

**STRENGTHENING THE NATIONAL RESPONSE
FOR THE ELIMINATION OF CHOLERA IN HAITI
ANNUAL PROGRESS REPORT
REPORTING PERIOD: 8 JULY – 31 DECEMBER 2020**

<p align="center">Programme Title & Project Number</p> <p>CLH7 Strengthening the national response for the elimination of cholera in Haiti</p> <p>Project ID : 00122749 (Gateway ID)</p>	<p align="center">Country, Locality(s), Priority Area(s) / Strategic Results¹</p> <p>Haiti-Nationwide</p> <p>Intensifying efforts to cut transmission of cholera and improve access to care and treatment</p>
<p align="center">Participating Organization(s)</p> <p>-PAHO / WHO -UNICEF</p>	<p align="center">Implementing Partners</p> <p>For PAHO / WHO: Ministry of Public Health and Population (MSPP) at the central and departmental level For UNICEF: National Directorate for Water Supply and Sanitation (DINEPA), MSPP, ACF, ACTED, ADRA, Aloviye, Caritas, Haitian RC, Plan International, Solidarites international</p>
<p align="center">Programme/Project Cost (US\$)</p> <p>Total approved budget as per project document: \$ 4,000,000 PAHO / WHO tranche: \$ 2,000,000 UNICEF tranche: \$ 2,000,000</p> <p>Government Contribution <i>(if applicable)</i> Other Contributions (donors) <i>(if applicable)</i> TOTAL: \$ 4,000,000</p>	<p align="center">Programme Duration</p> <p>Overall duration: <i>22 months</i></p> <p>Start date: 8 July 2020</p> <p>Current end date: 6 March 2022</p>
<p align="center">Programme Assessment/Review/Mid-Term Eval.</p> <p>Assessment/Review - if applicable <i>please attach</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <i>dd.mm.yyyy</i> Mid-Term Evaluation Report – if applicable <i>please attach</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <i>dd.mm.yyyy</i></p>	<p align="center">Report Submitted By</p> <ul style="list-style-type: none"> ○ Name: Antonio Marro ○ Title: Chief Emergency ○ Participating Organization (Lead): UNICEF ○ Email address: <amarro@unicef.org> ○ Name: Juniorcaius Ikejezie ○ Title: Technical Focal Point for Surveillance ○ Participating Organization (Lead): PAHO / WHO ○ Email address: <ikejezijun@paho.org>

¹ Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;

ABBREVIATIONS

AWD: Acute watery diarrhea

CTDA: Treatment centers for acute diarrhea

DELIR: Directorate of Epidemiology, Laboratory and Research

DINEPA: National Directorate for Water Supply and Sanitation

HCW: Health care worker

LNSP: National Public Health Laboratory

MSPP: Ministry of Health and Population

PAHO: Pan America Health Organization

PPE: Personal protective equipment

WHO: World Health Organization

NARRATIVE REPORT

EXECUTIVE SUMMARY

Haiti has reported over 820,000 cholera cases and nearly 10,000 cholera deaths since October 2010, when the epidemic began. Persistent efforts by the Government of Haiti through the Ministry of Public Health and Population (MSPP) and the National Directorate for Water Supply and Sanitation (DINEPA) – with support from the Pan American Health Organization / World Health Organization (PAHO / WHO), UNICEF, and other partners – have led to a steep decline in the incidence of cholera in Haiti. Compared with 352,033 suspected cholera cases and 2,927 deaths reported in 2011, a total of 720 suspected cases and 3 deaths were reported in 2019, including the last laboratory-confirmed cholera case in early February 2019. This suggests that the elimination of cholera may soon be within reach.

To meet this objective, in July 2020, the Haiti cholera MPTF project, titled “Strengthening the national response for the elimination of cholera in Haiti”, was launched. The project is being jointly implemented by PAHO / WHO and UNICEF to support the Government of Haiti in its efforts to prevent and cut community transmission of cholera in Haiti. The scope of this project was broadened to include COVID-19, given the potential catastrophic impact that the outbreak might have had on Haiti’s national health care system.

As part of the project, awareness raising activities were reinforced by UNICEF with messages on prevention (that included both cholera and COVID-19 prevention key messages), carried out by rapid response teams (which were reinforced from 15 to around 40). In addition, at the level of community surveillance, the cholera rapid response teams financed by UNICEF through its NGO partners, supported the health directorates in order to allow more effective investigations of suspected COVID-19 cases, and re-direct awareness-raising activities in the municipalities reporting a large number of cases. As mentioned in the indicators’ matrix below, thanks to MPTF support, UNICEF has been able to assist the Haitian Government and partners with the strengthening of health and WASH services in terms of handwashing, hygiene promotion and behavior change, and the reinforcement of health services at the community level. The number of handwashing stations installed has more than doubled the planned targets (including the simple buckets with lid and tap distributed and installed in public areas, and the more formal structures with bigger tanks). Starting October 2020, an exit strategy of the COVID-19 response plan has been implemented (i.e., handwashing stations installation reduced and concentrated only at school and health centers level) and a new strategy for communication and awareness raising / community mobilization has been put in place in support of the MSPP, to adapt it to the changing context, including prevention of COVID-19 stigmatization and related violence, among other messages.

In order to capitalize on limited and time-bound funding provided by non-MPTF donors, PAHO / WHO has strategically reserved MPTF funding to carry out activities once alternative funding is no longer available. In line with the objectives of the project, PAHO / WHO provided support to reinforce the early warning and response system of the MSPP’s Directorate of Epidemiology Laboratory and Research (DELRL) through the integration of assistant epidemiologists in all 10 departmental health directorates. These epidemiologists provided assistance with the coordination of alert and response activities, epidemiological investigations, and reporting of epidemic intelligence to health authorities at the central level. Furthermore, technical and logistical support was provided to Haiti’s National Public Health Laboratory (LNHP) for the expansion of the national surveillance system of acute watery diarrhea (AWD) to facilitate the detection of *Vibrio cholerae*. To date, the system includes more than 50 health institutions throughout the territory. These activities were complemented with the training of health professional on the collection and management of specimens from AWD cases. Furthermore, laboratory technicians were trained on culture and antibiotic susceptibility testing of stool specimens. Moreover, PAHO / WHO has provided assistance for the training, equipping, and deployment of Labo-moto nurses, who are field nurses that support the collection and transport of samples from health institutions to laboratories on motorcycles. Finally, to strengthen infection prevention and control (IPC) so as to reduce the risk transmission of cholera, COVID-19 and other infectious diseases, personal

protective equipment was distributed to various health care institutions and health care personnel were trained on IPC measures.

The above-mentioned actions have been key for the strengthening of Haiti's national preparedness and response capacities for cholera and other infectious diseases, including COVID-19. By contributing to the reduction of the circulation and burden of these diseases, this project is having a real impact on the lives of people and communities across Haiti.

I. Purpose

The aim of this inter-agency pooled funding mechanism is to rapidly resource the UN system responses to cholera in Haiti, in accordance with the overview of needs and requirements and the strategic objectives of the new approach. The main goal is to continue strengthening the capacities of the Government of Haiti (MSPP and DINEPA, mainly) in terms of surveillance as well as alert and rapid response system for cholera and other waterborne diseases. The ultimate goal is to accompany the Government of Haiti until the official declaration of cholera elimination in February 2022.

TRACK 1a: Intensifying efforts to cut transmission of cholera and improve access to care and treatment

II. Results

The Strategic Objective (SO) of the project is to prevent and cut transmission of cholera in communities. This Outcome (SO) has been achieved as no new cholera cases have been recorded in any community in the country, including the last 'cholera hotspots' (municipalities in Artibonite, Centre and West departments). This has been possible thanks to the joint efforts of PAHO / WHO and UNICEF to maintain an effective surveillance and alert/response system, in support to the MSPP, starting from the community level, passing through the municipality and departmental level, until the national level.

PAHO / WHO – Output 1: To strengthen the early warning and response system of the Ministry of Health (MSPP/DELR) at the central and departmental level to detect, test and respond to cholera-related events and other infectious diseases, including COVID-19

Indicator 1.1 Number of departments with an early warning and response system established, to investigate all alerts related to cholera and other infectious diseases, including COVID-19: 10

- All departmental health directorates have set up an early warning and response system for cholera and other infectious diseases. The system is supported by 10 assistant epidemiologists distributed in each department. These epidemiologists contributed to the coordination of alert and response activities, epidemiological investigations, and reporting of epidemic intelligence to health authorities at the central level. Moreover, the capacities of these epidemiologists were strengthened through training sessions on the collection and analysis of epidemiological data. Finally, all assistant epidemiologists received various supplies and equipment to facilitate their activities.

PAHO / WHO – Output 2: To expand the nation-wide enhanced surveillance system for cholera and other infectious diseases

Indicator 2.1 Number of acute watery diarrhea stool specimens collected and transported annually to be tested for cholera: >4,000

- A total of 289 stool specimens from cases of acute watery diarrhea (AWD) were tested in 2020. The number of stool specimens tested is lower than the expected 4,000 due to several reasons. Paramount among these was the COVID-19 pandemic and the volatile socio-political situation, which affected the procurement of laboratory materials and led to the temporary postponement of most of the

activities related to the expansion of the AWD national surveillance system. Despite these obstacles, activities to expand AWD surveillance continued to take place.

- To support the expansion of the nation-wide enhanced surveillance system for cholera and other infectious diseases, from September to December 2020, 160 health professionals from 40 health institutions distributed across eight departments were trained on the collection, management, and transport of specimens from AWD cases. Training for health professional in Artibonite and Nord Ouest departments are planned for early 2021. In addition, 18 nurses from the Labo-moto project (an MSPP-PAHO / WHO collaborations established in 2017 to strengthen cholera surveillance) ensured the collection of samples from suspected cholera and COVID-19 cases. Between July and December 2020, around 80% of samples collected outside of Ouest department were tested with the support of Labo-moto nurses.

Indicator 2.2 Number of molecular tests performed among suspected COVID-19 cases: >2,000

- During the period of project implementation, reagents and laboratory materials were procured, which further supported the set-up of a large-scale laboratory diagnostic confirmation system, allowing the LNSP to process thousands of tests on a daily basis, and guide the response and limit the spread of cholera and COVID-19, among other infectious diseases. Procured materials contributed to the testing of 30,254 suspected COVID-19 cases using PCR tests.

PAHO / WHO – Output 3: To improve the technical capabilities of the national laboratory and the peripheral laboratories for the timely detection of *Vibrio cholerae* and other infectious diseases

Indicator 3.1 Number of functional laboratories with culture and antimicrobial resistance capacity implemented to test for cholera and other infectious diseases: >4

- Three of the 4 targeted laboratories developed the technical capabilities for performing culture and antibiotic susceptibility testing of stool specimens for the detection of *V. cholerae*. Training activities will be conducted in 2021 to ensure that the fourth targeted laboratory develops the required capacity for the rapid detection of cholera cases.

PAHO / WHO – Output 6: Strengthen MSPP capacities for case management and infection prevention and control measures for patients related to cholera and other infectious diseases

Indicator 6.1 Number of health care workers (HCW) trained in the use of Personal Protective Equipment (PPE) for cholera and/or COVID-19: >500

- In the context of cholera and COVID-19, 283 frontline health care workers (from the central level of the MSPP, the National Ambulance Center as well as private ambulance companies, quarantine sites, and other health care institutions) were trained on IPC. An additional 1,547 health care workers received training prior to the start of the project.

UNICEF – Output 4: Carry out WASH emergency interventions at community level, to ensure minimal conditions for prevention of cholera and other infectious diseases (hand-washing stations, emergency repairing of water systems, chlorination, water treatment, trucking, etc.)

Indicator 4.1 Number of hand-washing stations installed and functional (with water and soap) during at least 3 months: 2,410

Indicator 4.1 Number of people who wash their hands in the installed hand-washing stations: 602,500

UNICEF – Output 5 Communication, community engagement and community-based interventions promoting hygiene practices, through the support of health community agents (ASCP) and emergency response teams

Indicator 5.1 Number of people receiving awareness raising messages for prevention of cholera and other infectious diseases, including of COVID-19: 1,620,000

Indicator 5.2 Number of health community volunteers (ASCP) trained to support surveillance and awareness raising at community level: 926

NOTE: the total targets achieved in the reporting period, including other sources of funding, are as follows (approx. figures):

- Number of handwashing stations installed and functioning: 10,040
- Number of people who wash their hands: 2,510,000
- Number of people receiving awareness raising messages for prevention: 6,750,000
- Number of health community volunteers (ASCP) trained: 2,807

The implementation of the project was hampered by a number of factors and events. Paramount among them were the COVID-19 crisis and the country's volatile sociopolitical context, which was often characterized by serious civil unrest and violent protests. For example, due to these events, many in-person coordination meetings could not take place. However, whenever possible, these were replaced by discussion on video conferencing platforms. COVID-19 and the sociopolitical situation led to the temporary postponement of other planned activities, such as field evaluations and trainings for laboratory personnel.

Other challenges include uncertainty about the future of the MSPP Response teams. Currently, the response to COVID-19 cases is undertaken in some departments only by reduced number of UNICEF NGO partners. Furthermore, despite significant efforts with the communication and awareness raising campaign, part of the population is not respecting the basic COVID-19 prevention measures, with the belief that the disease has ended in Haiti. This weakening of prevention security measures in the community is concerning since the upcoming Holiday Season may result in increased population movement (including an increase of the number of Diaspora visiting the country), more people gatherings and consequent increase of COVID-19 cases.

It is worth mentioning that, despite the overachievement of the no. of handwashing stations installed (241%), the achievement in the indicator of: '*total number of people washing their hands in the handwashing stations installed*', was lower compared to the other indicators (30% only) for several reasons: (i) the initial number of people calculated per handwashing station was slightly over-estimated; (ii) the cost of managing each handwashing station was higher than planned (one person full time taking care of the installation, ensuring presence of soap and water, etc.) (iii) the calculation was made on a conservative side, to avoid any double counting (i.e., one person washing his/her hand on a given day, should not be counted if the person comes back the following day); (iv) several handwashing stations were installed in schools and health centers to ensure their sustainability and usage in the future, beside the COVID-19 response.

Finally, UNICEF started a phaseout / exit strategy for the handwashing stations in coordination with DINEPA and all involved partners to ensure durability and/or discontinuity of hand washing stations installed; however, for other private or public partners that were not associated to the response coordination, this seemed to be more difficult.

Quality assessment: The level of overall achievement of the project has been satisfactory, despite the challenges described above, as confirmed cholera cases have been kept to zero and COVID-19 cases (both suspected and confirmed) were kept at a relatively low level.

The investment in **Partnerships** has been key for the overall achievements of the project, including the MSPP, DINEPA, NGOs and academia. Continuous communication, information exchange, and interaction among all partners at all levels and across sectors (health and WASH) has been one of the secrets for the attainment of these results. **Coordination at the UN level** (PAHO/WHO-UNICEF-OCHA and RCO) has been another key strategy that has facilitated the achievement of the results.

ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Project Document / AWP** - provide an update on the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why, as well as plans on how and when this data will be collected.

	<u>Achieved</u> Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
Strategic Objective: Preventing and cutting cholera transmission in communities			
<p>Output 1 To strengthen the early warning and response system of the Ministry of Health (MSPP/DELR) at the central and departmental level to detect, test and respond to cholera-related events and other infectious diseases, including COVID-19</p> <p>Indicator 1 Number of departments with an early warning and response system established, to investigate all alerts related to cholera and other infectious diseases, including COVID-19</p> <p>Baseline: 0 Planned Target: 10</p>	10		MSPP/ DELR reports
<p>Output 2 To expand the nation-wide enhanced surveillance system for cholera and other infectious diseases</p> <p>Indicator 2.1 Number of acute watery diarrhea stool specimens collected and transported annually to be tested for cholera</p> <p>Planned Target: >4,000</p>	Cumulative: 289	The COVID-19 pandemic and country's sociopolitical situation affected the procurement of laboratory materials and led to the temporary postponement of planned activities	MSPP/LNSP reports
<p>Indicator 2.2 Number of molecular tests performed among suspected COVID-19 cases</p> <p>Planned Target: >2,000</p>	Cumulative: 30,254		MSPP/ LNSP reports
<p>Output 3 To improve the technical capabilities of the national laboratory and the peripheral laboratories for the timely detection of <i>Vibrio cholerae</i> and other infectious diseases</p> <p>Indicator 3 Number of functional laboratories with culture and antimicrobial resistance capacity implemented to test for cholera and other infectious diseases</p> <p>Planned Target: >4</p>	Cumulative: 3		MSPP/ LNSP reports

<p>Output 4 Carry out WASH emergency interventions at community level, to ensure minimal conditions for prevention of cholera and other infectious diseases (hand-washing stations, emergency repairing of water systems, chlorination, water treatment, trucking, etc.)</p> <p>Indicator 4.1 Number of hand-washing stations installed and functional (with water and soap) during at least 3 months</p> <p>Planned Target: 1,000</p>	<p>Cumulative: 2,410</p>		
<p>Indicator 4.1 Number of people who wash their hands in the installed hand-washing stations</p> <p>Planned Target: 2,000,000</p>	<p>Cumulative: 602,500</p>	<p>It is worth mentioning that, despite the overachievement of the no. of handwashing stations installed (241%), the achievement in the indicator of: ‘ <i>total number of people washing their hands in the handwashing stations installed</i> ’, was lower compared to the other indicators (30% only) for several reasons: (i) the initial number of people calculated per handwashing station was slightly over-estimated; (ii) the cost of managing each handwashing station was higher than planned (one person full time taking care of the installation, ensuring presence of soap and water, etc.) (iii) the calculation was made on a conservative side, to avoid any double counting (i.e., one person washing his/her hand on a given day, should not be counted if the person comes back the following day); (iv) several handwashing stations were installed in schools and health centers to ensure their sustainability and usage in the future, beside the COVID-19 response.</p>	
<p>Output 5 Communication, community engagement and community-based</p>	<p>Cumulative: 1,620,000</p>		

<p>interventions promoting hygiene practices, through the support of health community agents (ASCP) and emergency response teams</p> <p>Indicator 5.1 Number of people receiving awareness raising messages for prevention of cholera and other infectious diseases, including of COVID-19</p> <p>Planned Target: 2,000,000</p>			
<p>Indicator 5.2 Number of health community volunteers (ASCP) trained to support surveillance and awareness raising at community level</p> <p>Planned Target: 1,000</p>	<p>Cumulative: 926</p>		
<p>Output 6 Strengthen MSPP capacities for case management and infection prevention and control measures for patients related to cholera and other infectious diseases</p> <p>Indicator 5.1 Number of health care workers (HCW) trained in the use of Personal Protective Equipment (PPE) for cholera and/or COVID-19</p> <p>Planned Target: >500</p>	<p>Cumulative: 283</p>		