

## The life and death struggle against cholera in Yemen

Ali\* is three years old. He's severely acutely malnourished. Now, doctors suspect he has contracted cholera in his village and is likely to die within days or even hours if he does not receive treatment.

*A savage war has been raging across Yemen for more than two years; much of the country's infrastructure has been destroyed; and almost 15 million people do not have access to basic healthcare. The country is now gripped by the worst cholera epidemic ever recorded. More than 2,000 people have died since late April from the highly contagious bacterial infection, which can kill within hours if left untreated. There have been nearly a million suspected cases of cholera in Yemen and on average 5,000 new cases are recorded a day.*



Figure 1: Ali with his mother, Taiba, in RI's cholera treatment facility

When Taiba\* arrives with her son, Ali, at Relief International's (RI's) cholera treatment facility, she is visibly exhausted. She carried him for one hour to get here because he had vomiting and diarrhea all night. Although the facility is open 24 hours to receive emergencies, it is too dangerous to travel at night without her husband, who had to leave to find work in another area.

\*\* Beneficiaries' names have been changed to protect their identity.



Just three weeks ago, many people in Taiba's village caught malaria. Now it seems cholera has got into the water supply. Although she knows there is cholera in her village, she does not know what causes it or how to prevent it. She tells me her two young cousins died from cholera only days ago because they could not get to a hospital.

Millions of people in Yemen live in rural villages, just like Taiba, without access to electricity, running water, or transportation. The war has had a devastating toll on those most vulnerable people: half a million children face severe malnutrition as a result of diarrheal diseases and major food shortages and 7 million people do not know where their next meal will come from – making them even more susceptible to illnesses. In this context, when deadly diseases spread through the countryside, people simply cannot get help in time. Now gripped by the worst cholera epidemic in modern history, people are desperate for even the most basic medical care and resources.



*Figure 2: Most of Yemen is remote and very undeveloped. Pictured here: the district capital, which is more than an hour's drive from Taiba's village*

With emergency funding from the UN Children's Fund (UNICEF), RI has established 45 emergency cholera treatment centers to treat people suffering from de-hydration. We are the only humanitarian actor operating in these locations and we're saving the lives of more than 250 people every day.

With funding from another donor, RI trained volunteers from the communities and they went from village to village educating people on how to prevent cholera and where to go to seek help. This is how Taiba heard about the services



provided at RI's facility. Before we opened this treatment center, people from her village would have no choice but to travel more than an hour's drive to the nearest hospital.

**“If RI had not opened this treatment center, I would not have been able to take Ali to hospital because I cannot afford to get there. I would have looked after him at home but I know he would probably have died.” – Taiba, Ali's mother.**

As Ali was severely acutely malnourished and had suspected cholera, he was at extreme risk. Cholera causes diarrhea and vomiting that often leads to death from dehydration within hours – especially for children who have already been weakened by malnutrition or other illnesses. For such high risk cases, RI has a car and driver on hand at all times to transfer the patient to the nearest hospital. As soon as Ali was re-hydrated, we drove him and his mother to the hospital and paid for any costs they would otherwise have had to pay for, including their food.

At the hospital, Ali was given IV fluid, antibiotics, and a nutrient-rich milk-based formula. Once he had stabilised, RI picked him and his mother up from the hospital and took them home. Taiba is now taking Ali to a government-run health facility every week, where he is given a supply of the peanut-based nutrition supplement, Plumpy'nut. His mid-upper arm circumference (used to measure malnutrition) has increased from 10.5 to 11.4 cm, meaning he is just 1 mm away from getting out of the 'red zone' of malnutrition.



Figure 3: The nurse in RI's facility measuring Ali's mid-upper arm circumference to check his level of malnutrition



Figure 4: Ali back at his house with his brother after RI took him home from hospital

RI's emergency cholera response project finished on 30 September and the facilities have all closed. Although the number of cholera cases are

starting to decline, there are still a huge need for these services. RI has applied to UNICEF for additional funding to reopen the facilities and continue this life-saving work.

Amet-Allah is a midwife at RI's health facility where Ali was initially treated. She told me:

**“RI and UNICEF are doing an amazing job here. We have already saved a lot of lives. We have not been paid by the government for months but with the incentives we receive through this project, we can afford to come and work every day to save lives and that is enough reward in itself.”**