



**UN Haiti Cholera Response Multi-Partner Trust Fund
PROJECT MONTHLY PROGRESS REPORT
Period: September - 2017**

Project Number and Title: #3- Preventing and cutting cholera transmission on the four persistent departments	PROJECT START DATE¹: 01-Jun-2017	AMOUNT ALLOCATED by MPTF \$500,000 Other Sources: <ul style="list-style-type: none"> Government of Japan \$2,600,000 CERF LOAN \$8,000,000 Government of Canada \$1,500,000 			RECIPIENT ORGANIZATION UNICEF																							
Project ID: 00105774 (Gateway ID)		Government Input: National coordination salary			IMPLEMENTING PARTNER(S):																							
Project Focal Point: Name: Gregory BULIT E-mail: gbulit@unicef.org Telephone : (509) 4893 7064	EXTENSION DATE: n/a	MSPP (Government) DINEPA (Government) ACF, ACTED, OXFAM, Solidarites International, IFRC, CRF (NGOs)																										
Proposal Location (Departments): Haiti (whole country)	PROJECTED END DATE: 31-Dec-2017	<table border="1"> <thead> <tr> <th colspan="5">Expenditures as 04/10/2017 (US \$)</th> </tr> <tr> <th>Global budget</th> <th>Indirect Support Costs (7%)</th> <th>Expenditures</th> <th>Committed funds</th> <th>Balance available</th> </tr> </thead> <tbody> <tr> <td align="right">500,000</td> <td align="right">32,710</td> <td align="right">302,126</td> <td align="right">14,062</td> <td align="right">151,102</td> </tr> </tbody> </table>			Expenditures as 04/10/2017 (US \$)					Global budget	Indirect Support Costs (7%)	Expenditures	Committed funds	Balance available	500,000	32,710	302,126	14,062	151,102									
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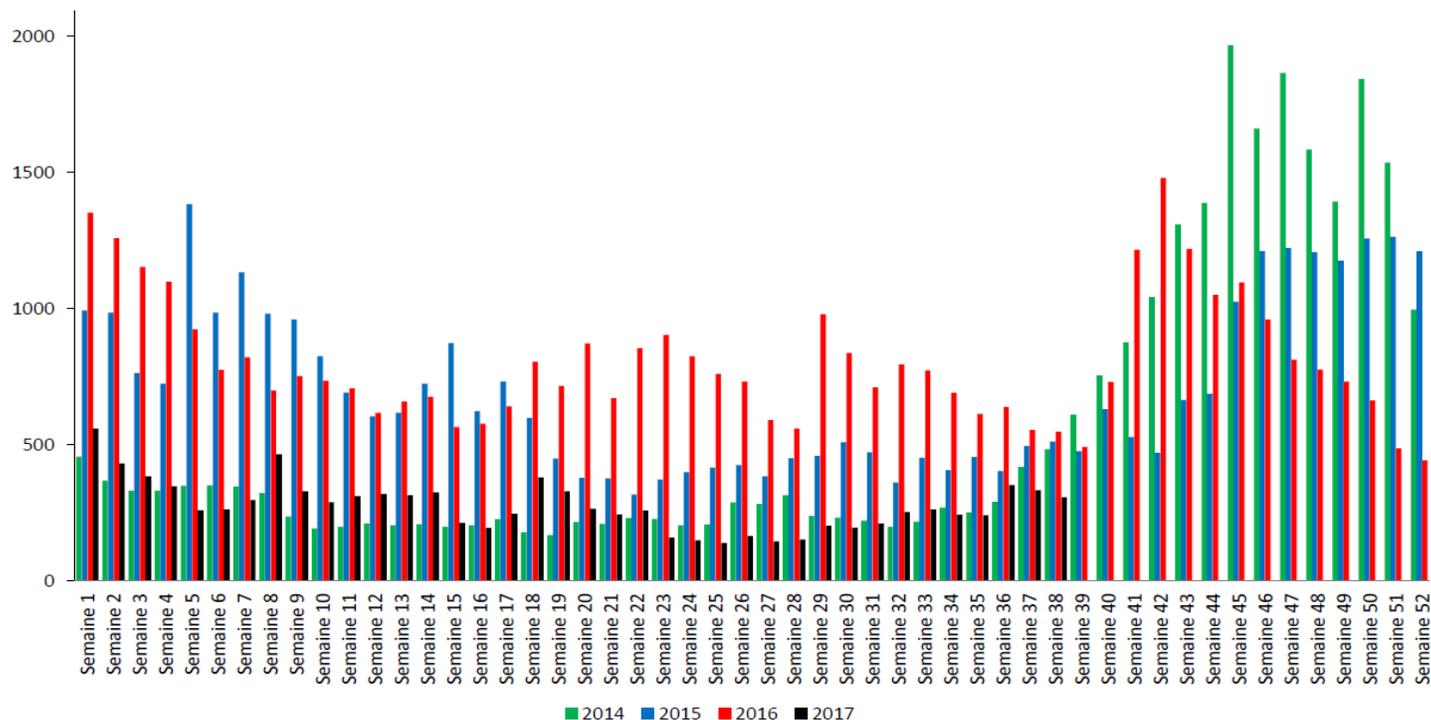
Epidemiological situation:

The epidemiological trend continues to show positive signs despite a slight increase in the last four weeks with about 200-250 suspected cases being reported per week (including a mix of cholera and other acute watery diarrhoea cases), with no increase following the two major hurricanes of category 5 and 4, Irma and Maria, respectively. As of end of July 2017, the total number of cases was 8,894 compared to 26,799 for the same period in 2016. Confirmed cholera cases account for approximately 30-40 per cent of reported cases tested by the national laboratory. The recent increase is largely due to two localized outbreaks in the Centre and Low Artibonite. While the Centre department is now under control, low Artibonite still has approximately 100 suspected cases per week. An active surveillance system was reinforced in addition to the existing surveillance system in the 5 departments of the north of the country and the responses were strengthened with UNICEF partners to limit the risk of disease upsurge. With the exception of a small hotspot in the South, the rest of the country is calm. Nevertheless, Haiti is still in the middle of the high-risk season, which could severely affect access to water and sanitary conditions, hence resulting in an upsurge of diarrhoeal diseases, including cholera where the disease is still active.

¹ The date project funds were first transferred.



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Weekly number of suspected cases (2014-2017), as of 23 September - Source: MSPP/DELR.

Key achievements:

Reinforced National and departmental coordination

In order to strengthen coordination at national and departmental level, UNICEF and WHO/PAHO have constituted a joined coordination supporting the Ministry of Public Health and Population (MSPP). Although already in place, this remains to be strengthened to increase the capacity of surveillance and decision-making of the National Technical Committee Against Cholera (MSPP and DINEPA [National Directorate of Safe Water and Sanitation]). Coordination meetings take place every Monday. In addition, upon the proposition of UNICEF, a separate coordination meeting between UNICEF and WHO/PAHO has been agreed to take place every Monday in order to better articulate and coordinate each organizations' activities.

Improved rapid response

Financial resources for the Alert-Response Strategy increased immediately following hurricane Matthew and throughout 2017, thus enabling to activate more rapid response teams, increase their scope of activity to reinforce sensitization and community engagement, thereby resulting in better control of outbreaks and progress towards the goal of eliminating cholera in Haiti. Hence, from January 1 to September 30, 2017, nationwide, 91 per cent of suspected cases (9,313 out of 10,216) declared by the MSPP received rapid responses, 91 per cent of them within 48h. Thanks to these interventions within communities, 78,861 households received at least one water treatment product at home through the 'cordon sanitaire'. Furthermore, about 900,000 persons have been sensitized, during the response interventions or specific prevention activities in the main cholera hotspot, with a higher number of persons sensitized since the launching of the high impact operation in July 2017.

To accelerate progress to attain the lowest number of incidence possible and in ensuring appropriate measures as the high transmission season starts, UNICEF together with the MSPP, developed since July 2017, a response and communication campaign in the West Metropolitan areas – and a specific communication plan in the Centre and Artibonite department. This strategy yielded positive results, as transmission is currently at its lowest level in the West department since the beginning of the epidemic in Haiti.



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There has been no significant increase in the number of suspected cases of cholera in the areas exposed to hurricane Irma and Maria, as a result of reinforced surveillance system in the five departments of the north of Haiti. Moreover, responses were strengthened with UNICEF partners in order to limit the risk of disease upsurge. At the same time, an outbreak is still ongoing in Artibonite and Centre departments, which require special focus to prevent spreading to other parts of the country.

Despite the significant results achieved to date, cholera efforts are at stake as funds to maintain this strategy in 2018 are insufficient with a mere 20 per cent of necessary funds available to date. Strong financial support is essential to maintain the current levels and further lower the number of cases to reach the national goal of cholera elimination by 2022.

COMMUNITY RESPONSE AT A GLANCE – Summary of activities from mid-August to mid-September 2017	
Suspected cases reported by MSPP	1,633
Responded cases by NGOs teams	2,370
% of response < 48 h	1
% of responded cases	1
Number of joint responses EMIRA (MSPP + NGO)	299
% of joint responses	0
Average of households per response (i.e “cordon sanitaire” size)	12
Number of persons treated with chimioprophylaxy	3,850
Number of households having received at least one handwashing product	9,543
Number of persons sensitized (rapid responses only)	44,008
Number of disinfected houses	8,335
Average of disinfected houses per response	9
Number of emergency water chlorination points activated	39

Improved control of water systems chlorination in the West department

Another key element for controlling cholera is ensuring drinking water chlorination in the West department. This department represents the main risk of national outbreak due to the dense population living in poor sanitary conditions. In addition to strengthening the regional office of DINEPA of the West department to ensure water systems chlorination control in key areas, UNICEF also increased the monitoring of private water tanks chlorination through four DINEPA agents supported by NGO partners for the training of reservoir owners. Discussion are ongoing to restart the control of private trucks chlorination that was stopped due to lack of funding in 2016.

UNICEF continues its support to the DINEPA cholera cell composed of three agents through salary payment and logistic support.

Increased communication to the public

Three communication plans are being implemented for the departments of Artibonite, Center and West. These plans aim to involve communities through the empowerment of local authorities and community networks/associations. The strategy consists of strengthening social communication through action oriented messages. New messages and tools were developed. In addition, these plans also aim to strengthen communication at the CTC/CTDA level between patients and health workers.

To reinforce the messages during interventions, additional sensitization leaflets with harmonized messages are being produced and will be delivered to MSPP, DINEPA and NGO partners.



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MONTHLY PROGRESS REPORT RESULTS MATRIX

OUTPUT INDICATORS

Indicator	Geographic Area	Projected Target (as per results matrix)	Quantitative results for this current reporting period	Cumulative results since project commencement (quantitative)	Delivery Rate (cumulative % of projected total) as of date
<i>Description of the quantifiable indicator as set out in the approved project proposal</i>					
# department where coordination of the alert-response is reinforced	West, Centre, Artibonite, North	4	3	3	75%
# MoH Rapid Response Teams supported in the four Departments	West, Centre, Artibonite, North	4	4	4	100%
# DINEPA chlorination agents supported in the West departments	West, Centre, Artibonite, North	10	4	4	40%
# of communication plans implemented before July 2017	West, Centre, Artibonite, North	4	3	3	75%