GLOBAL TASK FORCE ON
CHOLERA CONTROL

WASH ASSESSMENT IN CHOLERA HOTSPOTS
GTFCC WASH WG MEETING — 9-10 MARCH 2022

IFRC / CDC / UNICEF

WASH ASSESSMENT IN CHOLERA HOTSPOTS

Expression of needs – planning (and costing) WASH interventions

- Identify priority areas – ranking based on WASH vulnerability ?
- Understand baseline situation and efforts needed to reach targets
- Define intervention type and associated costs
- Mobilise the WASH sector and provide orientations for interventions
- Use the results for advocacy and resource mobilisation

WASH ASSESSMENT IN CHOLERA HOTSPOTS

Identification of priority areas for WASH investments

Cholera does not affect every part of the country the same
Cholera hotspots are places where cholera tend to be reported regularly of with high frequency compared to other areas
Identification of those areas allow to target efforts to control cholera
NCPs (national cholera control plans) will focus on cholera hotspots

However, costs may still be very high (especially for long term WASH investments) and we may still need to prioritize or phase interventions

> Proposition to use WASH baseline data to estimate costs of WASH investments in cholera hotspots and prioritize / phase interventions
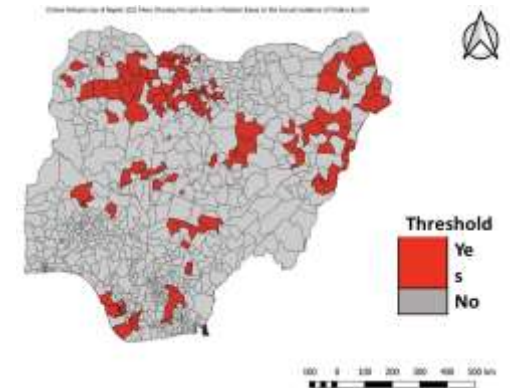
WASH ASSESSMENT IN CHOLERA HOTSPOTS

Identification of priority areas for WASH investments

Grading and prioritization of hotspots ?

1st step - hotspot identification / prioritization based on epidemiological data and risk / burden of cholera

2nd step – prioritize/phase in which hotspots to focus WASH investments based on WASH vulnerability

Gather WASH baseline data (access to water service, quality of water, open defecation, access to sanitation, hygiene)

Define a methodology (scoring ?) to assess WASH vulnerability for diarrheal disease / cholera risk

Rank hotspots with regard to their relative WASH vulnerability score

Ex. of a weighting scale for WASH vulnerability:

WASH SCORE	<20%	20 - 40%	40 - 60%	60 - 80%	> 80%
% Population with access to (improved) water services on premises	4	3	2	1	0
% Population using safe drinking water ("zero" E. Coli / FRC > 1mg/L)	4	3	2	1	0
% Population using improved (unshared) toilets	4	3	2	1	0
% Population practicing open defecation	1	2	3	4	5
% Population practicing handwashing (HWS, water, soap observed)	4	3	2	1	0

WASH ASSESSMENT IN CHOLERA HOTSPOTS

Identification of priority areas for WASH investments

Ranking of cholera hotspots based on WASH vulnerability ?

Ranking cholera hotspot districts based on WASH vulnerability score

> Higher vulnerability districts at the top

Admin 2	Water -	Water q	Sanitatic	Hygiene	Open De	Wat	Wat	Sani	Hyg	Ope	SCORE
Centenary	10,4%	12,8%	32,8%	19,5%	42,6%	4	4	3	4	3	18
Gokwe North	3,1%	6,8%	25,9%	13,0%	55,5%	4	4	3	4	3	18
Bikita	10,6%	15,8%	42,5%	19,1%	42,5%	4	4	2	4	3	17
Guruve	7,1%	19,9%	39,2%	16,9%	38,7%	4	4	3	4	2	17
Buhera	11,1%	14,5%	44,3%	19,8%	40,0%	4	4	2	4	2	16
Kariba	28,2%	33,3%	19,9%	35,7%	41,6%	3	3	4	3	3	16
Mt Darwin	5,6%	12,4%	42,3%	15,5%	39,9%	4	4	2	4	2	16
Mudzi	8,1%	22,5%	42,5%	18,1%	41,7%	4	3	2	4	3	16
Beitbridge	28,8%	26,7%	25,9%	34,4%	47,9%	3	3	3	3	3	15
Shamva	19,5%	27,7%	33,1%	28,2%	33,9%	4	3	3	3	2	15
UMP	6,0%	23,1%	43,0%	15,4%	38,2%	4	3	2	4	2	15
Chipingue	31,9%	35,0%	34,2%	39,4%	27,0%	3	3	3	3	2	14
Chiredzi	36,3%	36,2%	21,2%	42,8%	44,5%	3	3	3	2	3	14
Makonde	28,2%	35,6%	26,4%	35,9%	30,8%	3	3	3	3	2	14
Nyanga	19,2%	26,8%	58,9%	28,7%	20,1%	4	3	2	3	2	14
Bindura	39,1%	35,5%	27,5%	45,1%	22,0%	3	3	3	2	2	13
Mazowe	30,8%	35,2%	37,4%	33,5%	17,8%	3	3	3	3	1	13
Harare	52,7%	58,2%	8,5%	61,2%	2,1%	2	2	4	1	1	10
Mutare	50,2%	56,4%	34,1%	59,0%	15,8%	2	2	3	2	1	10
Chimanimani	40,4%	45,4%	55,8%	42,3%	19,6%	2	2	2	2	1	9

WASH ASSESSMENT IN CHOLERA HOTSPOTS

Identification of priority areas for WASH investments

Ranking of cholera hotspots based on WASH vulnerability ?

**Ranking cholera hotspot districts based on WASH vulnerability score**

> Higher vulnerability districts at the top

> Districts can be grouped by vulnerability score (Phased approach)

For ex:

Group - Priority 1 = Score 17 & 18

Admin 2	Water	Water q	Sanitatio	Hygiene	Open De	Wat	Wat	Sani	Hyg	Ope	SCORE
Centenary	10,4%	12,8%	32,8%	19,5%	42,6%	4	4	3	4	3	18
Gokwe North	3,1%	6,8%	25,9%	13,0%	55,5%	4	4	3	4	3	18
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WASH ASSESSMENT IN CHOLERA HOTSPOTS

Identification of priority areas for WASH investments

Ranking of cholera hotspots based on WASH vulnerability ?

Ranking cholera hotspot districts based on WASH vulnerability score

> Higher vulnerability districts at the top

> Districts can be grouped by vulnerability score (Phased approach)

For ex:

Group - Priority 1 = Score 17 & 18
Group - Priority 2 = Score 15 & 16
Group - Priority 3 = Score 14 or less

Admin 2	Water	Water q	Sanitatic	Hygiene	Open De	Wat	Wat	Sani	Hyg	One	SCORE
Centenary	10,4%	12,8%	32,8%	19,5%	42,6%	4	4	3	4	3	18
Gokwe North	3,1%	6,8%	25,9%	13,0%	55,5%	4	4	3	4	3	18
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Beitbridge	28,8%	26,7%	25,9%	34,4%	47,9%	3	3	3	3	3	15
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WASH ASSESSMENT IN CHOLERA HOTSPOTS

Estimation of costs associated with WASH improvements

➢ Gather WASH baseline data for each hotspots
➢ Define an objective / desired target to reach for each WASH service (Eg. 80% coverage)
➢ Use a (magic) formula to estimate the cost of reaching the desired level of service starting from the baseline level – such as the SDG cost calculator – or any other cost calculator
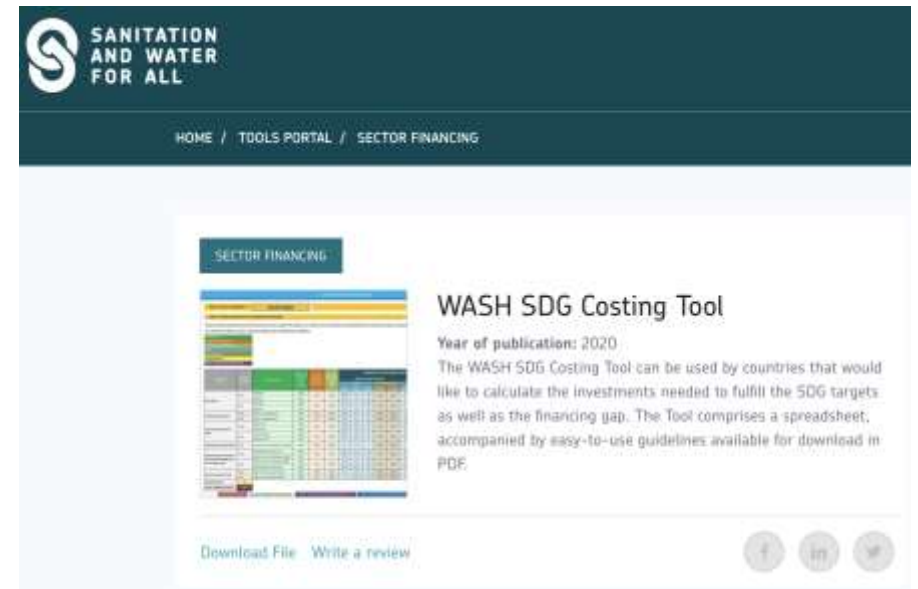
WASH ASSESSMENT IN CHOLERA HOTSPOTS
Estimation of costs associated with WASH improvements

Inputs needed for the estimation

➤ **WASH service coverage baseline level**
(ideally per urban / rural strata as costs vary according to the context)

➤ **Population in each hotspot**
(and per urban / rural strata)

➤ **WASH service coverage desired target** (80% ?)

SERVICE	RURAL / URBAN	SERVICE COVERAGE LEVEL (BASELINE)	COVERAGE TARGET 2030
At least Basic Water (Basic + Safely managed)	Urban	77%	80%
	Rural	41%	80%
Safely Managed Water	Urban	55%	50%
	Rural	10%	50%
At least Basic Sanitation (Basic + safely managed)	Urban	69%	80%
	Rural	23%	80%
Safely Managed Sanitation	Urban	24%	50%
	Rural	5%	50%
Handwashing with soap	Urban	68%	80%
	Rural	11%	80%
Population exempt from OD	Rural	57%	80%

WASH ASSESSMENT IN CHOLERA HOTSPOTS

Estimation of costs associated with WASH improvements

	Existing Level of Services at baseline (2019)											Annual capital costs of reaching unserved population to achieve desired service levels by 2030, in million USD									
	WATER At least Basic (basic + safely managed)		WATER Safely managed		SANITATION At least basic (basic + safely managed)		SANITATION safely managed		HANDWASHING		Population exempt from OD				Universal Basic Service				Universal Safely Managed Service			
Admin 2	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Rural	TOTAL COST	NDING OD	Water	Sanitation	Hygiene	WASH	Water	Sanitation	WatSan	6.1 + 6.2
Centenary	77%	41%	55%	10%	69%	23%	24%	5%	47%	12%	53%	19,3	0,04	0,26	0,39	0,06	0,71	3,99	1,77	5,76	6,34
Gokwe North	45%	32%	15%	4%	36%	9%	18%	7%	41%	14%	59%	44,5	0,1	0,6	0,9	0,1	1,6	9,2	4,1	13,2	14,6
Bikita	34%	23%	4%	1%	24%	2%	12%	2%	35%	9%	65%	25,1	0,1	0,3	0,5	0,1	0,9	5,2	2,3	7,5	8,2
Guruve	76%	64%	46%	12%	76%	26%	38%	22%	61%	29%	39%	12,6	0,0	0,2	0,3	0,0	0,5	2,6	1,2	3,7	4,1
Buhera	34%	22%	4%	1%	23%	2%	12%	2%	35%	9%	66%	1,9	0,0	0,0	0,0	0,0	0,1	0,4	0,2	0,6	0,6
Kariba	54%	42%	24%	6%	48%	14%	24%	11%	47%	18%	53%	61,9	0,1	0,8	1,2	0,2	2,3	12,8	5,7	18,4	20,3
Mt Darwin	32%	5%	2%	1%	6%	1%	3%	1%	26%	8%	74%	40,6	0,1	0,5	0,8	0,1	1,5	8,4	3,7	12,1	13,3
Mudzi	63%	51%	33%	8%	59%	19%	30%	16%	53%	23%	47%	7,7	0,0	0,1	0,2	0,0	0,3	1,6	0,7	2,3	2,5
Beitbridge	64%	52%	34%	9%	61%	20%	30%	16%	53%	23%	47%	25,1	0,1	0,3	0,5	0,1	0,9	5,2	2,3	7,5	8,2
Shamva	33%	21%	3%	1%	22%	2%	11%	1%	34%	8%	66%	15,5	0,0	0,2	0,3	0,1	0,6	3,2	1,4	4,6	5,1
UMP	49%	37%	19%	5%	42%	11%	21%	9%	44%	16%	56%	9,7	0,0	0,1	0,2	0,0	0,4	2,0	0,9	2,9	3,2
Chipingue	66%	54%	36%	9%	63%	21%	32%	17%	55%	24%	46%	19,3	0,0	0,3	0,4	0,1	0,7	4,0	1,8	5,8	6,3
Chiredzi	34%	22%	4%	1%	23%	2%	12%	2%	35%	9%	66%	69,6	0,1	0,9	1,4	0,2	2,6	14,4	6,4	20,7	22,8
Makonde	54%	42%	24%	6%	48%	14%	24%	11%	47%	18%	53%	15,5	0,0	0,2	0,3	0,1	0,6	3,2	1,4	4,6	5,1
Nyanga	32%	20%	2%	1%	21%	1%	10%	1%	33%	8%	67%	21,3	0,0	0,3	0,4	0,1	0,8	4,4	1,9	6,3	7,0
Bindura	40%	28%	10%	3%	31%	6%	15%	5%	38%	12%	62%	61,9	0,1	0,8	1,2	0,2	2,3	12,8	5,7	18,4	20,3
Mazowe	45%	33%	15%	4%	37%	9%	18%	7%	41%	14%	59%	4,1	0,0	0,1	0,1	0,0	0,2	0,8	0,4	1,2	1,3
Harare	94%	82%	64%	16%	98%	37%	49%	30%	72%	37%	28%	237,8	0,5	3,2	4,8	0,8	8,8	49,1	21,8	70,8	78,0
Mutare	76%	64%	46%	12%	76%	26%	38%	22%	61%	29%	39%	48,3	0,1	0,7	1,0	0,2	1,8	10,0	4,4	14,4	15,9
Chimanimani	39%	27%	9%	2%	29%	5%	15%	4%	38%	11%	62%	87,0	0,2	1,2	1,8	0,3	3,2	17,9	8,0	25,9	28,5
TOTAL COST												**809,2**	**1,7**	**10,9**	**16,3**	**2,7**	**29,9**	**166,9**	**74,1**	**241,1**	**265,5**

WASH ASSESSMENT IN CHOLERA HOTSPOTS

Estimation of costs associated with WASH improvements

	Existing Level of Services at baseline (2019)											Annual capital costs of reaching unserved population to achieve desired service levels by 2030, in million USD										
	WATER At least Basic (basic + safely managed)		WATER Safely managed		SANITATION At least basic (basic + safely managed)		SANITATION safely managed		HANDWASHING		Population exempt from OD			Universal Basic Service				Universal Safely Managed Service			
Admin 2	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Rural	TOTAL COST	ENDING OD	Water	Sanitation	Hygiene	WASH	Water	Sanitation	WatSan	6.1 + 6.2
Centenary	77%	41%	55%	10%	69%	23%	24%	5%	47%	12%	53%	19,3	0,04	0,26	0,39	0,06	0,7	3,99	1,77	5,76	6,34
Gokwe North	45%	32%	15%	4%	36%	9%	18%	7%	41%	14%	59%	44,5	0,1	0,6	0,9	0,1	1,6	9,2	4,1	13,2	14,6
Bikita	34%	23%	4%	1%	24%	2%	12%	2%	35%	9%	65%	25,1	0,1	0,3	0,5	0,1	0,9	5,2	2,3	7,5	8,2
Guruve	76%	64%	46%	12%	76%	26%	38%	22%	61%	29%	39%	12,6	0,0	0,2	0,3	0,0	0,5	2,6	1,2	3,7	4,1
Buhera	34%	22%	4%	1%	23%	2%	12%	2%	35%	9%	66%	1,9	0,0	0,0	0,0	0,0	0,0	0,4	0,2	0,6	0,6
Kariba	54%	42%	24%	6%	48%	14%	24%	11%	47%	18%	53%	61,9	0,1	0,8	1,2	0,2	2,2	12,8	5,7	18,4	20,3
Mt Darwin	32%	5%	2%	1%	6%	1%	3%	1%	26%	8%	74%	40,6	0,1	0,5	0,8	0,1	1,4	8,4	3,7	12,1	13,3
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Beitbridge	64%	52%	34%	9%	61%	20%	30%	16%	53%	23%	47%	25,1	0,1	0,3	0,5	0,1	0,9	5,2	2,3	7,5	8,2
Shamva	33%	21%	3%	1%	22%	2%	11%	1%	34%	8%	66%	15,5	0,0	0,2	0,3	0,1	0,6	3,2	1,4	4,6	5,1
UMP	49%	37%	19%	5%	42%	11%	21%	9%	44%	16%	56%	9,7	0,0	0,1	0,2	0,0	0,4	2,0	0,9	2,9	3,2
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Makonde	54%	42%	24%	6%	48%	14%	24%	11%	47%	18%	53%	15,5	0,0	0,2	0,3	0,1	0,6	3,2	1,4	4,6	5,1
Nyanga	32%	20%	2%	1%	21%	1%	10%	1%	33%	8%	67%	21,3	0,0	0,3	0,4	0,1	0,8	4,4	1,9	6,3	7,0
Bindura	40%	28%	10%	3%	31%	6%	15%	5%	38%	12%	62%	61,9	0,1	0,8	1,2	0,2	2,2	12,8	5,7	18,4	20,3
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Admin 2																					
Centenary	77%	41%	55%	10%	69%	23%	24%	5%	47%	12%	53%	19,3	0,04	0,26	0,39	0,06	0,71	3,99	1,77	5,76	6,34
Gokwe North	45%	32%	15%	4%	36%	9%	18%	7%	41%	14%	59%	44,5	0,1	0,6	0,9	0,1	1,6	9,2	4,1	13,2	14,6
Bikita	34%	23%	4%	1%	24%	2%	12%	2%	35%	9%	65%	25,1	0,1	0,3	0,5	0,1	0,9	5,2	2,3	7,5	8,2
Guruve	76%	64%	46%	12%	76%	26%	38%	22%	61%	29%	39%	12.6	0.0	0.2	0.3	0.0	0.5	2.6	1.2	3.7	4.1
Buhera	34%	22%	4%	1%	23%	2%	12%	2%	35%	9%	66%	1,9	0,0	0,0	0,0	0,0	0,1	0,4	0,2	0,6	0,6
Kariba	54%	42%	24%	6%	48%	14%	24%	11%	47%	18%	53%	61,9	0,1	0,8	1,2	0,2	2,3	12,8	5,7	18,4	20,3
Mt Darwin	32%	5%	2%	1%	6%	1%	3%	1%	26%	8%	74%	40,6	0,1	0,5	0,8	0,1	1,5	8,4	3,7	12,1	13,3
Mudzi	63%	51%	33%	8%	59%	19%	30%	16%	53%	23%	47%	7,7	0,0	0,1	0,2	0,0	0,3	1,6	0,7	2,3	2,5
Beitbridge	64%	52%	34%	9%	61%	20%	30%	16%	53%	23%	47%	25,1	0,1	0,3	0,5	0,1	0,9	5,2	2,3	7,5	8,2
Shamva	33%	21%	3%	1%	22%	2%	11%	1%	34%	8%	66%	15,5	0,0	0,2	0,3	0,1	0,6	3,2	1,4	4,6	5,1
UMP	49%	37%	19%	5%	42%	11%	21%	9%	44%	16%	56%	9,7	0,0	0,1	0,2	0,0	0,4	2,0	0,9	2,9	3,2
Chipinge	35%	24%	5%	1%	25%	3%	13%	2%	35%	9%	48%	23,2	0,0	0,3	0,4	0,2	0,7	4,8	2,2	6,9	6,5
Chiredzi	34%	22%	4%	1%	23%	2%	12%	2%	35%	9%	66%	69,6	0,1	0,9	1,4	0,2	2,6	14,4	6,4	20,7	22,8
Makonde	54%	42%	24%	6%	48%	14%	24%	11%	47%	18%	53%	15,5	0,0	0,2	0,3	0,1	0,6	3,2	1,4	4,6	5,1
Nyanga	32%	20%	2%	1%	21%	1%	10%	1%	33%	8%	67%	21,3	0,0	0,3	0,4	0,1	0,8	4,4	1,9	6,3	7,0
Bindura	40%	28%	10%	3%	31%	6%	15%	5%	38%	12%	62%	61,9	0,1	0,8	1,2	0,2	2,3	12,8	5,7	18,4	20,3
Mazowe	45%	33%	15%	4%	37%	9%	18%	7%	41%	14%	59%	4,1	0,0	0,1	0,1	0,0	0,2	0,8	0,4	1,2	1,3
Harare	94%	82%	64%	16%	98%	37%	49%	30%	72%	37%	28%	237,8	0,5	3,2	4,8	0,8	8,8	49,1	21,8	70,8	78,0
Mutare	76%	64%	46%	12%	76%	26%	38%	22%	61%	29%	39%	48,3	0,1	0,7	1,0	0,2	1,8	10,0	4,4	14,4	15,9
Chimanimani	39%	27%	9%	2%	29%	5%	15%	4%	38%	11%	62%	87,0	0,2	1,2	1,8	0,3	3,2	17,9	8,0	25,9	28,5
TOTAL COST												809,2	1,7	10,9	16,3	2,7	29,9	166,9	74,1	241,1	265,5

WASH ASSESSMENT IN CHOLERA HOTSPOTS

Now, where do we get WASH baseline data for cholera hotspots ?
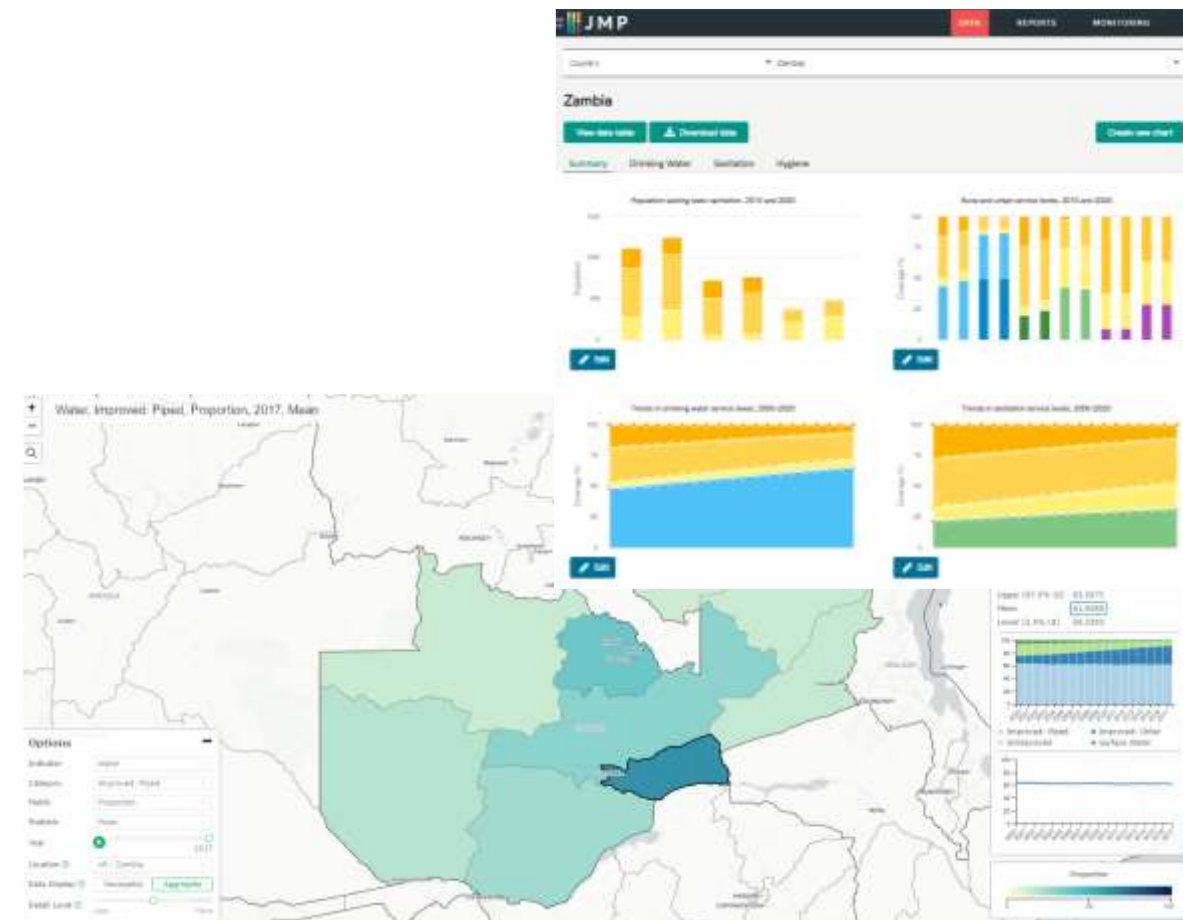
WASH DATA available ?

Example of WASH data source

Use existing data: JMP estimates, Ministry of water/sanitation, MICS data, etc. IHME, etc.

➢ **At hotspot / district level ?**

If not, we need to arrange for data estimation (modeling or data collection)

▪ Rapid data collection / estimation
▪ Low cost

WASH ASSESSMENT IN CHOLERA HOTSPOTS
BACKGROUND OF CDC/UNICEF COSTING PROJECT

- Request by GTFCC

- UNICEF project funded by CDC

- Aim: To provide cost estimates for different scenarios of increasing WASH service levels to reduce risk of future cholera outbreaks in cholera hotspots in cholera endemic countries

- First phase: 2019-2020

    - Goma, DRC (urban)

- Second pilot not done (Covid-19)

WASH ASSESSMENT IN CHOLERA HOTSPOTS
REVIEW OF GTFCC COSTED WASH STUDIES FOR NCPS

Zambia
November 2018
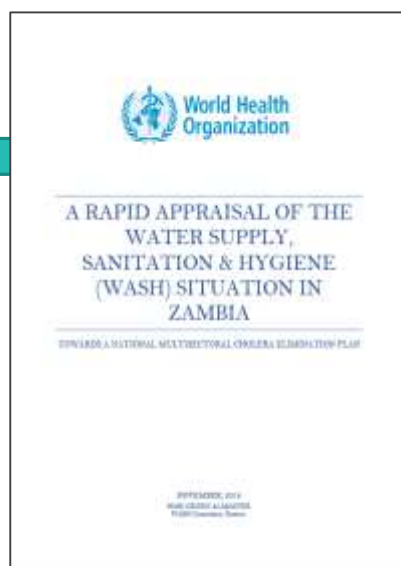
Zimbabwe
March 2019
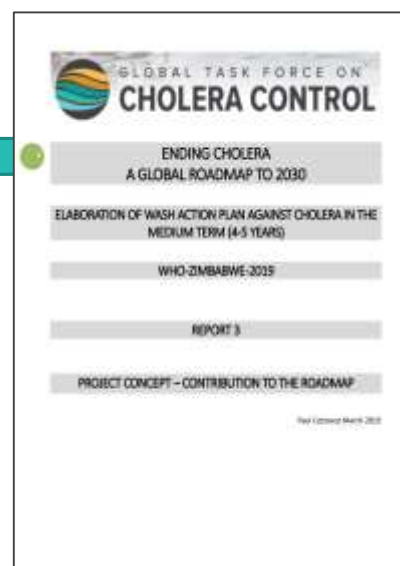
South Sudan
June 2019
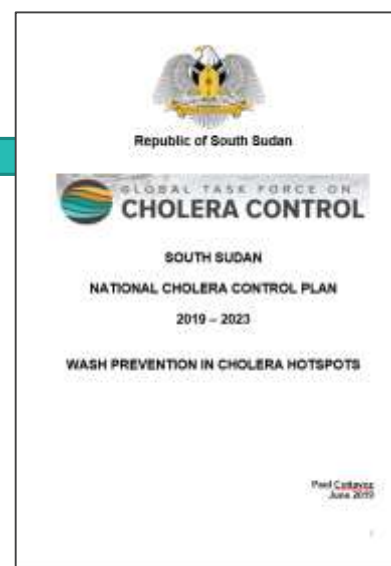
Ethiopia
March 2020

ZIMBABWE: OVERVIEW

- Hotspot mapping and ranking at country level

- Harare identified as playing key role in amplifying outbreaks

- Goal: By 2024, no outbreaks in Harare, less than 100 cases/year and 0 deaths

- Target: 5 "sub-hotspots" suburban areas in Harare representing 75% of cases in 2018 outbreak

- Implement: three levels designed to maximize impact

HARARE — World Health Organization

Legend
Cholera cases
- 1-99
- 100-500
- 2869
- 4457
- Number of cholera cases >=100
- Number of cholera cases <100
- Harare suburbs
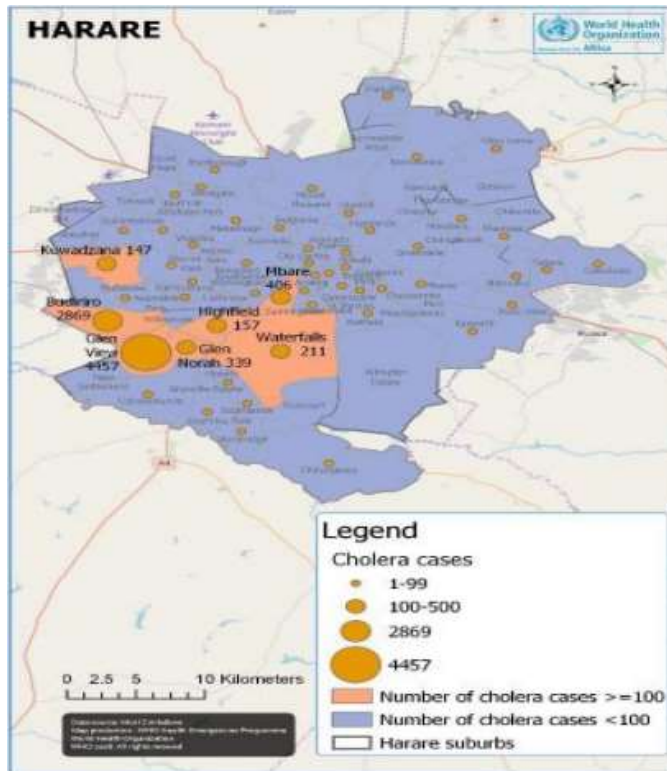
Level	Population	Interventions (packages)					Sub-Total	$/person
		1) Local Cholera Roadmap	2) HH water treatment (w/ kids U5)	3) Market/ Bus Station	4) Water Sewer Teams	5) Water Supply		
Full	250,000	X	X	X	X	X	$8,450,535	$34
Medium	100,000	X	X	X			$1,220,214	$12
Small	120,000	X					$361,125	$2
OVERALL	470,000						$10,031,874	$21

SOUTH SUDAN: OVERVIEW

- Hotspot mapping and ranking 19/79 counties

- Prioritization interventions: 55 sites, identified from patient line-listing

- 3 million people covered (12 million total pop)

South Sudan: Cholera hotspot
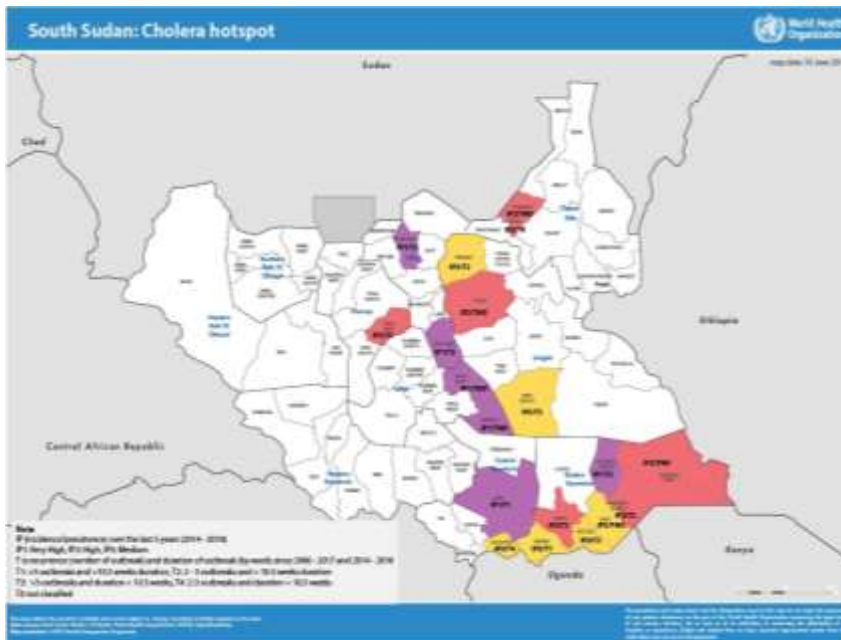
Expected results	Indicators and performance level targeted	Budget US$*
1) Plan of Action	19 counties	$140,000
2.1) Water quality monitoring plan	80% of water supplied is monitored and guaranteed safe	$863,400
2.2) Minimum WASH package in Juba Markets	80% of minimum WASH package is reached in each market	$416,000
2.3) Social Marketing studies and strategies	100% of Social Marketing Studies are completed and integrated into NCP	$240,000
3) IDPs in Cholera hotspots	80% of IDP are covered by Sphere Standards (7 counties)	$4,500,000
4) Cholera Entry-points and diffusion-sites	80% of the identified HCF, markets, and schools reached (13 counties)	$6,877,200
OVERALL TOTAL (including indirect costs)		$26,073,200

ETHIOPIA: OVERVIEW

- 104 cholera hotspots Woredas (districts) were prioritized based on hotspot analysis (25 urban, 79 rural)

- District line lists analyzed and 3-4 kebeles (communes) were prioritized in each.

- 15 million people (115 M national population)
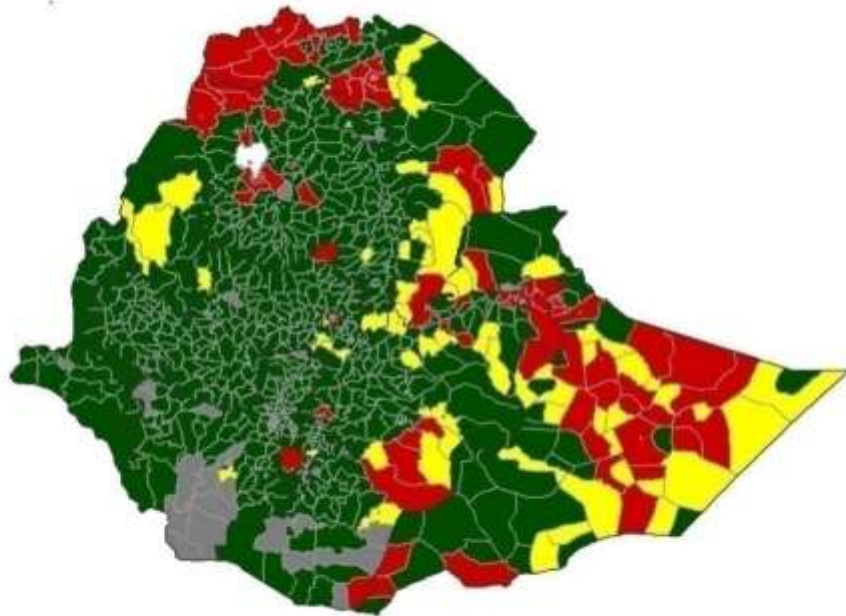
Priority Level — High, Medium, Low

Activities	Target	Sub-total (USD)
WASH in Oral Cholera Vaccine (OCV) campaigns	416 kebeles / 500,000 people	$20,624,000
WASH improvement in the most affected Kebeles and in HCF	104 districts 748 health care facilities 2,080,000 people community water supply 26,000 water schemes	$183,197,200
WASH in Public Institutions	624 sites (bus station, market, religious site, schools)	$16,378,000
Overall coordination and elaboration of local NCPs.		$128,000
OVERALL TOTAL		**$220, 327,200**

WASH ASSESSMENT IN CHOLERA HOTSPOTS
COMPARISON OF COST / BENEFICIARY

Country	Budget	Population	Cost/beneficiary
Zimbabwe	$10 M	470,000	$21.28
South Sudan	$27 M	3,000,000	$9.00
Ethiopia	$220 M	15,000,000	$14.67

WASH ASSESSMENT IN CHOLERA HOTSPOTS
COSTING APPROACHES

Costing **per individual** (SDG costing tool):
- Indicative figures using baseline data
- Most applicable in rural areas?

Costing **per package** (based on transmission pathways / contexts):
- Starting point: WASH studies commissioned by the GTFCC
- List of packages helpful for national authorities to decide what is more context-relevant.

Costing **per WASH infrastructure projects**
- Using data from existing large infrastructures projects
- additional layer to the package approach.
- urban areas where costing per package may not be specific enough.

Case households and nearby neighbors

Public institutions and places

Cholera treatment facilities

Population gatherings

Contexts of Vibrio cholerae transmission

Burials and funerals

Environmental contamination

Cholera infection status: Cholera case | Cholera-related death | Healthy or asymptomatic
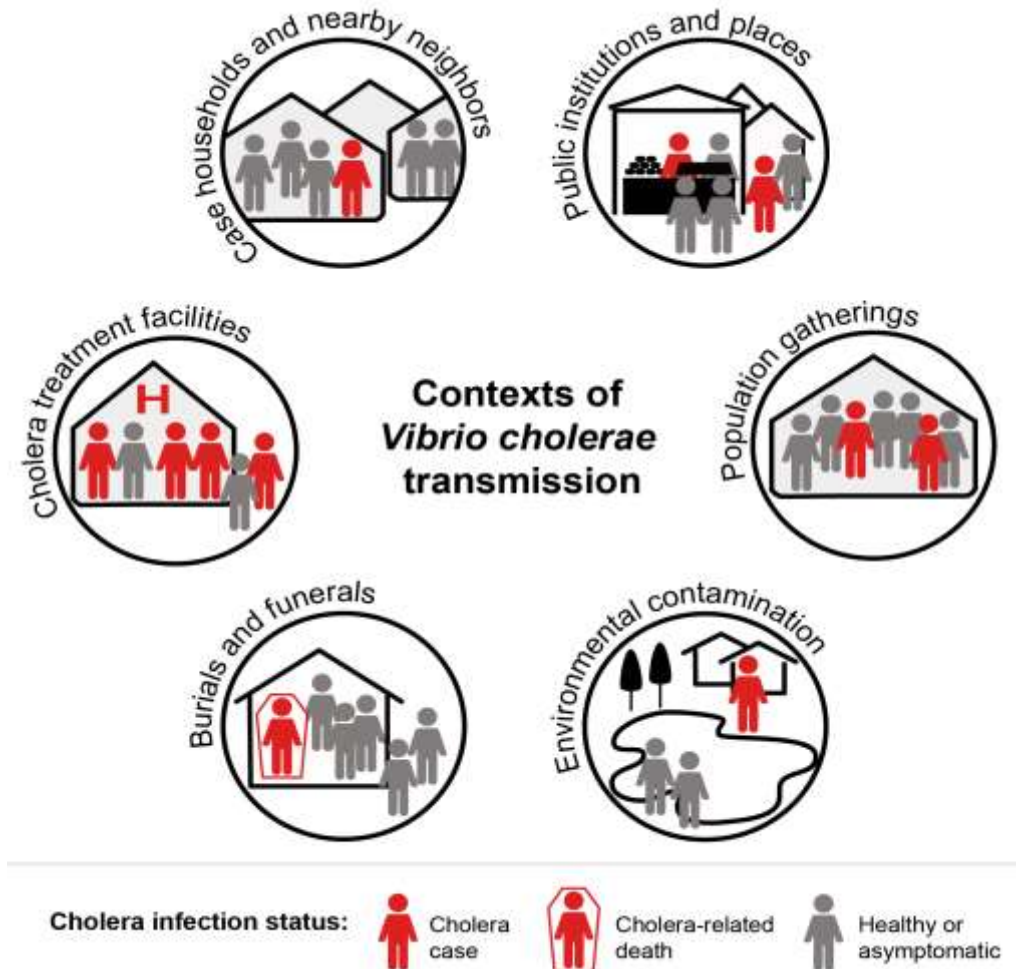
WASH ASSESSMENT IN CHOLERA HOTSPOTS
ADDITIONAL CONSIDERATIONS

❏ Epidemiologically defined **hotspots are geographically large –** does not allow WASH actors to cost infrastructure at a local level.

❏ A costing of WASH needs at hotspots level will end up with unrealistic (high) figures. Some prioritization is required.

❏ Need to **differentiate between rural and urban**

❏ Urban hotspots
- line lists to **prioritize WASH activities** and **identify most affected** areas
- **mixed costing approach (per project and per package)** can be considered.
- **Local experience** of past outbreaks valuable, especially from **health staff.** Urban areas have lower staff turnover (as compared to rural).
- Sub hotpots in urban areas are often **informal settlements** in peri-urban areas, attracting **less political interest**

❏ Rural hotspots
- can benefit from "**classic" WASH interventions**, with a need of engaging in traditional rural water supply and sanitation projects.
- **Costing per individual** or collection of local **development plans** and **UNICEF data** (cost per type of facility) for estimates

❏ Costing part of NCP process + need to embed NCP in the national WASH strategy

WASH ASSESSMENT IN CHOLERA HOTSPOTS
SUMMARY

Aspect	Strategic Costing Tool	Operational Costing Methodology
Objective	To identify the <u>financing needs</u> for mitigating cholera risks due to WASH in hotspots in cholera endemic countries.	To provide <u>cost</u> estimates for <u>different scenarios</u> of increasing WASH service levels to <u>reduce risk</u> of future cholera outbreaks in <u>one</u> (or a few) cholera <u>hotspots</u> in cholera endemic countries
Purpose	• Advocacy & strategic planning at the country level • costing of national cholera plan, • prioritizing or ranking between hotspots	Operational planning and budgeting at the hotspot level
Scope	National (i.e. all hotspots)	One (or more) hotspots- differentiating between rural and urban
User	National government with support from partners	Decentralized government/line ministries with support from partners
Inputs	JMP data sources (MICS/DHS/LSMS) or other surveys (e.g. KAP) with WASH access data	Cholera baseline studies, bespoke data collection activities
Outputs	Indicative cost estimates	A menu of costed intervention options
Estimated Precision	+/-	++
Frequency	Annually updated	One-off per hotspot
Resources needed	Human resources (time) to collate data and analyze- desk based exercise	Human and financial resources required for data collection and analysis.

WASH ASSESSMENT IN CHOLERA HOTSPOTS
WAY FORWARD HOTSPOT METHODOLOGY

1. Differentiate between urban and rural hotspots
   - Rural areas- SDG-type approach coupled with WASH baseline could provide the information needed. A menu of WASH/Cholera packages could be added on top of basic/basic+ WASH access.
   - Urban areas, the approach would mix the review of local data / local knowledge as a first step. It would then be supported by WASH baselines in limited geographical areas. Interventions would then be selected between a menu of standardized WASH/Cholera packages – adapted to urban areas –, specific WASH access projects already costed and new one to be costed locally (ad hoc through in-country WASH partners).

2. Country-led approach with support:
   - A **6-months national consultant** to be embedded with national governance bodies
   - **GTFCC partner's** committee to **support** the consultant along the bumpy road
   - A commitment from **in-country partners** to help with the costing of potential ad hoc projects
   - A dedicated **budget for WASH baselines** in hotspots, with data collection to be early in the process of the consultancy (after sub-hotspots identified)
   - Consultancy **output: methodology** that explains the dual urban-rural approach for costing

3. Determine
   - GTFCC partner engagement
   - Which country and how to engage

Thank you

Together we can
#endcholera

GLOBAL TASK FORCE ON
CHOLERA CONTROL