Evaluation of UNICEF Level 3 response to the cholera epidemic in Yemen: A crisis within a crisis

Presentation to the UNICEF Executive Board
Informal Briefing of Aug 2018

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Director of Evaluation Office
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Context of the Evaluation

• The 2017 cholera epidemic in Yemen constituted **a crisis within a wider crisis**
  – Conflict had brought the country to the brink of famine
  – High levels of acute malnutrition meant that children were particularly vulnerable

• The 2017 epidemic **spread rapidly** over almost the whole country. Over one million ‘suspected cholera/acute watery diarrhoea’ cases reported by the end of 2017

• The **risk factors for cholera** in Yemen were and remain very high. These include:
  – the very poor state of public water supply and waste treatment systems
  – the collapse of health systems, and limited WASH capacity at household level
Background & Evaluation purpose, objectives and approach
Background: Cholera prevention and response

There were two waves of the Cholera epidemic:

- While the first (from October 2016) was relatively limited in scale, the second (from late April 2017) was country-wide and of a different order of magnitude

- In total, around one million cases of “suspected cholera/acute watery diarrhea” were reported in this second wave

- UNICEF Country Office Plans to mount preventive vaccination campaign in early 2017 were abandoned in the face of political and supply constraints
Purpose of the Evaluation

The Evaluation had following purpose:

– To inform current and future UNICEF cholera response in Yemen

– To provide a limited basis for accountability

– To add to the wider institutional learning
Objectives of the Evaluation

The Evaluation had following objectives:

– To determine effectiveness of UNICEF response to the Cholera outbreak

– To determine how appropriate, coordinated, efficient and timely the response was

– To identify key challenges and success factors plus lessons to be learnt
Evaluation Approach

New Approach -- Rapid and Timely Humanitarian Evaluation

• The new approach had an aim to produce a report in a timely manner to inform the response
• The evaluation used mixed methods
• Role of national consultants essential due to security situation, working with international evaluators
• Preliminary findings were shared to facilitate timely action, action that was needed at many levels of the response
• Being presented to the Executive Board after only eight months --- from the issuance of contract to independent evaluators
Key Findings of the Evaluation
Key findings: UNICEF and the cholera response

• Given earlier outbreak in late 2016 and prevailing risk factors, the potential for a major epidemic should have been foreseen— but it was not
  – WHO and UNICEF share some responsibility
  – As a result, there was a lack of adequate contingency planning

• UNICEF responded well overall— given the operational constraints and the limits of its own and partners’ capacity

• UNICEF found the right strategy, though this took long;
  – Had a significant impact in protecting households through WASH interventions and communications; and its expanded cholera treatment programme assisted many of those affected by cholera/AWD. Many lives were saved as a result of the interventions
Key findings: UNICEF and the cholera response

- **Appropriateness.** The package of measures on which UNICEF based its response was broadly the right one, its limitations linked more to implementation than programme design.

- The simplified L3 operating procedures, emergency PCAs, surge capacity and the RRM mechanism all helped in this regard.

- **Effectiveness:** UNICEF set very ambitious, scaled-up targets for itself, and was largely successful in delivering against them (hitting on average 80-90 per cent of target under the main interventions).

- **Timeliness.** Limited preparedness in 2017 had a negative impact on the timeliness of the response ... improvement in 2018 noted in MR.
Key findings: UNICEF and the cholera response

• *Partnerships.* UNICEF **forged strong and effective working partnerships** with the (divided) water and health authorities, whose own capacities have been severely eroded in the past three years.

• *Success factors:* One of the most important elements of UNICEF’s response was the **deployment of WASH Rapid Response Teams**, deployed to help contain the spread of the disease at community and household level.

• *Challenges:* UNICEF **substantially scaled up its health role**, through establishment of Oral Rehydration Points and Diarrhoea Treatment Centres.
  
  — However, while generally effective, the evaluation raises significant concerns about the quality of care offered by these centres – and the lack of adequate quality assurance and partner oversight.
Key findings: UNICEF and the cholera response

• *Challenges*: Another **important aspect of UNICEF’s response** was the communications (C4D) component aimed at household behaviour change.
  
  – However while impressive in its eventual scope (including a national house to house campaign in August 2017), it was not well joined up with other programme elements and its effectiveness is unclear. More use could have been made of surveys to better understand households’ current practices and constraints, plus likely transmission contexts.

• *Coordination*: The crucial working relationship between WHO and UNICEF did not work as it should have done. Time was lost in resolving differences over roles and priorities. UNICEF could have been more proactive in the field of cholera surveillance, reporting and data interpretation – but lacked the specialist capacity to do so.

• *Coordination*: UNICEF led the WASH Cluster effectively, and helped ensure close coordination with the Health Cluster. Overall coordination of the response, however, was confused and fragmented.
Recommendations from the Evaluation
# Recommendations

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<thead>
<tr>
<th>Recommendations</th>
<th>Whom?</th>
<th>Priority and by when?</th>
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<tbody>
<tr>
<td>1. Secure vaccinations supply for future vaccination campaigns on a no regret basis.</td>
<td>Global Emergency Coordinator/ EMT; Supply Division +YCO</td>
<td>High, Immediate</td>
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<td>2. Establish regional specialist capacity for epidemiology/cholera</td>
<td>MENARO</td>
<td>High, Short term</td>
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<td>3. Build regional response capacity for cholera (network / regional training / knowledge management)</td>
<td>MENARO</td>
<td>Medium, Medium term</td>
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<td>4. Establish a cholera task force at Regional office level</td>
<td>MENARO</td>
<td>High, Immediate</td>
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<td>5. Harmonize Global UNICEF / WHO approaches and clarify roles</td>
<td>MENARO and HQ</td>
<td>High, Short term</td>
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<td>6. Clarification of coordination processes (CO level)</td>
<td>YCO, HCT, OCHA</td>
<td>High, Short term</td>
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## Recommendations

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<td>7. Scale up and secure preventive WASH work</td>
<td>YCO + Supply Division</td>
<td>High, Short to Medium term</td>
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<td>8. Strengthen Yemen national cholera surveillance and reporting</td>
<td>YCO</td>
<td>High, Short to Medium term</td>
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<td>9. Strengthen community-based surveillance and response capacities</td>
<td>YCO supported by MENARO</td>
<td>High, Short to Medium term</td>
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<td>10. Enhance rapid response capacities</td>
<td>YCO</td>
<td>High, Short to Medium term</td>
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<td>11. Establish additional response preparedness measures for WASH</td>
<td>YCO</td>
<td>High, Short to Medium term</td>
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<td>12. Strengthen monitoring and quality control</td>
<td>YCO</td>
<td>High, Short to Medium term</td>
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<td>13. Invest in better understanding of behaviours and transmission contexts</td>
<td>YCO</td>
<td>High, Short to Medium term</td>
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<td>14. Consolidate UNICEF global learning on cholera</td>
<td>EMOPS &amp; Programme Division</td>
<td>Medium, Short to Medium term</td>
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<td>15. Consolidate UNICEF global epidemiological capacity</td>
<td>EMOPS &amp; Programme D. &amp; ROs</td>
<td>Medium, Short to Medium term</td>
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<tr>
<td>16. Strengthen UNICEF global cholera preparedness</td>
<td>HQ Programme D. + EMOPS + ROs</td>
<td>Medium, Short to Medium term</td>
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Thank you for your time and attention – Questions?

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