

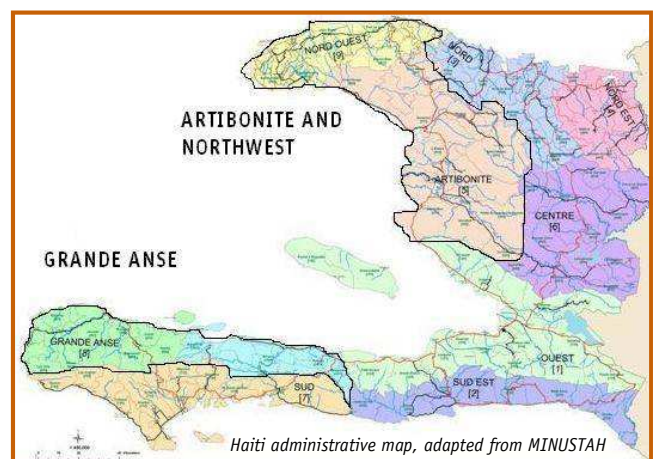


# Fighting Cholera in Haiti

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**Overview** When six villages in the department of Artibonite in the North of Haiti reported an epidemic of diarrhea and vomiting in late October 2010, Haitian authorities and the humanitarian community feared the worst. Test results confirmed that cholera had broken out in the Caribbean nation still struggling to recover from the devastating earthquake a mere ten months earlier. This second emergency within one year stretched the capacities of all humanitarian actors on the ground. Above all, it put yet another additional burden on the Haitian population as they struggle to stay safe and healthy in particularly harsh circumstances.

CARE began its cholera response immediately. In the earthquake-affected areas of Léogâne and Carrefour, the organization scaled up its water and sanitation services to camps and communities. But the needs for support are even bigger in remote rural locations. CARE therefore focuses its cholera response on three departments where the organization already had ongoing projects: Artibonite, the Northwest and Grande Anse. Hygiene promotion, information campaigns as well as water and sanitation services complement other actors' interventions. These activities are funded by ECHO, OFDA, the American Red Cross, CIDA, the Austrian-based foundation *Neighbors in Need*, the Luxembourg Ministry of Foreign Affairs and Allianz, a private corporation.



## Background

CARE has a long-standing presence in Haiti. Since 1954, the international development and relief organisation has worked to empower local communities to improve their quality of life. Health, education, food security and governance have been CARE's main strongholds, alongside with immediate emergency relief after recurring hurricanes and flooding. Since the devastating January 2010 earthquake, CARE has extended its work to shelter, water, sanitation and hygiene and is currently operating in four departments of the country, as it seeks to provide comprehensive support to communities faced with cholera.



## Artibonite and Northwest Departments



The departments of Artibonite and Northwest were the first to report cases of cholera in the

fall of 2010. Although the regions had not been directly affected by the earthquake, many victims of the disaster took refuge there, putting an additional burden on their host families. Cholera spread rapidly throughout the region and communities were ill-equipped to respond. Safe drinking water is scarce, and people have neither the means nor the knowledge to adapt the rigid hygiene practices needed to prevent cholera. Through funding received by ECHO and NiN, CARE is able to address these challenges. The organisation gets support from an existing network of some 385 volunteers who had worked in other CARE programs for health and education before.

### Information saves lives

To communicate the nature of cholera, its transmission, and necessary prevention methods, health volunteers and radio stations are crucial partners for CARE. In Artibonite and the Northwest, CARE works with a total of 28 radio stations to broadcast messages of prevention developed by the Ministry of Health. An estimated 40 percent of Haiti's adult population is illiterate; therefore radio announcements, events and flyers with images play a great role in public outreach.

### Access to treatment

In Artibonite and the Northwest, many communities are located in remote areas with a poor road network. This creates an additional challenge, because people with cholera symptoms such as diarrhoea and vomiting simply do not reach the health facilities in time to receive life-saving treatment. To bridge this gap, CARE helps set up Oral Rehydration Points (ORPs) in remote rural locations. These contain clean drinking water and a stock of oral rehydration solutions (ORS) which can be handed out as a first relief. Trained volunteers help

to support the patient and follow up with medical facilities. All over the two departments, CARE sets up a total of 60 ORPs.

### At the source

CARE addresses the problem at the source. At 550 public wells, CARE staff train the owners of the wells and the neighbouring communities in water chlorination. A sufficient amount of chlorine renders the water potable. Additionally, sufficient residual chlorine in the water helps to disinfect containers such as bowls and buckets into which it is poured subsequently. This practice guarantees potable water even if the containers have been contaminated or improperly cleaned before usage.



"I saw cholera and its ugliest face. I felt the stress of seeing children and adults die and more than anyone I know how information can save lives. I saw significant changes in the behaviour of the population. And there is proof: today in a cholera treatment center in Marmelade, we have only one patient who will soon return home, restored."

*Rose Luzette Charles works as a nurse in the Cholera Treatment Center of Marmelade, Artibonite*

## The South: Department of Grande Anse



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The Southern department of Grande Anse was affected by the epidemic later than the rest of the country. However, due to its isolation and lack of infrastructure, the lethality rate has been particularly high. In mid-March, 3.1 % of infections resulted in death. With funding from OFDA, the American Red Cross, CIDA, the MOFA of Luxemburg and Allianz, CARE focuses its work in Grande Anse on six communes: Jeremie, Moron, Bonbon, Corail, Roseaux and Anse d'Hainault.

### Oral Rehydration Points for lifesaving treatment

Cholera is easily treatable, but the patient must be quickly rehydrated. In remote rural locations, reaching



the nearest medical facility often requires walking for hours. In an effort to bridge these gaps, CARE works closely with the Ministry of Health to establish Oral Rehydration Points and ensures that trained volunteers are available to operate them. Supplies of oral rehydration solutions and clean water provide the line of first response for those who are already ill. In total, CARE is setting up 36 ORPs in key locations where people cannot easily reach Cholera Treatment Centers.

### Mobilizing the community



"I have always been active in my community, even as a young man. Now I mobilize my neighbors against cholera. I really enjoy going from door to door and discuss important issues like handwashing and using chlorine for our water. And the knowledge I gained also helped me and my own family to protect ourselves."

*Espérance Lazar is 79 years old and works as a community volunteer in Fond Icaques, Grande Anse*

Cholera had not been present in Haiti for decades, so communities were entirely unaware of how to protect themselves. Adding to this lack of knowledge was scarce access to safe water, insufficient sanitation and poor hygiene practices. As in Artibonite and the Northwest departments, CARE also relies on radios and volunteers in Grande Anse to spread the word. Nine community radio stations broadcast information and 265 existing community volunteers were quickly mobilized and trained to educate people about cholera. They organize community meetings, visit local markets with megaphones, go to schools and churches, stage theatre pieces and use other creative means of disseminating information. CARE also relied on synergies with its education project. In ten schools, the team spreads hygiene messages, builds latrines and sets up hand washing stations. Children learn how to improve their daily hygiene and remain healthy in a playful way.

### Hygiene kits for the most vulnerable households

Grande Anse is one of the poorest regions of Haiti and many families struggle to stay healthy in the best of times. To help them maintain the strict hygiene practices necessary to prevent cholera, CARE distributes hygiene kits to 20,000 vulnerable households. They contain a bucket, a jerry can with a lid for safe water storage, 10 bars of soap, and 10 boxes of aquatabs. CARE draws from local knowledge, by asking volunteers to help with the identification of families in need and the distribution of the kits, thus ensuring that the support reaches those most in need.

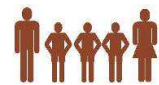
### Supporting medical facilities with materials

Cholera Treatment Centers and Units have been established all over the country to help handle the caseload of patients. But the highly contagious disease requires strict isolation as well as rigid hygiene and disinfection practices. In collaboration with the Haitian Ministry of Health, CARE supports 12 Cholera Treatment Units with latrines, water supply and sanitary facilities.

### Cholera response in numbers

CARE's work throughout Haiti includes among others:

- distribution of **41,000** hygiene kits
- Door-to-door sensitization for **526,000** people\*
- support for **22** medical facilities
- Setting up **96** ORPs



### The road ahead

All over Haiti, massive hygiene promotion campaigns and the delivery of water and sanitation services have helped in fighting the disease. Infection rates are going down as communities adapt to the new situation. But reliable access to water and sanitation as well as poor hygiene practices pose ongoing challenges. The upcoming rainy and hurricane seasons, spanning from April until December, will most likely bring another rise in cases. Cholera will be present in Haiti for years to come. CARE aims to continue its hygiene promotion, improve water and sanitation and help Haitian communities cope with the now endemic disease.

\* as of April 20, 2011



### Faces of CARE: Rosemarie Cherilus



Rosemarie is a CARE institution. She has been working for the organization for more than 25 years and is well respected in her community in Grande Anse. Her energy is hard to resist and she possesses a natural authority yet radiates a grandmotherly warmth that make her a very respected community leader. "Life has become better here over the years", she says. Little by little, this isolated department of Haiti has improved its living conditions, but much remains to be done. Rosemarie has worked in different sectors, ranging from education to health, HIV/AIDS prevention and now cholera. In the 1990's, she was responsible for a health project and noticed that people had difficulties adapting to new hygiene practices. So she turned to music for help and

made up a song - the hand-washing song. Its lyrics are simple, the melody irresistible. People hum along and gesture the practices described: Rinse your hands thoroughly, use soap, dry them in the air. Today, Rosemarie and CARE teams all over the country have adapted the song to cholera. The melody can be heard from the earthquake camps in Carrefour all the way up north to Port-de-Paix. And naturally in Rosemarie's hometown of Jérémie, Grande Anse. A worthy recognition for this enthusiastic artist.

### CARE International's humanitarian mandate

Responding to humanitarian emergencies is an essential part of CARE's work to fight poverty and injustice and we recognize that emergencies are a cause and effect of both. CARE helps people cope with crises through disaster risk reduction, emergency relief, preparedness and post-crisis recovery. CARE is a signatory of and holds itself accountable to accepted international humanitarian principles, standards and codes of conduct, including the Code of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, and the Sphere and Humanitarian Accountability Partnership principles and standards.

### To know more about CARE Haiti's cholera response, please contact :

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Founded in 1945, CARE is one of the leading international humanitarian organizations fighting global poverty. CARE International is an independent, non-political, non-religious confederation comprised of 12 member organizations, with the CARE International Secretariat based in Geneva, Switzerland. In more than 70 countries, women are at the heart of CARE's efforts to improve health, education and economic development because experience shows that a woman's achievements yield dramatic benefits for her entire family. CARE Haiti was founded in 1954 and works to empower communities through health, education, livelihoods and governance support.

