

# UN Haiti Cholera Response Multi-Partner Trust Fund PROJECT MONTHLY PROGRESS REPORT

Period: November 2018

Proposal Location (Departments): Haiti – West department  DATE: 31-march-2019  Strategic Objective TRACKS  Beneficiaries: Please, indicate the number of beneficiaries and provide disaggregated data, if available  TRACK 1a: Intensifying efforts to cut transmission of cholera and improve access to care and treatment  TRACK 1b: Addressing the medium/longer term issues of water, sanitation and health systems  TRACK 2: Assistance and Support  TRACK 2: Assistance and Support  PROJECTED END DATE: 31-march-2019  Expenditures as 12/05/2018 (US \$)  Committed funds  Balance available  A43,530.68  O 526,213.17   No. of Beneficiaries: Please, indicate the number of beneficiaries and provide disaggregated data, if available  No. of Beneficiaries  No. of Beneficiaries  Women:  81,682  Communities N/A Total  No. of Beneficiaries  Women: 81,682  Boy: 64,178  Boy: 61,662  Total: 286,000	Project Number and Title: Preventing and cutting cholera transmission in the Ouest department  Project ID: 00109989 (Gateway ID)  Project Focal Point: Name: Antonio Marro E-mail: amarro@unicef.org Telephone: (509) 3775 1611		PROJECT START DATE <sup>1</sup> : 05 April-2018  EXTENSION DATE: n/a	AMOUNT ALLOC \$1,000,791.00  Other Sources:		of Jap of Ca	oan nada	UNICEF IMPLE Haiti:  MSPP (0 DINEPA ACF, A0 Internati West de		MENTING PARTNER  dovernment) (Government) (TED, OXFAM, Solida onal, IFRC, CRF (NGC oartment:  OH departmental level ( sis International (NGO)		CR(S):  darites Os)  (Government)
31-march-2019  Global Indirect Support Expenditures Committed funds available  1,000,791.00 31,047.15 443,530.68 0 526,213.17  Strategic Objective TRACKS  Beneficiaries: Please, indicate the number of beneficiaries and provide disaggregated data, if available  No. of Beneficiaries  No. of Beneficiaries  Communities N/A  Total  No. of Beneficiaries  Women: 81,682  Girls: 64,178  Men: 78,478  Boy: 61,662					T 12 (05/2019 (T/S 4))							
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sanitation and health systems  Total  TRACK 2: Assistance and Support  Boy: 61,662		TENA COV. 41. A 11. A 11									,	
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## **Epidemiological situation**

A total of 3,644 suspected cholera cases, including 20 institutional deaths and 21 community deaths, have been reported from January to 24 November 2018 (last official bulletin available). One month before the end of the year and only 3,644 suspected cases have been declared my MSPP. During the second semester (since week 27), an average of 40 suspected cases have been declared, with a maximum of 63 on week 46 (November 11 to 17) and a minimum of 8 in week 31. While these encouraging data show that the objective of the medium-term plan of below 12,000 suspected cases at the end of 2018 will be achieved, it also shows that as long as there's cases, the epidemics can continue to spread throughout the country.

In the West department, only 28 suspected case have been declared my MSPP from week 44 to 47 (October 28 to November 24). However, the outbreak in Cornillon, at the border of Dominican Republic is still on-going, with a diminution of suspected cases compared to October, but still suspected cases confirmed positive after having been tested in the laboratory. The rest of the department is still calm, with only 6 suspected cases in the Metropolitan Area in week 44 to 47, an all sample tested in this area confirmed negative.

However, the increased of suspected and confirmed cases in Centre (Mirebalais, Lascahobas) in the last weeks of November show that the level of response has to be maintained to ensure this result. Population movement between communes can lead to localized outbreaks. Artibonite, Centre, and West, continue to share the largest burden, with 80% of suspected case in 2018, and even 98% in the last month.

## **Key achievements:**

## Strengthening surveillance and coordination

UNICEF continues to support and participate in the coordination at the national level under the lead of the Ministry of Health (MSPP) and DINEPA.

<sup>&</sup>lt;sup>1</sup> The date project funds were first transferred.

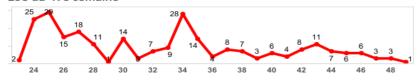


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At departmental level, in the West, situation rooms are held twice a week to coordinate response. A very close follow up of the epidemiological situation is made, with data analyzed at the area, commune and locality level. Specific analysis of the situation of Cornillon on the medium term (since the beginning of the outbreak in week 24) have been made to better understand the outbreak occurring there. Data also include laboratory results (positivity rates).

## Evolution des admissions cas suspects cholera sur Cornillon

#### 23e au 49e semaine



## Sustaining rapid response to alert

Through its NGO partners (Solidarités International, ACTED), UNICEF supports 19 teams in the West Department. MPTF is co-financing these teams. In November, 4 teams (2 responses teams and 2 community engagement teams) where based in Cornillon to answer directly to the outbreak occurring there.

A synthesis of "Operation coup de poing" has been made and discussed with partners to stress good practices and lessons learned.

Below is a summary of UNICEF partners' activities in the West department in November and from January 2018 to date:

	November	January 2018 to date
Suspected cases reported by MSPP	28*	786
Number of interventions by EMIRA & NGO's (rapid responses and preventions activities)**	238	5,133
Number of response done (rapid responses only)	98	2952
% of response < 48 h	89%	96%
% of responded cases (suspected and no suspected)	85%	86%
% of joint responses with EMIRA	43%	43%
Average of households per response (i.e "cordon sanitaire" size)	18.7	13.7
Number of persons treated with chimioprophylaxy	543	17,886
Number of households having received at least one HWT product	1,926	47,467
Number of persons sensitized (rapid responses only)	6,245	138,280
Number of persons sensitized (rapid responses and prevention)	24,746	476,150
Number of disinfected houses	1,838	45,073
Average of disinfected houses per response	18	15
Number of emergency water chlorination points activated	11	191

October 28 to November 27 (last official MSPP bulletin)

## Linking emergency need to long-term capacity development

Two mobile Emergency-Wash teams (EMO-EPAH- Equipe Mobile Eau Potable Assainissement Hygiene) are operational: the first one is based in the West, and the second one, which received its initial training in September, is based in Hinche (Centre department). During the second part of November, the West team was deployed in Bas

<sup>\*\*</sup> Rapid responses consist of one response for one cholera suspected case; Preventions activities are mobilization and sensitization activities but not attached directly to one suspected case



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Artibonite, in particular in Lestère- Desdunes, where they ensure SAEP chlorination and created a water point in a locality. They also trained and provided chloritation agent with pool tester and HTH for them to continue manual chlorination for a minimum of 3 month. This last activity was also conducted in the locality of Bois Neuf, Commune of Saint Marc.

The second team worked in Bas Plateau Central, where they are usually based.

The third team is not yet operational, but staff is under recruitment, and they should be operational beginning of 2019.

## MONTHLY PROGRESS REPORT RESULTS MATRIX

OUTPUT INDICATORS									
Indicator Geogra		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				
Description of the quantifiable indicator as set out in the approved project proposal									
# department where coordination of the alert- response is reinforced	West	1	1	1	100%				
# DINEPA staff supported within the National Cholera Coordination Cell	National	2	2	2	100%				
# NGO teams supporting MSPP rapid response teams in Ouest	West	12	14	15	100%				
# joint mobile DINEPA-NGO teams activated	National	3	2	2	66%				
# of deployment weeks in others department	National EMO- EPAH	Depends on outbreaks	1	11					
done by the joint teams	Rapid response team (no EMO- EPAH)	Depends on outbreaks	0	7					