

# Operations update



International Federation  
of Red Cross and Red Crescent Societies

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

Emergency appeal n° MDR49007  
GLIDE n° EP-2010-000210-HTI  
Operations Update n° 3  
28 January 2010

**Period covered by this Ops Update:** 23 December 2010 to 24 January 2011.

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

**Appeal coverage:** Approximately 55% not including ERU's.

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### Appeal history:

- On 28 October, 78,852 Swiss francs were allocated from the International Federation of Red Cross and Red Crescent Societies' (IFRC) Disaster Relief Emergency Fund (DREF) for preparedness activities in the Dominican Republic related to the cholera outbreak in Haiti. These DREF funds will now be allocated to this Appeal. Un-earmarked funds to replenish this DREF allocation are encouraged.
- A Preliminary Appeal was launched on 3 November for 5,946,897 Swiss francs 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.
- The Emergency Appeal was launched on 23 December 2010 for 13,441,932 Swiss francs 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.



Haitian Red Cross volunteers in a cholera sensitization workshop. Source: Spanish Red Cross

**Summary:** The cholera outbreak, which started in October 2010 in the Haitian department of Artibonite, extended throughout all ten departments in the country, including areas affected by the January earthquake. As of 24 January 2011, the Ministère de la Santé Publique et de la Population (MSPP) reports 209,034 cases with 117,930 hospitalizations and 4,030 deaths due to cholera.

This Appeal aims to support the affected and the vulnerable population following a four-pronged strategy in accordance with the Haitian Red Cross (HRC) Cholera Response plan of action and with the Ministry of Health's

directives: **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 accordance with this strategy, this Operations Update no. 3 highlights the activities accomplished to date in the areas of water and sanitation, preventive health, hygiene promotion, health, disaster risk reduction, logistics and IT and Telecommunications.

Since the beginning of the outbreak Red Cross partners in Haiti have been mobilizing all available resources to address the emergency. The Haitian Red Cross with support from the Federation and Partner National Societies (PNS) in the country have been reaching thousands of people in camps with cholera prevention and hygiene promotion messages through specially trained volunteers. In addition, the HRC continues to provide ambulance services for cholera patients in the metropolitan area. The IFRC and PNS have deployed Basic Health Care Emergency Response Units (ERUs) to provide assistance to the vulnerable population. There are currently 17 Partner National Societies 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, preventive health and hygiene promotion and distribution of relief goods.

This Appeal also aims to support the Dominican Red Cross' (DRC) efforts to ensure epidemic control and prevention. The DRC's activities place special emphasis on the 5 provinces along the border with Haiti and the three main urban centres in the country.

## The situation



**The Norwegian Red Cross Mobile Cholera team in Jeremie with Haitian Red Cross volunteers heading to Les Cayemite with a load of soap. Source: Norwegian Red Cross.**

A severe cholera outbreak has been affecting Haiti since 19 October. The first confirmed cases were from the department of Artibonite, but by the tenth week of the start of the epidemic, all departments are affected. Treating of patients has improved, but it is not yet possible to offer comprehensive access to the whole population – which is especially the case in mountainous remote areas. In the North department, the cholera epidemic has entered a "second phase": New patient cases in remote areas are seen, which makes the response more difficult in terms of logistics, mobilization of human resources and introduction of oral rehydration points.

In the Central Department / Haut-Plateau (Cerca La source, Thomassique, Boc Banic and Los Cacaos) have reported a high number

of cases. According to the latest Health Cluster bulletin an epidemic does not follow a uniform pattern but consists of multiple outbreaks in different areas that may peak in a few weeks in

some places, and a few months in others. For planning purposes, the Haitian government is using an estimate of 400,000 cases over the first 12 months, with half of those cases in the first 3 months. There are concerns that in some rural areas the case fatality rate is still very high.

According to the Health Cluster based on available surveillance data, the cholera epidemic trend in Haiti continues to increase, with several departments showing a sharp increase in new hospitalizations since the beginning of December. Nippes, Grande-Anse, Sud and Sud-Est report the highest hospital case fatality rates (4.2% in Grande-Anse; 3.9% in Sud; 3.4% in Nippes). The Pan American Health Organization (PAHO)/World Health Organization (WHO) teams in the field have been requested to further investigate the reasons underlying these high figures.

From the onset of the epidemic, the Ministère de la Santé Publique (MSPP), PAHO/WHO, the International Red Cross and Red Crescent Movement and partners on the ground have organized the response with the dual objectives of saving lives and reducing risk factors. In the first few weeks, particular attention was given to the increasing numbers of people that sought medical care, especially in the area of the Department of Artibonite, where the epidemic was first detected. The Health Cluster reports the numbers of CTC and CTU have rapidly

increased. Up to 16 January 2011, there were a total of 81 CTCs and 154 CTUs all across the country with a total of 7,610 and 3,092 beds respectively. There are currently 128 national and international organizations working in the cholera response in the ten departments of Haiti.

The latest Health Cluster bulletin states that the Direction National de l'Eau Potable et Assainissement (DINEPA) has released its second distribution strategy for aqua tabs and chlorine. The goods were prepositioned in departmental warehouses at the end of December and distribution has begun.

The Ministry of Public Works and Interior (Ministère des Travaux Publics et de l'Intérieur) is preparing a 30-day plan to improve the water, sanitation and hygiene conditions in public markets throughout Port-au-Prince. These activities will be coordinated with the Health Cluster and the WASH Hygiene and Sanitation Sub-Clusters. Sanitation agents will conduct hygiene promotion activities and supervise water and sanitation activities, including cleaning of market areas, removal of solid waste and management of public latrines.

Due to the elections in December, the last weeks have been tainted by political and social unrest. This has resulted in an increase in security measures, hampering to some degree, the capacity of the Haitian Red Cross, IFRC teams and Partner National Societies (PNS) to work on the ground. The country is currently expecting the results of the elections to be released within the next few days. More protests with potential escalation into violence might take place, targeting political actors and also the international community.

In the Dominican Republic, the Ministry of Health informs that as of 29 December, 582 possible cases of cholera were reported of which 131 have been confirmed. The Ministry of Health has intensified its cholera surveillance as new cases have been confirmed in the municipalities of Banica, San Juan de la Maguana, Jimani, Dajabón, Higüey, Las Yayas de Azua, Los Ríos, Bahoruco, Castañuelas, Montecristi and Santo Domingo Este.

## Coordination and partnerships



Since the beginning of the outbreak the Movement has been actively participating in all cluster meetings as well as government health coordination meetings such as the Water, Sanitation and Hygiene Cluster, Health Cluster, Logistics and sub-cluster meetings as well as Intercluster forums on a weekly basis. The IFRC and the Partner National Societies present in Haiti work in collaboration with the Haitian Red Cross and with the MSPP, the Department of Civil Protection (DPC), PAHO/WHO for all activities related to cholera.

The Dominican Red Cross (DRC) is ensuring active coordination with the Ministry of Public Health and the National Emergency Operations Centre and also ensures information exchange with the technical humanitarian team lead by the UNDP and the Emergency Operations Centre. In addition, there is close coordination with the Autonomous University of Santo Domingo with respect to the training of trainers. The Ministry of Health has made a number of specific requests to the Dominican Red Cross including support for the testing of water samples, and to ensure the provision of hand washing facilities and sufficient water provision for people crossing over the border at Jimani, as well as the setting up of a model cholera treatment unit at the DRC headquarters.

**The Haitian Red Cross and British Red Cross are working together to ensure that all residents in its camps are informed about cholera prevention and basic hygiene. Source: British Red Cross**

**National Society Capacity Building:** Hundreds of volunteers from Haitian Red Cross branches are receiving training on hygiene promotion and are taking part in cholera prevention awareness-raising activities in schools, communal areas and markets throughout the country. More than 600 Haitian Red Cross volunteers were trained in hygiene promotion, cholera prevention, transmission and treatment. These volunteers have worked in their communities sensitizing over 5,000 people. An additional 102 volunteers belonging to the psychosocial support programme received similar training.

In the Dominican Republic, through the operation 360 Red Cross volunteers together with senior Red Cross branch staff will be trained in hygiene promotion techniques. The knowledge on epidemic control of these 360 volunteers will be reinforced through the PHAST methodology.

## Red Cross and Red Crescent action

The **Haitian Red Cross** with the support of the IFRC is supporting the response efforts of the MSPP, contributing to the national cholera response in the four groups of activities: I) Water supply, II) sanitation, III) preventive health and hygiene promotion, and IV) health facilities. The active engagement of Red Cross volunteers has been crucial in the cholera response at the community level. HRC volunteers continue to support Partner National Societies in the country with preventive health and hygiene promotion activities throughout the country. Currently, the HRC has revised its plan of action and Movement partners have committed to provide support to carry out the plan. The ambulance service is running smoothly with six 4x4 vehicles providing assistance in the metropolitan area. Up to 17 January, 1,224 cholera patients have been transported.

The **American Red Cross (ARC)** in the North-East Department, started a new strategy of messaging with the use of megaphones in Ste-Suzanne and Trou du Nord community markets and throughout the community. To date, 8,807 people (3,527 male and 5,280 female) in 6,180 tents of Port-au-Prince camps have received hygiene promotion and cholera prevention information. In addition, 5,176 people participated in tent-to-tent hand-washing demonstrations. Distributions included 100,540 bars of soap. Hygiene promoters also visited Mache Kanapeve (market) and provided cholera sensitization to 132 people (69 male and 63 female).

### **British, Finnish and Japanese Red Cross Societies**

In Port-au-Prince, a CTU in La Piste run jointly by the **British Red Cross**, the **Finnish Red Cross**, and the NGO Partners in Health, is receiving patients at a rate of 40 patients per day. Moreover, Oral Rehydration points will be set up in surrounding camps, which will refer serious cases to the CTU La Piste.

In the town of Port-à-Piment, a disused hospital has been converted into a CTU by the **British Red Cross**, and the medical and nursing cover is provided by the **Japanese Red Cross Society**. The CTU has been operational with approval of the MSPP since 27 November. The conversion is almost complete and the CTU is fully functioning. As of 10 January, the CTU has treated 387 patients.

The **Canadian and Japanese Red Cross Society Basic Health Care - Emergency Response Unit (ERU)** in Carrefour has treated 1,024 cholera patients up to 21 January. The team has started dissemination to inform the people about the CTC and house visits are being carried out. Over the last week, the CTC received 92 patients (8 under 5). It has also been accepting transfers from the Haitian Red Cross, MSF and surrounding hospitals. The site has 21 tents and can accommodate 65 patients and 35 ORPs. In addition, a community health module (CHM) nurse meets with patients who were treated and discharged and provides them with preventive health and hygiene promotion messaging.

The **Canadian Red Cross (CRC)** has been responding to the cholera outbreak since October 2010. The CRC has been assisting the development of cholera prevention messages and has trained 177 volunteers in Artibonite and 188 volunteers for CRC interventions in Léogane, Jacmel and Nippes. Hygiene and promotion campaigns have been carried out using sound trucks to raise awareness in 12 communities in Léogane. In addition, the CRC has developed and is implementing a project against cholera at community level through the setting up of oral rehydration therapy centres (PRVO). These PRVO will operate for 24 hours 7 days a week.

The **French Red Cross (FRC)** continues its work regarding the installation and reinforcement of CTCs and CTUs (through material, staff and trainings). Twenty-two CTUs have been installed as of 7 January (12 in Port-au-Prince, 2 in Delmas, 2 in Croix-des-Bouquets, 2 in Petion Ville, 1 in Kenskoff and 3 in Petit Goâve). Specific zones have been habilitated to receive sick people, staff have been trained and material has been delivered. The CTU of Chapi, in Cité Soleil, is open 24 hours a day. Ten HRC volunteers have provided to this centre an increased the number of disinfection supplies. More than 2,200 cholera cases have been treated to date.

Moreover, on 5 January in Port-au-Prince 6 oral rehydration posts were installed and are operational in FRC-supported camps.

The **German Red Cross** manages a CTC in Archaie and supports MSPP's activities in Carrefour. More than 929 cases of cholera have been treated in the CTC in Archaie, which has 24 beds. The German Red Cross mobile health team is visiting villages where cholera patients come from and is promoting hand washing, water disinfection, ORS use and appropriate sanitation. The acceptance of the mobile team is good. The mobile health promotion team reached over 10,000 beneficiaries in Archaie. The CTC is treating patients coming from a nearby orphanage. The French Red Cross also supported the disinfection of this orphanage.

The **Norwegian Red Cross (NRC)** has been responding in the area of Jérémie in the department of Grande Anse. The team has been visiting several rural areas including Pestel, Les Cayemite, Les Basse and Ans Amason carrying out assessments. The MSPP and the HRC has a hygiene promoter in the area, but assessments and hygiene promotion activities need to be strengthened as rural areas have less access to health facilities than urban areas. During the visit in Les Cayemite, the NRC donated to the local health clinic 300 sachets of oral rehydration salts (ORS), 500 aqua tabs and 150 bars of soap supported by HRC volunteers. Other materials such as 3,000 aqua tabs, 200 sachets of ORS and 100 pieces of soap were donated to each oral rehydration station in Anse-à-Marcon, Point Sable and Les Basse. In addition, the NRC has developed an action plan for additional visits in small towns in Grande Anse to train volunteers in oral rehydration treatment, to prepare chlorine solution for spraying and to carry out additional needs assessments.

The **Netherlands Red Cross**, together with the **Haitian Red Cross**, has been responding to the outbreak by training 176 volunteers on cholera prevention and health education. 37,226 people have received specific messages on cholera prevention and cure through hygiene promotion sessions in the most affected areas in the communes of Jacmel, Marigo, Cayes Jacmel and La Vallée in the South East department. To date, 8,647 families have been identified as the most vulnerable for receiving non-food items to contain the spread of cholera. Of these families, 7,517 have each received 1 jerry can (10 litres), 2 bars of soap, 180 (33 mg) tablets of aqua tabs, 2 flyers with cholera prevention and hygiene messages and 2 ORS sachets. In addition, house-to-house identification of beneficiaries is progressing together with the cholera prevention and hygiene promotion activities.

The **Spanish Red Cross (SpRC)** continues working in Artibonite, Port-au-Prince, Léogane and Jacmel. The hygiene promotion activities and disinfection of houses of cholera patients (and close neighbours) are ongoing in the communities of L'Estere, Dessalines Marchant and Saint Marc. Since November 2010, 7,995 houses have been disinfected and 94,333 people have been reached through awareness activities. The Spanish Red Cross continues to supply 15,000 litres of water per day in L'Estere. Of these, 5,000 litres are provided to the CTC, 5,000 litres to the hospital and 5,000 to people living close to the hospital. Cases of cholera have increased since there is no electricity, pumps cannot take water from the well, and then the more vulnerable population is forced to drink water from the river.

In Léogane, the SpRC continues carrying out activities of disinfection and hygiene promotion in the area. Two pick-up trucks with four disinfecting equipments go to cholera patients' homes and their neighbours.

In Jacmel, one mobile team is working in Jacmel, Cayes Jacmel and Marigot area, conducting disinfection and hygiene promotion activities. As the team has to reach remote areas, the average number of houses covered is 9 per day. Up to date, the mobile team has visited all cholera patients' houses reported by the CTCs.

In Port-au-Prince, the 2 disinfection pick-up trucks continue with the disinfection and cleaning of latrines in 21 camps. Four hygiene promotion teams continue carrying out activities in SpRC-supported camps and community centres nearby. A total of 7,920 people have been reached by cholera awareness activities. 12 Cholera management committees have been created in IDP camps. The committees have provided ORS to 219 cholera patients, donated 70 gallons of chlorine to the Haitian Red Cross and given a total of 13,520 serum Ringer lactate (500 ml), 7,100 Ciprox intravenous (an antibiotic), 1,000 catheters and other medical supplies to 9 hospitals in Port-au-Prince.

The **Swiss Red Cross** continues to support the CTC in Grand Goâve, which is operated by a consortium of various NGOs. At present, five Swiss Red Cross delegates (a medical doctor, two nurses, one logistician and one water, sanitation and hygiene promotion specialist) are working in the centre. Since its opening on 3 December up to 7 January 143 patients were treated. A Swiss Red Cross logistician is still supporting the IFRC's cholera response. Additionally, a water sanitation and hygiene promotion programme will be launched in Palmiste-à-Vin, Léogane, reaching 1,160 households.

The **International Committee of the Red Cross (ICRC)** contributes to the cholera response efforts in places of detention where, to this day 405 detainees have been treated. To ensure that persons living in prisons settings are treated humanely, the ICRC works in 18 places of detention in Haiti, benefiting approximately 5,800 inmates. The main priority is to support the prison authorities in maintaining and monitoring cholera prevention measures in all detention facilities.

Since the beginning of the epidemic, more than 4,900 inmates in prisons and police stations affected were given as a preventive measure, a dose of antibiotic (doxycycline). In all places of detention, the ICRC has implemented hygiene measures such as daily cleaning and disinfection of cells and latrines. Prisons clinics are regularly supplied with medicines, oral rehydration salts and infusions.

The civil prison in Port-au-Prince, a CTC and four areas for observation and treatment have been installed and equipped by the ICRC in collaboration with prison medical teams. The ICRC continues installing bunk beds in prisons in different districts in order to improve the sleeping conditions of prisoners.

The ICRC monitors on a daily basis the health status of inmates in two prisons in Cap-Haitien and Les Cayes. Since the month of December, supplementary health staff was hired to respond to the epidemic.

The ICRC continues to support the health posts of the Haitian Red Cross in Cité Soleil and Martissant, two of the poorest neighbourhoods of the capital. Since the beginning of the cholera epidemic, rescuers were able to evacuate more than 1,900 patients to hospitals. Red Cross volunteers have so far reached more than 30,000 people on the risks associated with cholera.

The ICRC continues the disinfection of the Cité du Soleil's water systems. In order to purify the water source, a chlorination system in one of the pumping stations was installed. At the same time, teams have distributed approximately 900,000 water purification tablets benefiting 200,000 residents.

### Progress towards outcomes

The following section describes activities carried out since the start of the operation by the HRC and IFRC under the emergency appeal framework. It is important to note that the IFRC is also supporting PNS in their cholera response activities as described under the Coordination and Partnerships section, which are part of the outcomes and outputs outlined under the emergency appeal targeting 500,000 people (100,000 families) in Haiti and 150,000 people in the Dominican Republic.

#### Water supply

<b>Outcome: The risk of cholera is reduced through the provision of safe water.</b>	
<p><b>Output 1:</b> 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.</p>	<p><b>Activities planned</b></p> <p>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.</p> <p>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.</p> <p>Microbiological tests will be conducted for all Red Cross water sources</p> <p>Water caretakers will be trained in cholera awareness and hygiene promotion.</p>
<p><b>Output 2:</b> Communities in the Grand Anse, Sud and Nord-Est departments (20,000 families) have access to drinking water</p>	<p>Through the provision of non-food items under preventive health and hygiene promotion, beneficiary families will receive training in the use of water purification tablets.</p> <p>Existing water supply systems will be appropriately chlorinated.</p> <p>Operators will be trained in chlorination and residual chlorine monitoring</p>

	20,000 families will receive household items to store and transport water (2 jerry cans and 1 water bucket).  *These activities are implemented concurrently with hygiene promotion and sensitization
<b>Output 3:</b> Health cholera facilities are supported to meet the water demand (level 2 and 3) in both the earthquake affected area and in the 3 additional geographical areas	Provide water for up to 6 months with a minimum of 60l/patient treatment for up to 5 CTCs, 5 CTUs and mobile teams
<b>Output 4:</b> Communities in the five provinces on the Dominican Republic border have access to safe water.	Pre-position water and sanitation equipment at the border of the Dominican Republic.

### Progress:

The IFRC Water and Sanitation department jointly with the Haitian Red Cross continues providing water services to 220,000 people throughout Port-au-Prince. Water is distributed to IFRC-supported camps and other distribution sites using a concentration of residual chlorine of 0.7 milligrams per litre as a preventive measure against cholera. The IFRC Water and Sanitation department conducts regular monitoring to verify how the water treatment process takes place and to test the chlorine level before water reaches people at the tap stands. In addition, the department increased the number of water trucks to achieve the provision of 10 litres per person per day .

Safe water is supplied to CTCs and CTUs in Archaie, Port-à-Piment, Grand-Goâve and Port-au-Prince (La Piste and Carrefour). The French and Spanish Red Cross Societies are also supporting health facilities and population in the Artibonite region with safe water.

Since the onset of the outbreak, the IFRC Water and Sanitation department has been providing support to several PNS in the country and other agencies. The American, Canadian, British, German, French, Finnish, Haitian, Norwegian, Swedish and Spanish Red Cross Societies have received from the IFRC aqua tabs and buckets for their cholera response operations. In addition, the Water and Sanitation department is supporting the French Red Cross in Saint Marc with two water trucks to scale up water trucking at various CTCs and a clinic being served by PNSs.

Due to the recent political demonstrations, water point rehabilitation has been delayed due to the some community members destroying some water points and plastic tanks. The rehabilitation is now being scaled up with the arrival of pipes and fittings. A continuous improvement plan is ongoing to identify the damage and malfunctions of the water systems in some camps as well as the prioritization of maintenance activities and rehabilitation of those systems in camps for internally displaced persons in Port-au-Prince.

In the Dominican Republic, a total of 24 water treatment plants have been pre-positioned in Montecristi, Dajabón, Elías Piña, Independencia, Pedernales, Azua, San José de Ocoa, Duarte and the "Distrito Nacional" as a preparedness measure to ensure potable water supply. The water treatment plants provide coverage of the border area, which have been placed in areas with high population density and significant movement of migrants. The Dominican Red Cross has also pre-positioned water and sanitation equipment facilitating access to safe water in the community of Palo Seco (Elías Piña province), where the water was contaminated. In addition, a water treatment plant was installed in the Guanito community (Elías Piña) to provide safe water to surrounding communities.

The National Society has also received the request to install a water treatment plant in the province of Altigracia for the communities of Florida and Villa Cerro.

### Sanitation

**Outcome: The risk of cholera is reduced through the improvement of sanitation conditions.**

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

### Progress:

The IFRC Water and Sanitation department currently manages 206 latrines. To date, 38 clean up kits have been distributed and 175 showers are in place. Additionally, the IFRC supports the German Red Cross CTC in Archaie, through the provision and maintenance of 8 latrines. The Luxembourg Red Cross was also provided with 2 latrine tanks to support the CTC in Gressier. In addition, the Canadian and Japanese Red Cross Societies CTC in Carrefour was supported with 12 portable latrines.

The Water and Sanitation department has implemented a new type of filter (metal mesh) for vacuum trucks that will expedite the work and protect the pumping equipment from frequent damage. The department has also now implemented a dosage of 2 per cent high test hypo-chlorine (HTH)<sup>1</sup> to prevent the spread of cholera. 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. In addition, 8 hand washing stations were installed in the Premature, Henfrasa, Avenue Populaire, Bell Air, La Piste and Clearcin 24 camps. Desludging activities continued in camps supported by the IFRC and PNS. The Water and Sanitation team removed plastic bags filled with excreta, thrown by the population around the latrine areas and evacuated them to a controlled landfill. Disinfection of the area, including latrines was done by spraying chlorine (HTH).

Training was 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 and the area around the latrines. The spraying with chlorine of 206 latrines in 13 camps is ensured twice a week since mid-November.

An assessment was carried out in camp Charbonnière to identify the present needs (additional latrines, showers, hand cleaning facilities, drainage) and cleaning material was distributed for the cleaning campaign on solid waste.

<sup>1</sup> HTH has a higher concentration of hypochlorite (68 - 70%), commercial chlorine has a concentration between 6 to 7 %.

## Preventive health and hygiene promotion

**Outcome: Cholera-related morbidity and mortality is reduced through a comprehensive approach to preventive health and hygiene promotion while strengthening the National Societies' capacity in preparedness and response to cholera outbreaks**

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

### Progress:

From the onset of the cholera outbreak, the IFRC and the Haitian Red Cross increased the preventive health and hygiene promotion activities to palliate the epidemic. More than 46,000 beneficiaries in camps have been sensitized by HRC volunteers on cholera treatment and prevention messages.

One of the main issues that can negatively affect the humanitarian response to the outbreak is fear, misconceptions and lack of correct information about cholera among the Haitian population. For this reason, psychosocial support (PS) is an important component of the HRC and IFRC activities. The HRC and IFRC PS

teams developed a document on “Cholera, beliefs and perceptions” which is available at the following URL: <http://haiti.humanitarianresponse.info/LinkClick.aspx?link=HRC+PSP+-+Cholera+beliefs+and+perceptions.pdf&tabid=77&mid=860> and it is available in French and Creole.

Training is being provided to improve HRC volunteers’ ability to facilitate group discussion as part of the cholera psychosocial support response strategy. In addition, group discussions with both children and adults, are being used to address stress, fear, rumours and stigma related to the cholera outbreak. The PS teams have continued the cholera sensitization work at the community level, with 34,106 beneficiaries reached in the areas of Carrefour, Sainte-Marie, Canape, Lafferonay and Petit Goâve. The PS activities have also facilitated the setting up of the Canadian Red Cross– Japanese Red Cross Society ERU CTC in Carrefour (Lamentin).

The IFRC Community health department conducted a training with 27 HRC “Club 25” volunteers in Port-au-Prince on prevention of cholera and hand washing techniques. Another training was conducted with 26 community volunteers in Camp Jerusalem on the prevention of cholera and hand washing techniques. In Lamentin, 20 community volunteers were trained in cholera prevention, transmission, and hand washing techniques and preparation of disinfecting solutions. These volunteers will participate in community sensitization in Carrefour, supporting the work of the Canadian Red Cross - Japanese Red Cross Society CTC. Additionally, a nurse was hired to supervise the community activities (sensitization) of the CTC in Carrefour.

Hygiene promotion activities were held at the Aviation Camp, where 4,944 people participated. During this activity, 224 homes where there were cases of cholera were identified and these homes will be sprayed with HTH.

Hygiene promotion was also conducted at the market square, where 688 beneficiaries were reached.

A workshop for HRC volunteers was carried out, on how to make paper and sock puppets, and how to use these to implement hygiene promotion with children living in camps and surrounding areas. This workshop was attended by 24 HRC volunteers.

Furthermore, a check list on topics and activities during the promotion of hygiene was developed, to provide guidance to volunteers and ensure the transmission of information.

The IFRC health team in Léogane has conducted hygiene promotion activities in 15 camps and communities in the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> sections in Léogane. In each site, hygiene promoters and security people were selected from the community which implemented these activities with the support from the IFRC team.

In the Dominican Republic, there is also a strong focus on preventive health and hygiene promotion campaigns and awareness-raising particularly in the border region and in the three most populated urban centres of the country. Personal protection equipment has been provided to volunteers working in disinfection of houses of people affected by cholera as well as those focusing on prevention work.

As of 11 January, 370 workshops for cholera prevention and preparedness have been carried out at community level in schools, community centres, DRC branches, universities, sports centres, mothers’ centres and at neighbourhood gatherings. A total of 11,817 people have benefitted from the talks promoting hygiene, prevention and identification of cholera and measures to follow in the event of positive cases.



**Community members participate during a talk on cholera prevention and hygiene promotion in the community of Elías Piña. Source: DRC.**

Thus far, 140 volunteers have been trained as trainers in 5 provinces on cholera prevention and hygiene promotion. These trainers will support to increase the National Society's capacities in the other branches.

In addition, awareness-raising campaigns are on-going in schools, universities, businesses, as well as at markets, bus stops and so forth. Messages addressed to the population on cholera prevention and hygiene, with an emphasis on the detection of cholera and appropriate, timely treatment are in line with those issued by the Ministry of Public Health.

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

### **Progress:**

The IFRC is supporting the Haitian Red Cross and Partner National Societies and other health partners to implement their cholera response operations. The IFRC provides assistance and hygiene supplies to IDP camps through organizations working in them. The IFRC has provided the British, the Canadian, the French, the Finnish, the German, the Haitian and the Japanese Red Cross Societies in Haiti with ORS for distribution, case management and treatment of cholera patients. Additionally, the Federation has provided cholera kits to the British (3), the Japanese, Norwegian and Swiss Red Cross Societies.

The HRC Psychological Support programme with support from the IFRC has trained 19 psychosocial volunteers from Carrefour. The intervention focused on welcoming patients and their families, psychosocial first aid support (PFA) to patients in the wards and caregivers in the waiting room, management of the mourning tent in order to

facilitate – when requested/wanted by the families – the respect of rituals before the body is taken away. The training also focused on meeting with patients and their families in order to prepare their return back home. Volunteers will be available to do home visits on request when the former patient and their families are facing stigma in the community. In addition, during the second week of January 2011, 70 Haitian journalists were trained on the psychosocial dimensions of the cholera outbreak.

The Cholera Treatment Unit in Port-à-Piment run by the British Red Cross and the Japanese Red Cross Society has treated 387 patients up to 10 January. Additional human resources including nurses (local) have been recruited and will be trained in cholera treatment. The British Red Cross will assist with a one-day training on cholera treatment for the nurses. Due to the increased demand for collection of cholera patients, on 16 December the British Red Cross converted two pick-up trucks and set up an ambulance service. As of 6 January, 111 cholera patients were transferred to the CTU. In addition, the British Red Cross has set up an Oral Rehydration stabilization unit (which includes a nurse on call to facilitate treatment) in Tiburon located in the Sud department since the nearest CTU was 50 minutes away from the commune. From 4 to 11 January 43 patients were seen, with 35 patients treated successfully with ORS.

As of 15 January, more than 5,500 patients have been treated by Red Cross CTCs and CTUs in Haiti.

The IFRC, supported by the British, the Canadian and the Spanish Red Cross Societies, has provided 6 pick-up trucks for the Haitian Red Cross ambulance service for the cholera patients. The Haitian Red Cross ambulance services continue operating 24/7. From 1 December to 17 January, **1,224** cholera patients have been transported by Haitian Red Cross ambulances.

The IFRC Health department in Léogane has been supporting the prevention of cholera since the onset of the outbreak. In early December 2010, the number of cholera cases increased rapidly in Léogane. The IFRC decided to distribute aqua tabs with cholera sensitization in order to provide people with safe drinking water in cholera affected areas. On 6 and 7 December, the IFRC team in Léogane conducted a cholera workshop for 75 hygiene promoters from 15 camps and communities in order to conduct cholera sensitization and aqua tab distribution effectively and to avoid misuse of aqua tabs.

In addition, the Health team in Léogane conducted cholera sensitization and aqua tab distribution from 10 to 14 January 2011. A total of 4,374 households received aqua tabs in 15 camps. The team is composed of 2 IFRC health and water and sanitation delegates, 7 HRC nurses and 2 hygiene promoters.

## Disaster Risk Reduction/ Organizational Development

Within the framework of the DP/DRR Surge Project three main components will be supported to strengthen the cholera response and preparedness operations:

- Provide training to volunteers on Community Based Health and First Aid in each branch.
- Increase the storage capacity of the Haitian Red Cross and prepositioning of stocks in all regional branches.
- Help to build a cholera management programme to increase the capacity of the Haitian Red Cross to respond to epidemiological emergencies.

As the operation progresses, further information will be provided in subsequent operations updates.

A contingency plan for cholera was drawn up by the Dominican Red Cross at the end of October 2010. This contingency plan has been integrated in the Cholera Preparedness Plan of the Ministry of Health which was defined during the first week of November. A specific intervention plan has also been drawn up with all Red Cross partners in coordination with the Ministry of Health.

## Logistics

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

**Output 1:** Logistics support complements and facilitates the

### Activities Planned

Scale up the current supply chain and control supply movements from

activities and assistance planned.	<p>the point of entry to final distribution point.</p> <p>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.</p> <p>Support the set-up of designated sites as Red Cross cholera treatment centres (CTCs), cholera treatment units (CTUs) including incoming ERUs.</p> <p>Provide logistical and coordination support and supplies for the HRC, and PNSs implementing cholera response activities.</p> <p>Provide logistics support for the cholera preparedness plan in the Dominican Republic relating to relief supplies and transportation.</p>
<b>Output 2:</b> 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.
<b>Output 3:</b> Logistics is guaranteed through regular monitoring activities.	Ensure that logistics activities are implemented, supervised, and monitored by continual assessment of control activities.

### Progress:

The IFRC logistics team in Port-au-Prince and Panama have expedited the requests of items, both for the PNS and for the IFRC cholera operation. Medical and treatment supplies have both been procured and taken from the stock in Panama, and shipments are being dispatched both via air and sea.

Up to 10 January, the following consignments have been shipped and received:

Arrivals into the Country since 10 January 2011:	Total
Air consignments received	24
Sea consignments received	4
Total tonnage of consignments received (air and sea)	178

The Logistics team has setup a dedicated cholera warehouse which was fully operational at the end of December 2010. At present, the warehouse has a stock of jerry cans, aqua tabs, water purification materials, oral rehydration salts, and disinfection materials, amongst other items stored ready for dispatch. Three Haitian warehouse keepers are being trained by the IFRC logistics delegates in the management of stock control, dispatching and reporting of warehouse activities.

With the aim to support the set-up of designated sites as Red Cross CTCs or CTUs, assessments were conducted through site visits throughout Port-au-Prince to determine the suitability of the site for a CTC. The Logistics team also cleared the land and erected tents in Archaie, Croix des Bouquets and Carrefour.

The IFRC Logistics team extended its support to the cholera operations logistics issues for the HRC and PNS working on the cholera emergency response. Three logistics delegates and one fleet delegate are dedicated to supporting the IFRC cholera team, the Haitian Red Cross and PNS. To date, requests have been issued for over 600 types of items and over 1,000 requests for services or stock have been handled.

As mentioned before, the IFRC has equipped 6 pick-up vehicles to be used as ambulances, which are now deployed at the HRC ambulance centre in Port-au-Prince. Fifteen drivers have been hired as ambulance drivers and 20 ambulance attendants have been trained to handle the patients. A washing and disinfecting area is under construction within the compound of the Haitian Red Cross (old headquarters). The ambulance centre is operating 24 hours, therefore a sleeping tent and dining tent have been provided for the drivers and ambulance attendants, along with regular hot meals. The fleet management team is providing fuel and maintenance for the pick-up vehicles.

### IT and Telecommunications

<b>Outcome: The Haitian Red Cross ambulance service's capacity is increased through the provision of IT and Telecom equipment</b>	
<b>Output 1:</b> The HRC Ambulance Radio Room is established.	Equip radio room with VHF radio equipment.  Strengthen the central dispatch service of the HRC Ambulance service in Port-au-Prince.
<b>Output 2:</b> The HRC ambulance fleet (46 vehicles) is equipped with radios.	Equip the ambulance fleet with 46 radios.
<b>Output 3:</b> HRC ambulance service operators and volunteers are trained in the use of IT Telecom equipment	Train ambulance service team and volunteers on the use of radio equipment.

#### Progress:

The IFRC IT and Telecommunications team has installed VHF radios in Bicentenaire and has rehabilitated the ambulance radio room.

The HRC ambulance service has been strengthened by providing six ambulance drivers with telephones.

### Communications – Advocacy and Public information

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

	Support the production of materials used in the cholera operation, such as information given to patients leaving cholera treatment centres
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**Progress:**

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

300,000 SMS were sent per day with messages on the correct use of aqua tabs and disinfection, addressing cholera stigma and fear of cholera treatment centres. Only this year, 1,174,726 SMS have been sent country-wide advising on cholera treatment centres and hand washing. Since the outbreak, approximately 5 million SMS messages have been sent.

The sound truck continues delivering messages throughout Port-au-Prince. The sound truck provides information to people on what cholera is, what to do if infected and how to prevent it.

The radio show *Radyo Kwa Wouj* broadcast on 5 January and it focused on the topic of cholera. It was streamed live and broadcast live on the Radio 1 network country-wide with guests from the West regional branch from the Haitian Red Cross and a Haitian doctor.

Radio stations across Haiti continue to run the 3-minute Red Cross cholera prevention advert for free (including the 4 biggest stations in Haiti: Metropole, Caraibes, Ginen and Radio 1). Two editions of *Radio Croix Rouge* were broadcast in this period on Radio 1 (90.1FM) and streamed live at: <http://bit.ly/91fnU1>. Cholera continues to be the main topic discussed during the show, sharing experiences and giving live saving messages to the population. The last shows focused on CTCs, with the participation of representatives of the Canadian, Finnish and Haitian Red Cross Societies as well as the IFRC's Country Representative.

## 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.

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