

## Evaluation Management Response Document

**Region:** HQ

**Office:** Evaluation Office

**Evaluation Year:** 2018

**Evaluation Title:** Evaluation of the Level 3 Response to the Cholera Epidemic in Yemen: A Crisis within a Crisis

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### Overall response to evaluation

The evaluation was commissioned by the UNICEF Global Emergency Coordinator in the course of the response to the cholera crisis in Yemen, with a primary objective of informing the UNICEF Yemen country office management in its effort to implement the integrated cholera response, prevention and system-strengthening plan, and specifically, to identify rapid corrective action and better respond to the needs of affected populations in Yemen. Additional objectives were to capture findings and lessons learned in support of advocacy efforts both internally within the country and externally with relevant partners, and to contribute to global knowledge. There is unanimous recognition of the extremely difficult country context in which the Yemen country office operates, with the cholera crisis emerging within the broader, ongoing humanitarian crisis. Restricted access to Yemen posed certain limitations to the evaluation team; these were mitigated through the recruitment of additional consultants within the country, who facilitated data collection from partners in Yemen. The evaluation report identified 16 detailed recommendations in the following areas: Supply, procurement and implementation of immunization campaigns (including stocks prepositioning) Strengthening the coherence of the response within offices and between the country office, regional office and headquarters Strengthening the capacity for the response: internal (UNICEF staff), external (rosters of experts, Programme Cooperation Agreements), partners (community health workers and volunteers) Strengthening surveillance and monitoring mechanisms Prevention (strengthening knowledge and improving behaviour at the community level) and preparedness (guidance development, collating and sharing knowledge) Coordination with partners, particularly with the World Health Organization (WHO)

### Planned Use of the Evaluation

The primary users of the evaluation within UNICEF are the Yemen country office; MENARO; EMOPS, the Programme Division and the Supply Division. The evaluation recommendations have been prepared and endorsed, and a number of critical actions were initiated immediately, such as: (a) the establishment of the MENARO Cholera Task Force to ensure coherence in the guidance and support to country office and to the EMT; (b) the development of the rapid response team coordination centre for health and water, sanitation and hygiene (WASH) in the country office for daily interaction and information sharing; (c) the recruitment of an epidemiologist at the regional level to ensure the ongoing analysis of country context and risks, to support data interpretation and to trigger system responses, as necessary. The strengthening of capacity for surveillance, monitoring and reporting at various levels is a continuous effort, aimed at timely data collection, interpretation and use for course adjustments. Coordination and information sharing with other partners, particularly with WHO, is ongoing and concerted efforts are made at the country office, regional office and headquarters levels to strengthen coordination. Preparedness measures are being taken, including the prepositioning of supplies, the preparing of Programme Cooperation Agreements to cover response in high-risk districts. Actions are underway or planned at the headquarters level to collate, consolidate and use learning from the response to the cholera epidemic in Yemen and in other countries, and to revise or develop new guidance for strengthening the capacity of UNICEF to prepare for and respond more effectively to future epidemics.

### Recommendations and Actions

No.	Recommendations/Actions	Responsible Section (Action)	Responsible Person Name (Action)	Expected Completion (Action)	Mgt Response / Implementation Stage	Reason/Action Taken
1	Secure vaccination supply for further vaccination campaigns. Given the very high risk of another cholera outbreak, the vulnerability of the population and the limits to humanitarian response, the case for a preventive oral vaccination campaign in early 2018 is compelling. While working on a political agreement with the relevant authorities in Yemen, it is recommended that on a no-regrets basis an urgent request to suppliers be placed through the International Coordinating Group to allow for a targeted campaign in the highest-risk areas.				Agree	
1.1	Implement risk assessment to identify areas that would benefit from an OCV campaign.	country office, health section	Fouzia Shafique	1/31/2018	Completed	Risk assessment done, shared with regional office and headquarters and inputs incorporated
1.2	Submit application to the Global Task Force for Cholera Control (GTFCC) for allocation of OCV from the global stockpile to Yemen.	country office, health section	Fouzia Shafique	4/30/2018	Completed	An application with detailed OCV campaign plans, water, sanitation and hygiene (WASH) strategy and plans, communication for development (C4D) strategy and plans, and overall cholera response plan submitted to GTFCC

1.3	Supply OCV in support of campaigns	Supply Division, country office, regional office	Fouzia Shafique	8/31/2018	Completed	GTFCC approved 4.58 million doses of OCV for a first-round preventative campaign, implemented in 10 districts, originally planned to take place before the rainy season in March-April 2018. A second-round campaign of 4.58 million doses is planned for later in 2018. As permits for entry were not provided to allow shipment of OCV to Sana'a for the March campaign, after consultation with the regional office and partners (WHO, Gavi, the Vaccine Alliance, UNICEF), a final decision was taken to ship 455,000 doses to Aden, which arrived on 24 April 2018. The remaining ordered quantities (869,750 doses) were diverted to Nigeria from the hub in Nairobi before the expiration of the Q-tags (so that the shipment could not be received by another country and doses would be destroyed). The Supply Division is ready to respond to further OCV requirements, and vaccine can be shipped and delivered in 2 to 3 weeks, in accordance with the complex shipping requirements for vaccine deliveries to Yemen 3.
1.4	Conduct OCV campaign in five districts of in southern Yemen (phase I).	Country office, health section	Fouzia Shafique	5/31/2018	Completed	A campaign was conducted in the south of Yemen in five districts; cold storage was arranged at a local hospital; and the Aden Governorate Health Office cold room; and transportation arrangements were made to the target districts.
1.5	Conduct OCV campaign in northern of Yemen (phase 2) and continue in southern Yemen	Country office (health and C4D sections) with regi	Fouzia Shafique	7/31/2018	Completed	To date, a total of 2,314,181 people aged one and above of the 9.7 Million targeted in the 100 priority districts have been reached since 2018 with OCV vaccine 15 districts. Both rounds 1 and 2 in 8 districts (5 district in Aden and 3 in Sanaa) in 2018 reached 702,674 beneficiaries. 2 rounds conducted in 4 districts in Aden and one round in 3 districts Sanaa reached 1,611,507. Second round in the 3 districts in Sanaa is planned for September 2019

2	Establish regional specialist capacity for epidemiology/cholera. The evaluation team believes that specialist in-house epidemiological capacity is an essential component of UNICEF capacity against cholera and other epidemic diseases. Reliance on internal surge capacity to fulfil this role proved too slow in Yemen in 2017. The vulnerability of countries in the MENA region is such as to justify a dedicated post in the regional office and should be seen as part of a regional capacitation approach. This would enable the regional office to work with country offices to, for example, help to conduct risk assessments and draw up contingency plans; routinely assess countries' preparedness capacities; analyse emerging data on cholera or other epidemics; and support cross-country lesson learning.				Agree	
2.1	Recruit P4-level epidemiologist	Regional office, Regional Adviser Health and Nutri	Fouzia Shafique	7/31/2018	Completed	A P4-level epidemiologist came on-board on April 15th 2019 at the MENA RO office.
3	Build regional response capacity for cholera. UNICEF should build regional response capacity in the MENA region by constituting a network of cholera-experienced staff, conducting regional trainings to share the latest knowledge and global know-how from other regions and sharing cholera experience in other countries. Countries should be supported to prepare guidelines, response plans, standard operating procedures and training packages so as to be ready to respond.				Agree	
3.1	EMT meetings and EMT mailing lists are used to exchange lessons from other responses.	Regional office, Regional Adviser Emergency	Fouzia Shafique	8/31/2019	Completed	(Continuous) An EMT meeting is organized every month. References to lessons from other responses are made
3.2	Establish a UNICEF regional pool of WASH emergency cholera response specialists and implement refresher training on emergency response in the area of WASH.	Regional office, Regional Adviser WASH	Fouzia Shafique	9/30/2018	Completed	The WASH section established a regional pool of WASH emergency cholera response specialists from among country offices — predominantly staff who had undergone a Centers for Disease Control-organized cholera epidemiological training in April 2018. Refresher training is planned for September 2018. The pool has been established. The training sessions have started with a first edition of the Epidemiology training for WASH, health and C4D staff last July in Amman. The office is planning for regular updates.
3.3	Develop a regional rapid response mechanism external roster (RRRM)	Regional office, Regional Adviser Health and Nutrition	Anirban Chatterjee	4/30/2018	Completed	Suitable candidates based on previous experience and training for cholera response, were identified and included in the RRRM external roster.

3.4	Support countries in MENA to prepare guidelines, response plans, standard operating procedures and training packages in order to be ready to respond to cholera outbreaks.	Regional office, Health Specialist	Fouzia Shafique	8/31/2019	Completed	(Continuous) Support is being provided for the preparedness and response plans for 2019 for the country offices in Iraq, the Sudan and Yemen. Simplified online guidelines standard operating procedures and training packages are being developed jointly with WHO for use by countries. A first training on epidemiology, control and prevention of waterborne diseases epidemics was organized on July 28-31, 2019, in Amman. It targeted UNICEF staff working in Health, Wash and C4D sectors and working in MENA countries considered at-risk for cholera.
3.5	Train C4D staff from all country offices during the regional C4D network meeting, with a focus on standards for behaviour change communication in emergencies, accountability to affected populations (AAP) and leveraging resources, using course material developed for the global New York University-UNICEF course on disease outbreak and the social science in humanitarian action platform.	Regional office, Regional Adviser C4D	Fouzia Shafique	9/30/2018	Completed	
3.6	Recruit dedicated C4D in emergency capacity in MENARO to support country offices on all aspects of prevention, preparedness and response.	Regional office, Regional Adviser C4D	Fouzia Shafique	2/28/2019	Completed	In 2020, a C4D specialist has been recruited in MENARO to focus on COVID19. A minimal part of its time is related to other PHEs. Its role needs to be sustained.
4	Establish a cholera task force at the regional office level. There is a lack of coherence both in the advisory input on cholera from different UNICEF sections and between the different components of the UNICEF programme. With regard to advisory input, it is recommended that the different sections in the MENA regional office with responsibility in this area (WASH, health, C4D and nutrition) constitute themselves as a cholera task force for the duration of the epidemic to facilitate more coherent planning, support and programme implementation.				Agree	
4.1	Establish MENARO Cholera and Outbreak Task Force	Regional office, Regional Adviser Health and Nutrition	Anirban Chatterjee	3/31/2018	Completed	The MENARO Cholera and Outbreak Task Force was created in February 2018 and is functional. The Task Force involves the following sections: health and nutrition, WASH, C4D, humanitarian, supply and logistics and human resources.
5	Harmonize UNICEF / WHO approaches and clarify roles. During the cholera response, different understandings of roles between UNICEF and WHO took time to resolve. A central component of preparedness for a further epidemic or third wave should therefore be management discussion between UNICEF and WHO about the lessons from 2017 and how to ensure that the two agencies better harmonize future responses.				Partially Agree	

5.1	Establish a regular technical coordination mechanism between WHO and UNICEF involving the WHO Regional Office for the Eastern Mediterranean Health Emergencies Programme (EMRO WHE) and the UNICEF MENARO Cholera Task Force.	Regional Office, Regional Adviser Health and Nutri	Fouzia Shafique	8/31/2019	Completed	(Continuous) A regular technical coordination mechanism has been instituted at the regional level between WHO and UNICEF involving monthly technical calls between the WHO EMRO WHE Department and the UNICEF MENARO Cholera Task Force. Annual AWD/cholera meetings are organized by WHO and UNICEF jointly and in-depth regular meetings are organized between both agencies. A regional cholera platform serves as forum between cholera actors as well as coordination mechanism as it is co-lead by UNICEF and WHO. It was created in 2018 and enter now in its operational phase.
5.2	Implement joint health and WASH cluster meetings (with C4D) to discuss the lessons from the last wave and what can be done differently if the number of suspected cholera cases rises again.	Country office (health section), with headquarters and the regional office and WHO	Fouzia Shafique	5/31/2018	Completed	inter-cluster meetings held
5.3	Develop a joint health and WASH cluster (including C4D) strategic plan and make it operational.	Country office and WHO	Sherin Varkey	5/15/2018	Completed	Health and WASH cluster strategic and operational plans have been developed.
5.4	Hold regular discussions between WHO and UNICEF management and technical teams on situation and response (three-level calls, involving the country and regional offices and headquarters).	Country office, regional office, headquarters and	Fouzia Shafique	8/31/2019	Completed	(Need-based) Joint three-level calls have been held. The last C4D three-level call was to discuss the ongoing programme review in Yemen including cholera prevention
6	Clarify coordination processes. Coordination of the 2017 response in Yemen was confused, with multiple mechanisms overlapping and running in parallel. In particular, respective roles of the clusters (health/WASH) vis-à-vis the emergency operations centres were poorly defined. Another essential component of preparedness is the clarification and simplification of the cholera-related coordination processes and the respective roles of the Cholera Task Force, the emergency operations centres, the health/WASH clusters, the Office for the Coordination of Humanitarian Affairs and the Humanitarian Country Team/Inter-Cluster Coordination Mechanism.				Agree	

6.1	Ensure local-level data sharing between health and WASH rapid response teams	Country office	Fouzia Shafique	8/31/2019	Completed	(Continuous) Protocol and chart for information flow has been developed and disseminated. WASH and health rapid response teams are in place. Information control centre has also been established for real time monitoring and information sharing. Ministry of Water is now receiving line lists directly from MoH on a weekly basis and information is cascaded to the RRTs for use. This is a positive step but what is needed is real time data (daily sharing of line lists with RRTs). RRTs are adapting to this situation by securing line lists directly from the Governorate or district surveillance officers. This modality allows RRTs to get real time actionable data. There are challenges in securing the data from the surveillance officers but RRTs are building good rapport with them to facilitate data sharing. Please note that this is a transitory mechanism December 2020: UNICEF is actively engaging with WHO and MoH to develop a robust system for regular /daily data sharing working with WHO and M
6.2	Joint health and WASH cluster meetings re-start/continue	Health and WASH cluster coordinators with support	Fouzia Shafique	8/31/2019	Completed	(Continuous) Joint WASH and Health Cluster meeting are happening regularly.
6.3	Develop a clear understanding of the coordination mechanisms for the cholera response, including the role of the Emergency Operations Centre at the national and governorate levels.	Country office (health section) with support from	Fouzia Shafique	5/31/2018	Completed	Discussions were held between the Resident Coordinator, UNICEF, WHO and the clusters and the coordination mechanisms were also included as an agenda item in the joint three-level calls to clarify the coordination mechanisms and the role of the EOC. Following discussions, an Emergency Operation Rooms (EOR) has been established by the Ministry of Water and Environment at central and hub level to support coordination of the WASH cholera response. The EORs are working closely with the Ministry of Health, WHO and the WASH and Health Cluster.
7	Scale up and secure preventive WASH work. While much of the essential preventive WASH agenda is medium to longer term, some components are crucial to prevention in the shorter term. This includes system maintenance and the ongoing supply of fuel, chlorine and spare parts for water supply and waste treatment systems. Given the volatility of the situation in Yemen, UNICEF should take all necessary steps to secure the relevant supply chains and create contingency stockpiles as appropriate, while also conducting C4D and protecting water sources in high-risk areas and at the local level.				Agree	

7.1	Develop and implement a procurement plan to ensure sufficient stocks of water purification tablets in-country. Note: Bulk water purification chemicals (e.g., bulk chlorine).	Supply Division	Fouzia Shafique	12/31/2018	Completed	Adequate stock of supplies including water purification chemicals are now available in country. A strong pipeline for offshore items has also been established in collaboration with SD.
7.2	Operationalize public water supply systems and sanitation facilities through the provision of fuel.	Country office	Fouzia Shafique	8/31/2019	Completed	(Continuing) Fuel assistance (3.8 million litres on monthly basis, including for water disinfection, is being provided to all 15 major cities. This activity is now being implemented in the 15 major cities and has been supplemented with the provision of electricity to run additional water and sanitation systems across the country.
7.3	Implement operation and maintenance plan for the water supply system (disinfection/chlorination)	Country office	Fouzia Shafique	8/31/2019	Completed	(Continuing) Mechanical equipment (dosing pumps or chlorinator) is being installed and water disinfectants are being supplied. Water disinfection interventions are ongoing in all high priority governorates. Installation of dosing pumps has been completed in many locations and more systems will be installed in 2019 and 2020.
7.4	Scale up the preventive WASH interventions in high-risk areas, including rehabilitating the water supply and sanitation networks and scaling up such interventions in institutions (health facilities and schools).	Country office	Fouzia Shafique	8/31/2019	Completed	(Continuing) More than 100 Quick Impact Projects (QIPs) have been completed in high priority governorates. Rehabilitation work has been completed in more than 250 health facilities and schools. More QIPs and rehabilitation of HFs are ongoing and will be completed by end of 2019.
7.5	Strengthen community engagement and behavioural change interventions around WASH, including promoting hand washing with soap and safe water use, food hygiene and the use of safe hygienic latrines.	Country office, C4D section	Fouzia Shafique	9/30/2018	Completed	UNICEF helped establish a unit within the Ministry of Water and Environment that is specialized in behavior change programming including promoting hand washing with soap and safe water use, food hygiene and the use of safe hygienic latrines. Up to date, the unit has more than 100 volunteers working in 20 sub-districts with strong and uninterrupted dissemination of Cholera/AWD prevention practices. To understand behaviours and drivers of cholera, C4D has conducted 2 periodic Behaviour Indicator Monitoring Surveys on AWD/Cholera, which the findings are used to strengthen the community level interventions.

8	Strengthen Yemen national cholera surveillance and reporting. Despite progress on the local-central surveillance process and the introduction of electronic line listing, more needs to be done to strengthen this process to improve data accuracy and the speed of reporting. It is recommended that UNICEF work with WHO and the health authorities to undertake an audit of the local-to-national surveillance system, with a view to identifying necessary steps to strengthen the system.				Agree	
8.1	Continue advocacy at the national level with WHO and health authorities for strengthening surveillance, especially the quality of reporting at the reporting sites and the strengthened capacity of central labs.	Country office with support from the regional offi	Fouzia Shafique	8/31/2019	Completed	(Continuous) Cholera deep dive exercise conducted with support from HQ recommended change the longlisting for cholera /AWD from ORCS and DTCs to only DTCs ensure quality reporting and build capacity of ORCs staff to ensure proper adherence to case definition before adding cases to the line list
8.2	When indicated, conduct a third-party monitoring validation exercise to assess the quality of reporting at the source: diarrhoea treatment centres/oral rehydration points	Country office (health section) with support from	Fouzia Shafique	8/31/2019	Completed	(As needed) TPM has supported C4D in monitoring the social mobilization interventions on 5 OCV campaigns 2018/19 and will support the upcoming 2nd round in Sana'a mid Sep 2019
9	Strengthen community-based surveillance and response capacities. Given the security and access challenges, UNICEF and its partners should help to strengthen community capacities in high-risk areas to prevent, prepare for and respond to outbreaks of acute diarrhoeal. This would require both enabling the identification and notification of cases through community focal points and early treatment of suspected cases through community-level oral rehydration points.				Partially Agree	
9.1	Train community health workers, community health volunteers and community volunteers.	Country office, health and C4D sections	Fouzia Shafique	9/30/2018	Completed	Ongoing almost 2,000 CHW were trained on cholera and over 2,000 CHV received half day orientation on key cholera messaging. C4D has trained 7,600 community volunteers who are engaged in routine cholera prevention intervention.
9.2	Use traditional community structures and bodies that can be effective in incident reporting.	Country office, C4D section	Fouzia Shafique	8/31/2019	Completed	(Continuous) On 7th September 2019, the Ministry of Public Health and Population-The Health Education Centre organized a meeting between UNICEF, WHO and Ministry to discuss the critical rumours collated from the field offices.
10	Enhance rapid response capacities. UNICEF should build on the rapid response team and rapid response mechanism models and, with its partners, take stock of lessons learned from 2017 to strengthen these mechanisms for future responses. This would include revising response team standard operating procedures and training modules, conducting trainings ahead of further outbreaks and supporting joint inter-agency planning, including the precise definition of roles and responsibilities and the running of simulation exercises. Appropriate pre-agreements and contracts should be put in place with operational partners and suppliers.				Agree	
10.1	Form and maintain rapid response teams for WASH in priority districts	Country office, WASH section	Nisar Syed	2/28/2018	Completed	Rapid response teams have been formed in all priority districts as well as stand-by rapid-response capacity across Yemen.

10.2	Develop a rapid response team coordination centre for health and WASH	Country office, WASH section	Nisar Syed	5/31/2018	Completed	A rapid response mechanism is in place and partnerships have been established with mechanism partners. Detailed contacts for rapid response teams have been developed at the district, governorate and national levels for both health and WASH. A coordination centre has been developed for daily interaction between WASH and health rapid response teams. A flow chart for information has been agreed between the health and WASH clusters. A mechanism for the receipt of a forecast of meteorological data on rainfall on a weekly basis has been developed with the support of the Department for International Development. The forecast will be shared in a timely manner with rapid response teams for preparedness actions.
10.0	Update cholera training modules, with the inclusion of a module on rapid response teams.	Country office, health section	Fouzia Shafique	2/28/2019	Cancelled	The training of the master trainers and the cascade training plan have been discussed with the health authorities and approval for the training dates is pending. There is no change in the situation after the master training of trainers was conducted on the update integrated module. MOPHP has not yet approved the cascading of that training. Rather than the integrated outbreaks training only cholera case management training is being conducted to DTC staff and this is mostly supported by WHO. Yet, this is done mostly on ad hoc bases.
11	Establish additional response preparedness measures. In addition to the preparedness-related measures noted above, UNICEF should take further action to: ensure WASH response capacities, including through training; ensure the necessary supply for cholera kits; and invest in contingency stocks or purchase arrangements at the local and international levels.				Agree	
11.1	Ensure that the 2018 WASH supply plan is developed and implemented.	Country office, WASH section	Nisar Syed	3/31/2018	Completed	A supply plan was developed by considering the planning target of the integrated cholera preparedness plan. WASH supplies are prepositioned at eight locations with partners. Furthermore, additional supplies for responding to 500,000 suspected cases for a period of 3 to 6 months are stocked in three UNICEF warehouses.

11.2	Prepare contingency Programme Cooperation Agreements covering all high-risk districts.	Country office,	Nisar Syed	3/31/2018	Completed	Fifteen WASH Programme Cooperation Agreements are finalized for targeting high-priority districts.
11.3	Increase and enhance the capacity of national and subnational WASH teams.	Country office	Nisar Syed	4/30/2018	Completed	Four implementing partners and 12 national staff have been recruited for the UNICEF WASH section and cluster. Staff attended training on epidemiological data and WASH response. Technical adviser on the capacity building of partners is on board and a detailed plan is being implemented.
12	Strengthen monitoring and quality control. UNICEF monitoring and programme follow up in 2017 faced the challenge of covering a massively scaled-up programme with relatively limited resources and difficult access. This is of concern from the perspective of both accountability and quality control, and is a problem for the system as a whole. UNICEF should do all it can to strengthen both direct and indirect monitoring. An essential corollary to this is that UNICEF finds ways to better utilize the results from programme monitoring to continuously inform the ongoing response and adapt it accordingly.				Agree	
12.1	In consultation with WHO and other partners, build the capacity of implementing partners on key standards and guidelines for monitoring and reporting.	Country office; health, WASH and C4D sections	Fouzia Shafique	7/31/2018	Completed	All implementing partner technical staff are being trained on key guidelines, including regarding treatment protocols, standard operating procedures for diarrhoea treatment centres, oral rehydration points and Infection Prevention and Control at the case management sites. Training of technical staff is key part of all cholera agreements, IP train their staff when opening DTCS/ORCs
12.2	Strengthen communication between the third-party monitoring team and the programme staff to ensure timely feedback and corrective measures for quality issues.	Country office, PME section	Fouzia Shafique	7/31/2018	Completed	Periodic feedback is being provided by the third-party monitoring teams to the sections and field-office teams. An action tracker has been developed for follow-up on actions identified by the third-party monitoring teams. Still ongoing.
13	Invest in better understanding of behaviours and transmission contexts. The 2017 response was not adequately informed about household and community practices, or about people's knowledge, attitudes and beliefs concerning cholera and the response to it. A knowledge, attitude and practice survey is currently planned, and should be supplemented by ongoing efforts to understand household perceptions and challenges during the course of any outbreak response. UNICEF should also invest in epidemiological and socio-anthropological research, identifying cholera hotspots, risk factors, community risk behaviours and practices as well as community uptake of campaign messages.				Agree	
13.1	Undertake knowledge, attitude and practice survey to understand household perceptions, community risk behaviours and hygiene practices.	Country office, C4D section	Fouzia Shafique	9/30/2018	Completed	KAP Survey on cholera practices was conducted in 2018. The final report submitted July 2019, and the findings are being disseminated to partners and used to guide the social and behaviour change strategy.

13.2	Collect regular data on risk behaviours and hygiene practices through third-party monitoring teams to better monitor results and trends and understand transmission contexts by correlating such behaviours and practices with epidemiological data and cholera hotspots.	Country office, C4D section	Fouzia Shafique	8/31/2019	Completed	(Continuous) Two rounds of Cholera Behavior Indicators Monitoring surveys have been conducted. The last one was finalized on Feb 2019. The data has generated useful insights in understanding the drivers of cholera and has been used to guide the social and behaviour intervention by areas. Indicators and methods have been agreed with the regional office. The orientation of the third-party monitors is completed. Data collection for 3rd round is scheduled to start mid-September 2019.
13.3	Conduct regular qualitative research in hotspots to maintain an updated understanding of perceptions of risk and of the response; negative narratives and barriers to appropriate behaviours.	Country office, C4D section	Fouzia Shafique	8/31/2019	Completed	(Continuous) C4D has conducted qualitative research in hot-spot districts in Amanat Al Asimah and Sana'a Governorate, to explore community perception on cholera prevention practices. The findings have been used to refine the hygiene messages and the social and behaviour change interventions. Ongoing discussions in the scientific group meeting at MOPHP, three researches have been agreed on and will be supported. This include piloting of the proposed change in line listing to be conducted in Amanat Al Asimah.
14	Consolidate UNICEF global learning on cholera. UNICEF has learned a great deal from the experience of responding to the 2017 cholera epidemic in Yemen; other recent major cholera epidemics in Haiti, South Sudan and Zimbabwe; the cholera regional initiatives in West Africa and Eastern and Southern Africa; and other forms of epidemic response (notably for Ebola). UNICEF should hold an internal learning event that brings relevant staff together to consolidate recent experience on cholera, using Yemen as a key case study.				Agree	
14.1	In the context of the Health Emergencies Preparedness Initiative (HEPI), the Programme Division and EMOPS will identify resources to jointly fund and organize an internal learning event, bringing together key UNICEF staff to capture learning on cholera epidemic response. The workshop will serve as a mechanism to review the UNICEF approach to and strategy on cholera and to draw on lessons learned from the 2017 response.	Programme Division; EMOPS	Fouzia Shafique	12/31/2018	Completed	No resources were identified to organize this event. However, a remote Global Cholera Meeting is being prepared under the new Global Cholera Team, to take place in the first quarter of 2021. This event will be repeated regularly to learn from Yemen, Haiti, DRC and other countries implementing response to cholera outbreaks or control programs.
15	Consolidate UNICEF global epidemiological capacity. Given the Yemen experience, UNICEF should establish a network of global and regional cholera experts (internal/external), who would be part of the global exchanges and capitalization efforts. Members of this network might provide additional surge capacity during major outbreaks and play an oversight and monitoring role at the regional and global levels. Related to this, UNICEF should play a greater role in building global epidemiological understanding.				Agree	

15.1	As part of HEPI, establish a technical working group. Under the leadership of the Principal Adviser, Public Health Emergencies, the working group will evolve into an operational task force at the headquarters level with focus on cholera that will liaise with regional offices on surge support to the field.	Programme Division	Fouzia Shafique	7/31/2018	Completed	A public health emergencies task force was established by the Principal Adviser in 2018; however, this group focused on Ebola response. Similar coordination mechanisms were setup for COVID-19 response at HQ and ROs. Currently, the PHE is working across sections and with ROs to establish the Global Cholera Team, including cholera experts from all relevant sections from HQ, ROs and COs. TORs for this Global Team will be available and distributed before the end of 2020. xt of the 2018 Ebola outbreak in the Democratic Republic of the Congo, and its functions will be formalized.
15.2	The Programme Division and EMOPS will consider establishing an emergency response team if/as funding becomes available specifically for cholera, comprising sector-wide experts, including in health, WASH and community sensitization.	Programme Division; EMOPS; Division of Human Resou	Fouzia Shafique	12/31/2018	Completed	No funding has been made available for a specific cholera response team; however, capacity for response to Public Health Emergencies has been increased over the years. Despite having a good number of experts in HQ, RO and COs, surge capacity with specific cholera expertise remains limited.
15.3	With a view to strengthening its link with global mechanisms on cholera, the Principal Adviser, Public Health Emergencies will represent UNICEF on the GTFCC.	Programme Division	Fouzia Shafique	12/31/2018	Completed	UNICEF already leads the cholera platforms in Kenya and Senegal and is considering establishing a platform in Jordan under the same model. Key MENARO staff attended the GTFCC annual meeting in June and the issue of the integration of platforms was raised. Prior to the meeting, a conference call between the existing platforms and the GTFCC secretariat prepared the discussion. Follow-up and next steps are expected in the coming weeks. The Global WASH Cluster is already engaging with and contributing to the GTFCC. The cluster provides an opportunity to be part of global exchanges and capitalization efforts. The principal adviser, public health emergencies represents UNICEF in the GTFCC steering committee. UNICEF has increased its participation in GTFCC plans and activities, and is represented in all its Working Groups, leading several workstreams.

15.4	Strengthen engagement with academic institutions.	Programme Division	Fouzia Shafique	12/31/2018	Completed	The Principal Adviser, Public Health Emergencies has started engaging with Johns Hopkins University and the Centers for Disease Control on areas of potential research around cholera (behavioural change, case definitions, rapid diagnostic tests and rapid response teams). US-CDC remains the main operational and research partner for cholera, with a strong focus on WASH activities. The research portfolio for cholera has been increased, including partnerships with Antwerp Institute of Tropical Medicine, John Hopkins University, Marseille University and others.
15.5	Strengthen the global epidemiological capacity of UNICEF through the recruitment of a Principal Adviser, Public Health Emergencies.	Programme Division	Carlos Navarro Colorado	5/31/2018	Completed	The Principal Adviser was recruited and is currently providing technical support to the country and regional offices on cholera outbreak response. In addition, the Adviser recently provided such support to the Democratic Republic of the Congo for the Ebola response.
16	Strengthen UNICEF global cholera preparedness. UNICEF should review its preparedness to respond to cholera outbreaks in all high-risk regions and countries. Risk assessments and contingency plans should be built into country plans as appropriate. This should be done in collaboration with WHO and other relevant partners, with a view to ensuring close coordination and collaboration with other international organizations.				Agree	
16.1	To align with the Ending Cholera—A Global Roadmap to 2030 strategy, a HEPI outbreak task force will develop an internal document to map out the UNICEF contribution to achieving the targets set out by the GTFCC (i.e., to move from a preparedness/response approach to a long-term strategy for the control of epidemics). Funds will be raised to recruit a full-time position in headquarters focused on cholera.	Programme Division	Fouzia Shafique	12/31/2018	Completed	The newly created Global Cholera Team will update a briefing on UNICEF's contribution to the Ending Cholera roadmap, and will regularly update it through quarterly newsletters. No funds have been made available for a full time cholera experts at HQ level, but one public health expert in the public health emergencies team and several in the health and WASH sections do contribute a sizable share of their time to cholera related activities, including coordination, guidance, policy and country support

16.2	Roll out emergency preparedness procedures and an EPP to ensure that mechanisms and systems are put in place to enable effective, timely emergency response to humanitarian crises. Implement the systematic verification on the EPP platform of country office preparedness on cholera, particularly for high-risk countries.	EMOPS; regional offices; country offices	Fouzia Shafique	12/31/2018	Completed	By 24 May 2018, 31 country offices had approved plans on the EPP platform and 59 countries had made significant progress (three out of four steps completed) The public health emergencies team participates to the EMOPS-led EPP with technical advice on outbreak preparedness and response, and participates to regular Horizon Scanning and risk assessment meetings. EPP in Yemen was rolled out in June 2018. At the time Yemen was fully meeting all Minimum Preparedness Standards. A specific Cholera preparedness and response plan was also developed in 2017 and revised in 2019. Yemen is currently updating their EPP (a webinar was conducted late October to kick start the process – ToR attached). YCO is now onboarding the new EPP platform and should be completed before end of 2020. All Field Offices have specific preparedness plans in place including for Cholera.
16.3	Under HEPI, develop toolkits and guidelines to prevent, mitigate and prepare for all health risks, including cholera, to facilitate response efforts by enabling country teams to quickly access and adapt existing tools to the context.	Programme Division	Fouzia Shafique	12/31/2018	Completed	The Public Health Emergencies toolkit was updated in 2018. A consultant is being recruited for 6 months to update and expand the portfolio of diseases covered by the toolkit, with a new version expected in 2021.
16.4	Strengthen collaboration with WHO on cholera in Yemen.	EMOPS; Programme Division	Fouzia Shafique	8/31/2019	Completed	(Continuous) UNICEF/WHO conference calls have been conducted at the headquarters, regional and country levels to address the cholera response in Yemen. The calls have been instrumental in addressing some of the operational challenges and gaps, including the updated joint cholera preparedness and response plan. This model can be used for health emergencies beyond cholera. Annual WHO-UNICEF RO technical meetings have been organized in the past two years, to share lessons learned from countries affected by cholera epidemics. Yemen was one of them.