

6-Month update



International Federation
of Red Cross and Red Crescent Societies

Haiti: Cholera outbreak – response and preparedness

Emergency appeal n° MDR49007
GLIDE n° EP-2010-000210-HTI
6-month summary update
23 June 2011

Period covered by this Ops Update: November 2010 to April 2011 inclusive. This update represents a six-month summary of the operation (cumulative narrative and financial). This report focuses on implementation of the operation in Haiti. Narrative information regarding progress in the Dominican Republic will be reflected in the next operations update.

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

Appeal coverage: 87% without including ERUs%; [<click here to go directly to the updated donor response report, or here to link to contact details >](#)¹

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 supporting the Haitian national society to respond 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).



A hand washing demonstration for school children supported by the American Red Cross.
Photo by Anne Haviland

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 Health and Population (MSPP) reported cumulative cases of 291,707 with 157,222 hospitalizations and 4,938 cholera-related deaths.

¹ Note: The total in-kind contribution from the Finnish Red Cross (approximately 178,920 euros) will be reflected in the next operations update.

Based upon, and bolstering the actions of the Haitian Red Cross Cholera Response Plan of Action, this Appeal supports the affected and vulnerable population through a comprehensive strategy of four key group activities: Group activity I) 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 supports access to safe water as well as preventive, health and hygiene promotion activities.

The purpose of this six month Operations Update therefore is to highlight the key activities accomplished by the IFRC both directly through its Departments, and indirectly through its technical and logistical support to the Red Cross and Red Crescent Movement membership i.e. the Haitian Red Cross Society, the Partner National Societies (PNS) and the ICRC. Hence it provides an overview of the Movement's response to Cholera since the outbreak began. Since the beginning of the outbreak Red Cross partners in Haiti have been mobilizing all available resources to address the emergency. The IFRC and PNS have deployed Basic Health Care Emergency Response Units (ERUs) to provide assistance to the overwhelming needs of the affected population. There are currently eight 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. Together the IFRC and the PNS have supported the Haitian Red Cross in the training and outreach of volunteers who promote cholera prevention and respond to cholera outbreaks across the country.

It should be noted that 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 complementarity 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 over the past year. They also seek to deliver material, logistical and technical support to the Haitian Red Cross in furtherance of its role as an auxiliary to the Haitian Government.

Finally, with the majority of the Outputs being achieved over the six month period, new objectives for the remainder of the programme were identified. These continue to focus on the domains of Health (curative and preventive), Water and Sanitation and Communications, with Logistical support interlinked throughout. A further area of Contingency Planning while responding to cholera alerts has also been defined.

The situation and key developments

The first case of cholera was confirmed at the Haiti National Public Health Laboratory on 22 October 2010 in the Artibonite region. Although this area was not directly affected by the 12 January earthquake, it had become home to thousands of vulnerable people displaced by the earthquake who were subsequently forced to live in dire conditions. The epidemic quickly spread to the Central, North, North West, West and Southern provinces. The speed of transmission was attributed to multiple factors namely an absence of local immunity to the particular strain of the *Vibrio Cholerae*, limited water and sanitation and the densely populated conditions in camps which were home to over a million people.

The epidemic put immense pressure on the already-stretched health system to treat a growing number of cholera patients in addition to their usual caseloads. Within days hundreds had been hospitalized and by 1 November the MSPP had reported 4,764 cases and 337 deaths countrywide. Then, on 5 November, in the midst of the cholera outbreak, Hurricane Tomas brought heavy rains to Haiti's south-western departments. The Civil Protection Directorate reported 21 deaths and damage to 1,004 homes. The Hurricane Tomas response pulled resources from cholera programmes and, compounded by the floods, the hurricane aggravated the escalation of the epidemic. The cholera toll quickly increased to 14,642 hospitalizations and 917 deaths by 14 November. By the end of the month, this had risen to 72,017 hospitalisations and 1,648 deaths in ten departments of Haiti: Artibonite, Centre, Grand Anse,

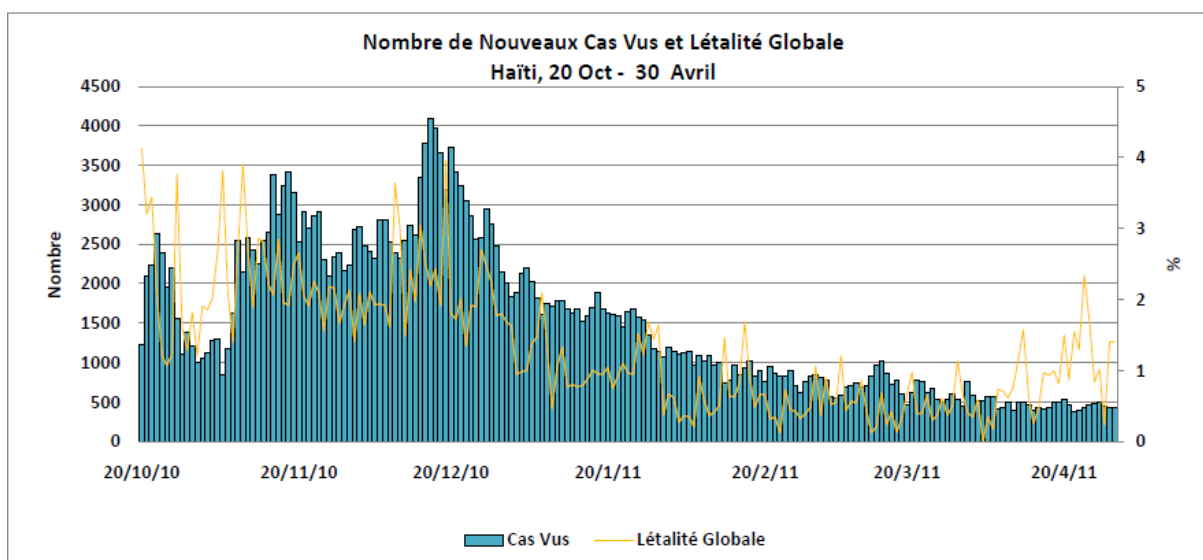
Info Box: *Treating Cholera*

Under the MSPP plan, services were organized at three levels: Cholera Treatment Centres (CTCs) which are stand-alone facilities with an average capacity of 100-200 beds, Cholera Treatment Units (CTUs), which are typically in or next to health facilities and have a smaller capacity than CTCs), and Oral Rehydration Points (ORPs) that treat patients with non-life threatening conditions. The CTUs and ORPs serve as a point of entry for those with cholera-like symptoms, from where patients are either stabilized and sent home, or referred to CTCs for more intensive care.

Nord, Nord-Ouest, Ouest, Nord-Est, Sud-Est and Sud. The national medical structures were overwhelmed and the cholera epidemic had escalated into a disaster.

When the outbreak began, the IFRC, already engaged with the earthquake response, immediately made capacity and funds available to support the Movement in treating the growing population of affected Haitians. An ERU 'on stand by' alert was issued and as the situation rapidly deteriorated Basic Health Care Units were quickly deployed. Initially the main focus areas were those of cholera treatment and prevention, a feat which required mass mobilization of the Haitian Red Cross volunteers, supported by the IFRC and PNS, in order to reach a wider geographical area. By December, hundreds of volunteers of the Haitian Red Cross branches had received training on hygiene promotion and were taking part in cholera prevention awareness-raising activities in schools, community areas, neighbourhoods and markets throughout the country. Furthermore the number of CTCs and CTUs (see Info Box) increased dramatically to act as temporary supports to pre-existing health structures. By December, 24 non-governmental organisation (NGOs) were providing health services in CTCs and CTUs with 36 CTCs operating at a bed capacity of 2,830. By January, 81 CTCs and 154 CTUs were operational countrywide with a total of 7,610 and 3,092 beds respectively.

By early January 2011, the incidence of cholera had begun to decline from the highs recorded over November and December 2010. In April the MSPP reported 18,267 cases of cholera countrywide with 11,070 hospitalized and 156 deaths with incidence greatest in the South East province (8.1 per cent) followed by Grand Anse (5.2 per cent) and Nippes (4.2 per cent).² These figures were down from 20,368 cases of cholera with 9,639 hospitalized and 107 deaths reported in March.



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 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). Nonetheless with the coming rainy season the IFRC, the Haitian Red Cross and PNS continue to monitor the situation in communities and camps closely. For more information see the Contingency Planning section.

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 Societies present in Haiti work in collaboration with the Haitian Red Cross and with the MSPP, the Department of Civil Protection (DPC), PAHO/WHO with regard all activities related to cholera.

² Ministère de la Santé Publique et de la Population : Rapport de cas 29 Avril 2011.

Furthermore the IFRC continues to facilitate the coordination of the components of the Movement in their response to cholera by providing support in terms of water and sanitation, health, logistics and communications. In line with diminishing need, the extent of this support will now gradually begin to scale down to November, the planned end point of the IFRC Cholera programme, if there are no major changes in situation.

National Society Capacity Building:

The Haitian Red Cross, with the support of the IFRC contributed to the national cholera response in the four groups of activities of the Haiti Plan of Action for Cholera Response and Preparedness: 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 supporting cholera prevention awareness-raising activities in health care facilities, schools, communal areas and markets throughout the country.

From the onset of the outbreak to January 2011 the intent of the IFRC Departments involved in the Cholera response was to substantially increase the capacity of the Haitian Red Cross to respond to, and prevent outbreaks. To improve response, the IFRC Cholera Programme funded an Ambulance Centre in Port-au-Prince to transport cholera-affected patients to nearby health structures (see p. 17). The scale of the response demanded an approach which would ultimately champion cholera prevention through training and mass mobilization of Haitian Red Cross volunteers specifically charged with promoting awareness of cholera in communities.

As such from the very start over 500 Haitian Red Cross volunteers from Port-au-Prince and 61 from the regions and other community groups were trained in cholera prevention and response. Information, education and communication (IEC) materials, such as a cholera information brochure was developed, while other IEC materials were adapted and translated into Creole from existing IFRC tools, such as the Epidemic Control for Volunteers. Cholera sensitization sessions were also given to national staff at the IFRC Base Camp and training was given to HRC volunteers and staff to enable them to disseminate information at oral rehydration centres. Training in cholera treatment and prevention was also provided to medical staff of the MSPP. Further to this, a specific cholera training module was developed to facilitate medical staff becoming trainers. An ambulance training module was also developed.

A cascade of cholera-specific volunteerism followed in the key vulnerable geographic areas. In the West the Haitian Red Cross undertook various activities to raise awareness on cholera prevention and hygiene promotion. This was achieved through focus groups, door to door outreach and talks in public places such as churches and markets where volunteers gave presentations on cholera and its prevention 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 ten teams of 30 volunteers reached 925 people with such messaging and distributed 2,000 aqua tablets and 154 soaps, in the zones of Masson and Verrettes eight teams of 24 volunteers reached 132 people (Masson) and 332 people (Verrettes) with messaging and distributed 1,000 aqua tablets and 72 soaps. In Redoute 12 volunteers reached 248 people and 1,000 aqua tablets and 72 soaps 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 four water points were put in place, while at the church of Saint Pierre de Ganthier nine volunteers conducted mass sensitization of 2,000 volunteers and constructed seven water points.

In the North West a team of 12 Haitian Red Cross volunteers led a sensitization of 320 beneficiaries, distributing 3,300 aqua tablets 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, three volunteers sensitized 307 church attendees, four 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, two volunteers conducted outreach to 70 church attendees, distributing 700 aqua tablets and 100 ORS. Also in the market of Jean Rabel 700 community members benefited from the outreach activities of seven volunteers.

Improved capacity in responding to outbreaks was also achieved. Following a resurgence of cholera cases in Bas Artibonite in April, 179 Haitian Red Cross volunteers working with the French Red Cross were mobilized to deliver prevention of cholera and hygiene promotion outreach 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 tablets, posters, bars of soap and hygiene promotion materials were also

distributed. The Haitian Red Cross also responded to increasing cases of cholera in the Barraderes commune in Nippes owing to the poor management of a cadaver 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 tablets, 500 ORS, 720 bars of soap, 4,000 flyers on combating cholera and 4,000 gloves.

Furthermore, preparedness in cholera prevention was also bolstered over the period. For example between 22 and 24 April the Haitian Red Cross identified acute vulnerability and conducted cholera prevention and hygiene promotion messaging around a large carnival event in Léogâne. Eleven water points were established and training given to volunteers on the management of these points. Three boxes of soap bars and 1,000 flyers were also distributed to community members attending the event.

As the Haitian Red Cross began to undertake 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 and will continue over May and June, involving demonstrations on programme reporting across the 13 branches of the Haitian Red Cross.

Red Cross and Red Crescent Movement Developments

The Cholera response demanded a Movement-wide operation which at its height involved 16 PNS, the ICRC and the IFRC. By April, and in response to declining need, Movement participation had reduced to eight PNS, the ICRC and the IFRC. Given the scale of the response, an IFRC Cholera Department was established in November to facilitate the coordination of the components of the Movement by providing support in terms of water and sanitation, health, logistics and communications. The Department comprises delegates with expertise in Health, Programme Management, Reporting, Finance, and Logistics.

Partner National Society Responses:

Since the outbreak of the cholera epidemic through the close of April 2011, the **American Red Cross** has been actively involved in hygiene promotion and cholera prevention interventions. In the first two weeks alone of its scaled-up programming, the American Red Cross trained more than 220 people in hygiene promotion and cholera prevention. These went on to work in camps of the metropolitan area of Port-au-Prince disseminating information on cholera prevention, transmission, symptoms, how to prepare ORS, and demonstrations on hand-washing. In addition, the promoter teams conducted distributions of soap bars, water treatment tablets and ORS sachets. In this six-month period teams reached a total of 192,446 people with direct messaging and conducted 106,184 hand-washing demonstrations. In addition, the teams provided more than 1,027,000 bars of soap, nearly 58,000 ORS sachets, and over 3,300,000 aqua tablets. Furthermore in Port-au-Prince, the American Red Cross deployed 199 hygiene promoters, team leaders and field managers to a total 75 camps, 54 schools, 11 bus stations and 16 marketplaces in the communes of Port-au-Prince, Pétion-Ville, Tabarre and Delmas.

The American Red Cross also established 38 ORPs in 31 camps of the Port-au-Prince metropolitan area over the reporting period. As part of operating these points, the Society has led trainings for community members and camp residents on ORS point management, including how and where to refer cholera patients who are in need of medical treatment. It has also provided aqua tablets, soap and ORS sachets to be distributed to people seeking assistance from the ORS points. As of April 2011, more than 3,230 people had been treated at those ORS points established by the American Red Cross and referred to CTC/CTUs, as appropriate.

Also within its cholera prevention programming, the American Red Cross has led activities in the Northeast department. This has included conducting cholera awareness educational sessions and hand-washing demonstrations in schools, marketplaces and at wider community awareness events. More than 260 Haitian Red Cross volunteers and community leaders have been trained in such cholera prevention and hygiene promotion interventions. Awareness activities have been led in more than 70 schools in six communes of the Northeast department, reaching over 8,000 students aged 6 to 14. Distributions in these six communes have included more than 17,800 bars of soap, over 85,000 aqua tablets, and more than 25,000 ORS sachets. The programme has reached more than 5,000 community members through awareness sessions and has conducted 530 house-to-house visits, delivering hygiene promotion and cholera prevention information.

In addition, the American Red Cross has worked through partners to broaden its coverage in cholera prevention. More than 900,000 people have been reached through these cholera support programmes, implemented both

bilaterally and through partnerships with Save the Children, CARE, International Medical Corps and the French Red Cross. Activities have included setting up of ORS points and mobile medical units, health and hygiene promotion, chlorination of water supplies, cleaning drainage systems, disinfecting latrines and public places, and the distribution of soap bars, ORS sachets and water purification tablets.

Towards the end of the year, the American Red Cross will be expanding its community-based cholera response to more communes in the Northeast department and to new communes in the West (Arcahaie and Cabaret) and North departments. School education sessions will continue and will include provision of hand-washing stations and small commodity distributions. In communities identified by MSPP as high risk, latrines and water pumps may be supported. House-to-house hygiene promotion and distributions (ORS, soap and aqua tablets) will also be complimented by the establishment of community-based ORS distribution points.

The **British Red Cross** has been active across Port-au-Prince and the South province since the start of the outbreak. In Port-au-Prince it established a 120-bed CTU in the IDP camp of La Piste, in cooperation with the Finnish Red Cross until February, and Partners in Health. As of 31 April 2011, a cumulative total of 5,139 cholera patients had been admitted and treated there.

Following the outbreak the British Red Cross increased hygiene promotion activities in the camps where it was already present (La Piste/Jean Marie Vincent (JMV), Automeca camp, and Delmas 19). This included conducting additional cholera-specific trainings for volunteers in solid waste management, latrine cleaning and for hygiene promoters who worked to spread health messages from door to door. Fifty-seven volunteers in La Piste were trained in cholera specific hygiene promotion and, in support of their work during the peak of the outbreak, a sound truck was used in La Piste playing hygiene promotion songs and messages provided by IFRC and other health partners. Community representatives from the camps were trained in community mobilization on combating cholera. The British Red Cross also expanded hygiene promotion activities to work in Annexe de la Mairie camp, and in Delmas 19 at the site of its community renewal project. Together these hygiene promotion initiatives have reached an estimated 79,000 people. ORPs were also established in La Piste/JMV and Automeca and a mobile cholera unit was deployed to treat cholera cases in the surrounding area.

Since December 2010, the British Red Cross also implemented a number of activities in the South department in the communes of Roche-A-Bateaux, Coteaux, Port-a-Piment, Chardonnières, Les Anglais and Tiburon. These included hygiene promotion, providing initial cholera case management and chlorine disinfection of corpses and homes, supporting ambulance services between Port-a-Piment CTU and Tiburon ORP, and supporting the MSPP to establish and carry out construction works for water sanitation facilities at the CTU in partnership with the Japanese Red Cross Society. In March, following a very stable improvement down to four cases throughout the month, Tiburon ORP was closed. Hygiene promotion and distribution of hygiene items benefited an estimated 178,556 beneficiaries, while 19 nurses and 42 community members involved in disinfection spraying received training on cholera prevention and management. In households reporting cholera cases 10l storage water containers were distributed in an effort to improve the water consumed by the family.

Cholera incidence in the South reported by the British Red Cross

Area	Cholera Cases	CTU referred	Community Deaths	HH (Chlorine) disinfection sprayed	Health Education		Distribution of Supplies			
					HH visited	Beneficiaries	Soap Tablets	ORS Sachets	Aqua tab strips	10lt water containers
Coteaux	213	71	27	290	2852	21,006	970	4058	25,417	30
Roche A Bateaux	123	80	7	203	5814	35,641	2289	8725	66,232	42
Port a Piment	198	111	6	103	4897	29,744	1152	6064	41,960	30
Chardonnières	436	69	46	428	7666	43,994	2259	11384	115,770	21
Les Anglias	225	4	24	229	6822	46,041	1582	8843	85,700	30
Tiburon	158	29	30	154	733	2,130	90	7235	44,700	
Totals	1353	364	140	1407	28784	178,556	8342	46309	379,779	153

The key achievements over the reporting period included improving awareness of cholera and its prevention and treatment; encouraging earlier health-seeking behaviour; reducing incidence of severe dehydration in those

arriving for treatment in the CTU; reducing the number of cholera deaths in the communities which decreased from 92 in January to 11 in April across all the six communes. The British Red Cross also conducted training in community cholera prevention and mitigation for 66 MSPP health agents and 144 Haitian Red Cross volunteers including providing them with cholera kits.

In addition the British Red Cross Port-a-Piment ambulance service transferred 559 cases to the CTU for further treatment. A total of 1,356 cholera cases have been seen by the community nurses since the response started in Coteaux in the third week of December 2010. By April the caseload had significantly declined with areas of higher population density, such as Chardonnières experiencing proportionally higher incidence of cholera.

Finally 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, Tiburon) on how to construct low-cost latrines. Ninety-five people received training and the aim is for the programme to be rolled out in 190 villages.

In addition to operating a CTC in Carrefour, West province, the **Canadian Red Cross** also launched a preventive health and hygiene promotion programme in Les Nippes of the South-East province, and in and around the area of Léogâne in the West in late January 2011. Its objective was to support the Haitian Government through bolstering implementation in this area of the Haitian National Strategy for Combating Cholera.

The initial aim was to establish 29 ORPs in Les Nippes, 12 in Léogâne and 12 across the South-Eastern province; however, this was reduced to a target of 15 in Les Nippes (subsequently increased to 16 owing to an acute cholera outbreak), six in Léogâne and six in the South-East owing to constraints on resources and time. Twenty ORPs are now open and operational 24hrs a day, seven days a week with a further eight to be opened in May. They are run by volunteers of the Haitian Red Cross and equipped with a latrine and water tank. The ORPs cover 11 localities in Jacmel, two in Anse-a-Veau, and Petit Trou of Les Nippes, five in Benet commune and one in Cayes-Jacmel commune. Over the period these ORPs received 429 patients and approximately 45 per cent were transferred to a nearby CTC or CTU for further treatment. All the material for their operation was either purchased locally or in the case of cholera-related items, provided by the IFRC.

In parallel to this since January 177 Haitian Red Cross volunteers were trained in cholera symptoms, treatment, prevention and hygiene, and the use of oral rehydration therapy in Artibonite, and a further 188 across Léogâne, Jacmel and Nippes. Assigned to each ORP was a team of two volunteers tasked with raising awareness on cholera, mobilizing the local community in its prevention and conducting house disinfections. Different approaches were used including door-to-door outreach, focus groups, community meetings as well as sessions in schools, churches and markets. Furthermore in Léogâne six teams are particularly mobile over other localities. In these ways, an estimated 55,000 people have been reached since November 2010.

The Canadian Red Cross also distributed cholera prevention kits containing soap bars, aqua tablets, ORS sachets, a jerry can and cholera flyers on prevention and treatment (and a mosquito net in the Léogâne distributions). The Netherlands Red Cross supported the Canadian Red Cross by distributing kits in Jacmel, 9,503 kits were distributed in Les Nippes and 6,513 were distributed in Léogâne. A mass campaign of outreach on cholera was also conducted with each distribution.

Material and administrative support to the cholera operations included paying of salaries for medical staff including 3 doctors, a nurse, a water and sanitation expert and a community mobilization delegate, two drivers, and the provision of two water purification units to be distributed by the IFRC. The focus over the coming months will now be on installing hand washing points in schools and churches, evaluating the needs of referral centres (CTCs/CTUs) and advocating how these may be covered by other local partners and NGOs.

The **French Red Cross** has been actively engaged in improving water safety and sanitation to populations at risk of cholera. In Artibonite, the French Red Cross distributed more than 1,677,000 gallons of water to CTCs and to very vulnerable communities living in the area of the intervention and nine "Hydropur" water treatment plants were rehabilitated. 22,593 houses were also disinfected to prevent the spread of cholera along with 1,661 tents across 18 of Port-au-Prince's IDP camps. Also in these areas 134 chlorinated hand washing stations were also installed and transferred to the population at the end of the programme. In Petit-Goâve, 200m³ of water was treated with chlorine across eight sites on a weekly basis. In Port-au-Prince, water drainage improvements were achieved in camps and in neighbourhoods. Canals were cleaned in ten camps and sewage systems were rehabilitated in Delmas 9 (170 metres rehabilitated) and in Mont Carmel Camp (90 metres rehabilitated). Furthermore the French Red Cross collected 100 garbage bins installed in 18 camps, five days per week. In four months, a total of

992.5m³ of waste was unloaded in the only official waste disposal site in the country, the sanitary landfill of Truttier.

Hygiene promotion and preventive health were also central to the response of the French Red Cross. In Artibonite 257,720 persons benefited from at least one awareness session conducted through door-to-door activities and focus groups. Furthermore in the process of its support to 46 orphanages the Society also delivered hygiene promotion outreach to 2,000 children and 500 staff over the course of 929 visits involving 65 focus groups and 250 hygiene promotion sessions. The French Red Cross also financed five different radio spots that were broadcast on a local radio channel during the height of the epidemic. These radio messages were designed to explain the basic rules of personal hygiene and sanitation that should be respected in order to avoid contamination and spreading of cholera.

In terms of treatment, the French Red Cross installed six ORPs in its camps that were most vulnerable to cholera. 204 cases were treated at these sites and affiliated ORP teams promoted hygiene across 57,900 people of the 18 camps supported by the French Red Cross. In addition since 21 October 2010, the French Red Cross has managed 11 CTUs in the centres already supported by the French Red Cross, 12 CTUs in the health centres of Port-au-Prince metropolitan area, three CTUs in Petit-Goâve and 5 mobile CTUs in remote areas (La Boule 12, 3e Belle Fontaine, Lamarque, 4e Belle Fontaine and Thomassin). The French Red Cross has also supported one CTU managed by another NGO (JP/HRO), and supported four more CTCs (Gheskio IMIS and Bicentenaire, Ste Filomèn, Fermathe). The personnel of these centres amount to more than 1,000 people, all of whom have been trained on disinfection and cholera patient care. In addition in remote areas, 120 ORPs were installed in the five communal sections of Kenscoff and in the five communal sections of Pétionville.

Trainings of Health Personnel in:			Number of Patient Admissions by CTUs of the French Red Cross
	Health and Sanitation Promotion	Cholera Awareness	
October	45	-	16
November	346	-	527
December	292	300	1757
January	261	-	1596
February	50	615	1285
March	8	110	785
April	0	0	509
Total	1002	1025	5980

Given the vulnerability to cholera in the areas where the French Red Cross works, this PNS is carefully surveying the situation in the event of cholera resurgence.

The **Danish Red Cross** has also been active in delivering hygiene promotion in Les Cayes. Furthermore in November an IFRC health delegate participated in a technical working group with UNICEF and the World Health Organization (WHO) on developing IEC materials for the cholera response. These materials formed the basis of the cholera messages approved by the MSPP. Upon confirmation of the messages by the MSPP, the Red Cross printed 1,000 copies as handouts in camps and communities. A major print-run of 100,000 copies then followed with funding assistance from the Danish Red Cross.

The **German Red Cross** operated a CTU in Arcahaie from 30 October to 30 April 2011 which treated 1,324 cholera cases. Its affiliated mobile hygiene promotion team also held 184 sessions on cholera prevention in the area's more remote locations giving messages to 27,526 beneficiaries on hand washing, drinking water disinfection and ORS use, as well as distributing ORS sachets, aqua tablets and bars of soap. 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.

The **Japanese Red Cross Society** Basic Health Care ERU was mobilized in response to the IFRC appeal for the cholera operation in Haiti. The team was involved in operating the CTC in Carrefour, Port-au-Prince, in cooperation with the Canadian Red Cross, and the CTU in Port-a-Piment, South in cooperation with the British Red Cross. The CTU in Port-a-Piment has been operational with the approval of MSPP since 27 November and treated 1,099 patients. The Japanese Red Cross Society is also working closely with the British Red Cross in elaborating 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.



Cholera patients being treated in the Japanese Red Cross Society CTU Port-a-Piment. Photo by: Kozue Hirata/JRCS

From mid- March, 70 local health staff participated in on-the-job training at the Japanese Red Cross Society CTU in Port-a-Piment. 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 on 13 and 15 April.

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. 97,686 people have received specific messages on cholera prevention and treatment through hygiene promotion sessions in the most affected areas in the communes of Jacmel, Marigot, Cayes 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 (made up of jerry cans, bars of soap, aqua tablets, leaflets and ORS sachets). A further 148 schools have received cholera and hygiene promotion awareness messages. 15 ORPs are operational and 46 chief brigades have been trained in ORP management. 28 disinfection agents have been trained and 36 houses disinfected. Each ORP has one 18m² shelter, one latrine, one water tank (2,500l) with a system of rain recycling and are staffed with one health agent (the brigade chief) along with two health promoters from the local community. There are two ORPs in each of the 23 communal sections of the targeted zones, with each having benefited from the services of a disinfection team of two people.

At the close of April, the **Norwegian Red Cross** handed over its activities to the Haitian Red Cross. A mobile sensitization team from the Haitian Red Cross continues to do mass sensitization at the community level with financial and administrative support from Norwegian Red Cross until 30 June 2011. Two volunteers coordinate and follow up disinfection activities in the same period. The Norwegian Red Cross's mobile unit ERU was originally deployed to Jérémie, Grande Anse at the start of the outbreak where 15,237 cumulative cases of cholera, and 838 deaths had been reported as of 4 April 2011. From the onset of the ERU cholera response, the Norwegian Red Cross had 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 8,471 inhabitants of the Grande Anse province with its activities.

The **Spanish Red Cross** launched a Cholera Response Project which ran from 22 October 2010 to 31 March 2011 in Artibonite (Marchand Dessalines, L'Estere La Croix and Saint 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 cholera treatment, hygiene promotion, disinfection and basic infrastructure. This project focused on hygiene promotion, disinfection and, a key activity involved delivering water supply to CTCs (1 in Artibonite, 2 in Port-au-Prince) as

well as access to treatment for cholera patients. Committees were tasked with identifying cholera cases in camps, providing urgent treatment or referral to the nearest CTC. Over the course of the project 223,141 people participated in hygiene promotion activities while a further 162,203 people took part in disinfection activities. Hygiene promotion activities were accompanied by relief distributions (soap, ORS, aqua tablets, buckets) and 24 hospitals and CTCs received medical supplies and disinfection equipment. Specifically 23,708 disinfection activities took place. 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's other projects while all remaining equipment will be transferred to the sanitary points of the Haitian Red Cross (e.g. water treatment plant and chlorine).

The **Swedish Red Cross** and the **Finnish Red Cross**, completed their 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 programme distributed 51,000 pieces of soap, 1,100,000 aqua tablets, 12,400 doses of ORS, 250,000 posters on hygiene promotion and water and sanitation diseases such as cholera, 2,800 pairs of gloves, 840 jerry cans, eight 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: handwashing; 60 cholera prevention/ORS; 45 hygiene promotion).

A final survey was conducted after the roll out of 21,542 activities in hygiene promotion involving 50 Haitian Red Cross volunteers during 34 weeks in the three camps of De Louise, Saint Marie and Place Jérémie. The survey demonstrated greater awareness in the camp population of maintaining hygiene and sanitation in order to prevent cholera, diarrhoea and malaria. Across 95 per cent of respondents who received hygiene promotion messaging more than three times: 44.6 per cent said they were less likely to throw rubbish in ditches and streets; 77 per cent said they now washed their hands before eating; 84 per cent said they were aware that ORS should be used to

treat diarrhoea; 63 per cent recognized the importance of a clean environment to prevent becoming ill.



Health education for the families of patients. Photo by Minami Hobara.

The **Swiss Red Cross** began managing a CTC jointly with Médecins du Monde – Switzerland in early December in Grand Goave, providing staff to the CTC until February 2011 (doctors, nurses, a logistician and WASH specialist). The CTC was constructed in ten days thanks to an excellent collaboration with the Norwegian Red Cross, various NGOs, MINUSTAH and the MSPP. From November 2010 to the end of April 2011, the CTC received 748 patients (91 patients with acute diarrhea, 657 with Cholera) and registered five deaths. The medical team of the Swiss Red Cross instructed the local staff of three doctors and

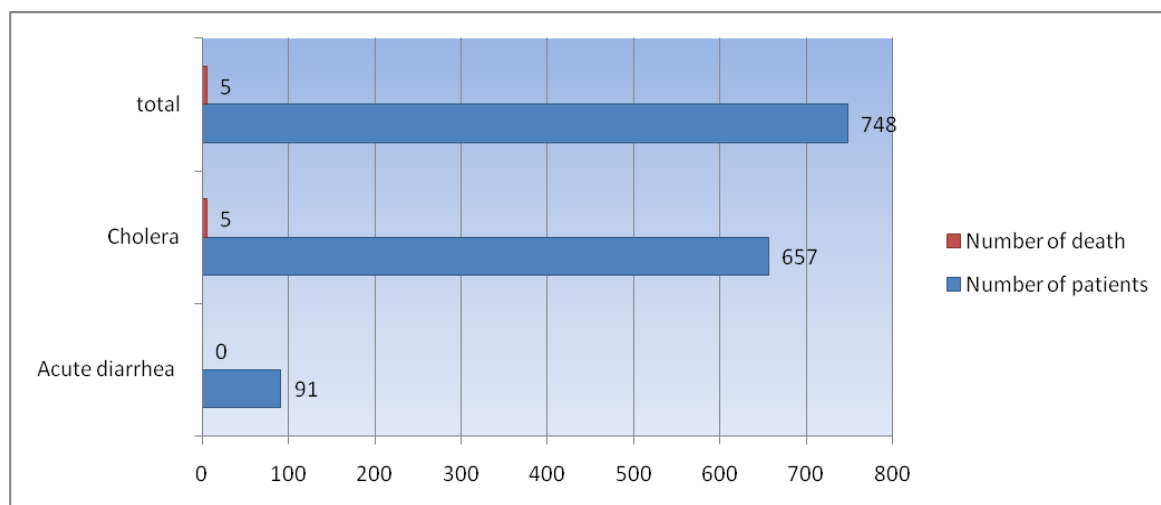
16 nurses in caring for the patients. Continuous training for the remaining CTC's

staff members is ongoing and includes diagnosing and treating malnutrition and malaria for medical staff, as well as disinfection spraying and vector control for hygienists. In addition the Swiss Red Cross donated 3,450 buckets and 3,900 jerry cans to the cholera operations to the IFRC as well as providing one logistician for the cholera operation for two months.

Over time the support given by the Swiss Red Cross to the CTC became managerial and financial and by April the focus was on implementing an exit strategy. At the same time the Swiss Red Cross 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.

Patients treated within the Swiss Red Cross CTC in Grand Goave: November 2010 – April 2011



In addition, support with the treatment of cases and bolstering of the response was also received from the Colombian Red Cross Society, the Italian Red Cross and the Luxembourg Red Cross at the initial stages of the outbreak.

Finally since the outbreak of the epidemic the **International Committee of the Red Cross (ICRC)** has worked through its unique mandate in combating cholera in 18 places of detention (PoD) in Haiti to the benefit of 5,800 inmates. Cholera affected 15 of the 18 places of detention (total population: 4,900 inmates) and the ICRC treated 698 detainees, while there were 64 deaths. As an exceptional measure a dose of antibiotic (Doxycycline) was given according to the protocol of the Direction de l'Administration Pénitenciaire. 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 solute 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. In order to improve the system of alert and case management in those PoDs especially affected by the cholera, additional local medical staff were recruited by the ICRC to support nurses working within the penitentiary administration. In all civilian prisons, the ICRC distributed over 90,000 water-purification tablets, 2,000kg of chlorine (HTH) and 115 gallons of bleach. In order to help prevent cholera, the ICRC continues to deliver hygiene and disinfection supplies to all places of detention visited by it. In Port-au-Prince prison, a CTC with four observation cells was installed by the ICRC in collaboration with medical teams from the prison. In the prison located in Cap-Haitien and Les Cayes, the ICRC continues to provide daily monitoring of inmates health status. Since December 2010, additional health staff were also hired to respond to the epidemic.

In order to prevent a potential outbreak of cholera in Cité 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, it continues to support the Haitian Red Cross's 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 (HTH) 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.

Progress towards Outcomes

The following section outlines progress in achieving objectives since the start of the operation by the IFRC and the Haitian Red Cross under the emergency appeal framework. Detailed accounts of the cholera-response activities that were implemented can be found in the five Operations Updates preceding this six-month overview.

Firstly to understand the extent of the IFRC support to the cholera response, it is important to recognize that the IFRC is both responding through its Sectors *and* supporting PNS in their cholera response activities. As such it is necessary to view its progress in achieving outputs also in light of the activities of PNS as the vast majority received logistical and technical support from the IFRC which supported the effective running of their cholera-related programmes funded through a variety of sources. As such from the early days of the outbreak, the role of the IFRC Cholera Support and Coordination Department has evolved into facilitating continuity and comprehensiveness in cholera programming of the International Red Cross and Red Crescent Movement and its constituent members. Supplies were offered to PNS free of charge allowing them to do more with their own resources and scale up their programmes.

Secondly in practice, many of the Cholera programme indicators have proven to be substantially overlapping with those of the Earthquake Appeal. As explained this reflects the inter-linked and mutually reinforcing nature of these parallel programmes. For example hygiene promotion, water and sanitation provision are logically implemented together, as is hygiene promotion and treatment of cases and disinfection of the homes of those diagnosed with cholera.

Leading Activity Implementer
PNS/Haitian RC
Earthquake Appeal

As such to illustrate these cross-cutting dimensions of the Cholera programme those activities with significant PNS involvement appear in **orange**. In these cases while essential materials to conduct the activity may have been provided by the IFRC Logistics Department, the management and roll out of the activity was led by a PNS. By contrast those objectives highlighted in **blue** were developed from, and are contained within those of the Earthquake Appeal. Their implementation periods have been adapted as per the Cholera Appeal and as such percentage achievements specific to the cholera response are presented.

WATER SUPPLY

Water Supply	Indicator	Implementation Period	% achieved - 6 months
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.	1.1. 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.	Nov 2010 – Jan 2011	100%
	1.2. 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.	Nov 2010 – Jan 2011	100%
	1.3. Microbiological tests will be conducted for all Red Cross water sources	Nov 2010 – Jan 2011	100%
	1.4. Water caretakers will be trained in cholera awareness and hygiene promotion.	Nov 2010 – Apr 2011	100%
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	2. Provide water for up to 6 months with a minimum of 60l/patient treatment for up to 5 CTCs, 5 CTUs and mobile teams	Nov 2010 – May 2011	66%

<p>Output 3: Communities in the five provinces on the Dominican Republic border have access to safe water.</p>	<p>Pre-position water and sanitation equipment at the border of the Dominican Republic.</p>	<p>Progress towards this output will be reflected in the next operations update.</p>	
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Analysis of Implementation

Key Achievements

Output 1

- 1.1. When the outbreak began the IFRC Water and Sanitation department had begun exploring possibilities of a gradual decline in its water trucking services to camps as part of its wider exit strategy.³ However recognizing the urgent need for clean water provision as a means of curbing the cholera epidemic, a decision was made to increase water trucking for as long a period as possible. As such there was an increase to 47 trucks which delivered approximately 11 million litres of water per week, providing beneficiaries with an average of 9.9 litres per person (up from 7.1 litres) from the last week of December 2010 to 1 February 2011. Already by December 2010, the IFRC Water and Sanitation department was providing water supply to up to 240,390 people affected by the January earthquake.
- 1.2. Throughout this period, and in line with the usual practice of water distribution within the Earthquake Appeal, the IFRC Water and Sanitation Department conducted monthly monitoring of residual chlorine in its water distributions in order to meet with the National Water Authority standards (Direction Nationale de l'Eau Potable et Assainissement - DINEPA). A retrospective March report found that 98 per cent of all water tested was found to be at normal levels according to the Surveillance System for Residual Chlorine (SIS KFOR Programme). Furthermore In those camps serviced by IFRC Water and Sanitation this was found to be true in 100 per cent of the tests.
- 1.3. These tests are carried out monthly by the water source owner in a laboratory certified by DINEPA. This is a mandatory condition in Haiti for the opening and maintenance of a borehole of a water source.
- 1.4. For each water point that received IFRC water services, a water care-taker was in place to receive water from the truck and conduct the water quality analysis (testing chlorine residual levels). The 93 water care-takers are selected from the camp community and trained on-site by the IFRC. In November 2010 they received further one-day training. Furthermore IFRC Water and Sanitation and Health Departments trained 16,250 volunteers of the Haitian Red Cross in cholera awareness and hygiene promotion over the period.

Output 2

During the period the CTCs were active, sufficient water was provided and the needs were 100 per cent covered even though not the full complement of five CTCs and CTUs were supplied as this was not necessary. For example the CTU of the Japanese Red Cross Society in Port-a-Piment took water from the nearby police station rather than request water to be trucked there. The IFRC Water and Sanitation department did supply safe water on request to CTCs and CTUs in Arcahaie and Port-au-Prince (La Piste and Carrefour). In November two water tanks (2,000 litre capacity) were also installed at the German Red Cross cholera treatment centre in Arcahaie and a delivery of 15,000 litres of water was made to the CTC on its first day of operation, along with 180kg of high concentrate (HTH) chlorine for disinfection of the facility. The IFRC provided support to the activities of the French Red Cross and the Spanish Red Cross in Saint Marc through daily delivery of 15,000 litres of treated water. Other provisions for activities in Saint Marc include 300,000 aqua tablets which were given to the Spanish Red Cross and 45kg of chlorine to the French Red Cross.

Challenges

A notable challenge facing the IFRC Water and Sanitation department was the ability to deliver additional water at a time when according to the Earthquake Appeal response, this supply was planned to decrease. While this put additional costs on the Earthquake Appeal budget under which this objective is funded, the important task was nonetheless achieved.

³ For more information see the 12 month Earthquake Operations Update.

SANITATION

Sanitation	Indicator	Implementation Period	% achieved - 6 months
<i>Outcome: The risk of cholera is reduced through the improvement of sanitation conditions.</i>			
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.	1.1. 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.	Nov 2010 – Apr 2011	100%
	1.2. Provide and maintain at least 66 existing hand washing points and 206 existing latrines with soap and water.	Nov 2010 – July 2011	70%
	1.3. 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.	Dec 2010 – Apr 2011	100%
Output 2: Houses of patients are disinfected to prevent further spread of the disease in locations covered by outputs 1 and 2 of Water section	2. Spraying of the houses and training of the beneficiaries in the disinfection of clothes, kitchen utensils.	Dec 2010 – end of IFRC Water and Sanitation prog.	100%
Output 3: Sanitation facilities are improved in the three additional geographical areas	3.1. Where sanitation facilities are available, communities will receive training on latrine management including distribution of chlorine/activated lime.	Dec 2010 – end of IFRC Water and Sanitation prog.	70%
	3.2. Where sanitation facilities are non-existent, support will be provided for the local community in the identification of alternative options and training	Nov 2010 – Oct 2011	50%
Output 4: Red Cross treatment centres/units have access to sanitation including excreta disposal, solid waste and drainage	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)	Nov 2010 – May 2011	66%

Analysis of Implementation

Key Achievements

Output 1

- 1.1 Well over 200 camp community sanitation facilities have been serviced by the Movement. Furthermore in January the IFRC Water and Sanitation Department implemented a dosage of 2 per cent high test HTH to prevent the spread of cholera in all its disinfection activities. A new model of latrine construction (covered by plastic sheeting) for easy disinfection and prevention of cholera was also implemented for the production of more than 200 latrines and showers to cover the sanitation needs in the camps.
- 1.2 The IFRC Logistics Department distributed 529,174 bars of soap to Movement members in order to allow them to make these available in the hand washing points and latrines where Movement members operated (see Logistics Section, and the Movement Section). This activity is ongoing amongst many PNS and for example with the American Red Cross this will be scaled up. In addition January saw the installation of eight hand washing stations

by IFRC Water and Sanitation in the Premature, Henfrasa, Avenue Populaire, Bell Air, La Piste and Clearcin 24 camps. Furthermore 467 latrines received IFRC Water and Sanitation services over the period, more than double the targeted value and this was a result of the fundamental need of this service particularly during the high period of the cholera outbreak.

- 1.3 This activity began immediately following the outbreak and will carry on to be organized by the IFRC Water and Sanitation Department for the foreseeable future. As such the objective of increasing sanitation activities in cholera-affected camps was achieved. Twice a week latrines are disinfected by a sanitation team of the Department with a high concentration of chlorine HTH (2% solution). This service was specifically put in place in response to the cholera epidemic. The team conducts this activity on average 110 times every month across the 17 camps supported by IFRC Water and Sanitation department. When information is received on cholera outbreaks the same team is given priority deployment to disinfect the homes of those living in these camps where a cholera case was found. Furthermore training was also provided to vacuum truck operators on the use of personal protective equipment for handling the chlorine as to limit any contact with cholera bacteria. These vacuum truck operators spray the interior of the latrines with chlorine after emptying them, as well as the area around the latrines.

Output 2

This activity is conducted by the IFRC Water and Sanitation, and the PNS with support from the IFRC Logistics Department which supplies chlorine, sprayers and protective clothing equipment. To date the IFRC Water and Sanitation Department and the Haitian Red Cross have trained 5,213 people in disinfection spraying. Where cases of cholera are confirmed in CTCs these volunteers are deployed to disinfect homes of cholera patients and key vulnerable community sites. While such activities will remain ongoing under the lead of the Haitian Red Cross, recognition and implementation of this objective has been achieved.

Output 3

- 3.1. This output is part of the wider activities of the hygiene promotion teams within the IFRC Water and Sanitation Department. At the close of April, 49 camps were being regularly serviced by the Department with both sanitation and hygiene promotion activities for 100,625 beneficiaries. For example over March and April alone sanitation regarding latrine management training was given by IFRC Water and Sanitation to 1,020 volunteers of the Haitian Red Cross from the local communities. This is in addition to those activities carried out by the PNS and outlined in the Movement section.
- 3.2. With IFRC Water and Sanitation providing services in IDP camps and to some CTCs, PNS located across the country are best placed to deliver water and sanitation services to rural communities. Where possible the IFRC provides logistical and technical support in doing so by identifying alternative clean water sources. The Canadian Red Cross, the German Red Cross and the Norwegian Red Cross are particularly involved in this activity.

Output 4

Over the period the IFRC Water and Sanitation Department provided three CTCs (28 toilets) and 17 IDP camps with sanitation services including dislodging waste and disinfection, to a total 467 toilets. In addition, the Department provided sanitation facilities to CTCs such as portable toilets, PVC septic tanks, PVC water storage tanks, incinerators, chlorine and protective clothing (rubber gloves, overalls, masks and rubber boots). Disinfection of areas and latrines was carried out by spraying chlorine. The team also routinely removed plastic bags filled with excreta, thrown by the population around the latrine areas. In November the IFRC delivered eight portable latrines to the German Red Cross CTC in Arcahaie, and desludged and disinfected these latrines three times per week. At the same time the Department provided occasional desludging and disinfection service to the Médecins Sans Frontières CTC in Port-au-Prince. From the start of the earthquake operations to the end of April, 4,694m³ of waste was dislodged from latrines in those camps serviced by IFRC Water and Sanitation. While the full figure was not achieved this was due to the fact that many PNS did not require sanitation support but where this was requested the IFRC Water and Sanitation endeavoured to deliver.

Challenges

The removal of sanitation services to camps is particularly challenging given the risks associated with declining sanitation and cholera resurgence.

HEALTH

Health	Indicator	Implementation Period	% achieved - 6 months
<i>Outcome: Cholera-related morbidity and mortality is reduced through a comprehensive health approach including surveillance, oral rehydration solution (ORS) distribution and case management/treatment.</i>			
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.	1.1. Provision of oral rehydration in communities that are cholera affected concurrently with preventive health and hygiene promotion activities for at least 15,000 people.	Jan 2010 - Oct 2011	100%
	1.2. Training of the Red Cross volunteers dedicated to ORS posts on cholera active case finding and communication with the referral system.	Jan 2010 - May 2011	90%
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.	2.1. Setup up to 5 Red Cross Cholera Treatment Centres to provide case management for the affected population.	Oct 2010 - Feb 2011	100%
	2.2. Setup up to 5 Red Cross Cholera Treatment Units to provide case management for the affected population.	Oct 2010 - Mar 2011	100%
	2.3. Mobilize up to 5 mobile teams to support health facilities with a focus on rural areas.	Jan - May 2011	100%
	2.4. 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).	Oct 2010 - Oct 2011	100%
	2.5. Provide support to the MSPP with cholera treatment kits until 1 December 2010.	Nov 2010 – Dec 2010	100%
Output 3: Management of cholera patients is enhanced.	3.1. Ensure advocacy in the area of management of cholera patients.	Nov 2010 - Oct 2011	50%
	3.2. Provide support for training of staff from the Ministry of Public Health and agencies working in the management of cholera cases.	May 2010 - July 2011	80%
	3.3. Adapt the HRC ambulance service first responders' training to address cholera specific intervention and correct use of the equipment.	Nov 2010 – Jan 2011	100%

Analysis of Implementation

Key Achievements

Output 1

- 1.1. The IFRC Logistics Department over the six months delivered 1,581,750 ORS sachets to the Haitian Red Cross and PNS for distribution to cholera-affected communities (see logistics table). Over the period the Haitian Red Cross was involved in setting up 108 ORS distribution posts. This activity will continue and be scaled up to reach more beneficiaries for the life of the Cholera programme given its importance in prevention and treatment.
- 1.2. ORS distributions usually take place concurrently with preventive health and hygiene promotion activities as described in the accounts of the individual PNS and Haitian Red Cross and is largely achieved through the efforts of the Haitian Red Cross volunteers.

Output 2

- 2.1. - 2.2. The Movement continues its efforts to bolster the Haitian health service countrywide by supporting and operating CTCs, CTUs and mobile health teams. The establishment of CTCs many of which later became CTUs began immediately following the outbreak and was the result of a concerted effort by the Red Cross and Red

Crescent Movement which by April supported 29 CTCs/CTUs (see the Movement section for full details). The IFRC Cholera and Logistics Departments 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 Department coordinates the rapid allocation of necessary supplies from the IFRC Logistics Department or between different PNS operating in the area. The IFRC Health Department also offers technical support to the Haitian Red Cross branches as requested. In general though the intended target of setting up five CTCs and five CTUs was not completely fulfilled as many PNS preferred to support pre-existing medical facilities where this was possible for reasons of sustainability and capacity building. As such this objective was achieved but in a way that was different to that which was originally intended.

Since this time and 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). Those that remain operate in particularly vulnerable areas where they continue to assist patients with life-saving needs. For example up to the end of the reporting period, the number of new cases continues to decrease in the North-West, 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.

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. Details of instances of when this happened can be found in the regular Operations Updates over the period.

- 2.3. Mobile health and hygiene promotion teams were run extensively by the PNS (see PNS section for further details).
- 2.5. Two cholera kits were provided to the MSPP immediately at the start of the outbreak. The cholera kit was developed by the IFRC with the support of National Societies to be used by volunteers within their communities during epidemics of acute watery diarrhoea and/or cholera. Aimed at volunteers, it supplies the basic material necessary to provide oral rehydration solution within the community or through the establishment of an oral rehydration unit. A cholera kit covers the requirements to treat 1,200 patients and it consists of four volunteer modules and one treatment module. Each volunteer module covers the requirement of ORS for approximately 300 patients. One treatment module covers the requirements in antibiotics of approximately 100 patients.

Output 3

- 3.1. Advocacy in the management of cholera patients and their treatment is integral to all cholera curative and preventative programmes of all the PNS, the Haitian Red Cross and the IFRC Health Department. It takes place at the community level, the institutional level (i.e. in hospitals, CTCs, CTUs and ORPs) and is contained within *Cholera Response National Plan*.
- 3.2. Over a series of sessions and in cooperation with the IFRC, the British Red Cross, and the MSPP of the South the Japanese Red Cross Society organized on the job trainings at its CTU in Port-a-Piment on the proper diagnosis and treatment of cholera for 70 health professionals of the Ministry of Public Health. The IFRC Health Department will begin providing support for training of staff from the Ministry of Public Health and agencies working in the management of cholera cases in May.
- 3.3. The IFRC Cholera Department has financed an Ambulance Centre that was set up in December by the Haitian Red Cross. This included installing VHF radios and rehabilitating the ambulance radio room as well as providing six ambulance drivers with telephones. The service transports any sick patient to hospital to the CTCs in Port au Prince. The programme was seen as necessary for improving the referral and transfer of serious cholera cases. Up to the end of the reporting period, a total of 3,901 cholera patients alone were transported to health facilities through the service (November 159; December 972; January 817; February 654; March 645; April 654). This is in addition to the non-cholera patients also transported.

PREVENTIVE HEALTH AND HYGIENE PROMOTION

Preventive health and hygiene promotion	Indicator	Implementation period	% achieved 6 months
<i>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.</i>			
Output 1: Disease transmission is reduced through increased hygiene awareness of communities and Red Cross volunteers and improved hygiene practices.	1.1. Continue and increase preventive health and hygiene promotion activities among the population nationwide, with information, education and communication materials.	Nov 2010 – Oct 2011	50%
	1.2. Carry out training of trainers in the Community Based Health and First Aid (CBHFA) methodology in each of the regional committees. 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.	Mar – June 2011	40%
	1.3. Train staff and volunteers in epidemic control focusing on cholera response, active case finding in households and reporting through cascade training.	Nov 2010 – Aug 2011	6%
	1.4. Dissemination of key messages via SMS and radio on cholera prevention and treatment nationwide.	Nov – Oct 2011	50%
Output 2: Preventive health and hygiene promotion activities are reinforced in the 3 geographical areas of implementation of Haitian Red Cross' activities	Complement the HRC preventive health and hygiene promotion activities in the 3 geographical areas, through distribution of non-food items (for up to 20,000 families) and information, education and communication materials, in coordination with Movement partners for the initial period of 6 months.	Dec 2010 – Oct 2011	100%
Output 3: Prevention and epidemic control activities are integrated into longer-term community based health programming	Haitian Red Cross and IFRC staff and volunteers implementing activities have increased awareness in epidemiological control and prevention methods.	Nov 2010 – Apr 2011	100%
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.	4.1. Carry out preventive health and hygiene promotion talks in five border provinces and the three most populated urban areas.	Progress towards this output will be reflected in the next operations update.	
	4.2. Carry out relief activities for 5,000 families supporting distribution of family hygiene kits, kitchen parcels and soap for 30,000 families.		
	4.3. Conduct epidemic control workshops for communities and volunteers		
	4.4. Provide personal protection equipment for volunteers who are working in affected communities or with cholera patients.		
	4.5. Print and distribute public information, education and communication awareness materials such as brochures/posters.		
	4.6. Carry out an SMS awareness-raising campaign targeting 1.5 million people.		

Analysis of Implementation

Key Achievements

Output 1

- 1.1./1.2. 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 Health Plan of Action was developed and shared with partners. Furthermore 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 2011, work continued on finalizing the plan and securing MSPP approval of the two main Red Cross methodologies on CBHFA and Epidemic Control of Volunteers (ECV). 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.
- 1.3. See output 3.
- 1.4. Between 21 October 2010 and 8 January 2011 the IFRC Communications Department sent 10.5 million cholera-related SMS, reaching at least 1.5 million Haitians. Messages covered the symptoms of cholera, treatment and simple steps to prevent and treat it such as how to make ORS in the home. 130,000 people called the Red Cross free recorded information line, which was advertised through SMS. The cholera campaign also covered aqua tab use and tackling the fear and stigma surrounding cholera treatment centres.

Example SMS messages sent to communities included:

- "Red Cross: There is now a cholera treatment centre in Randel near the cooperative building – if you think you might have cholera go there immediately to get help"
- "Red Cross: Don't be scared or ashamed of cholera. Cholera is easily treated if you get medical help quickly. Drink ORS and go to a cholera treatment centre fast."
- "Red Cross: To prevent cholera do not go to the bathroom in rivers or by water sources. Keep your house and toilets clean. Do not wash anything in rivers or water holes."

Output 2

Distribution of non-food items in support of hygiene promotion and cholera prevention activities was achieved by the efforts of IFRC Cholera, Health, and Logistics departments who supplied the Haitian Red Cross and PNS with items such as bars of soap, cholera kits, flyers and outreach posters etc. (see logistics table on preventive items distributed over the period). Furthermore within the Earthquake Appeal the IFRC Relief department distributed 229,382 hygiene kits between October 2010 and March 2011.⁴

The IFRC Water and Sanitation and Health Departments in support of the Haitian Red Cross have been widely involved in supporting hygiene promotion volunteers to work across communities and camps. These volunteers have conducted outreach campaigns on combating cholera through mass presentations in schools, markets, churches and sports facilities, through messages delivered via sound trucks, and simply by knocking door to door. With approximately 50 sessions per month, country-wide these volunteers have reached approximately 86,000 beneficiaries. Such activities have been completed by the distribution of 'clean-up' kits as part of a wider cleaning of camps campaign carried out by the community hygiene promotion volunteers identified within the camps.

Furthermore the IFRC Health Department reached approximately 350 persons per day since December 2010 with psycho-social support relating to cholera in four earthquake affected communities. In March 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 and a smaller event in Carrefour. The Department also gave

⁴ For more information see 9-month and April Earthquake Appeal Operations Updates.

training to 35 Voodoo priests in early March on preventing cholera and combating the societal stigma attached to cholera victims.

Over the period the Haitian Red Cross conducted a series of trainings, of outreach and distribution of materials on the treatment and prevention of cholera across its 13 branches countrywide.

In the West 11 local committees were active across two strategic zones (Ganthier and Fessard). In Ganthier six brigades were created and tasked with raising awareness of cholera in schools, churches and amongst the community in general. They reached approximately 400 people with such messaging. A similar structure was put in place in Fessard where ten brigades were at work. This included a disinfection team which supported disinfection activities in six schools, three churches and two local community points.

In the North the Regional Committee trained 140 volunteers. Outreach sessions were conducted by 90 volunteers in 22 areas of Cap-Haitien. In the North West, seven volunteers of the Haitian Red Cross trained in Port-au-Prince themselves trained 275 volunteers who conducted cholera awareness outreach sessions, hand washing demonstrations and distributed chlorine for disinfections and also aqua tablets in the areas of Chansolme, La Croix Saint-Joseph, Poste métier, Baie des moustiques, Foison and Paskatabwa. In the North East the American Red Cross supports the local Haitian Red Cross branch in its work assisting four CTCs and 23 UTCs.

In Nippes training sessions were conducted between December and January in 10 areas of the province for 250 volunteers divided into 25 groups to conduct cholera messaging activities. Over the period the Canadian Red Cross supported 59 volunteers of the Haitian Red Cross in sensitization activities across 100 schools and 25 markets. Cholera kits were also distributed to 10,000 families and two ORPs were constructed in the areas of Petit-Trou and Anse-a-Veau. Furthermore nine of the 29 ORS points planned to be developed in the province are now in place.

In Grande-Anse 11 local committees and 460 cholera response volunteers have distributed 144,000 sachets of ORS, 9,000,000 aqua tablets, 600,000 bars of soap and 28 megaphones. The 140 focal points for the cholera response in Grande-Anse were trained in disinfection and received 51 material kits to carry out 119 disinfections in 25 sites (homes and medical facilities). From January to April, 8,000 people were reached across 50 local markets in awareness raising initiatives of the Haitian Red Cross and the Norwegian Red Cross. Volunteers also conducted 12 support visits to CTCs and CTUs.

In La Gonave 280 volunteers were trained in awareness raising, an activity which they then conducted in seven markets along with ports, churches, and schools. In support of a CTC, 30,000 ORS sachets were distributed along with 1,500 bars of soap and 1,500 posters.

In the South East local nurses completed training on cholera treatment for 137 volunteers of the Haitian Red Cross. In Haut Plateau in the town of Hinche 50 volunteers completed a door-to-door sensitization against cholera and 50 more visited 200 schools across six communes.

Output 3

Under the IFRC Health Programme in July 2010, 114 persons were trained as trainers in the ECV, and this activity was reinforced by a refresher course which was held in October. As such participants in this training were able to put their skills to use quite quickly from the beginning of the cholera outbreak. Training in ECV was conducted with 26 community volunteers in Camp Jerusalem, and 20 in Camp Lamentin in support of the work of the Canadian and Japanese Red Cross Societies' CTC. A cascade system of volunteer training is projected to begin towards the end of June. To improve outreach of epidemic control messages both a Creole and French translation of the ECV manual was presented to the MSPP for their validation in May.

Challenges

In the initial stages of the response to cholera, communities demonstrated many misconceptions over its origin, spread and treatment leading to significant stigma towards sufferers. Operationally the impact of this meant that in some cases CTCs once established were violently targeted by neighbouring communities who believed that by providing treatment to cholera patients, they would be introducing cholera into the area.

Exploring this phenomenon a concept note on “*Cholera: beliefs and perceptions*” was drafted by the Haitian Red Cross and IFRC psychosocial support team. It was positively welcomed and commented on by humanitarian actors, discussed in Clusters and published on the UN and DSO (Department Sanitaire de l’Ouest) website.

In general it was found that the cholera outbreak warranted inclusion of a psychosocial support programme (PSP). As such IFRC Health deployed a team which was involved in:

- addressing beliefs and perceptions through group discussions;
- participating in the prevention campaign, in schools and in the community;
- providing support to cholera patients and relatives in CTCs (a pilot intervention was done in the Red Cross CTC of Camp Lamentin and was also replicated in La Piste and Canapé Vert);
- Mediating with communities in the planning process leading to the citing of CTCs within their geographical space;
- assisting with reduction of myths and stigmatization related to the disease and its spread;
- sensitizing journalists to the psychosocial dimensions (fear, beliefs, stigmatization) of the cholera outbreak;
- training trainers of Haitian Red Cross regional committees to the psychosocial dimensions of the cholera outbreak;

Overall, such PSP volunteers had reached 43,393 beneficiaries through psychosocial support activities by January 2011.

Finally a serious consequence of this stigmatization at the beginning of the outbreak was that a great many cholera sufferers arrived at CTCs and CTUs only when their symptoms were severe. Unfortunately at this late stage treatment had limited effect. A key success therefore has been that patient health-seeking behaviour has been dramatically improved owing to the concerted efforts of PSP, Communications and Community outreach on the symptoms and treatment of cholera.

LOGISTICS

Logistics	Indicator	Implementation period	% achieved - 6 months
<i>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.</i>			
Output 1: Logistics support complements and facilitates the activities and assistance planned.	1.1. Scale up the supply chain and control supply movements from the point of entry to final distribution point.	Nov 2010 - Feb 2011	100%
	1.2. 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.	Dec 2010 – July 2011	100%
	1.3. Support the set-up of designated sites as Red Cross cholera treatment centres (CTCs), cholera treatment units (CTUs) including incoming ERUs.	Nov 2010 - Feb 2011	100%
	1.4. Provide logistical and coordination support and supplies for the HRC, and PNSs implementing cholera response activities.	Nov 2010 – Oct 2011	100%
	1.5. Provide logistics support for the cholera preparedness plan in the Dominican Republic relating to relief supplies and transportation.	Information to be provided in the next operations update	
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.	Nov 2010 – Apr 2011	100%

Output 3: Logistics is guaranteed through regular monitoring activities.	Ensure that logistics activities are implemented, supervised, and monitored by continual assessment of control activities.	Nov 2010 – Oct 2011	93%
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Analysis of Implementation

Key accomplishments

Output 1

1.1. As the epidemic escalated, needs assessments were undertaken and a mobilization table of curative and preventative items was drawn up and published on the IFRC's Disaster Management Information System (DMIS) website in November. These items could be in-kind donated by donors and development partners and then distributed by the IFRC. The majority of all purchases were made between November and February with goods arriving to Haiti by air at the end of the first month and then by boat after January. The table was subsequently updated to reflect changing needs. Necessary goods not donated were either funded by pledges from PNS or the IFRC Cholera programme. From all goods used in the cholera response, 25 per cent were purchased locally (i.e. buckets, bars of soaps, sprayers for disinfections, disposable gloves) and 75 per cent came from overseas (i.e. medical equipment and consumable). Clearing of cholera-related items arriving in the airport was prioritized when the epidemic was most acute (i.e. until March). For certain medical equipment which could not withstand a month at sea in a container, the IFRC's Regional Logistics Unit in Panama and the Logistics Department in Geneva supported the cholera programme by sending stock items from the region.

Logistically the staff was bolstered over 6 months to comprise a logistics delegate working on client liaison with PNS and HRC receiving goods, a warehouse management delegate, a Regional Intervention Team member working on cholera-related logistics and supply, two local warehouse managers and as well as an average 15 daily workers depending on need. Drivers of the IFRC were also used to deliver items. With cholera outbreaks likely to increase over the rainy season, additional stocks have been mobilized or purchased to prevent delays in supply, and largely comprise of soap (approx. 5 million bars) and ORS (3 million sachets).



Soap arriving in the IFRC warehouse in April 2011 *Photo by: Aili Kahkonen/IFRC.*

The primary destinations for goods were Jérémie, Le Coteaux, Petit Goave, Grand Goave, Nippes, Port-a-Piment, Jacmail and Arcahaie and they were delivered by the IFRC in trucks, cars and even a boat.

1.2. Colorado warehouse was established on 21 December 2010. Centralising goods dedicated to the Cholera programme to increase supply effectiveness. The warehouse is planned to close by July 2011 with all stock being distributed across the warehouses of the IFRC and Movement members as a part of wider pre-positioning of stock in the event of future cholera outbreaks.

1.3. IFRC Logistics with the support of IFRC Cholera Department supported the establishment of CTCs in Archaie of Artibonite province, and Carrefour and Croix des Bouquets both in the West province.

1.4. The IFRC Logistics and Cholera Departments began delivering logistical and coordination support and supplies to the HRC and PNS implementing preventative from the very first days of the outbreak in October 2010. This support developed quickly to cover the requests to provide items that would both treat (Annex 1) and prevent cholera (Annex 2). The very first items that left the warehouses were cholera kits distributed to the German Red Cross working in Arcahaie and the Norwegian Red Cross in Petit Goave.

Flexibility and the pre-existence of available stock made a rapid response possible. Initially HRC and PNS support was achieved through directing stock from the IFRC Earthquake Response programmes to the Cholera response.

To manage the increase in requests for cholera items the IFRC Logistics team moved personnel from the Earthquake response operations temporarily to reinforce supply chain flow in the cholera response. The Disaster Preparedness Department provided 24 tents and 800 pieces of tarpaulins to reinforce CTCs lacking shelter, as well as 82 megaphones to spread hygiene promotion messages. IFRC Health and Water and Sanitation Departments provided oral rehydration salts, disposable gloves and essential medical treatment items (15 million aqua tablets, 2,300kg of HTH granullas, 150 pieces of liquid chlorine, both of which are chlorine in different forms).

Not only has the IFRC been able to support PNS in their activities, in times of urgent needs it has been able to help victims through providing members of the NGO community and to the Ministry of Health with life-saving equipment. This was down to the improvements in supply chain and stock replenishments that the IFRC had implemented in the early stages of the outbreak.

Output 2

See 3.3. Health Section.

Output 3

Monitoring related to Cholera logistics has been carried out by using a separate database that gives more detailed information than the regular logistics database called Logic. The requisitions are followed from the point that they arrive to the Cholera office to the point that they are delivered by the logistics delegate in client liaison. When the items reach the requester the waybills are signed and delivered back to Logistics where they are filed and compared with the requisitions. Stock reports are also compared to a separate list of items. This list is sent to the PNS's and HRC every day indicating reservations. Inventories of stock are done frequently by the staff working at the warehouse and also occasionally by visits from the Regional Logistics team based in Panama.

Key Challenges

Planning a response to such an unexpected cholera epidemic and ensuring stock was purchased and in place was challenging but nonetheless achieved. Furthermore efforts by the International Red Cross and Red Crescent Movement are now beginning to pre-position stock centrally and partially at key points across the country in the event of future outbreaks and to allow any initial transport costs to be reduced.

COMMUNICATIONS – ADVOCACY AND PUBLIC INFORMATION

Communications – Advocacy and Public information	Indicator	Implementation Period	% achieved - 6 months
<i>Outcome: The cholera outbreak in Haiti is mitigated by providing information on prevention and treatment to people throughout Haiti</i>			
Output 1: The population has access to education about preventive and curative measures	1.1. Scale up of the use of sound trucks to disseminate life saving messages in all departments.	Nov 2010 – Jan 2011	100%
	1.2. Continue and increase the use of Red Cross cholera prevention radio spots in radio stations throughout Haiti.	Nov 2010 – end of IFRC Comms prog	100%
	1.3. Continued weekly focus on cholera on Radio Croix Rouge Haitian, with an increasing focus on addressing misconceptions about cholera and its treatment.	Nov 2010 – end of IFRC Comms prog	100%
	1.4. Distribution of posters and materials on cholera prevention, treatment and cholera treatment centres as required by health teams (with IFRC Logistical support)	Nov 2010 – Oct 2011	50%

	1.5. 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.	Apr 2011 – Oct 2011	0%
Output 2: Contribute to community knowledge by addressing stigma and fears surrounding cholera and CTC/CTU.	2.1. Use the *733 call service to address stigma and fear regarding cholera.	Nov 2010 – end of IFRC Comms prog	100%
	2.2. Improve access to treatment by maintaining an updated list of CTC/CTUs in the *733 call service.	Nov 2010 – end of IFRC Comms prog	100%
	2.3. Continued weekly focus on cholera on Radio Croix Rouge Haitians, with an increasing focus on addressing misconceptions about cholera and its treatment.	Nov 2010 – end of IFRC Comms prog	100%
	2.4. Provide support within the communities where cholera treatment centres are being established to aid community acceptance and understanding.	Nov 2010 – Oct 2011	50%
	2.5. Support the production of materials used in the cholera operation, such as information given to patients leaving cholera treatment centres.	Nov 2010 – Oct 2011	50%

Analysis of Implementation

Key accomplishments

Output 1

- 1.1. A key requirement to tackling cholera is fast treatment and public information on prevention. In Haiti, beneficiary communications has played a key role sharing life saving messages with the population using SMS, radio and sound trucks. During October and November a sound truck was put in place and visited 180 camps in Port-au-Prince, playing a 30 minute package on cholera prevention and treatment. A three minute cholera advert played on loop as the truck drove from camp to camp. This sound truck continues to visit camps on a weekly basis.
- 1.2./1.3. Increased and regular messaging on cholera was achieved within three months of the outbreak. 12 Red Cross radio shows have been dedicated to all aspects of cholera, including four emergency broadcasts during the first week of the outbreak. Listeners have contacted the show from all over the country with their questions. Through the work of the IFRC Communications Department, 75 radio stations across Haiti ran and continue to run the three minute Red Cross cholera prevention for free (including the 4 main 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.
- 1.4. This activity was and continues to predominantly be carried out by PNS and the Haitian Red Cross with the support of the IFRC Logistics. More information can be found in their respective sections.
- 1.5. 5,000 radios are planned to be distributed to the community for free by October 2011.

Output 2

- 2.1./2.2. The IFRC Communications Department continues to support PNS in delivering targeted SMS messaging. Between 11 and 15 April, and on behalf of the British Red Cross, two to four 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 (*733), 3,739 people called in for cholera-related advice.

2.3. See output 1.3.

2.4./2.5. This activity is inherent within most community outreach programmes on cholera awareness, its treatment and prevention carried out by the Haitian Red Cross and the PNS with the support of the IFRC. The psycho-social dynamic of cholera awareness has also been addressed in the PSP initiatives of the IFRC Health Department. The IFRC Logistics Department was available to provide support with the production of materials distributed to patients and communities during treatment in medical facilities and cholera awareness sessions. As such see relevant sections for more information.

Challenges

These largely surrounded the difficulty of quickly scaling up to address the substantial beneficiary targeting required for a response to cholera i.e. deliver the full extent of prevention messaging while not neglecting the beneficiary communications of the earthquake response. Also finding guests to feature on the radio during a period in which all medical staff were already occupied with the treatment response to cholera was challenging.

Contingency Planning while Responding to Cholera Alerts

While originally constituting an unprecedented epidemic, the cholera epidemic diminished from its high in November and December 2010 to an incidence rate that somewhat stabilized around the 20,000 case mark in March and April 2011. Thus while it can be tentatively said that the outbreak has been quelled, 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 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 drinkable water, high population density, 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. The impact of the outbreak is likely to be determined by access to drinkable 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 support a rapid and coordinated response to cholera.

With much of Haiti's populated areas still demonstrating the aforementioned vulnerabilities, the IFRC's Cholera Department is scaling down its programme with particular caution. Over the past month 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 quickly 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 Japanese, Canadian, German and Haitian 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, 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 Cholera and Health departments 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.

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

CTC/CTU Hand over

At the close of April the **Norwegian Red Cross** handed over its activities in Jérémie, Grande Anse to the Haitian Red Cross. 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 March and April (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 at the end of May 2011 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. Concerns exist however that with the handover of the CTC, the MSPP will not be able to guarantee its functioning owing to a lack of resources. As such an effort is being made to maintain sufficient supplies and medical materials at a "regional storage centre". Non-used items are also being distributed among partners (e.g. 42m tent was given to Merlin for the opening of a CTU in Nippes, 120 body bags were given to Handicap International and Oxfam for trainings in community management of the deceased, a 26m tent was given to Medecins du Monde Spain for the CTU in the Hospital Notre Dame de Petit-Goave). In general, all key stakeholders in Grand Goave are currently working on the details of contingency planning.

Between 13 December and 30 April, 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 tablets and 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, ten from Coteaux, nine from Roche-a-Bateau, five from Randel, four from Tibron, three from Damassin, and three from Carpentier).

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

Following completion of its programme the **German Red Cross** packed up the 21 beds, tents and equipment of its CTU in Arcahaie for storage in the local warehouse there.

In these ways the Movement is endeavouring to bolster the capacity of the Haitian Red Cross in cholera preparedness while still being available to offer support through the IFRC and remaining PNS activities.

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:

In Haiti:

- Dr Michaèle Amédée Gédéon, President, Haitian Red Cross, phone: (509) 3492 5492; email: m.amedee-gedeon@croixrouge.ht
- Guiteau Jean-Pierre, Executive Director, Haitian Red Cross, phone: (509) 37233267 / 34160969; email: guiteau2001@yahoo.com
- Eduard Tschan, Country Representative for Haiti; email: eduard.tschan@ifrc.org
- Gerhard Tauscher, Haiti Cholera Coordinator: gerhard.tauscher@ifrc.org

In the Dominican Republic:

- Gustavo Lara, General Director, Dominican Red Cross; phone: +1 809 6291 673; email: ejecutivo1crd@gmail.com
- Alexandre Claudon, Regional Representative for the Latin Caribbean : +1 809 334 4545; email: alexandre.claudon@ifrc.org
- Benoit Porte, Regional Disaster Risk Management delegate; phone: +1 809 334 4545; email: benoit.porte@ifrc.org

In Panama:

- Jorge Zequeira, PADRU Coordinator; phone: (507) 66750290; email: jorge.zequeira@ifrc.org
- Lorenzo Violante, Acting Haiti Support Team Coordinator; phone: (507) 380 0250; cell phone: (507) 65505287; email: lorenzo.violante@ifrc.org
- Marta Trayner; Emergency Health Coordinator; phone: (507) 317 3050; cellphone: (507) 6550-1090; email: marta.trayner@ifrc.org
- Henrik Ortved, Logistics Mobilization Coordinator for Haiti, PADRU; phone (507) 316 1001; fax (507) 316 1082; e-mail: henrik.ortved@ifrc.org
- Sandra Lombardo; Resource Mobilization officer – Haiti Operation: email: sandra.lombardo@ifrc.org; phone: (507) 317 3050; and fax: (507) 317 1304.

In Geneva: Pablo Medina, Operations Quality Assurance Senior Officer; phone: (41 22) 730 43 81; fax: (41 22) 733 03 95; email: pablo.medina@ifrc.org

Annex 1: Breakdown of the main cholera treatment items dispatched between November 2010 and April 2011.

	BODY BAG, U shaped zip bag, white opa, 2.2x0.8m, 200micron	Cholera bed	Cholera cots (with hole)	CHOLERA TEST, "CRYSTAL VC", rapid, kit for 10 tests (Box of 600)	DISPOSAL LATEX GLOVES	IV Cannula G 18 to G24	ORAL REHYDRATION SALTS	RINGER LACTATE, 1L, With infusion set	Tents from 16m2 to 90m2	Water Tank 530 gallon	Grand Total
American Red Cross	0	0	0	0	2000	100	0	0	0	0	2100
AMI foundation	0	0	0	0	0	0	18000	100	2	0	18102
British Red Cross	800	50	120	600	3200	4450	144025	4200	16	0	156862
Canadian Red Cross	25	70	10	0	11620	2000	241500	12520	2	10	267757
Columbian Red Cross	0	0	0	0	0	0	5000	0	0	0	5000
Comité Régional de la Gonave	50	0	0	0	300	0	5000	0	2	0	5352
DP/DRR/Health	50	0	0	0	2000	0	10000	0	0	0	12050
Finnish/Swedish Red Cross	0	0	0	0	0	0	4000	0	0	0	4000
Finnish Red Cross	0	0	0	0	100	0	3000	400	0	0	3500
French Red Cross	700	20	0	0	4000	2100	160200	7500	1	0	174521
German Red Cross	500	0	0	300	0	550	281000	400	0	0	282750
Haitian Red Cross	0	0	0	0	2500	0	134000	0	6	0	136506
ICRC	0	0	0	0	0	0	11000	0	0	0	11000
IFRC / Cholera program	0	0	0	0	0	0	0	0	0	24	24
IFRC / Staff Health Clinic	0	0	0	600	0	0	1625	50	0	0	1676
IFRC/ Base Camp	0	0	0	0	0	0	52000	0	3	0	52003
IFRC/ Health program	0	0	0	0	0	0	31000	0	0	0	31000
IFRC/Merlin	0	0	0	0	0	0	0	0	0	3	3
Japanese Red Cross Society	90	0	0	800	9100	3200	15000	7000	6	3	35199
MdM Canada	0	0	0	0	0	0	10000	0	0	0	10000
MdM France	0	0	0	100	0	0	0	0	2	0	102
MdM France	0	0	0	600	0	0	0	0	0	0	600
Merlin	150	0	0	0	0	0	20000	2550	3	2	22705
Norwegian Red Cross	1150	0	0	1200	200	600	51400	420	0	0	54970
PAHO Promess	0	0	0	0	0	0	0	0	15	0	15
Promess	0	10	0	0	0	0	0	0	0	0	10
Save the Children	75	0	0	0	0	0	0	0	0	0	75
Spanish Red Cross	0	0	0	0	0	7250	370000	0	0	0	377250
Swiss Red Cross	0	0	0	0	1500	600	14000	1000	0	0	17100
Grand Total	3590	150	130	4200	36520	20850	1581750	36140	58	42	1682232

Annex 2: Breakdown of the main cholera prevention items dispatched between November 2010 and April 2011

*These materials distribution refer specifically to a joint distribution made to Canadian and Netherlands Red Cross working in Petit Goave.

	BUCKET, plastic, 14L with clip cover and 50mm outlet	CHLORINE (HTH), 60 to 70%, granulates 10, 25kg or 45kg drum	CHLORINE, 20mg (NaDCC 33mg), for 5L water, 1 tablet	JERRYCAN POLYETHYLENE, 10 liters, with tap, pce	Posters and Flyers of Cholera prevention and treatment	SOAP, body soap, 80g or 100g, piece	Sprayers 1 or 3 gallon	Grand Total
American Red Cross	0	0	6157000	100000	26000	32000	0	6315000
AMI foundation	40	0	0	30	0	0	0	18070
British Red Cross	900	82	6032000	150	30200	39708	0	6247065
Canadian Red Cross	934	53	3900000	24854	76515	108775	41	4352672
Columbian Red Cross	0	0	0	0	0	1757	0	6757
Comité Régional de la Gonave	0	0	0	100	0	0	10	5110
DP/DRR/Health	2000	20	30000	800	10	900	0	43730
Finnish/Swedish RC	0	0	1016000	600	2485	18860	0	1041945
Finnish Red Cross	0	4	2	5	12000	4590	0	19601
French Red Cross	2800	230	3010000	1350	12500	35050	78	3222208
German Red Cross	110	120	3973000	0	14300	28295	0	4296825
Haitian Red Cross	792	18	405005	50	92600	18809	0	651274
ICRC	760	0	600000	750	6000	0	0	618510
IFRC / Cholera program	0	0	0	0	12000	4880	18	16898
IFRC / Staff Health Clinic	4	130	0	0	0	0	0	1759
IFRC/ Base Camp	0	0	10000	0	32000	450	0	94450
IFRC/ Health program	251	3	80000	17	32000	8510	0	151781
IFRC/ Léogâne	0		1010000	0	22200	8000	0	1040200
IFRC/ Logistics	0	4	0	0	0	0	0	4
IFRC/ Water and Sanitation	0	309	0	0	44000	0	22	44331
Italian Red Cross	0	4	0	0	0	0	0	4
Japanese Red Cross S.	800	8	100000	300	770	5970	15	122863
Luxembourg Red Cross	0	2	0	0	0	0	0	2
MdM Canada	144	0	5000	0	0	90	0	15234
Merlin	0	0	40000	0	0	0	0	60000
MSPP	400	0	0	0	0	0	0	400
Netherlands and Canadian Red Cross*	0	0	0	0	24000	0	0	24000
Netherlands Red Cross	0	0	8988000	10000	2000	39980	0	9039980
Norwegian Red Cross	320	24	2470000	2155	73000	34480	128	2631507
Spanish Red Cross	0	0	7200000	10000	20000	128070	0	7726870
Swiss Red Cross	1200	0	260000	1200	5640	10000	0	292040
Grand Total	11455	1011	45286007	152361	540220	529174	312	48102290

Selected Parameters	
Reporting Timeframe	2010/10-2011/11
Budget Timeframe	2010/10-2011/05
Appeal	MDR49007
Budget	APPEAL

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I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	11,856,932					11,856,932
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>	255,002					255,002
<i>Finnish Red Cross</i>	4,610					4,610
<i>Italian Government Bilateral Emergency Fund</i>	137,684					137,684
<i>Japanese Government</i>	3,542,132					3,542,132
<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>Swiss Red Cross (from Swiss Government)</i>	23,550					23,550
<i>Taiwan Red Cross Organisation</i>	142,626					142,626
C1. Cash contributions	9,647,870					9,647,870
<u>Inkind Goods & Transport</u>						
<i>American Red Cross</i>	275,677					275,677
<i>Finnish Red Cross</i>	70,925					70,925
<i>Netherlands Red Cross</i>	215,250					215,250
C2. Inkind Goods & Transport	561,852					561,852
<u>Inkind Personnel</u>						
<i>Other</i>	82,506					82,506
C3. Inkind Personnel	82,506					82,506
C. Total Income = SUM(C1..C4)	10,292,228					10,292,228
D. Total Funding = B + C	10,292,228					10,292,228
Appeal Coverage	87%					87%

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 30 nov 11

Interim Report

Selected Parameters	
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Budget Timeframe	2010/10-2011/05
Appeal	MDR49007
Budget	APPEAL

All figures are in Swiss Francs (CHF)

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	10,292,228					10,292,228
E. Expenditure	-6,079,500					-6,079,500
F. Closing Balance = (B + C + E)	4,212,728					4,212,728

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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)		11,856,932					11,856,932	
Relief items, Construction, Supplies								
Shelter - Relief	546,694	57,291				57,291	489,403	
Construction Materials	40,000	17,097				17,097	22,903	
Clothing & textiles	1,068						1,068	
Water, Sanitation & Hygiene	1,198,779	2,071,066				2,071,066	-872,287	
Medical & First Aid	634,116	814,914				814,914	-180,798	
Teaching Materials	250,000	17,817				17,817	232,183	
Utensils & Tools	658,871	887,240				887,240	-228,369	
Other Supplies & Services	991,644	7,642				7,642	984,002	
Total Relief items, Construction, Sup	4,321,172	3,873,068				3,873,068	448,104	
Land, vehicles & equipment								
Vehicles	50,000	34,220				34,220	15,780	
Computers & Telecom	25,871	13,700				13,700	12,171	
Office & Household Equipment	133,200	1,022				1,022	132,178	
Others Machinery & Equipment	230,000	961				961	229,039	
Total Land, vehicles & equipment	439,071	49,903				49,903	389,168	
Logistics, Transport & Storage								
Storage	240,000	76,869				76,869	163,131	
Distribution & Monitoring	1,272,502	616,693				616,693	655,808	
Transport & Vehicle Costs	1,865,648	103,031				103,031	1,762,617	
Logistics Services	137,000	112,896				112,896	24,104	
Total Logistics, Transport & Storage	3,515,150	909,489				909,489	2,605,660	
Personnel								
International Staff	1,328,635	418,342				418,342	910,293	
National Staff	62,345	82,683				82,683	-20,339	
National Society Staff	355,743	89,853				89,853	265,890	
Volunteers		54,786				54,786	-54,786	
Total Personnel	1,746,723	645,664				645,664	1,101,058	
Consultants & Professional Fees								
Consultants	64,807	17,413				17,413	47,394	
Professional Fees	5,000	5,232				5,232	-232	
Total Consultants & Professional Fe	69,807	22,645				22,645	47,162	
Workshops & Training								
Workshops & Training	276,079	138,988				138,988	137,090	
Total Workshops & Training	276,079	138,988				138,988	137,090	
General Expenditure								
Travel	75,500	39,350				39,350	36,149	
Information & Public Relation	349,355	54,642				54,642	294,713	
Office Costs	32,223	19,190				19,190	13,033	
Communications	48,600	7,430				7,430	41,170	
Financial Charges	139,000	57,112				57,112	81,888	
Other General Expenses	120,592	13,492				13,492	107,100	
Total General Expenditure	765,269	191,216				191,216	574,053	
Operational Provisions								
Operational Provisions		340,598				340,598	-340,598	
Total Operational Provisions		340,598				340,598	-340,598	
Indirect Costs								
Programme & Service Support	723,663	387,022				387,022	336,640	
Total Indirect Costs	723,663	387,022				387,022	336,640	

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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)		11,856,932					11,856,932	
Pledge Specific Costs								
Earmarking Fee		47,868				47,868	-47,868	
Reporting Fees		1,800				1,800	-1,800	
Total Pledge Specific Costs		49,668				49,668	-49,668	
Operational Forecasting								
Operational forecasting		-528,761				-528,761	528,761	
Total Operational Forecasting		-528,761				-528,761	528,761	
TOTAL EXPENDITURE (D)	11,856,932	6,079,500				6,079,500	5,777,432	
VARIANCE (C - D)		5,777,432				5,777,432		