



CHOLERA PREVENTION IN HAITI

Final Progress Report

December 15, 2010 to May 14, 2011

(Including 2-Month No Cost Extension)

For

**THE UNITED STATES AGENCY
FOR INTERNATIONAL DEVELOPMENT**

OFFICE OF FOREIGN DISASTER ASSISTANCE

GRANT NO. AID-OFDA-G-11-00042

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Cholera Prevention Project in Haiti, Agreement #: AID-OFDA-G-11-00042

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1.0 Project Summary:

The main objective of the USAID/OFDA/WCDO Cholera Prevention Project was to prevent cholera infection and death in the selected communities through provision of appropriate and effective cholera prevention knowledge and supplies in order to enable beneficiaries to adopt life-saving behavior and practices. WCDO, in partnership with USAID/OFDA, worked with selected communities in Port-au-Prince in an effort to fight the cholera outbreak. Based on its experience and in partnership with other agencies, WCDO utilized its strong and productive relationships with churches, schools and other community based organizations (CBOs) to increase knowledge and bring cholera prevention measures to beneficiaries. The initial project duration was 4 months. However, due to a number of constraints that caused delays in project delivery, on February 24, 2011, USAID/OFDA approved a two-month no cost extension request from March 14, 2011 to May 14, 2011 in order to complete the outstanding activities.

The Ministry of Public Health (MoPH) reported on June 12, 2011, that there was a rise in the number of cholera cases reported in May and June 2011, particularly around Port-au-Prince and in the southern peninsula (Grand Anse, Nippes, South and South-East) as well as in Artibonite and Nord. MoPH also reported 344,623 cases of cholera and 5,397 related deaths (average case fatality rate 1.6%) since the beginning of the outbreak in October 2010¹. According to MoPH, between May 2 and June 12, 2011, 18,182 new cases were noted in Port-au-Prince, where 90% of the 2,300 beds in cholera treatment facilities were occupied. This increase could be attributed in part to the beginning of the rainy season and the flooding that hit the capital still reeling from the catastrophic destruction caused by the earthquake of January 12, 2010. Health education, poor access to clean water and proper sanitation remain the main challenges in fighting the pandemic. While many NGOs, including World Concern (WCDO), are scaling down operations and transferring responsibility to MoPH because of funding, PAHO/WHO is asking international donors to continue their support.

¹ PAHO/WHO Crisis Monthly highlights – June 2011

Although cholera is a life-threatening disease, its spread can be controlled and prevented through health education of the population about its transmission and management. This was the idea behind the Cholera Prevention project when it was proposed. It was intended to demonstrate that effective mobilization of communities through health education in churches and schools can significantly reduce the risk of cholera transmission.

2.0 Project Achievements

2.1 Health Sector

Objective: To provide appropriate and effective cholera prevention knowledge and supplies to project beneficiaries for enabling them to adopt life-saving behavior and practices.

Geographic Area: Port-au-Prince

Grant Start Date: December 15, 2010

Grant End Date: May 14, 2011

Cumulative figures for both targeted and reached beneficiaries for all objectives:

	Targeted:	Reached:
<i>Total Beneficiaries</i>	<i>100,000</i>	<i>115,715</i>
<i>IDPs:</i>	<i>20,000</i>	<i>23,143</i>

Indicator	Achieved (March - May 2011)	Cumulative Achieved (Dec –May 2011)
Sector: Health		
Sub sector: Health Education/Behavior Change		
Number of community members who have received target health education messages <i>Target: 100,000 individuals</i>	18,462 individuals received Cholera prevention and management health education messages.	115,715 individuals received Cholera prevention and management health education messages. <i>(Target achieved: 115.7%)</i>
Number and percent of community members practicing what they learnt during training <i>Target 85,000/85%</i>	89% of the sampled trained community members from churches and schools were practicing health education they learnt during training.	89% of the sampled trained community members from churches and schools were practicing health education they learnt during training. <i>(Target Achieved: 104.7%)</i>
Number of Households who received Cholera Kits: <i>Target 20,000</i>	38,060 Households received Cholera Kits.	71,806 Households from 291 church congregations and 193 schools received Cholera kits <i>(Target Achieved: 359%)</i>

2.2 Key Health Sector achievements during the life of grant:

Achievements during the project period for Health Sector activities include the following:

- 1,105 volunteers from various churches and schools attended a week long ‘training of trainers’ workshop organized by WCDO where they were trained as community trainers on cholera prevention, control, treatment and management of the outbreak. The volunteer community trainers, facilitated by the project, in turn became the main advocates for cholera prevention and conducted cholera prevention workshops and demonstrations in schools and churches.
- A total of 115,715 participants selected from 470 churches and 193 schools were trained in cholera prevention, preparedness and response (**Annex 1**) by the 1,105 Community Trainers. The health education/behavior change curriculum covered prevention, treatment and management of diarrheal diseases and demonstrations on ORS preparation. Emphasis was placed on practicing good hygiene and safe food handling practices, and controlling the spread of cholera by using safe water and proper sanitation. Further information was provided on the potential risks and symptoms of cholera, together with precautions to avoid cholera, and when and where to report cases.
- Over 20,000 leaflets, posters and brochures obtained from MoPH and UNICEF were disseminated to and through the participants and participating churches and schools for further dissemination of information and guidelines on cholera to the general public.
- Over 71,806 cholera prevention and treatment kits were distributed to families through churches and schools participating in the project. The kits included 30,000 jerry cans, 124,196 ORS sachets, 1,303,898 aqua-tablets, 75,216 bars of soap and 60,988 health education pamphlets (**Annex 2**). WCDO accessed some of the kit materials from IOM through a Gift in Kind (GIK) partnership agreement.
- During the no-cost extension period, a randomly selected sample of 100 persons who participated in the cholera prevention training sessions were visited to observe how they were practicing what they had learnt during training. According to the data collected, 89 of the randomly selected persons were observed undertaking targeted health education message practices including general cleanliness, hand washing after using toilet, proper preservation and handling of jerry cans containing drinking water.

2.3 Constraints encountered and how they were addressed:

Insecurity due to civil unrest caused by the unstable political situation during the presidential election, coupled with inadequate local availability of materials required for the cholera prevention and treatment kits, caused delays to timely delivery of some of the project activities. The constraints obliged WCDO to request a two-month no-cost extension in order to complete outstanding project activities.

2.4 Lessons learned:

- 1,105 community volunteers were trained to be effective health education trainers to prevent and control the spread of cholera. Easy to understand health education materials were prepared in the native language (Kreyol) of the target population. This training and the distribution of health education materials provided the basis for the sustainability of cholera prevention activities in the selected project area of Port-au-Prince.
- The intensive cholera prevention training activities contributed to the institutional strengthening of churches and schools involved in the project, and provided ground work for integration of cholera prevention activities in these participating institutions. In particular, hand washing with soap before entering churches and classrooms became a priority as a method of reducing transmission of cholera. (**Annex 3**)
- Although health education and behavior change are crucial to fighting the epidemic, other complimentary activities are essential to win this fight. Provision of safe water and sanitation is critical in reducing the impact of cholera and other waterborne diseases. 89% health education message adoption success rate in this project, coupled with provision of safe water (through rainwater harvesting) and rehabilitation of latrines also implemented by WCDO and funded by USAID/OFDA in part of Port-au-Prince (Nazon) is crucial in reducing the impact of cholera and other water borne diseases.

2.5 Overall Performance:

Despite the hindrances caused by civil unrest, insecurity and a change in the local market of the availability of materials needed for the prevention and treatment kits, the project implemented all the planned activities and made progress towards achieving project targets, aims and objectives. The end of the no-cost extension phase on May 14, 2011 concluded implementation of all the activities under the original grant. The project has contributed immensely in fighting the cholera epidemic in selected areas of Port-au-Prince. While winding down the project operations, WCDO used its long standing relationship with partner churches to urge them to continue supporting the cholera prevention activities. It urged the churches and schools to continue using the leaflets, brochures, posters and cholera prevention kits distributed through this project for reference.

3.0 Conclusion:

The project provided a seed for initiating programs for the prevention and control of cholera in Haiti. The project was also timely in the sense that its implementation commenced within three months of the cholera outbreak in Haiti. It offered appropriate and effective cholera prevention knowledge, enabling beneficiaries to adopt life-saving behavior and practices. The knowledge, attitude and practice attributes gained through the project, as well as the kits distributed, should continue to contribute to the reduction in cholera morbidity and mortality rates amongst the project's direct and indirect beneficiaries. This provides the basis for the long-term benefits and sustainability of the prevention and control of cholera.

Annexes

Annex 1: The Composition of Trained Beneficiaries

	Churches		Schools		TOTAL	
	No of Churches	Beneficiaries	No of Schools	Beneficiaries	Church/Schools	Beneficiaries
Dec 2010	9	1,824	-	-	9	1,824
Jan 2011	105	19,468	-	-	105	19,468
Feb 2011	233	29,904	65	10,934	298	40,838
Mar 2011	82	12,277	98	23,316	180	35,593
Apr 2011	31	6,180	24	7,538	55	13,718
May 2011	10	2,671	6	1,603	16	4,274
Total	470	72,324	193	43,391	663	115,715

Annex 2: Distribution of Cholera Prevention and Treatment Kits

Period	Jerry Cans	ORS	Aqua Tabs	Bars of Soap	Pamphlets	KITS
Dec 2010	2,031	4,122	61,830	2,061	2,061	2,061
Jan 2011	4,380	9,300	130,500	4,350	4,350	4,350
Feb 2011	13,561	20,722	313,260	14,407	3,589	14,407
Mar 2011	27	25,856	258,560	12,928	12,928	12,928
Apr 2011	3,426	52,272	522,720	26,136	26,136	26,136
May 2011	6,575	11,924	17,028	15,334	11,924	11,924
Total	30,000	124,196	1,303,898	75,216	60,988	71,806

Annex 3: Cholera Prevention Project – Photo Action

Demonstration on ORS Preparation



Cholera prevention training at a church hall

