



PUI Cholera Response in Yemen Challenges and Constraints

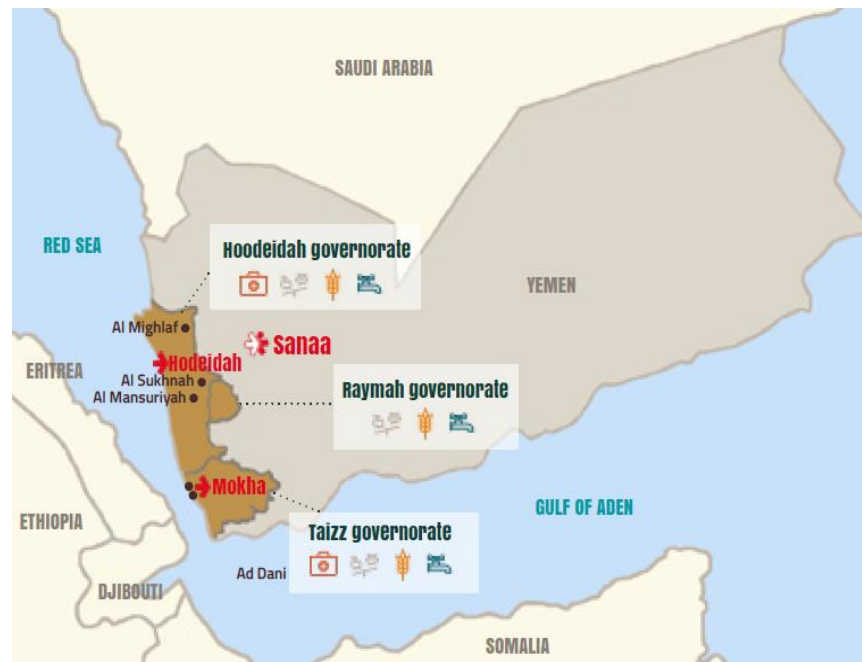
Global Task Force on Cholera Control – Case Management Working Group

November 2019

PUI in Yemen

Premiere Urgence Internationale has been working in Yemen since 2007 by providing an **integrated approach** mainly focused on **health and nutrition**, coupled with **food security and WASH** activities, in order to **combine an emergency response with a longer term community based approach aimed at increasing the targeted populations' resilience**.

PU-AMI currently operates in Al Mansuriyah, As Sukhnah and Al Mighlaf districts in Hodeidah Governorate and in Al Jabin District in Raymah Governorate in the Northern Governorates of Yemen; moreover, a base has recently been established in the Southern Governorates of Yemen, in Al Mokha - District, located in Taizz Governorate.



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|------------------------------|--|
| Health | Governorates with current activities |
| Nutrition | Coordination office and national capital |
| Food security | Working bases |
| Water and sanitation hygiene | Health facilities supported |



Cholera situation in Yemen (13th of October 2019)

Epidemic Curve of Cholera Cases

Cumulative (from Week 1 to Week 40 ,2019)



Summary of Cholera Indicators

During Last 3 Week 39,40,41

Suspected Cases	41,997
Death Cases	45
AR/10,000	14
CFR%	0.1%
Total RDT	4,729 (11% of Total Suspected Cases During Last 3 Weeks)
Positive RDT	3,133 (66% of Total RDT During Last 3 Weeks)
Confirmed Cases	68 (37%) (n = 184)
Children (< 5)	12,485 (30% of Total Suspected Cases)
proportion of severe cases	5,574 (13% of Total Suspected Cases)
Affected Governorates	91% (21/23)
Affected Districts	80% (267/333)

Week 41 ends on 13 October 2019

PUI Cholera Intervention in Yemen

Première Urgence Internationale had led an emergency health response, and was a part of the official national cholera response led by the MoH and Health and WASH clusters.

Project: Emergency support to populations affected by the health and nutrition crisis in Al Hodeidah and Raymah governorates in Yemen

Period: July 2017 to July 2018

Donor: Centre de Crise et de Soutien du ministère des Affaires étrangères (French Foreign Affairs Ministry)

Première Urgence Internationale was able to respond to the cholera outbreak in 5 districts of Raymah governorate through:

- ▶ The establishment of 9 Oral Rehydration Corners (ORCs),
- ▶ The support for a Cholera Treatment Center (CTC) in Al Thulaya Hospital,
- ▶ Sensitization sessions on hygiene measures,
- ▶ The distribution of hygiene kits,
- ▶ and referral of serious cases.



PUI Cholera Intervention in Yemen

**5,822
beneficiaries**

Set up of 9 Oral Rehydration Corners

- Within or near the Health Centers in Raymah Governorate selected in collaboration with the governorate health authorities according to their population and the number of suspected cholera cases admitted to these structures
- Support from PUI in line with the standards required by the Yemen Health Cluster and the World Health Organization
- Support through medical and non-medical equipment; equipment for the management, conservation and disinfection of water; hygiene equipment; Information Communication and Education (IEC) materials for communities on cholera prevention and case management; health care workers trainings and incentives

Support to a Cholera Treatment Center in Al Thulaya Hospital (previously supported by WHO)

- Incentives to Health care workers
- Medical and non medical equipment
- Hygiene and disinfection materials
- Drugs for the medical management of suspected cholera cases such as oral rehydration salts, intravenous fluids, and antibiotics

**1,931
beneficiaries**



Cholera intervention main constraints

Operational constraints impairing PUI cholera intervention

- Administrative constraints such as signature of principle agreement (PA) and sub-agreement → delay to start or continue activities
- Logistic constraints especially for purchase and importation of drugs
- Security constraints to implement the activities → remote management of the project as no access (1 evacuation + 1 relocation in 1 year)
- Because of the lack of access to communities also lack of cholera prevention → no awareness activities, lack of WASH activities at community level
- Working on remote/ Mountain area → lack of attractiveness for health staff (Raymah governorate)



Cholera intervention main barriers and challenges

Context and cultural barriers having operational consequences

- Lack of RDTs & Laboratory capacities → lack of timely diagnosis
- Consequently, the number of suspected and confirmed cases were not accurate, doubts on the actual number of cholera cases
- Challenge in capacity building of medical staff at health facilities and high staff turnover, linked to remote areas of intervention
- Delay in reaching ORCs or CTC, major constraints to refer patients on time, lack of transportation means for patients in need to reach the CTC, costs of transport for patients → patient almost dead before reaching the CTC
- Cultural barriers for women to move alone → not reaching health care
- People health seeking behavior → people coming to health facilities with already serious conditions



Recommendation based on Yemen Cholera task force/ Health Cluster

- Enforce Infection Prevention standards at health facilities
- Increase awareness of health facilities workers and community regarding cholera prevention, control measures and mode of transmission
- Refresher training for all workers in cholera treatment centers and corners
- Use correct protocol for the use of Rapid test, shipping sample for confirmation, advocacy on lab capacities in country
- Train the new staff on cholera case management especially in cases of malnutrition and the SOP of infectious control measures.
- Establishment an appropriate waste disposal area in each DTC/CTC and ORC, and activate the existing ones



THANKS !

Any questions ?

