

# Haiti Earthquake

## Key Findings from the Multi-Cluster Rapid Initial Situational Assessment for Haiti

Conducted in the period 23 January to 6 February 2010



**OCHA**

**United Nations Office for the  
Coordination of Humanitarian Affairs**

## FOREWORD

On 12 January 2010, an earthquake measuring 7.0 magnitude on the Richter scale struck Haiti, in the West Province (or Province Ouest), 17 km south-west of the capital, Port au-Prince. The nearby cities of Carrefour, Leogane and Jacmel as well as other areas to the west and south of Port-au-Prince were also affected. The most recent government estimates place the death toll figure at some 217,300 dead. Up to three million people have been affected through the loss of homes, destruction of livelihoods, disruption of economic activities and social conditions, including about two million people in need of immediate humanitarian assistance.

An extensive international operation is now under way in Haiti, with up to 500 agencies supporting the Haitian Government to provide humanitarian relief. Many organisations and institutions (governmental, national and international), which would normally have responded to the needs, were heavily affected through the loss of personnel and equipment, including difficulty in accessing baseline and census data in the first weeks of the disaster.

On behalf of the Humanitarian Coordinator, the Office for the Coordination of Humanitarian Affairs (OCHA) facilitated a rapid multi-cluster needs assessment from 23 January to 6 February 2010 in 10 communes of the capital Port-au-Prince, and in 44 quadrants selected in the rest of Haiti (a total of 217 sites in 54 *sectiones communales*, including 120 assessment sites in the worst earthquake affected areas and 97 assessment sites outside of the affected areas).

Upon the completion of the assessment, two levels of data processing occurred. One was conducted by the Center for Disease Control and Prevention (CDC) focusing on ascertaining the reliability of the data, while the second is an interpretation of the findings from the Assessment Team with input from the operational Clusters on the ground. This report provides a situational humanitarian overview of the first weeks of the disaster, as well as baseline information. It is presented in three separate components:

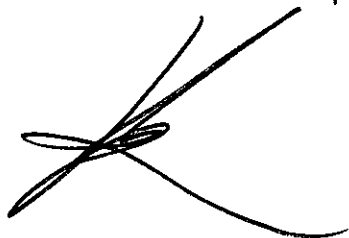
The first component is a brief overview of findings compiled by OCHA based on analysis of the CDC and Assessment Team reports.

The second component, compiled by CDC, describes the methodology used in more detail and elaborates on which data are most reliable and useful for programmatic decision-making. (This report is currently in English – a French translation is forthcoming).

The third component, compiled by the assessment team led by ACAPS (Assessment Capacities) with inputs from operational clusters on the ground, is entitled the Rapid Initial Needs Assessment for Haiti (RINAH) and provides a quick situational interpretation.

A significant achievement was the collaborative manner in which multiple stakeholders worked together to collect, analysis and develop a common picture upon which response plans could be based. A continuation of the collaboration within the humanitarian community that has marked this inter-cluster assessment will be essential to address these immediate needs.

In conclusion, the analysis will help actors to identify the needs, facilitate the formulation of comprehensive relief and early recovery actions, and establish the basis for future monitoring of our humanitarian efforts for the people of Haiti.

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**Kim Bolduc**  
**Deputy Special-Representative of the Secretary-General**  
**United Nations Resident/ Humanitarian Coordinator**  
**MINUSTAH**

## **ACKNOWLEDGMENTS**

The humanitarian community in Haiti wishes to express its sincere appreciation to the many women and men who made this assessment possible. Notably, the staff from the Government of Haiti, non-governmental organizations, the Red Cross/ Red Crescent Movements, and the United Nations funds, programmes, and agencies who conducted the data collection with remarkable speed and competence. Their dedication to their work under demanding and extreme circumstances has made this effort possible.

We particularly give our heart-felt thanks to all the people in the affected communities for participating in the surveys that form the basis of this report. This report would not have been possible without their contributions.

We also gratefully acknowledge the financial support that has been given to enable this rapid assessment exercise.

## **KEY FINDINGS**

The following is a summary of key conclusions on the humanitarian situation in Haiti drawn from the findings of the CDC and RINAH reports based on an initial rapid multi-cluster assessment which took place between 23 January to 6 February 2010.

### **General Situation**

**The general situation shows two distinct geographic areas, directly and indirectly affected by the earthquake.** The greater Port-au-Prince (PaP) area (including the seriously affected communes of Port-au-Prince, Carrefour, Petionville, Delmas, Tabarre, Cite Soleil, Croix des Bouquets, Gressier, and Leogane) suffered from the highest levels of destruction and loss of life. The other provinces of Haiti, while less directly affected, have seen an inflow of over 400,000 people (according to the Government of Haiti) from the greater PaP area, and an exacerbation of existing deficits in access to basic food, water and health services. **Humanitarian assistance must be more carefully balanced between these areas.**

**Humanitarian assistance must carefully address the needs of the main vulnerable populations throughout Haiti, with specific emphasis on the elderly population,** but also on children, female headed households and the handicapped. Also of note is that a large proportion of sites (27% to 49%) reported the presence of unaccompanied children. The needs of each of these categories of people should be looked at carefully so that measures can be taken to ensure that their needs are taken into account in sectoral responses.

### **Shelter and Non Food Items**

The level of privacy, protection from climatic conditions, and personal security remains a concern in both temporary family and collective shelters (churches, schools, etc). Inside PaP, the majority of sites (80%) reported that temporary shelters provided very poor or no protection from the elements. Inside PaP, the majority of sites (52%) also reported that temporary shelters provided poor privacy. The provision of appropriate shelter prior to the rain and hurricane seasons (April to October 2010) presents one of the greatest challenges to the humanitarian community.

**There is a consistent need for non food items throughout Haiti.** The main needs as expressed by populations were for reconstruction material, water purification systems and mosquito nets. The need for clothes, blankets, kitchen sets, jerry cans and tarps remains considerable, however. More than half of the sites reported that less than one quarter of the households had sufficient clothing (56% in PaP, 54% outside PaP) and bedding (59% in PaP and 54% outside PaP). The need for fuel - notably wood, coal and gas – was identified, particularly in PaP, where 53% of sites noted that the fuel amount was insufficient for cooking. Humanitarian actors should step up efforts to ensure immediate distribution and facilitate the use of alternative fuel sources, which are more environmentally friendly and safe. The need for water purification products and jerry cans was also noted in both urban and rural areas. There was generally low access to chlorination tablets, with sites in and outside PaP (69% and 76% respectively) reporting less than one quarter of households having enough aquatabs/ chlorex.

### **Water, Sanitation and Hygiene**

**Priorities expressed by populations in both rural and urban areas were for safe drinking water, hygiene and sanitation.** All efforts must be made to reach the SPHERE standards for water and sanitation, while at the same time restoring, reinforcing and controlling existing water and sanitation systems.

**At the time of the survey, there was a serious deficit in clean drinking water.** The most commonly reported water sources were unprotected springs (27% in camps and 52% in non-camps) and unprotected surface water (river, lakes). A serious effort must be made in order to reduce the time of water collection by increasing water points, restoring water kiosques (water sales in the street), and improving coverage. Access to water was considered difficult, with 37% of sites in PaP and 46% of sites outside PaP reporting that it took more than 30 minutes to collect the total daily water supply for the household. Efforts to provide safe drinking water must be further pursued, and coverage must be increased.

**Large hygiene programs were needed,** whether in the form of hygiene kit distribution and/or in hygiene promotion. This should address all segments of the population. Access to soap was limited, with 60% to 63% of sites, inside and outside PaP, reporting that less than a quarter of households possess soap. Displaced populations should be provided with soap and hygiene kits through periodic distributions.

**Sanitation in urban areas was an absolute priority** and required an appropriate response. Within PaP, 46% of sites reported a substantial presence of feces near shelters and 34% reported substantial feces near a water sources. Outside of PaP, 53% of sites reported feces present near shelters. In light of this, an operational priority remains the improvement of latrine coverage, the creation of hand washing facilities in proximity of latrines, and public campaigns to sensitize communities on the importance of using latrines. There also needs to be an increase in the capacity available to empty and clean latrines.

**Gender and protection concerns, linked to water and sanitation must be resolved,** including adequate lighting and the separation of latrines and showers for men and women. Only 3% of IDP camp sites and 6% of non-camp sites reported adequate lighting of latrines.

### **Food Distribution.**

**Food assistance was an immediate priority.** At the time of the survey, some 87% of sites in PaP and 92% of sites outside PaP reported a reduction in the number of meals consumed per person per day. There has been an increase in food prices, as well as disruptions in food availability and stocks – the majority of sites within and outside of PaP (86% and 91% respectively) reported price increases as a major problem. Markets have been disrupted, as the food production chain has been interrupted, and price increases have reduced the capacity to maintain household stocks. Conditions have improved significantly since the assessment was conducted, given the provision of food rations to an estimated 3.8 million people. All efforts must be made to better balance out the provision of food assistance in areas directly and indirectly affected by the earthquake.

**Food distributions must also be better adapted and targeted to the needs of vulnerable people, including the elderly and children. There needs to be an improvement in the nutrition of children,** including through the protection and promotion of breast feeding and the distribution of nutritional supplements. In PaP, 2% of sites reported having access to supplementary feeding programs. Programs which distribute nutritional supplements to children under 5, to pregnant women and to women who breast feed, must be increased, for greater coverage.

**Services to respond to severe malnutrition need to be strengthened.** This includes programs to identify severe cases, and the provision of nutritional supplements. Programs to distribute micronutrient supplements (vitamin A, iron) should also be reinforced. In PaP, 4% of the sites reported having a micronutrient supplementation program. There is a need to

commence a nutritional evaluation and detection of malnutrition cases in order to identify the needs of vulnerable groups, in particular children, the elderly, and handicapped people.

## **Health**

**There has been a noted increase in illnesses.** 31% of sites in PaP and 38% of sites outside PaP reported an unusual increase in illness after the crisis. The most frequently reported outbreak conditions in PaP were flu (36%), diarrhea (28%) and malaria (8%). This concern is further compounded by the fact that access to mosquito nets was low inside and outside PaP (83% and 77% of sites, respectively, reported that less than one quarter of the households possess mosquito nets). Health remains a concern, and a constant surveillance of the situation is required in order to identify and treat any epidemic alerts.

**It is necessary to increase access to health services throughout the country and most particularly outside of the wider PaP area.** Physical access to health facilities outside PaP seems to be poor (53% of sites outside PaP reported that access was very difficult, compared with 18% within PaP). Most sites in and outside PaP reported complete or partial disruption of existing TB, HIV or malaria control programs.

## **Cross Cutting Issues to be incorporated in programmes**

**Gender:** Programs must identify the different needs of men and women, as well as the specific threats to their human rights, in all sectors of intervention, and to integrate this in a single strategy. Service providers in all sectors must take measures to prevent and respond to gender based violence.

**Protection measures** must be put in place in areas reporting cases of gender-based violence and child-trafficking. Reference mechanisms should be clarified for medical, psychological, and security personnel so that they can refer cases of violence appropriately. Systems of lighting need to be put in place as quickly as possible in the displaced camps, around latrines and showers. There needs to be an increase in the security of the camps, through the increase in police forces and the establishment of community networks. Immediate interventions to decongest overpopulated locations (in consultation with residents of these areas, and local authorities) are needed to improve security, especially in the displaced camps in urban areas.

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