

# HEALTH CLUSTER BULLETIN

CHOLERA AND POST-EARTHQUAKE RESPONSE IN HAITI – FRIDAY, FEBRUARY 18, 2011 – #19

## Highlights

- Carnival: risk of cholera transmission from contaminated food and water
- Guidance available on making buildings accessible for handicapped people
- Number of cholera cases down, but partners concerned with gaps, especially in WASH

### Dear health partners,

The MSPP is asking all health partners to identify health facilities with cholera treatment units in zones of potential flooding, in order to conduct preventive activities and to ensure that proper case management remains in place during the rainy season, when there may be an increase in cases.

The health partners are also requested to inform the MSPP on available stocks at departmental level. In support to that request, the health cluster has distributed a matrix to be completed as soon as possible. The matrix will be included in the upcoming revised Contingency Plan

Thank you

Health Cluster coordination



*World Vision responded to an increase in cholera cases on Ile-de-la-Gonave with an awareness campaign and distribution of materials. A team of 19 people, including nurses and hygiene promoters, spoke to communities in Chardonnette, Baie du Parc and Port Picmy. (Photo from World Vision)*



The Ministère de la Santé Publique et de la Population (MSPP) and PAHO, the Regional Office of the World Health Organization (WHO) for the Americas, coordinate the Health Cluster. **MSPP Cluster Contacts:** Dr. Claude Surena; Dr. Jean Hugues Henrys; **PAHO/WHO Contacts:** Dr. Juan Carlos Gustavo Alonso



Health Cluster partners are asked to contribute to this bulletin with information on needs and activities as well as corrections to content, by emailing [hai.clustersante@paho.org](mailto:hai.clustersante@paho.org) (subject heading: Health Cluster Bulletin). For useful information on meetings, guidelines, and CTC, CTU, and health facility locations, visit: <http://haiti.humanitarianresponse.info>.

## SITUATION OVERVIEW

- Epidemiological reports continue to show a decline in new cases. This trend is supported by MSPP data, as well as by reports from other major health actors, such as the Cuban Brigades and MSF. In some places, there are reports of a rise in the mortality rate. This is being followed closely to see if it is poor reporting of data, or if there are improvements to be made in the management of cholera cases in these particular places. The MSPP reports that, as of February 9, 2011, there were 231,070 cases and 4,549 deaths due to cholera. Ninety-six cholera treatment centers (CTC) are operational, 188 cholera treatment units (CTU) and 642 oral rehydration points (ORP).
- With **Carnival** season underway, there are some increased risk of cholera transmission and the need to explain these clearly. The risk is not from human-to-human contact, but rather from ingestion of contaminated food or water. Where people assemble for Carnival celebrations, there will be food stalls and drink vendors. The population will also need access to latrines and hand washing facilities. A good quality control of these facilities will minimize the chances of transmission.
- The **CTC/CTU evaluation** team has finished their field surveys, which have been gathered for analysis. Sixty-seven institutions were evaluated, mostly concentrated in West, Center, Artibonite and North Departments. The evaluation is led by MSPP, with support from experts from PAHO/WHO and volunteers from the Haitian Medical Association doing the in-field evaluations. Results will be shared with health partners around February 21-25.
- Handicap International recently created a unit on **accessibility for handicapped people**. The purpose of this unit is to help national and international actors gain a better understanding of the difficulties encountered by handicapped people in their physical environment. An estimated 10% of the Haitian population is living with a handicap, whether physical, sensory, mental, or intellectual—a figure that translates into 800,000 people. Its work will focus on the physical aspects of access. In the initial phase, the initiative will provide support for people working in emergency and post-emergency interventions, such as transitional shelter, camp management, and access to water, sanitation, and hygiene.

## SURVEILLANCE AND ALERTS

**Rains** in several places have had an effect on the cholera response. In one Department, a team was unable to reach the location where they had planned to set up a CTU. In another Department, rains caused flooding and then protest in a camp. With greater rainfall, there will be more stagnant water, and the increased risk of vector-borne diseases (such as malaria and dengue) and water-borne diseases (cholera and maybe others). Heavy rainfall will also cause latrines to overflow and infect water sources.

## WASH

Jérémie officials have reached a tentative agreement on the location of a waste treatment plant. On February 15, representatives from PAHO/WHO and UNDP met with the mayor, members of the community, DINEPA, the Ministry of the Environment, and the women's rights ministry, to discuss building a treatment plant for waste water and excreta. The community has been against the proposal for some time, but, after the meeting, which was held at the site itself, seemed to agree. The site is owned by the government. Some funding has been identified but not yet materialized. Other outstanding issues include technical aspects and staffing.

## MATERNAL AND CHILD HEALTH

Partners are reminded that they may participate in the **free obstetric care program** (known by its French acronym, SOG). This is an MSPP program co-managed by PAHO/WHO and financed by the Canadian International Development Agency. Created in 2008, the SOG is designed to increase the number of institutional births (and thus help reduce maternal mortality) and to demonstrate the feasibility of providing social protection to pregnant women and newborns. The SOG involves a contract with institutions to replace out-of-pocket payment by the patient for four prenatal check-ups, delivery (normal or caesarean), and one post-natal visit. Community midwives are offered compensation to accompany women in an institutional setting for labor. Partners can request participation in this project to obtain financing for the care they provide to pregnant women by contacting PAHO/WHO.

## HEALTH PROMOTION

The Education Cluster reports that a considerable number of schools across the country are in need of a safe drinking water and appropriate sanitation system, hampering cholera prevention efforts. Despite the ongoing efforts by the Cluster members, 50% of the schools still need to be reached with hygiene promotion activities and continuous water treatment, especially in Grand Anse, South, Nippes and Northwest Departments.

## Essential Medicines Program (PROMESS)

In preparation for the rainy season and other risks, the Essential Medicines Program (PROMESS, managed by PAHO/WHO) will be distributing emergency kits to all the Departments. PROMESS has a stock of 1140 kits, each one with basic medications for 1,000 people for three months, and 8 emergency health kits for 10,000 people for three months. PROMESS will be distributing also “house made kits”, composed with the donations received from different countries

In stock and in the pipeline, PROMESS has more 92,000 treatments for severe cholera cases. This is sufficient to meet the current demand. An order for 4.5 million units of ORS is on the way. PROMESS can thus supply CTCs and CTUs, as well as support community mobilization activities. Two kits with medical supplies and WASH equipment are permanently positioned in the PROMESS warehouses in Port-au-Prince, so the program can quickly support the set-up of a 10-bed CTU in response to alerts.

## SITUATION BY DEPARTMENT

### NORTHWEST

The Cuban Medical Brigades report a rise in cases in Bassin Bleu. The Brigade sent a team on February 14 to assess the situation.

### NORTH

Under a strategy to increase access to care in underserved areas, UNICEF medical staff is currently focusing mountainous zones and visited several CTC and CTU in Limbe and Plaisance. An accelerated training program aims at scaling up local capacity and contingency stock (of IV fluids, soap, ORS) was reinforced in case of new outbreaks.

Although Doctors without Borders (MSF) Switzerland has seen more cases, the number of new cases in the Department for the second week of February is still down, with around 60 new cases per day, compared with 90 per day on average in the previous week. MSF-Switzerland will be turning the CTU in Soufrière over to GROW ACTION and the CTC in Borgne to the Borgne hospital. Konbit Santé continues working in 50 ORPs and expects to see its cholera-related activities end in March.

Discussions on the plan of action and activities involved in the deployment of community brigades are under way. The supply chain between the MSPP and its CTUs needs reinforcement.

**WASH:** Lack of rapid response capacity for testing contaminated waters is a major problem. DINEPA's current policy is to continue chlorinating the existing water system and to inventory all water sources used by the population. There is still no medium-term strategy to develop new water distribution systems or disinfect contaminated sources.

Oxfam WASH has been contacted to develop a collaboration plan for rapid response to alerts and make it possible to test the water sources used by the population in newly contaminated areas. A proposal to set up mobile WASH teams is being discussed.

## NORTHEAST

The epidemic curve continues downward in this Department, with 316 new cases this week compared with 560 last week. Except for Fort Liberté and Ouanaminte, which receive a good part of the Department's new cases, Perche and Carice still continue to have a number of cases (around 10 and 5 per day, respectively). Most of the CTCs/CTUs are empty or treating very few cases.

As for the development of ORPs in Nord-Est Department, CDS (some 30 ORPs opened) and the American Red Cross are positioned to support the Department in addition to PLAN (44 ORPs) and Merlin.

The community brigade strategy is gaining ground. The precise number of community brigades, as well as the drafting of the budget needed for the operations of these brigades, is being discussed.

**WASH:** WASH lacks the rapid response capacity needed to test contaminated waters. To date, only the health cluster has mobile teams.

## ARTIBONITE

There was one death from suspected cholera in the Gonaive prison on February 14 and 4 cases admitted to the MSF-France CTC in Gonaive. One of the cases was not cholera. MSF-France provided immediate intervention (isolation of cases, treatment, and water chlorination). ICRC will ensure the assistance for the prison in the next days.

UNICEF is supporting MSPP in trainings planning in all 7 health structures at communal level in the Department. Follow-up on trainings in public health centers are needed to ensure application of the national cholera protocol.

## CENTER

The MSPP have asked all health partners to identify possible health facilities with cholera treatment units in zones of potential flooding in order to conduct preventive activities and to ensure that proper case management remains in place during the period of expected increase of cases. Lack of a clear ORP strategy in the Department, continues to be a major gap.

Save the Children is considering their possible involvement in case management training in Tilory, Savanette, Belladere as these areas are still lacking sufficient local human resources to respond to the cholera outbreak.

Two health coordination meetings are taking place on a weekly basis (Mirabalais for the lower plateau and Hinche for the higher plateau) as well as the WASH and inter-cluster meetings.

Discussions are ongoing with the MSPP for the possibility of signing a letter of agreement to reinforce the activities at the community level in the communes not currently covered by partners.

**Social and community mobilization:** Ongoing mobilization activities supported by Mercy Corps in Hinche and Mirebalais, Save the Children in Maissade, Caritas in Abriot Haut Plateau, Roysec, Layaye and Losabelle Bas Plateau. Mercy Corps is requesting posters for social mobilization

**WASH:** DINEPA and PAHO/WHO met to discuss waste management and latrines in the CTCs and CTUs in preparation for the rainy season. The CTU in Savanette is at risk of being flooded. There has been an interruption in the chlorine supply (for chlorination of the public system) and there is an identified need of 150 kg of HTH.

## WEST

There were reports of cholera cases in Chardonette, a village which is a four and a half hour walk from the World Vision CTC. People prefer to use boats from fishermen to reach Leogane (1h30) but there are associated costs. World Vision went there to assess the situation. The health team visited three villages (Chardonette, Baie du Parc et Port Picmy). They did not treat any patient but they established community based ORP with an initial stock of several hundred ORS. Prevention and sensitisation activities were conducted. They are also trying to get information on the number of cases suspected in recent weeks. (See photo on first page.)

In Petit Nau, Cornillon commune, the supplies and personnel necessary for setting up a CTU have arrived. A Cuban Medical Brigade team is running the CTU.

Flooding in Petit Goave and Grand Goave led to protests by camp residents demanding better conditions. Slogans denounced the UN for not doing more to prevent the flooding.

### Leogane

An 18% drop in cholera cases compared to the week of 7 February was reported. There seems to be supportive evidence, although it refers only to the data from the CTCs and CTUs. The WASH and health partners stressed the need to intensify public awareness, prevention, and sanitation activities to secure a real reduction in cases, with special emphasis on hot spots.

The matrix on available health services in the district of Léogane (Gressier, Léogane, Grand Goave, and Petit Goave) lacks data on the services available in certain public hospitals. **A call has been issued to partners** in the respective areas.

Merlin has started a new round of vaccination days in the nine sites they support in Petit Goave.

At the inter-cluster meeting in Petit Goave, the problems associated with the return of displaced persons (difficulties with certain land managers), cholera (case trends), and refuse disposal (difficulty obtaining a property) were mentioned.

### Port-au-Prince

Community teams in Kenskoff and Pétionville have received training through AMI, as well as community teams of Croix de Bouquet by the Unite Communal de Santé in collaboration with Terre Des Hommes. These activities fall into the Department's cholera plan.

A meeting with UNICEF, PAHO/WHO and the DSO has been held on the 5-year development plan. The plan is considering subsidizing quality primary health care to order to increase access to the essential health package. The plan under the leadership of the DSO will involve all health actors and donors. A seminar, supported by the French Red Cross, will be held from 25th to 27th February on the framework to be developed.

## SOUTHEAST

A Health Cluster Coordination team arrived on Friday, February 11. The team is comprised of a WASH specialist and a public health specialist, and will remain on-site for three months. Local health and WASH partners are invited to contact the team at [se.clustersante@gmail.com](mailto:se.clustersante@gmail.com), or 3106-7147, 3106-7338.

### NIPPES

The plan of action for the rapid response to cholera at community level is finalized and validate as departmental plan by local health officials, the Nippes health office (DSNI) and the ministry of education and planning. Merlin will provide support to the departmental plan, mainly in two towns (Arnaud and

Plaisance). Merlin activities will include training of brigadiers, opening ORPs and support to existing MSPP health facilities. A letter of agreement has been signed with MDM Belgium for patient transport and with DSNI for mobile brigades. As most of the health facilities don't report, PAHO/WHO is supporting the mobile brigades in improving surveillance, reporting and referral of cases and therefore reducing the community mortality rate.

An emergency call centre open 24 hours a day has been established. Training for staff in the call center is underway. There is a need to establish an interagency mobile emergency team to respond to alerts.

The Canadian Red Cross is distributing prevention materials, jerry cans, ORS and water purification tablets materials in Les Nippes, targeting 10,000 families. Fifteen ORPs should be opened by the first week of March.

**Social and community mobilization:** A plan on sensitization activities for schools, community leaders, religions, media, and cinema is agreed and integrated in departmental plan. There is a need for IEC materials, flyers and posters. PLAN and People in Need are developing a concept note to target most schools.

**WASH:** The DSNI is developing a plan of action integrating health, WASH, social mobilization and education. WASH partners are needed.

**Supplies and logistics:** The security stock is established in Nippes as well as the update of stock report of MSPP. A plan for interagency stock is agreed and there is a need for 2 containers.

## SOUTH

Les Cayes has seen the greatest decrease in cases. Field visits with IMC and MSF suggest that cases in Les Cayes are coming from rural areas (Maniche, Chantal) and the town. Most cases in Aquin are coming from poorer area of the town. The CTCs in Les Cayes are seeing fewer cases during the past week (~20/day). Discussions with MSPP epidemiologist show gaps in data collection from the community. MSPP organized a meeting with community leaders to reinforce case reporting and definitions. The MSPP would like training on epidemiological mapping.

MINUSTAH Correctional Services has informed the Alerts and Response team that the Les Cayes prison lacks cholera prevention services (such as chlorine for hand-washing, chlorine carpets, disinfection of cells). ICRC nurses provided services from November to January 2011 and have since left. A PAHO/WHO team has met the Corrections' Medical Services to determine needs and follow-up with ICRC to determine their approach for the next few months.

Since February 1st the Japanese Red Cross has taken over the operation of the CTU and ambulance coordination in Port a Piment. There are a total of 62 national staff and 8 delegates. Japanese Red Cross has finalized the management structure of CTU to become more independent and doing capacity building training with local staff. The Japanese Red Cross is currently identifying partners who will take over the operation of CTU.

In Hospital of Port Salut, UNICEF experts conducted two rounds of trainings for 9 medical staff (2 doctors and 7 nurses) that covered treatment protocols, and rules of hygiene. Particular attention was directed towards the isolation of patients affected by cholera. As a result two separate rooms for observation and treatments were arranged and adequately equipped.

The CTC run by MSF-Spain in Les Cayes will remain open, but their CTUs in Ile a Vache, Les Anglais will be handed over to UNICEF/MSPP. IMC is moving its large CTC in Les Cayes and built a new UTC in Cavaillon. A memorandum of understanding has been signed between MSF-Holland and IMC such that IMC will receive complicated cases from MSF-Holland. UNICEF, PAHO/WHO and MSPP are discussing setting up a CTU in Port Salut. UNICEF is drafting a map of all ORPs and a plan for surveillance in ORPs will be devised.

**WASH** interventions are still a major gap in the response. UNICEF is looking for partners.

## GRANDE ANSE

Jérémie experienced two nights of heavy rains on February 13 and 14. As a result the PAHO/WHO and MDM-France field teams in Grande Anse were unable to go to Lopineau to set up a CTU as planned on the 14th. The mission will be re-scheduled. It is possible that the rains will propagate the outbreak and lead to an increase in cases in certain areas.

From the data available, the number of cases, hospitalizations and institutional case fatality are decreasing. Community deaths are recorded at the health centers and dispensar

The ORPs are not yet established but implementation is underway. The second group of brigadiers was trained last week.

**WASH:** There is still an urgent need for water provision at the CTCs and UTCs and coordination should be improved in order to address the gaps. Visits to water sources in Lory, Roseau and Dame-Marie revealed that all 3 water sources were unprotected and had high risk for contamination. There is urgency for responding to water and sanitation needs of the communities.

---

A list of most frequently-used acronyms related to the response to cholera in Haiti is available at

[http://new.paho.org/hq/index.php?option=com\\_docman&task=doc\\_download&gid=11788&Itemid=](http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=11788&Itemid=)

---