



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

Project Number and Title: #3- Preventing and cutting cholera transmission in 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)				IMPLEMENTING PARTNER(S):																														
Project Focal Point: Name: Gregory BULIT E-mail: gbulit@unicef.org Telephone: (509) 4893 7064	EXTENSION DATE: n/a	Government Input: National coordination salary		MSPP (Government) DINEPA (Government) ACF, ACTED, OXFAM, Solidarites International, IFRC, CRF. CEDUCC, Zanmi Timoun (NGOs)																														
Proposal Location (Departments): Haiti (whole country)	PROJECTED END DATE: 31-Dec-2017	<table border="1"> <thead> <tr> <th colspan="5">Expenditures as 08/12/2017 (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">455,347</td> <td align="right">10,921</td> <td align="right">1,022</td> </tr> </tbody> </table>			Expenditures as 08/12/2017 (US \$)					Global budget	Indirect Support Costs (7%)	Expenditures	Committed funds	Balance available	500,000	32,710	455,347	10,921	1,022															
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Epidemiological situation: Since the introduction of cholera in Haiti in 2010, 2017 is the first year in which a control of the epidemic has been observed throughout the year. Three departments concentrated 80 per cent of this year's cases: West (31%), Artibonite (29%), and Centre (19%). Moreover, despite a pluviometry superior to previous years, there was no major epidemic outbreak during the high transmission period. As of December 16, 2017 (as per the latest available data from the Ministry of Public Health and Population), the total number of suspected cases in 2017 was 13,468, representing an incidence of 0.10 per cent, only slightly superior to the 2018 target of reaching an incidence of 0.1 per cent.																																		

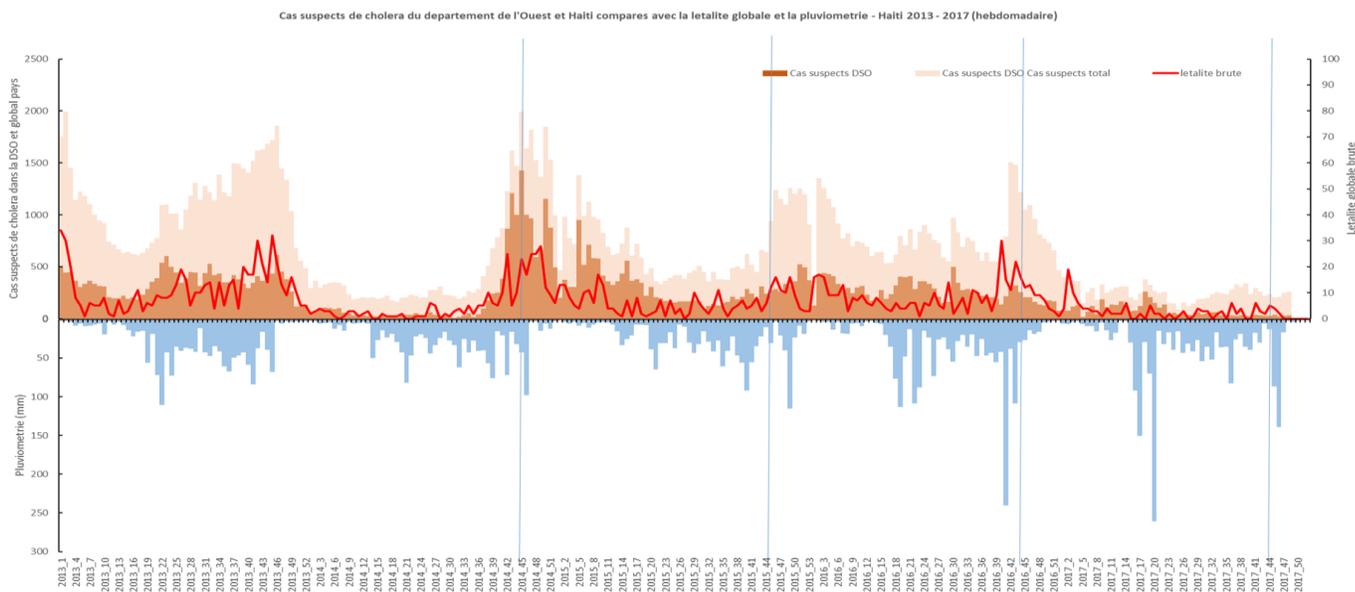
¹ The date project funds were first transferred.



UN Haiti Cholera Response Multi-Partner Trust Fund
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Comparison of weekly number of suspected cases, lethality and pluviometry in the West department 2013-2017 (up to December 16, 2017)

Source: MSPP/DELR; NASA for Pluviometry



Key achievements:

Reinforced National and departmental coordination

The existing mechanism put in place to reinforce coordination continued in December 2017. UNICEF together with PAHO/WHO supported the national coordination led by the Ministry of Public Health and Population (MSPP) and the National Directorate for Water and Sanitation (DINEPA), by ensuring that at least one staff of the UNICEF cholera team participate at weekly technical meetings. UNICEF also continued to provide financial support to DINEPA's cholera cell at central level. At departmental level, in order to ensure a close follow up of the epidemiological situation, the UNICEF national officer who was previously deployed in the North department, has temporarily been redeployed to Artibonite department.

Based on the success of « *Operation Coup de Poing* », a high impact initiative implemented from July to October 2017 in the West department and extended until the end of the year (in a lighter form from October to December 2017), UNICEF provided support to the Centre and Artibonite departments, to design and finance their own high level operation (named as *Operation Coup de Poing* and *Koukourouj*, respectively) based on the same principles: reinforcement of coordination and surveillance, enhanced investigation to better understand and counteract the development of epidemics, and improved rapid response and communication (see section below).

Improved rapid response

As in November 2017, much of the results achieved were possible due to predictable long-term funding that enabled the strengthening of rapid response teams and allowed for the strengthened capacity to be maintained. The financial resources for the Alert-Response Strategy that increased immediately following hurricane Matthew in October 2016, was maintained throughout 2017 for the first time since 2014. This enabled the activation of more rapid response teams, as well as the increase of their scope of activity to strengthen sensitization and community engagement. This had a direct positive impact on improving the control of outbreaks and progress towards the goal of eliminating cholera in Haiti.

Maintaining the right number of response teams has been essential to achieve these results, both in terms of quantitative and qualitative improvement of responses. From January 1 to December 9, 2017, nationwide, 96 per cent of suspected cases (12,708 out of 13,258) declared by the MSPP received rapid responses, and 91 per cent of them received rapid response within 48 hours. Thanks to these interventions within communities, 140,236 households received at least one water treatment product at home through the 'cordon sanitaire'. The average size of the cordon sanitaire was of 12.5 households, in line with the objectives set for the teams. Furthermore, about 1,130,000 persons were sensitized, among which approximately 40 per cent during the response interventions, and 60 per cent during specific prevention activities in the main cholera hotspot. In total, NGO partners' response teams in partnership with the MSPP response teams (EMIRA), have undertaken more than 14,000 interventions in communities.



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Despite these significant achievements, results reaped to date are at risk since funding to maintain the strategy in 2018 remain largely insufficient with a mere 20 per cent of necessary funds secured to date. Without additional funding, the response capacity may have to be dismantled by February/March 2018. Strong financial support is critical to maintain the current capacity and further lower the number of cases to reach the national goal of cholera elimination by 2022.

Improved control of water systems chlorination in the most at risk departments

In December 2017, UNICEF continued its work in close collaboration with DINEPA to ensure the chlorination of water systems in Artibonite department. Four communes were identified as areas of persistence in the Mid-Term Plan due to their geographic position and their high incidence in the last three years: Gonaives, Saint-Marc, Saint-Michel de l'Attalaye and Petite-Riviere de l'Artibonite; and two additional communes, Verrettes and Dessalines, were added to the list in late 2017, given the important number of suspected cases. Among these six communes, 22 sections hosting 28 urban and rural water networks have been shortlisted as top priority for the immediate reactivation of water networks chlorination, in order to ensure an effective barrier to cholera transmission, as a complementary action relaying the *cordon sanitaire* of the alert/response strategy. In addition to emergency measures taken in the most at risk communal sections, UNICEF supported the Regional Office for Water and Sanitation (OREPA) of the Centre to develop a concept note and budget to secure chlorination of these networks in 2018. Also with UNICEF's support, four DINEPAs Emergency officers (ACEPA) remain deployed and work closely with the NGO response teams in the West Department. They will be maintained until at least mid-January 2018.

Increased communication to the public

UNICEF is dedicated to improving the quality of communication to the public, to ensure improved understanding of messages by the population, and effectively convey key hygiene messages to the population. In 2017, emphasis was placed on communication for development (C4D) strategy to ensure a large number of persons are effectively reached through sensitization activities, as well as in enhancing quality through: the diversification of activities (i.e. use of street theaters, improved sensitization in mass population reach areas such as markets); strategy strengthening with the setting up of community engagement teams, responsible for following up in communities one week after an alert by ensuring that key awareness raising and prevention messages were understood correctly; and an ongoing strengthening of post distribution monitoring, to enable a better understanding of the strengths and weaknesses of ongoing response and adapt packages and messages. As a result, more than 1,150,000 people were reached in 2017, representing an increase by 25 per cent compared to 2016.

A multi-sectoral team of UNICEF's communication for development, cholera and education experts, supported the Centre and Artibonite Department's Health Directorate for the adaptation and strengthening of communication capacities of governmental and NGO staffs. Two training of trainers' sessions, one for each department, were organized in December 2017 in Mirebalais and Gonaives, reaching 35 persons. Sensitization activities placed much emphasis on practical training and demonstration to facilitate understanding.

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%