

Operations update



International Federation
of Red Cross and Red Crescent Societies

Haiti and the Dominican Republic : Cholera outbreak – response and preparedness

Emergency appeal n° MDR49007
GLIDE n° EP-2010-000210-HTI
Operations update n° 5
27 May 2011

Period covered by this Ops Update: 1 March 2011 to 30 April 2011.

Appeal target (current): 13,741,932 Swiss francs.

Appeal coverage: 85%; [<click here to go directly to the updated donor response report, or here to link to contact details >](#)

Appeal history:

- On 28 October 2010, 78,853 Swiss francs were allocated from the Disaster Relief Emergency Fund (DREF) of the International Federation of Red Cross and Red Crescent Societies (IFRC), for preparedness activities in the Dominican Republic related to the cholera outbreak in Haiti.
- A Preliminary Appeal of 5,946,897 Swiss francs was then launched on 3 November 2010 to support the Haitian Red Cross and the Dominican Red Cross to assist 345,000 beneficiaries (80,000 beneficiary families) in Haiti and 150,000 people (30,000 families) in the Dominican Republic for six months.
- An Emergency Appeal was launched on 23 December 2010 for 13,441,932 Swiss francs – including Emergency Response Units (ERUs) – to assist 500,000 people (100,000 families) in Haiti for up to a year and 150,000 people (30,000 families) in the Dominican Republic for up to six months).
- This Operations Update n° 5 features a six-month extension of the implementation timeframe in the Dominican Republic.



Haitian Red Cross volunteers being trained in March on cholera prevention and hygiene promotion in communities. Photo by Dominique Boussard

Summary: The cholera outbreak began in October 2010 in the Haitian department of Artibonite and extended throughout all ten provinces of the country, including those areas affected by the January earthquake. As of the 29 April 2011, the Ministry of Public Health and Population (MSPP) reported cumulative cases of 291,707 with 157,222 hospitalizations and 4,938 cholera-related deaths. Across the Dominican Republic, the Ministry of Health reported 993 confirmed cases of cholera to date (191 cases in 2010¹ and 803 cases in 2011) and the Ministry has intensified its cholera surveillance nation-wide.

This Appeal aims to support the affected and vulnerable population following a four-pronged strategy in accordance with the Haitian Red Cross Cholera Response Plan of Action and with the directives: Group activity I)

¹ Epidemiological weeks 45-52.

water supply, Group activity II) sanitation, Group activity III) preventive health and hygiene promotion and Group activity IV) curative health facilities. In the Dominican Republic, this Appeal aims to ensure access to safe water as well as preventive, health and hygiene promotion activities. In accordance to this strategy, this Operations Update no. 5 highlights the activities accomplished by both National Societies within the reporting period in the aforementioned Departments and in logistics. Furthermore given the general decline in incidence of cholera in Haiti over the reporting period, it also reflects the Movement's steps towards a scale-down of the cholera response and developments in contingency planning in the event of future outbreaks. As such a new section entitled Contingency planning has been introduced into the Update.

Since the beginning of the outbreak Red Cross partners in Haiti have been mobilizing all available resources to address the emergency. The Haitian Red Cross with support from the IFRC and Partner National Societies (PNS) in the country continue to reach those who are both affected by, and vulnerable to cholera with prevention and hygiene awareness messages through specially trained volunteers. In addition, the Haitian Red Cross continues to provide ambulance services for cholera patients in the metropolitan area. The IFRC and PNS have deployed Basic Health Care Emergency Response Units (ERUs) to provide assistance to the vulnerable population. There are currently 8 PNS in the country carrying out cholera response activities including: managing Cholera Treatment Centres (CTC), Cholera Treatment Units (CTU), establishing Oral Rehydration Posts (ORP), water and sanitation, prevention and hygiene promotion and distribution of hygiene items.

Finally, this Appeal is running separately but in parallel to the IFRC Earthquake Appeal launched in January 2010. The programmes of both appeals are interconnected and mutually reinforcing with complimentary of activities notably across the IFRC Health, Water and Sanitation, Communications and Logistics Departments. Together these Appeals work to support the essential needs of the Haitian population that has endured two disasters in 2010. They also seek to deliver material, logistical and technical support to the Haitian Red Cross in furtherance of its role as an auxiliary support service to the Haitian Government.

In the Dominican Republic, the Dominican Red Cross Disaster Preparedness and Risk Reduction programme mitigates the impact of cholera through training in the border provinces and vulnerable communities in urban areas. Its activities have reached 29,234 people, including Haitian population displaced by the 12 January earthquake. The programme has extended its timeframe in order to carry out health and hygiene promotion activities in preparation for the rainy season and the possible deterioration of sanitary conditions.

The situation

The first case of cholera was confirmed at the Haiti National Public Health Laboratory on 22 October. The epidemic swiftly spread along the Artibonite River from the mountains of Mirebalais to the coastal areas of the Delta, and in the process covered the Central, North, North West, West and Southern provinces. The IFRC, already engaged with the earthquake response, immediately made efforts to make capacity and funds available to support the Haitian Red Cross, and Red Cross partners in treating the growing population of affected Haitians.

Incidence of cholera continues to decline from the highs recorded over November and December 2010. During March the Ministry of Public Health and Population (MSPP) reported 20,368 cases of cholera with 9,639 hospitalized and 107 deaths. In April the MSPP reported 18,267 cases of cholera with 11,070 hospitalized and 156 deaths.² Over both months incidence continued to be greatest in the South East province (8.1 per cent) followed by Grand Anse (5.2 per cent) and Nippes (4.2 per cent).³

The overall decline is largely attributed to greater awareness of cholera and its prevention across communities and camps through targeted interventions by local and international actors including the International Red Cross and Red Crescent Movement particularly in those areas of high population density where cholera was most likely to spread (i.e. camps for the internally displaced). Furthermore, cholera testing conducted by NGOs suggests that a growing percentage of cases appear to be diarrheal conditions rather than cholera. As such many international NGOs are planning or preparing their withdrawal from the cholera response, while programmes targeting the post-earthquake recovery are again taking priority. Where peaks are observed in some CTCs it is not clear the extent to which this reflects actual increases or being burdened with an additional case load following the closure of temporary cholera response facilities in the neighbouring area. Nonetheless with the upcoming rainy season the IFRC, the Haitian Red Cross and PNS continue to monitor the situation in communities and camps closely.

² Determined from analysing cases at the beginning and end of month of April.

³ Ministère de la Santé Publique et de la Population : Rapport de cas 29 Avril 2011.

The Epidemiological Bulletin no. 18⁴ of the Dominican Ministry of Public Health reported 803 confirmed cases of cholera for the present year and a cumulative of 13 deaths. The following table depicts the number of cases in provinces where the Dominican Red Cross has reported activity:

Province	Confirmed Cases 2010	Confirmed Cases 2011	Deaths
Azua de la Compostela	9	62	1
Baoruco	1	23	0
Barahona	0	3	0
Distrito Nacional	1	106	2
Dajabón	7	3	0
Duarte	0	2	0
Elías Piña	53	32	0
Independencia	16	37	0
La Romana	0	26	3
Monte Cristi	3	47	0
Monte Plata	0	3	0
Pedernales	0	59	1
Peravia	0	0	0
Puerto Plata	0	9	2
Samana	0	0	0
San Juan de la Maguana	36	79	0
Santiago	33	129	1
Santo Domingo**	18	65	2
Total Intervention area	167	597	11
Country-wide Total	191	803	13

The cumulative number of confirmed cases since the beginning of the outbreak in October 2010 is 993 in the Dominican Republic. As there is a general concern among Humanitarian actors and the Government for the upcoming rainy season and the possible spread of the disease due to deterioration of sanitary conditions in the country, the Dominican Red Cross (DRC) continues its awareness-raising campaigns covering the most affected areas. DRC volunteers have received PHAST and epidemic control training to reinforce training in the targeted provinces and extend health and hygiene promotion where it is needed.

Key Developments

Contingency Planning while Responding to Cholera Alerts

While not necessarily at epidemic proportions, it is clear a particularly virulent strain of cholera is now endemic in Haiti making the country acutely vulnerable to future outbreaks.⁵ The post-earthquake rise of crowded and informal settlements, cyclical wet seasons and a severely limited hygiene and sanitation system creates the perfect conditions in which cholera outbreaks can thrive with devastating impact. However, given that there had been no incidence of cholera in the country for over a century, assessing the extent of Haiti's vulnerability to such outbreaks is uniquely challenging. Humanitarian actors such as the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) have tried nonetheless to identify standard vulnerabilities from those areas where cholera is repeatedly reoccurring. Causative factors comprise high risks of flooding, excessive surface water pooled under the top layers of soil, absence of safe water, high population density, high incidence area, a history of high incidence of cholera and a history of high fatality rates from cholera. Vulnerable areas therefore are communes where such conditions are rampant and, unfortunately, where targeted interventions are highly challenging. Based on these findings tentative analyses by the World Health Organization/Pan American Health Organization (WHO/PAHO) have identified the West, South and South East as areas where an outbreak could reasonably be expected to occur. The impact of the outbreak is likely to be determined by access to safe water and sanitation facilities, as well as the capacity of health structures to respond. With these realities the reporting period was characterized by contingency planning across the Movement to ensure a rapid and coordinated response to cholera.

⁴ <http://www.sespasdigepi.gob.do/documentos/Boletin%20Semanal%202011/BoletinEpidemiologicoSemanal-SE18-2011.pdf>

⁵ Final Report of the Independent Panel of Experts on the Cholera Outbreak in Haiti, May 2011.

With much of Haiti's populated areas still demonstrating the aforementioned vulnerabilities, the IFRC Cholera Department is scaling down its programme with particular caution. Over the period the Department, in collaboration with the IFRC Disaster Preparedness and Disaster Reduction Response team, began development of a Cholera response contingency plan which will act as a component of the *National Contingency Plan on Combating Cholera*. This has included coordinating the scale down of the PNS and the increasing handover of tasks to the Haitian Red Cross with the aim of organizing essential response capacity to be rapidly re-deployed. Given the limited capacity of existing health facilities, practically this involves ensuring supplies are in place and the packed CTUs notably of the Canadian, German, Haitian and Japanese Red Cross Societies remain on standby. With the Haitian Red Cross and PNS providing direct support to the CTCs and CTUs since the outbreak began, they have been invited to identify cholera response needs in vulnerable areas and their assessments continue to be incorporated into the contingency plan under the central objectives of community mobilization; water, hygiene and sanitation and support to health facilities. Running in parallel to this plan's development, the IFRC Cholera Department is also guiding initial efforts to pre-position vital stock centrally and across the country where possible.

Furthermore with fewer cases to be treated, cholera prevention activities are increasingly championed as a method of addressing and mitigating the now endemic nature of cholera in Haiti. The IFRC's Departments of Cholera and Health are working closely with the Haitian Red Cross and the MSPP to support approaches that seek to raise awareness of cholera and hygiene promotion amongst the Haitian community. This is in combination with advocating for strengthening the health care system, its facilities and professionals.

CTC/CTU Hand over

At the close of April the **Norwegian Red Cross** handed over its activities to the Haitian Red Cross. The Society's Mobile Unit ERU was deployed to Jérémie, Grande Anse where 15,237 cumulative cases of cholera, and 838 deaths had been reported by 4 April 2011. From the onset of the ERU cholera response, the Society trained 18 Haitian Red Cross volunteers in epidemic control, with two being trained to coordinate field activities in cholera prevention, early treatment of cholera, and disinfection of households and small clinics at the community level. A key objective was to implement a training cascade across a volunteer focal point system made up of 143 focal point volunteers trained in household disinfection. At the point of handover, this Mobile Cholera Team and the Haitian Red Cross had directly reached 7,863 inhabitants of the Grande Anse province with its activities. The remaining equipment will continue to strengthen the Haitian Red Cross Jérémie branch office capacity and ability to respond to future outbreaks, and medical items will be used by the Haitian Health Foundation's rural clinics in the area.

Noting a decline in the number of admitted patients over the period (under 20 cases), the **Swiss Red Cross** also began discussions with local authorities on knowledge transfer and implementing an exit strategy. It was decided that in May the CTC will be converted into a CTU to be located either in the hospital in Grand Goave or on its current site in Grande Goave.

Between 13 December 2010 and 30 April 2011, the **Canadian Red Cross** ERU managed a CTC in Carrefour which delivered medical care to more than 1,600 patients. With the support of the Haitian Red Cross and its volunteers 11,000 households benefited from the distribution of its cholera prevention messages, aqua tabs and bars of soap. The Canadian Red Cross transferred the CTC in Carrefour to the management of the Haitian Red Cross for a number of weeks before it was finally closed and the stock stored for rapid deployment in the event of a future outbreak.

After consultations with the MSPP and hospital staff, the **Japanese Red Cross Society** also continued preparations for handing over the CTU under its management in Port-a-Piment to the local hospital. This has been combined with pre-positioning stock in the hospital and dispensaries of Roche-a-Bateau and Chardonnières. A further component of this handover has included 47 medical and non-medical staff of the CTU receiving training over two days on cholera case management and hygiene promotion (13 from Port-a-Piment hospital, 10 from Coteaux, 9 from Roche-a-Bateau, 5 from Randel, 4 from Tibron, 3 from Damassin, and 3 from Carpentier).

In the South department, the **British Red Cross** began making preparations to pre-position stocks of cholera response materials for 66 MSPP community agents who were originally trained by this Partner National Society in March and includes provision of a cholera kit to each community agent.

Finally the **German Red Cross** packed up the 21 beds, tents and equipment of its CTU in Arcahaie for storage in the local warehouse in the area. The CTU had operated as planned from 30 October 2010 to 30 April 2011 and treated 1,324 cholera cases (324 cases beyond its target). Its affiliated mobile hygiene promotion team gave 184 hygiene promotion sessions in the commune over the period. A contingency plan for the future use of the CTU was given to the MSPP while 22 volunteers of the Haitian Red Cross were trained to deliver community-based health promotion in the Delice areas of Bawo Michel, Bazin and Jean Dumas.

Coordination and partnerships

Since the beginning of the outbreak the Movement has been actively participating in the relevant Cluster and Government coordination meetings (i.e. the Water, Sanitation and Hygiene Cluster, Health Cluster, Logistics Cluster) as well as sub-cluster and inter-cluster forums on a weekly basis. In addition, the IFRC and the Red Cross National Societies present in Haiti work in collaboration with the HRC and with the MSPP, the Department of Civil Protection (DPC), and PAHO/WHO with regard all activities related to cholera.

The Dominican Red Cross is integrated to the Dominican disaster management system and its Disaster Preparedness and Risk Reduction programme answers to a governmental request. Supported by the IFRC, the DRC uses the Information, Education and Communication (IEC) strategy and messages agreed with the Ministry of Health, the Ministry of Education and the Humanitarian Working Group in the country. The DRC's plan of action is in line with the National Cholera Plan of Action. Furthermore, the DRC seeks solutions to support UNAIDS networks in Santo Domingo aiming to reach people living with HIV and their families.

Within the Movement, the DRC Disaster Preparedness and Risk Reduction programme is supported by the IFRC (channelling American Red Cross, Japanese Red Cross Society, Brazilian Government and ECHO funds through the appeal) and the Spanish Red Cross. During the previous months, coordination meetings were held regularly to ensure synergy.

While in the border provinces there is a de facto cooperation among the Dominican Red Cross and the Haitian Red Cross, in early May the executive directors and representatives from both National Societies and from the IFRC held a two-day meeting to design a coordinated contingency plan of action for the incoming Hurricane Season. This was an opportunity for the IFRC's Pan American Disaster Response Unit (PADRU), Regional Logistics Unit (RLU), the Emergency Health Coordinator, and both National Societies to evaluate their capacities and draft formal coordination procedures for an island-wide response to disasters. The Hispaniola Hurricane Season Contingency Plan is currently under revision by the correspondent National Societies' authorities.

National Society Capacity Building:

The Haitian Red Cross, with the support of the IFRC is contributing to the national cholera response in the four groups of activities: I) water supply, II) sanitation, III) preventive health and hygiene promotion, and IV) health facilities. The active engagement of Red Cross volunteers has been crucial in the cholera response at the community level. Volunteers are responding to outbreaks and supporting cholera prevention awareness-raising activities in health care facilities, schools, communal areas and markets throughout the country.

As the Haitian Red Cross undertakes more programme activities, the IFRC Cholera Department developed an internal programme reporting system to collect programmatic and financial data. Two focal points within the Haitian Red Cross were identified and given training on its implementation. This training process, including training of these focal points themselves to become trainers will continue into May and June and involve demonstrations on programme reporting across the 13 branches of the Haitian Red Cross.

During the first phase of the operation in November 2010, 209 Dominican Red Cross volunteers received training in epidemics control with a focus on cholera in order to carry out initial training in the target communities. Twenty-seven of those volunteers also received training for carrying out spraying in cholera patients houses in the border provinces with support from the Spanish Red Cross.

For the second phase of the programme, 29 volunteers carrying out community training have been selected for a training of trainers course taking place in April 2011. The new trainers have already started cascade training with volunteers in the branches allowing them to train population on how to treat the disease and to develop better hygienic habits under the Epidemic Control for Volunteers (ECV) and PHAST methodology.

Red Cross and Red Crescent action

The following outlines the cholera-related activities for those PNS who either completed their activities or who did not request any major logistical support over the reporting period from the IFRC.

In cooperation with the **Finnish Red Cross**, the **Swedish Red Cross** has completed its programme, supported by the IFRC, on community health and cholera prevention in Port-au-Prince. Running from September 2010 until 30 April 2011 the programme was designed to reduce mortality and morbidity associated with water and sanitation related diseases such as cholera. This was achieved through improved hygiene awareness in the camps and capacity building of HRC volunteers.

Over the period the program distributed 51,000 bars of soap, 1,100,000 aqua tabs, 12,400 doses of oral rehydration salts (ORS), 250,000 posters on hygiene promotion and water and sanitation diseases such as cholera, 2,800 pairs of gloves, 840 jerry cans, 8 cleaning kits and 200 hygiene kits over three IDP camps. In Saint Marie 9,401 activities in hygiene promotion took place, in De Louise a further 6,102 such activities took place, and in Place Jérémie 6,039 of these activities were also conducted. During the period, trainings of volunteers were performed by the IFRC on cholera prevention. Hygiene promotion training was also performed by Haitian Red Cross (60 trainings hand washing; 60 trainings in cholera prevention and use of ORS; 45 trainings focused on hygiene promotion).

The French Red Cross waste management team and the IFRC Water and Sanitation team have been continuing the gabion works in Delmas 9 of Port-au-Prince, rehabilitating the canals and sewage system in the area. The French Red Cross has also been implementing preventive disinfection sprayings in schools, markets and camps in Maïs Gâté, Cité Militaire, Delmas 33 and Delmas 18. A total of 5,360 people benefited from family awareness sessions, 122 disinfection interventions were made and 270 houses were disinfected since the beginning of the intervention. In Bas Artibonite, the CTCs, health centres and dispensaries of Dessalines, Verrettes, Saint Marc, Desdunes and Petite Rivière de l'Artibonite are still being supplied through water trucking also organized by the French Red Cross. An average of 41,000 gallons is distributed weekly. In Bas-Artibonite, 6 water treatment stations have been repaired and the French Red Cross is rehabilitating the water network of Duclos (Desdunes). During the reporting period, the French Red Cross continued supporting CTUs and CTCs with materials and training of health professionals in the metropolitan area of Port-au-Prince. This PNS is implementing a successful collaboration strategy which works closely in reinforcing the CTCs and medical facilities that were in existence before the cholera epidemic. The French Red Cross also operates across the largest number of health facilities including 22 functional CTUs in Port-au-Prince, Delmas, Croix des Bouquets, Pétion Ville, Kenscoff and Petit-Goâve, including rehabilitating the Gheskio Bicentenaire Health Centre. To date these have treated more than 5,180 cholera cases, with 365 cholera cases in April and supported the removal of 28 individuals who had died from the disease. A transport system operated by the French Red Cross has also collected more than 712 people suffering from cholera since the onset of the epidemic. The French Red Cross hygiene promotion sessions are still ongoing in schools, markets and tap stations, and since October it has reached 226,000 persons across the IDP camps of Port-au-Prince, and a further 257,720 in Artibonite. The French Red Cross installed 6 ORPs at the end of March in Port-au-Prince IDP camps and 210 cholera cases had already been treated in these points by the end of the reporting period. A further 40,000 people benefited from hygiene promotion activities implemented by the staff operating these ORPs. A further 120 ORPs were installed in the 5 communal sections of Kenscoff and in the 5 communal sections of Pétionville where more than a thousand medical staff were trained in cholera treatment and disinfection protocol.

The **German Red Cross** hygiene promotion team also held 184 sessions on cholera prevention in remote areas of Arcahaie. In the process 27,526 beneficiaries received messages on hand washing, drinking water disinfection and ORS use. The team also distributed ORS, aqua tabs and bars of soap.

The **Netherlands Red Cross** together with the HRC has been responding to the outbreak by training 16 trainers and 208 volunteers on cholera prevention and health education. Approximately 97,686 people have received specific messages on cholera prevention and cure through hygiene promotion sessions in the most affected areas in the communes of Jacmel, Marigot, Cayes Jacmel and La Vallée in the South East department. Since November 2010, 11,008 families have been reached on hygiene promotion, with 9,962 receiving cholera prevention kits (comprising jerry cans, bars of soap, aqua tabs, leaflets and sachets of ORS). A further 148 schools have received cholera and hygiene promotion awareness messages. Fifteen ORPs are operational and 46 chief brigades have been trained for ORPs. Twenty-eight disinfection agents have been trained and 36 houses have been disinfected. Each ORP has one 18m² shelter, 1 latrine, 1 water tank (2,500l capacity) with a system of rain recycling and are staffed with 1 health agent (the brigade chief) along with 2 health promoters from the local

community. There are 2 ORPs in each of the 23 communal sections of the targeted zones, each benefiting from a disinfection team of 2 people.

The **Spanish Red Cross** completed its Cholera Response Project which ran from 22 October 2010 to 31 March 2011 in Artibonite (Marchand Dessalines, L'Estere La Croix and St. Marc), Port-au-Prince (22 IDP camps), Léogâne (14 communes where the Spanish Red Cross is working with the Shelter programme) and Sud East (Jacmel, Cayes Jacmel and Marigot). In the 22 camps in Port-au-Prince, committees were created on the assessment of cholera cases with all participants being trained and provided with materials related to treatment, hygiene promotion, disinfection and basic infrastructure. This project has focused on hygiene promotion, disinfection and water supply to CTCs (1 in Artibonite, 2 in Port-au-Prince) and access to treatment for cholera patients. Committees were tasked with identifying cholera cases in camps and provide urgent treatment on referral to the nearest CTC. Approximately 223,141 people have participated in hygiene promotion activities and disinfection activities have benefitted 162,203 people. Hygiene promotion activities had been accompanied with relief distributions (bars of soap, ORS sachets, aqua tabs and buckets) and 24 hospitals and CTCs have received medical supply and disinfection equipment. Specifically 23,708 disinfection activities took place and regarding hygiene promotion 104 took place in schools, 114 in community centres and 22 in camps with 84 volunteers being trained to conduct these. Such activities will continue but now in the frame of the Spanish Red Cross' other projects while all remaining equipment (e.g. water treatment plant, chlorine) will be transferred to the sanitary points of the Haitian Red Cross.

The **Swiss Red Cross** continues to support the Medecins du Monde-led CTC in Grand Goave. Initially (December 2010 to February 2011), this support consisted of providing materials, medical and logistics delegates as well as a water, sanitation and hygiene promotion (WASH) expert, and is increasing financial and managerial support. Training is being provided to medical staff as well as local logisticians. The Swiss Red Cross continued to support the CTC in Grand Goave, which is operated by MdM-Suisse. After a peak of 30 admissions at the beginning of March, the number of new cases declined to one to two cases per day. Since its opening at the beginning of December a total of 731 cholera cases have been treated. In the four CTUs (Dano, Meyer, Dufour and Baudin) 26 cases were treated in March. The focus from now until the end of the activities in May will be the implementation of an exit strategy. The plan is to follow the MSPP's strategy in order to close the CTC and integrate it as a CTU in the existing public hospital in Grand Goave. The Swiss Red Cross also began planning a WASH programme that will be rolled out in August in Palmiste à Vin, Léogane, aimed at reaching 1,200 households. The programme will include the construction of latrines and washrooms, rainwater collection and construction of reservoirs, the catchment of springs and hygiene and health promotion messaging.

The **International Committee of the Red Cross (ICRC)** continues to combat cholera in places of detention (PoD) working across 18 PoDs in Haiti to the benefit of 5,800 inmates. Since the outbreak of the epidemic in October, 15 of the 18 places of detention (total population: 4,900 inmates) were affected by the epidemic and the ICRC have treated 698 detainees for cholera with 64 deaths. As an exceptional measure a dose of antibiotic (Doxycycline) was given according to the protocol of the Direction de l'Administration Pénitentiaire. In all prisons, the ICRC has set up hygiene measures, such as daily cleaning and disinfecting cells and latrines. Prison dispensaries are regularly supplied with drugs, oral rehydration salts and solutes infusions. The ICRC continues to both advocate an improvement in the conditions of detention and support the authorities in their efforts to cope with the cholera epidemic. During the month of April ICRC medical personnel conducted 27 visits to 9 places of PoDs. Seventeen detainees were treated for cholera with no reported deaths. In order to improve the system of alert and case management in these PoDs especially affected by the cholera, additional local medical staff were recruited by the ICRC to support nurses working within the penitentiary administration.

In Port-au-Prince prison, a cholera treatment centre with four observation cells has been installed by the ICRC, in collaboration with medical teams from the prison. In the prison located in Cap-Haitian and Les Cayes, the ICRC continues to provide daily monitoring of inmates health status. Since December, additional health staff has been hired to respond to the epidemic.

In order to prevent a potential outbreak of cholera in Cite Soleil and Martissant, the ICRC has been working with the Haitian Red Cross and Cité Soleil's clean-water committee on a campaign to disinfect the water drawn by people from public taps, basins and private taps. It is also carrying out a repair-and-upgrade project on the neighbourhood's water mains. Furthermore, the ICRC continues to support the Haitian Red Cross' first-aid services in the area. Since the outbreak of the epidemic, its first-aid workers took to hospital more than 2,700 people suffering from cholera in Cité Soleil and Martissant. Furthermore, Haitian Red Cross volunteers spread information among over 50,000 people about cholera prevention and treatment. The ICRC also distributed to

inhabitants of Cité Soleil over 2,000 000 water-purification tablets and 800kg of chlorine (HTH⁶) to 300 basins and private taps, in addition to distributing over 300,000 water-purification tablets to 45 public tap stands in Cité Soleil.

The ICRC has organized a mobile team that conducts demonstrations on hygiene practices and continues to circulate between PoDs conducting activities related to the promotion of hygiene and health. In order to help prevent cholera, the ICRC continues to deliver hygiene and disinfection supplies to all places of detention visited by it. Across all civilian prisons, the ICRC has distributed over 90,000 water-purification tablets and 2,000kg of chlorine (HTH) and 115 gallons of bleach.

Progress towards Outcomes

The following section describes cholera-response activities carried out since the start of the operation by the IFRC and those PNS to whom it provided direct logistical support, as well as the Haitian Red Cross under the emergency appeal framework (see logistics table p. 16).⁷ It is important to note that the IFRC is also supporting PNS in their cholera response activities which are part of the outcomes and outputs outlined under the emergency appeal targeting 500,000 people (100,000 families) in Haiti and 150,000 people in the Dominican Republic.

Water supply	
Outcome: The risk of cholera is reduced through the provision of safe water.	
Output 1: Continue delivering drinking water for up to 220,000 people in camps covered by the HRC/IFRC in Port-au-Prince, makeshift settlements, schools, orphanages, hospitals and surrounding neighbourhoods.	Activities planned Drinking water is available at an average of 7.4 litres per person per day for up to 220,000 people living in makeshift camps and surrounding neighbourhood populations supported by the Movement. Safe water will be guaranteed with 0.7 mg residual chlorine. Residual free chlorine will be monitored at water storage and water distribution in at least 132 water distribution points where the IFRC is distributing water. Microbiological tests will be conducted for all Red Cross water sources Water caretakers will be trained in cholera awareness and hygiene promotion.
Output 2: Health cholera facilities are supported to meet the water demand (level 2 and 3) in both the earthquake affected area and in the 3 additional geographical areas	Provide water for up to 6 months with a minimum of 60l/patient treatment for up to 5 CTCs, 5 CTUs and mobile teams
Output 3: Communities in the five provinces on the Dominican Republic border have access to safe water.	Pre-position water and sanitation equipment at the border of the Dominican Republic.

⁶ HTH-is powder chlorine with higher concentration (68%-70%).

⁷ Given its coordination role this does not necessarily mean the IFRC directly funded the programmes of the PNS involved.

Progress in Haiti: Having reached its target number of camps for delivering water trucking, and noting the declining need reported by camp residents of water services, the IFRC Water and Sanitation department has begun implementing a gradual exit strategy with deliveries to 5 camps coming to an end over the period. Across 10 IDP camps, the Water and Sanitation department distributed 10 'clean-up' kits as part of a wider cleaning of camps campaign carried out by the community hygiene promotion volunteers identified within the camps.

In March, 1,502 latrines were disinfected in support of the prevention of cholera outbreaks in camps. Following the construction of new T-Shelter camps in La Piste and Annexe de la Mairie this rose to 3,533 in April. Four latrines were constructed for CTCs in Carrefour, Gressier and Arcahaie. In those camps where the IFRC provided 108,455 people with access to drinking water (further information available in the Earthquake appeal report). A further 9,982 people have benefited from hygiene promotion activities.

Regarding water supply 659,327 m³ of drinking water has been distributed to date with 82 water points in place over 55 sites, with 30 of these water points being located alongside homes in neighbourhoods. In Léogane, during April the IFRC Water and Sanitation team also started rehabilitating existing water points.

At the World Water Day on 22 March 2011 activities on water and sanitation were organized by the IFRC Water and Sanitation teams. The Water and Sanitation and Cholera departments have supported many hygiene-promotion activities. These include designing Creole and French informational banners, creating 300 T-shirts for the hygiene promotion team with messages on water conservation in the home. Mass awareness campaigns were also organized using sound trucks deployed through five large communities in Port-au-Prince (Annexe de la Mairie, Charbonnières, Accra, La Piste and Jerusalem). In total more than 600 people were reached through messaging on the importance of conservation and protection of natural water sources and water points.

Over April the **Canadian Red Cross** trained 72 volunteers in chlorination of water for cleaning and drinking purposes with a further 22 volunteers being trained in disinfection in homes. Equally regarding developments with the ORPs, 20 were operating over the period (6 in Léogane, 6 in Jacmel and 8 in Les Nippes).

Challenges in Haiti: These continue to surround the difficulty of trucking water and providing logistical support to locations with limited infrastructure (e.g. Nippes and Jacmel). In such instances, the IFRC Water and Sanitation department offers technical support to PNS on issues such as tapping into and using local water sources.

Progress in the Dominican Republic: The Dominican Red Cross has 28 water treatment plants. Each plant has a production capacity of 3,000 litres per hour, and working 10 hours per day produces 30,000 litres of safe drinking water. These plants have been prepositioned as follows:

Province	Water Plants
Dajabón	1
Elías Piña	1
Independencia	4
Monte Cristi	1
Pedernales	1
Santiago	4
Santo Domingo	16
Total	28

Twenty-four water plants are operational with a combined capacity of 720,000 litres per day, covering the needs of up to 48,000 people (15 litres per person). Eight water plants (240,000 litres per day) are prepositioned in the five border provinces of Dajabón, Elías Piña, Independencia, Montecristi and Pedernales and can cover the needs of up to 16,000 people; while the others can be deployed to everywhere in the country in less than 10 hours.

Sanitation

Outcome: The risk of cholera is reduced through the improvement of sanitation conditions.	
<p>Output 1: Appropriate sanitation for up to 85,000 people in earthquake affected areas, including excreta disposal, solid waste disposal and drainage is provided in camps, makeshift settlements and surrounding neighbourhoods.</p>	<p>Activities planned</p> <p>At least 206 existing community sanitation facilities, excreta disposal at latrine level and disposal sites will receive specialized treatment because of the cholera situation. This will be done by adding a high concentration of chlorine in latrines to treat the excreta.</p> <p>Provide and maintain at least 66 existing hand washing points and 206 existing latrines with soap and water.</p> <p>Increase sanitation activities in camps identified with possible cholera cases (spraying of the latrines and disinfection of the pits). This will be done in camps serviced by the Red Cross as well as camps in Red Cross areas supported by health activities.</p>
<p>Output 2: Houses of patients are disinfected to prevent further spread of the disease in locations covered by outputs 1 and 2 of the water section</p>	<p>Spraying of the houses and training of the beneficiaries in the disinfection of clothes, kitchen utensils.</p>
<p>Output 3: Sanitation facilities are improved in the three additional geographical areas</p>	<p>Where sanitation facilities are available, communities will receive training on latrine management including distribution of chlorine/activated lime.</p> <p>Where sanitation facilities are non-existent, support will be provided for the local community in the identification of alternative options and training</p>
<p>Output 4: Red Cross treatment centres/units have access to sanitation including excreta disposal, solid waste and drainage</p>	<p>Provide sanitation facilities, excreta and solid waste disposal to up to 5 CTCs, 5 CTUs and mobile teams (each centre will be provided with latrines, showers, water storage).</p>

Progress: During April, the IFRC Water and Sanitation department delivered hygiene promotion and sanitation services to 49 camps, one CTC, as well as 4 camps on request of the American Red Cross reaching an estimated 100,625 beneficiaries (37,136 of which benefited from sanitation alone). Eleven showers were delivered to the American Red Cross Canape Vert camp and a tank latrine was delivered to its Montagne Noire camp. The IFRC Water and Sanitation department also delivered crucial sanitation support to latrine construction reaching an average of 52 latrines per person (18 pit latrines, 740 tank latrines, 14 portable latrines), and constructed 613 showers, and 15 hand washing points over the period. This was in addition to evacuating 1,184m³ of excreta thus bringing the cumulative total to 4694m³. Drainage work was conducted in 10 camps and 112m³ of gravel laid down, while 4 volunteers of the Haitian Red Cross disinfected 87 sites with HTH. 21 EcoSan latrines were also constructed in Croix des Bouquets.

In camps reached by the IFRC Water and Sanitation teams, two disinfection sessions per week were carried out with a further 10 sessions covering the five communities of the Port-au-Prince area (Fessard, Montagne Noire, Choison Ravine, Croix des Bouquets and Delmas 12). In March with the Haitian Red Cross, the IFRC Water and Sanitation Department undertook 110 disinfections of latrines in 13 IFRC-supported camps. In April 48 people were recruited in camps to take part in training on disinfections in the community. These people will join the 260 community volunteers working across 54 camps who have organized 108 sessions on cholera prevention in camps and schools over the period. Their hygiene promotion messages along with those transmitted through sound trucking on cholera prevention are estimated to have reached more than 86,000 community members.

The **British Red Cross** latrine training and capacity building project progressed in March and April with the selection of households and schools from cholera hotspots to participate in the programme. In April training and demonstrations began in three communes (Roche a Bateaux, Port-a-Piment and Tiburon) on how to construct low-cost latrines. Ninety-five people received training with the aim of rolling out the programme in 190 villages.

Health	
Outcome: Cholera-related morbidity and mortality is reduced through a comprehensive health approach including surveillance, oral rehydration solution (ORS) distribution and case management/treatment.	
Output 1: Low and moderate cases of dehydration are addressed. (Level 1) in both the earthquake-affected area and in the Grand Anse, Sud and Nord-Est departments.	<p>Provision of oral rehydration in communities that are cholera affected concurrently with preventive health and hygiene promotion activities for at least 15,000 people.</p> <p>Training of the Red Cross volunteers dedicated to ORS posts on cholera active case finding and communication with the referral system.</p>
Output 2: The health sector is supported to meet the increased needs relating to cholera treatment services (Levels 2 and 3) in both the earthquake-affected area and in the Grand Anse, Sud and Nord-Est departments.	<p>Set-up up to 5 Red Cross Cholera Treatment Units to provide case management for the affected population.</p> <p>Set-up up to 5 Red Cross Cholera Treatment Centres to provide case management for the affected population.</p> <p>Mobilize up to 5 mobile teams to support health facilities with a focus on rural areas.</p> <p>Provide medical supplies and equipment to support PNSs and other partners managing Cholera Treatment facilities until 1 January 2011. After this date the IFRC will support Movement partners in the procurement and warehousing of medical supplies (See Logistics output).</p> <p>Provide support to the MSPP with cholera treatment kits until 1 December 2010.</p>
Output 3: Management of cholera patients is enhanced.	<p>Ensure advocacy in the area of management of cholera patients.</p> <p>Provide support for training of staff from the Ministry of Public Health and agencies working in the management of cholera cases.</p> <p>Adapt the HRC ambulance service first responders' training to address cholera specific intervention and correct use of the equipment.</p>

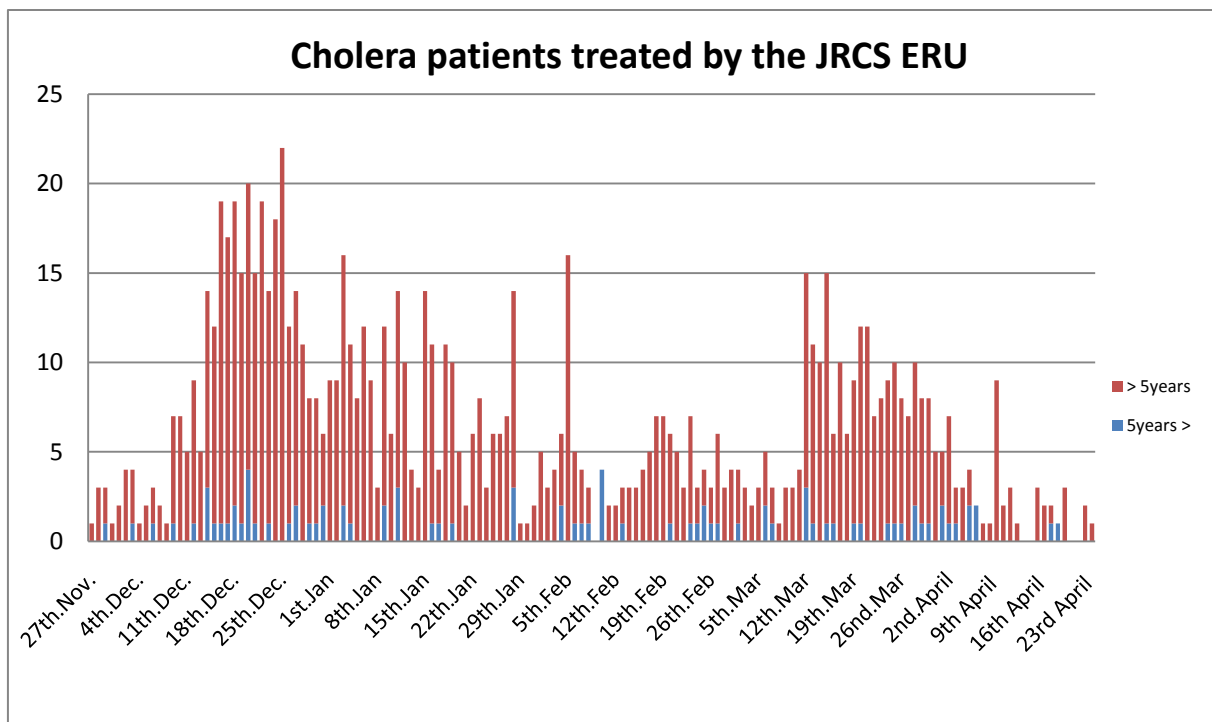
Progress: There are 101 CTCs and 215 CTUs from different actors currently operational across the country according to the Health Cluster. The IFRC Cholera Department supports the functioning of those CTCs and CTUs managed by the PNS through the procurement, warehousing and delivery of essential supplies and wider technical and logistical support as requested. In the event of outbreaks identified locally or through the UN Health Cluster system, the Cholera Department coordinates the rapid allocation of necessary supplies from the IFRC Logistics Department or between different PNS operating in the area. Working in close support of the IFRC Health Department and the Haitian Red Cross, the Cholera team also supports interventions of volunteers in areas post-outbreak to conduct disinfections of affected homes, schools or market areas and conduct hygiene promotion sessions with affected individuals and communities. Finally the IFRC Health Department also offers technical support to the Haitian Red Cross branches as requested and in April supported the response to localized outbreaks of 54 cases in total in Jacmel and Nippes.

The Movement continues its efforts to bolster the Haitian health service countrywide by reaching its target of establishing and supporting the required number of CTCs and CTUs at the peak of the epidemic. Indeed with CTCs reporting fewer cases of cholera, planning and operations of PNS during the month have increasingly focused on packing up of CTCs and CTUs in areas where their need is no longer pertinent (see the Planning section). The CTCs and CTUs that remain operate in particularly vulnerable areas where they continue to assist patients with life-saving needs. For example the number of new cases continues to decrease in the North-West and North-East departments and has stabilized in the North, Artibonite, Center, Grande Anse, West departments and Port-au-Prince metropolitan area. However, outbreaks of cases in the South-East and South departments have been observed.

To this end the IFRC Health Department continues to work closely with the Cholera department in responding to these outbreaks with staff and volunteers from the Health programme visiting “hot spots” to lend technical support. In Léogane the **Canadian Red Cross** noted a general decrease in cholera cases overall with an increase towards the close of April (57 cases up until week 15 with 79 in week 16). Eleven teams of 2 volunteers each conducted sensitization and disinfections of houses across 11 locations in April. In Jacmel case loads are fluctuating but remain low and the situation continues to be monitored carefully. Following an outbreak in Thiotte, the IFRC supported the Canadian Red Cross in donating supplies to Save the Children which was treating those affected. These comprised 2,000 jerry cans, 500,000 aqua tabs, 35 buckets and some IV fluids and needles. Furthermore, during April the Canadian Red Cross distributed 2,423 cholera kits in Ca ira, Portail and La Ferroney areas of Léogane.

The **British Red Cross** treated 132 cholera cases in the South province communities of Roche a Bateaux, Coteaux, Port-a-Piment, Chardonnières and Les Anglais in April. This figure was significantly lower than the 503 cases treated in March. The British Red Cross also continues to operate the CTU in La Piste JMV camp, jointly with Partners in Health where 325 patients were admitted and treated during the month of April, down from 595 in March. The 24-hour British Red Cross ambulance service based out of the Port-a-Piment CTU and operated by the Japanese Red Cross Society collected 36 patients in April, down from 145 cholera cases in March. These 36 trips were to Coteaux (5), Roche a Bateaux (18), Chardonnières (2), Port-a-Piment (4), Les Anglais (2) and Tiburon (5).

The **Japanese Red Cross Society (JRCS)** ERU which operates a CTU in Port-a-Piment noted a peak of cases in March but otherwise a general decrease to less than 10 in some weeks throughout April. From the reports of the Japanese Red Cross Society and other PNS, it would appear short-lived increases in cases of cholera follow periods of heavy rain in vulnerable areas. The majority of cases occurred in Roche-a-Bateau and Chardonnières. In addition, the Japanese Red Cross Society continues to work on establishing a Cholera Observation Unit within the hospital. Furthermore over the reporting period the Haitian Red Cross treated 39 cases of cholera in its CTU in Carrefour and distributed 25 hygiene kits to affected families.



Finally the **Haitian Red Cross** continues to operate an ambulance service financed under the IFRC Cholera programme. In March and April 2011, 1,299 patients were transported by Red Cross ambulances (November 159; December 972; January 817; February 654; March 645; April 654). To date a total of 3,901 patients have been transported to health facilities through the service.

Preventive health and hygiene promotion

<p>Outcome: Cholera-related morbidity and mortality is reduced through a comprehensive approach to preventive health and hygiene promotion while strengthening the National Societies' capacity in preparedness and response to cholera outbreaks</p>	
<p>Output 1: Disease transmission is reduced through increased hygiene awareness of communities and Red Cross volunteers and improved hygiene practices.</p>	<p>Activities Planned</p> <p>Continue and increase preventive health and hygiene promotion activities among the population nationwide, with information, education and communication materials.</p> <p>Train staff and volunteers in epidemic control focusing on cholera response, active case finding in households and reporting through cascade training. 15 Trainers of Trainers will be trained at the national level and 2 trainers of volunteers in each of the 108 local committees (216 trainers of volunteers in total). The IFRC will support and coordinate Movement activities for additional training where needed.</p> <p>Carry out training of trainers in the Community Based Health and First Aid (CBHFA) methodology in each of the regional committees.</p> <p>Dissemination of key messages via SMS and radio on cholera prevention and treatment nationwide.</p>
<p>Output 2: Preventive health and hygiene promotion activities are reinforced in the 3 geographical areas of implementation of Haitian Red Cross' activities</p>	<p>Complement the HRC preventive health and hygiene promotion activities in the 3 geographical areas, through distribution of non-food items and information, education and communication materials, in coordination with Movement partners.</p> <p>Provision of non-food items for up to 20,000 families (soap). This activity is planned for an initial period of 6 months to be implemented concurrently with health promotion and hygiene promotion.</p>
<p>Output 3: Prevention and epidemic control activities are integrated into longer-term community based health programming</p>	<p>Haitian Red Cross and IFRC staff and volunteers implementing activities have increased awareness in epidemiological control and prevention methods.</p>
<p>Output 4: In the Dominican Republic, increased awareness and prevention of cholera is ensured through a campaign in 36 branches on the Dominican-Haitian border and the three most populated urban areas: Santo Domingo, Santiago and Puerto Plata.</p>	<p>Carry out preventive health and hygiene promotion talks in five border provinces and the three most populated urban areas.</p> <p>Carry out relief activities for 5,000 families supporting distribution of family hygiene kits, kitchen parcels and soap for 30,000 families.</p> <p>Conduct epidemic control workshops for communities and volunteers</p> <p>Provide personal protection equipment for volunteers who are working in affected communities or with cholera patients.</p> <p>Print and distribute public information, education and communication awareness materials such as brochures and posters.</p> <p>Carry out an SMS awareness-raising campaign targeting 1.5 million people.</p>

Progress in Haiti: The IFRC Health Department continues to lead efforts in reducing cholera transmission by developing and implementing hygiene awareness programmes through the volunteers of the Haitian Red Cross and wider communities. Over the period, the first draft of the 5-Year Emergency Health Plan of Action was developed and shared with partners. Furthermore the first draft of the Haitian Red Cross 5-year Plan of Action for Community Based Health and First Aid (CBHFA) was developed in March through a multi-party working group of the Haitian Red Cross, IFRC, PNS, Ministry of Health and the Health Faculty of the Haitian University. In April

work continued on finalizing the plan and securing MSPP approval and validation of the two main Red Cross methodologies on CBHFA and Epidemic Control of Volunteers (ECV). To improve outreach of epidemic control messages both a Creole and French translation of the ECV manual was also presented to the MSPP for their validation. Similarly, the **British Red Cross** also began preliminary work on the CBHFA community-level assessments in La Piste with common baseline templates being translated and provided by the IFRC and the Haitian Red Cross.

The Red Cross and Red Crescent Movement continues to conduct extensive cholera prevention and awareness across IDP camps and communities. The IFRC Water and Sanitation and Relief departments continue to distribute 60,000 hygiene kits each month within their hygiene promotion sessions. The IFRC Water and Sanitation department also trained 39 hygiene promotion volunteers at the close of March on water and sanitation approaches during a cholera emergency (including the treatment of water, concepts of achieving the appropriate chlorine levels, disinfection in homes and of latrines, hygiene promotion and also reporting). Furthermore, the IFRC Water and Sanitation department and the Haitian Red Cross also organized a team of 31 volunteers and 1 IFRC delegate to deliver hygiene promotion messages as well as 127 hygiene promotion activities including theatres and role plays in camps to a total audience of 9,127 people.

The IFRC Health department reached approximately 350 persons per day with psychosocial messages relating to cholera in four earthquake affected communities. In March 2010, the Department also assisted the Haitian Red Cross with material and logistical support to carry out educational campaigns on diarrhoeal diseases with a particular focus on cholera prevention in a number of locations during the carnival season, especially during a large event in Jacmel. The Department also gave training to 35 Voodoo priests in early March on preventing cholera and combating the societal stigma attached to cholera victims.

While reducing in size to 5 nurses, 21 chlorine sprayers, and 22 volunteers, the **British Red Cross** outreach team reached 7,400 beneficiaries over the month of April with messages on cholera prevention and health/hygiene promotion across the South Province in the areas of Roche a Bateaux, Coteaux, Port-a-Piment, Chardonieres and Les Anglais communes. Cholera promotion and prevention activities continued alongside hygiene promotion in the Society's catchment areas of La Piste JMV camp, Automeca camp, Annex La Marie camp, and the neighbourhood of Delmas 19, targeting a total estimated population of 79,000 people.

The **Japanese Red Cross Society** is also working closely with the British Red Cross in developing a Cholera Mitigation and Management Plan, which includes training of health personnel, preparing adequate space to receive patients within each hospital and health centre across the province. With the support of the IFRC, and in partnership with the British Red Cross 70 medical and non-medical staff also received training on community health and cholera treatment through seminars organized from 13 to 15 April.

Such preventative actions also include distribution of essential non-food items and construction of ORPs. The **Norwegian Red Cross** has since January 2010 put in place 3 ORS points in the locality of Lefort, Petit-Goave which was particularly affected by the cholera epidemic. Volunteers engaged through this PNS, distributed 2,540 bars of soap, 6,682 ORS and 77,490 aqua tabs to 11 localities over the course of prevention and hygiene promotion sessions conducted over March and April (Moron, Jérémie, Beaumont, Bonbon, Corail, Pestel, Chambellan, Dame Marie, Abricot, Ainse d'Hainault, Rosseaux).

In addition, the **Canadian Red Cross** has mobilized six teams of two volunteers promoting cholera awareness outreach in six communes. In Nippes, 8 ORPs are being supported and 37 volunteers are conducting cholera-related outreach and disinfection of homes.

In its bilaterally-funded programmes promoting health and combating cholera the **American Red Cross** deployed 199 hygiene promoters, team leaders and field managers to 44 camps in the communes of Port-au-Prince, Pétiion-Ville and Delmas. They reached 26,766 people (9,523 male; 17,243 female) across 22,845 tents with hygiene promotion and cholera prevention messages and materials, and conducted 22,338 hand-washing demonstrations. In the Northeast department the Society conducted cholera awareness sessions and hand-washing demonstrations in five schools (three in Ste Suzanne and two in Trou du Nord), reaching more than 1,280 students and distributing more than 2,600 bars of soap. The American Red Cross also established 38 ORS points in 31 camps of the Port-au-Prince metropolitan area and specialized training was given to 23 community members (13 female, 10 male) on ORS point management. In the camps in Port-au-Prince the American Red

Cross has distributed 199,287 bars of soap, 3,500 ORS packets at the established ORS points and distributed enough aqua tabs to purify 5.7 million litres of water.⁸

Moreover, as cholera cases decline the IFRC Communications department has begun supporting PNS to deliver more targeted SMS messaging. Between 11 and 15 April, and on behalf of the British Red Cross, 2 to 4 messages on safe water usage, and the ORP and CTU in the area were sent each day reaching 46,616 people in the Les Cayes region. Following a further 233,082 messages informing people of a free Red Cross information line, 3,739 people called in for cholera-related advice.

Furthermore the Haitian Red Cross has been extensively involved in distribution of non-food items, hygiene promotion and raising awareness on cholera and its treatment and prevention more generally. In the West the Haitian Red Cross undertook various activities to raise awareness on cholera prevention and hygiene promotion. This is achieved through focus groups, door to door outreach and talks in public places such as churches and markets where volunteers give presentations on cholera and its prevention vocally using megaphones or by handing out flyers or hygiene prevention tools. Over April various activities were conducted in these ways. In the zone of Pyron 10 teams of 30 volunteers reached 925 people with such messaging and distributed 2,000 aqua tabs and 154 bars of soap, in the zones of Masson and Verrettes 8 teams of 24 volunteers reached 132 people (Masson) and 332 people (Verrettes) with messaging and distributed 1,000 aqua tabs and 72 bars of soap. In Redoute 12 volunteers reached 248 people and 1,000 aqua tabs and 72 bars of soap were again distributed, while 12 volunteers reached 1,250 volunteers in the areas of Fond Parisien, Balisage, Bois Blanc. In late April volunteers reached 20,000 church attendees and community leaders in Morne Calvaire and in the church at Saint Pierre where 4 water points were also constructed. A further 1,800 church attendees in Chambon, Barrière Bouzi, Haut Galette, Troupeau were reached through the efforts of 20 volunteers and 4 water points were put in place, while at the church of Saint-Pierre de Ganthier 9 volunteers conducted mass sensitization of 2,000 volunteers and constructed 7 water points.

In the North West department, a team of 12 Haitian Red Cross volunteers led a sensitization session of 320 beneficiaries, distributing 3,300 aqua tabs and 200 packets of ORS in the commune of Saint-Louis du Nord and in the local church of Nan Sitwon. In Port-de-Paix 3 volunteers sensitized 307 church attendees, 4 volunteers reached 700 people in a market, followed by 140 football spectators during a football match, and 10,000 across multiple markets. Earlier in March 2 volunteers conducted outreach to 70 church attendees, distributing 700 aqua tabs and 100 ORS. Also in the market of Jean Rabel 700 community members benefited from the outreach activities of 7 volunteers.

Following a resurgence of cholera in Bas Artibonite in April, 179 volunteers of the Haitian Red Cross working with the French Red Cross were mobilized to deliver cholera prevention and hygiene promotion messages to 1,647 rural community members, training on disinfection in a school and market and community members homes (including the management of the deceased) across the 6 communes of Saint Marc. Aqua tabs, posters, soap and hygiene promotion materials were also distributed.

Between 22 and 24 April, the Haitian Red Cross conducted cholera prevention and hygiene promotion messaging around a large carnival event in Léogane where there was a high vulnerability for an outbreak of cholera. Eleven water points were established and training was given to volunteers on the management of these points. Three boxes of soap and 1,000 flyers were distributed to community members attending the event. Twenty volunteers of the Haitian Red Cross also conducted sessions on hygiene promotion and hand washing in the zone of Mariani reaching 1,395 community members between 16 and 17 April.

The Haitian Red Cross also responded to increasing cases of cholera in the Barraderes commune in Nippes owing to the poor management of a the deceased during burial and more generally limited access to clean water supply in the commune. Fortunately the commune was already prepared with 40 volunteers trained in cholera prevention and hygiene promotion, and the Haitian Red Cross further supported their work by distributing 2,000 aqua tabs, 500 ORS packets, 720 bars of soap, 4,000 flyers on combating cholera and 4,000 gloves.

Progress in the Dominican Republic: The Dominican Red Cross has carried out activities to mitigate the impact of cholera in La Hispaniola Island through awareness raising campaigns for community and training for volunteers. More than 1.9 million SMS messages have reached more than 1.5 million cell phone users with awareness-raising content during the first months of the outbreak and around 150,000 units of awareness-raising material (flyers, brochures, booklets) are being distributed along with training to vulnerable population. This material contains messages agreed with the Humanitarian Working Group and the Dominican health authorities.

⁸ 3,500 packets of Aqua tabs designed to purify or 1 litre), and 1,141,520 Aqua tabs (for 5 litres).

The DRC opted for a comprehensive community training approach. The National Authorities approved IEC material with messages on how to cope with the disease and to develop better health and hygienic habits using the Emergency Control for Volunteers (ECV) manual and supplemented with messages from PHAST methodology. Preventive health and hygiene promotion talks are carried out together in five border provinces and other vulnerable urban areas according to the following table:

Province	Total	Total Male	Total Female	Adult Male	Adult Female	Boys	Girls
Azua de la Compostela	2,666	1,005	1,661	384	852	621	809
Bahoruco	702	313	389	4	10	309	379
Barahona	1,676	798	878	15	43	783	835
Dajabón	262	146	116	61	28	85	88
Duarte	1,542	754	788	344	353	410	435
Elias Piña	6,436	3,341	3,095	2,748	2,506	593	589
Independencia	2,506	1,025	1,481	134	439	891	1,042
La Romana	60	20	40	14	29	6	11
Montecristi	742	309	433	33	111	276	322
Monte Plata	200	107	93	60	44	47	49
Pedernales	5,487	2,539	2,948	1,050	1,116	1,489	1,832
Peravia	3,008	1,376	1,632	386	496	990	1,136
Puerto Plata	-	-	-	-	-	-	-
Samana	1,550	698	852	638	752	60	100
San Juan de la Maguana	328	177	151	177	151	-	-
Santiago	129	59	70	32	49	27	21
Santo Domingo	2,060	892	1,168	608	637	284	531
Total	29,354	13,559	15,795	6,688	7,616	5,158	8,179

Leaning on its diversity of resources and capacities, the Dominican Red Cross has diverse strategies to reach vulnerable population such as house visits and mass training in schools, health facilities, markets and public places.

Logistics

Outcome: The cholera response operation is supported by ensuring that basic relief supplies are procured, delivered and distributed in a timely, transparent and cost-efficient manner, and that standard logistics procedures are followed.

Output 1: Logistics support complements and facilitates the activities and assistance planned.

Activities Planned

Scale up the current supply chain and control supply movements from the point of entry to final distribution point.

Set-up and maintain a warehouse dedicated to storing Red Cross cholera stock. Supply this stock on demand, per request from the cholera programme coordinator.

Support the set-up of designated sites as Red Cross cholera treatment centres (CTCs), cholera treatment units (CTUs) including incoming ERUs.

Provide logistical and coordination support and supplies for the HRC, and

	PNSs implementing cholera response activities. Provide logistics support for the cholera preparedness plan in the Dominican Republic relating to relief supplies and transportation.
Output 2: Logistics supports the HRC ambulance service capacity to respond to the cholera outbreak.	Increase the HRC ambulance service capacity through the provision of transportation, disinfection equipment, and protective gear.
Output 3: Logistics is guaranteed through regular monitoring activities.	Ensure that logistics activities are implemented, supervised, and monitored by continual assessment of control activities.

Progress: The IFRC's ability to consistently support the Red Cross partners and their dedicated cholera treatment sites is a consequence of logistics planning in the initial phases of the cholera outbreak to reinforce the supply chain and warehouse management. This cholera logistic team comprises 1 dedicated driver and 29 additional drivers for transporting cholera items as well as 2 warehouse managers, 10 daily workers and one Regional Intervention Team member which is responsible for managing the IFRC's cholera-dedicated 'Colorado' warehouse. In addition, one delegate is working in the IFRC base camp as client liaison personnel with the task of following the supply chain and providing those Red Cross partners purchasing goods with logistical information. The department is also training a national staff member in logistics management support in an effort to hand over logistics management.

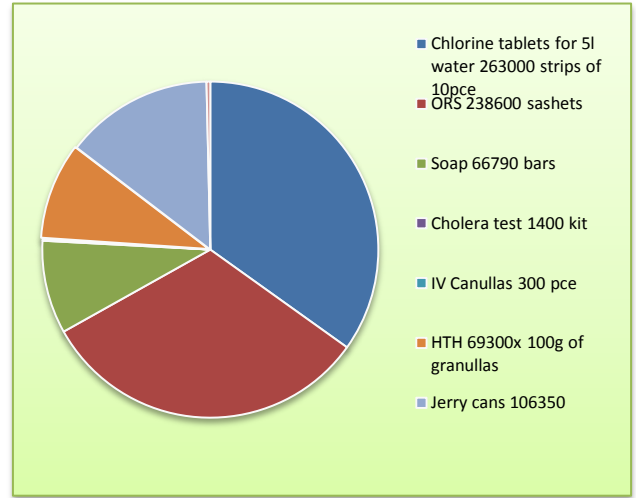
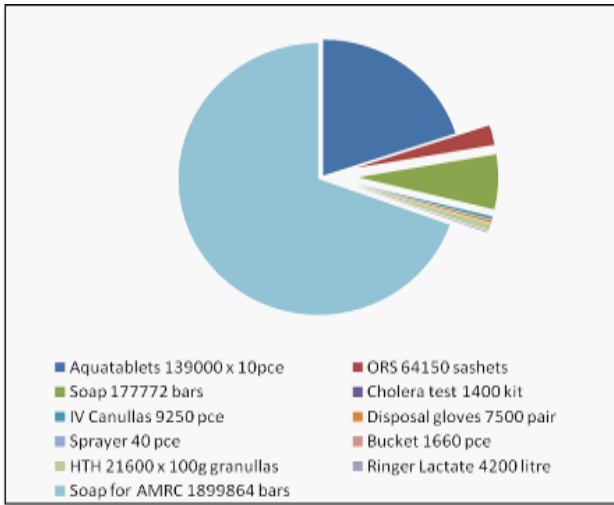
Purchases to date largely comprise items necessary for implementation of preparedness and prevention planning. Goods purchased from overseas are procured with support from the IFRC's Regional Logistics Unit based in Panama. Over the period there has been an air consignment of IV cannulas (72,000 pieces), aqua tablets (4.5 million), and a sea consignment of soap (50,000 pieces), and 39,120 buckets (45 per cent of the full consignment for the Cholera programme). 3.9 million sachets of oral rehydration salts are also estimated to arrive during October. Locally purchased goods included 300,000 cholera prevention and treatment flyers and posters, 70,000 pairs of disposable gloves, 200 sprayers, 2000 buckets to be dispatched to Partner National Societies in the future and 190 metric tonnes of soap, 80 per cent of which was provided to the American Red Cross.

Following requests for stock from Red Cross members, the IFRC Cholera department and Logistics team then ensure the efficient processing and delivery of items. The largest movements were soap from the American Red Cross (1,8 million bars) and the Spanish Red Cross (113,040 bars). In April a further 31 different stock requests were provided to 13 Red Cross Societies, the IFRC and the ICRC. The main items for distribution were jerry cans delivered to the American Red Cross (100,000 pieces) which will be distributed as part of the American Red Cross' cholera programme in the camps of Port-au-Prince and, in the future, to communities in North and Northeast departments. Overall many of the requests are part of a wider prepositioning of cholera response stocks as part of contingency planning implementation.

Items Dispatched from the Colorado Warehouse

March 2011

April 2011



IFRC Cholera Stock Delivery Locations



Cholera Item Dispatches from IFRC Colorado Warehouse						
	March	April	March	April	March	April
National Society	Location		Project		No./Type Delivery Vehicles	
Canadian Red Cross	Carrefour, Leogane		CTU		2 x lorries	1 car + 1 lorry
Norwegian Red Cross	Jérémie, Petit Goave, Les Cayes	Jérémie, Petit Goave,	Cholera Prevention, Health centre support	Cholera Prevention & Response	2 x car + lorry	2 x car + lorry
American Red Cross	North East, North, Arcahaie, Cabaret, Port-au-Prince	Port-au-Prince	Cholera response		12 x lorry	9 x lorry
Japanese Red Cross Society	Port-a-Piment	0	CTU	0	1 x car + lorry	0
Spanish Red Cross	General Hospital Port-au-Prince	0	Cholera Response, Hygiene Promotion	0	2 x lorry	0
British Red Cross	La Piste, Batimat, Coteaux	La Piste	CTU, Hygiene promotion	Hygiene promotion	4 x lorry	1 x car + 2 x lorry
Haitian Red Cross	Port-au-Prince, St Marie, Carrefour, Leogane, Laferoney	Port-au-Prince, Nippe, South East, Petit Goave, St Marie	Training, CTC support	Training	2 x car	6 x car
Finnish / Swedish Red Cross Societies	0	Parc Harry, De louise, Saint Marie, Place Jérémie	0	Hygiene promotion	0	7 x car

Communications – Advocacy and Public information

Outcome: The cholera outbreak in Haiti is mitigated by providing information on prevention and treatment to people throughout Haiti

<p>Output 1: The population has access to education about preventive and curative measures</p>	<p>Activities Planned</p> <p>Scale up of the use of sound trucks to disseminate live saving messages in all departments.</p> <p>Continue and increase the use of Red Cross cholera prevention radio spots in radio stations throughout Haiti.</p> <p>Continued weekly focus on cholera on <i>Radio Croix Rouge Haitians</i>, with an increasing focus on addressing misconceptions about cholera and its treatment.</p> <p>Distribution of posters and materials on cholera prevention, treatment and cholera treatment centres as required by health teams</p> <p>Distribute 5,000 community radios (dynamo) linked to hygiene promotion activities to reinforce access to information on preventive and curative care, targeting rural and isolated communities in the 3 additional geographical areas.</p>
<p>Output 2: Contribute to community knowledge by addressing stigma and fears surrounding cholera and CTC/CTU.</p>	<p>Use the *733 call service to address stigma and fear regarding cholera.</p> <p>Improve access to treatment by maintaining an updated list of CTC/CTUs in the *733 call service.</p> <p>Continued weekly focus on cholera on <i>Radio Croix Rouge Haitians</i>, with an increasing focus on addressing misconceptions about cholera and its treatment.</p> <p>Provide support within the communities where cholera treatment centres are being established to aid community acceptance and understanding</p> <p>Support the production of materials used in the cholera operation, such as information given to patients leaving cholera treatment centres</p>

Progress: An important element of any cholera response plan is prevention and as such beneficiary communication has played a key role in getting these lifesaving messages out to the population. This has been achieved through SMS, the use of sound trucks, dedicated radio shows and widespread radio advertising.

Through the work of the IFRC Communications department, 75 radio stations across Haiti continued to run the 3 minute Red Cross cholera prevention for free (including the four biggest stations in Haiti, Metropole, Caraibes, Ginen and Radio 1). The weekly radio show 'Radyo Kwa Wouj' continues to broadcast nationwide from the Red Cross base camp and most weeks invites a guest from the Haitian Red Cross to update listeners on the cholera situation and answer their questions live on air.

How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by [Strategy 2020](#) which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Contact information

For further information specifically related to this operation please contact:

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- Eduard Tschan, Country Representative for Haiti; email: eduard.tschan@ifrc.org
- Gerhard Tauscher, Haiti Cholera Coordinator: gerhard.tauscher@ifrc.org

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Selected Parameters	
Reporting Timeframe	2010/1-2011/4
Budget Timeframe	2010/1-2011/12
Appeal	MDR49007
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	11,856,934					11,856,934
B. Opening Balance	0					0
Income						
<u>Cash contributions</u>						
<i>American Red Cross</i>	2,219,188					2,219,188
<i>Andorran Red Cross</i>	6,289					6,289
<i>Australian Red Cross</i>	337,995					337,995
<i>Brazilian Government</i>	9,369					9,369
<i>British Red Cross</i>	78,000					78,000
<i>Canadian Red Cross</i>	433,994					433,994
<i>Danish Red Cross (from Danish Government)</i>	281,225					281,225
<i>European Commission - DG ECHO</i>	212,426					212,426
<i>Italian Government Bilateral Emergency Fund</i>	137,684					137,684
<i>Japanese Government</i>	542,799					542,799
<i>Japanese Red Cross</i>	211,679					211,679
<i>Netherlands Red Cross</i>	9,659					9,659
<i>Netherlands Red Cross (from Netherlands - Private Donors)</i>	374,483					374,483
<i>Norwegian Red Cross</i>	320,901					320,901
<i>Republic of Korea Red Cross</i>	490,533					490,533
<i>Republic of Korea Red Cross (from Republic of Korea - Private Donors)</i>	482,393					482,393
<i>Senegalese Red Cross</i>	1,127					1,127
<i>Swedish Red Cross</i>	285,431					285,431
<i>Taiwan Red Cross Organisation</i>	142,626					142,626
C1. Cash contributions	6,577,800					6,577,800
<u>Inkind Goods & Transport</u>						
<i>American Red Cross</i>	275,677					275,677
<i>Netherlands Red Cross</i>	215,250					215,250
C2. Inkind Goods & Transport	490,927					490,927
<u>Inkind Personnel</u>						
<i>Other</i>	64,306					64,306
C3. Inkind Personnel	64,306					64,306
C. Total Income = SUM(C1..C4)	7,133,032					7,133,032
D. Total Funding = B + C	7,133,032					7,133,032
Appeal Coverage	60%					60%

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	7,133,032					7,133,032
E. Expenditure	-4,885,802					-4,885,802
F. Closing Balance = (B + C + E)	2,247,231					2,247,231

International Federation of Red Cross and Red Crescent Societies
MDR49007 - Haiti & Dominican Rep - Cholera Outbreak

Appeal Launch Date: 03 nov 10

Appeal Timeframe: 27 oct 10 to 28 feb 12

Interim Report

Selected Parameters	
Reporting Timeframe	2010/1-2011/4
Budget Timeframe	2010/1-2011/12
Appeal	MDR49007
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		11,856,934					11,856,934	
Relief items, Construction, Supplies								
Shelter - Relief	546,694	47,789				47,789	498,905	
Construction Materials	40,000	17,097				17,097	22,903	
Clothing & textiles	1,068						1,068	
Water, Sanitation & Hygiene	1,198,779	1,225,372				1,225,372	-26,593	
Medical & First Aid	634,116	692,705				692,705	-58,589	
Teaching Materials	250,000	5,500				5,500	244,500	
Utensils & Tools	658,871	592,821				592,821	66,050	
Other Supplies & Services	991,645	2,457				2,457	989,188	
Total Relief items, Construction, Supplies	4,321,173	2,583,741				2,583,741	1,737,432	
Land, vehicles & equipment								
Vehicles	50,000						50,000	
Computers & Telecom	25,871	13,700				13,700	12,171	
Office & Household Equipment	133,200						133,200	
Others Machinery & Equipment	230,000	961				961	229,039	
Total Land, vehicles & equipment	439,071	14,661				14,661	424,410	
Logistics, Transport & Storage								
Storage	240,000	69,614				69,614	170,386	
Distribution & Monitoring	1,272,502	582,586				582,586	689,916	
Transport & Vehicle Costs	1,865,648	75,323				75,323	1,790,325	
Logistics Services	137,000	86,627				86,627	50,373	
Total Logistics, Transport & Storage	3,515,150	814,150				814,150	2,701,000	
Personnel								
International Staff	1,328,635	302,276				302,276	1,026,359	
National Staff	62,345	28,275				28,275	34,070	
National Society Staff	355,743	32,670				32,670	323,073	
Volunteers		35,758				35,758	-35,758	
Total Personnel	1,746,722	398,979				398,979	1,347,744	
Consultants & Professional Fees								
Consultants	64,807	14,690				14,690	50,117	
Professional Fees	5,000						5,000	
Total Consultants & Professional Fees	69,807	14,690				14,690	55,117	
Workshops & Training								
Workshops & Training	276,079	117,318				117,318	158,760	
Total Workshops & Training	276,079	117,318				117,318	158,760	
General Expenditure								
Travel	75,500	53,399				53,399	22,101	
Information & Public Relation	349,355	50,259				50,259	299,096	
Office Costs	32,223	14,750				14,750	17,473	
Communications	48,600	1,419				1,419	47,181	
Financial Charges	139,000	65,553				65,553	73,447	
Other General Expenses	120,592	13,491				13,491	107,101	
Total General Expenditure	765,269	198,870				198,870	566,399	
Operational Provisions								
Operational Provisions		421,014				421,014	-421,014	
Total Operational Provisions		421,014				421,014	-421,014	
Indirect Costs								
Programme & Service Support	723,663	287,701				287,701	435,962	
Total Indirect Costs	723,663	287,701				287,701	435,962	

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III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		11,856,934					11,856,934	
Pledge Specific Costs								
Earmarking Fee		33,778					33,778	-33,778
Reporting Fees		900					900	-900
Total Pledge Specific Costs		34,678					34,678	-34,678
TOTAL EXPENDITURE (D)	11,856,934	4,885,802					4,885,802	6,971,132
VARIANCE (C - D)		6,971,132					6,971,132	