

Haiti - Cholera

Fact Sheet #11, Fiscal Year (FY) 2011

Note: The last fact sheet was dated December 16, 2010.

December 22, 2010

KEY DEVELOPMENTS

- USAID Office of U.S Foreign Disaster Assistance (USAID/OFDA) grantee International Organization for Migration (IOM) continues to ensure basic cholera treatment capacity in all camps due to the potential for post-election insecurity. IOM has trained 261 camp focal personnel from 61 sites to establish oral rehydration points (ORPs). The Camp Coordination and Camp Management Cluster has identified 250 priority sites requiring ORPs, of which 74 were functioning as of December 17. USAID/OFDA is funding three grantees, supporting a total of 117 ORPs throughout Haiti.
- As of December 17, the Government of Haiti (GoH) Ministry of Public Health and Population (MSPP) reported that the nationwide case fatality rate (CFR) for cholera is 2.1 percent, while the CFR in Port-au-Prince is 1.2 percent. The U.N. Office for the Coordination of Humanitarian Affairs (OCHA) attributes the lower CFR in Port-au-Prince to the accessibility of cholera treatment facilities in the area. As a result, OCHA concludes that cholera response activities should focus on Grande-Anse, Nippes, North, and Northeast departments, where large populations reside in rural areas. USAID/OFDA supports several grantees to work in underserved and rural areas, including Catholic Relief Services (CRS), which is working Grande-Anse, Nippes, and North departments.
- On December 17, USAID/OFDA committed \$1 million to OCHA towards the FY 2011 Consolidated Appeals Process, which begins on January 1, 2011. The funding will support humanitarian coordination and information management countrywide, including support to GoH coordination and response capacity and the cluster coordination mechanism. To date, USAID has provided more than \$40.8 million for the cholera response.

NUMBERS AT A GLANCE		SOURCE	
Overall Cholera Caseload	121,518	MSPP – December 17, 2010	
Hospitalized Cases	63,711	MSPP – December 17, 2010	
Deaths Due to Cholera	2,591	MSPP – December 17, 2010	
Overall Case Fatality Rate	2.1 percent	MSPP – December 17, 2010	

HUMANITARIAN FUNDING PROVIDED TO DATE FOR CHOLERA

USAID/OFDA Assistance to Haiti for Cholera	\$38,282,334
USAID/OTI ¹ Assistance to Haiti for Cholera	\$505,079
USAID/Haiti Assistance to Haiti for Cholera ²	
Total USAID Humanitarian Assistance to Haiti for Cholera	\$40.802.413

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 work closely with staff from USAID/Haiti, USAID/OTI, and the U.S. Centers for Disease Control and Prevention (CDC) to coordinate emergency response efforts, provide technical assistance to the MSPP, and support longer-term health systems. USAID also stood up a Response Management Team in Washington, D.C., to support the USAID/DART in Haiti and coordinate with the USAID Haiti Task Team (HTT) in Washington, D.C.
- USAID/OFDA's response plan focuses on preventing cholera cases, reducing the number of cases requiring hospitalization, and reducing the case fatality rate. The plan outlines four elements: provision of chlorine to increase availability of safe drinking water; expansion of national hygiene education outreach; provision of oral rehydration salts (ORS) and medical supplies; and an increase in the number of cholera treatment facilities, particularly in underserved and rural areas.
- USAID/Haiti continues to work with the MSPP and Pan American Health Organization (PAHO) to plan and respond to the cholera outbreak. USAID/Haiti grantees are distributing educational materials, conducting hygiene trainings,

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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.

- and broadcasting prevention messages. In addition, USAID/Haiti grantees have procured and consigned commodities—including ORS, water purification materials, intravenous sets, Ringer's lactate (an intravenous solution), and bleach—to USAID-supported health sites and other sites treating cholera cases.
- In response to the outbreak, USAID/OTI is conducting direct cholera prevention activities; all ongoing and new USAID/OTI activities responding to the earthquake now also include cholera prevention and education elements. An initiative launched in late December aims to improve public health by increasing the supply of affordable, safe, and clean water for Cité Soleil residents by providing cost-effective water purification systems to six existing water kiosks.
- In addition to ongoing work to strengthen and rebuild Haiti's basic public health infrastructure, CDC is contributing scientific leadership and technical guidance in response to the outbreak in four key areas: treating patients in health facilities; preventing illness and deaths in communities; monitoring the spread of disease; and improving laboratory and diagnostic capacity. CDC currently has a total of 183 staff providing support to the MSPP cholera response, including 18 staff members deployed to Haiti specifically for the cholera response and 40 additional staff in Haiti normally assigned to CDC's Global AIDS Program. Among those involved in the cholera response are medical officers, epidemiologists, laboratory scientists, environmental health specialists, public health advisors, communication specialists, planners, information technology specialists, and support staff.
- The MSPP's approach to the cholera outbreak has focused on community-level primary response to provide rehydration, disinfect affected sites, and promote good health practices; cholera treatment units (CTUs) at health service sites, where patients can receive oral rehydration and basic intravenous therapy; and cholera treatment centers (CTCs) for treatment of severe cases.

Health

- The Health Cluster—the coordinating body for health activities—has noted the importance of social mobilization in
 rural communities to spread cholera-prevention messages, identify cholera cases, and refer patients to appropriate
 treatment facilities. USAID/OFDA grantees are training a total of 9,800 community health workers and hygiene
 workers, who will disseminate cholera-prevention information and hygiene messages in rural areas, as well as provide
 referral services.
- On December 18, USAID/OFDA staff visited a cholera treatment facility managed by USAID/OFDA grantee American Refugee Committee (ARC) and Alliance for International Medical Action at the Terrain Accra camp in Delmas neighborhood of Port-au-Prince, West Department. Staff noted that the facility has received an increasing number of patients, particularly children.
- As of December 19, USAID's Supply Chain Management System (SCMS) and USAID/OFDA grantees had
 distributed 24 of 25 USAID/OFDA-provided cholera treatment kits, which include medical supplies, gloves, soap, and
 Ringer's lactate. USAID/DART staff are determining the area of greatest need for distribution of the final kit. The 25
 treatment kits combined contain treatment supplies for 10,000 moderate or severe cholera cases, and have been
 distributed to all 10 departments to provide pre-positioned supplies throughout Haiti.

Water, Sanitation, and Hygiene (WASH)

- On December 18, the Health Cluster reported that proper waste management remains important for cholera prevention. In addition, urban and rural populations require not only access to treatment, but also access to safe drinking water. The Health Cluster highlighted the need for additional water system chlorination in Northwest Department and the need for chlorine and soap supplies in Southeast Department.
- On December 17, the WASH Cluster reported more than 65 percent of tested water bladders and reservoirs contained optimal residual chlorine levels. Of tested water sources, 28 percent of households and 17 percent of reservoirs contained no residual chlorine, generally indicating water had not been treated recently. The WASH Cluster reported the highest levels of appropriate chlorination in Léogâne and Grand Goâve, West Department, with up to 89 percent of tested water storage facilities containing optimal chlorine levels.
- To ensure availability of safe drinking water, USAID/OFDA is providing 30 metric tons (MT) of chlorine, sufficient to treat 100 percent of municipal water systems for three months. USAID/OFDA is also providing 15 million aquatabs, targeting rural areas outside of the municipal water system, to approximately 780,000 people.

Logistics and Relief Commodities

Since December 14, Logistics Cluster members have transported 40 MT of health and WASH resources from Port-auPrince to Gonaïves, Jacmel, and Miragoane, according to OCHA. PAHO has established a database to track health
supplies for the cholera response, including supplies currently in Haiti, supplies in organizations' pipelines, and
distributed supplies. PAHO and the GoH have encouraged organizations with significant supply stocks and
importation capacity, including USAID and USAID/OFDA grantee IOM, to report regularly to help identify gaps and
facilitate planning.

- Since December 14, USAID/OFDA has delivered cholera response commodities transported via nine flights, one shipload, and one overland shipment from the Dominican Republic. Commodities included 1.2 million ORS sachets, 126,300 liters of Ringer's lactate, 1 ambulance boat motor, and 10 MT of chlorine.
- On December 22, IOM plans to deliver 500,000 USAID/OFDA-funded ORS sachets and various quantities of personal protective equipment—including items such as gloves, aprons, goggles, and masks—to the Program on Essential Medicine and Supplies (PROMESS) warehouse, the GoH-and PAHO-managed warehouse and distribution system for medical commodities.

USAID HUMANITARIAN ASSISTANCE TO HAITI FOR CHOLERA

FY 2011					
Grantee	Activity	Location	Amount		
USAID/OFDA ASSISTANCE ¹					
ACF	WASH	Artibonite, Northwest Departments	\$925,000		
American Refugee Committee (ARC)	Health, WASH	West Department	\$1,144,166		
Catholic Relief Service (CRS)	Health	Artibonite, Grand Anse, Nippes, North, Northwest, South, West Departments	\$1,417,527		
CDC	Health	Affected Areas	\$275,000		
Concern	WASH	Center, West Departments	\$624,942		
U.S. Department of Health and Human Services (HHS)	Logistics and Relief Commodities	Affected Areas	\$500,000		
IMC	Health, WASH	Artibonite, Center, Northwest, Southeast, West Departments	\$1,500,000		
IMC	Health, WASH	Artibonite, Northwest, South, West Departments	\$5,785,583		
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	\$432,438		
Partners in Health (PIH)	Health, WASH	Artibonite, Center, and West Departments	\$1,500,000		
Samaritan's Purse	Health, Logistics and Relief Commodities, WASH	West Department	\$2,869,431		
Save the Children/U.S. (SC/US)	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	\$5,131,176		
	Administrative Costs		\$126,694		
TOTAL USAID/OFDA	l e e e e e e e e e e e e e e e e e e e		\$38,282,334		
	USAID/OTI ASSISTANCE				
Implementing Partners	Health, Logistics and Relief Commodities, WASH	Affected Areas	\$505,079		
TOTAL USAID/OTI			\$505,079		
	FY 2010				
Program	Activity	Location	Amount		
	USAID/HAITI ASSISTANCE ²				
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 \$40,802,41					

USAID/OFDA funding represents anticipated or actual obligated amounts as of December 22, 2010.

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:
 - o USAID: www.usaid.gov Keyword: Donations
 - o The Center for International Disaster Information: www.cidi.org or (703) 276-1914
 - o 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/

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