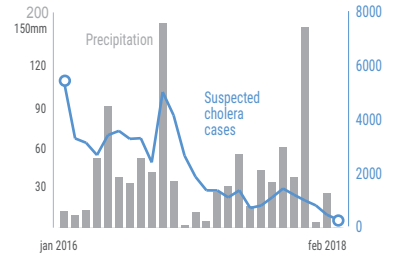
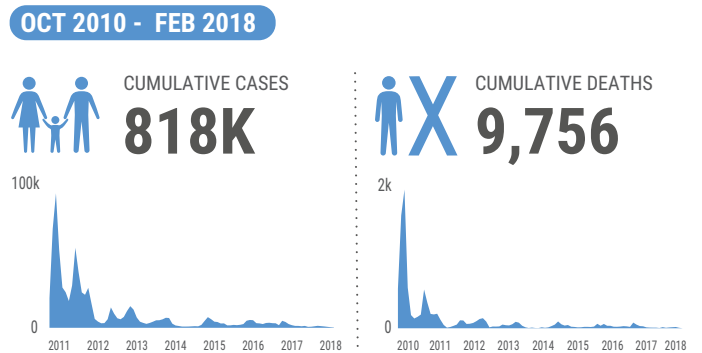
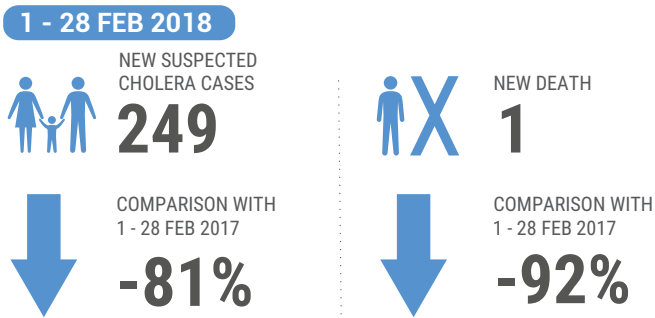


In February 2018, 249 suspected cases and 1 death were reported by the Ministry of Public Health and Population (MSPP), a decrease of 81% and 92% respectively, compared to the same period last year. Overall, 725 suspected cases were reported in the first 9 epidemiological weeks (1 January – 3 March) of 2018, with an incidence rate of 0.06%.

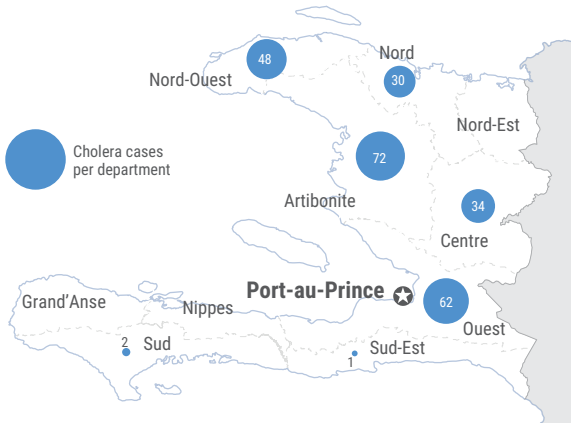
The low transmission of the disease is an opportunity to further improve the quality of the cholera response in order to cut off as quickly as possible the onset of each outbreak. All aspects of the response need to continue with the same vigor (coordination, case management, epidemiological surveillance, vaccination, and community response) so as to achieve the objective of the medium-term cholera elimination plan (PNEC) of 0.1% incidence rate at the end of 2018 and to also prevent the resurgence of the epidemic.



SUSPECTED CHOLERA CASES (DELR¹ data available)



WHERE (1st to 28th February 2018)

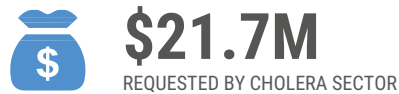


FUNDING

Through the revised 2017-2018 Humanitarian Response Plan (HRP) launched in January 2018, the cholera sector requested for \$21.7M to respond to cholera cases projected for this year and to also reach the medium-term objective of less than 11,000 cases in 2018.

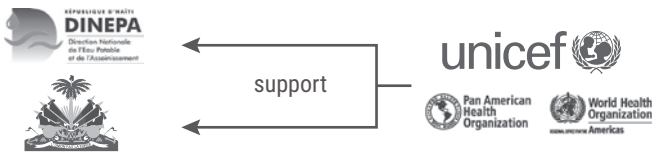
PAHO/WHO currently has USD 2M for cholera response in 2018 (\$600,000 remaining from the funding received in 2017 from MPTF² World Bank and Canada and USD 1.4 from the recently accepted CERF UFE³). For the year 2018, UNICEF has USD 5.9M (including USD 1.3M from the recently accepted CERF UFE, USD 1M from Japan under MPTF and CAD 500,000 from Canada, in addition to previous contributions⁴).

REVISED 2017-2018 HUMANITARIAN RESPONSE PLAN



RESPONSE

Coordination



PAHO/WHO and UNICEF support MSPP and DINEPA⁵ at both national and decentralised level

2 coordination meetings held twice per week in Ouest and Artibonite, the two departments currently most affected.

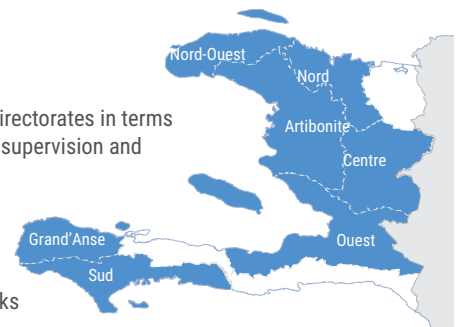
Case management



Support to departmental directorates in terms of coordination, formative supervision and evaluations of CTDA⁶



Rapid response to outbreaks in partnership with CRF⁷ (human resource support, formative supervision, small rehabilitations, supplies and equipment and inputs).



In the month of February, 7 departments were concerned.

RESPONSE (continued)

Epidemiological surveillance

PAHO/WHO supported epidemiological surveillance and the capacity of laboratories by carrying out the following activities:



8 trainings on epidemiological surveillance tools in CTDA in Artibonite and Centre departments.



Strengthened the follow-up and transport of Cary Blair by lab-motorcycle nurses in the departments of Artibonite, Centre and Ouest with:



Investigations of 4 cholera outbreaks, 3 institutional deaths and 3 community deaths in Artibonite, Centre and Ouest departments.

46 personnel trained. 84 visits to 44 CTDA by lab-motorcycle nurses. Sampling of 83% of suspected cases. 160 samples taken to laboratories or drop-off points by lab-motorcycle nurses. 221 Cary Blairs provided to institutions by lab-motorcycle nurses (100% of CTDA in Artibonite, Centre and Ouest have sufficient stock of Cary Blairs).

Vaccination



PAHO/WHO supported the planning of the upcoming reactive vaccination campaign in the commune of Saint Michel de l'Attalaye and...



...the data capture of the Oral Cholera Vaccine (OCV) post-campaign survey in the Sud and Grand'Anse departments. The analysis of the data collected is almost complete.

Community response - by EMIRAs⁸ supported by NGO⁹ mobile teams in partnership with UNICEF

	EMIRA 13	NGO MOBILE TEAMS 55	ORGs 8	PARTICIPATING NGOs	These teams carried out:
ARTIBONITE	2	18	1	ACF	1,705 interventions, including... 913 rapid responses by partner NGOs, with... 62% joint responses with EMIRA (MSPP)
CENTRE	1	9	4	ACTED, CRF, IFRC, Intermon Oxfam	
GRAND'ANSE	1	1	1	ACTED	
NIPPES	1	1	1	SI	
NORD	1	2	1	Intermon Oxfam	
NORD-EST	1	1	1	Intermon Oxfam	
NORD-OUEST	1	1	1	ACF	
OUEST	2	20	6	ACTED, CEDUCC, CRF, IFRC, SI, Zanmi Timoun	
SUD	1	1	1	ACTED	
SUD-EST	2	1	1	SI	

Community response activities - 1st January to 3rd March 2018 (First 9 Epidemiological Weeks)



Response rate

1,020

Number of responded cases by response teams (including cases of acute diarrhoea)



Sensitization

167,164

people sensitized during rapid responses and preventive actions



Water Protection

14,592

of households that received at least one home water treatment product

98%

suspected cholera cases responded to during the first 9 weeks

96%

response within 48 hours

684

Number of days of active emergency water chlorination points across the country

¹Directorate of Epidemiology, Laboratory, and Research ²Multi-Partner Trust Fund ³Central Emergency Response Fund - Underfunded Emergencies ⁴Contributions of Canada, Japan, UNICEF France and Spain Committees and UNICEF Internal Fund ⁵National Directorate for Potable Water and Sanitation ⁶Centre for treatment of acute diarrhoea ⁷French Red Cross ⁸MSPP Rapid Mobile Intervention Team ⁹CRF & IFRC and CEDUCC & Zanmi Timoun are not involved in the rapid response however they implement community-based surveillance and hygiene awareness respectively

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Update date: 29 March 2018 Sources: Accuweather, MSPP, PAHO/WHO, UNICEF Feedback: ocha.haiti.IM@gmail.com <http://haiti.humanitarianresponse.info/> www.reliefweb.int