

*This report was issued by OCHA Haiti. The next report will be issued on or around 12 November.*

## I. HIGHLIGHTS/KEY PRIORITIES

- **The Ministry of Health reports 643 deaths and 9,971 hospitalised cases.**
- **The lack of implementing partners for both WASH and health in upper Artibonite is reported as a serious problem.**
- **The President indicates that information is the primordial tool to stop the spread of cholera in Haiti.**

## II. Situation Overview

The Ministry of Public Health (MSPP) reports the latest statistics on the cholera epidemic as 643 deaths and 9,971 cases according to data collected up to 8 November. To date, cases have been confirmed in the Artibonite, Centre, Northeast, South and West departments. The MSPP reports that the numbers of reported cases and deaths were the third highest since the start of the outbreak which demonstrates that cholera continues to spread geographically and in magnitude. The government, UN and humanitarian partners continue to increase the response to cholera with water and sanitation (WASH), health, and communications support.

Yesterday a meeting was held by the President for which all mayors of the West department were called to discuss the cholera epidemic. The Civil Protection (DPC) was recommended to take an inventory of all the mitigation works necessary in rivers in the west department in an effort to reduce flooding while the Ministry of Public Works has been asked to conduct drainage clearance and clearing sand and debris from coastlines to better facilitate drainage of canals and rivers. As flooding and poor drainage can both perpetuate the spread water-borne illnesses like cholera, The President highlighted the importance of information in the prevention of the disease, using radio, television and print to disseminate messages. DINEPA was asked to increase access to potable water throughout the department and to increase chlorination of the water supply. The DPC, MSPP, Public works have been asked to come together as a national crisis centre to respond to the crisis.

The local authorities, OCHA, and the humanitarian community report a need for further assistance, citing a lack of implementing partners for both WASH and health activities in upper Artibonite. As increases in the caseload continue to be reported, additional supplies, personnel and resources are urgently needed.

## III. Humanitarian Needs and Response

### Health

From 22 October to 7 November 115 people have been admitted to hospital with cases of diarrhoea in the capital, and an estimated 10 per cent of those cases were extreme. To respond to the increase in numbers and in areas where cholera has been confirmed, the government and humanitarian partners continue to increase their presence in all ten departments across the country and throughout the Port-au-Prince metropolitan area. WHO/PAHO has teams of experts currently in Cap Haitien, Gonaives and St Marc as well as in Port-au-Prince who are responding to the outbreaks in those areas. More experts and support staff are being mobilized.

In Port-au-Prince Médecins Sans Frontières (MSF) medical teams supporting MSPP facilities and working in their own independent medical structure in Haiti's capital, Port-au-Prince, have treated more than 200 people suffering from severe diarrhoea, a clinical symptom consistent with cholera. Nationwide MSF reports treating more than 6,400 patients suffering from acute diarrhoea, including a large proportion suffering from severe dehydration.

In Artibonite at the centre of the outbreak, MINUSTAH, the government, and humanitarian partners report a need for medical staff with more experience, additional medical supplies, including at least 1,200 body bags. There have been increased cases reported in both upper and lower Artibonite.

The Cuban Brigade, which includes 252 Cubans and Haitians who were trained in Cuba, is composed of 118 doctors, 78 nurses, 56 others including technicians, lab, and engineers working in Artibonite. Despite their active presence and that of other actors such as MSF and Partners in Health, there is a need for more presence of health partners on the ground.

With reports of increasing cases in the North Department, UNICEF reports that it will support departmental health authorities for the establishment of a Cholera Treatment Centre in Port-de-Paix. An emergency health specialist is being deployed to provide technical assistance and the logistic cluster has transported six tents, 1,000 litres of Ringer's Lactate solution, 200,000 sachets of oral rehydration salts/zinc sachets, chlorine for disinfection and 150,000 water purification tablets.

Partners are asked to send information to the alert officer based at WHO/PAHO to [hai.cholera@gmail.com](mailto:hai.cholera@gmail.com) or telephone at + 509 3106 6716. The alert system aims to identify outbreaks of acute ditherer and cholera in areas not affected or a significant increase of cases in an area already affected.

### **Gaps & constraints**

Medical personnel to respond to the cholera outbreak across Artibonite are urgently needed.

### **Water, Sanitation and Hygiene (WASH)**

Oxfam reports that their cholera response program is currently reaching over 400,000 people: 100,000 in Artibonite in Petite Rivière and 315,000 in Port-au-Prince. In Port-au-Prince and in other areas of the West department, Oxfam continues chlorination of water, hygiene promotion, reinforcement/additional installations of sanitation facilities, and increased cleaning of sanitation facilities in camps and areas where they work. In Petite Rivière Oxfam reports having trained the DPC, local authorities and 18 "community technicians" on how to clean and disinfect wells. Oxfam also supported teams that analysed chlorine levels in water systems, distributed water purification tablets, conducted bacterial analysis in water tanks and tested 10 villages along the river in Labadi in preparation for the "Pur" distribution that will take place next week. Six people were also trained in how to administer Pur water purification solution, which is a product best suited to purifying water with sediment.

UNOPS social mobilisation teams providing messaging on Cholera awareness and hygiene promotion disseminated messages in five camps in Port-au-Prince yesterday and in Cite Soleil today.

### **Gaps & constraints**

Soap, oral rehydration salts, water purification materials and detection mechanisms are all urgently needed in the cholera- affected areas. Further support for hygiene awareness programmes are also needed to help stop the spread of the disease.

### **Nutrition**

The nutrition cluster reports that ordinary nutritional supplement given to malnourished children called reduced osmolarity formula should not be given to severe acutely malnourished children suffering from acute diarrhoea as found in cholera. Instead a reduced osmolarity oral rehydration salt solution should be administered without changing the amounts and frequency described in the cholera treatment protocol.

### **Communication**

The hygiene and cholera-awareness SMS text message campaign in partnership with Digicel is ongoing. Five messages broadcast to cell phone users, which included information on addressing how to continue to breast feed, how to treat water, how to find a health centre, and how to wash hands with soap. Twelve audio messages were developed for radio spots, with similar themes to the SMS campaign, but also including information about how to wash vegetables with treated water, how to properly use pre-packaged oral

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rehydration salts (ORS), how prepare ORS solutions with sugar and salt, the correct way to dispose of excreta, and proper means for clean toilets.

Two detailed posters that graphically depicted information broadcast through the MSPP approved SMS text messages and radio spots. The posters emphasis measures to the methods used to prevent cholera transmission and on how to treat the disease with oral rehydration salts. Over 40,000 of these two posters were printed and are being distributed throughout the country. The distribution plan is as follows: 20,000 to MSPP for 10 departments, 2,000 to DINEPA, 2000 to ACF, 2000 to the WHO/PAHO hospitals programme, 6,000 to MSF, 200 to the Ministry of Culture and Communication, 40 to St Marc, 20 to Carrefour.

In support of health and hygiene promotion activities, the International Federation of the Red Cross (IFRC) is printing 100,000 informational brochures to be distributed in camps and communities. Meanwhile 160-180 hygiene promoters are verbally disseminating hygiene messages and distributing soap in the capital. In Jacmel, Léogane, in the Nippes department the Canadian Red Cross has organised 197 hygiene promotion volunteers working in IDP camps and communities. Activities of this nature are also supported by the French and Haitian Red Cross in seven communes of Artibonite, at the heart of the outbreak.

In order to enhance communication with the elderly on cholera and psycho-social trauma, HelpAge wrapped up a training aimed at their medical personnel and community mobilisation teams which conduct prevention work in 93 camps throughout the country. CARITAS continued its cholera prevention campaign with a special focus on Gonaives, Hinche and Port-au-Prince.

Communicating with Disaster Affected Communities (CDAC), the communications sub-group, continues liaising with the MSPP National Coordination group on cholera and the communication group also led by the MSPP. CDAC is raising the need for a larger outreach program in rural areas and more specific information on access to services.

## Funding

On 8 November The Emergency Relief and Response Fund (ERRF), managed by OCHA has granted a project for ACF for 560,000 dollars for wash activities in the upper Artibonite and northwest, mainly focusing on hygiene promotion and disinfection of contaminated sites at high risk for the transmission of cholera such as public latrines, schools, markets and health facilities. Advanced discussions are ongoing with Merlin and ACTED for projects oriented with cholera treatment in Port-au-Prince and WASH in lower Artibonite respectively. Discussions with several other partners in the health and wash sectors are ongoing.

The ERRF is committed to support the response to the cholera outbreak in coordination with WASH and health clusters.

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