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Linking the GTFCC Roadmap, NCPs, and investments in WASH services at country level

From the Global Roadmap to “operational planning” and actual implementation of cholera control activities in the field

How can WE (GTFCC, CSP and GTFCC WASH Working group) support interested Governments to control cholera in the long run, through the mobilisation of the WASH sector and improving the level of access to WASH services

Initial hypothesis: IF WASH conditions are “enough”, then cholera transmission will be significantly reduced or stopped.

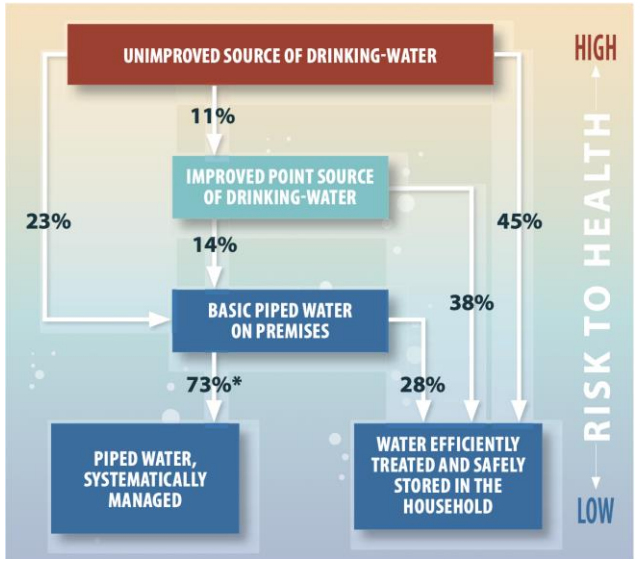
But what is enough protective ? We need to agree on target levels of WASH services.
Why are people getting sick. What are risk factors / protective factors ?

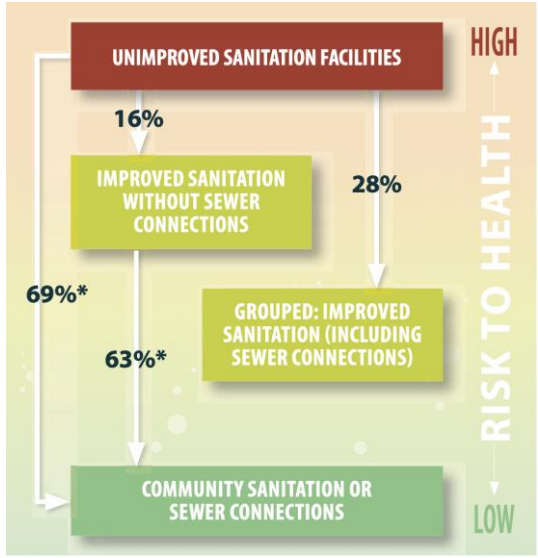
Rôle of Research ?

What is the level of service that is needed to protect a household from cholera and other water borne diseases ?

Do we have “herd” protection effect in a community when a certain pourcentage of population has access to safely managed services (70% for ex.) ?

Preventing diarrhoea through better water, sanitation and hygiene. WHO, 2014





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WHO/UNICEF - JMP ladders of levels of access to water, sanitation and hygiene service

Drinking water ladder

SAFELY MANAGED
Drinking water from an improved water source that is accessible on premises, available when needed and free from faecal and priority chemical contamination

BASIC
Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing

LIMITED
Drinking water from an improved source for which collection time exceeds 30 minutes for a roundtrip including queuing

UNIMPROVED
Drinking water from an unprotected dug well or unprotected spring

SURFACE WATER
Drinking water directly from a river, dam, lake, pond, stream, canal or irrigation canal

Sanitation ladder

SAFELY MANAGED
Use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or removed and treated offsite

BASIC
Use of improved facilities which are not shared with other households

LIMITED
Use of improved facilities shared between two or more households

UNIMPROVED
Use of pit latrines without a slab or platform, hanging latrines or bucket latrines

OPEN DEFECATION
Disposal of human faeces in fields, forests, bushes, open bodies of water, beaches and other open spaces or with solid waste

Handwashing ladder

BASIC
Availability of a handwashing facility with soap and water at home

LIMITED
Availability of a handwashing facility lacking soap and/or water at home

NO FACILITY
No handwashing facility on premises

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What do you think of the level “UNIMPROVED” or the lower levels of service?

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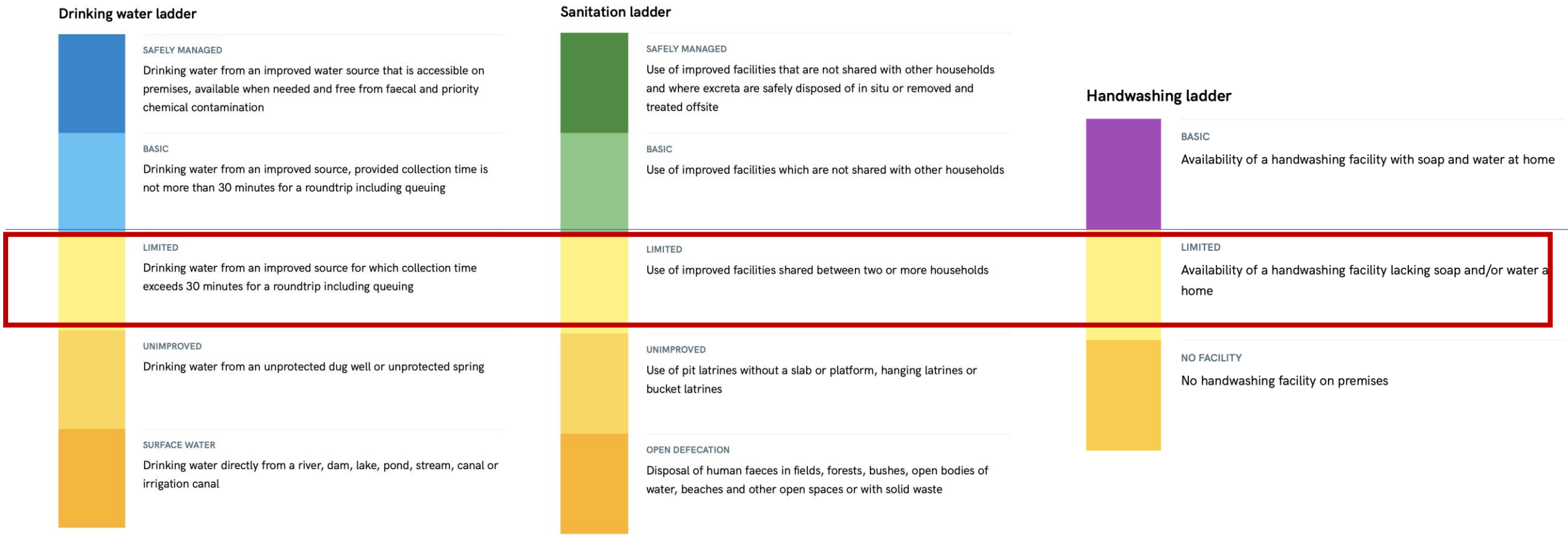
What do you think of the “LIMITED” level of service?



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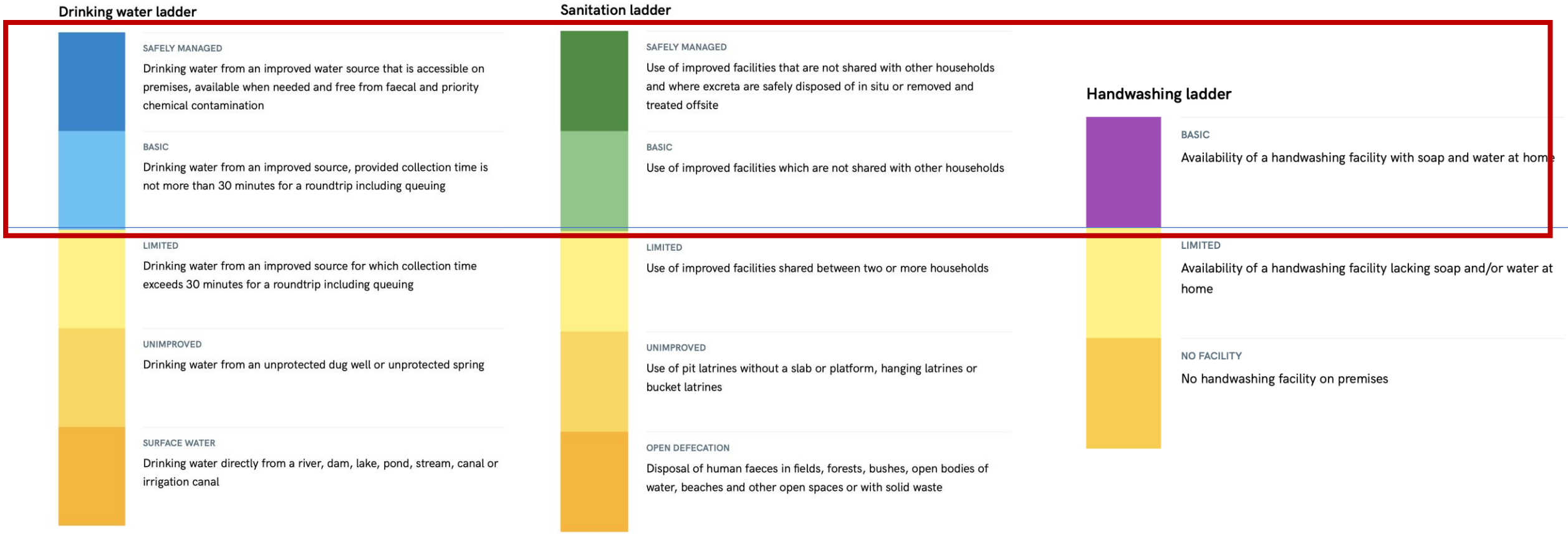
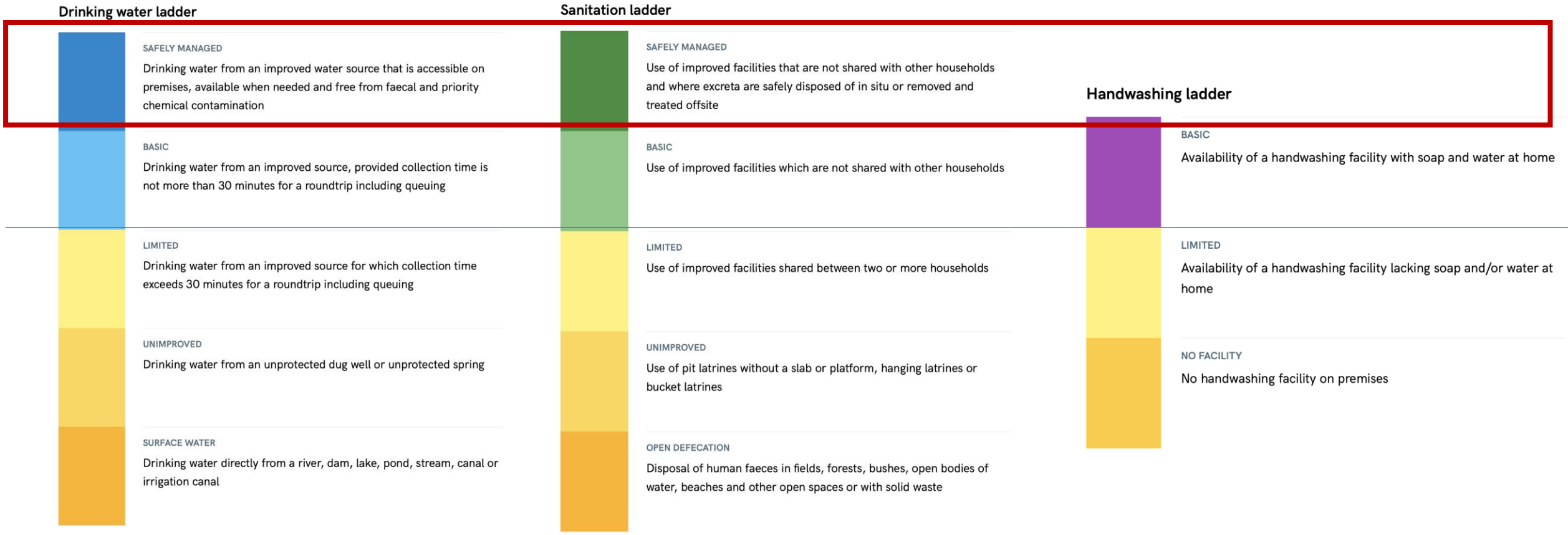
What do you think of the "at least basic" or the upper levels of service?



How can we (GTFCC, CSP and GTFCC WASH Working group) support interested Governments to control cholera in the long run, through the mobilisation of the WASH sector and improving the level of access to WASH services ?

What do you think of the "safely managed" level of service?



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SDG 6 targets on access to safe water and sanitation is the "safely managed" level of service.

The indicators to measure success of SDG6 are :

% of population using safely managed drinking water services

% of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water

Ok, so why don't we just aim at SDG targets at national level ?

SDGs targets are ambitious, but probably necessary – the "basic" level (access to improved source at max 30 minutes, and unshared toilets without proper sewer management) would probably be considered not enough to provide significant health benefits / diarrheal risk reduction (see WHO reference).

BUT – Cost of reaching SDG 6 for a whole country ? For multiple countries ?

Costing estimates (ex. DRC): 4 395 millions USD of annual investements to reach SDG 6 in 2030 (8,1% of GDP)

For Cholera , maybe we can be less ambitious and focus not on the whole coutry, but first on cholera affected areas (cholera hotspots / Cholera PAMIs) > which represents only a fraction of all districts (and we can also go down to more finer geographical defintion of cholera hotspots, to be more restrictive).

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Once targets on levels of services have been set (by the country) and priority areas have been identified, we need to make sure the cholera hotspots will be “prioritized” for WASH investments by the Government and all WASH partners, and that it is integrated into operational programmation of the WASH sector.

First step – Planning, budgeting

- Set the objectives = target level of service / WASH conditions that need to be in place to reduce cholera risk
- Set the geographical zones to be targeted (cholera hotspots / cholera PAMIs)
- Develop a National Cholera Control Plan (NCP), which includes a WASH section
- Estimates the costs associated with the operationalisation of the plan – Develop a WASH investment plan in cholera hotspots, ideally per hostpot

> When we will reach this point, we will know what to do, where, and how much it will cost approximately

But we still have not defined (yet) HOW we are going to implement the plan, with which money, who is going to finance it, who is going to implement the works, who is going to monitor and provide feedback on progresses and to whom.

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Second step - Operationalisation

We have to discuss collectively the different ways to reach there – knowing that the targets are ambitious, the number of hotspots is important, the number of projects that need to be developed and implemented are even bigger, the amount of money is considerable. And that there is already at national level a WASH investment programmation led by the Ministry of Water/Sanitation and probably a WASH investment plan to reach the SDG 6 (or should exist).

The Project Approach Vs. The System Approach ? Pros & Cons

<u>The Project Approach</u>

Each WASH actor try to build one or several projects in one or several cholera hotspots

Each WASH actor try to find its own funding, is independent in terms of objectives, results or even levels of service to be reached and how to measure sucesses

<u>The System Approach</u>

Support to National Gouvernements to plan, budget, mobilise funding partners, implement and monitor progresses in idenitified hotspots

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Third step – Monitoring & Evaluation

How are we going to monitor progresses in WASH services in cholera hospots, and how are we going to be able to determine if progresses in the WASH services are leading to improved health outcomes.

Work with researchers on how to demonstrate progresses over time and relative contribution to the reduction of risk (diarrheal disease / cholera) of several actions

Need to document, capitalize, and showcase success stories in order so be able to raise more interest and funding in the future.

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WASH in NCP (proposition) workplan 2023

Work on WASH service level. Litterature review. Research. Expert Debate > Guidance ?

Work on WASH assessments and costing estimates (different methodologies). Expert Debate > Guidance ?

Work on how to operationalise NCPs and WASH investments plans in cholera hotspots. Capitalisation. Case studies. Guidance ?

Work on monitoring progresses, and evaluation of contribution / attribution of WASH services improvement over diarrheal disease reduction / cholera risk reduction.

+ others, open to debate.