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## ***Haiti – Cholera***

Fact Sheet #15, Fiscal Year (FY) 2011

January 14, 2011

*Note: The last fact sheet was dated January 7, 2011.*

### **KEY DEVELOPMENTS**

- The USAID Disaster Assistance Response Team (USAID/DART) in Haiti and USAID Office of U.S. Foreign Disaster Assistance (USAID/OFDA) Haitian surge capacity consultants are assessing areas throughout the country to determine the effectiveness of the overall cholera response and if any gaps in emergency response or prevention remain. Since January 10, fourteen Haitian surge capacity consultants have traveled throughout Haiti's 10 departments gathering qualitative information about knowledge and practices related to cholera recognition, prevention, care-seeking, and treatment. Early results indicate a general awareness of cholera prevention practices but also ongoing consumption of untreated water and inadequate hygiene practices.
- Since December 30, USAID/DART staff have visited health facilities, commodity distribution points, and water, sanitation, and hygiene (WASH) projects in West, Artibonite, and Grand Anse departments to assess caseload trends and commodity supplies. USAID/DART staff noted decreasing rates of new cholera cases and sufficient commodities to respond to needs in visited areas.

<b>NUMBERS AT A GLANCE</b>		<b>SOURCE</b>
<b>Overall Cholera Caseload</b>	185,012	MSPP <sup>1</sup> – January 9, 2011
<b>Hospitalized Cases</b>	103,532	MSPP – January 9, 2011
<b>Deaths Due to Cholera</b>	3,790	MSPP – January 9, 2011
<b>Overall Case Fatality Rate<sup>2</sup></b>	2.0 percent	MSPP – January 9, 2011

### **HUMANITARIAN FUNDING PROVIDED TO DATE FOR CHOLERA**

USAID/OFDA Assistance to Haiti for Cholera.....	\$39,466,640
USAID/OTI <sup>3</sup> Assistance to Haiti for Cholera.....	\$505,079
USAID/Haiti Assistance to Haiti for Cholera <sup>4</sup> .....	\$2,015,000
<b>Total USAID Humanitarian Assistance to Haiti for Cholera .....</b>	<b>\$41,986,719</b>

### **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 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 CFR. The plan outlines four elements: provision of chlorine to increase availability of safe drinking water; expansion of national hygiene education outreach; provision of sachets of oral rehydration salts (ORS) and medical supplies; and an increase in the number of cholera treatment facilities (CTFs), 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, and broadcasting prevention messages. In addition, USAID/Haiti grantees have procured and consigned commodities—including ORS, water purification materials, intravenous sets, lactated Ringer's (an intravenous solution), and bleach—to USAID-supported health sites and other sites treating cholera cases.

<sup>1</sup> Government of Haiti (GoH) Ministry of Public Health and Population (MSPP)

<sup>2</sup> Case Fatality Rate (CFR)

<sup>3</sup> USAID's Office of Transition Initiatives (USAID/OTI)

<sup>4</sup> 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.

- 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 193 staff providing support to the MSPP cholera response. A total of sixteen staff members remain deployed specifically for the cholera response, including eight staff members in Haiti, two staff members in the Dominican Republic, one staff member in Washington, D.C., and one staff member in Miami, Florida. 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; CTFs at health service sites where patients can receive oral rehydration and basic intravenous therapy; and CTFs dedicated to treatment of severe cases.
- The attached CTF Distribution for Haiti Cholera Outbreak Map identifies the approximate locations of cholera treatment units (CTUs) and cholera treatment centers (CTCs)—jointly referred to as CTFs—based upon data received from the Health Cluster, the coordinating body for health activities. The information presented in the map is representative of current Health Cluster data and may not reflect the total number of CTFs operational in Haiti.

### **Health**

- The Health Cluster—the coordinating body for health activities—reports that treatment of patients continues to improve as access to health facilities increases, although additional interventions are needed in remote, mountainous areas. On January 10, the Health Cluster reported 253 operational CTFs with 10,880 beds—an increase from 249 CTFs and 8,980 beds reported in late December. USAID/OFDA is funding 33 CTFs with a 1,178 bed capacity, as well as nearly 10,000 hygiene promoters and community health workers to provide cholera education and referral services, particularly in rural areas.
- On January 13, International Medical Corps (IMC) staff reported that although cases are increasing at some CTFs, the overall trend at most USAID/OFDA-supported CTFs reflects a decline in daily caseloads. IMC staff attributed the improvement to enhanced cholera prevention efforts by non-governmental organizations (NGOs). At the CTF at Robateau in Artibonite Department, for instance, the number of patients in the facility has fallen from an average of 45 per day in November to approximately 15 patients per day at present.
- On January 11, USAID/DART staff visited a CTF managed by grantee Samaritan's Purse (SP) in the vicinity of Port-au-Prince. SP indicated a decrease in the number of cases at the facility in recent weeks. SP staff reported a decrease from 200 people per day in mid-December to 17 patients on the day visited and noted that while the rate of new cholera cases has decreased, new cases in recent days have been more severe due to the long distance individuals are traveling for treatment.
- On January 6 and 7, USAID/DART members reported that health officials in Grand Anse Department reported an overall decrease in newly reported cholera cases and deaths in recent weeks and an emerging consensus among health care providers that it would be appropriate to begin planning the integration of cholera care into existing health services. The GoH and humanitarian agencies plan to position new oral rehydration points (ORPs) and treatment resources in more rural areas where new cases may continue to appear.

### **WASH**

- The Health Cluster reports that health and WASH organizations are increasingly integrating health and WASH activities to reduce the spread of cholera, highlighting the need for large-scale WASH interventions and social mobilization to reduce the spread of cholera.
- On January 12, the Camp Coordination and Camp Management (CCCM) Cluster reported that to date members have provided cholera-related WASH services to 292 of the 381 displacement camps identified as priority sites. Additionally, CCCM Cluster members have conducted 817 sensitization activities and sent 3 million text messages on cholera prevention in camps, conducted 507 hygiene promotion trainings, and established or planned 274 ORPs.
- With USAID/OFDA funding, Action Contre la Faim (ACF) has provided seed money and start-up equipment to local NGO Initiative and Development Haiti (ADH) to produce chlorine for household water purification. ADH produces nearly one thousand 25 ml bottles of chlorine solution per day, each of which purifies 5 liters of water.

**Logistics and Relief Commodities**

- Between January 11 and 13, USAID/OFDA delivered additional quantities of ORS, lactated Ringer's intravenous saline solution, and 10-liter water containers, bringing USAID/OFDA-provided total commodities to 5 million ORS sachets, sufficient to treat approximately 500,000 cholera patients; 520,000 liters of lactated Ringer's, enough to 65,000 moderate or severely affected patients; and 10,000 hard-sided 10-liter water containers, sufficient for 5,000 families.
- On January 12, CDC reported ongoing efforts to compile data on warehouse locations and supply inventory from PAHO, the Logistics Cluster, and USAID to develop a CTF distribution network map.
- On January 6, International Organization for Migration (IOM) staff reported sufficient stocks of cholera-related commodities and personal protective equipment to meet the needs of nearby affected populations in Gonaïves, Artibonite Department for the coming weeks, but noted a need for water purification tablets, chlorine, and lactated Ringer's in the coming weeks. The supplementary deliveries of USAID/OFDA-provided lactated Ringer's that arrived this week and 20 metric tons (MT) of chlorine—bringing the USAID/OFDA total to 30 MT—last week were consigned to IOM and will help augment the supply pipeline.
- On January 10, the U.N. Humanitarian Air Service (UNHAS) reported improved contingency plans to maintain basic airport functions and decrease the likelihood of interrupted transport of cholera-related commodities in the event of civil unrest. Plans include agreements with civilian airport staff to report to work on a voluntary basis under escort by the U.N. Stabilization Mission in Haiti (MINUSTAH).

**USAID HUMANITARIAN ASSISTANCE TO HAITI FOR CHOLERA**

<b>FY 2011</b>			
<b>Grantee</b>	<b>Activity</b>	<b>Location</b>	<b>Amount</b>
<b>USAID/OFDA ASSISTANCE<sup>1</sup></b>			
ACF	WASH	Artibonite, Northwest Departments	\$925,000
American Refugee Committee (ARC)	Health, WASH	West Department	\$1,144,166
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
IMC	Health, WASH	Artibonite, Center, North, Northeast, Northwest, South, Southeast, West Departments	\$7,285,583
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	\$925,013
Partners in Health (PIH)	Health, WASH	Artibonite, Center, and West Departments	\$1,500,000
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	\$5,385,505
	Administrative Costs		\$164,000
<b>TOTAL USAID/OFDA</b>			<b>\$39,466,640</b>
<b>USAID/OTI ASSISTANCE</b>			
Implementing Partners	Health, Logistics and Relief Commodities, WASH	Affected Areas	\$505,079
<b>TOTAL USAID/OTI</b>			<b>\$505,079</b>
<b>FY 2010</b>			
<i>Program</i>	<i>Activity</i>	<i>Location</i>	<i>Amount</i>
<b>USAID/HAITI ASSISTANCE<sup>2</sup></b>			
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
<b>TOTAL USAID/HAITI</b>			<b>\$2,015,000</b>
<b>TOTAL USAID HUMANITARIAN ASSISTANCE TO HAITI FOR CHOLERA</b>			<b>\$41,986,719</b>

<sup>1</sup> USAID/OFDA funding represents anticipated or actual obligated amounts as of January 14, 2011.

<sup>2</sup> 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](http://www.interaction.org). Information on organizations responding to the humanitarian situation in Haiti may be available at [www.reliefweb.int](http://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](http://www.usaid.gov) – Keyword: Donations
  - The Center for International Disaster Information: [www.cidi.org](http://www.cidi.org) or (703) 276-1914
  - Information on relief activities of the humanitarian community can be found at [www.reliefweb.int](http://www.reliefweb.int)