Highlights

- On 2 October 2022, two confirmed positive cases in Cite Soleil prompted Haitian Health Authorities to declare an outbreak of Cholera. As of 20 October, 142 cases and 39 fatalities have been reported, and 1,042 suspected cases were undergoing investigation in various areas of Artibonite, Centre, Nippes and Ouest departments. Those most affected are children under age nine, who represent over 40 per cent of the suspected cases.

- UNICEF Haiti has rapidly engaged in supporting the ministry of health (MoH/MSPP) on the coordination to the response to cholera and kick-started its emergency response by positioning contingency WASH stocks with partners, providing gallons of diesel to the water and sanitation directorate (DINEPA) and treatment centres, donating 3,800kg of HTH (chlorine) for drinking water, donating medical kits and hospital beds to treatment centres and the activation of contingency partnerships to quickly have teams on the ground to sensitize people on cholera risks and prevention.

- Pending school reopening, a working session with the ministry of education on preparedness for cholera prevention activities in schools took place on 14 October.

- Together with PAHO/WHO, UNICEF is supporting the ministry of health’s application to the International Coordinating Group on Vaccine Provision (ICG) for oral cholera vaccines (OCV) despite the global shortage, amidst an increase in cholera outbreaks globally. The supporting communication / social behavioral change plan has been finalized.

- The cholera outbreak in Haiti comes on the heels of major social unrest and gang-related violence gripping the country since 12 September, severe fuel shortages restricting key utilities and the delivery of basic services including water networks and health services, and the recent Integrated Food Security Phase Classification (IPC) report, which notes that nearly one in two people in Haiti is now acutely food-insecure – notably in the commune of Cité Soleil where the prevalence of global acute malnutrition was already estimated at 20 per cent in April 2022.
Situation Overview & Humanitarian Needs

After more than 3 years with no cases of cholera reported in Haiti, on 2 October 2022, two positive cases in the capital city of Port au Prince were confirmed prompting the Haitian Health Authorities to declare an outbreak of cholera (toxicogenicity and genomics testing are pending). As of 20 October 2022, 142 cases have been confirmed, and 1,042 cases are undergoing investigation in various communes of Centre (Saut-d’Eau, Mirebalais), Ouest (Carrefour, Cité Soleil, Tabarre, Croix des Bouquets, Delmas, Kenscoff, Petion Ville, Port au Prince, Tabarre), Artibonite (Saint-Marc, Saint-Michel, Gros-Morne, Desdunes) and Nippes (Arnaud, Petit-Trou) departments. Based on the ministry of health (MoH/MSPP) report, 45 per cent of the suspected cases are female and 55 per cent are male, and over 40 per cent are children under the age of nine. In the civil penitentiary of Port-au Prince the situation remained unchanged for about 7 days, with 12 confirmed cases, along with 271 suspected cases and 14 deaths as of 20 October. As of 17 October, the 14 cholera treatment centers (CTCs) in operation have a total bed capacity of 388, with an average occupancy rate of 56 per cent.

With more than 40 per cent of suspected cholera cases occurring in children under age 9, the impact of the outbreak on the food security and nutritional status of children is raising concern. According to the latest Integrated Food Security Phase Classification (IPC) published on 14 October 2022, some 4.7 million people (48 per cent of the Haitian population) are acutely food insecure, a marked increase compared to 2021, especially in the commune of Cité Soleil where the nutritional assessment through mid-upper arm circumference (MUAC) show that 20 per cent of children aged from 6 to 59 months had wasting in April 2022.

The cholera outbreak comes on the heels of major social unrest and gang related violence gripping the country since 12 September, and after severe fuel shortages restricting key utilities and the delivery of basic services including water networks and health services. Only 67 per cent of the population has access to basic water services (43 per cent in rural areas vs 85 per cent in urban areas and only 29 per cent access for the poorest quintile) and 33 per cent of the population is deprived of access to a basic water service. One month after initial reports of blockade at the Varreux Terminal near Cité Soleil, the access remains denied preventing oil trucks to access an estimated 70 per cent of oil reserves for the entire country. The devastating impact of fuel restrictions on medical facilities and health care workers continues to prevent some services from being provided as before, with severe implications for the progression and management of the outbreak and impacting aid delivery, data production, collection and transportation of test samples and results. OCHA estimates that some 29,000 pregnant women and their newborns may not receive the critical assistance they need, especially if they contract cholera, while another 10,000 obstetric complications may not be treated.

Access to some areas remains a major challenge as violent protests and barricades are hindering the delivery of aid together with the mobility of vulnerable families in sensitive areas. The majority of schools have not reopened and will continue to remain closed if violence does not subside. The United Nations and its humanitarian partners in Haiti maintain its call for a humanitarian corridor to facilitate fuel distribution to respond to the urgent needs of the population. This comes amidst, the United Nations Integrated Office in Haiti (BINUH) and the Office of the High Commissioner for Human Rights (OHCHR) report released last week, 14 October, highlighting the proliferation of gender based violence including the use of rape / gang rape against children as young as ten years old and elderly women – raising serious protection questions.

Furthermore, the United Nations Security Council unanimously adopted on 21 October a resolution demanding an immediate end to violence and criminal activity in Haiti and impose sanctions on influential gang leaders, including Jimmy Cherizier, nicknamed “Barbecue.” Further discussions are expected to take place on a second resolution mandating an international mission to help improve the security situation.

Coordination

The Government has officially declared the cholera outbreak and activated a Cholera Task Force with five dedicated Thematic Groups (Group 0: Coordination led by the Ministry of Health); Group 1 Epidemiology and surveillance of suspected cases led by the Ministry of Health Division of Epidemiological Research (DELR); Group 2: case management led by DOSS (Direction Organisation des Soins de Santé); Group 3: WASH / IPC led by DINEPA and the Ministry of Health Division for Health Promotion and Environmental Protection (DPSPE); Group 4: vaccination led by the MoH National Vaccination programme Coordination Unit (UCNPP); Group 5: Community awareness and Communication, including RCCE, led by the MoH Communication Coordination Unit UCP. The Government task force is designing a specific communication plan in response to cholera. The UN will support the production and dissemination of the communication campaign with the budget available.

In addition to the task force set up by the government, the UN has established a cholera specific communication taskforce (PAHO/WHO, UNICEF, OCHA and RCO) and activated the Access Working Group to launch a joint rapid response. More agencies will be included as the taskforce has a clearer outlook on messages approved from the

Government and Health authorities. Priority messages were identified, which is allowing the development of communication tools to increase community awareness (SMS campaign, social media cards, posters and printed materials, radio/audio spots, specific social media campaign with influencers). The taskforce is also monitoring local news and social media daily.

The United Nations has called on all Haitian citizens to remain vigilant and take proactive measures to prevent the spread of the disease. Key UN inter-agency partners (PAHO/WHO; UNICEF) are actively engaging in the situation and working with the government to accelerate and scale up the emergency response, focused not only on limiting the spread of the disease, but also on informing the population on how to take immediate lifesaving action at the household level. Additional support will consist of expanded surveillance, increased water and sanitation provision, the development of cholera treatment centers and the reinforcement of case management. Specialized emergency response teams (NGO standby partners) are ready to be deployed to support affected communities.

Cholera Response UNICEF Priority Actions

Coordination and supporting surveillance to ensure an alert-response mechanism

UNICEF’s immediate response priorities continue to include working with the MoH/MSPP, DINEPA, PAHO/WHO and partners to execute an active surveillance component, with a linear list. To curb the transmission and protect against the disease UNICEF will promote a rapid targeted response around cases and case clusters. Discussions are ongoing with relevant partners on activation of community level ‘active’ surveillance.

WASH: Limiting the spread of the disease by sustaining a rapid response in communities and supporting case management structures including through IPC while ensuring preventive activities to protect less affected areas from transmission

DINEPA has finalized a response plan that focuses on coordinating WASH-cholera activities, communicating with communities about the proper use of water and promoting hygiene, and providing services in targeted areas, including water quality monitoring and the repair of drinking water systems. A mapping of the actors and their operational capacities as well as the type of intervention by “section communale” or neighbourhood is ongoing. When surveillance will provide line listing of suspected cases and when security situation will allow, rapid response teams would be deployed on a case-by-case basis, as during 2010-2019 cholera response.

UNICEF pre-positioned contingency WASH stocks include 2,755,000 water purification tablets to serve 15,000 people for 15 days; 28,230 soap bars to serve 14,000 persons for one month; 20 collapsible water tanks of 10 cubic metres, 10 bladders of 5 cubic metres have been made available to DINEPA.

UNICEF and its partners sensitized 10,250 people on cholera prevention, distributed 840 boxes of 50 tablets of Aquatabs, soaps and oral serums kits, and supported local health structures by prepositioning/distributing Aquatabs, soap, ORS, leaflets with key messages ensuring patients can go back to their families with hygiene kits. As presently surveillance does not permit to clearly identify individual cases, general distribution of household water treatment and hygiene items (2,000 soaps) at street level is taking place.

UNICEF supported several partners with WASH materials: DINEPA received 3,600kg of HTH (chlorine) to support treatment centres and to chlorinate drinking water, while health and treatment centers also received IPC materials, local partners got water purifier (Aquatabs), soaps and reached households with access difficulties to hygiene and household water treatment items. Along with the distributions, sensitization messages were shared.

A joint intervention between DINEPA and an UNICEF partner occurred in the national prison where 12 cholera cases were confirmed. The water system was cleaned and treated, and the personnel trained on the use of chlorine to treat drinking water.

UNICEF also provided 2,000 gallons of diesel to DINEPA to support their technical staff movements on the field, increase water distribution by water trucking or water pumps / boreholes and preposition contingency stocks in the departments not yet affected by the epidemic.

In Cité Soleil: Solid waste removal and canal cleaning interventions remain a priority, activities were initiated 6 weeks ago but were suspended due to civil unrest over the last few weeks and are due to resume depending on access. An evaluation visit took place last week to review and define the activities to be undertaken under this epidemic context. Key findings show required support for safe drinking water provision, increased surveillance and alert mechanisms for cholera cases, strengthened support on risk communication on cholera and on rapid assistance request, as well as the need for canal cleaning to allow for services to resume physical entry e.g., water trucks which have been unable to cross canals for several weeks. Emergency water points need to be installed to ensure access to chlorinated water for the neighboring population.
In addition, 32,000 gallons of diesel worth for a month of consumption for the Greater Port-au-Prince area water networks is required.

**Health & Nutrition: Immunization and supporting case management and IPC**

Following the declaration of the outbreak, UNICEF rapidly provided supplies to the ‘Ouest’ Health Department with 71 medical kits for the treatment of approximately 1,500 cases of acute diarrhea, 14 hospital beds delivered to Médecins Sans Frontières (MSF) and donated 6,000 gallons of diesel to partners (GHESKIO: 1000, Western Health Department: 500, Haitian State University Hospital: 500, Raoul Carrefour Hospital: 2000 and PROMESS: 2000). UNICEF also supported the mobile clinic of the Médecins du Monde (MdM) in Cité Soleil to provide care to 432 patients, in October 16, including 412 children under five years old. During the same mobile clinic sessions 7,250 people, mostly pregnant and lactating women were sensitized on key family practices such as prevention of acute diarrhea, undernutrition and promotion of vaccination. Finally, 300 women received hygiene kits during the same session of mobile clinic in Cité Soleil.

UNICEF and partners are currently assessing existing stocks and response capacity on the ground – an order for close health supplies for the cholera response is being processed (including Inter-agency Emergency Health Kits (IAEH), Acute Watery Diarrhea (AWD) Kits and medicines).

MdM Argentina, with support from UNICEF and WFP, has been implementing a nutrition project in Bas Delmas, Cité Soleil and Martissant over the past six months through which almost 2,500 children under five years old were admitted and treated for acute malnutrition by mobile clinic. UNICEF is supporting the MSPP to update the National Protocol for the Management of Children with Cholera and Severe Acute Malnutrition (SAM).

UNICEF and PAHO/WHO are supporting the ministry of health in planning an oral cholera vaccines (OCV) vaccination campaign with. It is envisaged to reach at least 500,000 people in the targeted areas. The MoH/MSPP, with the support of PAHO/WHO and UNICEF has developed a costed vaccination campaign plan and the application for vaccines. Both had been submitted to MoH/MSPP approval before being submitted to the International Coordinating Group on vaccination (ICG). The MOH/MSPP approval is still awaited. A draft protocol for cholera case management, particularly during pregnancy, has been validated by the Directorate of Health Service Organization (DOSS) and is being circulated among actors involved in case management.

**Social Behaviour Change Communications (SBCC): Promoting hygiene awareness and immediate lifesaving action**

UNICEF supports MSPP’s efforts to engage communities living in affected areas and surroundings and provide them with targeted prevention messages with the aim of adopting behaviours and practices to reduce disease transmission and its impact. Given the mistrust climate UNICEF also supports a rumour tracking and response system to reduce misleading information that could hamper the response.

UNICEF is already seeking to engage with local networks to facilitate access and to relay key messages. In a context of mistrust of governmental bodies, UNICEF expects to diversify its channels of communication and community engagement by engaging CBOs and relevant local actors (eg, religious leaders, municipalities), promoting hygiene awareness and immediate lifesaving action at the household level through communication campaigns and sensitization sessions in markets, schools, churches, bus stations and all others gathering place.

**PSEA**

Efforts on PSEA have been scaled-up to mitigate increased risks. Prevention activities include child-friendly awareness raising material development, affirming their right to receive assistance/services without exchanging sexual favors, and sharing information on available reporting channels. Response includes assistance to survivors through GBV and Child Protection services. UNICEF staff and partners are trained in the standard of conduct and their obligation to report.

**Communication and Visibility**

**Press Release:**
- 14 October 2022: Cholera threat ‘close to a death sentence’ for children with severe acute malnutrition in Haiti as food insecurity worsens
- 07 October 2022: Increase in violence and resurgence of cholera in Haiti may leave more than 2.4 million children unable to return to school

**Human Interest Stories:**
- Testimonies of mothers facing cholera - Testimonies of mothers facing cholera | UNICEF
• One in five children suffers from acute malnutrition in Cité Soleil - One in five children suffers from acute malnutrition in Cité Soleil | UNICEF
• A morning at the cholera treatment center - A morning at the cholera treatment center | UNICEF

Funding overview

Considering a scenario of an average of over 100 cases / day, UNICEF estimates that over US$22 million will be required to support up to 1.44 million people (including 661,000 children and youth) to distribute cholera kits comprised of aquatabs, ORS (Oral Rehydration Serum) and soap bars; conduct significant Risk Communication and Community Engagement (RCCE)/social behavioural change activities, especially accompanying possible vaccination campaigns; provide safe water, solid waste removal and cleaning of rain water drainage channels to improve sanitation, prevent flooding in affected areas and support to health structures.

Funding requirements will be reassessed depending on the evolution of the situation and needs on the ground.

UNICEF has activated its internal loan mechanism, allocating US$3 million from its Emergency Programme Fund (EPF) to allow for immediate response which has included the purchasing of urgently needed medical and WASH supplies while starting up fundraising efforts.

UNICEF Haiti: https://www.unicef.org/haiti/

Who to contact for further information:  

**Bruno Maes**  
Representative  
UNICEF Haiti Country Office  
Tel: +509 3624 1777  
Email: bmaes@unicef.org

**Dorica Tasuzgika Phiri**  
Emergency Chief  
UNICEF Haiti Country Office  
Tel: +509 36 18 6594  
Email: dtphiri@unicef.org