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

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Context & Background

• 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. Even allowing for likely over-reporting, this was a massive outbreak.

• This evaluation must be understood in the context of the prevailing situation in Yemen. The risk factors for cholera were and remain very high. These include the very poor state of public water supply and waste treatment systems, the breakdown of health systems, and limited WASH capacity at household level. Until the end of the field work for this evaluation, Yemen continued to face a high risk of a further major outbreak in 2018.

• Plans to mount preventive vaccination campaign in early 2017 were abandoned in the face of political and supply constraints.
Key Findings

• Given earlier outbreak in late 2016 and prevailing risk factors, the potential for a major epidemic should have been foreseen. **UNICEF and its partners were not well prepared** to respond to massive upsurge in cases from May 2017 – missed opportunity to vaccinate.

• **UNICEF responded well overall** in reducing risks to households, given the operational constraints and the limits of its own and partners’ capacity.

• However, the **overall system response was slow** in scaling up, was unable to keep up with the scale and pace of the epidemic, and probably had only very limited impact on its overall course. But the response did help reduce risk to households and limited the consequences of the disease for those who contracted it.

• **UNICEF set ambitious service delivery targets** for itself and **did well to achieve around 80-90% average delivery against targets.**
Key Findings

• 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.

• **UNICEF substantially scaled up its health role**, through establishment of Oral Rehydration Points and Diarrhoea Treatment Centres. 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.

• Another important aspect of UNICEF’s response was the communications (C4D) component aimed at household behaviour change. 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.
Key Findings

• 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.

• **UNICEF led the WASH Cluster effectively**, and helped ensure close coordination with the Health Cluster. Overall coordination of the system-wide response, however, was fragmented.

• UNICEF worked well with existing partners, including the Ministry of Public Health and Population. But overall, **lack of partner capacity** (particularly in WASH) was a major constraint on the response.

• UNICEF’s **simplified L3 operating procedures**, including emergency PCAs, surge capacity and the RRM mechanism, all helped UNICEF move relatively quickly in the circumstances, as did donor flexibility.
Recommendations

1. Secure vaccination supply for further vaccination campaigns.
2. Establish regional specialist capacity for epidemiology/cholera.
3. Build regional response capacity for cholera
4. Establish a cholera task forces at the regional office level.
6. Clarify overall coordination processes.
7. Scale up and secure preventative WASH work.
8. Strengthen Yemen national cholera surveillance and reporting.
Recommendations

10. Enhance rapid response capacities.
11. Establish additional response preparedness measures.
12. Strengthen monitoring and quality control.
13. Invest in better understanding behaviours and transmission contexts.
15. Consolidate UNCIEF global epidemiolocal capacity.
Use of the evaluation

This evaluation is an example of effective use of the evaluation findings, conclusions and recommendations.

Management moved very quickly to act on the findings and recommendations. The Management Response will shed more light on this.

Some of the factors that contributed to the use of the evaluation include:

- Timeliness of its commissioning
- Speed with which it was conducted
- Sharing indicative findings early to inform response
- Strong appetite for improving the response among management

The Evaluation Office is currently developing a rapid approach to evaluate UNICEF’s work in emergencies, based on the experience in Yemen and elsewhere.
Thank You