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Emergency Plan of Action (EPoA) Haiti: Chikungunya outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation	Operation n° MDRHT011
Date of issue: 3 July 2014	Date of disaster: slow onset
Operation manager: Lina Villa, Emergency health officer	Contact person: Clergé Junior Agenor, Head of Haitian Red Cross Health Department
Operation start date: 1 July 2014	Expected timeframe: 3 months
Overall operation budget: 248,887 Swiss francs	
Number of people affected: 39,343 cases reported	Number of people to be assisted: 25,000
Host National Society: The Haitian Red Cross has more than 4,000 volunteers trained in CBHFA, 1,712 in ECV, 6,159 in disaster management and 400 in psychosocial support.	
Red Cross Red Crescent Movement partners actively involved in the operation: Japanese Red Cross Society and American Red Cross	
Other partner organizations actively involved in the operation: PSI, Zanmi La Sante	

A. Situation analysis

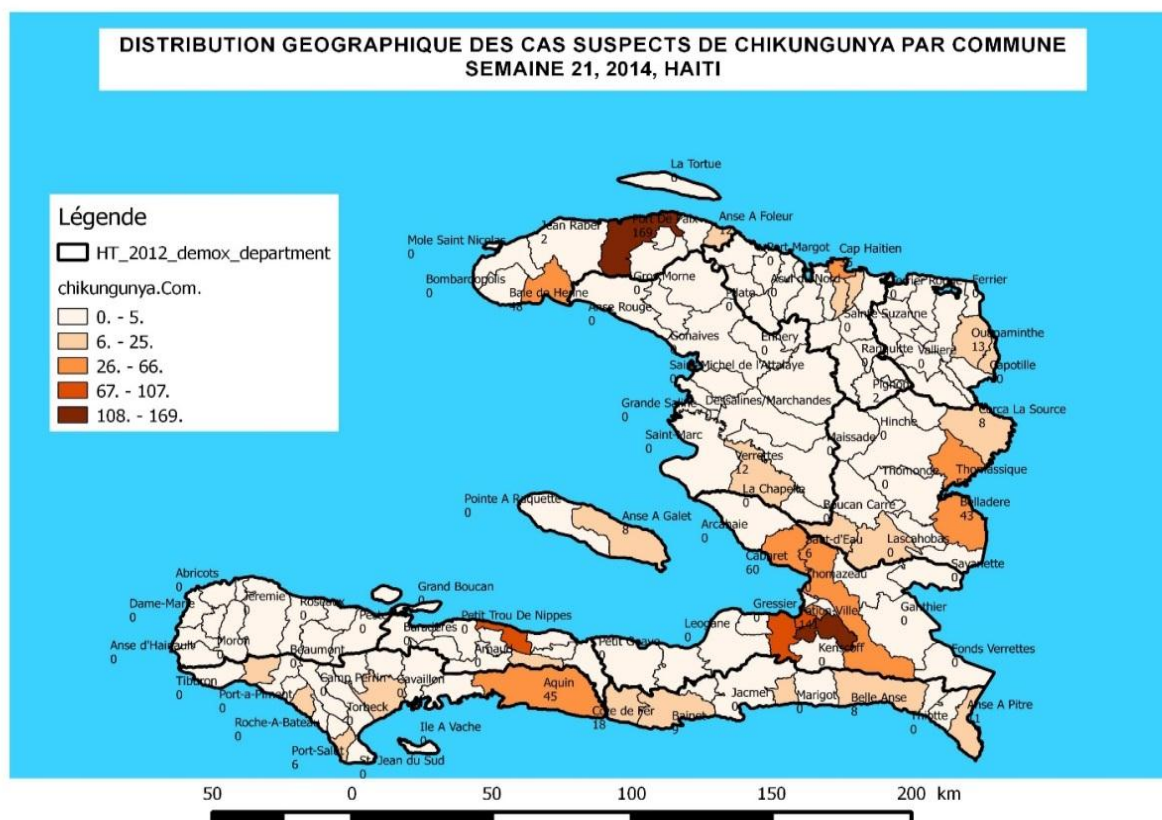
Description of the disaster

The chikungunya virus belongs to the Togaviridae Alpha family and is transmitted by mosquitoes of the genus *Aedes*. This virus, known since the 1950s, has caused epidemics in Asia, Africa and the Indian Ocean. The virus causes fever and severe joint pain, as well as other symptoms including muscle pain, headache, nausea, fatigue and rash.

The first cases of the mosquito-borne chikungunya were confirmed in Haiti during the last week of April. The disease was first detected in the Caribbean in December 2013, in St Martin. Since then, a number of regional countries including Antigua, Barbados, Dominica, St Vincent, the Grenadines, the Dominican Republic, and Cuba have reported confirmed cases of the painful illness most commonly found in Asia and Africa. Now the virus has spread in the continental territories—El Salvador and Venezuela.

Initially 1,529 cases of the chikungunya virus were confirmed by Ronald Singer, a spokesman for Haiti's Health Ministry. The bulk of the cases—about 900—were found in the West department, where the capital of Port-au-Prince is located. Another 300 cases were confirmed in northwestern Haiti.

The Pan-American Health Organization (PAHO) said that the suspected chikungunya cases in Haiti rose from 3,460 to 6,312 as of 28 May 2014. The European Centre for Disease Prevention and Control (ECDC), which does not list suspected cases for Haiti, reported 632 confirmed cases in the country.



Suspected chikungunya cases by commune. Source: Haitian Ministry of Public Health and Population

The latest epidemiological report of Haitian Ministry of Public Health and Population (MSPP) of the 16 June reported a cumulative total of 39,343 cases between 31 May and 16 June 2014 in all 10 departments, with the West department reporting 67 per cent of cases. The infection continues to spread with a rapid increase of the number of cases. In addition, many patients do not present themselves to hospitals and public health centers, and it is estimated that at least 150,000 cases may have spread country wide.

Summary of the current response

Overview of Host National Society

In order to support a request from the MSPP, the Haitian Red Cross (HRC), as auxiliary to the public authorities, has strengthened its system of response to epidemics including chikungunya, mobilizing its network of volunteers trained in epidemic control to help reduce the spread of the epidemic and the socio-economic impact it could have on the Haitian population. Its activities will be conducted in three main areas: direct support to the MSPP, epidemiological surveillance and enhancing communication through awareness campaigns linked to the epidemic of chikungunya, and vector control.

The core activities of the Haitian Red Cross include community health, emergency health, HIV/AIDS prevention; disaster management; violence prevention; blood safety and transfusion; dissemination of humanitarian principles.

The HRC has more than 4,000 volunteers trained in Community-based health and first aid (CBHFA), 1,712 trained in Epidemic control for volunteers (ECV), 6,159 trained in disaster management and 400 trained in psychosocial support. The HRC will rely on this large pool of trained volunteers to respond to the chikungunya outbreak.

The HRC previously requested DREF support following hurricanes Hannah, Gustav and Ike in 2008, which adversely affected Gonaives and most parts of the West department and Artibonite. In 2012, following the passage of hurricane Sandy which affected the southern region of Haiti, there was another DREF request for emergency operations in the town of Jeremie.

The HRC has also been at the centre of cholera prevention activities with the support of the IFRC and the Red Cross Movement partners since the outbreak in October 2010. These previous experiences of health emergencies have allowed the National Society to respond rapidly and appropriately and will enable it to intervene in the current chikungunya emergency. The HRC is part of the Ministry of Health's prevention and response strategy as an auxiliary to the

government. Thus the HRC has been part of the discussion with MSPP on how to respond to the chikungunya outbreak and has also been part of PAHO/WHO coordination mechanism on both cholera and chikungunya.

This intervention is expected to be implemented over three months, and will therefore be completed by September 2014; a final report will be made available three months after the end of the intervention (by December 2014).

Overview of Red Cross Red Crescent Movement in country

The Haitian Red Cross is being given support by a number Red Cross Red Crescent partners in the country. In addition, the International Federation of Red Cross and Red Crescent Societies (IFRC) is supporting and coordinating with the National Society to better respond to this emergency, ensuring that all the identified needs are met. On health matters, the American Red Cross and the Japanese Red Cross Society are being very supportive towards the Host National Society. The IFRC maintains constant communication with the Haitian Red Cross through the Haiti country delegation and with the Americas Zone office in Panama through the Haiti Support Unit and the Pan-American Disaster Response Unit (PADRU).

Movement coordination

The Haitian Red Cross has been in contact with the IFRC, and PADRU has been sharing materials such as prevention messages produced by the Red Cross National Societies in the Caribbean about chikungunya; PADRU has also shared materials and technical documents including the steps that can be taken to respond to this epidemic.

Overview of non-Red Cross Red Crescent actors in country

At the national level, the Haitian Red Cross works closely with the MSPP in response to epidemics and supports its actions when possible to help reach the most vulnerable people at the community level. In addition, the Red Cross Movement ensured good collaboration with the government and the international humanitarian actors including the UN system in country when responding to a request from the MSPP. HRC is part of the MSPP coordination mechanism and also takes part in the wider in-country discussion with PAHO/WHO. In addition, other actors like PSI and Zanmi La Sante will assist in the work regarding the chikungunya emergency.

The Health Minister Florence Guillaume Duperval, speaking on the Haitian radio, said that the government will soon begin a public education programme in order to alert citizens about the viral disease transmitted to humans by infected mosquitoes.

Needs analysis, beneficiary selection, risk assessment and scenario planning

The HRC has been working in collaboration with the MSPP on the identification of areas of intervention. The Ministry of Health has identified three departments with the highest incidence rates and has requested the HRC to intervene. These departments are the West, Northwest and Southeast and the communes selected are:

West: Carrefour, Delmas, PY Cabaret

Northwest: Port de paix, Anse a foleur et St Louis du Nord

Southeast: Belle Anse, Anse a Pitres, Grand Gosier, Marigot.

All of them currently have high numbers of chikungunya cases.

Table 1: Distribution of suspected chikungunya cases by department¹

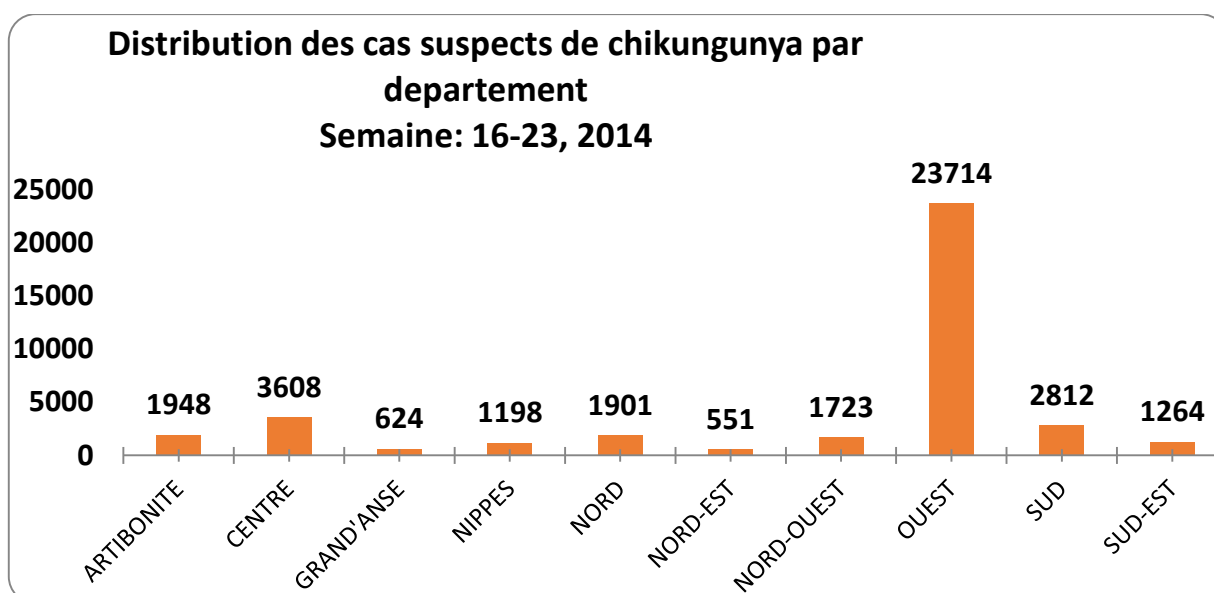
DEPARTMENTS	# of cases	%
Artibonite	1,948	5%
Centre	3,608	9%
Grand'anse	624	2%
Nippes	1,198	3%
North	1,901	5%
Northeast	551	1%
Northwest	1,723	4%
West	23,714	60%
South	2,812	7%
Southeast	1,264	3%
TOTAL	39,343	-

¹ Data source: MSPP's last report on the evolution of the chikungunya epidemic in Haiti. For detailed information at commune level, please refer to Annex 1 of the Plan of Action

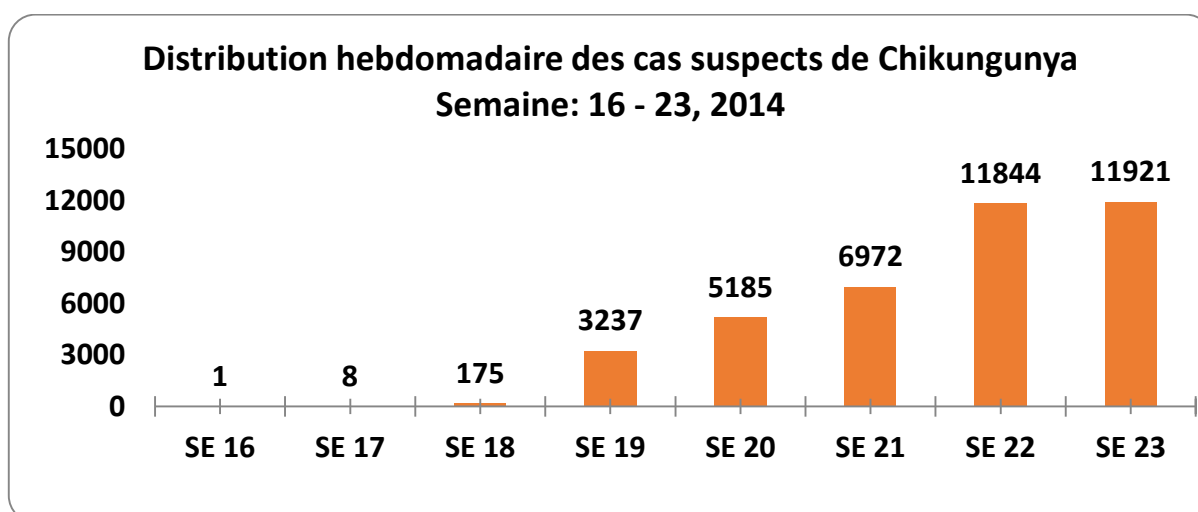
Table 2: Distribution of suspected chikungunya cases in target communes

COMMUNES	DEPARTMENTS	# of cases
Port-de-Paix	Northwest	212
St Louis du Nord		36
Anse A Foleur		30
Delmas	West	1,299
Carrefour		938
Cabaret		185
Marigot	Southeast	82
Belle Anse		47
Anse a Pitre		47
TOTAL OF CASES		2,876

Graph 1



Graph 2



The HRC will also intervene at the national level covering all the departments with prevention messages using the SMS system, interactive voice response (IVR) system, Radio Kwa Rouj, mass sensitization and door-to-door campaigns led by

volunteers and CBHFA facilitators. The HRC will work closely with the volunteers and MSPP structures at the department and commune level to select the most vulnerable people within the communities for distribution of mosquito nets and other prevention materials.

At the moment they are 39,343 cases of chikungunya in Haiti and it is estimated that the caseload will reach 150,000 over the next month.

Water and sanitation

Needs analysis: Intermittent rains have fallen over the last months and have left pools of water which are an active breeding ground for mosquitos. Therefore, awareness sessions need to be carried out in communities to help them understand that exposed water pools are breeding grounds for larvae to develop and spread the infection. The communities are not clear as to how they can clean their own spaces to lower the number of mosquito breeding grounds.

Health

Needs analysis: Currently there is a need for provision of mosquito nets especially to mothers with children under 5 in all the communities affected. The communities have identified a need for more information on prevention and treatment, in particular how they can protect themselves during the day. The government has also requested support in epidemiological surveillance.

Risk assessment

In general, humanitarian interventions in Haiti do not encounter major risks due to security or access. However, the long-awaited elections which have now been planned for October 2014 could trigger civil unrest and disrupt project implementation. Moreover, the legislation on non-governmental organizations (under preparation) may hinder the delivery and response capacity of international actors, particularly at the departmental level, where state authority and service delivery are weaker.

To mitigate the risk, the National Society will rely on its volunteers who are well-known and accepted in the communities where they work. Also, the HRC is well recognised by both the government and the community for its work and its neutrality, making it possible to work during times of civil unrest.

B. Operational strategy and plan

The president of the Haitian Red Cross received a letter from the Minister of Health on 29 May requesting the support of the National Society. To meet the request of the MSPP, the HRC has strengthened its response system to epidemics including chikungunya, mobilizing its network of volunteers trained in epidemic control to help reduce the spread of the epidemic and the socio-economic impact it could have on the Haitian population. Its activities will be conducted in three main areas: epidemiological surveillance, prevention activities including enhancing communication through awareness campaigns linked to the chikungunya epidemic, and vector control.

Overall objective

Contributing to the reduction of the spreading of the epidemic of chikungunya in the most vulnerable communities, reaching 25,000 people in the West, Centre and South departments.

Proposed strategy

The operation will have the following lines of intervention:

1. Water and sanitation: sanitation campaigns and treatment of the breeding sites is going to be done with the intention to diminish the risk of contamination in Haiti's most affected areas.

2. Health: Two objectives are expected in health: the first one regards **prevention**, informing the population about the disease, its consequences and prevention measures; the second objective involves **surveillance and notification** of cases during campaigns and other activities implemented by the HRC volunteers.

The HRC, as auxiliary to the public authorities, has strengthened its response system to epidemics including chikungunya, mobilizing its network of trained volunteers in epidemic control to contribute to the reduction of the epidemic and its socio-economic impact.

The National Society volunteers will be part of the government surveillance mechanism to ensure continuous monitoring and assessment of the situation, so that the intervention remains relevant and appropriate to the needs of the target population.

The volunteers will continuously inform the population on the proposed actions and will take community concerns and needs to the implementing partners. The program staff and volunteers will ensure that community perspectives on appropriateness and gender are taken into consideration for further modification of the programme.

The programme team alongside the Ministry of Health has been conducting assessments that are both gender and age sensitive to ensure that the proposed operation will cater to the needs of men, women, teenagers and children.

Operational support services

Human resources

The DREF will support the activities implemented by the volunteers; administrative support will be included, as well as a National Society coordinator in charge of monitoring the activities in the field. The DREF will fall under the HRC Health Department authority and will be coordinated by the emergency health assistant at the national level supported at the branch level by the regional president.

The PADRU emergency health officer will be in charge of the management of the DREF and of the monitoring of its implementation in the field. Moreover, 40 volunteers will assist the implementation.

Logistics and supply chain

Logistical support will be required in order to fulfil the objectives of this DREF, notably in terms of fleet and procurement

Information technologies (IT)

The HRC will intervene at the national level covering all the departments with prevention messages using the SMS system, IVR system and Radio Kwa Rouj.

Communications

The Haitian Red Cross intends to mobilize various media channels to support public awareness and education regarding the chikungunya fever. These include:

- Publication of press releases and follow-up articles on the Haitian Red Cross website
- Dissemination of appropriate messages on social media (Facebook, YouTube, Twitter)
- Publication of the appeal in the local daily newspapers “Le Nouvelliste” and the weekly “Le Matin”
- Sending press releases to local media houses and negotiate participation of HRC health experts in TV and radio shows in order to raise awareness. Media include: Télévision Nationale, Télé Métropole, Radio et Télévision Caraïbes, Radio et Télé Guinen. There is no cost associated with this activity.
- 100,000 flyers to be distributed in the 10 departments by over 100 HRC volunteers already trained in epidemiologic control. They have previously led awareness activities for cholera prevention throughout the country.
- Reproduction of MSPP posters to be distributed in schools, public institutions churches and associations.
- SMS prevention messages to the population
- Sound truck messaging in the metropolitan area and the other departments
- IVR pre-recorded messages on chikungunya
- Volunteer mobilization using megaphones in public places such as markets and cock-fighting arenas

Security

The president of the National Society will have the ultimate responsibility for the safety of the staff and volunteers to implement the plan of action.

To mitigate any risk, the National Society will rely on its volunteers who are well-known and accepted in the communities where they work.

Also the HRC is well recognized by both the government and the community for its work and its neutrality.

ANNEX 1**Distribution of suspected chikungunya cases by communes**

COMMUNES	DEPARTMENTS	# of cases
St Marc	Artibonite	302
Verettes		183
Gonaives		93
l'Estere		68
Desdunes		61
Gros Morne		50
Marchands Dessalines		31
Petite Riviere de L'Art		30
Grande Saline		17
St Michel de l'attalaye		10
Anse Rouge		8
Ennery		6
Marmelade		1
Hinche		Centre
Thomassique	340	
Mirebalais	289	
Boucan Carre	187	
Lascahobas	87	
Saut d'eau	82	
Belladere	81	
Thomonde	52	
Cerca La Source	38	
Maissade	30	
Savanette	18	

COMMUNES	DEPARTMENTS	# of cases
Corail	Grand'Anse	51
Jeremie		45
Abricot		33
Dame Marie		27
Anse d'Ainault		17
Pestel		9
Petite Riviere des Nippes	Nippes	154
Anse a Veau		71
l'Azile		54

Fond-des-Negres		36
Arnault		31
Paillant		12
Miragoane		10
Trou de Nippes		8
Grande Riviere du Nord	North	497
Cap-Haïtien		336
Plaine du Nord		113
Quartier Morin		86
Limbe		63
Milot		57
Plaisance		19
Pilate		7
St Raphael		5
Pignon		3

COMMUNES	DEPARTMENTS	# of cases
Ouanaminthe	Northeast	118
Trou du Nord		87
Fort Liberte		72
Terrier Rouge		56
Mont Organise		2
Port-de-Paix	Northwest	212
St Louis du Nord		36
Anse A Foleur		30
Ile de La Tortue		21
Jean Rabel		16
Bombardopolis		3
Chansolme		2
Bassin Bleu	2	
Delmas	West	1299
Port-au-Prince		1144
Carrefour		938
Croix des Bouquets		538
Arcahaie		363
Petit Goave		290
Petion Ville		272
Gantier		259
Cabaret		185
Cite Soleil		80

Anse a Galet		59
Tabarre		47
Leogane		35
Kenskoff		6
Fonds Verette		1

COMMUNES	DEPARTMENTS	# of cases
Aquin	South	615
Les Cayes		447
Cavaillon		79
St Louis du Sud		77
Les Anglais		32
Port Salut		17
Torbeck		14
Coteaux		14
Ile a Vache		12
Chantal		9
Port-a-Piment		5
Camp Perrin		2
Marigot		Southeast
Cote de Fer	47	
Belle Anse	47	
Anse a Pitre	47	
Bainet	14	
La Vallee	8	
Jacmel	8	
Thiotte	3	

Budget (see below)

DREF OPERATION

7/1/2014

MDRHT011

Haiti Chickungunya

Budget Group	DREF Grant Budget CHF
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	63,555
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	54,748
Medical & First Aid	0
Teaching Materials	36,817
Ustensils & Tools	0
Other Supplies & Services	0
Emergency Response Units	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	155,120
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machiney & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	0
Dsitribution & Monitoring	4,540
Transport & Vehicle Costs	20,519
Logistics Services	2,501
Total LOGISTICS, TRANSPORT AND STORAGE	27,560
International Staff	10,895
National Staff	0
National Society Staff	6,809
Volunteers	16,651
Other Benefits Staff	1,453
Total PERSONNEL	35,809
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	2,724
Total WORKSHOP & TRAINING	2,724
Travel	6,401
Information & Public Relations	1,453
Office Costs	1,907
Communications	2,179
Financial Charges	545
Other General Expenses	0
Shared Support Services	0
Total GENERAL EXPENDITURES	12,484
Programme and Supplementary Services Recovery	15,190
Total INDIRECT COSTS	15,190
TOTAL BUDGET	248,887