



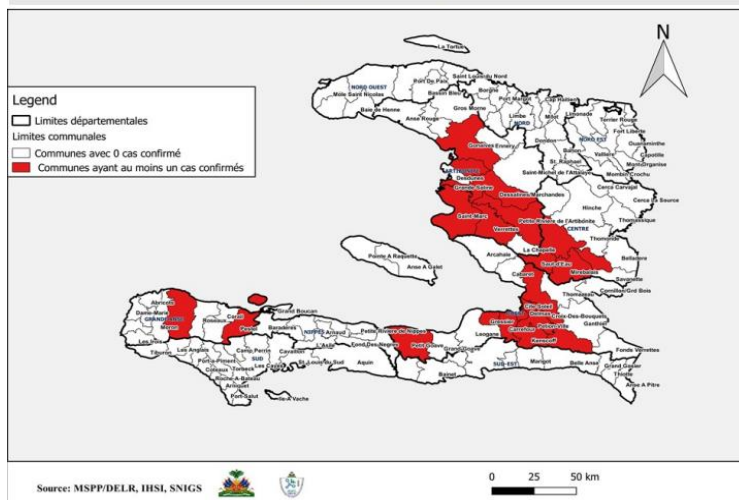
UNICEF provides medical care to children via a mobile health clinic in Cite Soleil, Port-au-Prince, Haiti
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Reporting Period: 22 October – 4 November 2022

Highlights

- Since the cholera outbreak was declared one month ago, there have been 523 confirmed cases across four departments (Ouest, Centre, Artibonite and Grand'Anse). Those most affected are children under age nine, who represent over 35 per cent of the suspected cases; and 33 per cent of confirmed cases.
- UNICEF has distributed 445,000 Aquatabs (allowing for 900 families / 4,500 people to have treated water for 1 month) to partners, 3 tents to open a new treatment centre in "Centre Hospitalier La Fontaine" in the Ouest department, and 775 family hygiene kits to MSF and a church-based organization in Cité Soleil to support populations with limited access to services. Water trucking efforts in Cite Soleil have resumed following a hiatus due to insecurity and lack of fuel.
- At national level UNICEF has procured 10 tons of chlorine (HTH) to complement the previous 3,6 tons to disinfect water in piped networks and provided 5,000 gallons of fuel to support DINEPA. UNICEF also continues WASH support to families displaced by gang violence and now residing on the site of Hugo Chavez where suspected cases have been reported and referred to Cholera Treatment Centres (CTC).
- To date, UNICEF provided a total of 214 kits in ten CTCs and 24 Oral Rehydration Points across the country. Additionally, UNICEF donated 3,000 gallons of diesel to help the Ministry of Health (2,000 gallons) and Médecins du Monde Argentine (1,000 gallons) face the scarcity of fuel. These efforts enabled UNICEF and its partners to treat 583 patients in the West and Artibonite Health Department.
- To respond to the increased requirements from the cholera outbreak, UNICEF requests US\$28 million to cover needs in WASH (including in schools and in support of treatment centres), health, nutrition, child protection, and risk communication.

REPRÉSENTATION GÉOGRAPHIQUE DES COMMUNES AYANT AU MOINS UN (1) CAS CONFIRMÉ DE CHOLÉRA JUSQU'AU 03 NOV. 2022, HAÏTI



Haiti Cholera

Humanitarian Situation Report No. 3

unicef 
for every child

Situation in Numbers

 **106**
Deaths*

 **523**
Confirmed cases*

 **4,655**
Suspected cases*

 **3,995**
Suspected cases
hospitalized*

 **1.2 million**
Children under threat in the
Greater Port-au-Prince area
(Based on Haitian Institute of Statistics)

*Source: Ministry of Health, 3 November

Situation Overview & Humanitarian Needs

After more than three years with no cases of cholera reported in Haiti, on 2 October 2022, the ministry of health (MoH) confirmed two positive cases in the capital city of Port au Prince, prompting the Haitian Health Authorities to declare an outbreak of cholera (toxigenicity and genomics testing are pending). As of 3 November 2022, the MoH confirmed 523 cases across four departments, and 4,655 cases are undergoing investigation in various communes of the departments of Centre (Mirebalais, Saut-d'eau, Boucan-Carre, Lascahobas), Ouest (Carrefour, Cité Soleil, Tabarre, Croix des Bouquets, Delmas, Kenscoff, Petion Ville, Port au Prince, Tabarre), Artibonite (Saint-Marc, Saint-Michel, Gros-Morne, Desdunes, Verrettes, Petite-Riviere, Marchand-Dessalines), Nord-Est (Fort Liberte), Grand'Anse (Jeremie, Pestel) and Nippes (Anse-a-Veau, Arnaud, l'Asile, Miragoane). Based on the ministry of health (MoH/MSPP) report, 40 per cent of the suspected cases are female and 60 per cent are male, and 35 per cent are children under the age of nine; while for confirmed cases, 33 per cent are under the age of nine. As of 3 November, the 15 cholera treatment centers (CTCs) in operation have a total bed capacity of 606, with an average occupancy rate of over 80 per cent.

With 33 per cent of confirmed cholera cases occurring in children under age 9, the impact of the outbreak on the health and nutritional status of children is raising concern, in addition to the high food insecurity. According to the latest Integrated Food Security Phase Classification (IPC) published on 14 October 2022¹, 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 a nutritional assessment through mid-upper arm circumference (MUAC) showed 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. Prior to the crisis only 67 per cent of the population had 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 was deprived of access to a basic water service, given the situation UNICEF foresees these figures to have deteriorated. Two months after initial reports of blockade at the Varreux Terminal near Cité Soleil, the access remains closed 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 due to general insecurity and volatility in gang-controlled areas. Violent protests and barricades are hindering the delivery of humanitarian aid items together with the mobility of vulnerable families in areas of insecurity. The majority of schools have not reopened and will continue to remain closed while 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 highlighting the proliferation of gender based violence including the use of rape / gang rape against children as young as 10 years old and elderly women – raising serious protection concerns.

While 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, discussions are still ongoing on the second resolution mandating an international mission to help improve the security situation. In parallel, on 4 November, the United States and Canada, under the Special Economic Measures (Haiti) Regulations, imposed sanctions on two Haitian politicians, including the president of the country's Senate, accused of collaborating with gang networks in the country among other concerns.

Demonstrations demanding the resignation of Prime Minister Ariel Henry and against the government's request for the deployment of foreign specialized armed forces continued last week across the country, though at lower intensity compared to recent weeks.

On 24 October, a [report](#) released by the International Organization of Migration reported that as of 31 August 2022 in the metropolitan area of Port Au Prince, 87,895 individuals have been displaced by gang violence, including 21,684 in 36 spontaneous sites and 66,211 in 160 host communities/neighbourhoods. Notably in spontaneous sites such as 'Hugo Chavez' square, several suspected cholera cases have been reported and taken charge in nearby oral rehydration points or treatment centres such as those run by MSF.

¹ UN, 2022, <https://news.un.org/en/story/2022/10/1129537>

Coordination

The Government has 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 task force has a clearer outlook on messages approved from the Government and health authorities. Priority messages were identified, which allow 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.

Following the confirmation of cases in other departments outside the 'Ouest', UNICEF is supporting the departmental level coordination mechanisms to be activated notably for the health and WASH response required including through the "Department Sanitaire" or 'Health Directorates' and the 'WASH directorates' (OREPAs) – the Government regional or departmental structures.

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 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 implement 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 partners on activation of community level 'active' surveillance. In addition, support is being provided to the Health Directorates at departmental level in finalizing their cholera response plan, analyzing their needs (in human resources, supplies and fuel for operation) for possible support and support in producing departmental epidemiological bulletins. As part of the support, three tents to open a new CTU in "Centre Hospitalier La Fontaine" were delivered on the first week of November.

UNICEF is finalizing over 20 partnership agreements with local and international NGOs to reach the 1.44 million people targeted for direct response, and several millions to be reached with communications and behavioral change messaging.

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 related 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 quick repairs of drinking water systems. A mapping of the actors and their operational capacities as well as the type of intervention at district and subdistrict level is ongoing but some challenges make the decision-making products (maps, dashboards) not available yet to the actors. When the line listing of suspected cases will be available to the WASH actors and where security situation and availability of fuel allow, rapid response teams will be deployed on a case-by-case basis, as a successful approach to end cholera transmission, as applied during 2010-2019 cholera response. In the meantime, focus is on prevention activities where security allows through NGOs.

In Cité Soleil:

- Solid waste removal and canal cleaning interventions remain a priority, activities were initiated 6 weeks ago but were suspended due to heavy shootings during the intervention and civil unrest over the last few weeks and

are due to resume depending on access. Following the visit (previous sitrep), ToR are being developed to launch a bidding process for high labor intensity work to inject cash in the communities and resume access to some neighborhoods, but this punctual intervention requires major and mid to long-term investments as waste accumulation in Cité Soleil results from the poor/absent solid waste management in a major part of the metropolitan area watershed.

- Coordination with RMPP water network management centre (CTE) and MSF is ongoing to train privately owned water points to water chlorination as, apart from water trucking, they remain a critical water source for the population in the absence of water from the main water network; some areas of Cité Soleil have not been connected to water network for the last 10 years. The private boreholes in Cité Soleil often provide brackish water therefore a bidding process is ongoing for private firms expert in reverse osmosis water treatment to repair and build new water treatment plants and partner with the local owners for a long-term maintenance scheme to ensure sustainability of a pro-poor drinkable water service.
- Repairs in the public water network borehole pumping stations and diesel assignation to Cité Soleil water network are being discussed between CTE RMPP, MSF France, the private company in charge of repairs and UNICEF to allow pressure tests to isolate leaking sections and allow efficient use of the rare diesel for water pumping.
- A total of 445,000 Aquatabs (with capacity to treat the equivalent of 220 water trucks of 10m³ each) and 775 family hygiene kits (including household water treatment supplies) were delivered to MSF France and a church-based organization in Cité Soleil with reach to populations with limited access. Further, 13 days of water trucking service delivery over the reporting period took place, delivering 442m³ of water corresponding to 450 families / 2,250 people every day with 15L/pers/day.
- UNICEF continues to provide WASH services including maintenance and emptying of latrines and water trucking with partner Solidarités International to displaced families in the site of Hugo Chavez, notably from Cité Soleil.,

Supply support:

- In addition to the 3,600kg of HTH (chlorine) already received by DINEPA, UNICEF is purchasing additional 10,000 kg of HTH to support water network operators and cholera treatment centres to operate (approx. 0,3 kg of HTH are needed per day per cholera patient).
- UNICEF also provided 3,000 gallons of diesel to DINEPA (in addition to the 2,000 reported in previous sitrep) 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 addition, 32,000 gallons of diesel worth for a month of consumption for the Greater Port-au-Prince area water networks is required and DINEPA is making a request to its partners to secure one year of HTH that corresponds to 164 tons.

In country stock:

- UNICEF currently has 2,5 million Aquatabs, 9,000 bars of soap, and 2,000 family hygiene kits in stock in country. Coordination through the WASH sector and with inter-agency partners such as IOM who also has WASH materials, is ongoing to avoid duplication of deliveries to implementing actors.

Health & Nutrition: Immunization and supporting case management and IPC

UNICEF continues to scale up the response to the cholera outbreak. During the past week, UNICEF provided 128 kits: 34 medicine kits (including 20 Acute Watery Diarrhea or AWD peripheric kits drug, 12 AWD community kits drug, and two Inter-agency Emergency Health Kits), five equipment kits and 89 consumable kits (including 53 AWD community kits, community care) to cover the needs of 2,040 patients and 18,000 households in the Western Health Department. Indeed, these kits were delivered to six additional cholera treatment centers (CTCs) and six oral rehydration points (PROs) in the Western Health Department. As the outbreak spread to other Health Departments, UNICEF was very responsive in providing 15 cholera kits to cover the health needs of 240 hospitalized patients and the management via oral rehydration of 1,000 patients in the Artibonite Health Department. To date, UNICEF provided a total of 214 kits in ten CTCs and 24 PROs across the country. Additionally, UNICEF donated 3,000 gallons of diesel to help the MoH (2,000 gallons) and Médecins du Monde Argentine (1,000 gallons) facing the scarcity of fuel. These efforts enabled UNICEF and its partners to treat 583 patients in the West and Artibonite Health Department.

UNICEF is supporting the Unite Nationale de Gestion des Urgences Sanitaires (UNGUS) in the establishment of a national cholera call center. The room to house the center is available. The training of the staff will begin soon.

UNICEF supported MoH as sector lead to organize nutrition sector coordination meeting and main nutrition stakeholders actively participated in this meeting including UNICEF, WFP, AVSI, MDM Argentine, CONCERN WORDWIDE, Centre Hospitalier Fontaine, Direction Départemental Sanitaire de l'Ouest and MoH. UNICEF has actively supported the MoH to adapt documents to integrate nutrition aspects into the response to the cholera outbreak. These documents include case management and key nutrition messages to be disseminated during a cholera outbreak.

Finally, UNICEF in partnership with MDM Argentina ensured that:

- 1,585 children aged from 6 to 59 years old benefited from screening to assess their nutritional status in the commune of Cité Soleil by CHW.

- 92 Moderate Acute Malnutrition (MAM) cases were admitted in the program and treated.
- 27 Severe Acute Malnutrition (SAM) cases were admitted in the program and treated.
- 9 children suffering both from Severe Acute Malnutrition and having been suspected as cholera cases were referred to MSF's Cholera Treatment Center (CTC) for adequate treatment.

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

At the coordination level, UNICEF supported the MoH to produce the communication plan against cholera and the production of IEC materials. Around 120,000 posters, flyers and leaflets encouraging people adopting behaviours and practices to reduce disease transmission and its impact, are produced and ready for distribution to partners, UN agencies and health departments.

At the operational level, 32 journalists from the West have been trained in rumor management and 18 radio and TV stations (Ouest, Centre, Nippes and Artibonite) broadcast programs and spots. 350 community health workers (ASCPs) in the West have been trained and equipped to organize interpersonal communication in an emergency. With partners in the field, more than 51,000 households have been sensitized by MDM.

On rumor management, the Regional Office supports the automation of data collection and analyzes. UNICEF shares the results with the members of the subcommittee for dissemination.

On UNICEF social media, more than 201,000 people have been reached by our messages of prevention and protection against cholera

Child Protection and GBViE

For the past two weeks, protests against the high cost of living, unemployment, widespread inflation, the fuel crisis, insecurity caused by armed groups, the government's increase in the price of fuel, and extreme inequalities have been taking place in the country in general and in the metropolitan area in particular. These movements have serious consequences on the interventions of our partners who, despite the difficult situations, manage to respond to the needs of children and survivors of gender-based violence.

A meeting was held with the IBESR emergency unit on child protection issues following the three-week crisis, which discussed the following points:

- Technical support for the coordination of the emergency child protection response in the metropolitan area;
- Reactivation of the 24-hour call center with UNICEF support;
- Collaboration between IBESR and UNICEF on Cholera awareness at all levels in the departments, children's home, partner and child protection actors in synergy.

UNICEF is ensuring the integration of cholera sensitization and awareness raising components into ongoing and new humanitarian child protection partnerships under development, where partners have the capacity.

PSEA

PSEA capacity of UNICEF partners involved in cholera response has been assessed against standard requirements. On the job coaching is provided so that partners can develop tailored action plans aiming at scaling up efforts to mitigate increased risks. Minimal requirements related to PSEA include Organizational Policy, Procedures, Mandatory Training, Reporting, Survivor Assistance and Investigations. Prevention activities have also been launched whereby informative material is included in kits and PSEA team is present during distribution activities to inform beneficiaries of their right to receive assistance/services without exchanging sexual favors, and available reporting channels.

Communication and Visibility

Press Release:

- 24 October 2022: [Cholera outbreak in Haiti hits over 1,700 suspected cases –half of them children](#)

Human Interest Stories:

- Testimonies of mothers facing cholera - [Testimonies of mothers facing cholera | UNICEF](#)
- One in five children suffer 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](#)
- ["Cholera is back"](#)

Media Publications:

- 25 October 2022: [Deadly cholera in gang-fueled Haiti spreading among children | Miami Herald](#)

Statements issued by UNICEF and other UN bodies:

- 1 November 2022: [Immediate action needed to save children's lives in Haiti amid triple threat of cholera, malnutrition and violence, UN child rights committee warns](#)

Funding overview

Considering a scenario of an average of over 100 cases / day, **UNICEF estimates that US\$28 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 Salts) and soap bars; conduct significant Risk Communication and Community Engagement (RCCE)/social behavioral change activities, especially accompanying possible cholera 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. To date, only 11 per cent of the response has been funded.

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

Next SitRep: 16 November, 2022

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

UNICEF Haiti Humanitarian Action for Children Appeal: <https://www.unicef.org/appeals/haiti>

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Funding Status*

Sector	Estimated Requirements (US\$)*	Funds available		Funding gap	
		Humanitarian resources received	Resources reprogrammed	\$	%
Health	6,700,000	611,132	0	6,088,868	91%
Nutrition	2,000,000	0	0	2,000,000	100%
WASH	8,000,000	1,224,227	852,000	5,923,773	74%
Child Protection	4,000,000	0	0	4,000,000	100%
Social Behavioural Change	3,200,000	154,250	0	3,045,750	95%
Emergency Coordination	1,425,000	56,000	0	1,369,000	96%
Operations	2,675,000	140,000	0	2,535,000	95%
TOTAL CHOLERA	28,000,000	2,185,609	852,000	24,962,391	89%