



**UN Haiti Cholera Response Multi-Partner Trust Fund
PROJECT MONTHLY PROGRESS REPORT
Period: June - 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	RECIPIENT ORGANIZATION UNICEF
Project ID: 00105774 (Gateway ID)		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 	IMPLEMENTING PARTNER(S): MSPP (Government) DINEPA (Government) ACF, ACTED, OXFAM, Solidarites International, IFRC, CRF (NGOs)
Project Focal Point: Name: Gregory BULIT E-mail: gbulit@unicef.org Telephone : (509) 4893 7064	EXTENSION DATE: n/a	Government Input: National coordination salary	

Proposal Location (Departments): Haiti (whole country)	PROJECTED END DATE: 31-Dec-2017	Expenditures as 31/07/2017 (US \$)				
		Global budget	Indirect Support Costs (7%)	Expenditures	Committed funds	Balance available
		500,000	32,710	31,000	378,000	58,290

Strategic Objective TRACKS

<input checked="" type="checkbox"/>	TRACK 1a: Intensifying efforts to cut transmission of cholera and improve access to care and treatment
<input type="checkbox"/>	TRACK 1b: Addressing the medium/longer term issues of water, sanitation and health systems
<input type="checkbox"/>	TRACK 2: Assistance and Support

Beneficiaries: Please, indicate the number of beneficiaries and provide disaggregated data, if available

No. of Beneficiaries		No. of Beneficiaries	
Communities		Women	278,300
Total		Girls	238,728
		Men	268,517
		Boys	183,994
		Total expected cases	969,539

Epidemiological situation:

The epidemiological trend continues to show positive signs with approximately 150 suspected cases being reported per week (including a mix of cholera and other acute watery diarrhoea). In 2017, up to July 15, the total number of cases was 7,901 compared to 22,186 for the same period in 2016. Confirmed cholera cases account for an estimated 30-40% of reported cases tested by the national laboratory. Localized spikes where several deaths and hundreds of cases are reported within a few days still occur because of the transmission of the cholera vibrio (recent localized outbreaks in the West and Centre departments), but have been rapidly controlled thanks to strong coordination and adequate number of rapid response teams. However, the high-risk period is just around the corner and the level of surveillance needs to be maintained to be fully effective in controlling the disease over the second semester. As shown in figure 1, the impact of the last (ongoing) localized outbreaks is already visible on the national trend.

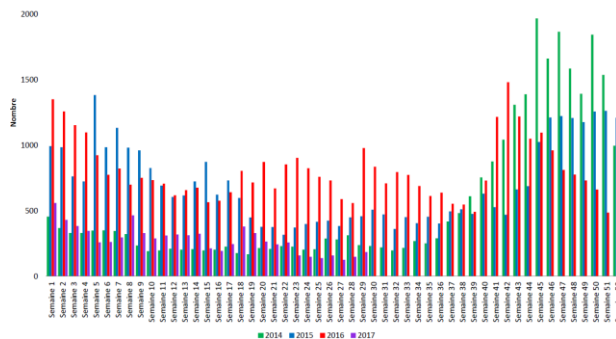


Figure 1: Weekly number of suspected cases from 2014 to 2017. Source: MoH and DELR, weekly report 2017EW29

Key achievements:

1. *Reinforced National and departmental coordination*

In order to strengthen coordination at national and departmental level, UNICEF and WHO/PAHO have constituted a joint coordination cell embedded at the Ministry of Public Health and Population (MSPP). Although already in place, it needs to be strengthened to increase the capacity of surveillance and decision-making of the National Technical Committee Against Cholera (MSPP and DINEPA). Since 1st June to 31st July 2017, eight meetings out of nine planned were organized. As the level of disease transmission is at its lowest since 2010, yet with visible persistence in the Western and Central departments, the cholera control unit has decided in June to launch a special operation called "Operation coup de poing", in these same departments. Its main objective is to achieve as low incidence possible in view of the high risk season starting in late August-early September. It consists mainly of strengthening the rapid response in these last "Cholera hot spots" associated with communication to the public.

¹ Project funds transfer date.



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In order to support MSPP coordination at departmental level, it was planned that the departments of West, Centre, Artibonite and North will be supported by a UNICEF officer, however the implementation of this "Operation Coup de poing" has led to a temporary redistribution of staff. At present, two officers are present in West department, and two in the Centre; and one officer of the Center who was previously in the North continues to support this department once every three weeks.

2. Improved rapid response

With the "operation coup de poing" and the current distribution of the disease, the MSPP with the support of UNICEF has moved 14 people (health staff from MSPP rapid response teams) from departments with none or very low number of cases to the West and Central departments. These people have been directly integrated into the rapid response teams as in table 1 below. The MSPP rapid response teams are directly supported by NGO partners in the West, Centre, Artibonite and North departments as teams are mixed and work jointly. The West and Centre MSPP teams also benefit from logistics support from UNICEF through vehicles rental.

13 teams (International NGOs team) from departments without cholera have been deployed in the West and Centre Departments. Their main tasks are to complete rapid response activities, through reinforced support to DINEPA in water protection activities, chlorination of water supply systems and all activities related to communication, awareness raising, social mobilization in areas where cholera is still active.

Table 1: Changes in number of rapid response teams before and after "operation coup de poing" by department

Departments	Number of rapid responses team before "operation coup de poing"	Number of rapid responses team after "operation coup de poing"
Grand Anse	4	1
Sud	3	1
Nippes	2	1
Sud Est	2	2
Ouest	16	26
Centre	6	11
Artibonite	10	8
Nord	3	3
Nord Ouest	5	2
Nord Est	1	1
Total	52	56

Note: the number of teams is currently below the 60 targeted teams because two NGO partners (French Red Cross and IFRC) are implementing pilot projects of community-based surveillance and response in which community-health agents are also asked to undertake a first level of response. Therefore, in some parts of the West and Centre, teams have been "replaced" by local response level, which is being strengthened and assessed.

3. 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. The project will strengthen the regional office of DINEPA (*Direction Nationale de l'Eau Potable et de l'Assainissement*) for the West department to ensure water systems chlorination control in key areas and restart private water trucks chlorination monitoring that has stopped due to lack of funding in 2016.

14 technical DINEPA agents will be supported by UNICEF. The project will enable them to be more reactive and to improve local response. They are responsible for counter-verification of the water quality distributed by the Port au Prince CTE (*Centre Technique d'Exploitation*) as requested by the regional DINEPA director.

UNICEF already supports the DINEPA cholera cell composed of three agents with salary payment and logistics support.

4. Increased communication to the public

Three communication plans have been prepared for the departments of Artibonite, Centre and West. These plans aim to involve community through empowerment of local authorities and community networks/ associations. The strategy developed by these plans is to strengthen social communication through action messages. New messages and tools were made to achieve the goal. In addition, these plans also aims to strengthen communication at the CTC/CTDA level between patients and health workers.

The following IEC tools and materials are being purchased to increase public awareness:

Tools under production	Quantity	Purchase Status
T-Shirts for local agents and teams	1,000	Ordered



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Cap	1,000	Ordered
Leaflets with churches specific messages	1,000	Done
Leaflets with public criers specific messages	1,000	Done
Leaflets with market and bus station specific messages	1,000	Done
Spot audio for local radio	3	Done
Posters CTC/CTDA	400	Under production
Flyers 81/2 x 11	100,000	Done
Flanellogramme	200	Ordered
Bags for cholera kits with messages	10,000	Ordered
Stickers on safe water drinking, hand washing and fruits/vegetables hygiene	15,000	Under production
Megaphones	50	Ordered

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	3	3	30%
# of communication plans implemented before July 2017	West, Centre, Artibonite, North	4	3	3	75%