

High Impact Operation in the West Department July- October 2017

Context and objectives

The epidemiological situation in Haiti at the end of the first semester of 2017 has shown a clear decrease in the number of suspected cases of cholera between 2016 and 2017 at equal periods (WE01 to WE23). In 2017, according to MSPP figures, WE23 and WE24 were officially the weeks with the lowest number of cases ever since the epidemic began. Different indicators such as a falling cholera positivity rate (laboratory results) and weeks without any institutional or community deaths underline a much better situation in 2017 in terms of incidence. A historically low level of cholera has been reached (as of October 21th), with less than 100 seen acute diarrhea cases and less than 35 suspected cholera cases per week since week 34 (Source: DSO/DELR)

This context represents an opportunity to achieve the elimination of the disease. The core objective of the 'coup de poing' operation was therefore to further reduced the number of suspected cases in the most affected departments. As of October, the majority of cases nationally were in Artibonite.

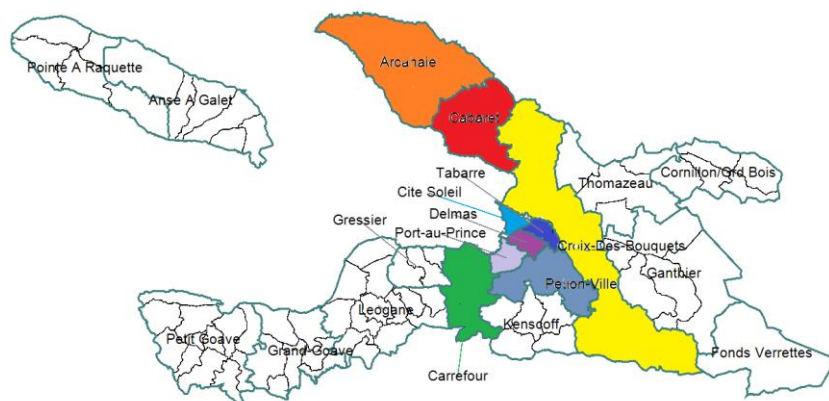
Following good results, it has been decided to continue this operation until end of 2017 and early 2018 depending on availability of funds

Overview of the operation

Under the leadership of the Ministry of Health and DINEPA, this operation was developed jointly with and coordinated by the West Departmental Health Directorate (DSO).

It aims to strengthen the prevention and control methodology in this department (with a focus on the Metropolitan area) and is based on 2 main pillars:

- A scaling up of the existing coordination, surveillance, investigation, and response strategy
- A stronger communication package engaging local authorities



Communes targeted by the operation in the West department

Axis 1: Reinforcement of coordination, surveillance, investigation and response

- **Strengthening of coordination and surveillance:** Daily situation room mtgs for the first 2 months, then 3 per week. About 55 meetings were held during the period, resulting in better epidemiological surveillance, from a weekly to a daily epidemiological analysis.
- **Reinforcement of investigation:** On site- reinforcement of capacities of the response teams at local level; 7 in-depth investigations made by the West investigation committee (DSO/DINEPA/UNICEF/PAHO/ Solidarités Int)
- **Deployment of additional staff:** Redeployment of 10 NGO response teams to the West department, for a total of 26 teams; 7 additional MoH's EMIRAS, 4 DINEPA's ACEPA staffs.
- **Qualitative and quantitative scaling up of responses activities:** Additional teams were primarily involved in the reinforcing post-distribution monitoring, enabling community group discussion following the passage of the rapid response teams, or training of 230 private reservoirs owners on chlorination methods.

Key Data: Rapid responses Mid July- October 2017 – West Department		
	Seen cases of acute diarrhea at treatment centres	1 277
	Number of responded cases	1 148
	% of responded cases	95%
	Number of chlorination points	69
	Nb of private water tanks chlorinated	387
	Number of cholera kits distributed (ORS, Soap, aquatabs)	8929
	Number of disinfected houses	14 058
	Nb of persons sensitized during the responses	16 683

UNICEF Haiti would like to thank its donors who generous contributions have allowed to achieve these results

Axis 2: Communication strategy

1. Encourage authorities' engagement in the fight against cholera in the most persistent communes

Mayors of the 9 communes have been involved since the beginning of the 'coup de poing' operation to identify and define priority interventions (essentially markets, main civil society organization, morgues) and have deployed municipal agents to be trained on cholera transmission and implement prevention activities.

2. Strengthening of social mobilization via community engagement

Two local NGOs (CEDUCC et Zamni Timoun) have been supported for the implementation of prevention and sensitization activities in religious communities (churches and voodoo) and in public places, especially bus stations, in 6 communes of the Port-au-Prince metropolitan area.



3. Production of new communication tools to implement an aggressive communications campaign

New communication materials have been developed with the Ministry of Health and NGOs, including information tools and messages.

15,000 stickers, 100,000 leaflets, 15,000 shopping cloth bags with written messages, have been distributed during the activities.

Municipalities' agents and NGO staffs were provided a green visible tee-shirt and hat (over a thousand of each produced), as well as 50 megaphones for the markets and streets sensitization.



Key Data: Communication July- October 2017 – West Department

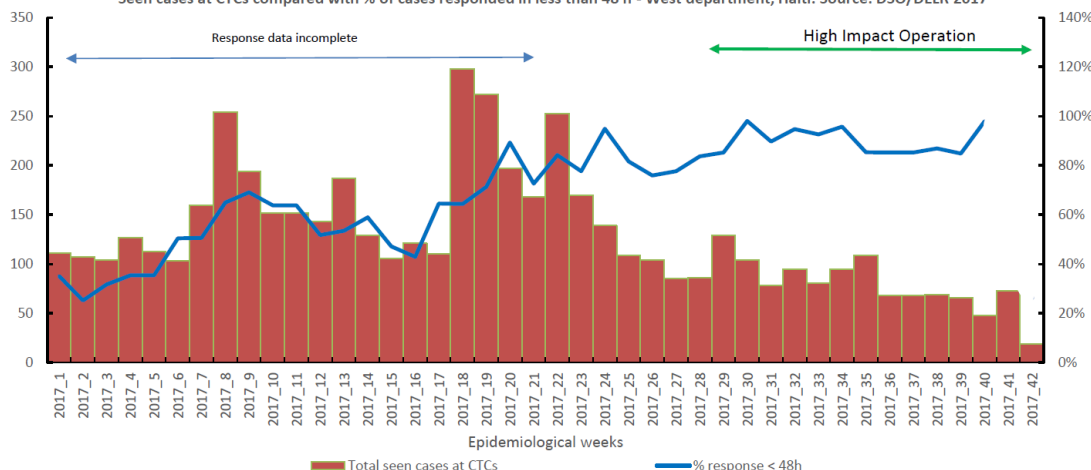
Nb of municipalities agents trained	401
Nb of markets focal points, leaders of local organizations and morgue personal trained on cholera transmission	399
Number of food sellers sensitized on markets	23 493
Nb of street theaters plays in bus and bus stations	73
Nb of persons sensitized in bus stations	21 150
Nb of churches and voodoo leaders trained	368
Nb of persons sensitized in churches	17 000

Results achieved

This operation significantly contributed to better anticipate epidemic upsurges: an increase of suspected cases in the Matheux area (Cabaret-Arcahaie) in week 31 was detected immediately, allowing the coordination team to send additional teams, resulting in a control of the outbreak by week 34.

A historically low level of cholera has been reached (as of October 21th), with less than 100 seen acute diarrhea cases and less than 35 suspected cholera cases per week since week 34 (Source: DSO/DELR). Laboratory results show a very low positivity rate (<20 %) indicating that cholera transmission in the West department has been reduced.

Seen cases at CTCs compared with % of cases responded in less than 48 h - West department, Haiti. Source: DSO/DELR 2017



Next step: Following these good results, it has been decided to continue this operation until end of 2017, with 21 responses teams in the West department, considering the still high risk of cholera upsurge in the last months of the year. Additional community responses and communication activities will rely on the availability of additional funds.

UNICEF's cholera program is implemented, in coordination with the Ministry of Health and DINEPA, by the following NGOs