



Haiti – Cholera

Fact Sheet #20, Fiscal Year (FY) 2011

February 18, 2011

Note: The last fact sheet was dated February 11, 2011.

KEY DEVELOPMENTS

- USAID Office of U.S. Foreign Disaster Assistance (USAID/OFDA) staff and implementing grantees continue to note the decreasing rate of new cholera cases countrywide. However, ongoing reports of new cases in rural areas persist. Nevertheless, information campaigns have effectively prompted individuals with initial symptoms of cholera to seek immediate treatment; this has contributed to the prevailing downward trend of cholera case fatality rates (CFRs) in Haiti—from 2.2 percent on December 10, 2010, to 2.0 percent to date.
- On February 14, USAID/OFDA staff met with Médecins sans Frontières (MSF) to discuss its emergency cholera response transition strategy. MSF—which operates CTFs in eight of Haiti’s ten departments—notes that patient numbers have decreased in its facilities countrywide, admitting approximately 3,000 patients per week compared to the peak of 10,000 patients per week in late November. MSF remains committed to responding to the emergency, but emphasized the importance of scaling back international presence in clinics and shifting operations to the Government of Haiti (GoH) Ministry of Public Health and Population (MSPP) and local hospitals. Consequently, MSF is actively communicating its transition strategy to the MSPP, donors, non-governmental organization, and local officials involved in the cholera response.

NUMBERS AT A GLANCE		SOURCE
Overall Cholera Caseload	231,070	MSPP – February 9, 2011
Hospitalized Cases	124,482	MSPP – February 9, 2011
Deaths Due to Cholera	4,549	MSPP – February 9, 2011
Overall CFR	2.0 percent	MSPP – February 9, 2011

HUMANITARIAN FUNDING PROVIDED TO DATE FOR CHOLERA

USAID/OFDA Assistance to Haiti for Cholera.....	\$40,489,916
USAID/OTI ¹ Assistance to Haiti for Cholera.....	\$1,955,494
USAID/Haiti Assistance to Haiti for Cholera ²	\$2,015,000
Total USAID Humanitarian Assistance to Haiti for Cholera	\$44,460,410

CONTEXT

- On October 22, U.S. Ambassador Kenneth H. Merten issued a disaster declaration due to the cholera outbreak. On October 26, USAID deployed a Disaster Assistance Response Team (DART) to coordinate USAID/OFDA emergency response efforts with USAID/Haiti, USAID/OTI, and the U.S. Centers for Disease Control and Prevention (CDC); provide technical assistance to the MSPP; and support relief agencies’ response activities. USAID also stood up a Response Management Team (RMT) in Washington, D.C., to support the USAID/DART in Haiti and coordinate with the USAID Haiti Task Team (HTT). The USAID/DART transitioned to a Haiti program office on January 27 and the RMT transitioned to a Latin America and Caribbean expanded regional team on January 28.
- USAID/OFDA’s emergency cholera response plan focused on preventing cholera cases, reducing the number of cases requiring hospitalization, and reducing the CFR. The plan included four elements: provision of chlorine to increase availability of safe drinking water; expansion of national hygiene education outreach; provision of sachets of ORS and medical supplies; and an increase in the number of CTFs, particularly in underserved and rural areas.
- USAID/OFDA recognizes that cholera will likely remain present in Haiti for several years and that the rainy and hurricane seasons may cause additional caseload spikes. USAID/OFDA program office staff remain in Haiti to monitor the evolving humanitarian situation, enhance coordination, monitor ongoing USAID/OFDA-funded response activities, and adjust programming in response to evolving conditions on the ground. USAID/OFDA is working closely with USAID/Haiti, USAID/OTI, CDC, and the humanitarian community to coordinate efforts and facilitate a smooth transition from emergency relief activities to development programming.

¹ USAID’s Office of Transition Initiatives (USAID/OTI)

² USAID/Haiti has pre-existing, long-term health programs that have been an integral part of the cholera response; these programs have also continued normal activities. The USAID/Haiti funding levels represent estimated amounts for one month of FY 2010 resources expended on the cholera response. The funding is based on an estimate of the program spending rate and percentage of resources expended on the cholera response.

Health

- As humanitarian organizations transition cholera treatment services, MSF has begun to consign cholera-related supplies and equipment to local health facilities, but confirmed its ability to scale up cholera response activities again should a spike occur during the rainy season. MSF also noted that its current plan to scale back CTFs to oral rehydration points (ORPs) ensures ongoing beneficiary access to facilities with cholera treatment capabilities.
- In a recent meeting with USAID/OFDA staff, grantee CARE confirmed that the number of new cases admitted daily to CTFs has been decreasing; however, CARE reported that cholera has continued to spread along Haiti's southern coast, including in previously unaffected areas throughout Grande Anse Department. Humanitarian organizations estimate that a significant portion of cases in these areas continue to go unreported, due to isolation. As a result, CARE and others are working to increasingly establish ORPs with brigades of community health workers (CHWs) and hygiene promoters in remote parts of the southern departments; a portion of these new ORPs and CHW are funded by USAID/OFDA.
- On February 15, USAID/OFDA staff visited an empty cholera treatment facility (CTF) on La Gonâve Island managed by grantee Concern. The CTF was admitting between 35 and 40 new patients a day in late November and early December—the peak of the outbreak on the island. While the daily patient caseload has decreased to one to three patients a day—the majority of whom require only oral rehydration salt (ORS) treatment—La Gonâve community leaders reported approximately 20 new cholera cases in previously unaffected areas on the southern side of island.
- On February 15, USAID/OFDA staff visited grantee Concern's project site adjacent to the primary market in Anse-a-Galets on La Gonâve Island. At the site, USAID/OFDA-funded cash-for-work crews had begun removing garbage and debris from a 100-meter section of ravine, where market stall keepers had traditionally dumped rotting vegetables and other refuse, and relocating it to a nearby pit to be burned or buried. The site posed a health hazard, due to its close proximity to the market. According to Concern, when the project concludes in April, the USAID/OFDA-funded equipment will be consigned to market cleanup committees comprised of market stall keepers and local residents to continue project activities.

Water, Sanitation, and Hygiene (WASH)

- On February 14, MSF noted that contamination of water sources will continue to pose a challenge to management of cholera, unless improvements are made to water and sanitation infrastructure. MSF also identified waste treatment in CTFs countrywide as a major issue, particularly in Port-au-Prince, and has developed cholera-focused waste management guidelines which they will share with the humanitarian community.
- During the February 15 assessment of a Concern-managed cholera response program on La Gonâve Island, USAID/OFDA staff traveled to the island via ferry from Cariesse Port, the primary point of departure for individuals travelling to the island. To stem the spread of cholera from the mainland to La Gonâve, Concern placed hand washing stations at Cariesse Port on the Artibonite–West Department border and at the port of Anse-a-Galets, La Gonâve's principle town. A USAID/OFDA-funded Concern hygiene promoter is also stationed at the port with a loudspeaker and instructs disembarking passengers to wash their hands upon arrival.
- USAID/OFDA staff observed Concern's women-focused sanitation and hygiene class in a local school. During the class, women learned about proper chlorination techniques for household water sanitization and improved food handling practices. Class participants also discussed the importance of utilizing latrines and increasing hand washing during a cholera outbreak. USAID/OFDA staff observed hygiene kit distribution, which includes hygiene supplies and ORS, in the Sousaline neighborhood of Anse-a-Galets. Concern's hygiene promoters had previously distributed 1,500 hygiene kit coupons door-to-door.
- During the visit to Anse-a-Galets market, USAID/OFDA staff noted approximately four water points. Concern staff reported that water is piped into town from a series of springs originating in La Gonâve's central hills. With USAID/OFDA funding, Concern is working with GoH National Direction for Potable Water and Sanitation (DINEPA) to enclose an open pipe, routing a portion of the water to a tank with a tap stand, where individuals can collect safe drinking water. A portion of the water will also be diverted to a separate area where families can wash clothes and bathe.

USAID HUMANITARIAN ASSISTANCE TO HAITI FOR CHOLERA

FY 2011			
<i>Grantee</i>	<i>Activity</i>	<i>Location</i>	<i>Amount</i>
USAID/OFDA ASSISTANCE¹			
Action Contre la Faim (ACF)	WASH	Artibonite, Northwest Departments	\$925,000
American Refugee Committee (ARC)	Health, WASH	West Department	\$1,144,166
CARE	Health, WASH	Grand Anse Department	\$985,481
Catholic Relief Services (CRS)	Health	Artibonite, Grand Anse, Nippes, North, Northwest, South, West Departments	\$1,417,527
CDC	Health	Affected Areas	\$275,000
Center for International Studies and Cooperation (CECI)	WASH	Artibonite	\$400,096
Concern	WASH	Center, West Departments	\$624,942
U.S. Department of Health and Human Services (HHS)	Logistics and Relief Commodities	Affected Areas	\$500,000
International Medical Corps (IMC)	Health, WASH	Artibonite, Center, North, Northeast, Northwest, South, Southeast, West Departments	\$7,285,583
International Organization for Migration (IOM)	Health, Logistics and Relief Commodities	Artibonite, North, Northeast, Northwest, Southeast, West Departments	\$4,600,000
IOM	Logistics and Relief Commodities	Affected Areas	\$7,800,000
Management Sciences for Health (MSH)	Health	Affected Areas	\$825,617
Mercy Corps	WASH	Center Department	\$925,013
Partners in Health (PIH)	Health, WASH	Artibonite, Center, and West Departments	\$1,500,000
Samaritan's Purse (SP)	Health, Logistics and Relief Commodities, WASH	West Department	\$2,869,431
Save the Children (SC)	Health, WASH	West Department	\$825,000
World Concern Development Organization (WCDO)	Health	West Department	\$364,180

U.N. Office for the Coordination of Humanitarian Affairs (OCHA)	Humanitarian Coordination and Information Management	Affected Areas	\$1,000,000
U.N. World Health Organization (WHO)/ PAHO	Health	Affected Areas	\$635,580
	Logistics and Relief Commodities	Affected Areas	\$5,410,544
	Administrative Costs		\$176,756
TOTAL USAID/OFDA			\$40,489,916
USAID/OTI ASSISTANCE			
Implementing Partners	Health, Logistics and Relief Commodities, WASH, Media and Awareness, Public Outreach	Affected Areas	\$1,955,494
TOTAL USAID/OTI			\$1,955,494
FY 2010			
<i>Program</i>	<i>Activity</i>	<i>Location</i>	<i>Amount</i>
USAID/HAITI ASSISTANCE²			
Community Health and AIDS Mitigation Project (CHAMP)	Community Health Services	Countrywide	\$198,000
Leadership, Management, and Sustainability Program (LMS)	Logistics and Relief Commodities	Countrywide	\$185,000
PROMARK	Health, Public Outreach	Countrywide	\$232,000
Supply Chain Management System (SCMS)	Logistics and Relief Commodities	Countrywide	\$600,000
Health for the Development and Stability of Haiti (SDSH)	Essential Health Services	Countrywide	\$800,000
TOTAL USAID/HAITI			\$2,015,000
TOTAL USAID HUMANITARIAN ASSISTANCE TO HAITI FOR CHOLERA			\$44,460,410

¹ USAID/OFDA funding represents anticipated or actual obligated amounts as of February 18, 2011.

² USAID/Haiti has pre-existing, long-term health programs that have been an integral part of the cholera response; these programs have also continued normal activities. The USAID/Haiti funding levels represent estimated amounts for one month of FY 2010 resources expended on the cholera response. The funding is based on an estimate of the program spending rate and percentage of resources expended on the cholera response.

PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for cholera efforts in Haiti can be found at www.interaction.org. Information on organizations responding to the humanitarian situation in Haiti may be available at www.reliefweb.int.
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietary, and environmentally appropriate assistance.
- More information can be found at:
 - USAID: www.usaid.gov – Keyword: Donations
 - The Center for International Disaster Information: www.cidi.org or (703) 276-1914
 - Information on relief activities of the humanitarian community can be found at www.reliefweb.int

USAID/OFDA bulletins appear on the USAID web site at http://www.usaid.gov/our_work/humanitarian_assistance/disaster_assistance/