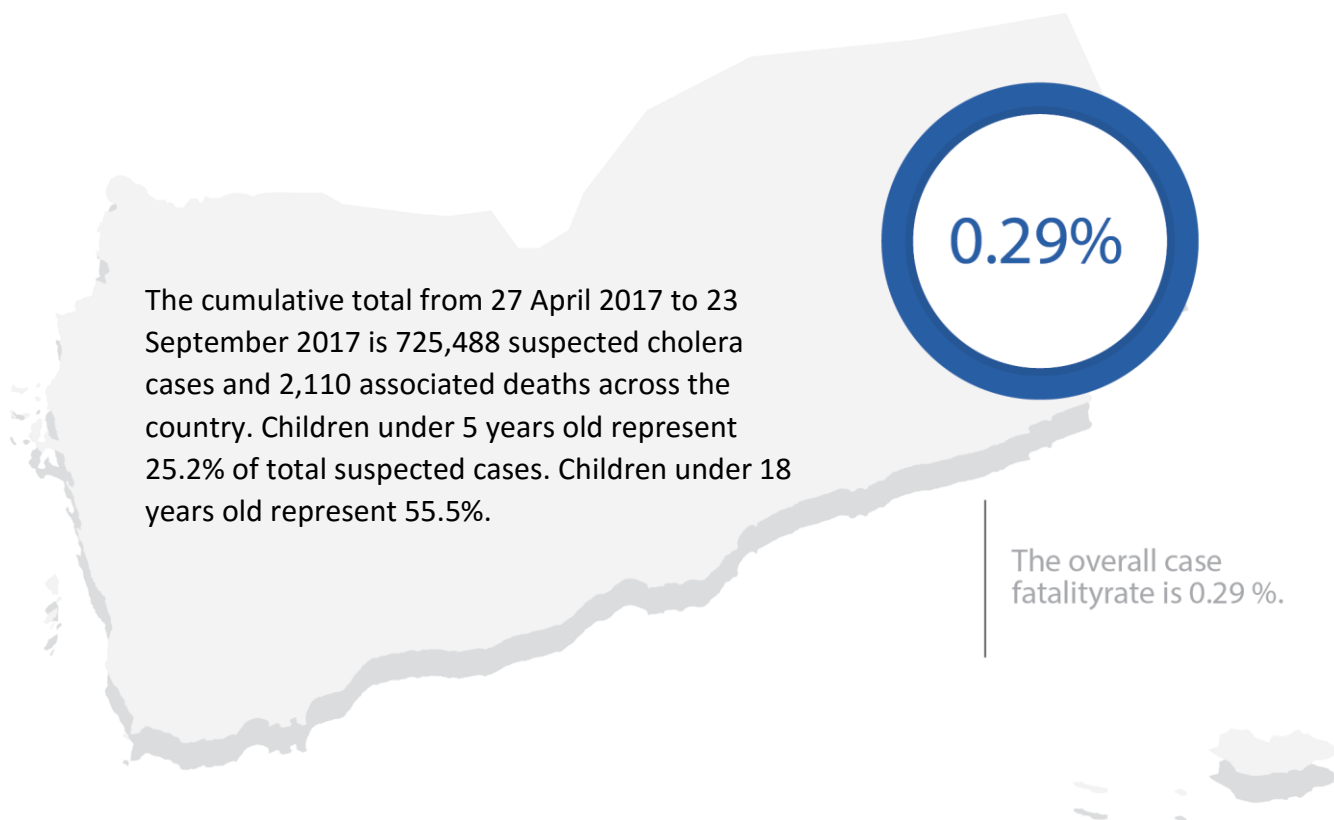
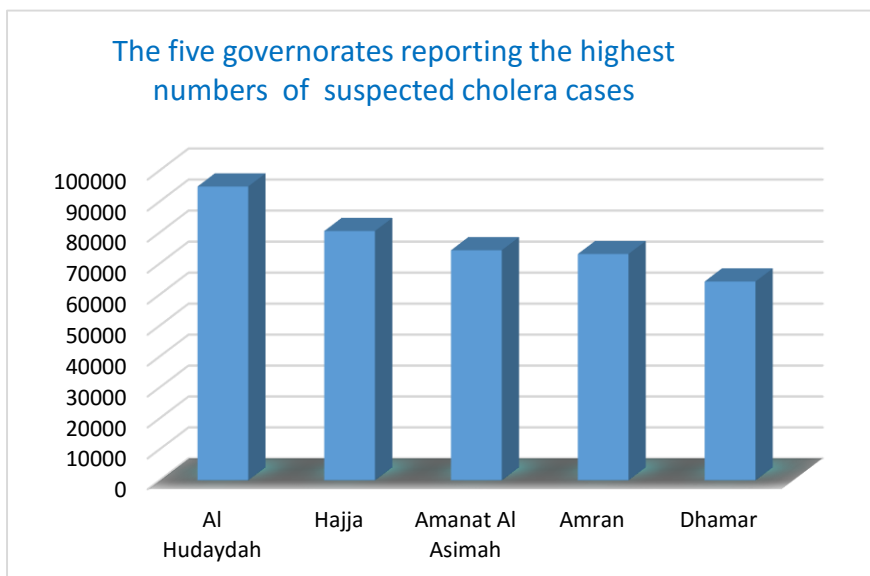




Situation Overview:



So far, the outbreak has hit 22 out of 23 governorates in 304 out of 333 districts. The trend at country level over the past 3 weeks is considered stable. At governorate level, the trend increased in 8 governorates: Amran, Al Dhale'e, Hajjah, Al Bayda, Sana'a, Sa'ada, Shabwah, Moklla. Al Hudaydah (94,864), Hajja (80,514), Amanat Al Asimah (74,327), Amran (73,107) and Dhamar (64,243) continue to report the highest numbers of suspected cases. See the beside chart.



Wash Cluster Response

- A total of 19 WASH Cluster partners reported cholera response activities in 197 districts in 20 governorates throughout the reporting period. Partners reporting include ACF, ACTED, DRC, IMC, IYCY, Khadija Foundation, LFD, NFDHR, NMO, OXFAM, RI, SCI, SFD, SYFD, UNICEF, VHI, WHO, YFCA and ZOA. Partners are working closely with GARWSP EU, NWRA, LWCs, GHOs and HEC.
- A total of 40,000 people benefitted from chlorination of water supplies or disinfection of water points in 13 districts in 3 governorates. In addition, more than 53,000 people benefitted from the chlorination of private water tankers at filling stations in Al Hudaydah and Hajjah. Chlorine provision for the 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 4 districts in 2 governorates. Almost 29,000 people received safe water through water trucking in 2 districts in Al Hudaydah governorate. Almost 208,000 people have received chlorine tablets for household water treatment in 60 districts in 11 governorates.



Above and Below: Monitoring the rehabilitation works of the sewage network in DarSad district Aden. Suspected Cholera cases to be reduced as a result. Photos Credit: UNICEF

Furthermore, an estimated 17,000 benefitted from a campaign on disinfection of water storage containers and 6000 people received new jerry cans.

- Almost 3.3 million people were reached by partners with cholera key messages, through household visits, public events (including at schools and mosques) and through the mass media in 167 districts in 19 governorates. WASH partners reached almost 150,000 people with basic or consumable hygiene kits in 55 districts in 11 governorates for households, schools and food vendors.
- Over 15,000 people benefitted from construction, rehabilitation or desludging of latrines at households and in public areas. Support to cleaning campaigns is ongoing in 15 districts in Aden, Al Bayda, Al Jawf, Al Mahwit, Dhamar, Hajjah and Sa'ada. Waste water treatment plants are supported in Aden, Hodeidah and Amanat Al Asimah, with approximately 3.3 million people connected.
- WASH partners supported diarrhoea treatment centres (DTCs) with hygiene kits and cleaning materials in 38 districts in 8 governorates. Oral rehydration corners (ORCs) and DTCs were supported with trucked and chlorinated water in 5 districts in 2 governorates. Partners provided handwashing facilities or rehabilitated latrines in DTCs in 6 districts in 2 governorates.

Risk communications/community engagement

- During the reporting period, 324,478 people and 13,123 households were reached, bringing the total to 16,068,299 people and 3,170,083 households across all 23 governorates. At the conclusion of the House-to-House (H2H) campaign, 91% of all Yemeni households had been reached with the four key messages and distribution of soap and IEC materials. Over 5 million copies of cholera public information materials were printed and disseminated during the campaign and oral rehydration solution was also provided.
- A review meeting for the H2H campaign was conducted on 13 September to review the data and lessons learnt from the H2H campaign and to discuss the next steps for the cholera response.
- Third party monitoring for the House-to-House campaign shows that 96% (321) of the 333 districts in Yemen have conducted the national cholera campaign. According to the report, the key message that was focused on during the campaign was on hand washing with water and soap. This message was received by 94% of population. Other key messages were received by less than 75% of those sampled. Supplies were distributed to 92% of households with differences in amounts distributed as per the plan.
- The interagency Community Engagement Working Group is preparing training for 660 Rapid Response Teams under GARWAP to improve capacity in community mobilization and promotion of effective health and hygiene behaviours. A new online/offline reporting mechanism is being developed for the use of the RRT teams during their visits.
- Mapping matrices have been received from some partners as part of a nationwide mapping exercise which was initiated the interagency Community Engagement Working Group. The point of the exercise is to review partners' presence and to better streamline the community engagement/risk communications response, identifying areas of low coverage and to scale up the response in districts reporting an increase in cases.
- A national media campaign is ongoing in partnership with information authorities and the local media. Mass media activities have been scaled up to reach over 20 million people, working with 21 public and private radio stations and three TV stations. To date, information authorities report that 1,423 calls, polls, and interviews were conducted during 20 weekly live radio show programs, engaging communities directly in discussions around key hygiene practises and cholera messages. This direct interaction helps to identify communication gaps and community needs.
- National and local social media campaigns are being conducted by youth and volunteer initiatives mainly through Facebook, Twitter and WhatsApp groups. These groups are supported by the Community Engagement Working Group, together with the health, information and education authorities.
- Five new partnerships with local NGOs are under discussion to support the response in Hajjah, Saada and Sana'a governorates.

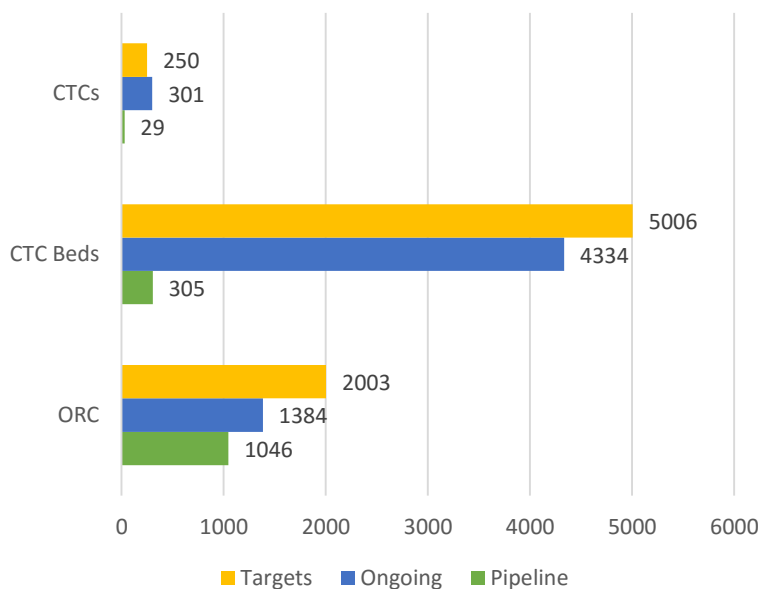
Health Cluster Response

- Health Cluster partners are operating 4,334 Diarrhoea Treatment Centre (DTC) beds in 301 DTCs and 1,384 Oral Rehydration Corners (ORCs) in 21 governorates and 237 affected districts in Yemen.
- Partners have reached 86.6% of the target number of DTC beds, 69% of the target number of ORCs and have exceeded the target number of DTCs.
- Some 354,580 people benefitted from awareness sessions on cholera and acute watery diarrhoea run by Health Cluster partners.
- A series of missions have been completed to verify and investigate the reasons behind a sudden increase in suspected cholera cases in select districts. WHO will be share the full report with partners in the coming week.
- Initial results of these missions, however, are as follows: In some DTCs, the increase was validated and attributed to a rise following the Eid holiday, with more gatherings and communal sharing of food. In other areas, however, the increased reporting of suspected cholera cases has not been found to correspond to high bed occupancy in DTCs or high demand for services in ORCs.
- In response to the continued increase in numbers of suspected cholera cases, WHO and health authorities are highlighting the need to strictly apply the case definition, strengthen laboratory testing and strengthen data collection and reporting.
- Forty-six Health Cluster partner organizations are working to support the cholera response in 21 governorates and 237 districts.



WHO delivered 20 tons of medicines used for cholera and various types of intravenous (IV) fluids to Ibb. governorate. Photo Credit: WHO

Diarrhea Treatment Centres , Beds and Oral Rehtdration Corners Versus Target as of 17 th Sept ,2017



- These partners include ACF, ADO, ADRA, BFD, CSSW, ENHADH, FMF, GHO, HCR, Hope, Human Appeal, IMC, INTERSOS, IOM, IRC, Islamic Relief Yemen, IYCY, MC, MdM, Mercy Corps, MHO, Millennium, Ministry of Information, MSF, Nahda Makers Org, NFDHR, NLSO, Observer, PU-AMI, Relief International, SAWT, SCI, MOH, SFD, SOUL, Taybah, UNICEF, VHI, WRG, Yamaan Foundation, Yemen Red Crescent, YFCA, YRC, YWU and WHO.

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 WASH 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.

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