



**UN HAITI CHOLERA RESPONSE MULTI-PARTNER TRUST FUND  
FINAL PROGRAMME<sup>1</sup> NARRATIVE REPORT  
DATE: 30 MARCH 2018\_\_\_\_\_**

<p align="center"><b>Project Number(s) and Title(s)</b></p> <p>#3- Preventing and cutting cholera transmission in four persistent departments 00105774 (Gateway ID)</p>	<p align="center"><b>Recipient Organization(s)</b></p> <p><b>RUNO: UNICEF</b>  <b>Project Focal Point:</b>  Name: Gregory Bulit  E-mail: gbulit@unicef.org</p>
<p align="center"><b>TRACK and Strategic Objective</b></p> <p>based on the new UN approach to Cholera in Haiti</p> <p>TRACK No 1-A– Intensifying efforts to cut transmission of cholera and improve access to care and treatment  SO No 1 – <b>PREVENTING</b> and <b>CUTTING</b> transmission in communities</p>	<p align="center"><b>Implementing Partner(s)</b></p> <p>MSPP (Government)  DINEPA (Government)  ACF, ACTED, INTERMON OXFAM, Solidarites International, IFRC, CRF. CEDUCC, Zanmi Timoun (NGOs)</p>
<p><b>Location:</b></p> <p>Haiti</p>	<p><b>Sub-National Coverage Area:</b></p> <p>National, with a focus in Ouest, Artibonite and Centre departments</p>
<p align="center"><b>Programme/Project Cost (US\$)</b></p> <p>Total approved budget as per project proposal document:  MPTF<sup>2</sup>: <b>\$500,000</b></p> <p><b>Government Contribution</b>  <i>National coordination salary</i></p> <p><b>Other Contributions (donors)</b></p> <ul style="list-style-type: none"> <li>Government of Japan</li> </ul>	<p align="center"><b>Programme Duration</b></p> <p>Overall Duration <i>7 month</i>  Project Start Date<sup>3</sup> (01.06.2017)</p> <p>Originally Projected End Date<sup>4</sup>  (31.12.2017)  Actual End date<sup>5</sup>(31.12.2017)</p> <p>Agency(ies) have operationally closed Yes  the programme in its(their) system</p> <p>Expected Financial Closure date<sup>6</sup>: 31.12.2018</p>

<sup>1</sup> Refers to programmes, joint programmes and projects.

<sup>2</sup> The amount transferred to the Participating UN Organizations – see [MPTF Office GATEWAY](#)

<sup>3</sup> The date of the first transfer of funds from the MPTF Office as Administrative Agent. The transfer date is available on the online [MPTF Office GATEWAY](#).

<sup>4</sup> As per approval of the original project document by the Advisory Committee.

<sup>5</sup> If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the originally projected end date. The end date is the same as the operational closure date, which is the date when all activities for which a Participating Organization is responsible under an approved project have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. Please see [MPTF Office Closure Guidelines](#).

<sup>6</sup> Financial Closure requires the return of unspent funds and the submission of the [Certified Final Financial Statement and Report](#).

<p><b>\$2,600,000</b></p> <ul style="list-style-type: none"> <li>• CERF LOAN</li> </ul> <p><b>\$8,000,000</b></p> <ul style="list-style-type: none"> <li>• Government of Canada</li> </ul> <p><b>\$1,500,000</b></p> <p><b>TOTAL: \$12,000,000</b></p>
<p><b>Programme Assessment/Review/Mid-Term Eval.</b></p>
<p>Evaluation Completed  <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <i>dd.mm.yyyy</i></p> <p>Evaluation Report - Attached  <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <i>dd.mm.yyyy</i></p>

<p align="center"><b>Report Submitted By</b></p>
<ul style="list-style-type: none"> <li>○ Name: Gregory Bultit</li> <li>○ Title: Chief Emergency Unit and cholera programme manager</li> <li>○ Date of Submission: 31/03/2018</li> <li>○ Participating Organization (Lead):</li> <li>○ Email address: gbultit@unicef.org</li> </ul>
<p align="center"><i>Signature:</i></p>
<p align="center"><b>Report Cleared By</b></p>
<ul style="list-style-type: none"> <li>○ Name: (Head of Agency): Marc Vincent</li> <li>○ Date of Submission</li> <li>○ Participating Organization (Lead):</li> <li>○ Email address: mvincent@unicef.org</li> </ul>
<p align="center"><i>Signature:</i></p>

## PROJECT/PROPOSAL RESULT MATRIX

<b>Proposal Title: Preventing and cutting cholera transmission on the four persistent departments</b>					
<b>Strategic Objective to which the Proposal is contributing<sup>7</sup></b>	<b>SO #1: PREVENTING and CUTTING</b> transmission in communities <ul style="list-style-type: none"> <li>➤ <i>Increase the number of trained rapid response teams</i></li> <li>➤ <i>Rapid Identification and treatment of cases</i></li> <li>➤ <i>Immediate actions to cut transmission</i></li> <li>➤ <i>Revitalize public information campaign to better reach the public and achieve hygiene behaviour changes</i></li> </ul>				
<b>Effect Indicators</b>	<b>Geographical Area (where proposal will directly operate)</b>	<b>Baseline<sup>8</sup></b> In the exact area of operation	<b>Target</b>	<b>Means of verification</b>	<b>Responsible Org.</b>
<i>% of suspected cases adequately responded</i> <i>Weekly incidence of the disease</i>	<i>West, Centre, Artibonite, North National</i>	80% 300 suspected cases	90% <250	MoH database and NGOs reporting	UNICEF
<b>Output Indicators</b>	<b>Geographical Area</b>	<b>Target<sup>9</sup></b>	<b>Budget</b>	<b>Means of verification</b>	<b>Responsible Org.</b>
<i># department where coordination of the alert-response is reinforced</i> <i># MoH Rapid Response Teams supported in the four Departments</i> <i># DINEPA chlorination agents supported in the West departments</i> <i># of communication plans implemented before July 2017</i>	<i>West, Centre, Artibonite, North</i>	  4 4 10 4		Field monitoring visit DINEPA report MoH report NGO report	UNICEF

<sup>7</sup> Proposal can only contribute to one Strategic Objective

<sup>8</sup> If data are not available please explain how they will be collected.

<sup>9</sup> Assuming a ZERO Baseline

## **FINAL PROGRAMME REPORT FORMAT**

### **EXECUTIVE SUMMARY**

2017 has been the first year, since the introduction of cholera in 2010, there has been control of the epidemic throughout the year. Three departments have almost 80% of all suspected cases: Ouest (31%), Artibonite (29%) and Centre (19%). As of 30 December 2017, (MoH's bulletin), 13,747 suspected cases have been notified, which correspond to a decrease of 67% compared to 2016, and an annual incidence of 0,12%, bringing the country close to the goal of 0,1% set for the end of 2018 one year ahead of schedule.

These results were made possible by an improvement, both qualitative and quantitative of UNICEF response activities, in particular in the 3 departments most at risk, including improved coordination, surveillance, response and communication for hygiene improvement.

### **ACRONYMS**

DELR	Epidemiologic Division of Laboratory and Research
DINEPA	National Directorate for Water and Sanitation
EMIRA	Mobile Rapid Response Teams/ Équipes Mobile d'Intervention Rapide
MSPP	Ministry of Public Health and Population
NGO	Non-Governmental Organisation
PAHO	Pan American Health Organization
UADS Sanitaire	Support Unit to Sanitation Decentralization/ Unité d'Appui à la Decentralisation
UNICEF	United Nations Children's Fund
WASH	Water Sanitation and Hygiene

## Background and Situational Evolution

Since 2010, Haiti is facing a particularly severe cholera epidemic which made Haiti the country most severely affected by cholera this century. The still vulnerable population of Haiti is not yet able to deal alone with the thousands of cases reported each year. It requires continuous efforts to achieve the complete elimination of cholera. Many countries, including some of the poorest developing countries, have also suffered from severe cholera epidemics and have succeeded in eliminating the disease. This is the case, for example, of South America countries, several countries in West Africa and even Madagascar, after suffering an epidemic wave in the early 2000s.

The main objective of this project was to support cholera control and contribute to stop the transmission of cholera in Haiti as soon as possible. The action focuses in the 4 persistent departments (Nord, Centre, Artibonite, Ouest) and was fully aligned with the government medium-term cholera elimination plan through its four main expected results:

- Reinforced National and departmental coordination
- Improved rapid response
- Improved control of water systems chlorination in the most at risk departments
- Increased communication to the public

The joint MSPP-DINEPA, UN and NGOs partners' strategy have successfully curbed the epidemic: despite an above-usual pluviometry, there was no epidemic resurgence during the period of high transmission (September- December). As of December 30, 2017, (MoH's bulletin), 13,747 suspected cases have been notified, which correspond to a decrease of 67% compared to 2016, and an annual incidence of 0,12%, bringing the country close to the goal of 0,1% set for the end of 2018 one year ahead of schedule.

### Key achievements:

#### Effect indicators:

<i>Indicator</i>	<i>Baseline</i>	<i>Target</i>	<i>Achieved</i>
% of suspected cases adequately responded	80%	90%	95%
Weekly incidence of the disease	300	<250	Annual: 264 Last 4 weeks: 167

#### Output indicators

<b>OUTPUT INDICATORS</b>				
<b>Indicator</b>	<b>Geographic Area</b>	<b>Projected Target (as per results matrix)</b>	<b>Cumulative results since project commencement (quantitative)</b>	<b>Delivery Rate (cumulative % of projected total) as of date</b>
# department where coordination of the alert-response is reinforced	West, Centre, Artibonite, North	4	3	75%
# MoH Rapid Response Teams supported in the four Departments	West, Centre, Artibonite, North	4	4	100%
# DINEPA chlorination agents supported in the West departments	West, Centre, Artibonite, North	10	4	40%
# of communication plans implemented before July 2017	West, Centre, Artibonite, North	4	3	75%

### Reinforced National and departmental coordination

Throughout the year, 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 provided financial support to DINEPA's cholera cell at central level.

At departmental level, to ensure a close follow up of the epidemiological situation, four UNICEF national officers were deployed. Due to change in the epidemiological situation, the officer previously deployed in the North department, has temporarily been redeployed to Artibonite department.

« *Operation Coup de Poing* », a high impact initiative was implemented from July to October 2017 in the West department and extended until the end of the year in a lighter form. 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

Much of the results achieved were possible thanks 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 1 January to 31 December 2017, nationwide, 95% of suspected cases (13,011 out of 13,747) declared by the MSPP received rapid responses, and 92% of them received rapid response within 48 hours. Thanks to these interventions within communities, 167,960 households received at least one water treatment product at home through the 'cordon sanitaire'. The average size of the cordon sanitaire was of 11.6 households, in line with the objectives set for the teams. Furthermore, about 1,163,000 persons were sensitized, among which approximately 40% during the response interventions, and 60% 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 almost 14,600 interventions in communities.

Cumulated key figures: January- December 2017		
	Number of suspected cases reported by MSPP	13,747
	Number of cases responded	13,011
	% of cases responded	95%
	% of responses < 48 h	92%
	Number of rapid response interventions	10,543
	Total number of interventions including prevention type	14,585
	Average of households benefiting from a single rapid response	11,6
	Number of households having received one water treatment product at least	167,960
	Number of persons reached by awareness activities	1,163 000
	Number of chlorination points activated	1,100

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

Another key element for controlling cholera was ensuring availability of 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 (the initial 10 planned agents were not recruited due to internal DINEPA constraints, however, complementary agents from other

DINEPA projects contributed to chlorination monitoring) supported by NGO partners for the training of reservoir owners. They were maintained until beginning of 2018. Additional teams and DINEPA agents have trained 230 private reservoirs owners on chlorination methods in West department.

Additionally, as the center of the epidemic moved to the Artibonite region on the second half of 2017, UNICEF initiated a close collaboration with DINEPA to ensure the chlorination of water systems in this 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.

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 1,163,000 people were reached in 2017, representing an increase by 25% compared to 2016.

<b>Key Data: Communication July- October 2017 – West Department</b>	
<b>Nbr of municipalities agents trained</b>	401
<b>Nbr of markets focal points, leaders of local organizations and morgue personal trained on cholera transmission</b>	399
<b>Nbr of food sellers sensitized on markets</b>	23,493
<b>Nbr of street theaters plays in bus and bus stations</b>	73
<b>Nbr of persons sensitized in bus stations</b>	21,150
<b>Nbr of churches and voodoo leaders trained</b>	368
<b>Nbr of persons sensitized in churches</b>	17,000

In the West department, the two following strategies are implemented via the High Impact Operation that took place between July and October mainly.

- Encourage authorities' engagement in the fight against cholera in the most persistent communes  
Mayors of the nine communes have been involved since the beginning of the activities to inventory and define priority places (essentially markets, main civil society organization, morgues) and have deployed municipal agents to be trained on cholera transmission and implement prevention activities.
- Strengthening of social mobilization via community engagement  
Two local NGOs (CEDUCC et Zamni Timoun) have been supported for the implementation of prevention and sensitization activities in religious communities (churches and voodoo) and in public places, especially bus stations, in six communes of the Port-au-Prince metropolitan area.

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.

• **Delays or Deviations** – (Please provide short justification for any delays or deviations)

The programme was implemented in all the 10 departments in the country, but, due to the epidemiological situation, focused on three instead of four departments (situation in the North remained relatively calm,

compared to previous years). As indicated, only four agents were recruited by DINEPA, (instead of the 10 initially proposed), but a better use of existing staffs, including field agent, was made and allowed to achieve the expected results.

- **Gender and Environmental Markers** *(Please provide disaggregated data, if applicable)*

Data on gender and age available for 6 of the 10 departments in Haiti for 2016-2017 shows an almost perfect equilibrium in the number of suspected cases at a national level between men (50,1%) and women (49,9%). Children below 18 counted for 44% of suspected cases (42% of the general population). Response strategy ('cordon sanitaire' and communication activities) are targeting all the population, regarding of their gender and age. There was no significant impact on the environment.

- **Best Practice and Summary Evaluation**

Throughout the year, UNICEF and its partners have adapted their response. For the first time since the launch of alert-response strategy in 2013, thanks to an availability of funds for the whole year, the number of response teams has been maintained to a minimum of 70, including MoH teams. This allowed to reach an unprecedented response rate of 95% of suspected cases at national level. Funds predictability also allowed to sign one year contracts with NGO partners, enabling them to deploy better trained, more motivated and better supervised teams. At an operational level, this also led to a greater flexibility of mobile teams, and facilitated real time adaptation of their deployment on the whole territory.

- **Lessons learned**

→ **Effective control of the disease as a result of strengthened response mechanism and adequate funding**

Funding predictability is essential to maintaining the current capacity of timely community response coverage and thereby continuous decline of the disease. It is worth noting that this is the first year since the launch of the alert-response strategy in 2014 that funds have enabled to cover a whole year, allowing to sign 12-months projects with NGO partners. The medium-term phase of the national elimination plan requires the permanent presence of 72 teams (60 NGOs and 12 MSPP) to ensure the effective response to each alert.

→ **Stronger local authorities and public engagement is required**

UNICEF is supporting the last three priority departments to implement a massive communication and engagement campaign. The aim is to better sensitize local authorities in their potential role before, during and after localized outbreaks. Emphasis is being placed in the Artibonite department where most of the cases continue to be reported. Local leaders, religious, voodoo, are also targeted by such engagement activities. The public engagement campaign will be supported by strengthened information and communication strategy currently in discussion with MSPP.

- **Story on the Ground and Photos**

The UNICEF Haiti website, Timounyo blog, was used as platform to publish the following Human Interest Story. More stories, photos and videos are also available at <http://unicef.org/haiti/>, <http://timounyo.com/>, <https://www.facebook.com/UNICEFhaiti>, and <https://twitter.com/search?q=UNICEF+Haiti>.

Specific visibility material can be found on our dedicated website: <http://timounyo.com/cholera/>.

UNICEF would like to take this opportunity to express its sincere appreciation to the partners of the UN Cholera Rapid Response Multi-Partner Trust Fund for their generous financial contribution in support of communities affected by cholera in Haiti. On behalf of the entire UNICEF Haiti team, we thank you for helping to advance our shared commitments to protecting the rights and improving the well-being of children in Haiti. We look forward to our continued partnership in the fight against cholera in Haiti.