Programmatic Guidance Note

The role of water, sanitation and hygiene in ending cholera

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WaterAid

The elimination of cholera can only be achieved through sustainable access to water, sanitation and hygiene (WASH). This note sets out practical guidance for WaterAid country programmes on how to contribute to cholera prevention and control efforts.

Introduction

This guidance note provides technical guidelines for improving WASH in the context of the long-term prevention and control of cholera. While WASH services should always be designed and adapted to the local context and national standards, the aim of this guidance note is to provide practical guidance that:

- is applicable across different countries and contexts;
- highlights critical features that are specific to cholera.

These guidelines are for WaterAid country offices and partner organisations, and will also be valuable for:

- national governments and local authorities responsible for implementing WASH for cholera control;
- public and private service providers;
- non-governmental organisations (NGOs), donors and civil society organisations.

The information in this guidance note is structured according to our role as agents of change improving WASH services, and is supported by key reference documents produced by WaterAid and our external partners.

The problem

Cholera is an acute water-borne diarrhoeal disease caused by the ingestion of water or food contaminated by the cholera bacterium *Vibrio cholerae*. The disease can be rapidly spread from person-to-person via the faecal-oral route when hygiene practices are poor and access to sanitation and clean water are limited. Globally, cholera cases are on the rise, with an estimated 2.9 million cases and 95,000 deaths occurring every year – factors of which are compounded by urbanisation, migration and climate change.[1] Renewed efforts to end cholera culminated in the launch of a new strategy in 2017 by the Global Taskforce on Cholera Control (GTFCC), *Ending Cholera: A Roadmap to 2030*, with a vision to reduce cholera deaths by 90 percent and eliminate disease transmission in as many as 20 countries by 2030.[1]

Cholera control efforts to date have concentrated on immediate and reactive responses to outbreaks, which have very little impact on the long-term prevention of the disease. The new global roadmap calls for a coordinated multi-sectoral approach in targeting cholera hotspots (Box 1), with a combination of interventions both within and outside of the health sector, to ensure control and long-term prevention of the disease.

[1] WHO (2017). *Ending Cholera–A global roadmap to 2030.* Available at: who.int/cholera/publications/global-roadmap.pdf?ua=1 (accessed Jul 2019).

Box 1:

A **cholera hotspot** is defined as geographically limited areas (e.g. city, health district catchment areas) where environmental, cultural and socioeconomic conditions facilitate the transmission of the disease and where cholera persists or re-appears regularly. Hotspots play a central role in the spread of disease to other areas.

The burden of cholera is concentrated in relatively small geographical areas, known as 'hotspots', where poverty prevails and access to WASH services is at its lowest.

Cholera occurs in various epidemiological settings:

- **Endemic:** Areas or countries where cholera has been detected at least once in the past three years, or where the disease occurs constantly in a particular geographical area or population group. The World Health Organisation (WHO) estimates that 47 countries are currently cholera-endemic.[2]
- **Outbreak:** Occurring in endemic or non-endemic countries where more cases of cholera occur than are expected in a specific area or group of people.
- **Epidemic:** A larger outbreak signifying a greater magnitude and widespread impact on a population.

What this means for WaterAid and our added value

No disease depicts the role and importance of WASH in its prevention and control more than cholera. People living in districts with high incidence of cholera would be best helped by improvements to local water and sanitation infrastructures – this would ensure sustained cholera control and elimination, and also provide broad benefits beyond cholera.

It is evident that access to WASH remains the foundation of the sustained and long-term control of cholera. Fast-tracking WASH improvements in areas with high cholera risk is also consistent with an emphasis on eliminating inequalities – given the fact that cholera is more likely to be found among the poorest and most disadvantaged communities.[3]

With WaterAid's mission to improve access to WASH for everyone, everywhere by 2030 – the fight against cholera is one of the central commitments of our work. WaterAid is a key member of the GTFCC and are committed to working with partners to achieve the new global strategy to end cholera, engaging in all components of the *Global Roadmap to End Cholera* with increased focus on the WASH components (see Figure 1).

[2] GTFCC (2017). *Interim Guidance Document on Cholera Surveillance. Global Task Force on Cholera Control (GTFCC). Surveillance Working Group.* Available at: who.int/cholera/task_force/GTFCC-Guidance-cholera-surveillance.pdf?ua=1 (accessed Jul 2019).
[3] Lessler J et al (2018). *Detailed Review of a Recent Lancet Publication: Governments can achieve cholera control through a well-targeted and coordinated combination of universal WaSH access and vaccination.* Available at: waterinstitute.unc.edu/files/2018/09/wash-policy-digest-9_090718.pdf (accessed Jul 2019).

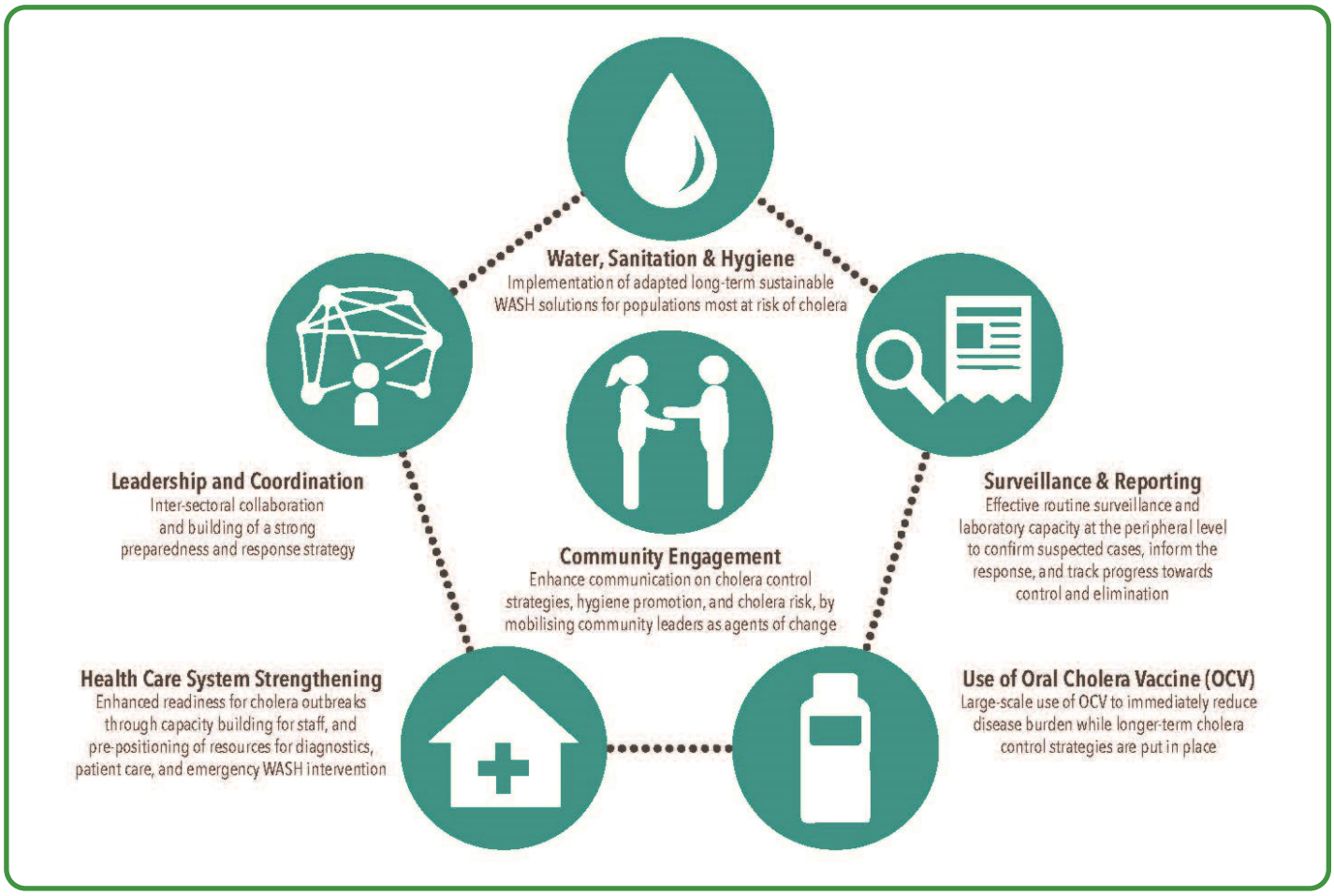

Figure 1: *The Ending Cholera: A Global Roadmap to 2030* highlights the multi-sectoral interventions needed to prevent and control cholera.

WaterAid's role and approach to WASH and cholera

Outbreaks of cholera are common occurrences in many of the countries we work in. WaterAid could fulfill various roles to support these countries in preventing and controlling cholera by:

- ✓ Supporting outbreak response (when outbreaks occur in areas we are currently working) through promotion of key hygiene behaviours and household water treatment, and/or water quality testing.
- ✓ Long-term prevention in cholera hotspots through sustainable WASH service delivery (aligned with national cholera plans and in coordination with other stakeholders).
- ✓ Improvements of WASH in healthcare facilities (HCFs) in cholera hotspots.
- ✓ Technical support and capacity building to strengthen WASH components of national cholera responses and policy frameworks.
- ✓ Coordination role to strengthen cross-sectoral planning and implementation between WASH and health sectors.
- ✓ Policy and advocacy, and community mobilisation, to drive greater political prioritisation of cholera and its long-term prevention through improvements in WASH.

This guidance is structured according to the model below and should be considered when seeking to contribute to the cholera response in any given context.

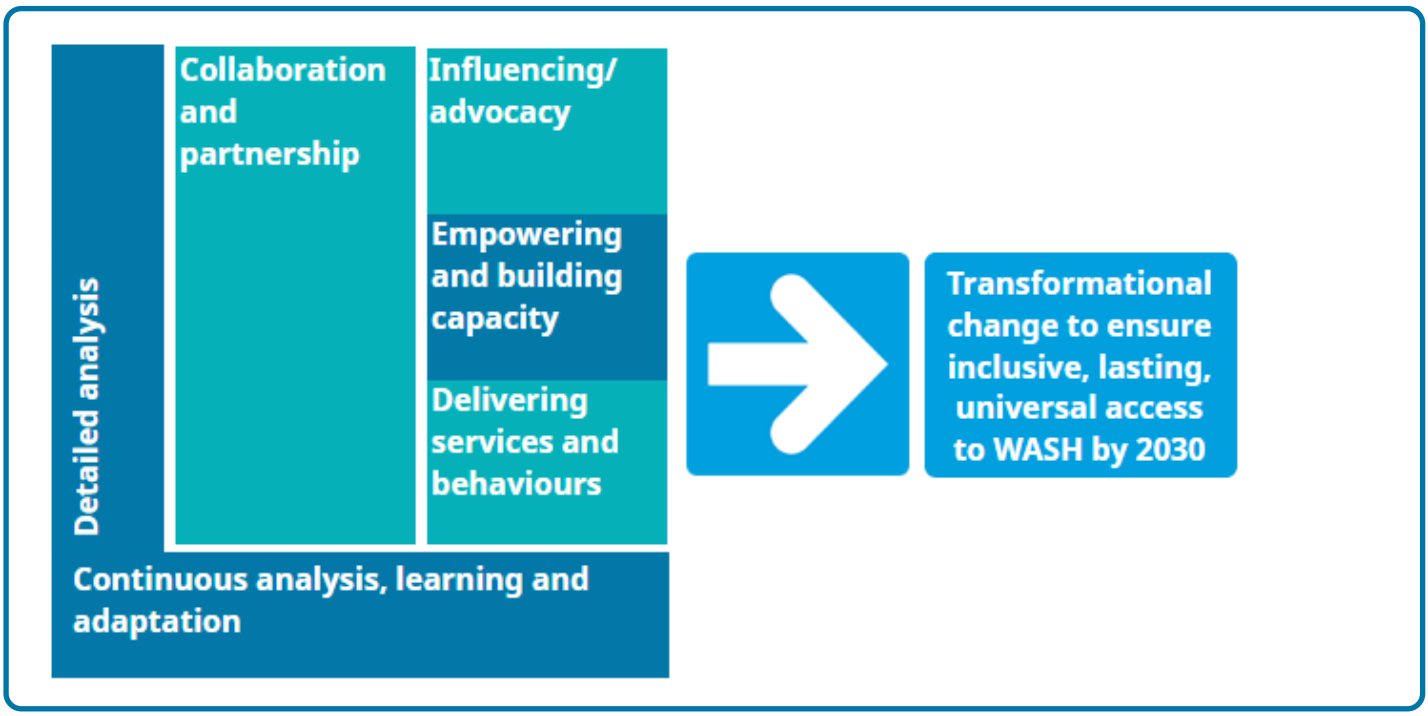

Figure 2: The components of WaterAid's role and how we work to contribute to transformational change to ensure sustainable, universal access to WASH by 2030.

Detailed analysis

There is no 'one-size-fits-all' approach to WaterAid's engagement in cholera prevention and control. In order to understand these approaches, it is important to understand the context, which includes current approaches, specific challenges and opportunities to engage. This should specifically include an assessment of:

- **Data:** Cholera situation, including identifying cholera hotspots (Box 1), total burden of disease and WASH coverage in hotspots (including in HCFs and schools).
- **Political economy context:** Beyond capturing WASH coverage data in cholera hotspots, it will be important to include an analysis of why these areas or communities have poor access to WASH services. Key questions to report on whilst assessing these areas should focus on whether it is due to political reasons (refugees, neglected communities), technical or contextual reasons (flood-prone areas, fishing communities), and/or governance and sectoral issues (funding, lacking coordination with health sector etc.).
- **Institutional arrangements and systems:** Understand and identify the institutional coordination structures and barriers. How (if any) are cholera prevention and control programmes managed and implemented? Are there structures in place to facilitate cross-ministerial coordination of activities at both national and lower levels of government? Who holds leadership for cholera control? Is the ministry responsible for WASH actively engaged?

- **Stakeholders:** Mapping existing financial and technical stakeholders across all relevant sectors, including those in health and WASH. Understand the existing financing for cholera efforts, including sources (domestic, international or partners), as well as existing interventions, approaches and gaps.
- **Climate change:** Consider if there are any climate-related factors which are contributing to the vulnerability of specific populations, such as those areas prone to flooding.

DON'T:

* Don't work in parallel to existing efforts. Build relationships with existing actors and strengthen government responses.

Resources:

- PEA toolkit and Tactical PEA module on Learning Hub.
- GTFCC *Framework for the development and monitoring of a national multi-sectoral cholera plan* (NCP Framework).
- *Ending Cholera – A Global Roadmap to 2030*.

DO:

✓ Undertake a Political Economy Analysis (PEA) on the countries affected by cholera using WaterAid's PEA Toolkit.

✓ Refer to the GTFCC *Framework for the development and monitoring of a national multi-sectoral cholera plan* as a key resource.

✓ Use existing health and WASH data including:

- Disease data available from the Ministry of Health.
- WHO Global Health Observatory (GHO) also records global cholera data, however this relies on countries reporting and usually has a lag time of about a year – so this is mainly useful for looking at historical trends.
- Hotspot maps are produced for most Africa countries affected by cholera.

Collaboration and partnership with duty bearers and rights holders

During an outbreak of cholera, the immediate focus tends to fall on reducing fatalities, with little attention on the long-term prevention and control of the disease. It is evident that large-scale WASH investments do not routinely prioritise the areas affected by cholera. This issue, along with poor coordination and collaboration between health and WASH sectors, particularly in endemic settings, has resulted in the persistence of cholera today.

Cholera is a multi-sectoral issue requiring coordination and cooperation across numerous sectors and ministries. Although traditionally the Ministry of Health was considered responsible for cholera control and prevention, there is growing recognition that a health-sector driven response is insufficient in driving long-term prevention, and ultimately elimination. The new roadmap to end cholera calls for a multi-sectoral response involving key health and WASH interventions, targeted in the cholera hotspots.

In understanding the challenges in the long-term prevention and control of cholera, it is important to determine:

- **WASH sector involvement:** To ensure the WASH sector is engaged and shares ownership of cholera efforts, it is important that the WASH ministries and key WASH sector stakeholders are engaged from the very beginning in developing, defining and implementing national multi-sectoral cholera control plans. WaterAid can play a critical role in convening the WASH sector, advocating for a strong WASH focus in national cholera policies and plans, and supporting dialogue between ministries.
- **National ownership:** In cholera endemic settings, governments hold responsibility for the development of national cholera control plans and their implementation, including enforcing relevant regulations. WaterAid should work within existing structures and systems and align behind the national plan. This includes ensuring national accountability and regulation functions are strengthened, particularly where they relate to WASH.
- **Community structures and ways of engaging:** It is important for the entire population of each community to understand as much as possible about the disease in order to help prevent and prepare for the outbreak of cholera – and if outbreak occurs, how to respond effectively. However, in order to reach large numbers of families in a short timeframe, it may be necessary to focus efforts on certain key figures, groups or institutions – including the community and religious leaders, community volunteers and extension workers, schools, and existing groups, such as the women's and youth groups. Where resources allow, volunteers and extension workers could also conduct home visits to help to relay important WASH information and help mobilise household and community action.

DO:

- ✓ Involve communities, health care users, health workers and vulnerable groups in decision-making, planning and accountability of cholera responses.
- ✓ Support governments and service providers to strengthen the systems and capabilities required to deliver sustainable WASH (and waste management) services.

DON'T:

- * Don't work in isolation – build relationships with the health sector and identify how you can add value to the response.
- * Don't overstep into other areas – remain the WASH experts and identify opportunities to integrate and coordinate with other interventions, without taking on the delivery of core health sector functions.

Resources:

- *UNICEF Cholera Toolkit* Chapter 7: 'Communicating for Cholera Preparedness and Response' has tools and plans for effective communication at all levels of stakeholders from national governments to health workers to communities.
- GTFCC *Framework for the development and monitoring of a national multi-sectoral cholera plan* (NCP Framework).

Influencing and advocacy

In endemic settings, the presence of cholera is an indicator of a failure by the WASH sector to ensure access to sustainable WASH services, as well as a lack of collaboration and coordination with the health sector. This indicates that cholera is not only an affective starting point in advocating for better WASH services, but also for greater prioritisation of WASH within national cholera control efforts – regardless of whether we work in cholera hotspots or not. Similarly, an outbreak (and the subsequent use of oral cholera vaccine (OCV)), can be an important starting point to raise the significance of WASH for controlling the transmission of the disease.

Key advocacy asks:

- **Leadership and coordination:** Elevating cholera as a state priority under the leadership of the highest level of government can help facilitate greater cross-ministerial collaboration, and the development of a multi-sectoral cholera control plan. Strong institutional coordination mechanisms at national, district and local levels, along with technical working groups, are important to ensure a comprehensive approach, and effective implementation of national plans.
- **National multi-sectoral cholera plan:** Influence and work with the government to ensure an up-to-date national multi-sectoral cholera plan is in place, using the GTFCC NCP Framework for guidance. Use your expertise, knowledge and links with the WASH sector to promote and ensure an integrated, long-term multi-sectoral and multi-stakeholder response.
- **Integration of health and WASH:** Emphasise and facilitate the relationship between the WASH and health sectors, including broader WASH and health actors, at both a national and regional level – building consensus in leadership and action on improving WASH access and hygiene behaviours. Encourage the government to involve the WASH sector in preparing requests for OCV, and advocate for WASH interventions to be delivered or integrated within such requests.
- **WASH sector:** Ensure the WASH sector, including the external partners and various ministries responsible for WASH, are involved in all aspects of the cholera programme – from the initial planning and situational analysis to the implementation, monitoring, review and evaluation stages. WaterAid can play a role in convening WASH stakeholders to input into the development of the national cholera programme, while also ensuring cholera is embedded into WASH sector strategies and plans.
- **WASH financing:** Financing the WASH components of cholera plans is likely to remain an ongoing challenge. It is important to understand existing domestic and international WASH financing, and potential innovative financing mechanisms. A key part of the new global cholera strategy focuses on the targeting of interventions to cholera hotspots. This provides a mechanism for prioritising limited resources and ensuring WASH investments (including the financing for Sustainable Development Goal (SDG) 6) are targeted and re-allocated to cholera hotspots first.

DO:

- ✓ Advocate for higher profiling and recognition of WASH as a long-term solution to cholera.
- ✓ Push for hygiene to be embedded in public health policy and a critical component of both prevention and control of cholera.
- ✓ Provide (preferably country level) evidence to qualify cholera as a public health threat needing prioritisation at a national level.
- ✓ Input into national or district cholera plans, even if WaterAid is not actively involved in service delivery in cholera hotspots or during outbreaks.
- ✓ Target your advocacy at different levels of government (local, regional, national) and across different ministries (health, education, WASH, urban planning etc).
- ✓ Join health coalitions and platforms – this can enable you to reach health decision-makers and build your understanding of the health sectors priorities.
- ✓ Use your authority in the WASH sector to advocate for greater prioritisation and targeting of WASH investments (from government, donors & partners) to cholera hotspots.

DON'T:

- * Don't rely on contingency planning for disaster mitigation during a cholera outbreak, and instead work with partners towards the development and establishment of a national multi-sectoral cholera plan.
- * Don't focus your engagement with the ministries solely responsible for WASH – to secure policy and practice change, a cross-government response is needed.
- * Don't pretend to be a health expert if you are not. Draw on the expertise of your health partnerships and coalition allies who are health-focused – but do try to learn the 'language' and jargon of the health sector, as this can help you to be more influential.

Empowering and building capacity

Determining WaterAid's added value will be informed through contextual analysis and in response to the needs and priorities of the local and national government. Any service delivery work on cholera should involve the government as a key partner from the start of the project. It should also involve the integration of capacity building activities into the project, such as training, mentoring/ coaching, and knowledge sharing with government and partners.

There are various capacity building and technical roles WaterAid can play including:

- Strengthening the WASH components of cholera plans.
- Building the capacity of governments as a technical partner.
- Supporting the delivery of specific aspects of the plan, including advising on quality and sustainable WASH programming, and innovative hygiene behaviour change interventions.
- Sharing our experience and insights on integrated approaches to health and WASH, such as integrating hygiene promotion with vaccination and strengthening community engagement.
- Strengthening the WASH sector for the provision of sustainable behaviours and services.
- Using new technologies for monitoring water quality (such as mWater).

DO:

✓ Consider the multi-sectoral nature of the cholera response and where WASH aspects need to be strengthened and linked with other relevant aspects of cholera prevention and response. For example, is WASH data adequately captured (or shared) with health authorities? Can WASH data be included as part of health surveillance systems, where relevant?

✓ If WASH in HCFs or cholera treatment centres (CTCs) is identified as an issue, do ensure that any capacity development efforts of heathcare staff are identified, developed and implemented in coordination subnational/national authorities to ensure these efforts are sustained.

DON'T:

* Don't work outside of the existing government systems. All of our work should support and contribute to strengthening government systems and processes.

Box 2: WaterAid's approach for cholera prevention and control.

Model delivery of services and behaviours should consider the following components for prevention and control of cholera:

I. Promotion of comprehensive **hygiene behaviour change** as a component of all cholera prevention and control interventions.

II. Deliver accessible and sustainable WASH in **households and communities in cholera hotspots**.

III. Improve **WASH in HCFs** located in cholera hotspots, including promoting and strengthening infection prevention and control measures.

IV. Improve **WASH in high-risk settings**, such as schools and marketplaces.

V. **Integration of WASH with the delivery of OCVs**, or as part of outbreak response.

Delivering services and behaviours

Defining a comprehensive WASH package for cholera needs to be tailored to the specific context and transmission of the disease – including whether you are operating in a prevention context or as part of the outbreak response.

However, the single most important principle for preventing the transmission of cholera is to keep faecal matter away from water and food to avoid contamination. Based on our analysis and an identification of our added value, we should work on applying the appropriate components of our approach towards cholera prevention and control (see Box 2).

I. Promotion of comprehensive hygiene behaviour change

The underpinning through all elements of cholera prevention and control – whether it be in households, communities, schools or healthcare settings – is the promotion of good hygiene practices. It is important to note that the recommended practices correspond to the standard WaterAid hygiene behaviour change programme, with the addition of a context-specific behaviour for outbreak response:

- **Handwashing with soap** at critical times.
- Safe use (including cleanliness) of **improved sanitation** and **hygienic management of human excreta**.
- **Safe water management** from the source right to the point of consumption (including collection, transportation, storage, household water treatment, and consumption), and treating the water with chlorine during an outbreak.
- Good practices of **food hygiene** by ensuring the thorough cooking and re-heating, and proper storage of cooked food, handwashing with soap before eating food or feeding children, and cleaning serving utensils just before serving food.
- Context-specific behaviour relating to the **safe storage and dispersal of Oral Rehydration Solution (ORS)** for cholera treatment.

II. Prevention at the household and community level

Household members of cholera patients are **100 times** more at risk to cholera than the rest of the community – therefore household-based WASH interventions are especially important in preventing the spread of infection. Hygiene behaviour change programmes form the backbone for engaging with households and communities. However, it must be coupled with

actual investments in WASH infrastructure to improve lasting access to WASH services for the households and communities most at risk. WaterAid's role in this will vary from supporting or encouraging national authorities or partners to provide these WASH services to the actual provision of those services.

Improving access to adequate quantity and quality of safely managed water supplies.

Priority interventions relating to urban water services include repairing existing systems, boosting bulk storage options, increasing and monitoring residual chlorine levels, and supply through water tankering and bucket chlorination. Construction of new and additional sustainable water supplies should be prioritised as part of cholera prevention in known hotspots. In rural areas, access to improved water supplies usually presents a significant challenge due to the limited services available. At the household level, household water treatment and safe storage puts families in control of the safety of their water supply and can ensure safe drinking water and help protect them from cholera during an outbreak.

Improving access to and use of safely managed excreta disposal.

Efforts should focus on minimising open defecation through changing sanitation behaviours and improving the sanitation infrastructure. Where latrines exist, the focus should be on ensuring they are used, kept clean and provided with handwashing facilities. Specific attention should also be centred on the public and institutional latrines being gender specific and accessible both in terms of travel distance and physical design for people with limited mobility – such as people with disabilities, the elderly and pregnant women.

Experts in the GTFCC estimate that achieving at least 80% coverage of WASH is needed to break cholera transmission and achieve health impact. This requires community-wide coverage of interventions in cholera hotspots to break the cycle of transmission.

III. Prevention in HCFs and CTCs

Access to WASH in HCFs and CTCs is critical in both prevention and outbreak settings. Facility-based assessments must be conducted at the very beginning of the project in order to identify what specific activities are required at each facility, in order to develop a contextualised implementation plan that improves sustainable and inclusive access to WASH. The activities will vary from facility to facility and should not focus on infrastructure alone, but should also review the relevant hygiene behaviours and upstream determinants of poor WASH services – such as gaps in leadership, monitoring, budgets, management, human resources and individual behaviours.

During an outbreak, infection control in CTCs is a critical component of patient care, and the key to reducing the spread of the disease. Infection control is mainly based on the WASH actions that need to be undertaken in a facility and focus on reducing the risk of transmission of the cholera bacteria and other diarrhoeal pathogens. All CTCs must ascertain that water is available in appropriate quantity and quality for the various required purposes; that sanitation facilities are properly maintained (including final disposal of sludges), caregivers and staff (by gender) are supported to make sure that correct procedures are established and

adhered to; and that handwashing stations are available at key points.

IV. Prevention in high-risk settings

Places where people gather, such as schools and market places, require special attention during a cholera response as they can generate increased risks for cholera transmission if care is not taken. At the same time, they can also provide opportunities for the sharing of information on good hygiene and WASH practices and for motivating community members to take action. Efforts should be directed to ensure access to sustainable WASH in these settings, informed by the detailed analysis. For example, WaterAid has significant expertise in WASH in schools, which we could leverage to develop and evaluate programmes to provide education for cholera out of the school system.

V. Integration of WASH in cholera vaccination campaigns

Although WASH interventions can be delivered as a stand-alone solution to outbreaks – where possible, opportunities to integrate the delivery of multiple cholera control interventions (co-located to cholera hotspots) through one delivery mechanism should be explored. In particular, as OCV is increasingly used as a critical tool in the fight against cholera, it provides an important entry point and platform to integrate the promotion of key hygiene behaviours and other WASH interventions, while at the same time serving as a bridge to link emergency and long-term responses. OCV is a useful measure to curb transmission in the short term, but is limited because:

- The vaccine only has a three-year life span, and therefore re-vaccination is needed every few years to maintain a level of protection for individuals.
- The vaccine has lower efficacy in young children who are a vulnerable group (half of deaths due to cholera are in children under five years) and is ineffective in children under one year.
- It is hard to achieve full coverage and limited stocks of OCV means that vaccines are only one component of a comprehensive approach to prevention.

Where possible, OCV should be delivered as part of a comprehensive response to cholera, alongside relevant WASH interventions and community engagement. Before OCV is introduced, work with the Ministry of Health and key health partners to identify opportunities to promote key hygiene behaviours before, during and after the delivery of the vaccination.

For example, at vaccination sites, set up hygiene promotion workshops so that patients are exposed to the hygiene intervention while they are waiting to receive the vaccine. It will be important to plan activities in the community before and after the vaccine has been delivered to ensure multiple touch points. Note that the involvement of community health workers requires adequate and ongoing trainings, oversight and continuing support to monitor and ensure the quality of the behaviour change campaign.

DO:

- ✓ Prioritise household level interventions. Household members are 100 times more at risk and therefore it is critical to interrupt transmission and prevent large-scale outbreaks.
- ✓ Refer to WaterAid's Quality Programme Standards in designing and implementing interventions.
- ✓ Achieve a high coverage of WASH services (>80%) and sustained changes in hygiene behaviours to break the transmission of the disease.
- ✓ Learn from other WaterAid programmes which have effectively integrated hygiene promotion into immunisation, such as the hygiene and rotavirus project in Nepal, and the hygiene and OCV project in Mozambique.
- ✓ Underpin all efforts with focus on equity, and on inclusive and gender-transformative approaches.
- ✓ Ensure strong engagement with communities at the very beginning.

DON'T:

- * Do not operate in an isolated manner, but always in partnership with key health stakeholders and personnel. We are WASH experts, not necessarily health experts – however collectively we have a larger impact. For example, integrate WASH interventions with OCV campaigns.
- * Don't forget to implement WASH in HCFs and schools. This is critical to prevent them becoming high-risk settings.
- * Don't focus on hygiene behaviour change only during an outbreak – sustained hygiene behaviours are important for prevention too.

Resources:

- WaterAid's *WASH in Health Care Facilities Guidance Note.*
- WaterAid's *WASH in Health Care Facilities Assessment Tool.*
- WASH Fit Tool: Developed by WHO and UNICEF to help HCFs improve quality of care through improving WASH.
- *WASH and Infection, Prevention and Control in Cholera Treatment Structures*: This guidance note from the GTFCC outlines detailed recommendations for WASH and waste management requirements in CTCs.
- WHO *Guidelines on Sanitation and Health*: Guidelines on policy and actions for the promotion of safe sanitation in order to promote health.
- GTFCC *Cholera Outbreak Response Field Manual*.
- *UNICEF Cholera Toolkit*: Chapters 4 and 8 as well as related annexes such as 8E.
- WaterAid's *Hygiene behaviour change framework*.
- WHO *Cholera Outbreak: Assessing outbreak response and improving preparedness*.
- KnowledgeNet – Hygiene.
- WaterAid's Quality programme standards.
- WaterAid's *Hygiene Behaviour Change Training Manual and Toolkit*.
- WHO manual on *Working together: an integration resource guide for planning and strengthening immunization services throughout the life course* – pages 47–50 relate to WASH and immunisation integration.
- WaterAid's *Guidelines for Sustainable and Inclusive School WASH*.

Continuous analysis, learning and adaptation

Monitoring and evaluation (M&E): Developing a baseline for both cholera (prevalence) and WASH access (in households, HCFs and schools) in cholera hotspots will allow an assessment of progress over time.

WaterAid, however, should not commit to measuring and attributing the impact of our WASH programmes on health outcomes, such as cholera cases or deaths. Instead it should focus on measures such as changes in behaviour, standards of WASH services in HCFs, coverage of household level improved sanitation and safe water. Outcome examples from UNICEF are:

- People have access to and use safe water supply for drinking.
- Households, communities, institutions and food outlets practice safe food hygiene.
- The environment is free from excreta because people dispose of it safely.
- People wash their hands with soap and water at critical times.
- Environmental hygiene is adhered to in markets and other public places (such as HCFs and schools).

Research and learning: WaterAid has an important role to play in contributing to a number of research gaps identified by the global cholera community. Many of these are aligned with the six priority research areas outlined by the WASH working group of the GTFCC. In particular:

- **Health impact of WASH interventions:** Evaluating the impact of a wide array of WASH interventions in different cholera settings are needed to better inform the most effective approach to cholera control and better defining of the 'WASH minimum package'. WaterAid may consider partnering with health partners and academic agencies to support a wider research agenda. This includes commonly-implemented, but under-researched, WASH activities such as bucket chlorination, household spraying, and water-trucking, as well as household WASH interventions implemented by Rapid Response Teams.
- **Programmatic learning and case studies:** Development of case studies documenting programmatic learning of integrated WASH and health responses to support improved guidance of effective cholera responses, and the design of evidence-based minimum WASH package for different settings.
- **Behaviour practices:** Identification of motivators and barriers, including the enabling environment in supporting good practices, promoting sustainable behaviour change improvements on a large scale in different settings and populations.
- **OCV and WASH:** Identification of effectively timed and targeted integrated OCV and WASH responses for different settings and populations.

Given that cholera is a relatively new, but growing area for WaterAid, it will be important to document learnings and experiences, whether this be our involvement in influencing the development of the national cholera control plan or our activities in outbreak scenarios or prevention approaches in cholera hotspots. This will help inform future programming, along with influencing national and global policies.

DO:

- ✓ Take time to reflect on your work and what is working/not working. For example, through team meetings, after action reviews and Programme Performance Reflections (PPRs). Identify actions to improve your approach – and communicate the changes and learning to stakeholders.
- ✓ Document your experience, evidence and learning. For example, though a report, case study, factsheet, poster or infographic, policy brief, learning note, blog or media article.
- ✓ Share your experience, evidence and learning with WaterAid colleagues through internal communication channels like Yammer, webinars, the WASH & Health Community of Practice; and, externally with the GTFCC, media and at conferences.
- ✓ Work with research institutes to contribute to understanding which WASH interventions have the biggest impact in different contexts and settings.
- ✓ Use the quality programme standards when you are developing programmes and projects; especially during the design process and when reviewing plans.
- ✓ Use the WaterAid database of recommended indicators for WASH and health when developing health-specific indicators for project design, monitoring and evaluation.

DON'T:

- * Don't commit to measuring health outcomes, such as cholera cases or deaths, as part of the project's deliverables. It will be important to track this data nonetheless, in order to have a level of analysis around the shifting context.

Resources:

- WaterAid PowerBI database of recommended indicators at impact, outcome and output level, including for WASH and health. This can be accessed in another format in the WASH and Health Results Framework Guidance.
- WaterAid's Evaluation and Research Guidance.
- PMER (Planning, Monitoring, Evaluation and Reporting) Hub.

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WaterAid is an international not-for-profit, determined to make clean water, decent toilets and good hygiene normal for everyone, everywhere within a generation. Only by tackling these three essentials in ways that last can people change their lives for good.