WASH Cluster
Water Sanitation Hygiene

Yemen WASH Cluster

WASH Cholera Response Lessons Learned Meeting

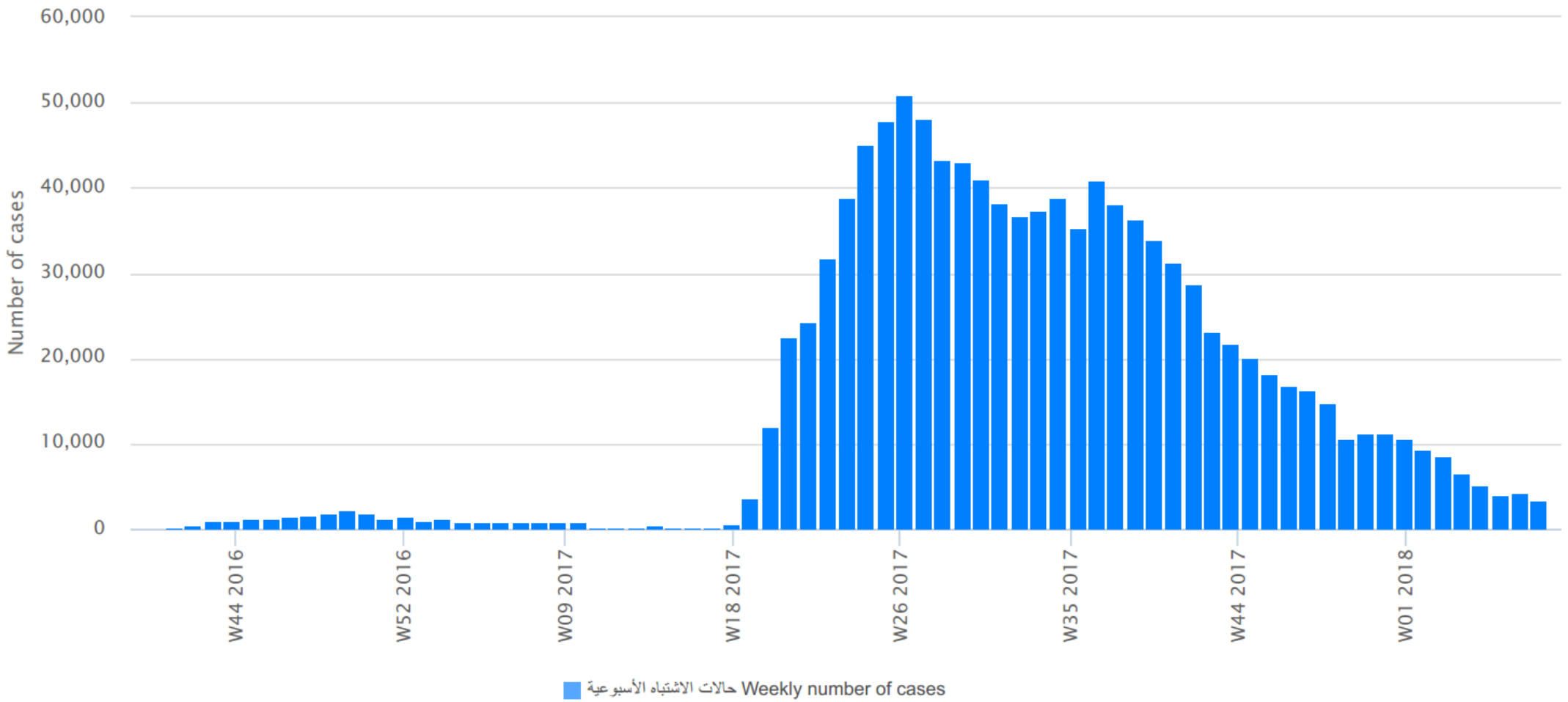
<14 /02/ 2018>

WASH Cluster response in 2017

- Background/Summary:
  - In 2015 Yemen descended into a full scale conflict that has led to collapse of its health care system and other essential social economic services and systems.
  - On October 06, 2016 Ministry of public health and population confirmed an outbreak of cholera in Yemen.
  - Between April 27, 2017 & February 10, 2018 suspected cholera cases had reached 1,058, 702 with 2,256 associated deaths, 0.21% CRF (Case fatality rate). 22 out 23 governorates (96%) had been affected.
- Two waves of cholera outbreak have so far have happened with the second one much more devastating.
  - Cases started going down and the WASH cluster conducted a assessment to document lessons learned.
- Civil servants (in WASH and health related ministries) are not paid regularly.

WASH Cluster response in 2017

Figure 1 | Epidemic curve (Country)



Epidemiological data and Coordination:

- **Epidemiological Data:** Epi data was not always available on time, but if shared it was considered very useful. Some partners have problems with lack WASH partners prefer to receive more information on the transmission context.
- **Coordination:** Some meetings were too crowded (too many partners). Some partners suggest more focus on smaller TWiG meetings instead of bigger meetings. There was confusion in the roles and responsibilities between WASH & Health.
- There were locations where there was no health partner yet WASH sector was present.

Capacity to respond:

- 47 partners reported Cholera WASH activities in 2017.
- Majority of beneficiaries reached through upstream water and sanitation system support (O&M, chlorination water supply & HP).
- Cholera kit distribution took long to scale up and the response peak for distribution was only in October and November of 2017.
- Supplies prepositioned by partner themselves increases the speed of response (not relying on UNICEF).
- It is useful to have RRTs on standby for a next outbreak / new cases.
- Partners should have emergency funding available as part of preparedness.
- Access challenges delayed implementation (security, travel authorization, rough roads, remote villages).
- Needs were more than the capacity / resources available. Funding gaps limited the response.
- Partners would like more training (no topics specified).

Monitoring the response – quality, appropriateness, timeliness:

- 16 out of 25 partners who responded to the survey conducted post distribution monitoring. 13 out of 25 partners who responded to the survey conducted Free Residual Chlorine testing, although it is not clear if all partners conducted the testing at household level.
- In the PDM, some beneficiaries mentioned they preferred other items (food!), others were very happy with the supplies received. This indicates a need for an integrated approach in the next interventions.
- Beneficiary feedback included that people had challenges to adopt hygiene practices because of limited availability of water.
- PDM is difficult if a kit is provided in the DTC (follow up visit at HH needs a mobile team).
- Acceptance of household chlorine tablets differs per location.

Community engagement approaches:

- Health and WASH RRTs are in place, but tasks and responsibilities in terms of C4D are not clear.
- There is a Community Engagement Working Group (CEWG) coordinated by OCHA. This group should be active and include cholera response in their discussions.
- WASH and health cluster coordination tried to include C4D as part of the response, but there should be more attention for C4D.
- Access and security situation continues to be a challenge more top level advocacy needed to solve the political situation.
- Partners use different fees and incentive to pay community volunteers.
- Some partners are distributing different hygiene kits, which creates confusion with beneficiaries.

WASH cluster guidance on prioritization for cholera preparedness, prevention and response:

- There is a lack of understanding by WASH partners on the different approaches for response, preparedness and prevention. Need for capacity building.
- One of the partners shared their experience of using community action plan as a useful tool to work with community on linking response with preparedness and prevention (e.g. community surveillance and active treatment seeking behaviors observed)
- Partners reported that limited and short term funding and challenges with access are hindering for longer term prevention activities
- Sometimes the context is challenging to provide communities at risk of cholera with sustainable access to safe water, especially in coastal areas where water salinity is a challenge. Innovative approaches are needed.

Recommendations for preparedness Response, and Prevention:

- Linking between response and prevention: sustainable/durable solutions for water and sanitation in rural and urban areas should be prioritized.
- Local Water and Sanitation Corporations should be supported (fuel, spare parts, salaries) to effectively operate and manage WASH and Health systems.
- Focus on resolving underlying issues including advocacy for solving political stalemate in Yemen, solving structural problems (MoH and WASH systems) is key.
- Community engagement should be considered as part of response and prevention.
- Tools and templates should be in place and partners should be trained to support monitoring, assessment and technical capacity of partners to respond to cholera
- Capacity building of staff and partners needed.Partners should ensure their staff are skilled and trained to respond to cholera (possibly have a pool or roster to quickly hire capable staff)

Recommendations for preparedness Response, and Prevention - contn:

- Vendors / market actors mapping, market surveillance (cluster to support information sharing)
- Prepositioning of supplies at field level.
- Agreements (framework) in place with suppliers and vendors for quick delivery of critical supplies.
- Communication plan in place with key cholera messages that include response to rumors on OCV. Possibly the cluster can facilitate joint validation of key messages and materials. Partners should be training on community engagement.
- Key informant networks at village/district level (partners should take lead in areas where they work)
- Partners should have their own cholera preparedness and response plan in place and be able to activate it immediately in case new cases are reported.

Yemen has so far gone through 2 cholera outbreak waves, the 3rd wave is likely. Are we well prepared for the next wave??

Many Thanks……..