

This report was issued by OCHA Haiti. The next report will be issued on or around 21 December.

I. HIGHLIGHTS/KEY PRIORITIES

- The Ministère de la santé publique et de la population (MSPP) has reported 2,535 deaths and 58,190 hospitalization cases due to the cholera outbreak, as of 14 December. The overall case fatality rate is 2.2 per cent nationwide.
- An increase in cholera cases is reported in the Artibonite and the West Departments where there is a noticeable lack of water, sanitation and hygiene (WASH) actors present.
- There is an urgent need for ambulances in Grande Anse where only one is available to transport cholera patients for the entire Department.
- The security situation could still deteriorate in the upcoming days, with the announcement of final results of the first round presidential elections. The impact on the humanitarian response to the cholera epidemic could be severe.

II. Situation Overview

Since the beginning of the cholera outbreak, the MSPP has reported 2,535 deaths and 58,190 hospitalizations due to cholera, as of 14 December. The overall case fatality rate remains at 2.2 per cent nationwide. There is no clear indication about whether this trend is decreasing, since it varies from one week to another. The data provided by the MSPP shows that the nationwide case fatality per day was 59 deaths on 9 December; it went down to 12 deaths on 11 December, before rising to 54 deaths on 14 December.

Another trend is that the overall case fatality rate nationwide is higher, almost twice, than the case fatality rate of 1.2 per cent in the Port-au-Prince metropolitan area. As stated in the previous report, the disparity could be explained by the fact that medical facilities are much more accessible in the city than in remote rural areas, where patients are typically in a more severe state upon reaching medical facilities. The conclusion is that cholera response activities should urgently focus on the Grande Anse, Nippes, North and Northeast, Departments where large populations live in rural areas.

In Grande Anse, an OCHA field mission from 14 to 17 December reports that while the health response is ongoing with Médecins du Monde (MDM), Médecins Sans Frontières (MSF) and the Cuban Brigade, multi-sector response has not yet started. The report also indicates that an improvement in reporting caseload and other data at MSPP-run health facilities would improve coordination and response in the Department. Other problems include the lack of ambulances for the transportation of patients to cholera treatment facilities, the burial of dead bodies and disposal of excreta. Among other recommendations, there is an urgent need to increase WASH activities, especially in remote areas, and to provide technical support and coordination with awareness raising campaigns.

III. Humanitarian Needs and Response

Health

An increase in cholera cases has been reported in the Artibonite and West Departments where there is a noticeable lack of WASH actors. From 20 October to 11 December, there were 17,400 severe hospitalized cases and 804 deaths in Artibonite.

In support of the MSPP, experts and epidemiologists from the Pan-American Health Organization/World Health Organization (PAHO/WHO), the Cuban Medical Brigade and the Center for Disease Control (CDC), implemented the contingency plan for emergencies, focusing on surveillance, alert and response, and departmental coordination. PAHO/WHO will support the Government with communication equipment in five departments. An epidemiology support group to the MSPP will be formed at the Ministry's Alert and Response Cell in the PAHO premises. This group offers coordination support at the departmental level in five departments (Grande Anse, Nippes, North, North-West, South). PAHO/WHO epidemiologists together with

the MSPP and the partners have finalized the selection of seven Haitian epidemiologists, who will each support a department to produce and report data.

The Spanish Agency for International Cooperation and Development (AECID) has sent four aircraft and one ship with humanitarian supplies to Haiti. The value of the more than 90 tons of medicines shipped to date is over 220,000 euros.

Distribution of supplies through child protection partners continues unevenly given bottlenecks in supply distribution. Access to remote areas is particularly difficult given capacity constraints.

Water Sanitation and Hygien (WASH)

The DINEPA continues its activities of distribution of soap, water purification tablets and other WASH materials. On 18 December the first distribution of chlorination materials targeting 400,000 families will be launched. A total of 56,306 soap boxes, 21.5 million of water purification tablets, 2085 Kg of chlorine powder, 491 gallons of bleach and 1053 water filters has been distributed since the cholera epidemic started on 22 October. This week the World Bank has proposed to the DINEPA to fund an “Emergency response capacity reinforcement project” for a total of \$1.5 million dollars.

The International Federation of Red Cross and Red Crescent Societies (IFRC) health team in Léogâne carried out a survey among 3,094 people to evaluate community understanding of previously disseminated messages on cholera. Approximately 43 per cent of the interviewees were confident about ORS preparation.

In Port-au-Prince, UNICEF continues to support the de-sludging of 1,300 latrines in camps for an estimated population of about 200,000 people. DINEPA, with support of IOM, has completed distributions of water purification tablets and soap to all camps and communities in Cité Soleil that don't have WASH actors. Distributions are underway in the other six metropolitan communes.

Gaps & constraints

The WASH Cluster reports a need to better utilize existing local networks, community structures and local authorities; to map existing structures and systematically integrate their engagement in hygiene promotion activities in every department, especially in the remote rural areas with no WASH actors. The lack of access of many local authorities to cholera prevention and hygiene messages is a source of concern.

The major gaps and constraints also include lack of information on septage disposal sites in departments and lack of hygiene and sanitation facilities in markets. Also, as food handling has been identified by WHO as a key transmission route of cholera in Haiti, it is important to focus on the hygiene and sanitation conditions at markets and street food vendors.

In the Northwest, there is an urgent need for additional actors for chlorination of rural and urban water networks. At least 2 million water purification tablets, 1,000 soap boxes and 800 Kg of chlorine powder are still needed immediately in the Southeast Department.

In the West Department, the disposal of dead bodies remains a pressing challenge. The Cluster reports that authorities need to give authorization for the use of identified sites. Funding for critical water trucking activities is running out, particularly in Port-au-Prince.

Camp Coordination/Camp management (CCCM)

The International Organization for Migrations (IOM) has modified its approach for the establishment of Oral Rehydration Points (ORPs) in light of the unstable security situation, which prevented planned activities last week. IOM now aims to secure a minimum treatment capacity to provide oral rehydration salts (ORS) to camp residents suffering from acute diarrhea. At least 261 camp focal points from 61 sites have been trained in operating ORPs, and materials have been delivered this week taking the total number of ORPs functioning in priority camps to 74. IOM plans to ensure access to ORPs in 250 priority sites identified by the Camp Coordination/Camp Management (CCCM) Cluster as priority sites

Gaps & constraints

CCCM partners need consistent supply of WASH materials such as soap, water purification tablets, and latrines in order to address the humanitarian needs in camps, particularly after a week of irregular service provision.

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Nutrition

The nutritional response for malnourished children is based on the national strategy which requests that each child under five discharged from a CTC/CTU be screened and either receive a pot of Plumpy Doz equivalent to a one-week ration if found to be well nourished; a five-day ration of Supplementary Plumpy if moderately malnourished or be referred to a supplementary feeding program if severely malnourished.

Information messages printed by UNICEF/MSPP on 10,000 T-shirts promoting breastfeeding in the cholera context started being distributed throughout the country this week, given that breastfeeding promotes a strengthened immune system against diseases such as cholera. Technical assistance for the training of health staff on rehydration techniques of cholera infected malnourished children admitted to CTCs/CTUs in the Artibonite, North and Southeast Departments have been completed, in addition to trainings already conducted last week in Grand Anse and Artibonite.

Since the start of the cholera response, approximately 5,650 beneficiaries have received over 125,000 Meals Ready to Eat (MRE) rations and 11 metric tons of dry rations.

Gaps & Constraints

With the holiday season approaching, partners and agencies are reducing their presence on the ground to a minimum. Areas of limited coverage include Nippes, South and Southeast Departments, while three departments in the north have prevention/promotion capacity but none for case management support. The Center and Grande Anse Departments have some capacity for case management support but limited outreach coverage for prevention/promotion activities.

Education

Schools will close for the holiday break, increasing the need to strengthen messages on cholera targeting households and communities in order to reach children. Despite a return to normalcy after the recent election-related civil unrest, there remains a concern that schools could close again.

As of today, activities such as hygiene promotion and treatment of water have been conducted in 8,000 schools. This week, UNICEF has finalized partnerships with BAEH, CRS and World Vision to implement cholera prevention activities in 3,214 schools to benefit 762,800 children and 19,295 teachers, out of 5,000 schools targeted nationwide. According to the Education Cluster information unit, as of December 2010, more than 542 schools have already been rebuilt/rehabilitated or are in the process of being rebuilt/rehabilitated.

Gaps & constraints

Some partners are reaching the limit of their capacity to conduct cholera prevention in schools, both financially and in terms of human resources, while more than 40 per cent of the school network still needs to be supported.

Protection

Increasing cholera cases among children continue to be reported and there is an urgent need for public awareness campaigns. Advocacy efforts are necessary to ensure humanitarian actors have access to beneficiaries, especially children and their care-givers, during this politically volatile situation. In order to diversify and expand coverage to children and their caregivers, UNICEF along with partners launched a social mobilization campaign targeting religious leaders and their respective communities.

Gaps & Constraints

There is a need to educate communities in relation to voodoo priests who are seen in some localities as the cause of the epidemic. Reinforced awareness campaigns are critical to respond to this issue. Campaigns are also needed to address the stigmatization of people affected by cholera.

Communications

Several organizations are accelerating their training and awareness programmes on cholera prevention treatments as well as scaling up their community mobilisation capacities. The United Nations Office for Project Services (UNOPS) for instance is gradually scaling up from 36 to 50 community mobilizers, conducting sensitization activities covering several camps and neighbourhoods in Croix de Bouquets. The

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International Rescue Committee (IRC) developed a poster for Human Rights Day on 10 December which is being used and distributed by other NGOs during their community awareness programmes.

In Port-au-Prince, several actors including Action Contre la Faim (ACF) continue cholera prevention and information campaigns reaching tens of thousand of beneficiaries per day. In the cholera hard-hit region of Artibonite, ACF organised a two-day training of trainers while training mobilisers in Léogâne has started this week.

The 20-minute programme '*Enfomasyin Nou Dwe Konnen*' (ENDK), produced by Internews and relayed on 41 radios stations across Haiti, informed its audience that CTCs will remain open during the Christmas period. The Programme also brought on air a pediatrician to talk about breast-feeding and cholera. The first round of mapping of Cholera Treatment Centers (CTCs) and Cholera Treatment Units (CTUs) in the West has been completed.

Logistics

The prepositioning of trucks from the inter-agency fleet and airlifting of WASH and health items continue. Altogether 40 metric tons of health and WASH items were moved from Port-au-Prince to Gonaives, Jacmel and Miragoane by trucks since 14 December, while the earthquake response is ongoing.

Gaps and constraints

An increased demand for storage from various humanitarian actors has been reported.

Lack of storage space near the helicopter loading site in Port-au-Prince created delays in getting supplies delivered. The United Nations Stabilisation Mission In Haiti (MINUSTAH) provided ground space and four containers near the helipad to provide the necessary storage space.

Contact Information

Head of OCHA Haiti (a.i.), David Carden

E-mail: carden@un.org

Tel: + 509-3491-7268

Head of Communications (a.i), Maurizio Giuliano

E-mail: giuliano@un.org / Mauriziogiuliano_1975@yahoo.com

Tel : + 509-3702-5182

Skype :mauriziogiuliano1975

Spokesperson, Emmanuelle Schneider

E-mail : schneider1@un.org

Tel : + 509-3702-5176

Reports Team: Abdourahmane Diallo, Jessica DuPlessis,

E-mail: ocha.haiti@gmail.com , diallo57@un.org

United Nations Office for the Coordination of Humanitarian Affairs, (OCHA) Haiti, Boulevard Toussaint Louverture et Clercine 18, Port-au-Prince, Haïti.

For more information on the response in Haiti, please visit:

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