

# Situation Update: Nine Months after the Earthquake in Haiti .....



**4 October 2010**  
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## Situation Overview

On 12 January 2010, a powerful 7.0 earthquake devastated Haiti—causing massive loss of life, catastrophic building damage, and unimaginable human suffering. The Government of Haiti estimates 220,000 people lost their lives and over 300,000 people were injured. The earthquake crippled Haiti’s infrastructure, as key buildings, such as the Presidential Palace, the Parliament, the Ministry of Health (MSPP), and other government ministries collapsed. Eight hospitals were totally destroyed and 22 seriously damaged in the three regions most affected by the Earthquake (Ouest, Nippes, Sud-Est). Government partners were not spared. The death of 96 UN Stabilization Force (MINUSTAH) employees, which included the Special Representative and his Deputy, was the greatest loss for any single event in the UN peacekeeping’s 62- year history.

In the immediate aftermath of the earthquake a nearly unparalleled humanitarian response was mobilized by aid organizations and the donor community. PAHO/WHO, which operated a country office in Haiti for decades before the earthquake, used its intimate knowledge of the health situation to support the Ministry of Health in the provision of health services. By the end of January, 396 international health agencies had arrived in Haiti to provide a diverse range of services. The mechanism by which these entities were coordinated was the PAHO/WHO led Health Cluster, which led targeted post-disaster interventions, as well as identification of gaps in health coverage and promotion of global health standards.

In the weeks and months after the earthquake, upwards of 1.5 million internally displaced Haitians settled in temporary sites throughout Port-au-Prince and beyond. Health Cluster partners collaborated on projects addressing acute health needs and pervasive threats associated with crowded and unhygienic living conditions. The Centers for Disease Control, the Ministry of Health, and PAHO/WHO established a system of disease surveillance using fixed health facilities and mobile clinics.

A post-disaster vaccination program led by PAHO/WHO, UNICEF and the Ministry of Health was designed and implemented. By May, over 900,000 vaccine doses had been administered to the most vulnerable populations. Seventeen field hospitals, 11 of which were run by military outfits, were established and provided care to thousands of patients. PROMESS, the medical warehouse managed by PAHO/WHO, distributed more than 345,000 boxes of essential medical supplies to health cluster partners.



*In Port-au-Prince, many key buildings, such as the Presidential Palace, the Parliament, the Ministry of Health, and other government ministries collapsed.*

By June, Médecins Sans Frontières (MSF) alone provided emergency medical care to more than 173,000 patients since the earthquake and had a 1,000 bed capacity throughout 19 health facilities.

Today, of the 2 million people affected by the earthquake, 1.3 million remain displaced in 1,354 spontaneous settlement sites across the country. To meet the health needs of this population, 21 international organizations are covering 266 sites. It is estimated that 661,000 people have migrated from the West department and are living with host families. Roughly 12,300 transitional-shelters have been built which house over 60,000 people on newly developed land.

Health Cluster partners work with the International Organization for Migration (IOM) and others to ensure health needs are addressed when families move from spontaneous settlement sites to transitional shelters. Opportunities for individuals and families to return to their original homes remain a daunting challenge as the Government of Haiti estimates that 188,383 homes were either destroyed or partially damaged.

Going forward, experts anticipate that the situation will remain fragile but stable, as the displaced population is highly vulnerable. Small weather systems have potential to inflict catastrophic damage. Unhygienic living conditions can cause serious illness and death. Respiratory infections, diarrhea and psychological trauma are chronic problems in camps and show no signs of abating. Currently, emphasis is on early recovery, however a large-scale humanitarian operation will remain a reality in Haiti for at least one year or longer.

PAHO/WHO, vigilant of a second humanitarian crisis associated with torrential flooding or a hurricane, continues preparedness measures in partnership with the UN Office for the Coordination of Humanitarian Affairs (OCHA), the Haitian Department of Civil Protection and health actors. In the coming months, non-health challenges will be debris management, security in camps, reconstruction, resettlement and preparedness measures for the presidential elections at the end of November.



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## Health Cluster Coordination

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The Cluster approach improves coordination and cooperation among response actors using widely-accepted humanitarian principles. In Haiti, the health cluster facilitated joint

strategic planning and established a clear system of leadership and accountability under the overall guidance of the humanitarian coordinator. A major success was ensuring that the international response was appropriately aligned with national structures.

In the immediate aftermath of the earthquake, PAHO/WHO was designated Health Cluster lead in Haiti. Early cluster outcomes included: daily coordination meetings (co-chaired with Ministry of Health); incorporating the Ministry of Health into health relief efforts; coordinating assessment missions, organizing and managing medical supply distribution from PROMESS (the PAHO-managed warehouse for essential medicines in Haiti); contributing expertise to epidemiological monitoring sites; helping distribute weekly epidemiology bulletin reports; contributing to the immunization campaign; and helping to organize and coordinate over 400 NGOs who were working in the health sector, many of whom had no experience with Haiti, disasters, or the health cluster system.

The large number of relief organizations, as well as their relationship within a dynamic health operation, required cluster leadership to establish sub-cluster committees. In addition to daily cluster meetings addressing information needs of partners, a small group composed of health NGOs committed to a long-term presence was established to steer policy, communicate needs to the Ministry, and solve emerging problems. Areas of specialization were also established as sub-cluster working groups which included: mobile clinics, hospitals, disability and rehabilitation, health information, disease surveillance, reproductive health, and mental health and psychosocial support.

Recognizing that relief operations extended far beyond Port-au-Prince, PAHO/WHO, with support from the Ministry of Health, opened a number of field offices to establish sub-national health clusters. These sites include Leogane, Jacmel, Cap-Haitien/Port-de-Paix, Jimani and the Haiti-Dominican Republic Border. The national and sub-national clusters coordinated treatment of the injured and affected, evaluated short and medium term needs, and mapped capacity of health sector activities.

Eight months after the earthquake, hundreds of health actors in Haiti rely on the health cluster and its relationship with national authorities for leadership and coordination of response activities. PAHO/WHO remains the key liaison between the Presidential Commission and international health partners. Given the continued large presence of national and international health NGOs, the Health Cluster in Port-au-Prince plans to remain operational through early 2011, and likely longer.



*PAHO/WHO leading a health cluster coordination meeting under a tent at the UN Logistics Base in Port-au-Prince.*

## Port-au-Prince

The cluster in Port-au-Prince is chaired by the Presidential Commission for Health with PAHO/WHO serving as the secretariat. In collaboration with technical areas of the Ministry of Health (MSPP) such as mobile clinics, vector control, and malaria diagnostics, cluster leadership continues to craft strategies for health services at the national and sub-national level. The MSPP and the Clinton Foundation have partnered to cover several health information needs, including a system of registration that all NGOs are required to complete in order to legally operate in the country.

Coordinating health response throughout camps in Port-au-Prince remains an essential function of the cluster. Site visits by cluster staff are ongoing to monitor the presence of mobile clinics as well as their level of competency and compliance with the minimum package of care developed by the MSPP. Investigations find that many camps still do not have health care services and in some cases the mobile clinics are just tents with a box of drugs. A team of PAHO health services experts are working to address these shortfalls in coverage through training, provision of supplies, and partnerships with NGOs.

Despite dangerous living conditions, no large scale disease outbreaks have emerged in Port-au-Prince. The cluster has worked to prevent a major outbreak of diphtheria, typhoid and watery diarrhea by designing an integrated outbreak response protocol for investigation and containment in tandem with other clusters. In addition to surveillance, strong inter-cluster collaboration between Health, WASH, and Shelter has allowed for promotion of hygiene measures and innovative problem solving. Health Cluster meetings have been used as a forum for partners to present findings related to isolated disease outbreaks, including data analysis, intervention measures, and questions and answers. These meetings are a unique and inclusive forum for learning and strengthening the health system.

The Cluster is working with long-term health partners to ensure coverage remains accessible to the affected population. Regularly updating the list of ‘Who is doing what, where and when’ (4Ws) contributes to this planning as some NGOs have left and new ones are expanding their activities. Planning for future emergencies is ongoing, and the cluster is a member of the Critical Incident Response Team. The Cluster recently joined MINUSTAH in a simulation exercise that tested preparedness for a mass casualty event. Shortly after that exercise, the Cluster responded to the September 24th storms in Port-au-Prince which caused widespread damage. Leadership identified damaged health facilities, and coordinated the provision of



*The cluster is working with long-term health partners to ensure coverage remains accessible to the affected population.*

medicines and supplies to treat victims. Finally, a referral network continues to be reinforced for patients entering the health system through mobile clinics, but requiring more specialized care.

### **Jacmel**

PAHO/WHO has been supporting the Jacmel health sub-cluster led by the Department Sanitaire du Sud-Est (DSSE) since March. The South-East department, which borders with the Dominican Republic, is made up of 10 communes. The health infrastructure was severely affected by the earthquake, with 27 out of the 42 health institutions being seriously damaged. The most significant damage was suffered by St. Michel Hospital, which was the secondary hospital for the department, serving 500,000 people. It is estimated that the population increased 10% following the disaster as individuals and families moved from Port-au-Prince and Leogane south to Jacmel.

During the initial months of the response, PAHO/WHO supported the DSSE in ensuring the right norms and regulations were upheld during the provision of health services. PAHO/WHO provided information to partners on the minimum services package for Haiti, the national health strategy, and technical guidelines on specific health topics.

Since May, St. Michel Hospital has been repaired by MSF Spain with the construction of two semi-permanent buildings that house the pediatric and internal medicine units. MSF has also been providing pediatric care, internal medicine, emergency department services and surgery. Save the Children is maintaining an outpatient ward and International Medical Corp is providing psychiatric services. Rehabilitation services are running under tents and sections of the building that were damaged beyond repair have been demolished by MINUSTAH to accelerate rebuilding.

More recently, the health cluster has been coordinating with the Civil Protection Department (DPC) and the DSSE to plan for future emergencies. In late September, the Health Cluster participated in a simulation exercise. Mapping of health sector capacity was undertaken and emergency kits have been prepositioned in nine of the ten South-East communes. Distribution of 83,000 mosquito nets provided to the department is ongoing and partners are working to ensure malaria areas are adequately covered.

*In the coming months PAHO/WHO will maintain its field presence in Jacmel with an international staff member focusing on early recovery.*



*St. Michel Hospital in Jacmel suffered heavy damage during the earthquake. Some portions were demolished and new wings have been erected.*

To ensure continuity and improvement of health care in the department, the Health Cluster organized several meetings which outlined a referral system for health services. In August, a workshop finalized this plan which is now being implemented with a focus on patient transfer from mobile clinics to fixed facilities. The system includes a referral plan for victims of sexual violence.

In the coming months PAHO/WHO will maintain its field presence in Jacmel with an international staff member focusing on early recovery. A major challenge will be the decreased presence of NGOs and the resulting gaps in coverage associated with their withdrawal. This problem extends beyond Jacmel and the cluster will be working with national health partners to devise long term solutions. In addition to site visits, updating of the 4Ws, and cluster coordination meetings, the Jacmel Cluster will work to fill gaps in coverage for reproductive health and orthopedic care. It is anticipated that the Cluster in Jacmel will remain operational through early 2011.

## Leogane

The PAHO/WHO led sub-cluster covers three communes: Grand Goave, Petit Goave, and Gressier. These areas were the closest to the earthquake epicenter. The town of Leogane has roughly 52,000 families in camps and an estimated 70% of houses were destroyed. The earthquake damaged all health structures in Leogane, including Hospital St. Croix, Hospital Materno-Infantil, and Hospital Cardinal Leger. Although the number of NGOs active in this area is decreasing, major institutions like MSF-Switzerland, Save the Children, Merlin, and The Johanniter remain active. MSF-Switzerland is running the only functional hospital in Leogane.

The main health threats in this area are associated with unhygienic living conditions in the camps. Respiratory infections, skin diseases, and diarrhea, as well as psychosocial problems caused by trauma are the most commonly cited causes for consultation. Environmental hygiene inspections in camps are regularly undertaken by PAHO/WHO, and a concerted effort has been made to provide water purification tablets.

Currently, the cluster provides health leadership among NGOs and is building capacity in preparedness for future emergencies. Bi-weekly meetings are led by PAHO/WHO which ensures gaps are filled and health interventions are properly coordinated. A final issue contributing to health problems has been frequent road accidents, and PAHO/WHO has been working with MSPP to address this through the proposed installation of speed bumps. The Cluster in Leogane will remain active through early 2011.



*PAHO provides essential medicines to health partners.*

## ***Port-de-Paix, Cap-Haitian and Haiti-Dominican Republic Border***

To meet the growing health needs of people in the northern part of Haiti, PAHO/WHO began field operations in Cap-Haitian and Port-de-Paix. The major health problems in this region are related to malaria, water and sanitation, provision of clean drinking water, and insufficient health care services. In addition, there have been challenges related to cost recovery in health facilities due to extreme poverty.

In early September, the PAHO/WHO field presence undertook a census of health actors to identify programs, needs, and gaps in coverage. In the months ahead, the field office presence will work with partnering agencies to strengthen the health system.

The Haiti-Dominican border has been active since just after the earthquake. PAHO/WHO initially sent a team to Jimani, a town in the Dominican Republic along the border area, to help the affected population who fled Port-au-Prince and surrounding areas. A field office was established that acted as a logistical hub and also supported local health facilities, which received over 3,000 patients in the first few days. After the earthquake, a medical officer from PAHO/WHO supported triage efforts in hospitals, and Dominican medical brigades were sent to Jimani to help refer patients to hospitals in Santo Domingo.

In recent months, PAHO/WHO has been active in establishing the public health services network in the Dominican Republic border provinces. The expected results are a more robust public health response, capacity building for providers addressing nutrition, and strengthening of water and sanitation infrastructure.

Increased access to health care is the foundation of the PAHO/WHO border project. A number of trainings are ongoing to improve the services among community health workers. In terms of mental health, training is set to begin on healthy child rearing with information being provided in Spanish and Creole. Anti-rabies vaccination activities are being organized, which include immunization collars, printed education materials, and immunization cards. The Extended Program on Immunization (EPI) is working to eliminate measles, rubella and polio and successfully completed a catching up exercise for the majority of provinces along the border. A social communications specialist has also been hired to assist with immunization programs.

Through PAHO/WHO, nine national facilitators received training in the organization of hospital food and nutrition services. Various kitchen and anthropometric equipment has been purchased and distributed. For water and sanitation, biosafety conditions in selected hospi-



tals are being improved in order to strengthen infection prevention. Improvement of water provision—with an objective to have 24 hour supply—is being addressed through purchase of water tanks, pumps, and tubing. Chlorination, surveillance, sewage treatment, and waste segregation are also essential components of the project. The border area activity is expected to run through early 2011.