

# Response – Yemen: A Crisis within a Crisis

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# General Response

- The offices recognizes the need to improve timeliness of preparedness at all levels
- Without waiting for the final report, the UNICEF emergency management team discussed the initial recommendations arising from the evaluation and took critical actions
- The Country Office, the Middle East and North Africa Regional Office, the Office of Emergency Programmes, the Programme Division and the Supply Division appreciated the results of the Evaluation and fully agreed to 14 of the 16 recommendations and partially agreed to two
- The recommendations are used for the cholera preparedness and response programming in Yemen and for similar countries at risk of AWD/Cholera outbreaks
- The need to strengthen the capacity for surveillance, and reporting at various levels is key, and a prominent feature in the strengthening of cooperation with WHO under the latter's mandate.
- Coordination with other actors with specific mandates, especially with WHO, is crucial for preparedness and response and is being strengthened

# 16 Recommendations – 50 Actions

## 1. Secure vaccinations supply for future vaccination campaigns

- 1.1. Identify risk assessments to identify areas for oral cholera vaccine
- 1.2. Submit application for allocation of oral cholera vaccine
- 1.3. Supply oral cholera vaccine
- 1.4. Conduct oral cholera vaccine campaign five districts
- 1.5. Conduct oral cholera vaccine campaign north and south

## 2. Regional specialist capacity: epidemiology / cholera

- 2.1. Hire P4 epidemiologist

## 3. Building regional response capacity for cholera

- 3.1. Use meetings and mailing lists
- 3.2. Pool of WASH specialists
- 3.3. Develop a rapid response roster
- 3.4. Develop guidelines, plans and SOPs
- 3.5. Train C4D staff
- 3.6. Recruit dedicated C4D emergency capacity

## 4. Cholera task force at RO level

- 4.1. Establish MENARO Cholera task force

## 5. UNICEF and WHO: harmonizing approaches and clarifying roles

- 5.1. Technical coordination mechanism
- 5.2. Joint cluster meetings
- 5.3. Joint health and WASH cluster plan
- 5.4. Discussions on situation and response

## 6. Clarification of coordination processes

- 6.1. Local level data sharing health and WASH
- 6.2. Joint cluster meetings
- 6.3. Clear understanding of coordination

## 7. Scale-up and securing of preventive WASH work

- 7.1. Procurement plan
- 7.2. Fuel for public water supply
- 7.3. Maintenance plan for water supply
- 7.4. Scale up preventive WASH
- 7.5. Community engagement and behavioural change

## 8. Strengthen national cholera surveillance and reporting in Yemen

- 8.1. Continue advocacy at national level
- 8.2. Third party monitoring for validation of reported cases

## 9. Strengthen community based surveillance and response capacities

- 9.1. Train community health workers
- 9.2. Use traditional community structures

## 10. Enhance rapid response capacities

- 10.1. Rapid response team at district level
- 10.2. Rapid response team coordination centre
- 10.3. Update training modules

## 11. Additional response preparedness measures

- 11.1. WASH supply plan
- 11.2. Contingency programme agreements
- 11.3. National and subnational WASH team capacity

## 12. Monitoring and quality control

- 12.1. Capacity on key standards and guidelines
- 12.2. Communication with third party

## 13. Invest in better understanding of behaviors and transmission contexts

- 13.1. Knowledge, attitude and practice survey
- 13.2. Collect data on risk behaviours
- 13.3. Conduct qualitative research

## 14. UNICEF global learning on cholera

- 14.1. Learning workshop

## 15. UNICEF global epidemiological capacity

- 15.1. HEPI technical working group
- 15.2. Programme division and EMOPS emergency response team
- 15.3. UNICEF to present at GTFCC
- 15.4. Engage with academics
- 15.5. Recruit principle advisor

## 16. UNICEF global cholera preparedness

- 16.1. Align with ending cholera global roadmap
- 16.2. Roll out emergency preparedness
- 16.3. HEPI toolkits and guidance
- 16.4. Strengthen collaboration with WHO in Yemen

# Recommendation Status Overview end July 2018

Priority	High			Medium		Total
Level of urgency	Imme- diate	Short- term	Short- to mid- term	Short- to mid- term	Mid- term	
Status						
Completed	4	2	5	1	1	13
Under way	2	6	14	7	3	32
Not started	=	=	1	2	2	5
Total	6	8	20	10	6	50

# Response to Recommendation 1: Secure vaccinations supply for future vaccination campaigns

- Risk assessment done – 9.7 million people in 100 districts identified in need for 19 million OCV doses as a preventive measure
- 4.5 million OCV doses for prevention campaign in 10 districts (Priority 1 districts) was submitted to and approved by the Global Task Force for Cholera Control .The first tranche of 1.3 million doses was received and used through campaigns to cover 455,000 in South/ Aden and 869,000 in the North/ Sanaa
- 274, 000 persons reached in 5 southern districts of Aden (61 per cent reported coverage); 387, 000 persons reached in three northern districts (69 per cent reported coverage)

# Highlights Strengthening the capacity for the Response - Recommendation 2, 3, 4, 10, 15

- Regional rapid response mechanism external roster in place; building of regional pool of WASH emergency cholera response specialists completed
- Human resources gaps filled in at UNICEF CO and Field offices level in WASH and C4D
- Resources mobilized to recruit of P4-level epidemiologist at RO; recruitment of P4 C4D in emergency at RO put forward in next budget submission request
- Significant capacity development effort targeting Government WASH Rapid Response Team, volunteers, implementing partners and community religious leaders on household hygiene, water treatment and handwashing are on going with intensification of activities in September

# Highlights Strengthening the Coordination and Coherence of the Response - Recommendation 5, 6

- Rapid response teams for WASH in place in all districts in Yemen, and in daily interaction with coordination centre
- The role of the Emergency Operations Centre at national and governorate level has been clarified, in a dialogue with the Resident Coordinator, WHO and clusters, and with support from RO and HQ
- Joint Health and WASH cluster strategic and operational plan with WHO developed at country level.
- Technical coordination mechanism between UNICEF and WHO instituted at regional level
- Joint Health and WASH cluster meetings with WHO on-going: at country-, regional and HQ level, as well as joint “three-level” calls; further discussions to strengthen regional cooperation on-going

# Highlights Preparedness - Recommendation 7, 11, 13, 16

- Resources mobilized; Procurement plan for ensuring sufficient stocks of Health and WASH supplies implemented; the CO has sufficient inventory in its warehouses of zinc, water purification tablets and ORS to cover the current needs; substantial quantities of AWD kits, hygiene kits and IV fluids
- Weekly YCO, SD and MENARO consultations are held to monitor supply pipeline and logistics operations.
- Preventive C4D and WASH interventions in high-risk areas on-going: continuous operation of water sources, de-sludging of HH level sanitation facilities, cleaning campaigns
- Joint operational preparedness plan completed targeting 100 districts and updated based on epidemiologic surveillance.
- Emergency preparedness plan platform is operational: 31 office plans approved on the platform and 59 completed 3 out of 4 steps;
- 25 contingency Programme Cooperation Agreements have been signed between UNICEF and partners

# Highlights Monitoring - Recommendation 8, 9, 12, 14

- Capacity strengthening of implementing partners for monitoring and reporting is on-going
- Third-party monitoring teams periodically provide feedback to programme staff; follow-up actions are tracked
- Community-based surveillance and response capacity strengthening is under way in cooperation with WHO; advocacy and dialogues for strengthening surveillance systems are on-going at national level under WHO lead
- A survey has just been completed in all districts giving UNICEF a deeper understanding of hygiene practices and barriers to improvements- procurement has been initiated for the revision of communication materials with focus on 5 practices and relying on simpler communication (visuals)

# Conclusion

- The evaluation has helped to trigger urgent actions to address the Cholera Crisis in Yemen; remaining actions are being implemented and the plan for completion is monitored
- Several of the actions must be undertaken within a cross-sectoral and interagency more robust response; UNICEF response alone will not achieve effectiveness in overall preparedness and response
- Lessons and recommendations for the Yemen response can be used for global learning and other countries at risk of AWD/Cholera outbreaks
- This crisis is happening within a crisis- and the conflict has further escalated since the undertaking of the evaluation; worse- the targeting of health centres, as well as civilians severely undermines the effectiveness of the preparedness and response
- Political solution to the conflict is needed, and in the meantime strict adherence to IHL by belligerent parties is required



Thank You