# Haiti before the earthquake

#### **Background**

Haiti became the world's first black-led republic and the first independent Caribbean state when it obtained its independence from France in the early 19th century. However, decades of poverty, environmental degradation, violence, instability and dictatorship have left the country as the poorest nation in the Americas.

A mostly mountainous country with a tropical climate, Haiti's location, history and culture once made it a potential tourist hot spot, but instability and violence, especially since the 1980s, have severely dented that prospect.

From the mid 2000s, the international community, following years of political crisis, reestablisheds its cooperation. Soon after, the United Nations established the MINUSTAH, the UN peacekeeping operation, with a mandate to support security, stability, governance and promote democratic elections.

Haiti is considered as a fragile state and the 2010 earthquake further weakened the Haitian institutions, increasing risks of social unrest.

#### Vulnerability to natural hazards

Climate change, deforestation, topography, poverty and lack of public structures make Haiti especially vulnerable to natural hazards (tropical cyclones, flooding, and mudslides).

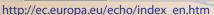
From 2001 to 2007, tropical cyclones and floods left more than 18,000 dead and 132,000 persons homeless and approximately 6.4 million people were affected (the total population of Haiti is 10 million). During the 2008 Atlantic hurricane season alone Haiti was devastated by Tropical Storm Fay, and Hurricanes Gustav, Hanna and Ike, all of which hit the country within a month. Eight out of ten departments were severely affected and approximately 800,000 people required assistance. Additionally, thousands of dwellings, livelihood assets such crops and livestock and infrastructure were badly damaged.

It is estimated that 2-3 million Haitians were already food-insecure, with 22% of the population suffering from chronic malnutrition, and 9.1% from acute malnutrition.

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CORE	DEMOGRAPHIC	Haiti	The Americas	SOCIOECONOMIC		Haiti	The Americas
<b>S</b> COUNTRY	Total population (millions)	10		Proportion of pop be	elow intern. pov. line (%)	65	34
	Crude birth rate (1000 population)	27.3	16.7	Pop with access to d	rinkin water sources (%)	58	94
DATA	Annual pop grow (%)	1.6	1.6	Pop with access to sa	anitation facilities (%)	19	87
( ) DAIA	Urban population (%)	48.2	80.1	Annual GDP growth	rate (2006-2007)	1.4	3.1
Source: - PAHO. Health situation in the americas. Basic Indicators, 2009 UNDP. Human Development Report 2009 *EMUS 2004/2006, Haiti.				Higesth 20% - Lowes	t 20% income ratio	25	13.6
	MORTALITY	Haiti	The Americas	M	ORBIDITY*	Haiti	The Americas
	Infant mortality rate (< 1 year)	57	14.8	Prevalence of under	weigh children under 5 (%)	22.2	7
	Children mortality rate (< 5 years)	76	19	Proportion of one year old children immunized against measles (%)		57.7	93
	Maternal mortality rate (2006)	630	63.7			26.1	86
	, , ,			Proportion of birth at personnel (%)	ttended by skilled health		

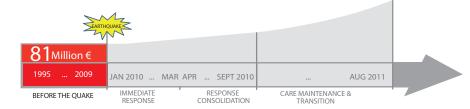


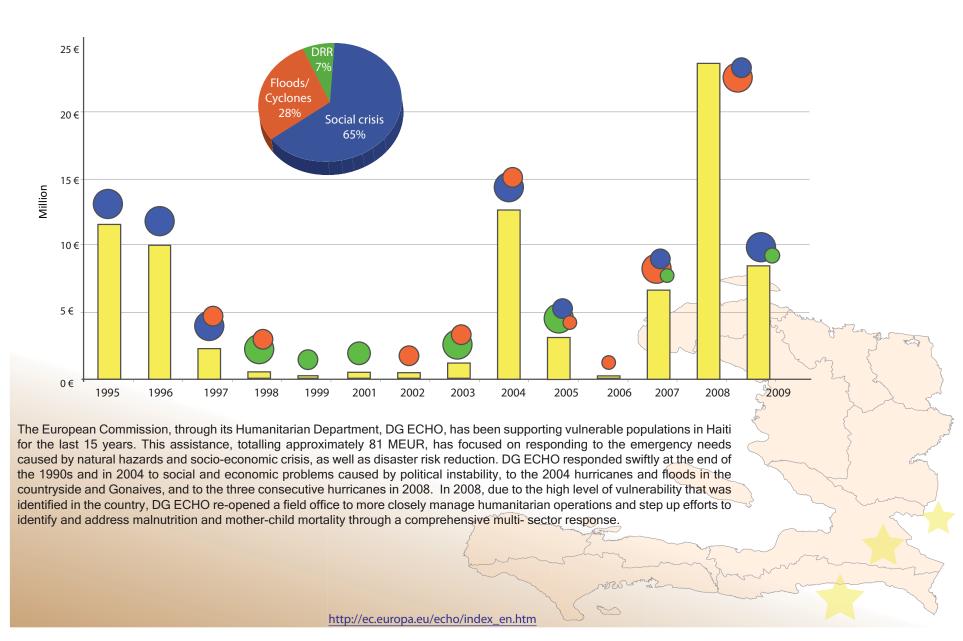




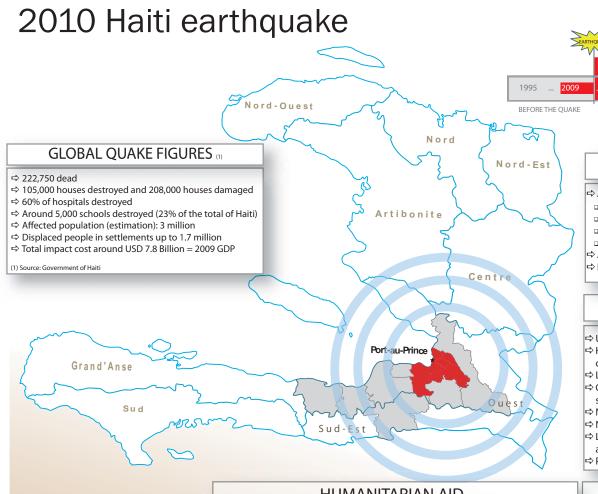
# Haiti before the earthquake

Humanitarian assistance in Haiti: 81 million €, 1995 - 2009









# **ACHIEVEMENTS**

90 Million €

CARE MAINTENANCE &

AUG 2011

120 Million €

Earthquake Response

- ⇒ Adequate coverage of basic needs rapidly ensured including:
- Access to life-saving health services

30<sub>Million</sub> €

**IMMEDIATE** 

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RESPONSE CONSOLIDATION

- Emergency Shelter distribution in camps and host families
- Water distribution and access to sanitation facilities
- General food distribution and blanket preventive supplementary feeding
- ⇒ Avoidance of malnutrition increase, epidemics outbreaks and potential civil unrest
- Reduction of vulnerability in camps

# **CONSTRAINTS**

- ⇒ Unprecedented size and complexity of a crisis in an urban context (capital city)
- ⇒ High toll of the earthquake on national authorities and humanitarian actors
- □ Lack of accurate information on needs and ongoing response
- Complexity of population movements and fluctuation: camps/spontaneous sites/ sheltered population/migration at national level
- ⇒ Needs on Emergency Shelter exceeding global humanitarian stocks
- ⇒ National health system overwhelmed
- ⇒ Lack of logistic means (transportation, warehousing and communication) and access (rubble removal and roads)
- ⇒ Perception of security issues

# **HUMANITARIAN AID**

- ⇒ Amount: EUR 30 million (EUR 3 million immediate assistance + EUR 19 million emergency assistance + EUR 8 million refocussed from pre-earthquake funding)
- ⇒ Beneficiaries: 2,830,000
- ⇒ Geographical areas of intervention: Port au Prince; Gressier/Leogane/Jacmel Triangle: National (Coordination & Logistics)
- Sectors of intervention: Shelter, Camp Management, Non Food Items, Water, Sanitation and Hygiene, Health & Orthopedics, Nutrition, Food Assistance, Coordination and Logistics/Telecommunications, Protection, Disaster Risk Reduction
- ⇒ Partners:
  - UN: OCHA, UNOPS, PAHO, WFP
  - Red Cross National Societies: Spanish, German, French, Finnish, Austrian
- INGO: OXFAM GB, MdM, TSF, ACF, ACTED, AMI, CARE, CONCERN, HANDICAP BEL, HANDICAP FR, JOHANNITER, MALTESER, MapAction, PLAN, RedR, SOLIDARITÉS, Welt Hunger Hilfe

## **CIVIL PROTECTION**

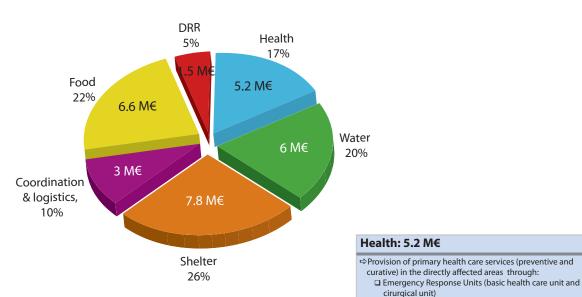
- ⇒ 25 European countries involved in the relief effort and channeling assistance through the EU Civil Protection Mechanism (MIC).
- ⇒ 3 EU Civil Protection Teams were deployed on site to coordinate European assistance, carry out needs assessments and support the international relief effort in close cooperation with the UN.
- ⇒ The Civil Protection assistance included 12 urban search and rescue teams, 7 assessment teams, 38 medical teams and supplies, 2 field hospitals, shelter, 6 water sanitation units, 2,334 tents for approximately 20,000 persons and 1 Base-camp with a capacity of 300 people.
- ⇒ In addition to coordinating Member States' assistance, the EC directly deployed a water purification unit and 5 advanced medical posts with surgery.
- ⇒ EU co-financing for transport of assistance requested or approved so far reaches a total amount of EUR 4.5 million.



**DG ECHO** 

# 2010 Haiti earthquake Immediate response





Disaster Risk Reduction: 1.5 M€

☐ Community based disaster preparedness (DIPECHO)

⇒ Reduction of vulnerability through:

☐ Advocacy for building back better

☐ Hurricane preparedness

☐ Mitigation works in camps

#### Shelter: 7.8 M€

- ⇒Emergency Shelter:
- ☐ Distribution of tents, plastic sheeting and building materials
- ☐ Distribution of Non Food Relief Items: jerry cans, blankets, kitchen sets, mosquito nets, etc.
- ⇒Camp Management and Protection:
- ☐ Site identification, site planning and reorganization
- Coordination and data collection in camps and sites (including security)

#### Food: 6.6 M€

- ⇒ Food
- ☐ Provision of Ready to Eat Meals (January 2010)
- ☐ Contribution to the global response targeting 4.5 million monthly food rations (February and March 2010)
- ☐ Food and/or Cash For Work activities (April 2010 onwards)
- ⇒ Nutrition
- ☐ Treatment and prevention of acute malnutrition in settlements (Ready to Use Therapeutic Food)
- ☐ Blanket supplementary feeding for under-5s

Coordination & logistic: 3 M€

- ☐ Vouchers for access to fresh food available in markets
- ☐ Breast feeding promotion

### Water, sanitation & hygiene: 6 M€

☐ Support to existing health facilities

☐ Psychosocial support and "baby tents"

authorities and humanitarian actors

Support to Health Cluster coordination

☐ Support to orthopedics, prosthetics and physiotherapy

⇒ Provision of essential medicines and medical supplies to national

- ⇒ Water
- ☐ Distribution of safe water
- ☐ Chlorination of water

☐ Mobile clinics

- ☐ Distribution of buckets
- ⇒Sanitation & Hygiene:
- ▶ □ Provision of emergency latrines
- ☐ Provision of de-sludging trucks
- ☐ Distribution of hygiene kits
- ☐ Hygiene promotion and training of promoters

#### Coordination

- Coordinatio
  - ☐ Support to general humanitarian coordination including data collection, needs assessment, coordination of response and mapping.
  - ☐ Security coordination and training
- ⇒Logistics:
- □ Provision of joint logistical services for all humanitarian actors: air, sea and land transport and warehouse facilities.
- ☐ Import facilitation
- ☐ Facilitation of communication between human<mark>itarian</mark> actors and military actors
- ☐ Provision and establishment of telecommunications for humanitarian actors
- ☐ Provision of free telecommunication services for affected population



http://ec.europa.eu/echo/index\_en.htm

# Beyond the immediate response

# What are we doing?

Amount: 90 million €
Beneficiaries: 4 million

Areas of Port-au-Prince; Gressier/Leogane/Jacmel Triangle; intervention: Provinces hosting displaced population; National.

Sectors of Shelter, Camp Management, Non Food Items, Water Sanitation and Intervention: Hygiene, Health, Nutrition, Food Assistance, Coordination and Logistics,

Protection, Disaster Risk Reduction.

Constraints/ pending:

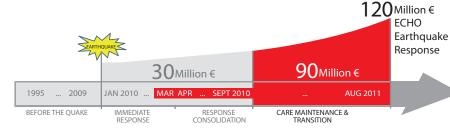
⇒ Delays in Temporary Shelter solutions (land ownership issues, rubble removal in individual plots, lack of suitable public land for organized new temporary settlements)

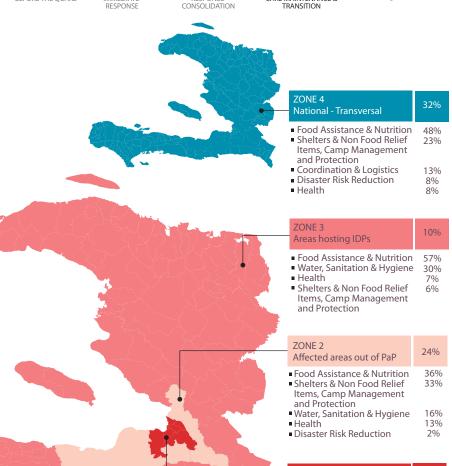
⇒ Lack of urban development strategy (mainly Port-au-Prince)

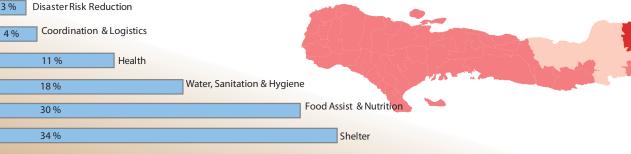
⇒ Waste management

⇒ Hurricane season and emergency preparedness

- ⇒ Complexity of the transition between acute emergency and reconstruction/development
- Political and security context requiring presence of UN stabilization mission







90 million € Funds committed

http://ec.europa.eu/echo/index\_en.htm





■ Shelters, Non Food Relief

and Protection

Food & Nutrition

Items, Camp Management

■ Water, Sanitation & Hygiene

33%

15% 2%

ZONE 1 Port-au-Prince

■ Health

# Beyond the immediate response

What are we doing?





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☐ To date large numbers of people are still living in emergency shelters in spontaneous settlements, however building assessments and population profiling in camps have contributed to stabilize a precarious situation



- Pre-earthquake general food insecurity and high dependency on imports
- ☐ Earthquake temporarily disrupted local markets and imports and destroyed livelihoods assets
- ☐ Emergency food distributions not sustainable and disrupting local markets
- ⇒ Nutrition:
- Emergency response avoided an increase in acute malnutrition, remaining below alert threshold
- □ Chronic malnutrition remains a concern

- □ Before the earthquake access to water supply was highly limited with insufficient quantity and quality and deficient water networks.
- ☐ Since January a large amount of water has been distributed.

Temporary Shelter and/or definitive housing solutions through:

- □ Social mobilization to promote return to non-affected houses.
- □ Retrofitting to repair slightly damaged houses
- □ Installation of temporary shelters on original plots, after having solved legal issues, ownership, renting agreements, rubble removal; to be done in an integrated neighborhood approach with provision of basic and community services (water, sanitation, livelihood)
- □ Provision of Transitional Shelter for new organized settlements

- ⇒ Food Assistance:
- Unprecedented cash for work program oriented to rubble removal, risk reduction and protection of livelihoods at national level and with community focus
- □ Support agricultural recovery (seeds and tools)
- □ Reconstitution of livelihoods assets in affected areas (urban and rural)
- ⇒ Nutrition:
- □ Nutritional program for children under-5, pregnant women and breast feeding mothers

- ⇒Water:
- □ Support to the coordination of the distribution
- □ Potable water trucking distribution
- ☐ Support to the coordination of alternative solutions to water trucking: water network repairs, boreholes, connections, tank rehabilitation
- ☐ Rehabilitation of springs, water sources, catchment systems
- □ Provision of water and sanitation in rehabilitated schools
- □ Chlorination of water
- □ Distribution of buckets
- ⇒ Sanitation & Hygiene:
- □ Support to the provision of de-sludging services in collaboration with other humanitarian actors and national authorities.
- □ Clean-up campaigns in settlements
- □ Provision of latrines and hygiene promotion

 □ Urban crisis context: Scarce land, swampy or floodable zones, large informal suburbs and slums, inadequacy of existing infrastructure (sewage and drainage, roads, water and electricity network)
 □ Build Back Better requirements (technically and

- socially expensive and time consuming)

  Insufficient rubble removal assets
- Difficulties of operationalizing an urban development strategy

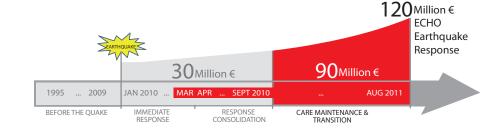
- ⇒ Food Assistance:
- ☐ Continue to support agriculture and reinforce positive 2010 production trends
- □ Avoid disrupting markets that have recovered (food prices stability)
- ☐ Continue to monitor food and nutrition vulnerabilities
- □ Ensure transition from Cash For Work to formal and stable employment
- ⇒ Nutrition:
- □ To promote and strengthen a holistic and multi-sector approach (Health, Water and Food Security) to reduce nutritional vulnerability
- □ Production, management and diffusion of accurate data

- Switching from emergency free water distribution to neighborhood coverage, linking this to development of an accessible and sustainable water system service regulated by the national authorities.
- □ Establishment of a formal waste management system

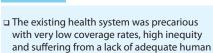


# Beyond the immediate response

What are we doing?



# resources and founds



☐ The earthquake increased the pressure on the health system adding new vulnerable groups



□ Coordination: The presence of a large number of humanitarian organizations in the country underlines the key importance of achieving a coordinated humanitarian response.

□ DG ECHO staff, together with other major donors, has been critical in advocating for strong humanitarian leadership



☐ Frequency of disasters has eroded local and national capacities increasing the population's vulnerability.

□ Institutional capacities were slowly developing in the country, nevertheless the earthquake showed the urgency in strengthening preparedness and response

# Background

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- □ Improvement of access to quality health care as well as mental health and psychosocial support
- □ Support to orthopedics and prosthetics program
- □ Provision of primary health care
- □ Clinic rehabilitation
- □ Mobile clinics
- □ Training

- ⇒ Coordination is being also supported through ECHO's partners,
- □ Harmonization of coordination mechanisms
- □ Implementation of the Humanitarian Reform
- □ Inter-agency collaboration
- □ Facilitating communication between humanitarian actors and military actors
- □ Collection, processing and dissemination of data
- □ Production of situation reports
- ⇒Logistics: common logistics services have been provided to humanitarian actors (warehouse, trucks, boats)

- □ Capacity building and reinforcement of the Haitian Red Cross and the Haitian Civil Protection System
- □ Community awareness and preparedness
- □ Advocacy for including risk reduction into the humanitarian, rehabilitation and reconstruction phases

#### □ Ensuring that access to basic health care is provided by the state system rather than by NGO mobile clinics system

- □ Mapping new health capacities in the country and elaborating an appropriate exit strategy
- □ Bringing health care to new settlements
- □ Private versus public health system
- □ National capacities still insufficient (means, infrastructure, weak information system, human
- ☐ Inclusion of orthopedic care and physioterapy into the national health structure

- ☐ The very different level of expertise and profile of actors as well as the high turnover of staff and inadequate language skills challenges the quality, effectiveness and efficiency of the response
- ☐ The location of coordination platforms in military bases reduces access by local authorities and civil society
- ☐ The emergency logistical system put in place is no longer valid for the reconstruction process; there is a need to improve the imports and customs system
- □ 2010 hurricane season
- □ Integration of risk reduction into multi-sector plans and making Build Back Better a real priority
- ☐ Absorption and technical capacities of stakeholders in the country
- □ Coordination of multitude of projects and programs



# In the aftermath of the quake

# Envisaged DG ECHO strategy onwards

# Post earthquake multi-sectorial assistance

- Continued support to earthquake affected population
- ⇒ Integrated neighborhood based approach

# **Health & Nutrition**

- To promote and strengthen a holistic and multi-sector approach in reproductive health and to reduce nutritional vulnerability
- Production, formatting and diffusion of accurate data

# DG ECHO investing further into consolidated exit strategy

- □ Linking Relief, Rehabilitation and Development (LRRD) processes.
- Response to new events

- Disaster Risk Reduction (DRR)
  - ⇒ Consolidation and integration in DG ECHO's interventions
  - ⇒ Strengthening a common DRR approach accross European Union instruments

# Reconstruction

€ 460 million

# The **European Commission** has pledged € 460 million

for Haiti's' reconstruction (New York conference 31.03.2010).

early non-humanitarian package focused on restoring government capacity (including €20 million from the Instrument for Stability)

**200 million** be reprogrammed from the Development Cooperation Programme

100 million increase to the Development Cooperation Programme

60 million for unforseen needs to be made available

