# Cholera Case Investigation - Abyan, Yemen

## Key Findings Presentation

May 2024

REACH Informing more effective humanitarian action

# Contents

# 01

# Introduction

# Cholera Situation in Yemen

## Current Cholera Outbreak*

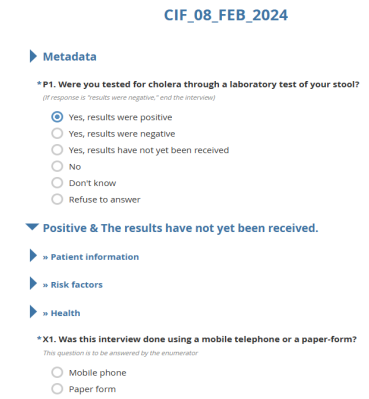
- From October - December 2023, Yemen experienced a **cholera outbreak**, with nearly **1018** cases of AWD recorded.*
- The outbreak has started among **migrant communities** in Ataq district of Shabwah governorate.*
- The total number of cases recorded between 1 January and 29 April 2024 across all 22 governorates is now estimated to be around 30,000.**
- At Abyan governorate level, the number of reported cases from the beginning of 2024 until May 17, 2024, was 230. ***

* Yemen Humanitarian Update: Issue 11, December 2023 [EN/AR] | OCHA (unocha.org)
** Yemen Cholera and Acute Malnutrition Situation Report #1 - April 22, 2024 - Yemen | ReliefWeb
*** Epidemiological Situation of diseases in free areas in Yemen

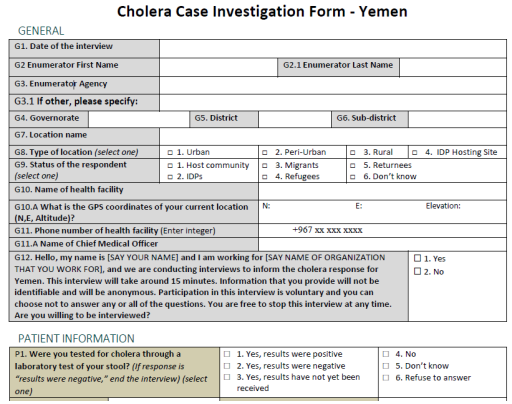
## WASH Response

- As part of the response to the cholera outbreak, REACH, in collaboration with the Yemen WASH Cluster, **updated the CIF tool** with a specific focus on cholera. This tool is designed to collect data that helps understand **potential sources**, **risk factors**, and **vulnerabilities** associated with a cholera outbreak.
- Following the recent outbreak, the Yemen WASH Cluster has requested partners to use the CIF tool to **conduct interviews with patients**, especially in the affected areas. The tool is available to all YWC partners for use, and below you can find examples of both the paper and Kobo versions.

## Cholera Investigation Form (CIF)




KOBO version




Paper version

# Methodology Overview

## CIF tool – the basics

- In-person patient-level surveys with an adult member (18 years or older) who is waiting for the results or tested positive for cholera.
- The CIF includes a section to collect data on each household member who might be sick, as well as details on potential exposure to cholera within the household and community.
- The CIF examines the patients' recent travels to identify potential routes of cholera transmission.
- Patient Access to WASH services and behaviors were assessed to monitor associated risk factors.
- Data collection with the patient ideally within two weeks of health facility discharge of the patient

## DATA COLLECTION

- With the support of the Health Cluster, Data collection was carried out in Health facilities that provide contact information for positive and potential cholera patients.
- Following coordination with the Yemen WASH Cluster, WASH partners volunteer to collect CIF data to inquire about positive and potential cases.

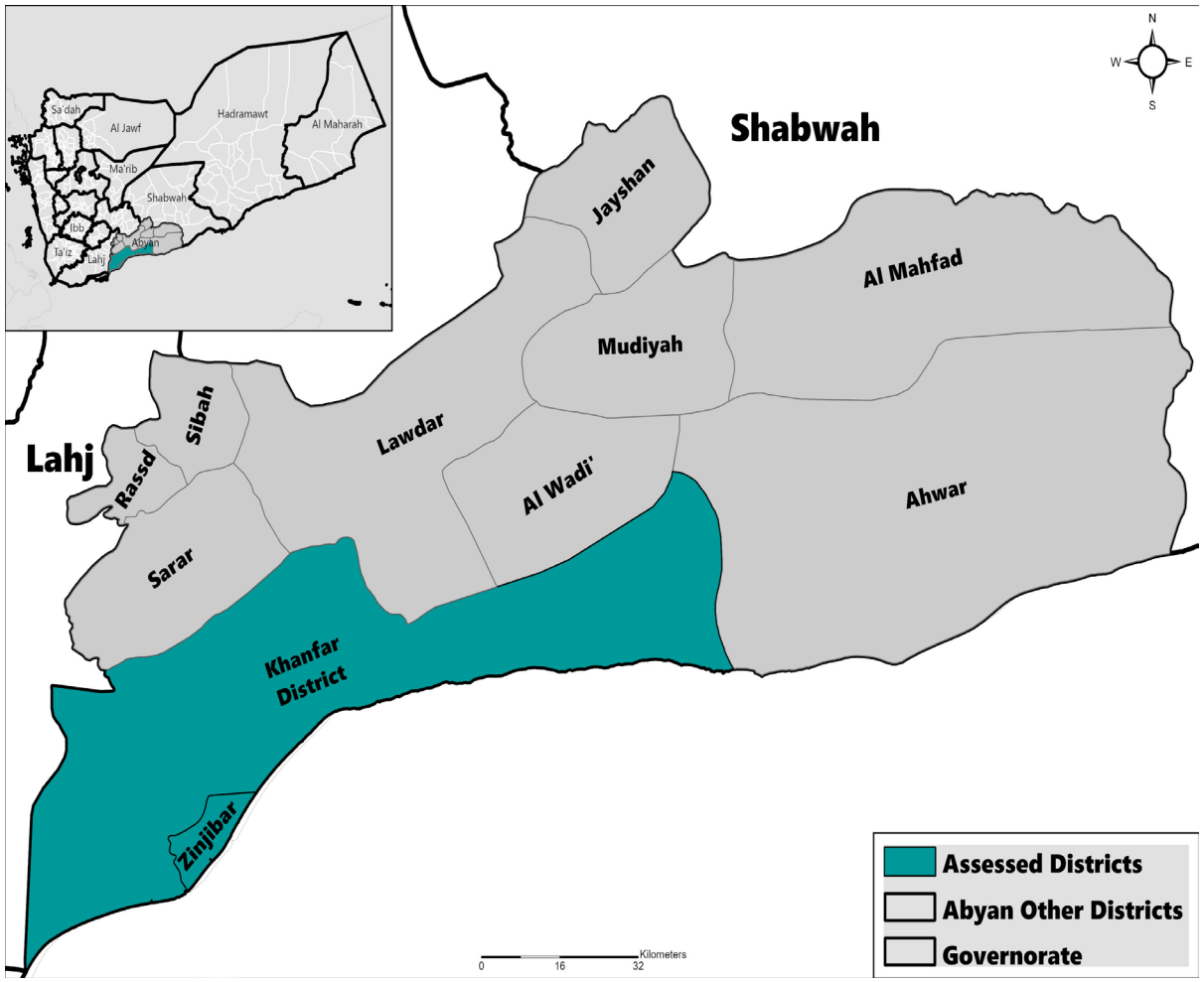
## POPULATION OF INTEREST

- All households (HH) members, people from host communities, displaced populations, refugees, and migrants who are suspected of having cholera and have visited a medical centre due to illness.
- Ideally, and if there are enough resources available, the form should be used for all people who seek treatment for Acute Watery Diarrhea (AWD) at the health center / Diarrhea Treatment Center (DTC) when a cholera outbreak is suspected in the area.

02

# Demographics

# Cholera Cases Demographics




- The following key findings were derived from 34 patient-level interviews conducted through the CIF tool in **May 2024, collected by CARE International.**
- **11 patients tested positive for cholera, while the rest of the 23 have not received their cholera test results yet.**
- Locations of the 34 cases are in 2 districts in **Abyan governorate**, and the districts are: Khanfar and Zinjibar.
- **30 patients** live **within 2 km of the medical center** visited for treatment, while the other 4 patients **did not know** the distance.

| Male cases: | Female cases: |
|---|---|
| 11 cases | 23 cases |

- All cases have between **1-12 members** living in their household.
- 27 out of the 34 patients reported being **unaware** of other confirmed/suspected cases in the same neighborhood.
- Three confirmed case indicated the **presence of cholera symptoms** in a one-year-old female (n=2) and one-year-old male (n=1) household member.
- Only one patient reported **travelling to different locations** while having symptoms.

# 03

# Main Findings

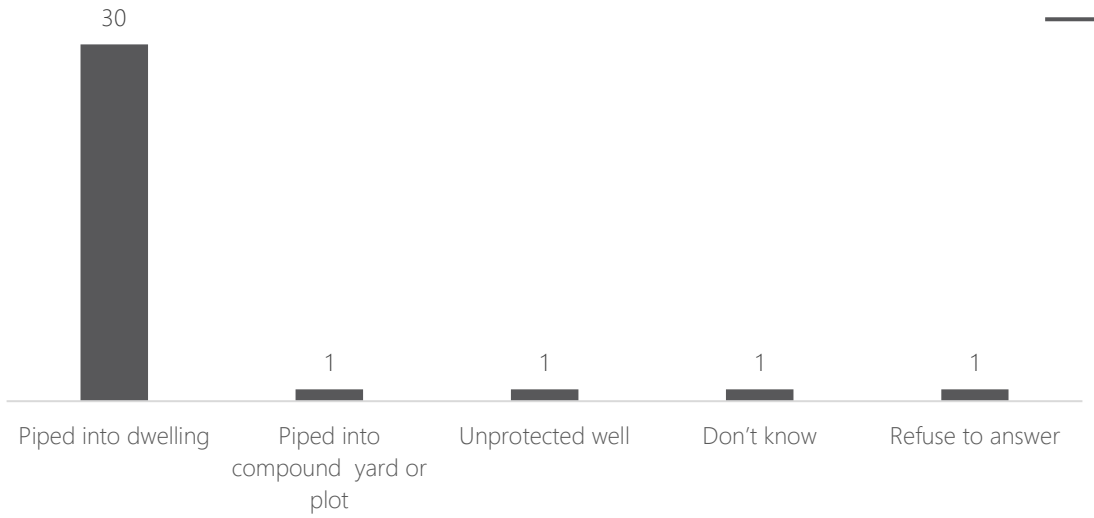
# 03.1

# Risk Factors

# WASH Practices

Key Findings

## Main source of drinking water reported by patients. (n=34)




The majority (31 out of 34 patients) reported using Improved water sources as their main source of drinking water. Also, 7 patients reported using secondary source of drinking water such as: piped water into compound (n=5), borehole (n=1), bottled water (n=1), cart with small tank (n=1), and public tap or standpipe (n=1).

22 patients reported using Jerrycan as a common water storage method in the HH. In addition to that, 7 patients reported using underground water tank to store water, and 3 patients reported using roof water tanks. The last 3 patients reported that they didn't know what type of water storage do they use (n=2) and no water storage in the HH (n=1).

## Water Treatment Practices:

**4/34**

Patients reported treating their water using any method to make it safer to drink.

## Handwashing Practices

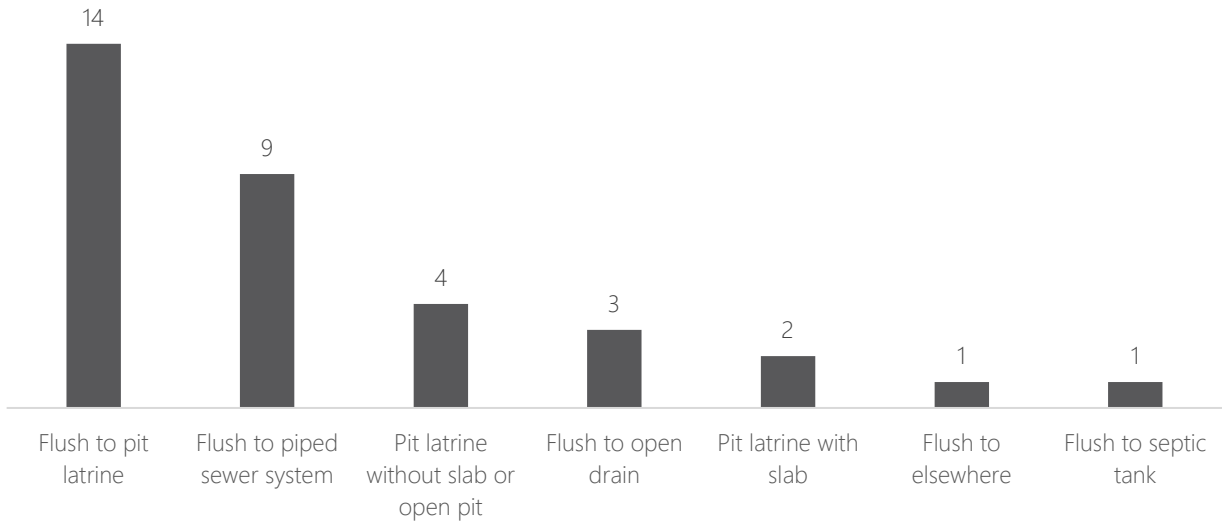
- Patients who reported washing their hands reported doing so usually before eating (n=30) using a fixed facility tap in their dwelling or fixed facility in the plot. Of these patients, 24 reported that they never / occasionally had soap in the houses due to the following reasons: *
  - 15 Patients reported that soap is expensive
  - 11 Patients reported that they run out of soap
  - 5 Patients reported that soap is unnecessary.
  - 4 Patients reported that market is too far
- One patient reported rarely washing their hands and lacked a dedicated handwashing device.

*Multiple answers could be selected

# WASH Practices

Key Findings

## Type of sanitation facility reported being used by the patient. (n=34)




26 patients reported using Improved sanitation facilities for their household. 16 Patients mentioned doing open defecation and the most common type **of sewage system that is connected to the house** was **open latrine (N=6) and public network (n=6)**.

In the past 30 days, **solid waste/trash** was frequently (n=11) and sometimes (n=17) observed by the patients, while **human faeces** were frequently (n=10) and sometimes (n=14) visible. Additionally, **stagnant water** was frequently (n=10) and sometimes (n=16) observed in the vicinity of their accommodation.

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## Environmental Sanitation Systems:

# 28/34

Patients reported that there is **occasional/ frequent overflowing sewage** in the vicinity of the accommodation in the last 30 days, most reported a **sewer pit as the source of the sewage**.

## Social Behaviors

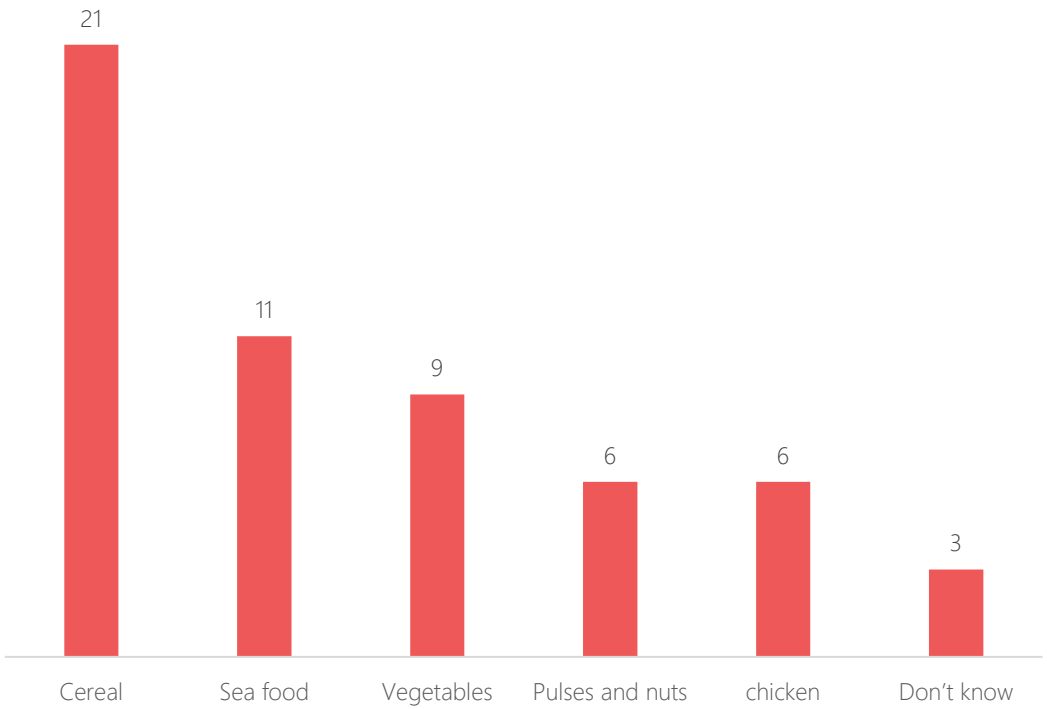
1 patient out of 34 patient reported **visiting a sick person** in a health facility the week before experiencing symptoms.

3 patients out of 34 patients reportedly **attended a funeral ceremony** in the week before experiencing symptoms. **2 of the patients** reported that the deceased has die from cholera.

# Food Consumption



## Types of foods consumed by patients in the week before the start of symptoms (n=34)*




*Multiple answers could be selected

**Hygiene Practices:**

**18/31**

Patients reported washing fruits and vegetables before consumption, using untreated water.

- 1 patient out of 34 patients reported buying **food from a restaurant** in the week before the first symptoms.
- 1 patient out of 34 patients reported **buying food from a street kiosk** in the week before first experiencing symptoms.

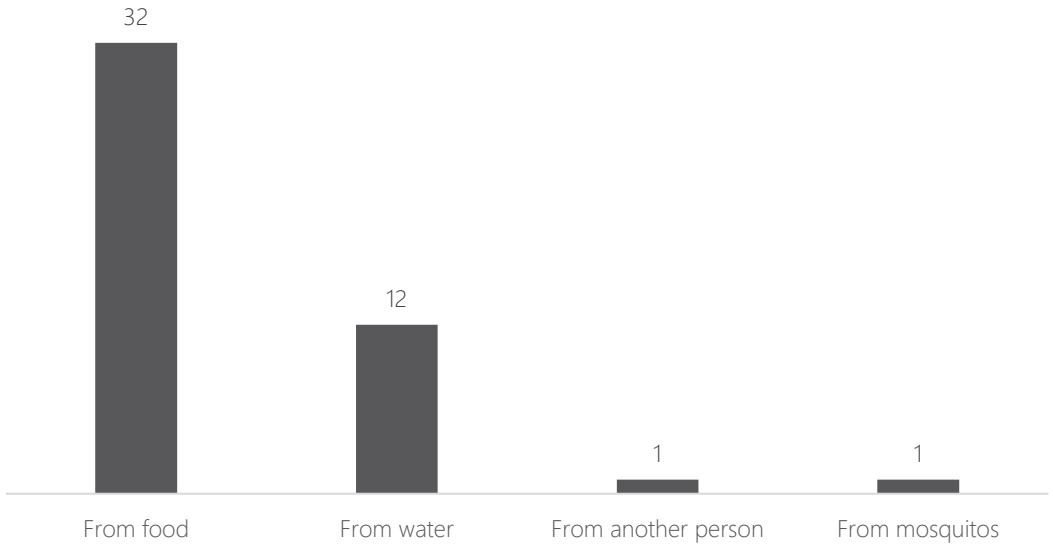
# 03.2

# Health Education

# Health Education



## Patient perceived source of illness (n=34)*

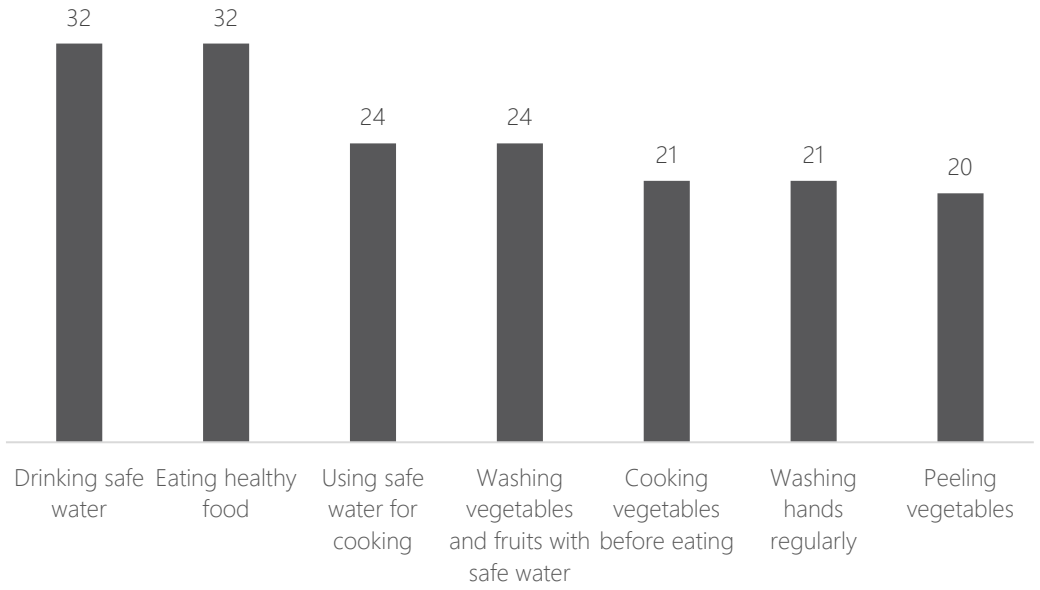



19 out of 34 patients reported having received education about cholera in the past 12 months. The most reported sources of information reported were **family or friends, health facility, or from a community volunteer.**

*Multiple answers could be selected

32 patients out of 34 reported that **drinking safe water and eating healthy food would help to prevent cholera**. Other ways to prevent cholera or acute water diarrhea were reported by the patients as shown in the chart below.

## Patient perceived methods of cholera prevention (n=34)*



# Limitations

- Data collection partners raised some concerns regarding **difficulties in accessing patient lists** from health facilities to facilitate interviews. This challenge, coupled with reliance on health center data, poses obstacles to effectively conducting interviews.
- In December 2023, a joint report on cholera by the WASH and Health Cluster revealed that approximately 36% (1,262) of suspected cholera cases involved children under the age of five. However, the CIF tool restricts partners to interviewing only individuals aged 18 and older. Consequently, cases involving **individuals under 18 may be overlooked**, potentially impacting coverage and comprehension of the total suspected cases within the assessed areas.
- Patients might encounter **challenges in recalling specific details** about locations visited or individuals encountered.
- Respondents might be reluctant to disclose personal information or details regarding their illness or sick family members due to privacy concerns, **cultural or traditional sensitivities**.
- There might be constraints on following up with patients for clarifications or additional information (especially migrants/refugees) , which could result in having **incomplete data**.
- The **timeframe** between sharing the patient's name to the WASH partner and actually reaching the patient could be substantial, potentially resulting in the patient being in a different location upon arrival of the partner/enumerators. Additionally, since the WASH partner should conduct the interview within **two weeks** of the patient's discharge from the health facility, any delays could impact the accuracy and reliability of the information collected.
- Given the constraints **of limited resources and funding allocation,** coupled with the unexpected nature of the cholera outbreak outside partners' response planning strategy, we encounter **challenges in expanding the coverage** and assessing additional locations

# Thank you for your attention

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