



**UN Haiti Cholera Response Multi-Partner Trust Fund
PROJECT NARRATIVE REPORT
Year: 2018-2019**

Project Number and Title: Preventing and cutting cholera transmission in the Ouest department	PROJECT START DATE¹: 05 April-2018	AMOUNT ALLOCATED by MPTF \$1,000,791.00 Other Sources: <ul style="list-style-type: none"> Government of Japan \$1,800,000 CERF UF \$1,500,000 Government of Canada \$400,000 World bank Government Input:	RECIPIENT ORGANIZATION UNICEF																			
Project ID: 00109989 (Gateway ID)	EXTENSION DATE:																					
Project Focal Point: Name: Antonio Marro E-mail: amarro@unicef.org Telephone : (509) 3775 1611																						
Proposal Location (Departments): Haiti – West department	PROJECTED END DATE: 31-march-2019	EXPENDITURES as of 04 April 2019 <table border="1"> <thead> <tr> <th colspan="5">Expenditures as 31/12/2018 (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">1,000,791.00</td> <td align="right">70,055.37</td> <td align="right">960,245.30</td> <td align="right">37,893.11</td> <td align="right">40,545.70</td> </tr> </tbody> </table>	Expenditures as 31/12/2018 (US \$)					Global budget	Indirect Support Costs (7%)	Expenditures	Committed funds	Balance available	1,000,791.00	70,055.37	960,245.30	37,893.11	40,545.70	IMPLEMENTING PARTNER(S): Haiti: MSPP (Government) DINEPA (Government) ACF, ACTED, OXFAM, Solidarites International, IFRC, CRF (NGOs) West department: DSO: MoH departmental level (Government) Solidarités International (NGO)				
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Strategic Objective TRACKS		Beneficiaries: <i>Please, indicate the number of beneficiaries and provide disaggregated data, if available</i>																				
<input checked="" type="checkbox"/>	TRACK 1a: Intensifying efforts to transmission of cholera and improve and treatment	<table border="1"> <thead> <tr> <th colspan="2">No. of Beneficiaries</th> </tr> </thead> <tbody> <tr> <td>Communities</td> <td align="center">n/a</td> </tr> <tr> <td>Total</td> <td align="center">1,520,423</td> </tr> </tbody> </table>		No. of Beneficiaries		Communities	n/a	Total	1,520,423	<table border="1"> <thead> <tr> <th colspan="2">No. of Beneficiaries</th> </tr> </thead> <tbody> <tr> <td>Women:</td> <td></td> </tr> <tr> <td>Girls:</td> <td></td> </tr> <tr> <td>Men:</td> <td></td> </tr> <tr> <td>Boy:</td> <td></td> </tr> <tr> <td>Total:</td> <td></td> </tr> </tbody> </table>	No. of Beneficiaries		Women:		Girls:		Men:		Boy:		Total:	
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<input type="checkbox"/>	TRACK 1b: Addressing the mediu issues of water, sanitation and health																					
<input type="checkbox"/>	TRACK 2: Assistance and Support																					
Report Submitted by:		Report Cleared by:																				
<ul style="list-style-type: none"> Name: Samuel Beaulieu Title: Specialiste Urgence & Cholera Date of Submission: 04/04/2019 Participating Organization (Lead): UNICEF Email address: sjbeaulieu@unicef.org 		<ul style="list-style-type: none"> Name: Raoul de Torcy, Deputy Representative Date of Submission: 05/04/2019 Participating Organization (Lead): UNICEF Email address: rdetorcy@unicef.org 																				

¹ The date project funds were first transferred.



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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	1	N/R	1	100%
# DINEPA staff supported within the National Cholera Coordination Cell	National	2	7	7	100%
# NGO teams supporting MSPP rapid response teams in Ouest	West	12	19	19	100%
# joint mobile DINEPA-NGO teams activated	National	3	2	2	66%
# of deployment weeks in others department done by the joint teams	National EMO-EPAH	Depends on outbreaks	11	11	100%
	Rapid response teams (no EMO-EPAH)	Depends on outbreaks	4	13	
EFFECT INDICATORS (if available for the reporting period)					
N/A					



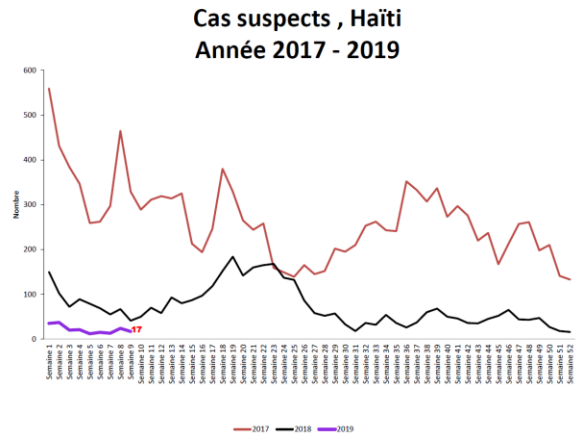
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ANNUAL PROGRAMME REPORT FORMAT

Current Situation and Trend

UNICEF is one of the main partners of the Ministry of Health (MSPP) and *Direction Nationale de l'Eau Potable et de l'Assainissement* (DINEPA) under the National Plan for the Elimination of Cholera (2013-2022) and since 2014 gives a substantial contribution to the plan, through the provision of technical and financial support. Working in collaboration with other partners (PAHO/WHO, local and international NGOs), UNICEF's role in supporting the implementation of national plan includes four main areas: support to national and departmental response coordination; support to surveillance and laboratory mechanism; lead the alert and rapid response system in communities to cut the transmission; and permanent epidemiological analysis.

In 2018 through the first quarter of 2019, the cholera response made significant progress and the disease has reached its lowest level since the epidemics started in 2010. A total of 3,786 suspected cases have been declared by the MSPP in 2018 compared to 10,868 for the same period in 2017. This amounts to a 72% decrease of the number of suspected cases in 2017-2018. Haiti is now on its 'last mile race' for cholera elimination, on a good track to reach an incidence level below 0,01% (initially targeted for 2022). During the first quarter of 2019, only three departments have declared suspected cases of cholera – Ouest, Centre, Artibonite. The main outbreak was in L'Estere (Artibonite department) during week 1 and 2 of 2019. However, it should be noted that the last case in this commune confirmed at laboratory was on 4 February 2019, including testing of suspected and other diarrhea cases².



Data source:
<https://mspp.gouv.ht/site/downloads/Profil%20statistique%20Cholera%209SE2019.pdf>

It is now confirmed that, at the national level, since 4 February 2019, Haiti has had no laboratory confirmed cholera cases. In this context, UNICEF and partners are working to further minimize the risk of outbreaks due to clinical diagnostic errors, and strengthen prevention activities, with NGOs / EMIRAs rapid response teams engaging more and more in surveillance and potential cases investigation, with the aim of responding to all possible, potential, and suspected cholera cases, to reach complete elimination

This significant reduction is the result of UNICEF's improved surveillance, coordination and rapid response at community level, enabled by funding support from the MPTF and other donors. In 2018, 13 rapid responses teams of the MoH (EMIRA) were supported by 55 to 60 UNICEF NGO partners' teams providing rapid response through the 'cordon sanitaire' strategy. Rapid response activities were implemented for 93% of suspected cases, of which 90% in less than 48 hours. Throughout the period, 11,765 response and prevention interventions have been carried out, nearly 1,520,423 people have been reached with cholera related awareness raising activities, 118,037 households received at least one water treatment product, and 632 emergency chlorination points were installed.

² Note that in 2018 laboratory results have shown 10% of non-suspected cases to be cholera positive



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Narrative section

• **Key Achievements:**

Strengthening surveillance and coordination

UNICEF continued to support the coordination at the national level under the lead of the Ministry of Health (MSPP) and the DINEPA. UNICEF supported DINEPA’s Emergency cell that was instrumental in the development of the long-term phase of the Elimination Plan. The surveillance system has been reinforced, both through NGOs teams deployed at community level in vulnerable areas to ensure that no suspect or potentially suspect case is missed, and through the strengthening of coordination with MSPP and EMIRA teams at the departmental level.

At departmental level, in the West, situation rooms were held on a weekly basis and epidemiological bulletin with an in-depth analysis of the situation were regularly shared with key stakeholders.

Sustaining rapid response to alert

With funding support from MPTF and other donors, UNICEF supported 19 teams in the West Department, through NGO partners Solidarités Internationale (14 teams) and ACTED (5 teams). These teams worked directly with the EMIRA and MSPP team in the department. MPTF is co-financing these teams. Even with the dwindling number of suspected cases during the period, all the teams continued their work on a daily basis – by responding to all cases (even non- suspected) and by reinforcing prevention activities (hygiene promotion, water chlorination, etc.).

Below is a summary of UNICEF partners’ activities in the West department from 2018 through the first quarter of 2019:

COMMUNITY RESPONSE AT A GLANCE – Summary of activities from January to date - Haiti and DSO 2018 to 2019

	Haiti - 2018	Haiti first quarter 2019	DSO ³ -2018	DSO-first quarter 2019
Suspected cases reported by MSPP	3786	217*	893	25*
*Number of interventions by EMIRA & NGO's (rapid responses and preventions activities)	11,765	1737	5345	720
Number of response done (rapid responses only)	6261	664	3025	199
Cases responded to by EMIRA & NGOs teams	7427	727	3412	208
% of response < 48 h	90%	82% ⁴	96%	98%
% of suspected cases responded to	93%	96%	89.8%	100%
Number of joint responses EMIRA (MoH) + NGO (rapid responses and prevention)	3178	549	4609	95
% of joint responses (rapid responses and prevention)	96%	80,6%	43%**	48%**
Average of households per response (i.e “cordon sanitaire” size)	15.8	17,8	15.2	19.4
Number of persons treated with chemoprophylaxis	79,728	8353	18,417	566
Number of households having received at least one HWT product	106,893	11 144	49,518	5598



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Number of persons sensitized (rapid responses only)	424,468	47 926	142,630	15,653
Number of persons sensitized (rapid responses and prevention)	1,323,998	196 425	500,987	84,634
Number of disinfected houses	90,357	13 403	46,974	5494
Average of disinfected houses per response	14.4	20,2	15.5	27.6
Number of emergency water chlorination points activated	584	48	193	21

* Non MSPP official data, completed with UNICEF and partners

** The lowest rate of mix of response teams visible in the West, can be explained by the small number of MoH staff (7 nurses) related to the large number of total teams.

Number and rate of rapid responded cases according to their clinical diagnoses and response time - Haiti from 2017 to SE⁵13-2019

	2018				2019				Total 2018	Total 2019
	1d	2d	3d	>3d	1d	2d	3d	>3d		
All cases	5936	6551	6857	276	609	665	689	32	7133	721
Cholera suspected cases	2646	2982	3142	150	212	235	242	10	3292	252
Non cholera suspected cases	2251	2479	2595	96	333	360	375	22	2691	397
Without diagnostic	1039	1090	1120	30	64	70	72	2	1150	74
Rate										
All cases	74%	82%	86%	3%	78%	85%	88%	4%	89%	92%
Cholera suspected cases	75%	85%	89%	4%	81%	90%	92%	4%	93%	96%
Non cholera suspected cases	70%	78%	81%	3%	76%	82%	86%	5%	84%	91%
Without diagnostic	82%	86%	89%	2%	78%	85%	88%	2%	91%	90%

Number and rate of rapid responded cases according to their clinical diagnoses and response time - West department from 2017 to SE13-2019

	2018				2019				Total 2018	Total 2019
	1d	2d	3d	>3d	1d	2d	3d	>3d		
All cases	2386	2548	2599	39	180	195	200	7	2638	207
Cholera suspected cases	582	625	637	9	15	15	15	1	646	16
Non-cholera suspected cases	1326	1421	1458	21	138	153	158	8	1479	166
Without diagnostic	478	502	504	9	27	27	27	0	513	27
Rate										
All cases	81%	86%	88%	1%	72%	78%	80%	3%	89%	83%
Cholera suspected cases	78%	84%	86%	1%	68%	68%	68%	5%	87%	73%

³ Direction Sanitaire Ouest.

⁴ The decrease in the rapid response rate in less than 48 hours is mainly due to the demonstrations that caused a shutdown in February 2019.

⁵ Semaine épidémique – epidemiological week.



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Non-cholera suspected cases	80%	86%	88%	1%	71%	78%	81%	4%	90%	85%
Without diagnostic	86%	90%	91%	2%	84%	84%	84%	0%	92%	84%

Linking emergency need to long-term capacity development

Two mobile Emergency-Wash teams (EMO-EPAH- Equipe Mobile Eau Potable Assainissement Hygiene) were activated: the first one is based in the West, and the second one, is based in Hinche (Centre department). EMO-EPAH responded to emergency safe water supply needs for 68,585 people in Artibonite, Centre and West departments. Their main activity was to manually chlorinate water networks in communities affected by a cholera outbreak, to provide household water treatment to unsafe water points users and to promote household water treatment practices. EMO-EPAH also carried out quick repairs of water networks and chlorination systems to restore systematic chlorination process in a timely manner.

As a link with longer term capacities strengthening, UNICEF is presently planning to give more emphasis to the improvement of capacities of EMIRAs and EMO-EPAH teams, to start a gradual handover (exit strategy) to those teams, starting in 2020, to ensure leaving behind a strong capacity at the government level, for surveillance and response to all water-borne disease.

- **Delays or Deviations**

While the program was implemented in all the 10 departments in the country, greater focus was put on three instead of four departments in 2018 due to the epidemiological situation (the situation in the North remained relatively calm, compared to previous years).

A last outbreak in January – February 2019, located in the municipality of L’Estère in Artibonite was partly fought by its inhabitants. Indeed, with social movements resulting in great insecurity, this municipality found itself isolated. The ACF/ACTED rapid response partner, supported by Solidarités International in support of the Western department, had prepositioned heavy water treatment units since December 2018 but could no longer access them. The population contributed financially on its own, to ensure the functioning of this water treatment unit and made sure that no epidemic recovery was recorded.

- **Best Practice and Summary Evaluation**

Throughout the year, UNICEF and its partners successfully adapted their response to the situation on the ground. The number of response teams has been maintained to a minimum of 68, including MSPP teams. A gradual transition is currently underway with the aim of increasing national response capacity. This transition will continue until at least the end of 2020. Aside from temporary suspension of activities due to protests in July and November 2018 et more recently in February 2019, this approach has resulted in an unprecedented response rate of 96% of suspected cases at the national level.

Funds predictability also allowed to sign six months 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.



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- **Lessons learned**

Maintaining an adequate number of NGOs partners teams (specialized in the cordon sanitaire response) is a prerequisite for being able to quickly redeploy teams geographically, allowing them to intervene in real time where needed, to cut cholera transmission, reach and maintain the last stage (zero cases) towards complete elimination.

- **Story from the Communities**

UNICEF Haiti works with its partners to support the rapid response strategy of the Ministry of Health to eliminate cholera with its mobile teams. Here is the story of Michelange: <https://bit.ly/2EEsZVM>

Fanfan, Jean panel, “Lancement de l’opération coup de poing 2018 contre le choléra » 2018 : <https://bit.ly/2ETUE4W>