Highlights

- As of 22 November, there are over 11,000 suspected cholera cases reported from all departments. There are 951 confirmed cases across six departments (Artibonite, Centre, Grand’Anse, Ouest, Sud, Sud-Est). Children under age ten, represent 35 per cent of the suspected cases; and 33 per cent of confirmed cases.
- While the outbreak remains significantly concentrated in the Ouest department where the capital is situated, it is now spreading throughout the country prompting UNICEF to expand its support to the affected Départements Sanitaires (health decentralized directorates). In the last three weeks UNICEF distributed cholera and acute watery diarrhea and/or medical kits and other supplies to three additional departments with distribution plans ongoing for others.
- During the reporting period, UNICEF has distributed 135,000 Aquatabs to the 2,700 employees of a garment factory in Cité Soleil, and 1,400 soap bars to the “Centre Hospitalier La Fontaine” in the Ouest department. Water trucking efforts continued in support to displaced families in Cité Soleil, reached with 97,000 litres of bulk water and 36,000 litres of treated water, 36m³ of waste was collected. Ten chlorination points were set up in the Ouest department. A joint UNICEF-IOM-Ministry of Health and Ministry of Water, national survey was launched to collect supply gaps from WASH actors for the next three months for IOM and UNICEF to support with their existing stocks.
- UNICEF Director of the Office of Emergency Programmes, conducted a visit to Haiti, visiting Cite Soleil, several cholera treatment centres - including partners Centre Hospitalier La Fontaine and Gheskio, mobile clinics from Medicine du Monde, and child protection partners.
- To respond to the increased requirements from the cholera outbreak, in line with the recently issued inter-agency cholera appeal of US$145.6 million, UNICEF requests US$28 million to cover immediate programmatic cholera support needs for 1.4 million people over six months, however given the high operating costs and emerging additional needs, funding requirements are expected to increase.

Map: Municipalities with at least one confirmed cholera case, as of 22 November 2022.
Source: Ministry of Health Haiti.
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 22 November 2022, the MoH confirmed 951 cases, and 11,695 suspected cases have been reported in various communes across ten departments. Based on the MoH report, about 40 per cent of the confirmed and suspected cases are female, 60 per cent are male, and 33 per cent are children under the age of ten.

With 33 per cent of confirmed cholera cases occurring in children under ten, the impact of the outbreak on the health and nutritional status of children is raising concerns, particularly in the context of the high food insecurity. According to the latest Integrated Food Security Phase Classification published on 14 October 2022,1 some 4.7 million people (48 per cent of the Haitian population) are acutely food insecure, a significant 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, these figures are likely to have deteriorated. Two months after the blockade at the Varreux Terminal near Cité Soleil there are reports that the terminals have been liberated and oil reserves are now accessible. 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 their 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. Prevention and response to gender-based violence (GBV) remains a priority, as women and girls face limited access to life-saving information and services, essential for their protection.

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 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.

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. However, on the night of 17 November, the Civil Protection Department began procedures to evacuate the 7,000 to 8,000 displaced people from Hugo Chavez square. There was a prompt intervention by UNICEF, through partner OCCEDEH, to support the reunification of the families that had just been evacuated from the site. Solutions for these people originally displaced from Cité Soleil remain uncertain.

Coordination

The Government 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 / Infection Prevention and Control (IPC led by

DINEPA (national water and sanitation agency) 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 to identify rumors and misinformation.

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 engaged 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, 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), and support in producing departmental epidemiological bulletins. During the reporting period, UNICEF supported the Health Directorates of the Artibonite, Northern and North-east departments in articulating and drafting the Cholera Epidemic Response Plan 2022.

In addition, UNICEF delivered three tents to open a new cholera treatment unit (CTU) in “Centre Hospitalier La Fontaine” in the first week of November. During the reporting period, following the rapid growth of cases in the Artibonite department, UNICEF distributed five tents (72, 48 and 24 square meters) for the construction of the two cholera treatment centres (CTCs) in Gonaives and Saint Marc.

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 Community-based organization, NGOs and INGOs. The latest interventions are listed below:

* UNICEF has distributed 135,000 Aquatabs to the 2,700 employees of a garment factory located in Cité Soleil and 1,400 soap bars to the “Centre Hospitalier La Fontaine” in the Ouest department. Water trucking efforts in Cité Soleil continue and third-party water trucks GPS tracking is under consideration to strengthen monitoring and accountability. Around 3,500 people mostly displaced from Cité Soleil’s violence who lived in Hugo
Chavez's square until 17 November received 97,000 litres of bulk water and 36,000 litres of potable water. A total 36m³ of waste was collected but providing basic WASH services in the square remained challenging as the site is not official. Ten chlorination points were set up in Ouest department.

- A joint UNICEF-IOM-Directeur de la Santé et Protection de l'Environnement (DPSPE)-Direction Nationale de l'Eau Potable et de l'Assainissement (DINEPA) national survey was launched to collect supply gaps from WASH actors for the next three months. Results will be shared with sector actors, government and donors and supplies will be provided for IOM and UNICEF existing stocks. This survey aims to be repeated every three months to better understand, and match actors’ needs based on the evolution of the epidemic.

Health & Nutrition: Immunization and supporting case management and IPC

Among other activities, UNICEF with the support of WFP through UNHAS delivered cholera kits and other medical supplies to the Département Sanitaire de Grand'Anse and the Département Sanitaire de Nippes. These commodities will be redistributed to eight health structures across the two departments to cover the needs of 460 cholera patients. Given the spread of the outbreak, UNICEF launched an international order for kits for a total value of US$ 251,000 to meet the increased demand.

UNICEF is supporting the Unite Nationale de Gestion des Urgences Sanitaires (UNGUS) in the establishment of a national cholera call center. During the reporting period, UNICEF supported the training of 25 staff who will work at the call center.

UNICEF supported MoH as sector lead to organize nutrition sector coordination meetings in which main nutrition stakeholders actively participated, including UNICEF, WFP, AVSI, MDM Argentine, CONCERN WORLDWIDE, Centre Hospitalier Fontaine, Direction Départemental Sanitaire de l'Ouest and MoH. UNICEF has supported the MoH to adapt documents to integrate nutrition aspects into the response to the cholera outbreak, including considerations about identification, treatment and rehydration of severe acute malnutrition cases with cholera and key hygiene and infant feeding messages to be disseminated during a cholera outbreak.

The government has requested 1.7 million dosis of cholera vaccines and is awaiting approval from the International Coordinating Group. UNICEF will support the roll out of these vaccines.

Finally, UNICEF in partnership with MDM Argentina ensured that:

- 1,585 children aged from 6 to 59 months old benefited from screening conducted by community health workers (CHW) to assess their nutritional status in the commune of Cité Soleil.
- 92 Moderate Acute Malnutrition (MAM) cases were admitted for treatment.
- 27 Severe Acute Malnutrition (SAM) cases were admitted for treatment.
- 9 children suffering from SAM 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, were produced and distributed to partners, UN agencies and health departments.

At the operational level, 31 journalists and 33 U-Reporters in Artibonite and 32 journalists from the Ouest departments have been trained in rumor management and 18 radio and TV stations (Ouest, Centre, Nippes and Artibonite) broadcast programmes and spots on cholera prevention and behavioral change. A total of 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. To date, about 10,000 broadcasts on cholera have been made and 300 households sensitized by home visits in the Nippes.

On rumor management, the Regional Office supports the automation of data collection and analysis. 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 messages on prevention and protection against cholera.

Child Protection and GBVIE

For the past two weeks, protest on the high cost of living, unemployment, widespread inflation, 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. Civil unrest has affected UNICEF's partners interventions, who, despite the difficult situations, manage to respond to the needs of children and survivors of gender-based violence. 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.
UNICEF is providing a holistic package of assistance and service to the survivors (health, psychological and psychosocial support, shelter, micro-finance training, educational support, relocation if needed) and is working with community leaders and women groups, through mobile teams, in the most difficult and/or inaccessible areas affected by violence, such as Cite Soleil, to improve GBV services access to girls and women GBV survivors.

UNICEF has met with multiple GBV service providers and partners, and is mapping existing partners and services in the metropolitan area of Port-au-Prince, to better coordinate the interventions and improve referral and assistance to the victims, in close coordination with UNICEF’s response across other sectors.

Protection from Sexual Exploitation and Abuse (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:
- 23 November 2022: Haiti: children account for 2 in 5 cholera cases

Human Interest Stories:
- 22 November 2022: Displaced children are preparing to return to school

Media Publications:
- 29 October 2022: Cholera overwhelms Haiti as cases, deaths spike amid crisis Cholera overwhelms Haiti as cases, deaths spike amid crisis | AP News
- 30 October 2022: Deaths and infections by cholera overwhelm Haiti amid crisis and violence Deaths and infections by cholera overwhelm Haiti amid crisis and violence (dominicantoday.com)
- 23 November 2022: UN: Children in Haiti hit by cholera as malnutrition rises (AP)

Funding overview

Considering a scenario of an average of over 100 cases/day, UNICEF estimates that at least US$28 million will be required to support up to 1.44 million people (including 661,000 children and youth). Nevertheless, considering the evolution of the situation and needs, and the increasing operational costs, funding requirements will be reassessed. Funding for the cholera response will allow UNICEF 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 nine per cent of the response has been funded, including an allocation of the Central Emergency Response Fund (CERF).

Next SitRep: UNICEF Haiti overall humanitarian response sitrep, in early December 2022

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

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### Annex A
Summary of Cholera Response Results

<table>
<thead>
<tr>
<th>Indicator</th>
<th>UNICEF 2022 Cholera Target</th>
<th>Cumulative Cholera Total Result</th>
<th>Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td># people receiving cholera kits via rapid response teams through cordon sanitaire or community responses on cholera</td>
<td>480,000</td>
<td>86,090</td>
<td>7,254</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>78,836</td>
</tr>
<tr>
<td></td>
<td>Girls</td>
<td>35,414</td>
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<tr>
<td></td>
<td>Boys</td>
<td>32,652</td>
<td>744</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>9,050</td>
<td>3,195</td>
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<tr>
<td></td>
<td>Men</td>
<td>8,974</td>
<td>2,357</td>
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<tr>
<td># suspected cases detected, referred to a cholera treatment centre or rehydrated in the community</td>
<td>3,000</td>
<td>355</td>
<td>301</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>54</td>
</tr>
<tr>
<td># children suspected with cholera and severe wasting are managed according to the national protocol for the management of cholera cases in children with acute malnutrition</td>
<td>1,333</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Girls</td>
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<td></td>
<td>Boys</td>
<td>6</td>
<td>6</td>
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</table>
