GLOBAL TASK FORCE ON
CHOLERA CONTROL

# Template for National Cholera Plan (NCP) for [control/elimination]–[country], [year]

## Preamble

The objective of this document is to provide countries wishing to embark on the development of a **National Cholera Plan for Control or Elimination** (NCP) with a template and detailed guidance on how to present its contents in line with the Global Task Force on Cholera Control (GTFCC) strategy, "*Ending Cholera: A Global Roadmap to 2030 (Global Roadmap)"* (referred to in this document as the **Roadmap**).

It builds on the requirements outlined in the GTFCC Interim Guiding Document to Support Countries for the Development of their National Cholera Plan (referred to as **GTFCC Interim Guide** in this document), references relevant technical guidance, and was developed with input from GTFCC partners.

It focuses primarily on the inception and development phases of the plan and the monitoring and evaluation framework for its implementation.

As NCPs should be country-led and country-specific, the tools and templates provided in this document are intended to guide those developing a country NCP and should be adapted to reflect the country context and epidemiological situation of cholera.

This document will be used by the members of the GTFCC Independent Review Panel (IRP) as a basis for assessing the alignment of submitted NCPs with the GTFCC Roadmap.

As stated in the GTFCC Interim Guide, it is important to note that an NCP is:

*"A **multisectoral and comprehensive document** that **states a country's goal** regarding cholera control or elimination and **details all aspects of the national cholera prevention and control strategy**. The NCP should be **country-led** and **context-specific**.*

***All relevant ministries, government agencies and institutions**, including those outside the health sector, **should be involved in the NCP development, implementation, and monitoring**. The **activities** included in the NCP should be **budgeted** and **aligned** with the goals and objectives identified by the country and be guided by the axes stated in the Roadmap.*

*An NCP is a **dynamic, multi-year and operational document** that contains **detailed implementation and monitoring plans**. In its NCP, a country will define milestones to measure progress and implement any corrective action to improve results and efforts toward the goals set."*

# Table of contents

# List of figures

## List of tables

## Definitions

| | |
|---|---|
| Strategic goal: | In the context of a National Cholera Plan, the strategic goal is either to control or to eliminate cholera transmission in the country. |
| Strategic objectives: | Concrete and measurable outcome or results that need to be achieved to reach the strategic goal. Strategic objectives will usually be related to cholera pillars. |
| Strategies: | Course of action for achieving strategic objectives and strategic goal. |
| Target: | Specific, measurable, time-bound achievement attached on strategies, on the path to achieve a strategic objective. |
| NCP operational geographic units: | Geographic unit that corresponds to the lowest administrative level where resources are allocated, and cholera control decisions are made. The corresponding administrative level is country specific. Geographic unit that corresponds to the lowest administrative level where resources are allocated, and cholera control decisions are made. The corresponding administrative level is country specific. |

## List of acronyms

This list of acronyms should be extended or reduced according to country context.

| | |
|---|---|
| C4D | communication for development (UNICEF course) |
| CE | community engagement |
| CFR | case-fatality ratio |
| CHW | community health workers |
| CSP | Country Support Platform |
| CTC | cholera treatment centers |
| CTU | cholera treatment unit |
| DESTEP | demographical, economical, sociocultural, technological, environmental and political (factor analysis) |
| EHR | electronic health record |
| GTFCC | Global Taskforce on Cholera Control |
| IOM | International Organization for Migration |
| IPC | infection prevention and control |
| IRP | Independent Review Panel |
| LGA | local government area |
| MAI | mean annual incidence |
| M&E | monitoring and evaluation |
| MYPA | multi-year plan of action |
| NCP | national cholera plan |
| NITAG | National Immunization Technical Advisory Groups |
| OCV | oral cholera vaccine |
| PAMI | priority area for multisectoral intervention |
| RDT | rapid diagnostic test |
| Roadmap | Ending Cholera: a global roadmap to 2030 |
| SMART | specific, measurable, achievable, relevant, time-bound |
| SOPs | standard operating procedures |
| SWOT | strengths, weaknesses, opportunities, threats |
| UNEP | United Nations Environment Programme |
| UNHCR | United Nations High Commissioner for Refugees |
| UNICEF | United Nations Children's Fund |
| WASH | Water, sanitation, and hygiene |

## Executive summary

The executive summary provides a *two-page overview* of the NCP. It is written last.

It should include the following content:

- Highlighting the importance of engaging in the Global Roadmap 2030
- Country decision and commitment to embark on the sustained [control] or [elimination] of cholera:
    - A statement concerning the country decision and rationale to embark on control or elimination of cholera, with a target date.
    - Overview of Leadership and Coordination mechanisms.
- Country epidemiological profile: *(Very brief, some more detail in Introduction section 1.1, expanded in section 3.2 and 3.3*) consider summarizing:
    - How long has the country been affected.
    - Baseline values for cholera burden indicators: cases/incidence/deaths/CFR.
    - Trends in recent years.
    - Achievements to date.
    - Main drivers, vulnerabilities, and risk factors for cholera outbreaks.
- Priority Areas for Multisectoral Interventions (PAMIs):
    - Proportion of population living in PAMIs.
    - Percentage of cholera burden that PAMIs represent.
- Overview of Strategic Objectives by pillar.
- Reference to the Implementation plan and timeline with key milestones.
- Summary budget.

# National plan for cholera control or elimination

## 1. Introduction

This section of the NCP should include the following sub-headings:

### 1.1. Presentation of the overall cholera situation in the country

- Provide a brief high-level description of the epidemiological situation of cholera in the country in recent years considering the epidemiological context in the region. Sections 3.2 and 3.3 will provide a detailed description of the epidemiological situation.

### 1.2. Description of programs and approaches implemented in country to control cholera

- Recall programs and actions carried-out to control cholera in the past.

### 1.3. Transition from a response-oriented strategy to a long-term control strategy

- Note how the NCP will consolidate broader long-term work on cholera control/elimination while considering emergency cholera preparedness and response
- Preview how the NCP links to and enhances existing formal outbreak planning and response mechanisms within relevant ministries, which should be leveraged to ensure coordinated and efficient response efforts.
- Outline the reasons why a multisectoral approach are necessary, including the implementation of preventive oral cholera vaccine (OCV) and sustainable WASH interventions.
- Demonstrating alignment of the NCP with the Roadmap for cholera control or elimination.

## 2. Country commitment

This section documents the country's commitment at the highest level to control or eliminate cholera by 2030. It should include the following sub-headings:

### 2.1. Formal statement on the country's decision to commit on the sustained [control/elimination] of cholera

It should be based on the following guiding principles:

- Reflect a comprehensive multisectoral approach, involving government agencies and institutions at all levels (national and sub-national), partners and the private sector.
- Be multi-annual, including an M&E mechanism allowing to track progress over time and adjust the implementation as necessary.
- Coordination of the implementation and monitoring of the NCP should be multisectoral and linked to the institutional positions of the various stakeholders. A high-level organizational chart would be helpful here.
- The elimination objective is realistic in countries where cholera outbreaks were reported in less than five percent of NCP operational geographic units of the country cumulatively over a period corresponding to at least the past five years.

The statement should be signed by:

- Office of the Head of State/Vice-Head of State or other multisectoral convening body.
- Lead of cholera task force/ coordination team.
- Multisectoral group of Ministers engaged in cholera control.

These signatures can come in the form of letters of explicit endorsement of the NCP and the country's commitment, located before the Introduction section.

### 2.2. Description of the process of developing the NCP and the actors involved

- List of the teams and groups involved in the preparation of the NCP.
- Outline the timetable for completion of the NCP.
- Brief description of the coordination mechanism for the preparation of the NCP.

## 3. Country profile

### 3.1. Country context

This section provides a general overview of the country context, and should be accompanied by relevant tables, graphs, and maps.

This section of the NCP should include the following sub-headings:

***Geographical overview of the country***

This section should consider:

- A description of the country's location, major geographical features (e.g., rivers, mountains, deserts).
- Topographical factors that may affect vulnerability: flood plains, brackish water.
- Administrative characteristics (e.g., type of subdivision, centralized or decentralized administration).
- An accompanying set of maps.

**Figure 1. Map of [country] by administrative levels 1 and National Cholera Plan operational geographic units, [year]**


Example of administrative map for a fictional country.

Additional maps could cover factors relevant to the cholera situation:

- Climate.
- Education level.
- Socio-economic situation.

***Demographic profile***

Demographic indicators should include at least:

- Life expectancy at birth.
- Age and sex pyramid.
- Population.
- Annual population growth index.
- Population density/km2.

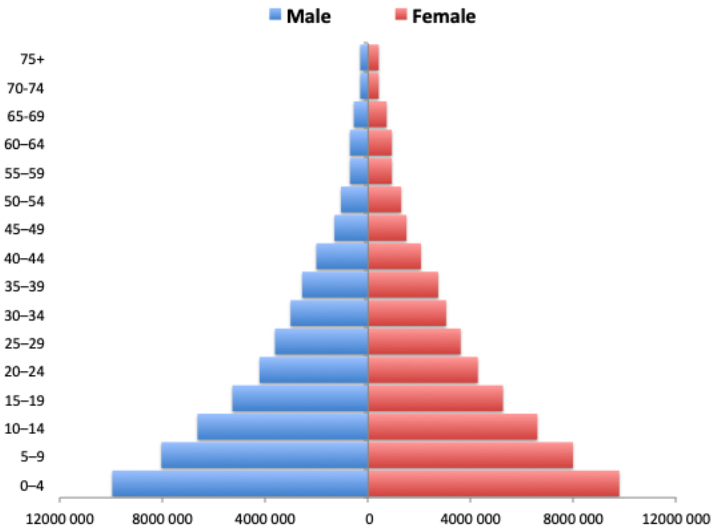
A summary table could appear here and a detailed table by NCP operational geographic units where interventions are carried-out in annex.

The table could be supplemented with a set of figures for demographic indicators, in the form of:

- An age and sex pyramid.

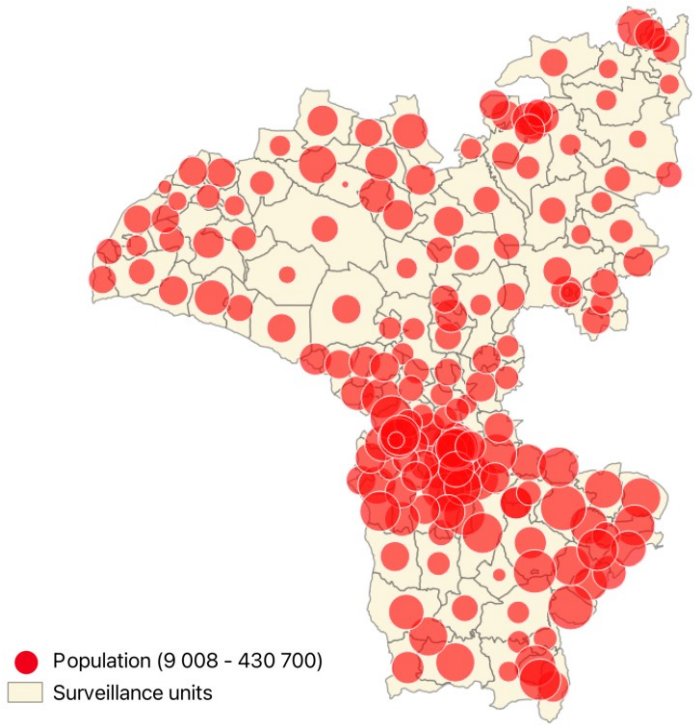
- A graduated symbol map of population by NCP operational geographic units.

**Figure 2. Age pyramid of population in [country], [year]**




Example of population distribution by age and sex, fictional country

**Figure 3. Distribution of population by NCP operational geographic units, [country], [year]**




Example of map of population by NCP operational geographic units for a fictional country.

***Health profile***

The health profile should include at least:

- Mortality, infant mortality, nutritional status
- Healthcare infrastructure and access to health care.

    - Primary/secondary care.
    - Public/private.
    - Community care approach.
- Antibiotic resistance of cholera in the country.
- Overall laboratory capacity in the country.

***Epidemiological situation of diarrheal diseases in the country***

- Overview of diarrheal diseases under surveillance in the country.
- Summary table of epidemiological and testing indicators for the most prominent diarrheal diseases, with map and graph where appropriate.

### 3.2. Cholera epidemiological profile in [Country Name]

This section describes the epidemiological cholera situation and its determinants in recent years.

This section of the NCP should include the following sub-headings:

***Factors with the potential to exacerbate vulnerability to cholera.***

This section provides a summary of the vulnerability factors influencing cholera transmission in the country and their interactions.

To identify vulnerability factors influencing cholera transmission in the country, countries are encouraged to consider the GTFCC indicative list of vulnerability factors (see GTFCC guidance on PAMIs identification for cholera control Annex I and GTFCC guidance on PAMIs identification for cholera elimination step 1.4) and to customize it to their specific context.

As PAMI identification is a prerequisite to developing the NCP, countries can describe here those that they considered for PAMI.

***Cholera case and outbreak definitions***

This section presents the case and outbreak definitions used in the country, including important changes over the years that may help to explain sudden changes in reported cases that are not necessarily related to a change in the epidemiological situation. They should consider the following case definition as relevant for the country:

- Suspected cholera case in the absence of a probable or confirmed cholera outbreak.
- Suspected cholera case where there is a probable or confirmed cholera outbreak.
- Confirmed cholera case.
- Suspected cholera outbreak.
- Confirmed cholera outbreak.
- Probable cholera outbreak if cholera rapid diagnostic test (RDTs) are used for early detection.
- Clustered cholera transmission if an NCP for cholera elimination is being developed.

***Cholera epidemiological and testing indicators***

At minimum, the indicators listed in

**Table 1** derived from the epidemiological and testing indicators used for the identification of PAMIs for cholera control may be considered for this summary (filled by year and province (administrative level 1) in the core of the NCP, with an annex (37) presenting tabulated data by NCP operational geographic unit).

In addition, the following graphical representation of epidemiological indicators may be considered:

- Total number of suspected cases and total number of suspected deaths:
    - Histogram (epidemic curve) by week or month over the five years (or as available or appropriate).
    - Graduated symbol map of NCP operational geographic units.
    - Age/sex pyramid.
- Incidence and mortality rates:
    - Choropleth map by NCP operational geographic unit over the five years.
- Case-Fatality Ratio:
    - Choropleth map.

**Table 1. Epidemiological indicators by year and administrative level 1,** [country], [Y-5 to Y-1]

| Administrative level 1 | Suspected cases | | | | | | Suspected deaths | | | | | | Incidence | Mortality | Case-fatality | Persistence, % of weeks with cases | Cholera Testing | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Y-5 | Y-4 | Y-3 | Y-2 | Y-1 | Total | Y-5 | Y-4 | Y-3 | Y-2 | Y-1 | Total | /100 000 | /100 000 | /100 | | RDT | | | PCR/culture | | |
| | | | | | | | | | | | | | | | | | Tested | Positive | % of positive | Tested | Positive | % of positive |
| Unit 1 | | | | | | | | | | | | | | | | | | | | | | |
| Unit 2 | | | | | | | | | | | | | | | | | | | | | | |
| Unit 3 | | | | | | | | | | | | | | | | | | | | | | |
| … | | | | | | | | | | | | | | | | | | | | | | |
| **Total for country** | | | | | | | | | | | | | | | | | | | | | | |

A detailed table of epidemiological indicators by NCP operational geographic units should be presented in Annex I:Epidemiological Indicators.

### 3.3. Description of major outbreaks in recent years

This section should provide a summary of the major outbreaks in the country over the PAMIs analysis period. Relevant indicators would be number of cases, number of institutional and community deaths, number of cases stratified by age groups, number of suspected cases tested and number of suspected cases tested positive (stratified by testing method (RDT; culture/PCR), and derived calculated indicators such as incidence and attack rate, mortality, and case-fatality ratio (by age and sex if available).

This is meant to compliment the data in section 3.2, it can include high level summaries of

- After-Action Reviews, Post-Outbreak Evaluations, Lessons Learned Reports, or related.
- Annexing such reports is very encouraged.

### 3.4. Vaccination profile

This section should:

- Indicate whether the cholera vaccine is registered in the country.
- Briefly describe the coordination of the cholera vaccination program in the country.
    - Outline the responsible agency for preventive and reactive campaigns.
    - Briefly state NITAG recommendation for OCV.
- Describe (if any) existing integration of OCV campaigns with other health interventions.
- List vaccination activities in NCP operational geographic units in recent years.
- Provide a table with the following indicators, by :
    - Year-month of last OCV campaign.
    - Population adjusted for population growth.
    - Population targeted by OCV campaign (>1 year old).
    - Population vaccinated.
    - OCV vaccination coverage achieved.
- Provide a summary of the Multi-Year Plan of Action (MYoPA) and Reactive campaigns if available:
    - Outline the country's plans for reactive and preventive OCV vaccination based on the PAMI prioritization.
    - Outline the process for submitting an emergency reactive OCV request.
    - Outline the process for prioritizing PAMIs for preventive OCV campaigns. Describe procedures and efforts.
    - Share timeline for possible preventive OCV campaigns per year.
    - Insert table of summarised PAMI prioritized for OCV and the yearly doses required, if completed.

**Table 2. Reactive OCV vaccination indicators by administrative level 1, [Country], [Y-3 to Y-1]**

| Administrative level 1 | Year/month of most recent campaign | Targeted population (>1 year of age) | First dose | Second dose | Fully vaccinated OCV coverage |
|---|---|---|---|---|---|
| Unit 1 | | | | | |
| Unit 2 | | | | | |
| … | | | | | |
| Total for country | | | | | |

**Table 3: Preventive OCV vaccination indicators by administrative level 1, [Country], [Y-3 to Y-1]**

| Administrative level 1 | Year/month of most recent campaign | Targeted population (>1 year of age) | First dose | Second dose | Fully vaccinated OCV coverage |
|---|---|---|---|---|---|
| Unit 1 | | | | | |
| Unit 2 | | | | | |
| … | | | | | |
| Total for country | | | | | |

A more detailed table of vaccination indicators by NCP operational geographic units should be presented in an annex (Annex II: Vaccination indicators).

### 3.5. WASH profile

The WASH indicators to be included in the NCP are presented in the GTFCC document "Identification of Priority Areas for Multisectoral Interventions (PAMIs) for cholera control – Global Task Force on Cholera Control (gtfcc.org)", annex 1, section 10 - 12, page 24.

This section should:

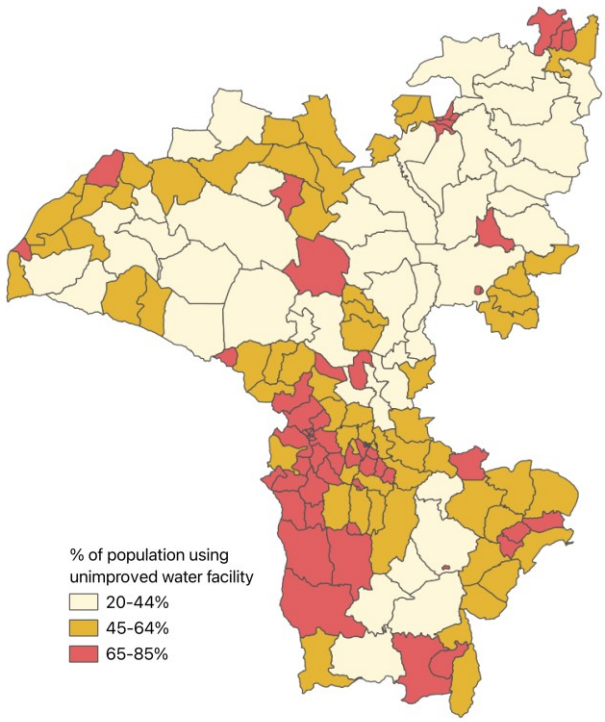
- Briefly describe how the cholera WASH activities are organised in the country.
- Summarize WASH activities in NCP operational geographic units in recent years.
- Provide a table with the following indicators, by NCP operational geographic units:
    - Percentage of population using unimproved water facility.
    - Percentage of population using unimproved sanitation facility.
    - Percentage of population without hand washing facilities.

**Table 4. WASH indicators by administrative level 1, [country], [Y-3 to Y-1]**

| Administrative level 1 | Percentage of the population | | |
|---|---|---|---|
| | using unimproved water facility | using unimproved sanitation facility | without handwashing facilities |
| Unit 1 | | | |
| Unit 2 | | | |
| … | | | |
| Total for country | | | |

A detailed table of WASH indicators by NCP operational geographic units should be presented in annex, (Annex III: WASH indicators by NCP operational geographic units).

**Figure 4. Percentage of population using unimproved water facility, by NCP operational geographic unit, [country], [year]**




Example of map of percentage of population using unimproved water facility, by NCP operational geographic unit, fictional country

## 4. Priority Areas for Multi-sectoral Interventions (PAMIs)

This section identifies the cholera PAMIs that are the priority geographical areas for planning interventions within an NCP. Not all PAMIs may require the same type/set of interventions, and this should be further refined through context-specific analysis. Different sets of interventions may be defined depending on the context of the PAMI. The section below on

Implementation plans should refer to the identified PAMIs when discussing the prioritization of the implementation of activities.

### 4.1. PAMI identification methods

This section of the NCP should indicate the GTFCC methodology used for the identification of the PAMIs and the preparation of a "Report on the identification of PAMIs for cholera control" or of a "Report on the identification of PAMIs for cholera elimination".

The identification of PAMIs should be in accordance with the following GTFCC methods:

identification of PAMIs to identify an NCP for cholera control:
https://www.gtfcc.org/resources/identification-of-priority-areas-for-multisectoral-interventions-pamis-for-cholera-control/

identification of PAMIs to identify an NCP for cholera elimination:
https://www.gtfcc.org/resources/identification-of-priority-areas-for-multisectoral-interventions-pamis-for-cholera-control/

The documentation of PAMIs identification should follow the applicable GTFCC template report

- Template report on PAMIs for cholera control
- Template report on PAMIs for cholera elimination

### 4.2. Documentation of PAMIs identification

This section of the NCP should indicate the GTFCC methodology used for the identification of the PAMIs (and rationale for selection), and the following should be attached to the NCP:

- GTFCC PAMI review report (produced/shared by GTFCC PAMI review team)
- GTFCC PAMI identification report

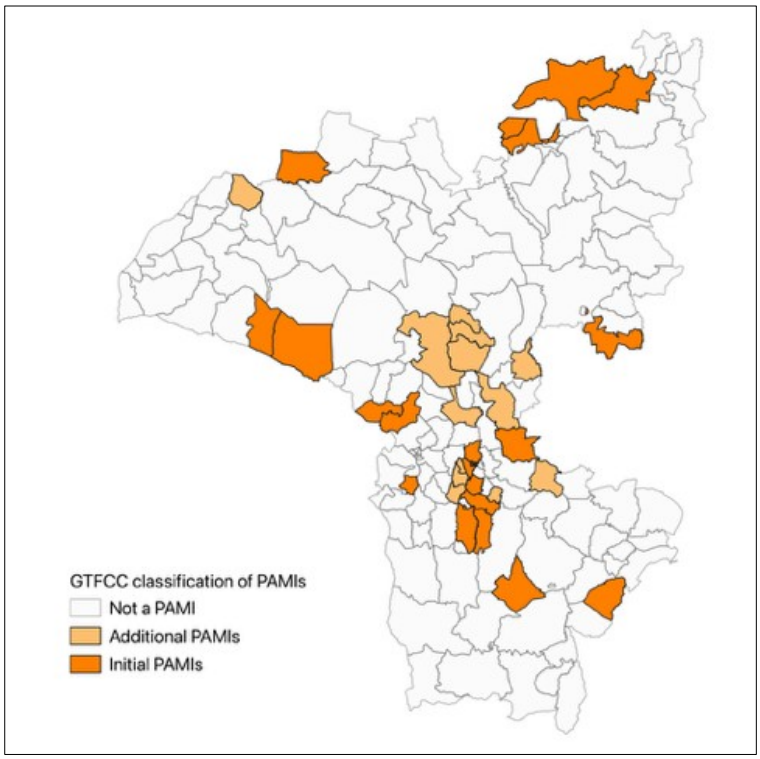
### 4.3. Outcomes of PAMIs identification

The core of the NCP should include summary information about PAMIs:

- The number of PAMIs and the percentage of NCP operational geographic units that were prioritized as PAMIs.

- Proportion of the country population that are in PAMIs.
- Map of PAMIs.

**Figure 5. Map of PAMIs for [country] by NCP operational geographic unit and GTFCC priority index, [year]**




## 5. Situation analysis

The situation analysis consists of three parts:

1) Mapping of stakeholders and existing initiatives relevant to cholera control.
2) Capacity assessment by pillar, highlighting the priority domains for strengthening and mapping of relevant initiatives.
3) Establishing the baseline for the 16 core indicators[1] for monitoring, as defined in the GTFCC interim guidance for NCP development (NCP Guidance).

### 5.1. Mapping of stakeholders and existing initiatives

This step consists of presenting the results of the stakeholder mapping and existing initiatives. The aim is to identify all relevant actors who can contribute to the development and implementation of the NCP and to assess their level of involvement and interest to develop an effective communication and engagement strategy.

It consists of a summary table with key information including name, geographical area of work with a focus on PAMIs, area of interest, broad roles and responsibilities, relevant cholera pillar(s) of work. See below Template I: Mapping stakeholders/activities.

[1] *NB: GTFCC interim surveillance guidelines should supersede the indicators in the NCP guidance for the surveillance pillar*

### 5.2. Cholera pillar capacity and gaps assessment

Each of the sections for pillars below should cover:

- the mapping of activities,
- the availability of funding and training
- and the integration with other pillars

*These should:*

- *lead to the identification of gaps and priority domains for development.*
- *note specificity about PAMIS and/or differences between groups of PAMIs (geographical groups, prioritized groups) to begin to outline issues to consider for what specific interventions would be prioritized or relevant*

The result of a SWOT (strengths, weaknesses, opportunities, and threats) analysis for each pillar includes the list of domains covered and the strengths, weaknesses, opportunities, and threats that have been identified.

- Guidance on conducting a SWOT analysis is presented in Technical guidance II.
- Template II includes a series of tables to conduct the SWOT analysis for each pilar.
- Technical guidance III presents an example of a DESTEP factor analysis to identify external factors that may constitute threats or opportunities in a SWOT analysis focused on cholera.

The final step consists of listing priority domains for strengthening, derived from the weaknesses identified in the SWOT analysis.

The capacity and gap analysis should be conducted for each pillar. Only high-level priority domains for strengthening should appear in the body of the NCP. Detailed information should appear in annex using the Template II.

***Coordination***

The following are examples of area to consider in the situation analysis:

- Effective multi-sectoral coordination with national partners and collaboration with international partners (eg GTFCC Secretariat).
- Cross-border collaboration.
- Overall coordination mechanism experience in outbreaks and for long-term control.
- Coordination mechanisms for set up of CTC/CTU/ORPs in outbreaks, in coordination with with HCS Pillar.
- Standardization of reporting tools, in coordination with SAR pillar.
- Approach to quality assurance.
- Intersectoral advocacy.
- Monitoring and evaluation.
- Resource mobilization.
- Operational research across sectors.
- SOPs and protocols for health care system, in coordination with HCS pillar.

- Supply chain coordination for cholera commodities, in coordination with HCS, WASH and OCV pillars.
- Treatment strategies and protocols, in liaison with the HCS pillar.

***Surveillance and reporting (SAR pillar; epidemiology and laboratory)***

Refer to the Assessment of cholera surveillance Interim Guidance Document 2024, the GTFCC's recommended method for assessing public health surveillance1 for cholera, and for planning priority activities to strengthen it.

The criteria listed in the guidance on the assessment of cholera surveillance (and outlined hereafter) account for standard minimum criteria to be assessed when evaluating the SAR pillar and address:

- the cholera surveillance strategies and surveillance system in the country.
- the cholera surveillance performance at the local level to identify priority geographic units where surveillance should be strengthened.

Further to the criteria listed in the dedicated GTFCC guidance on the assessment of cholera surveillance, additional factors/criteria may be considered by countries in the SWOT analysis to complement the assessment of the SAR pillar.

Assessment of cholera surveillance strategies and surveillance system in the country

- Adaptive cholera surveillance strategy at the local level
- Cholera surveillance streams
- Definitions for cholera surveillance
- Testing for the early detection of cholera outbreaks
- Testing for the monitoring of probable or confirmed cholera outbreaks
- Use of Rapid Diagnostic Tests (RDTs)
- Collection and reporting of case-based cholera data
- Centralization and integration of case-based epidemiological and laboratory data
- Data analysis, interpretation, and dissemination
- Monitoring of surveillance performance
- Reporting to the international level
- Investigation and classification of cholera cases– if an NCP for cholera elimination is being developed.

Assessment of cholera surveillance performance at the local level

Based on the assessment of surveillance performance indicators at the level of surveillance units or NCP operational geographic units.

Of note, for a more in-depth assessment of the cholera laboratory system in place, it is possible to contact the GTFCC to discuss detailed laboratory capacity assessments.

***Health care system strengthening (HCS pillar)***

The following are examples of areas to consider in the situation analysis:

- SOPs and protocols for health care system, in liaison with the Coordination pillar.
- Treatment strategies and protocols, in liaison with the Coordination pillar.
- Early access to treatment for communities.
- Role of community health workers in case detection, treatment, and referral.
- Capacity to treat cholera cases in health facilities.

- Mapping/understanding of past/potential cholera facilities in PAMIs, capacity to isolate patients in existing structures
- Community mechanism for health care, especially during outbreaks.
- Coordination mechanisms between health care providers.
- Coordination mechanisms for setup of CTC/CTU/ORPs in outbreaks, in liaison with the Coordination pillar.
- Existing trainings on cholera (whether it is in medical curricula).
- Supply chain mechanisms during outbreaks (push vs pull systems).
- Coordination / integration of community systems with health structures and informal systems (traditional healers, others).

***Use of oral cholera vaccine (OCV pillar)***

The following are examples of area to consider in the situation analysis:

- Responsiveness of vaccination campaigns.
- Operations of previous campaigns, lessons learned.
- Operations of the cold chain structure.
- Vaccine logistics and transport.
- Vaccine campaign operations and coverage.
- Organization of preventive campaigns in PAMIs.
- Vaccine campaign monitoring and evaluation.
- Post-campaign surveys.

***Water, Sanitation and Hygiene (WASH pillar)***

The following are examples of area to consider in the situation analysis:

- Policies, guidelines.
- WASH service level data collection and monitoring tools.
- WASH governance at different administrative levels.
- Water quality monitoring systems and laboratory capacity for surveillance.
- Guidelines and protocols for operation and maintenance of WASH services.
- Emergency WASH coordination, strategies.
- WASH in area where preventive OCV campaigns have taken place.
- Access to basic/safely managed water.
- Access to basic/safely managed sanitation services.
- Access to basic hygiene.
- Open defecation rates.
- Solid waste management services.

***Community engagement (COM pillar)***

Community engagement is crucial for building trust and ensuring the active participation of communities in cholera prevention, preparedness, and response. During the situation analysis phase, it is important to evaluate existing mechanisms and identify gaps in community engagement.

It is crucial to ensure that community engagement is a central consideration across all other pillars. The guidance "GTFCC Guidance on integrating community engagement in National Cholera Plans" should be used by the COM pillar as a key resource for its work and reference points for other pillar's engagement.

The following considerations should be made:

**Mechanisms for Building and Maintaining Relationships**:

- Evaluate existing mechanisms for engaging with communities, including community feedback systems and social science research initiatives.
- Assess the effectiveness of current community engagement strategies in building trust and fostering participation.

**Coordination of Community Engagement Activities**:

- Identify how community engagement activities are currently coordinated at the community level and their integration with other pillars.
- Assess definitions for roles and responsibilities for community engagement in coordination mechanisms.

**Tools and Materials for Community Engagement**:

- Assess the availability and effectiveness of tools and materials used for community engagement, such as communication materials, participatory planning tools, and community mapping resources, whether they are culturally appropriate and accessible in local languages.

**Outbreak Risk Communication Activities**:

- Evaluate the current risk communication activities and their reach within the community, particularly focusing on vulnerable and marginalized groups.
- Identify gaps in risk communication and areas for improvement.

**Understanding Cultural Context and Identifying High-Risk Groups**:

- Frame reflections within a broader contextual analysis to understand the socio-economic, cultural, and behavioural drivers influencing cholera-related behaviours.
- Identify how local actors can map high-risk groups within PAMIs, ensuring targeted interventions are culturally sensitive and effective.

**Community Feedback and Social Science Data**:

- Ensure partners bring concrete information from their community feedback mechanisms as well as social science data to inform the reflection.

**Engagement Strategies for Different Community Sectors**:

- Assess strategies to engage various community sectors, including religious leaders, women's associations, youth groups, and local influencers. And whether these strategies and activities have promoted active participation and two-way communication between the community and response actors

### 5.3. The baseline for GTFCC core indicators

The baseline for GTFCC core indicators should be consistent with the values given in the GTFCC interim guidance for countries choosing cholera elimination as a national goal[2], unless the situation analysis has identified factors that would lead to a different value. Note that the GTFCC has not provided target values for indicator 3 and indicator 15, which will need to be determined at this stage. If the baseline for a core indicator cannot be documented, an activity should appear in the implementation plan for ensuring that the indicator will become available during the implementation of the NCP.

Table 5 below shows the following:

- The baseline value for all 16 core indicators recommended by the GTFCC in the GTFCC Interim Guiding Document to Support Countries for the Development of their NCP (GTFCC NCP Guidance) for monitoring and reporting progress in the implementation of the NCP. These baseline values should be derived directly from the situation analysis. Values could be the most recent data of a 5-year average for those that may fluctuate over time e.g., cholera deaths or incidence. Subsequently, indicator values will be reported annually by the countries to monitor progress.
- The target value to be achieved at the end of the NCP. This should be in line with the values given in the GTFCC interim guidance for countries choosing cholera elimination as a national goal, unless the situation analysis has identified factors that would lead to a different value. Note that the GTFCC has not provided target values for indicator 3 and indicator 15, which will need to be determined at this stage.

The monitoring and evaluation plan will include updating these indicators yearly and reporting them to the GTFCC (see section 11.3 Annual review of Implementation Plan).

[2] For the Surveillance Pillar we recommend ensuring consistency with the 2024 GTFCC surveillance guidance that defines core surveillance performance indicators

## Table 5. Cholera baseline and target values for the 16 global GTFCC core indicators, [year]

| Pillar and core indicators (CI) | Year | Value | Target |
|---|---|---|---|
| **Coordination** | | | |
| CI 1: Proportion of the NCP which is funded through domestic and external funding | [year] | [value] | 100% |
| CI 2: Number of multisectoral meetings held annually by the NCP coordination body | [year] | [value] | Quarterly |
| **Surveillance and reporting** | | | |
| CI 3: Incidence rate of suspected cholera | [year] | [value] | [National] |
| CI 4: Completeness of reporting[3] | [year] | [value] | ≥80% |
| CI 5: Proportion of peripheral health facilities (PHF) with access to functional laboratory | [year] | [value] | ≥95% |
| **Health care system strengthening** | | | |
| CI 6: Number of deaths from cholera | [year] | [value] | [National] |
| CI 7: Case-fatality ratio in treatment centers | [year] | [value] | <1% |
| CI 8: Proportion of the population living in PAMIs who have access to ORS within a 30-minute walk from their home | [year] | [value] | 100% |
| **Use of Oral Cholera Vaccine** | | | |
| CI 9: OCV administrative coverage in PAMI areas vaccinated (over the preceding 12 months) | [year] | [value] | ≥95% |
| CI 10: Proportion of PAMIs targeted by the vaccination plan (in the reporting year) that have been vaccinated | [year] | [value] | 100% |
| CI 11: Proportion of emergency versus total OCV doses administered (over the preceding 12 months) | [year] | [value] | N/A |
| **Water, Sanitation, and Hygiene** | | | |
| CI 12: Proportion of people with access to basic+ water in PAMIs | [year] | [value] | ≥80% |
| CI 13: Proportion of people with access to basic sanitation in PAMIs | [year] | [value] | ≥80% |
| CI 14: Proportion of people with access to basic hygiene in PAMIs | [year] | [value] | ≥80% |
| **Community engagement** | | | |
| CI 15: Proportion of trained focal points to support community engagement and cholera prevention and treatment per inhabitants in PAMIs | [year] | [value] | [National] |
| CI 16: Proportion of the population in PAMIs who have correct knowledge on cholera prevention in communities | [year] | [value] | 100% |

# 6. Multisectoral leadership and coordination mechanism for the NCP

This section describes the multisectoral cholera leadership and coordination mechanism for the Implementation and monitoring of the NCP. It should include the following sub-headings:

## 6.1. Steering and coordinating task force

***Members of the task force***

- Including their roles, responsibilities, and accountabilities for NCP steering, coordinating, implementing, monitoring, and evaluating (note: it is important to include all relevant ministries/ stakeholders).

***Leadership and coordination mechanisms***

- A description of the interaction/reporting lines between the different members of the coordinating body, which is particularly important for a well-functioning multisectoral approach (i.e., the coordinating mechanism must have coordinating powers beyond a specific ministry).
- The frequency of meetings to ensure implementation and M&E of the NCP.
- The frequency of reporting at national and global levels. It may be a statement that the monitoring and evaluation plan will be followed and reviewed annually by the coordination team.

***Long-term vs epidemic coordination mechanisms***

- High level overview of how coordination would take place in potential future cholera outbreaks. Does this NCP's coordination mechanism stand in outbreaks or is there a more agile mechanism for national and sub-national levels?

## 6.2. Organizational chart

- An organizational chart with positions (names may change, but responsibility should be assigned to specific positions).
- In an annex, the terms of reference of the resulting high-level multisectoral coordination body (referred to as the NCP Coordination Body) with a mandate to:
    - Maintain multisectoral political commitment at all levels to the objectives of the Roadmap.
    - Guide and steer the planning process and ensure that the NCP is endorsed and approved by all relevant sectors.
    - Establish and maintain systematic and effective coordination of all cholera prevention and control activities.
    - Monitor and report progress on the Implementation and impact of cholera interventions to both senior national authorities and the GTFCC.

Refer to Annex IV: Terms of reference contents for an NCP coordination for suggestions.

[3] Adjusted as outlined in footnotes 1 and 2 above

# 7. National, pillar goals, and strategic objectives

This section of the NCP should include the following sub-headings:

### 7.1. Goal of the NCP

Based on the results of the situation analysis, the NCP should state the overarching goal for the country. To be consistent with the roadmap, the NCP should indicate whether the country is moving towards elimination or control and in which time frame.

An example of formulation of national goal is available in the GTFCC Interim Guiding document page 16.

Elimination refers to the criteria set in Annex D of the Roadmap as *"Any country that reports no confirmed cases with evidence of local transmission for at least three consecutive years and has a well-functioning epidemiologic and laboratory surveillance system able to detect and confirm cases."*

If choosing the control goal, the country should indicate:

- The outcome indicator, e.g., national or district cholera burden brought under a specific annual incidence.
- A set of annual milestones against which monitor progress annually.

### 7.2. Pillar specific strategic objectives

This section of the NCP should include a table of pillar-specific strategic objectives, using a template table like **Table 6** below, derived from the GTFCC Interim Guiding document, page 18, and that should be adapted as per country needs and priorities. Note that the indicators and targets for these strategic objectives will be derived from the targets set for the 16 core indicators above and supplemented by additional indicators and targets identified during the logical framework analysis in the next section.

**Table 6. The GTFCC NCP Guidance proposed examples of strategic objectives by pillar.**

| Leading pillar / Strategic objectives |
|---|
| 1. Coordination |
| 01. To effectively coordinate the planning and implementation of the NCP according to the various roles, responsibilities, targets and guiding principles of the relevant intervention areas at all levels |
| 02. To increase resource allocation and investment through innovative funding mechanism for effective implementation of the NCP |
| 2. Surveillance and reporting |
| 03. Early detection of suspected, probable, confirmed cholera outbreaks to rapidly detect suspected, probable, confirmed cholera outbreaks through relevant sources, to timely verify and investigate them and allow for implementation of control measures. |
| 04. Monitoring of probable and confirmed outbreaks (community or clustered transmission) to maintain, update, analyze and share datasets. This data should be integrated into existing surveillance systems and include a zero-reporting feature. |
| 3. Health care system |
| 05. To increase access to treatment at community and health facility levels to reduce cholera deaths by 90%. |
| 4. Oral Cholera Vaccine |
| 06. To implement high target population coverage (95%) preventive OCV campaigns in selected cholera PAMIs. |
| 07. To implement reactive OCV campaigns in emergency with a high target population coverage (95%). |
| 5. Water, Sanitation and Hygiene |
| 08. Increase to 80% the population portion with access to basic plus water and basic sanitation services and hygiene promotion in PAMIs. |
| 09. Assess and review WASH capacity development plans and identify training and learning opportunities required for supporting stakeholders |
| 10. Consider Operation and Maintenance, management and cost recovery when developing plans for the WASH sector, including financial viability and sustainability analysis for willingness to pay and affordability. |
| 6. Community engagement |
| 11. To further engage communities in cholera prevention and control to stop community-level transmission. |

### 7.3. Timeframe, targets, and milestones for achieving the goal

This section should specify:

- The timeframe for achieving the goal, indicating the period covered by the plan.
- The timeframe for achieving the strategic objectives, by pillar.
- A set of annual targets and milestones attached to the strategic objectives.
- A reference to the targets for the cholera pillars to achieve the target value set for the 16 indicators as presented in the previous section.

- A table derived from the model proposed in the Roadmap and shown in
- Table 7 below, including the milestones along the way to measure progress. It should cover the 16 indicators presented in **Table 5** above.
- This should be in line with the values given in the GTFCC interim guidance for countries choosing cholera elimination as a national goal, unless the situation analysis has identified factors that would lead to a different value. Note that the GTFCC has not provided target values for indicators 3 and 15, which will need to be determined at this stage for each country.
- The monitoring and evaluation plan will include updating these indicators yearly and reporting them to the GTFCC (see Section 11 below).

**Table 7. Example of national goal and milestones for a country NCP**

| | Baseline | 1st year of implementation* | 5th year of implementation | 10th year of implementation |
|---|---|---|---|---|
| **Reduction of number of cholera deaths** | 5-year average** | 50% | 90% | 90% |
| **Case-fatality rate** | 5-year average | <1% | <1% | <1% |
| **Reduction of incidence** | 5-year average /1000 population | N/A | 75% | 100% |

* Should refer to the duration of the plan

** Could be adapted to the data available in the country

## 8. Logical framework analysis

The strategic objectives identified by the country for each pillar are the starting point for designing the logical framework analysis. They provide the basis for further identifying the outcomes and outputs needed to achieve them and ensure the planning of interventions to fill the gaps identified through the capacity and gap assessment of the cholera pillars.

Each of the strategic objectives identified in the previous section should be subjected to a logical framework analysis to identify the required outcomes and outputs.

The outcomes and outputs identified through a log frame analysis are expressed as results achieved through activities undertaken and grouped into interventions (or projects). The activities and interventions derived from the outcomes and outputs are the elements covered in the implementation plan presented in the next section.

The GTFCC NCP Guide in its chapter on "Development of a National Cholera Plan" page 17 proposes, in an indicative manner, a list of 28 interventions that are further detailed in 124 projects to be considered for strengthening the capacity of cholera pillars. Table 8 below presents, for illustrative purposes, the list of these 28 interventions. In addition, Technical guidance IV: NCP strengthening interventions to be considered in the implementation plan, suggests a series of tables that describe interventions and activities by pillar in more detail. This illustrative list should serve as a basis for the countries to identify appropriate interventions and activities and should be adapted to reflect the country context.

This section of the NCP should include the results of the logical framework analysis in tabular form.

Table 21 in Template III: Logical framework analysis, provides a template for presenting the results of the log frame analysis for an example pillar.

### Table 8. GTFCCC suggested examples of priority interventions for strengthening country capacity, by pillar

| Pillar for / Priority interventions for strengthening |
|---|
| **Coordination and leadership pillar** |
| **Strategic Objective(s):** |
| 01. Establish the national leadership and coordination structure |
| 02. Strengthen inter-sectoral and interdisciplinary collaboration, coordination, and information-sharing |
| 03. Assess available funding and develop Resource mobilization strategy for cholera control |
| 04. Establish protocols to ensure effectively guided and coordinated cholera control activities at all levels |
| 05. Establish a harmonized multi-sectoral Monitoring, Evaluation and Learning (MEAL) systems |
| **Surveillance and reporting pillar** |
| **Strategic Objective(s):** |
| 01. Engage communities in surveillance |
| 02. Regularly update cholera surveillance protocols and tools consistent with GTFCC minimum recommendations for adaptive cholera surveillance at the surveillance unit level |
| 03. Build and maintain capacity for early detection and reporting of suspected cholera cases |
| 04. Build and maintain capacity for collection of standard minimum data, reporting and analyzes |
| 05. Build and maintain capacity for sample collection and transportation and rapid diagnostic test (RDT) use |
| 06. Build capacity for laboratory confirmation of suspected cases |
| 07. Develop national reference laboratory capacity |
| 08. Establish collaboration with national and international reference laboratories |
| 09. Establish/strengthen international collaboration |
| 10. Enhance surveillance during outbreaks |
| **Health care system strengthening pillar** |
| **Strategic Objective(s):** |

| |
|---|
| 01. Engage with communities to improve early access to treatment (in collaboration with RCCE Pillar) |
| 02. Build capacity of community health workers to identify, provide treatment and refer patients with suspected cholera |
| 03. Build capacity to treat patients at health care facility level |
| 04. Monitor and evaluate the interventions at community and health facility levels |
| 05. Scale-up community engagement and access to treatment during outbreaks |
| 06. Establish coordination mechanisms between health care providers |
| **Use of oral cholera vaccine pillar** |
| **Strategic Objective(s):** |
| 01. Develop a request for preventive vaccination in selected PAMIs |
| 02. Develop a request for a reactive vaccination campaign |
| 03. Implement vaccination campaigns in line with the approved request |
| 04. Conduct monitoring & evaluation activities |
| **Water, sanitation and hygiene pillar** |
| **Strategic Objective(s):** |
| 01. Improve access to water sources for all |
| 02. Improve access to sanitation |
| 03. Improve health and hygiene practices |
| 04. Provide access to WASH infrastructure and promote good hygiene behaviors during outbreaks |
| **Community engagement pillar** |
| **Strategic Objective(s):** |
| 01. Identify at-risk and vulnerable groups and understand the community beliefs and behaviors in cholera PAMIs |
| 02. Engage communities, establish, and maintain relationships |
| 03. Develop and distribute materials communicating goals and objectives |
| 04. Strengthen risk communication and community engagement during outbreaks |

# 9. Implementation plans

This section of the NCP should present interventions and activities by pillar defined in the previous step, as well as the additional planning information that needs to be included. The format for this information should be an electronic spreadsheet attached to the NCP.

For each activity, the additional information includes:

- The person responsible for the activity and his/her affiliations.
- The contributing partners.
- The budget required to carry out the activity and deliver the output.
- The resources allocated to the activity.
- An implementation schedule with start, mid-term, and end dates (if not an on-going activity) and milestones along the way.

This section of the NCP should contain the following sub-headings:

## 9.1. A description of the methodology used for its preparation

The development of an implementation plan can be summarized in the six steps below.

**1. Specify the outcome expected for each of the strengthening interventions**

The first step consists in detailing how the implementation plan will allow achieving the expected strengthening of the priority domains. This require that for each strengthening intervention, an expected outcome is set, e.g., determine how many community health workers, traditional healers and volunteers will learn to identify cholera symptoms through regular training. These expected outcome for each intervention will become in turn the **outcome indicators** against which the implementation plan will be monitored.

**2. Assign implementation responsibility to an owner**

Once the outcome is set, the implementation responsibility should be assigned to someone in charge of developing a **project** plan for each outcome. That project plan should be further detailed in tasks.

**3. Conduct a risk assessment**

The project manager should conduct a risk assessment to identify **risks** and **contingencies** along the implementation path and ensure **feasibility**. The risk assessment should be a collective effort of the project team led by the project manager.

**4. Establish a budget**

A budget is developed which should allow to easily track and measure expenditures. The risks and contingencies identified in the previous steps need to be taken into consideration in the budget.

**5. Assign each implementation plan tasks an owner**

The project manager further assigns individual tasks to a task owner accountable for the good execution of the tasks and reporting to back progress to the project manager. The task owner is responsible in turn for the handling of the risk identified during the risk assessment step.

**6. Develop an implementation schedule**

This is the final step where all the tasks of the project are inserted in a project schedule, specifying a beginning, a mid-point, and an end. The implementation schedule benefits from the insertion of milestones along the path. A scheduling buffer should be considered to account for unforeseen delays in the implementation.

### 9.2. Content of the implementation plan

As a result of the previous step, the implementation plan can be prepared for each activity and intervention, contributing to the pillar strategic objectives, to achieve the goal in the given timeline. Such an implementation plan would be best presented as an electronic document (spreadsheet) with the following content.

- A detailed list of planned interventions and activities.
- Presented by pillar and indicating supporting pillars.
- The expected target outcome of each intervention.
- The costing and mobilization of resources.
- The monitoring plan for the relevant outcome indicators.
- The timetable for implementation.

An example is provided in Template IV. Template for a list of priority activities. This template should be expanded as needed to reflect targets and milestones identified in the previous steps.

## 10. Monitoring and evaluation

The NCP should include a monitoring, evaluation, and reporting plan to measure progress in the implementation of the NCP and to monitor its impact.

### 10.1. Regular updates

The monitoring and evaluation plan should include the provision of regular updates on the implementation of the plan as a set of input, activity, output, outcome, and impact indicators. These indicators should be provided at least quarterly, and preferably monthly.

***Input indicators:***

- Percentage of planned resources delivered.

***Activity indicators:***

- Percentage of activities carried out according to the implementation plan.
- Budget execution (%) according to the implementation plan.

***Output indicators:***

- Percentage of the targeted beneficiaries reached by the activity to date.

***Outcome indicators:***

- Changes that have been observed as a result of the activity.
- Outbreak indicators, weekly at administrative level 2: notification of new outbreaks with number of suspected and confirmed cases and number of new cases for outbreaks under surveillance.
- Surveillance indicators, weekly or monthly at administrative level 1 or 2 and PAMIs: number of cases and deaths, confirmed/suspected, autochthonous/imported.

***Impact indicators:***

- Pillar specific milestones and indicators, as per NCP SMART targets.
- Roadmap indicators.

**Table 9. Examples of indicators related to training community leaders in better detection of cholera outbreaks**

| | NCP project: Sensitize 2000 communities to early reporting of suspected cholera cases | Indicators |
|---|---|---|
| **Input** | *The project will provide:*<br>- Funds to conduct sensitization campaign<br>- Sensitization materials<br>- Staff to deliver sensitization | - % of planned input provided |
| **Activities** | *For the project staff to do:*<br>- Conduct 2000 community sensitization sessions in targeted communities | - Number and % of planned sensitization sessions conducted |
| **Output** | *As a result, this will happen:*<br>- 2000 communities better skilled to early detect suspected cholera cases | - Number and % of communities sensitized |
| **Outcome** | *Leading to:*<br>- Cholera outbreak detected and reported at an earlier stage<br>- Control operations launched timelier | - % change in reporting delays for suspected cholera cases from communities (days) |
| **Impact** | *And contributing to a reduction in:*<br>- Incidence of cholera<br>- Community deaths<br>- Case-fatality rate | - % overall decrease in incidence, deaths, and case-fatality rate. |

### 10.2. Other monitoring and evaluation methods

This section of the NCP should include the following sub-headings, as appropriate:

- Simulation exercise evaluation report.
- After Action Reviews (AAR).
- Project reports.
- Outbreak investigation reports.
- Lessons learned.

## 11. Reporting

Countries should commit to reporting and, if needed or requested, engaging with the GTFCC to improve reporting capacity for:

1. GTFCC 16 Core Indicators.
2. Regular case reporting to WHO.
3. Annual in-depth review of their NCP.

### 11.1. Global reporting of the GTFCC 16 core indicators

Countries indicate in the NCP their commitment to report annually the GTFCC 16 core indicators. The NCP should include the value of these 16 core indicators at the time of the start of the implementation of the plan.

### 11.2. Regular case reporting to WHO

Countries confirm their commitment to consistently report cholera cases and deaths to the WHO, ensuring timely and accurate data for global monitoring and response efforts.

### 11.3. Annual review of Implementation Plan

Country should commit in the NCP to organize annual in-depth review of their plan. This should be indicated in the terms of reference of the National Coordinating Body (see Annex IV).

This annual meeting should consider addressing, among other issues, the following:

- Changes in the PAMI profiles and prioritization compared to the situation analysis.
- Annual review of operational plans.
- Multi-Year Plan of Action for pillars.
- Changes in the evaluation of the SWOT results compared to the situation analysis.
- Review of WASH progress towards its strategic objective(s).
- Implementation of the NCP:
    - % of budget execution.
    - Progress towards the national goal.
    - GTFCC updated core indicators, as per Table 5 in Section 5.3.

## Suggested NCP Annexes

## Annex I: Epidemiological indicators

### Table 10. Epidemiological indicators by year and NCP operational geographic units, [country], [Y-5 to Y-1]

| Administrative level 1 | Suspected cases | | | | | | Suspected deaths | | | | | | Incidence | Mortality | Case-fatality | Persistence, % of weeks with cases | Cholera Testing | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Y-5 | Y-4 | Y-3 | Y-2 | Y-1 | Total | Y-5 | Y-4 | Y-3 | Y-2 | Y-1 | Total | /100 000 | /100 000 | /100 | | RDT | | | PCR/culture | | |
| | | | | | | | | | | | | | | | | | Tested | Positive | % of positive | Tested | Positive | % of positive |
| NCP operational geographic unit 1 | | | | | | | | | | | | | | | | | | | | | | |
| NCP operational geographic unit 2 | | | | | | | | | | | | | | | | | | | | | | |
| NCP operational geographic unit 3 | | | | | | | | | | | | | | | | | | | | | | |
| … | | | | | | | | | | | | | | | | | | | | | | |
| **Total for country** | | | | | | | | | | | | | | | | | | | | | | |

The table could reflect different administrative levels depending on the size of the country and the number of units in each administrative level.

## Annex II: Vaccination indicators

### Table 11. Preventive OCV vaccination indicators by NCP operational geographic units, [Country], [Y-3 to Y-1]

| NCP operational geographic units | Year/month of most recent campaign | Targeted population (>1 year of age) | First dose | Second dose | Fully vaccinated OCV coverage |
|---|---|---|---|---|---|
| NCP operational geographic unit 1 | | | | | |
| NCP operational geographic unit 2 | | | | | |
| NCP operational geographic unit … | | | | | |
| **Total for country** | | | | | |

### Table 12. Reactive OCV vaccination indicators by NCP operational geographic units, [Country], [Y-3 to Y-1]

| NCP operational geographic units | Year/month of most recent campaign | Targeted population (>1 year of age) | First dose | Second dose | Fully vaccinated OCV coverage |
|---|---|---|---|---|---|
| NCP operational geographic unit 1 | | | | | |
| NCP operational geographic unit 2 | | | | | |
| NCP operational geographic unit … | | | | | |
| **Total for country** | | | | | |

## Annex III: WASH indicators by NCP operational geographic units

### Table 13. WASH indicators by NCP operational geographic units, [country], [Y-3 to Y-1]

| NCP operational geographic units | Proportion of the population: | | |
|---|---|---|---|
| | using unimproved water facility | using unimproved sanitation facility | without handwashing facilities |
| NCP operational geographic unit 1 | | | |
| NCP operational geographic unit 2 | | | |
| … | | | |
| Total for country | | | |

## Annex IV: Terms of reference contents for an NCP coordination body

The terms of reference of the NCP coordination body should consider the following areas:

- Objectives.
- Scope and authority, including decision-making powers.
- Membership with affiliation.
- Leadership and governance, including chairperson, vice-chair, executive committee…
- Meetings and communication.
- Decision-making process.
- Reporting and accountability.
- Resource allocation.
- Monitoring and evaluation.
- Annual review of the Implementation Plan.
- Duration of the ToR and review process.
- Communication with stakeholders, media and the public.

# Templates to support NCP Development

## Template I: Mapping stakeholders/activities

Given potential sensitivities around publishing details around contacts, funding, and influence, the country can choose to carry out a more robust stakeholder mapping that is used for strategic planning and discussion, separate and apart from a stakeholder mapping to publish as part of the NCP itself which may limit the data shared per partner.

**Table 14. Template for mapping stakeholders.**

| Stakeholder | Pillar/Area | Activity | Where | Funding | Interest | Influence | Outcome |
|---|---|---|---|---|---|---|---|
| Stakeholder 1/ Contact | | | | | high | high | Build and keep a strong relationship with these stakeholders throughout the planning and implementation process. These stakeholders will be key to achieve the expected outcomes. |
| Stakeholder 2/ Contact | | | | | high | low | Keep these stakeholders informed of your goals and progress to improve chances of success. |
| Stakeholder 3/ Contact | | | | | low | high | Keep in mind the objectives/areas of interest of these stakeholders and try to keep them satisfied. |
| Stakeholder 4/ Contact | | | | | low | low | Monitor the activities of these stakeholders regularly and keep them in the communication loop without specific outreach. |
| Stakeholder 5/ Contact | | | | | | | Enter interest and influence |
| Stakeholder 6/ Contact | | | | | | | Enter interest and influence |
| Stakeholder 7/ Contact | | | | | | | Enter interest and influence |
| Stakeholder 8/ Contact | | | | | | | Enter interest and influence |
| Stakeholder 9/ Contact | | | | | | | Enter interest and influence |
| Stakeholder 10/ Contact | | | | | | | Enter interest and influence |
| Stakeholder 11/ Contact | | | | | | | Enter interest and influence |
| Stakeholder 12/ Contact | | | | | | | Enter interest and influence |
| Stakeholder .../ Contact | | | | | | | Enter interest and influence |

## Template II: SWOT analysis of cholera elimination and control pillars

### Table 15. Templates for documenting a SWOT analysis discussion for the coordination pillar

| Coordination | | |
|---|---|---|
| **Internal factors/Areas** | **Strength<br>What are we doing well?** | **Weaknesses<br>What do we need to improve?** |
| - Status of the current system, facilities, and functionality (review existing assessments, national policies, SOPs, guidelines, etc.).<br>- Availability of funding to undertake critical activities.<br>- Availability and training of human resources to undertake activities.<br>- Integration with activities of the other pillars.<br>- Pillar specific domains:<br>  - Fund raising and resource mobilization.<br>  - Monitoring and evaluation.<br>  - Preparedness.<br>  - Advocacy.<br>  - Communication strategy.<br>- Other: | | |
| **External factors** | **Opportunities<br>What can we take advantage of?** | **Threats<br>What can negatively affect us?** |
| - Changes in the economy e.g., inflation or growth.<br>- Competing national priorities.<br>- Other: | | |

## Table 16. Templates for documenting a SWOT analysis discussion for the surveillance and reporting pillar

| Surveillance and reporting | | |
|---|---|---|
| **Internal factors/Areas** | **Strength<br>What are we doing well?** | **Weaknesses<br>What do we need to improve?** |
| Standard minimum internal factors:<br>*[Refer to the dedicated GTFCC guidance on the assessment of cholera surveillance for detailed guidance gtfcc-assessment-of-cholera-surveillance-en.pdf ]*<br><br>Assessment of cholera surveillance strategies and surveillance system in the country<br>-Adaptive cholera surveillance strategy at the local level<br>-Cholera surveillance streams<br>-Definitions for cholera surveillance<br>-Testing for the early detection of cholera outbreaks<br>-Testing for the monitoring of probable or confirmed cholera outbreaks<br>-Use of Rapid Diagnostic Tests (RDTs)<br>-Collection and reporting of case-based cholera data<br>-Centralization and integration of case-based epidemiological and laboratory data<br>-Data analysis, interpretation, and dissemination<br>-Monitoring of surveillance performance<br>-Reporting to the international level<br><br>- Investigation and classification of cholera cases– if an NCP for cholera elimination is being developed<br><br>Assessment of cholera surveillance performance at the local level<br><br>Assessment of surveillance performance indicators at the level of surveillance units or NCP operational geographic units.<br><br>- Additional internal factors: | | |
| **External factors** | **Opportunities<br>What can we take advantage of?** | **Threats<br>What can negatively affect us?** |
| - Changes in the demographical characteristics.<br>- Changes in the economy e.g., inflation or growth.<br>- Change in precipitations and temperatures.<br>- Increased risk of cholera e.g., in case of natural disaster or conflict.<br><br>- New improved RDT technology.<br>- National Electronic Health Record initiative (EHR).<br>- Other: | | |

### Table 17. Templates for documenting a SWOT analysis discussion for the health care system strengthening pillar

| Health care system strengthening | | |
|---|---|---|
| **Internal factors/Areas** | **Strength**<br>**What are we doing well?** | **Weaknesses**<br>**What do we need to improve?** |
| - Status of the current system, facilities, and functionality (review existing assessments, national policies, SOPs, guidelines, etc.).<br>- Availability of funding to undertake critical activities.<br>- Availability and training of human resources to undertake activities.<br>- Integration with activities of the other pillars.<br>- Pillar specific areas:<br>  - Health facility coverage, overall and in PAMIs.<br>  - CTC and CTU coverage in PAMIs.<br>  - Oral rehydration points.<br>  - Supplies (medicine, medical equipment, medical supplies).<br>  - Standards for quality of care.<br>  - Standards for infection prevention and control.<br>  - Protocol for referring cholera cases.<br>  - Contingency plans for cholera response in PAMIs.<br>  - Diagnostic and treatment protocols.<br>  - Death management protocol in facilities and communities.<br>- Other: | | |
| **External factors** | **Opportunities**<br>**What can we take advantage of?** | **Threats**<br>**What can negatively affect us?** |
| - Changes in the demographical characteristics.<br>- Changes in the economy e.g., inflation or growth.<br>- Change in precipitations and temperatures.<br>- National Electronic Health Record initiative (EHR).<br>- Development of road network.<br>- Other: | | |

## Table 18. Templates for documenting a SWOT analysis discussion for the use of OCV pillar

| Use of oral cholera vaccine | | |
|---|---|---|
| **Internal factors/Areas** | **Strength**<br>**What are we doing well?** | **Weaknesses**<br>**What do we need to improve?** |
| - Status of the current system, facilities, and functionality (review existing assessments, national policies, SOPs, guidelines, etc.).<br>- Availability of funding to undertake critical activities.<br>- Availability and training of human resources to undertake activities.<br>- Integration with activities of the other pillars.<br>- Pillar specific areas:<br>- Vaccination strategies and schedules.<br>- Vaccine supply.<br>- Logistics, cold chain.<br>- Organization and funding for preventive & reactive campaigns.<br>- Communication and community vaccine acceptance.<br>- Data collection and reporting on OCV use.<br>- Vaccine coverage monitoring and surveys.<br>- Other: | | |
| **External factors** | **Opportunities**<br>**What can we take advantage of?** | **Threats**<br>**What can negatively affect us?** |
| - Changes in the demographical characteristics.<br>- Changes in the economy e.g., inflation or growth.<br>- Changes in OCV schedule in children 1 to 5 years of age.<br>- Insufficient availability of vaccines.<br>- Availability of single dose cholera vaccines.<br>- Change of strategies for reactive vaccine campaigns.<br>- OCV cost reduction.<br>- Longer-lasting cholera vaccines.<br>- Other: | | |

### Table 19. Templates for documenting a SWOT analysis discussion for the WASH pillar

| Water, sanitation and hygiene | | |
|---|---|---|
| **Internal factors/Areas** | **Strength<br>What are we doing well?** | **Weaknesses<br>What do we need to improve?** |
| - Status of the current system, facilities and functionality (review existing assessments, national policies, SOPs, guidelines, etc.).<br>- Availability of funding to undertake critical activities.<br>- Availability and training of human resources to undertake activities<br>- Integration with activities of the other pillars<br>- Pillar specific areas:<br>  - Country WASH legal and operational framework, strategy and related plans.<br>  - Policy documents, norms and standards for WASH services delivery.<br>  - WASH assessment tools and methodologies.<br>  - Water Quality and Environmental surveillance systems.<br>- Other: | | |
| **External factors** | **Opportunities<br>What can we take advantage of?** | **Threats<br>What can negatively affect us?** |
| - Changes in the demographical characteristics.<br>- Changes in the economy e.g., inflation or growth.<br>- Change in precipitations and temperatures.<br>- Changes in sanitary structures.<br>- Changes in water distribution systems.<br>- Initiatives in sewage disposal systems.<br>- Other: | | |

### Table 20. Templates for documenting a SWOT analysis discussion for the community engagement pillar

| Community engagement | | |
|---|---|---|
| **Internal factors/Areas** | **Strength<br>What are we doing well?** | **Weaknesses<br>What do we need to improve?** |
| - Status of the current system, facilities and functionality (review existing assessments, national policies, SOPs, guidelines, etc.).<br>- Availability of funding to undertake critical activities.<br>- Availability and training of human resources to undertake activities.<br>- Integration with activities of the other pillars.<br>- Pillar specific areas:<br>  - Tools for baseline assessment and development of community engagement and accountability.<br>  - High risk/vulnerable groups.<br>  - Risk communication and community engagement during outbreaks.<br>  - Safe and dignified burial.<br>  - Stigma and discrimination.<br>  - Community engagement indicators and their monitoring.<br>  - Community engagement training packages.<br>- Other: | | |
| **External factors** | **Opportunities<br>What can we take advantage of?** | **Threats<br>What can negatively affect us?** |
| - Changes in the demographical characteristics.<br>- Changes in the economy e.g., inflation or growth.<br>- Other: | | |

## Template III: Logical framework analysis

The table below shows an example of a logframe for the WASH Pillar, here along with its three activities and outputs. ICRC Program/project management: The results-based approach

### Table 21. Example of a draft logical framework for cholera control for the WASH Pillar

| | PROJECT SUMMARY | INDICATORS | MEANS OF VERIFICATION | RISKS / ASSUMPTIONS |
|---|---|---|---|---|
| **Strategic objective** | Increase to 80% access to safe drinking water and to 75% coverage of basic sanitation and hygiene by 2028 in priority PAMIs | Percentage of the population in priority PAMIs with access to safe drinking water<br><br>Percentage of the population in priority PAMIs with access to basic sanitation and hygiene services | Surveys and Assessments: Conduct baseline and follow-up surveys within priority PAMIs to measure access levels to safe drinking water and basic sanitation and hygiene.<br><br>Government and Partner Reporting: Official government statistics and reports from implementing partners on WASH program coverage and outcomes. | Risks: Political instability or lack of cooperation between stakeholders could impede project implementation.<br><br>Funding shortages or reallocations away from WASH projects could limit the scope of interventions.<br><br>Assumptions: Continuous funding and resources will be available for WASH projects in PAMIs throughout the project timeline.<br><br>Local communities and governments will be cooperative and supportive of WASH interventions. |
| **Outcomes** | 1. Enhance the integration of WASH legal/policy frameworks and strategies/budgets with cholera prevention strategies, ensuring targeted and effective WASH interventions in PAMIs<br><br>2. Increase the availability and utilisation WASH services in PAMIs<br><br>3. Strengthen WASH preparedness and response in cholera outbreaks and in OCV campaigns | 1. Number of WASH policies and strategies revised or developed to include targeted interventions for PAMIs. | 1. Policy documents, strategy papers, and legislative texts that reflect the integration of WASH and cholera prevention strategies. | Risks: Potential resistance to change among stakeholders; fluctuating funding levels impacting implementation.<br><br>Assumptions: Stakeholder willingness to engage and adapt; sustained or increased funding for WASH and cholera prevention initiatives. |
| **Outputs** | 1.1 Comprehensive Review of WASH Legal and Policy Frameworks at national and sub-national levels | 1.1. Completion of a comprehensive review report of existing WASH frameworks, strategies, and budgets | 1.1. Published review report with findings and recommendations documenting stakeholder | Risks: Incomplete or outdated data impeding a thorough review. |

| | | | | |
|---|---|---|---|---|
| | | with identification of gaps and recommendations for alignment with the NCP | consultations and workshops discussing review findings | Assumptions: Access to current and comprehensive data on WASH frameworks and cholera incidence. |
| | 1.2 Analysis of WASH Strategies and Budgets | 1.2a Comprehensive report of national WASH strategies and budgets identifying gaps and opportunities for alignment with cholera prevention efforts completed and shared.<br>1.2b Number of recommendations from the analysis report adopted or in the process of being integrated into existing WASH strategies and budgets. | 1.2a The final analysis report, including a list of recommendations for enhancing alignment with cholera prevention efforts.<br>1.2b Documentation of policy changes, budget reallocations, or strategy updates reflecting the adoption of report recommendations. | Risks: Resistance from stakeholders to modify existing strategies or reallocate budgets; lack of timely data affecting the accuracy of the analysis.<br>Assumptions: Stakeholder openness to evidence-based recommendations; availability of up-to-date and comprehensive data on strategies and budgets. |
| | 1.3 Development and Implementation of a Strategic Engagement Plan for Stakeholder Involvement in WASH Activities in priority PAMIs: | 1.3a Strategic engagement plan developed and approved.<br>1.3b Number of stakeholder engagement activities conducted as per the plan. | 1.3a The strategic engagement plan document.<br>1.3b Reports and records of engagement activities, including attendee lists and minutes of meetings. | Risks: Stakeholder engagement may not translate into actionable commitments or policy changes.<br>Assumptions: Stakeholders recognize the value of integrated WASH and cholera prevention efforts and are motivated to collaborate. |
| **Activities** | 1.1.1 Conduct a Nationwide Survey and Data Collection on Current WASH Legal and Policy Frameworks<br>Indicators: | 1.1.1 Completion of data collection from all targeted national and sub-national entities within the set timeline | 1.1.1a Survey distribution and response records.<br>1.1.1b Database records and a summary report of collected WASH framework data | Risks: Low response rate from targeted entities might result in incomplete data collection.<br>Assumptions: Entities understand the importance of the survey and are cooperative in providing necessary information. |
| | 1.1.2 Analyze Collected Data to Identify Gaps and Opportunities for Integration with Cholera Prevention Efforts<br>Indicators: | 1.1.2. Analytical report identifying gaps in current WASH frameworks and opportunities for better integration with NCP objectives.<br>List of specific recommendations for policy and legal framework adjustments developed. | 1.1.2. The final analytical report with findings, gaps, and opportunities outlined.<br>Documentation of recommendations shared with decision-makers and stakeholders for consideration. | Risks: Analysis might reveal significant gaps requiring substantial changes to existing frameworks, potentially leading to resistance from policymakers.<br>Assumptions: There is a willingness among policymakers and stakeholders to adapt and improve WASH frameworks for better cholera prevention. |

## Template IV. Template for a list of priority activities by pillar derived from the logframe analysis.

### Table 22. Example of a list of priority activities for a pillar

| | Description | Target outcome | PAMIs targeted | Supporting pillars | Costing | Timeline | Milestones |
|---|---|---|---|---|---|---|---|
| Intervention 1 | | | | | | | |
| Activity 1.1 | | | | | | | |
| Activity 1.2 | | | | | | | |
| Activity 1.3 | | | | | | | |
| Activity 1.4 | | | | | | | |
| Intervention 2 | | | | | | | |
| Activity 2.1 | | | | | | | |
| Activity 2.2 | | | | | | | |
| Activity 2.3 | | | | | | | |
| Activity 2.4 | | | | | | | |

## Template V. Example PAMI prioritization and doses requirements per year.

### Table 23. Example Table of prioritized targeted PAMIs

| Priority | Total PAMIs | % of PAMIs | Target population in PAMIs | % of total target population in each priority category |
|---|---|---|---|---|
| Very High | 10 | 10% | 14,791,266 | 12.6% |
| High | 31 | 31% | 33,767,650 | 28.7% |
| Medium | 26 | 26% | 31,189,365 | 26.5% |
| Low | 33 | 33% | 37,841,799 | 32.2% |
| Total | 100 | 100% | 117,590,080 | 100.0% |

### Table 24. Example Table of dose requirements and number of targeted PAMIs per year

| Year | Dose requirements | PAMI | | |
|---|---|---|---|---|
| | | # of PAMIs for first dose | # of PAMIs for second dose | # of PAMIs to be vaccinated |
| 2024 | 29,582,537 | 10 | 10 | 10 |
| 2025 | 67,535,319 | 31 | 31 | 31 |
| 2026 | 62,378,743 | 26 | 26 | 26 |
| 2027 | 75,683,613 | 33 | 33 | 33 |
| 2028 | - | - | - | - |
| Total | 235,180,212 | 100 | 100 | - |

# Technical Guidance for NCP Development

## Technical guidance I: Links to useful resources

**NCP development**

- Ending Cholera: Global Roadmap to 2030
- Interim Guiding Document to Support Countries for the Development of their National Cholera Plan

**Stakeholder mapping**

- Stakeholder analysis (NCP guidance document, Appendix 4)

**Goals/strategic objectives**

- National level goals: Inception section, (Part E, page 16, NCP guidance document)

**SWOT/DESTEP analysis:**

- SWOT Analysis; Overview, Guide (betterevaluation.org, ODI)
- Pest analysis, Wikipedia

**PAMIs:**

- Identification of priority areas for multisectoral interventions (PAMIs) for cholera elimination
- Identification of priority areas for multisectoral interventions (PAMIs) for cholera control

**Cholera control**

- GTFCC Cholera Outbreak Response Field Manual
- MSF Guideline

**Surveillance**

- Assessment of cholera surveillance Interim Guidance Document 2024

**OCV**

- Accessing the OCV stockpile- for emergencies, including links to forms
- GAVI OCV Support page- preventive OCV, including further links to guidance
- GTFCC guidance on OCV for pregnant women
- Framework for decision-making: mass vaccination campaigns in the context of COVID-19

**WASH**

- Technical Guidance: Support to countries for developing the WASH Section of National Cholera Plans
- Global WASH cluster resources for cholera
- Database of PSEau (resources in French)
- WASH and Health repository of WHO
- UNICEF WASH resources
- IFRC WATSAN mission assistant

- Resources by Sanitation and Water for All
- WASH and Health guidelines of the Humanitarian Library

**Community engagement**

- Guidance for Integrating Community Engagement into National Cholera Plans
- UNICEF Minimum Quality Standards for Community Engagement
- Red Cross Red Crescent Guide to Community Engagement and Accountability

General

- The effect of climate change on cholera disease: The road ahead using artificial neural network, PLOS ONE, 2019

## Technical guidance II: Conducting a SWOT analysis

### SWOT analysis method

SWOT stands for Strengths, Weaknesses, Opportunities and Threats. A SWOT analysis is a bottom-up method of identifying the strengths, weaknesses, opportunities, and threats associated with a program of activities. Applied to cholera control activities, a SWOT analysis allows the identification of current strengths, weaknesses, opportunities, and threats related to each pillar of the cholera control system in the country. Strengths and weaknesses are internal factors while opportunities and threats are external factors.

A separate SWOT analysis is conducted for each pillar. The steps for conducting the analysis are to 1) describe the capacity of each pillar, 2) list the areas to be covered along with the internal and external factors that could play a role, 3) gather the right people to contribute, 4) complete the SWOT matrix and 5) summarize the findings of the SWOT analysis.

The areas and factors to be covered in the SWOT analysis (step 2) should be defined by each country during the preparation of the SWOT analysis. The main processes and activities contributing to the pillar objectives should be provided to the participants to ensure that all ware considered.

### List of areas and internal and external factors to be covered

Providing of a list of areas of activity is the first step in this process. Examples of areas to be covered for each pillar are given in **Table 6**.

Identifying relevant internal and external factors will help to structure the analysis. An example of a generic template is provided below. The identification of external factors (opportunities and threats) may benefit from a DESTEP factor analysis, outlined in Technical guidance III.

### Table 25. Template for documenting a SWOT analysis discussion

| Generic pillar | | |
|---|---|---|
| **Internal factors/Domains** | **Strength<br>What are we doing well?** | **Weaknesses<br>What do we need to improve?** |
| **Internal factors:**<br>- Status of the current system, facilities, and functionality (review existing assessments, national policies, SOPs, guidelines, etc.)<br>- Availability of funding to undertake critical activities<br>- Availability and training of human resources to undertake activities<br>- Integration with activities of the other pillars<br><br>**Pillar specific domains:**<br>-<br>-<br>- Other: | | |
| **External factors** | **Opportunities<br>What can we take advantage of?** | **Threats<br>What can negatively affect us?** |
| **Pillar specific external factors (refer to DESTEP factor analysis):**<br>-<br>-<br>-<br>- Other: | | |

Once the internal and external factors and pillar-specific areas have been identified, the group of participants will use if to review the pillar areas and identify their strengths, weaknesses, opportunities, and threats, considering the listed internal and external factors.

**Gathering the right people**

The key to the success of a SWOT analysis is to involve the right people. For a situation analysis for cholera elimination or control, and depending on the country context, the group of stakeholders to be considered should include:

For all pillars, including coordination:

- Leader of the multisectoral national cholera coordination mechanism.
- Representatives from each ministry involved in cholera control.
- At least one representative from the NCP working groups for each pillar.
- Representatives from WHO, UNICEF, UNHCR, UNEP and other relevant UN agencies.
- Representatives from NGOs and relevant international organizations involved in cholera control.
- Project managers from GTFCC Country Support Platform.
- Community engagement experts.
- Community representatives.

In addition, for SAR pillar SWOT:

- Cholera surveillance and epidemiology stakeholders (national and sub-national).
- Ministry of population/statistics/planning.
- Laboratory representatives.
- Surveillance and laboratory partners.

In addition, for HCS pillar SWOT:

- Health care representatives and partners.

In addition, for OCV pillar SWOT:

- National immunization program (EPI).
- OCV focal point if applicable.
- Vaccination partners.

In addition, for WASH SWOT:

- Ministry of Water and Sanitation, Ministry of Environment.
- WASH partners.
- UN and affiliated organizations (e.g., WHO, UNICEF, UNHCR, IOM, UNEP).
- International organization and NGOs (e.g., RCRC Movement, Oxfam, MSF, WaterAid, SWA).
- Bilateral partners (e.g., USAID, GIZ, AFD, SDC, SIDA, NORAD).
- National NGOs active in water sector development.
- Academia.

In addition, for COMM pillar SWOT:

- Ministry of Health and Education focal points (Ministry of Local Development if available/applicable).
- National Red Cross/Red Crescent society.
- UNICEF C4D.
- Other local partners.

**Fill the SWOT matrix**

For each pillar:

- Start by asking each participant to list the strengths. You can use a post-it approach or an app that allows electronic input.
- Then focus on identifying areas for improvement (weaknesses).
- Consider opportunities, especially those that could help strengthen the areas for improvement.
- Finally, consider potential threats, either that derive from identified weaknesses or from external factors.

**Summarizing the results of the SWOT analysis**

A well-organized SWOT analysis provides a factual basis for identifying priority domains for strengthening. A general discussion will take place and eventually a scoring system could be

used to rank the areas to be addressed. In addition, you can anticipate external threats that may arise during the Roadmap and build on opportunities to reinforce strengths.

Limitations of the SWOT analysis include:

- Lack of objectivity in the assessment, which highlights the importance of having a wide range of participants in the exercise.
- Information overload, often caused by trying to get into too much detail, which requires vigilant facilitation of discussions.
- Identification of problems rather than solutions.
- Lack of prioritization criteria, which can be overcome by a scoring exercise following the general discussion of the findings.

Ranked areas for strengthening are translated into goals and objectives to serve as a basis for the activities to be included in the implementation plan.

## Technical guidance III. DESTEP factor analysis

The DESTEP factor analysis is a variant of the PEST analysis that looks at external factors that may pose threats or opportunities when conducting a situation analysis before planning for the roadmap to cholera elimination or control. DESTEP stands for Demographical, Economical, Sociocultural, Technological, Ecological and Political factors.

It contributes to the SWOT analysis by providing a framework for identifying external factors that may pose threats or opportunities for designing future strategy for cholera elimination or control.

Resources: Pest analysis, Wikipedia

**Table 26. Template to list external factors to be considered in the SWOT analysis**

| Type | External factor |
|---|---|
| **Demographics** | · Changes in the demographical characteristics |
| **Economy** | · Changes in the economy e.g., inflation or growth<br>· Change in funding and staffing of public health and health care systems |
| **Sociocultural** | · Burials, community engagement, health education<br>· Vaccine hesitancy |
| **Technological** | · Insufficient availability of vaccines<br>· Availability of single dose cholera vaccines<br>· OCV cost reduction<br>· Longer-lasting cholera vaccines<br>· Development of new improved RDT<br>· More access to PCR laboratory tests<br>· Electronic Health Record Initiative (EHR) |
| **Ecological** | · Change in precipitations and temperatures<br>· Change of salinity in coastal areas |
| **Political** | · Lack of political commitment<br>· Competing national priorities<br>· Development of road network<br>· Increase access to health care system<br>· Establishment of new sanitary structures<br>· Extension of water distribution systems<br>· Extension of sewage disposal systems |

## Technical guidance IV: NCP strengthening interventions to be considered in the implementation plan

This technical guidance refers to strengthening interventions and projects presented in the GTFCC Interim Guide for NCP. **Table 27** to **Table 34** present these projects in relation to the interventions to which they belong and the leading pillar for their implementation.

These interventions and activities could be considered for inclusion in the implementation plan during the preparation of the NCP and reviewed to ensure that they reflect the priorities identified through the situation analysis and the country context. These are not necessarily required for NCP endorsement but should be considered.

### Table 27. Interventions for consideration in the surveillance and reporting pillar

Interventions should aim at reinforcing compliance of surveillance with the Assessment of cholera surveillance Interim Guidance Document 2024 and ensuring the surveillance performs homogeneously across units building on the outcomes of the assessment of the surveillance pillar to be to be performed consistent with the GTFCC guidance on the assessment of cholera surveillance including for the development or update of NCPs.The interventions listed in the table below are illustrative/indicative only and should be adapted based on the outcomes of the assessment of the surveillance pillar. Importantly, some interventions may apply in all NCP operational units (i.e., those aiming to reinforcing compliance of surveillance with the GTFCC minimum recommendations) and some interventions may be applicable in specific units where some surveillance activities underperform (i.e., those aiming to improve surveillance performance in specific unit to ensure surveillance performs homogenously across units).

| Surveillance and reporting pillar / leading interventions … / containing activities … | Total |
|---|---|
| **01. Engage communities in surveillance** | **4** |
| Develop and disseminate materials to the community (e.g., recognition on cholera symptoms, how to report suspected cases and deaths). Ensure that materials are provided in local languages using local wording and/or pictures and categories that ensure comprehension. | 1 |
| Conduct regular trainings for community health workers (CHW), traditional healers and volunteers to ensure that they can identify cholera symptoms. | 1 |
| Develop and communicate a clear process for the reporting of suspected cases and deaths to health facilities. | 1 |
| Consider the establishment of structured community-based surveillance systems that are integrated into the overall surveillance framework (i.e., event-based and indicator-based) to both empower communities and to improve early detection and reporting. | 1 |
| **02. Regularly update cholera surveillance protocols and tools consistent with GTFCC minimum recommendations for adaptive cholera surveillance at the surveillance unit level** | **2** |
| Develop and regularly update national cholera surveillance guidelines, including standard case definitions, standard operational procedures (SOP) for early detection, data collection, analyses and reporting; including community-based surveillance, SOP for specimen collection, SOP for the use of rapid diagnostic tests (RDT) (6) and testing strategies and SOP for transportation and storage. | 1 |
| Standardize data collection and reporting in a format allowing data integration at country-level and ideally at regional or global level, either by developing or adapting existing tools to the national context. | 1 |
| **03. Build and maintain capacity for early detection and reporting of suspected cholera cases** | **2** |
| Deliver adapted training in early warning procedures to health care workers (HCWs), community health workers (CHW), traditional healers, volunteers and other stakeholders; training in understanding and applying the case definitions; adaptive surveillance strategies; and training in the criteria and procedures for timely reporting a signal to the investigation/response teams. | 1 |
| Adapt or develop/update suspected cholera investigation tools, such as standardized questionnaires, reporting forms, investigation logbooks and mobile applications (as required). | 1 |
| **04. Build capacity for data collection, reporting and analyzes** | **6** |

| | |
|---|---|
| Train stakeholders on data interpretation and when to alert the presence of a potential outbreak. | 1 |
| Integrate all potential sources of information at PAMI administrative level (district or lower) to adequately capture and report signals (e.g., informal sources and non- medical sources, such as schools, pharmacies, religious institutions, water supply services, etc.). | 1 |
| Develop plans to train surveillance officers and data clerks at central and surveillance unit levels, including community-based surveillance. | 1 |
| Regularly analyse data (population at risk, cholera risk factors, estimation of burden, updating cholera PAMIs data, etc.). | 1 |
| Routinely disseminate surveillance data to all levels, including multisectoral partners, and adapt the support of the feedback to the audience (e.g., partners health facilities, community health workers, affected communities, etc.). | 1 |
| Routinely report surveillance data globally (including zero reporting) to contribute to the global monitoring of cholera transmission patterns. | 1 |

| Surveillance and reporting pillar / leading interventions … / containing activities … (cont.) | Total |
|---|---|
| **05. Build capacity for sample collection and transportation and rapid diagnostic test (RDT) use** | **4** |
| Update or develop/disseminate job aids, standard operating procedures, training materials for RDTs, SOP for specimen collection and transportation, etc. | 1 |
| Procure sufficient supplies (i.e., cholera RDTs, specimen collection kits and transport media) at all peripheral health care facilities. | 1 |
| Update or develop testing protocols defining SOPs for cholera confirmation by RDT, culture and/or PCR. | 1 |
| Adapt the testing strategies to account for specific situations (e.g., during outbreaks, intra-epidemic phase, seasonality, high endemicity or close to elimination). | 1 |
| **06. Build capacity for laboratory confirmation of suspected cases in cholera PAMIs** | **5** |
| Strengthen laboratories to ensure they have the capacity to conduct culture or polymerase chain reaction (PCR) testing. | 1 |
| Ensure that all PAMIs have access to the needed laboratory capacity to screen suspected cholera cases and confirm the presence of Vibrio Cholerae with culture/PCR (e.g., establish procedures for access to reference laboratories, decentralize laboratories where relevant, add additional human resources focused on cholera, upgrade equipment or improve access to central laboratories). | 1 |
| Update/develop multi-year training plans and roll out trainings on laboratory testing procedures and packaging/transport of samples. | 1 |
| Provide sufficient hardware, reagent and supplies in all laboratories. | 1 |
| Set up a reporting system to collect information on the number of tests performed and the procedures used to analyse samples. | 1 |
| **07. Develop national reference laboratory capacity** | **2** |
| Consider pooling resources for a supra-national reference laboratory that integrates cholera and other diarrhoeal diseases or establishing/strengthening a national reference laboratory (e.g., identify location, trained staff, etc.) to reinforce technical and diagnostic capacity. | 1 |
| Organize annual quality controls in reference and peripheral laboratories. | 1 |
| **08. Establish collaboration with national and international reference laboratories** | **3** |
| Develop and implement a quality assurance programme at central and peripheral level. | 1 |
| Establish cross-border communication and collaboration mechanisms between the reference laboratories of neighbouring countries. | 1 |
| Establish a mutually beneficial partnership with an international reference laboratory for global epidemiology investigations and support for country priority capacity-building needs. | 1 |
| **09. Establish/strengthen international collaboration** | **2** |
| Establish procedures for timely cross-border communication of cholera alerts. | 1 |
| Promote elaboration implementation of coordinated cross-border early response measures. | 1 |
| **10. Enhance surveillance during outbreaks** | **5** |
| In the affected area(s) and the area(s) at risk of spread, reinforce awareness on cholera case definitions and reporting procedures to support early detection and timely reporting, both at community level and health facility level. | 1 |
| If reporting to district level is not weekly (at minimum), increase data reporting frequency (weekly or daily). | 1 |
| Ensure adequate supplies are available (i.e., reporting forms, cholera RDTs, specimen collection kits and transport media) at all peripheral health care facilities, and ensure samples can be shipped and processed for confirmatory laboratory tests in a timely manner. | 1 |
| Consider implementing active case findings in the population(s) at risk. | 1 |
| Increase the periodicity of routine surveillance data analysis to closely monitor trends and promptly identify any population(s)/group(s) at risk. | 1 |
| **Total number of activities led by the Surveillance and reporting pillar** | **36** |

## Table 28. Interventions for consideration in the health care system strengthening pillar

| Health care system strengthening pillar / leading interventions … / containing activities … | Total |
|---|---|
| **01. Engage with communities to improve early access to treatment** | **5** |
| Building on existing programmes where possible, engage communities, including community leaders and traditional leaders, to develop locally adapted messaging, programmes and activities to help community members prevent and identify symptoms of cholera and the need to seek early treatment. (Many of these points would be in collaboration with the RCCE pillar and not directly health care) | 1 |
| Engage with communities to build trust among local health care service providers, in the use of Oral Rehydration Points (ORP) and Cholera Treatment Centres (CTC) and seeking early treatment. | 1 |
| Train traditional healers and volunteers so they can identify cholera symptoms and encourage referrals to ORPs and CTCs. | 1 |
| Collaborate with local media to promote knowledge and behaviours related to the identification of cholera symptoms, prevention and the need to seek early treatment. | 1 |
| Develop the interpersonal communication and counselling skills of frontline health care workers (HCWs) to promote early treatment. | 1 |
| **02. Build capacity of community health workers to identify, provide treatment and refer patients with suspected cholera** | **5** |
| Include cholera prevention and the identification, treatment and referral of patients with suspected cholera in the basic training curricula of community health workers (CHWs). | 1 |
| Train CHWs on standard infection prevention and control (IPC) and WASH measures to be implemented in homes and when to provide treatment to suspected cholera patients in the community. | 1 |
| Develop the interpersonal communication and counselling skills of frontline CHWs to promote early treatment. | 1 |
| Plan for and provide supplies in sufficient quantities throughout the year - Ensure mechanisms in place to increase supplies during outbreaks | 1 |
| Monitor and supervise CHWs and implement feedback sessions and refresher trainings. | 1 |
| **03. Build capacity to treat patients at health care facility level** | **9** |
| Include identification and treatment of suspected cholera in the national responsibilities for health care workers (HCWs). | 1 |
| Develop a training plan for HCWs on cholera case management. | 1 |
| Train HCWs on the standardized tools for health care-based data collection; ensure that they know what to report, to whom and at what frequency. Additionally, ensure that HCWs have the means to do this. | 1 |
| Regularly develop and update all guidance, job aids, protocols and SOPs regarding triage, diagnosis, clinical management and IPC, including dead body management, etc. | 1 |
| Distribute SOPs, protocols and job aids, and display them for easy access at all levels. | 1 |
| Implement minimum WASH and IPC standards in health care facilities, including separate wards or units to isolate cholera patients from other patients, safe food preparation and safe waste disposal. | 1 |
| Implement annual supply plans to estimate supply and infrastructure needs at all levels and reassess regularly. | 1 |
| Plan for, stock and manage supplies in sufficient quantities throughout the year in health care facilities at all levels, depending on the calculated need. | 1 |
| Develop emergency response plans; identify sites where CTCs and ORPs can be established in the event of an outbreak, surge capacity and stock management. | 1 |
| **04. Monitor and evaluate the interventions at community and health facility levels** | **3** |
| Integrate cholera into the existing supervision plans for the assessment of the quality of treatment given in PAMIs. | 1 |
| Assessments should include CHW supervision, supervision in health care facilities and supervision of cholera-specific treatment structures during emergencies. Prioritize supervision before and during known cholera seasons. Supervision should include:<br>• Protocols and supplies available.<br>• Timely access to appropriate rehydration methods.<br>• Quality of treatment provided.<br>• Identifying and correcting any delays of supplies arriving to the facilities, or delays to receiving treatments.<br>• Availability and implementation of basic WASH and IPC. | 1 |
| Implement feedback sessions and refresher trainings, considering the results of supervision | 1 |
| **05. Scale-up community engagement and access to treatment during outbreaks** | **8** |
| At the community level, reinforce messaging on cholera prevention and identification, including the importance of seeking care rapidly when symptoms appear. Messages should also include the location of treatment centres/facilities and information on all services put in place to respond to the outbreak. | 1 |

| | |
|---|---|
| Prioritize capacity building in health care facilities where CHWs are trained on triage, diagnosis, case management supplies, IPC and reporting (as described above). | 1 |
| Use surveillance data to identify areas to establish and maintain Cholera Treatment Centres (CTC) and Oral Rehydration Points (ORP) that are accessible to the most affected populations; organize appropriate patient flow in health care facilities and CTCs. | 1 |
| Distribute treatment protocols, job aids, job descriptions and SOPs to all treatment facilities. | 1 |
| Identify and support means of transport for patients in accessing care. | 1 |
| Estimate and regularly reassess supply and infrastructure needs at all levels, including provision of adequate safe water and food, material for sanitation to cover the needs of patients, caregivers and staff. | 1 |
| Identify, determine availability and train additional surge staff, including for WASH and IPC measures. | 1 |
| Establish a plan for management of treatment facilities, including rotation of staff to ensure that all facilities are functional 24/7 during outbreaks. | 1 |
| **06. Establish coordination mechanisms between health care providers** | **3** |
| Verify that treatment strategies and protocols are consistent and coherent at all levels of care provision and between all actors (state and non-state); this may be a sub- group of a broader coordination mechanism. | 1 |
| Disseminate information on the location of different structures at all levels to facilitate referral of patients. | 1 |
| Coordinate ambulance services for all health care providers/structures. | 1 |
| **Total number of activities led by the Health care system strengthening pillar** | **33** |

## Table 29. Interventions for consideration in the use of oral cholera vaccine pillar

| Use of oral cholera vaccine pillar / leading interventions … / containing activities … | Total |
|---|---|
| **01. Develop a request for preventive vaccination in selected PAMIs** | **6** |
| Identify and set up a cross-disciplinary OCV planning team, including immunization, surveillance, case management, WASH and community engagement. | 1 |
| Select PAMIs that will be targeted for preventive OCV campaigns. | 1 |
| Develop a Multi-Year Plan of Action for Preventive OCV vaccination. | 1 |
| Develop timelines of activities and identify key responsible parties, including identification of dates for each campaign, training of frontline workers, identify community networks to be mobilized, evaluate touchpoints to debrief on lessons learned, etc. | 1 |
| Develop contingency plans for vaccination campaigns in unexpected locations, including identifying decision pathways for determining the use of OCV, preparation of readily available data for applications, etc. | 1 |
| Submit requests (per phase) to the GTFCC Secretariat. The request should also include a detailed plan of WASH interventions. | 1 |
| **02. Develop a request for a reactive vaccination campaign** | **3** |
| Submit an International Coordinating Group (ICG) request form – duly filled and accompanied with annexes – to the ICG Secretariat. | 1 |
| Develop and submit a vaccination plan and a map of areas to be vaccinated, including adjacent areas. | 1 |
| Verify and confirm that an OCV campaign has not been conducted in the previous 3 years in the same area (with consideration for the quality of implementation of the campaign, vaccination coverage and population movement). | 1 |
| **03. Implement vaccination campaigns in line with the approved request** | **3** |
| Provide supplies and vaccines at all relevant levels<br>• Determine the composition and number of vaccination teams . Calculate:<br>- The number of persons to be vaccinated per team and per day; and<br>- The number of teams needed to cover target populations and for how many days these teams are needed.<br>• Develop a training plan for vaccination teams.<br>• Develop a plan for supervising and monitoring of OCV campaigns.<br>• Ensure that standardized tools for data collection are available at peripheral health care facilities and that the vaccination team is trained on reporting requirement.<br>• Identify and engage implementing institutions to assist in the roll-out of the OCV campaigns; assign roles and responsibilities. | 1 |
| Establish and train vaccination teams<br>• Before OCV campaigns, identify social, cultural, economic and other barriers to immunization; adapt vaccination strategies accordingly.<br>• Develop risk communication and community engagement micro-plans and materials that cover OCV characteristics; address | 1 |

| | |
|---|---|
| vaccine hesitancy and the timing and locations of campaigns.<br>• Work with local media to ensure that misinformation and disinformation are not disseminated to the local population.<br>• Develop and conduct communications around the timing of vaccination campaigns and delivery strategies . Ensure that community engagement activities precede the roll-out of vaccinations and ensure that these activities continue during and after the vaccination period. | |
| Establish and train vaccination teams<br>• Calculate the quantities of vaccines and supplies needed by site, according to a calendar of implementation.<br>• Develop distribution plans for supplies and vaccines to reach health care facilities five days prior to planned vaccination dates.<br>• Ensure appropriate cold chain available when campaigns are conducted.<br>• Identify a process for reporting and requesting additional supplies and vaccines when stocks are running low. | 1 |
| **04. Conduct monitoring & evaluation activities** | **7** |
| Ensure that vaccination teams are equipped and trained on vaccination data recording and reporting requirements during the campaign. | 1 |
| Ensure formal planning and budgeting for post-campaign evaluations (e.g., coverage surveys, etc.). | 1 |
| Collect and report all campaign data to national surveillance officers for further compilation at national level. | 1 |
| Ensure that the standardized tools for Adverse Event Following Immunization (AEFI) action and reporting are available and that staff are trained on how to use them appropriately. | 1 |
| Prepare contingency communication plan and materials in case of occurrence of AEFI or other negative reactions to the OCV campaign. | 1 |
| Conduct a coverage survey that includes data collection on WASH conditions in communities targeted by the vaccination campaign. | 1 |
| Conduct any other relevant M&E activities (e.g., effectiveness of alternative delivery strategies, cost-effectiveness studies, etc.), as needed. | 1 |
| **Total number of activities led by the Use of oral cholera vaccine pillar** | **19** |

## Table 30. Interventions for consideration in the water, sanitation and hygiene pillar

| Water, sanitation, and hygiene pillar / leading interventions … / containing activities … | Total |
|---|---|
| **01. Improve access to water sources for all** | **5** |
| Assess and map existing water sources (i.e., availability, types, access, quantity of water, risk of contamination, etc.) in cholera PAMIs. This should be done during the inception phase, but a more in-depth analysis could be required. | 1 |
| Based on risk, it may be necessary to upgrade, rehabilitate existing or construct new water sources (e.g., boreholes, protected wells, protected hand pumps, protected springs, water tankers, water distribution systems [including taps in public institutions], communal or households, etc.). Improvement of water sources should provide equitable access to safe drinking water and align with international and national standards for sufficient water quantities (depending on the context). | 1 |
| Conduct water treatment of all rehabilitated or newly constructed water sources using the most appropriate technical solution based on an analysis of the water parameter (at the source or point of use). Selection of the water treatment method can include filtration, disinfection, or chlorination (bulk or batch chlorination).5 The use of pre-treatments such as sedimentation, flocculation and coagulation may be required to remove suspended particles and reduce turbidity before disinfection or chlorination. Combining treatments (used together, either simultaneously or sequentially) will increase the effectiveness. | 1 |
| Consider household water treatment (HWT) methods (at point of use, at the tap, vessels, or storage containers). These include boiling, disinfection, chlorination, and filtration. Ensure safe transport and storage of the water that has been treated to avoid contamination. | 1 |
| Implement water quality monitoring and surveillance to regularly measure free residual chlorine (FRC). Consider putting in place Water Safety Plans (WSP) to support the water quality monitoring and surveillance. | 1 |
| **02. Improve access to sanitation** | **5** |
| Support efforts to stop open defecation and work with communities to decrease the risk of contamination from open defecation. This can include cleaning and decommissioning of areas used for open defecation. | 1 |
| Upgrade and rehabilitate existing and/or construct new sanitation and wastewater infrastructure (e.g., latrines, toilets, bathing units, sewage systems, etc.). All sanitation infrastructure must be accompanied by hand washing facilities with soap and water. When upgrading, rehabilitating, or constructing sanitation infrastructure, ensure that facilities are available for females and males, and that they are "disability friendly." | 1 |
| Support desludging and safe disposal of excreta from existing latrines and toilets (e.g., in public institutions, communities and households). | 1 |
| Provide hygiene equipment at local level. | 1 |
| Plan community cleaning campaigns, including emptying of open drainages (particularly in urban areas) to promote and limit risks of vectors and stagnant water. | 1 |
| **03. Improve health and hygiene practices** | **4** |
| Use formative research, including Knowledge, Attitudes and Practices (KAP) surveys and qualitative data to identify local risk, beliefs and practices. | 1 |
| Conduct a behaviour analysis using appropriate guidance on behaviour change. | 1 |
| Develop a hygiene promotion strategy defining key messages, target audience and communication channels. Participatory methods should be implemented to disseminate the hygiene promotion strategy. Key health and hygiene messages should be tailored to different target groups through a diverse range of communication channels and methods using local languages and visual aids. | 1 |
| Promote access to hygienic items that support good hygiene practices such as soap, cleaning and disinfection materials. | 1 |
| **04. Provide access to WASH infrastructure and promote good hygiene behaviors during outbreaks** | **4** |
| Provide temporary WASH infrastructure (e.g., water distribution systems, temporary bladders, water tanks and trucking, distribution of water treatment products, latrines or toilets, hand washing stations, etc.) in quality and quantity, per international standards. This should be accompanied by water quality monitoring and surveillance. | 1 |
| Conduct mass communication campaigns (focused on key health and hygiene messages) to promote best practices using participatory methods. The messages should be tailored to different target groups, therefore use a diverse range of communication channels and methods, use local languages, and visual aids. The key messages can include: the risks associated with the disease, disease transmission, importance of safe water, excreta disposal and hand washing at critical times. The mass communication campaigns should be conducted by trained personnel and community leaders. | 1 |
| Promote or distribute hygienic items (adapted to the local context) that support good hygiene practices. These items should include soap, cleaning, and disinfection materials (as needed). This should be accompanied by demonstrations performed by trained personnel and community leaders to illustrate the proper use of distributed items for households. | 1 |
| Implement Post Intervention Monitoring (PIM) for all interventions conducted. A monitoring and reporting system should be put into place. | 1 |
| **Total number of activities led by the Water, sanitation, and hygiene pillar** | **18** |

## Table 31. Interventions for consideration in the community engagement pillar

| Community engagement pillar / leading interventions … / containing activities … | Total |
|---|---|
| **01. Identify at-risk and vulnerable groups and understand the community beliefs and behaviors in cholera PAMIs** | **4** |
| Identify community stakeholders and key leaders to begin consulting and engaging as part of the development process. | 1 |
| Engage with communities through participatory processes, including involving them in the design of preparedness and response activities. | 1 |
| Develop an understanding of community beliefs and behaviors toward cholera through informant interviews and focus group discussions. | 1 |
| Ensure that community engagement strategies include the most marginalized, disabled, and at-risk people. | 1 |
| **020. Engage communities, establish and maintain relationships** | **4** |
| Develop regular check-ins for community engagement focal points and key stakeholders – across all pillars – to avoid silos. | 1 |
| Develop processes to ensure strong collaborations between CHWs and HCWs. | 1 |
| Conduct assessments and revise community engagement messages and materials. | 1 |
| Establish and manage a systematic community feedback mechanism, i.e., collect and analyse the views of communities to regularly adapt strategies and ways of working. | 1 |
| **02. Develop and distribute materials communicating goals and objectives** | **6** |
| Identify key community engagement and communication entry points to promote cholera prevention using a variety of communication channels. | 1 |
| Based on contextual analysis, develop an understanding of priority behaviours and groups at-risk, and foster harmonized approaches to communicate with and involve affected populations. | 1 |
| Distribute suggested materials for local adoption by all stakeholders, including HCWs, CHWs and community leaders. It is critical that stakeholders use the same messages to avoid confusion and mistrust. | 1 |
| Engage with the community to ensure that the burials of people who die of suspected cholera adhere to/respect local customs without being a potential source of transmission (safe and dignified burial). | 1 |
| Ensure that the identification and targeting of cholera-affected populations does not generate stigma or discrimination. Use information and dispel myths and rumours to protect more vulnerable populations from harm. | 1 |
| Develop suggested media (e.g., radio, TV and social media) and print materials. | 1 |
| **04. Strengthen risk communication and community engagement during outbreaks** | **4** |
| Build on existing programmes to understand local knowledge and behaviours toward cholera of communities affected by the outbreak and adapt messages accordingly. | 1 |
| Involve and engage the community in the outbreak response through community leaders and influencers identified as part of the NCP implementation. Consider setting up local task team(s) composed of community representatives and leaders to interact with response teams. | 1 |
| Provide real time information to the communities at risk of cholera (based on a risk assessment). Information should include how to reduce the risk of spreading the disease, how to take personal protective and preventive measures and how to proceed if someone gets sick. It should be easily understood, complete and free of misleading information. | 1 |
| Communicate in a proactive and transparent manner to the public using a mix of preferred channels of populations affected by the outbreak (e.g., TV, radio, SMS, internet, social media, mass awareness initiatives and social mobilization). An open flow of information will avoid the spread of rumours. | 1 |
| **Total number of activities led by the Community engagement project** | **18** |

## Table 32. Interventions referring specifically to PAMIs

| Leading pillar / for interventions containing / activities specifically referring to PAMIs | Total |
|---|---|
| **2. Surveillance and reporting** | **8** |
| 03. Build capacity for early detection and reporting of suspicion of cholera | 1 |
| Deliver adapted training in early warning procedures to health care workers (HCWs), community health workers (CHW), traditional healers, volunteers, and other stakeholders in cholera PAMIs; training in understanding and applying the case definitions; and training in the criteria and procedures for timely reporting a signal to the investigation/response teams. | 1 |
| 04. Build capacity for data collection, reporting and analyzes | 2 |
| Integrate all potential sources of information at PAMI administrative level (district or lower) to adequately capture and report signals (e.g., informal sources and non- medical sources, such as schools, pharmacies, religious institutions, water supply services, etc.). | 1 |
| Regularly analyze data (population at risk, cholera risk factors, estimation of burden, updating cholera PAMIs data, etc.). | 1 |
| 06. Build capacity for laboratory confirmation of suspected cases in cholera PAMIs | 5 |
| Strengthen laboratories to ensure they have the capacity to conduct culture or polymerase chain reaction (PCR) testing. | 1 |
| Ensure that all PAMIs have access to the needed laboratory capacity to screen suspected cholera cases and confirm the presence of Vibrio Cholerae with culture/PCR (e.g., establish procedures for access to reference laboratories, decentralize laboratories where relevant, add additional human resources focused on cholera, upgrade equipment or improve access to central laboratories). | 1 |
| Update/develop multi-year training plans and roll out trainings on laboratory testing procedures and packaging/transport of samples. | 1 |
| Provide sufficient hardware, reagent and supplies in all laboratories. | 1 |
| Set up a reporting system to collect information on the number of tests performed and the procedures used to analyse samples. | 1 |
| **3. Health care system** | **1** |
| 04. Monitor and evaluate the interventions at community and health facility levels | 1 |
| Integrate cholera into the existing supervision plans for the assessment of the quality of treatment given in PAMIs. | 1 |
| **4. Use of oral cholera vaccine** | **6** |
| 01. Develop a request for preventive vaccination in selected PAMIs | 6 |
| Identify and set up a cross-disciplinary OCV planning team, including immunization, surveillance, case management, WASH and community engagement. | 1 |
| Select PAMIs that will be targeted for preventive OCV campaigns. | 1 |
| Develop medium-term vaccination plans (phases for the duration of the NCP). | 1 |
| Develop timelines of activities and identify key responsible parties, including identification of dates for each campaign, training of frontline workers, identify community networks to be mobilized, evaluate touchpoints to debrief on lessons learned, etc. | 1 |
| Develop contingency plans for vaccination campaigns in unexpected locations, including identifying decision pathways for determining the use of OCV, preparation of readily available data for applications, etc. | 1 |
| Submit requests (per phase) to the GTFCC Secretariat. The request should also include a detailed plan of WASH interventions. | 1 |
| **5. Water, sanitation and hygiene** | **1** |
| 01. Improve access to water sources for all | 1 |
| Assess and map existing water sources (i.e., availability, types, access, quantity of water, risk of contamination, etc.) in cholera PAMIs. This should be done during the inception phase, but a more in-depth analysis could be required. | 1 |
| **6. Community engagement** | **4** |
| 01. Identify at-risk and vulnerable groups and understand the community beliefs and behaviors in cholera PAMIs | 4 |
| Identify community stakeholders and key leaders to begin consulting and engaging as part of the development process. | 1 |

| | |
|---|---|
| Engage with communities through participatory processes, including involving them in the design of preparedness and response activities. | 1 |
| Develop an understanding of community beliefs and behaviors toward cholera through informant interviews and focus group discussions. | 1 |
| Ensure that community engagement strategies include the most marginalized, disabled, and at-risk people. | 1 |
| **Grand Total** | **20** |

## Table 33. Interventions for consideration in the coordination pillar

| Coordination pillar **/ contributing to leading pillar … / for interventions containing activities …** | Total |
|---|---|
| **1. Surveillance and reporting** | **16** |
| Standardize data collection and reporting in a format allowing data integration at country-level and ideally at regional or global level, either by developing or adapting existing tools to the national context. | 1 |
| Deliver adapted training in early warning procedures to health care workers (HCWs), community health workers (CHW), traditional healers, volunteers and other stakeholders in cholera PAMIs; training in understanding and applying the case definitions; and training in the criteria and procedures for timely reporting a signal to the investigation/response teams. | 1 |
| Integrate all potential sources of information at PAMI administrative level (district or lower) to adequately capture and report signals (e.g., informal sources and non- medical sources, such as schools, pharmacies, religious institutions, water supply services, etc.). | 1 |
| Regularly analyse data (population at risk, cholera risk factors, estimation of burden, updating cholera PAMIs data, etc.). | 1 |
| Routinely disseminate surveillance data to all levels, including multisectoral partners, and adapt the support of the feedback to the audience (e.g., partners health facilities, community health workers, affected communities, etc.). | 1 |
| Strengthen laboratories to ensure they have the capacity to conduct culture or polymerase chain reaction (PCR) testing. | 1 |
| Ensure that all PAMIs have access to the needed laboratory capacity to screen suspected cholera cases and confirm the presence of Vibrio Cholerae with culture/PCR (e.g., establish procedures for access to reference laboratories, decentralize laboratories where relevant, add additional human resources focused on cholera, upgrade equipment or improve access to central laboratories). | 1 |
| Update/develop multi-year training plans and roll out trainings on laboratory testing procedures and packaging/transport of samples. | 1 |
| Provide sufficient hardware, reagent and supplies in all laboratories. | 1 |
| Set up a reporting system to collect information on the number of tests performed and the procedures used to analyse samples. | 1 |
| Consider pooling resources for a supra-national reference laboratory that integrates cholera and other diarrhoeal diseases or establishing/strengthening a national reference laboratory (e.g., identify location, trained staff, etc.) to reinforce technical and diagnostic capacity. | 1 |
| Develop and implement a quality assurance programme at central and peripheral level. | 1 |
| Establish cross-border communication and collaboration mechanisms between the reference laboratories of neighbouring countries. | 1 |
| Establish a mutually beneficial partnership with an international reference laboratory for global epidemiology investigations and support for country priority capacity-building needs. | 1 |
| Establish procedures for timely cross-border communication of cholera alerts. | 1 |
| Promote elaboration implementation of coordinated cross-border early response measures. | 1 |
| **2. Health care system** | **5** |
| Distribute SOPs, protocols and job aids, and display them for easy access at all levels. | 1 |
| Implement annual supply plans to estimate supply and infrastructure needs at all levels and reassess regularly. | 1 |
| Plan for, stock and manage supplies in sufficient quantities throughout the year in health care facilities at all levels, depending on the calculated need. | 1 |
| Integrate cholera into the existing supervision plans for the assessment of the quality of treatment given in PAMIs. | 1 |
| Verify that treatment strategies and protocols are consistent and coherent at all levels of care provision and between all actors (state and non-state); this may be a sub- group of a broader coordination mechanism. | 1 |
| **3. Use of oral cholera vaccine** | **6** |
| Identify and set up a cross-disciplinary OCV planning team, including immunization, surveillance, case management, WASH and community engagement. | 1 |
| Select PAMIs that will be targeted for preventive OCV campaigns. | 1 |
| Develop medium-term vaccination plans (phases for the duration of the NCP). | 1 |
| Develop timelines of activities and identify key responsible parties, including identification of dates for each campaign, training of frontline workers, identify community networks to be mobilized, evaluate touchpoints to debrief on lessons learned, etc. | 1 |

| | |
|---|---|
| Develop contingency plans for vaccination campaigns in unexpected locations, including identifying decision pathways for determining the use of OCV, preparation of readily available data for applications, etc. | 1 |
| Submit requests (per phase) to the GTFCC Secretariat. The request should also include a detailed plan of WASH interventions. | 1 |
| **4. Water, sanitation and hygiene** | **1** |
| Assess and map existing water sources (i.e., availability, types, access, quantity of water, risk of contamination, etc.) in cholera PAMIs. This should be done during the inception phase, but a more in-depth analysis could be required. | 1 |
| **5. Community engagement** | **4** |
| Identify community stakeholders and key leaders to begin consulting and engaging as part of the development process. | 1 |
| Engage with communities through participatory processes, including involving them in the design of preparedness and response activities. | 1 |
| Develop an understanding of community beliefs and behaviours toward cholera through informant interviews and focus group discussions. | 1 |
| Ensure that community engagement strategies include the most marginalized, disabled and at-risk people. | 1 |
| **Grand Total** | **32** |

## Table 34. Interventions supported by other pillars

| Leading pillar … / for interventions … / supported by pillar in columns | 1. Coordination | 2. Surveillance and reporting | 3. Health care system | 4. Use of oral cholera vaccine | 5. Water, sanitation and hygiene | 6. Community engagement |
|---|---|---|---|---|---|---|
| **1. Surveillance and reporting** | | | | | | |
| 01. Engage communities in surveillance | | | ✓ | | | ✓ |
| 02. Regularly update cholera surveillance protocols and tools | ✓ | | ✓ | | ✓ | ✓ |
| 03. Build capacity for early detection and reporting of suspicion of cholera | ✓ | | ✓ | | | ✓ |
| 04. Build capacity for data collection, reporting and analyzes | ✓ | | ✓ | ✓ | ✓ | ✓ |
| 05. Build capacity for sample collection and transportation and rapid diagnostic test (RDT) use | | | ✓ | | | |
| 06. Build capacity for laboratory confirmation of suspected cases in cholera PAMIs | ✓ | | ✓ | | | |
| 07. Develop national reference laboratory capacity | ✓ | | ✓ | | | |
| 08. Establish collaboration with national and international reference laboratories | ✓ | | ✓ | | | |
| 09. Establish/strengthen international collaboration | ✓ | | ✓ | | | |
| 10. Enhance surveillance during outbreaks | | | ✓ | | | |
| **2. Health care system** | | | | | | |
| 01. Engage with communities to improve early access to treatment | | | | | | ✓ |
| 02. Build capacity of community health workers to identify, provide treatment and refer patients with suspected cholera | | | | | ✓ | ✓ |
| 03. Build capacity to treat patients at health care facility level | ✓ | | | | ✓ | |
| 04. Monitor and evaluate the interventions at community and health facility levels | ✓ | | | | ✓ | ✓ |
| 05. Scale-up community engagement and access to treatment during outbreaks | | | | | ✓ | ✓ |
| 06. Establish coordination mechanisms between health care providers | ✓ | | | | | |
| **3. Use of oral cholera vaccine** | | | | | | |
| 01. Develop a request for preventive vaccination in selected PAMIs | ✓ | ✓ | ✓ | | ✓ | ✓ |

| | | | | | | |
|---|---|---|---|---|---|---|
| 02. Develop a request for a reactive vaccination campaign | | | | | | |
| 03. Implement vaccination campaigns in line with the approved request | | | | | | ✓ |
| 04. Conduct monitoring & evaluation activities | | | | | ✓ | |
| **4. Water, sanitation and hygiene** | | | | | | |
| 01. Improve access to water sources for all | ✓ | | | | | |
| 02. Improve access to sanitation | | | | | | ✓ |
| 03. Improve health and hygiene practices | | | | | | ✓ |
| 04. Provide access to WASH infrastructure and promote good hygiene behaviors during outbreaks | | | | | | ✓ |
| **5. Community engagement** | | | | | | |
| 01. Identify at-risk and vulnerable groups and understand the community beliefs and behaviors in cholera PAMIs | ✓ | | | | | |
| 02. Engage communities, establish, and maintain relationships | | | ✓ | | | |
| 03. Develop and distribute materials communicating goals and objectives | | | ✓ | | | |
| 04. Strengthen risk communication and community engagement during outbreaks | | | | | | |