



## A Progress Report



*As CARE's earthquake response program makes the transition away from emergency relief to a longer-term approach, our focus is on facilitating the return of displaced people from camps to more permanent communities – such as the neighborhood of Modsol, Léogâne.*

## Haiti Earthquake Emergency Response

**January 2010 – December 2011**

### Background

The story of Haiti's devastating January 2010 earthquake is far from over. As steady progress toward recovery continues, much of the emergency response is now transitioning to longer-term recovery. With the confirmation of a new Prime Minister in October 2011, it is hoped that one of the most significant challenges to recovery – the lack of a fully functional government – will also improve.

The task of rebuilding has been slowed by the fact that, before the quake, Haiti's economy and public services were overwhelmingly centered in the overcrowded capital city of Port-au-Prince. The new government is pursuing an urgently-needed agenda of decentralization but it will require long-term investment in economic opportunities in rural areas.

An evolving strategy for the decongestion of camps for displaced people recognizes that many of those who remain in the camps are among the most vulnerable and have the fewest options for finding permanent housing. Efforts are underway by CARE and other aid agencies to shift the provision of services to neighborhoods in order to minimize the incentive to remain in the camps. As of the end of September 2011 an estimated 550,560 Haitians were still living in camps. This is still a huge number but represents a decrease of about two-thirds from the peak of about 1.5 million people immediately after the quake.<sup>1</sup>

Other ongoing challenges to Haitians' pursuit of a stable future include a high rate of sexual and gender-based violence and the country's extremely weak educational infrastructure. Even before the earthquake, more than 500,000 children between the ages of 6 and 12 did not attend school. A large percentage of families relied on private schools of inconsistent quality.

The country is still grappling with the impact of a large-scale cholera outbreak, which struck in October 2010. According to the latest figures released by the Ministry of Health on November 30, 2011, there have been 516,699 cholera cases and 6,942 deaths reported. While the crisis has stabilized thanks to the response of government and humanitarian agencies, Haitians now face the threat of endemic cholera, particularly during rainy seasons and in places with inadequate water and sanitation and poor public awareness of good hygiene practices.

Over the past two years since the earthquake, CARE has implemented a large-scale immediate and longer-term response thanks to many generous donors. Affected people have benefited from CARE's work in shelter, safe water and sanitation, psychosocial support, livelihood opportunities and education. On their behalf, we offer our sincere thanks for your generosity.

## CARE's Response

In the immediate aftermath of the earthquake, CARE focused on meeting humanitarian needs. During the initial months we served more than 290,000 people with crucial assistance including tarps, tents, shelter kits, mattresses, blankets, kitchen sets, jerry cans, hygiene kits, safe delivery kits, newborn kits and food. From the earliest days, CARE was developing a strategy for reconstruction and sustainable development. Today, much of our earthquake response programming has shifted to this longer-term focus.

### **Transition to a longer-term response**

CARE's **shelter** team is closely aligning its strategy with the Haitian government's priority of assisting families still living in tent camps to return to their original neighborhoods. We are placing a focus on encouraging sustainable long-term building and improved construction practices. CARE's Neighborhoods of Return Program encourages decongestion in spontaneous camps by improving living conditions in areas of return.

CARE's **economic development** programs aim to reduce dependence on emergency assistance by providing market-oriented livelihood opportunities to earthquake survivors as well as residents of communities hosting displaced people. We are supporting this objective through income-earning opportunities such as cash-for-work programs, supporting government decentralization policy and

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<sup>1</sup> Source: International Organization for Migration (IOM)

reinforcing and rehabilitating economic infrastructure. Community self-help and microfinance institutions, particularly targeting women, are encouraging savings and investment and creating a financial base for local community development.

Our **education** program continues to directly help affected schools close to the earthquake's epicenter and, indirectly, schools overwhelmed by the influx of displaced children. As in our other programming, CARE's approach is evolving to address long-term education quality, including the provision of psychosocial and teacher training, support for community engagement in schools, and capacity building of government bodies.

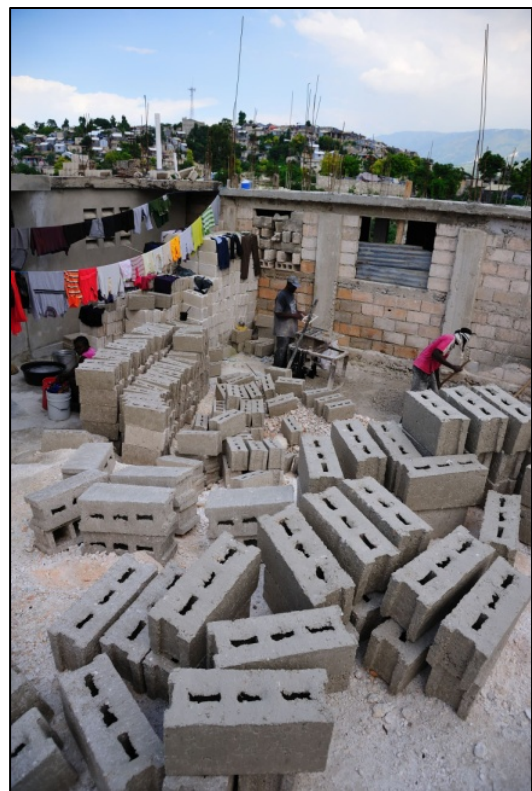
The evolution of CARE's **water, sanitation and hygiene** programs includes helping Haitian authorities assume responsibility for joint operations that provide safe drinking water in cholera-affected communities. Likewise, in keeping with our priority of shifting services out of displaced-persons camps, most programs covering chlorinated water distribution to camps were phased out as of September 2011.

Our immediate and long-term activities in these and other areas over the two years since the earthquake are detailed in the following sections.

## Shelter

The construction of permanent dwellings remains a slow process due to the concentration of Haiti's property in a few hands and the lack of clarity of land titles. We hope the situation will improve with the recent inauguration of the Prime Minister. Nonetheless, CARE has succeeded in providing over 2,500 transitional shelters to more than 13,000 displaced people. The shelters were designed in consultation with residents to provide dignified, secure dwellings that are resistant to the elements, are intended to last for three to five years and provide the option of expansion into a more permanent dwelling. CARE experts have provided more than 300 hands-on training sessions to homeowners in modern, storm- and earthquake-resistant construction techniques.

For people in rural areas, where some households have been overstretched after taking in displaced family members and friends, CARE provided 500 home repairs. For survivors who must, for the time being, remain in makeshift shelters, we have supplied 20,000 emergency reinforcement kits, allowing them to make their temporary structures more weather resistant. The kits contain wooden panels, tarps, iron sheets, nails, metal bars, straps and instructions on making repairs. The materials are designed for reuse when families rebuild outside the camps.



*Proper training in the making of concrete blocks is a vital component of improving the quality and safety of building techniques over the long term.*

*Looking ahead*





*Poor infrastructure, including the lack of proper sidewalks and retaining walls, is an impediment to the return of displaced people to permanent neighborhoods.*

To help foster the return of displaced people to established communities, in late 2011 CARE began surveying the quality of infrastructure in the densely settled Carrefour neighborhood in Port-au-Prince. We aim to create a better living environment by: empowering community-based organizations; legitimizing informal neighborhoods by reinforcing links with public institutions; developing an urban plan for the community; and improving basic living conditions in the entire neighborhood.

CARE aims to support a community of 5,000 households in southwest Carrefour as they improve their housing conditions, infrastructure and income-generating

prospects. Part of our strategy will be to retrofit housing that was designated “yellow” (habitable after repairs) after the quake. A great many of these structures have been reoccupied without adequate repairs. A number of interventions, including a general awareness campaign, homeowner informational events, skilled labor training and mobile construction teams, have been designed to support better building practices.

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

The ongoing threat of cholera highlights the importance of safe water, sanitation and hygiene (WASH) programs. CARE began WASH interventions after the earthquake to support displaced persons, especially those living in spontaneous camps. As residents gradually continue to leave the camps to move into transitional shelters, permanent homes or with host families, the need for services inside the camps has decreased. Consequently, at 51 sites receiving WASH support from CARE at the beginning of 2011, only minimum facilities are remaining in place to address cholera response needs.



*CARE's hygiene promotion team promotes good hygiene behaviors via door-to-door, school and community awareness campaigns.*

CARE recognizes, however, that many people leaving the camps face an even more precarious situation when returning to neighborhoods that lack basic services, including water and sanitation. Thus we continue to focus on transition and recovery actions aimed at helping to create necessary conditions for the displaced to return home.

Highlights of CARE’s emergency WASH activities over the past year include the ongoing delivery of chlorinated water via tankers to 10 vulnerable sites; support of water provision to cholera oral rehydration

points and hand-washing stations in Léogâne; construction of 1,093 emergency latrines; and chlorination of well over 1 million cubic meters of water, reaching more than 500,000 people.

As we transition to longer-term recovery, CARE's WASH team has completed 227 permanent shared family latrines that adjoin CARE-built transitional shelters, with another 23 latrines in the final stage of construction; built or rehabilitated 19 latrines at schools; provided water, sanitation support and public health activities at five schools; begun drilling 19 new wells and rehabilitating five existing wells at school sites, transitional settlements and rural areas; installed a pipeline in Ca Ira and the surrounding Léogâne community, serving water to 4,000 people; and worked to establish school hygiene clubs and hygiene promotion activities.

To ensure sustainability, CARE has collaborated with national and local authorities to establish 15 community water management committees.

### *Looking ahead*

The next phase of our longer-term WASH strategy includes support for a nationwide hygiene education program in schools; the construction of water facilities at the Léogâne Maternal and Infant Medical Center; distribution of 3,000 water kits (jerry cans and buckets) to vulnerable families; piloting of low-cost household water purification systems; continued establishment of community-based water management committees on the operation and maintenance of the water systems; and training of six technicians on water system rehabilitation.

To ensure continued access to safe water supplies after the phase-out of CARE's direct emergency provision of water, we have established a water chlorination forum in communities where CARE is active. The forum includes government water authorities and representatives from water truckers and well owners. To ensure a supply of chlorinated water as long as displaced-persons camps exist, a strategy has been developed to transition from free water delivery to payment by camp residents themselves for water trucking.

## **Food Security, Livelihoods and Economic Development**

CARE promotes economic development in areas directly affected by the quake as well as in parts of rural Haiti where survivors have sought refuge – often with extended family who can scarcely afford to support them. CARE directs some support to communities in northwestern Haiti, including Gros Morne and Bassin-Bleu, that host many displaced urbanites.

CARE's ongoing Urban Horticulture Project is designed to assist about 100 vulnerable women living with HIV/AIDS in Gros Morne with the objective of improving income and nutrition through the production of vegetable gardens. Key activities linked to this project include training in agricultural techniques; the distribution of seeds; and educational sessions on nutrition and family planning.



*Evelyne Dorméus is one of 100 HIV-positive women in Gros Morne who grow fruit and vegetables with the assistance of CARE. Their improved diet helps the effectiveness of HIV treatment, and the women sell some of their produce for income.*

Another initiative was launched for earthquake-displaced populations and host community members in Bassin-Bleu. The project included cash-for-work opportunities for some 2,800 families. Key activities included repairing 135 kilometers (km.) of agricultural feeder roads and 44 km of irrigation canals; soil conservation work to help protect repaired infrastructure; cleaning 69 km of drainage ditches; and planting 20,000 seedlings and cuttings as part of soil conservation efforts. In keeping with CARE's policy of gender equity, 49 percent of cash-for-work participants are women. Several participants reported that they are investing income from the project in small livestock, children's school fees and seeds for the planting season.

The Bassin-Bleu initiative completed operation at the end of August 2011. However, CARE is in discussion with the World Food Program (WFP) about the possibility of continuing food security and livelihoods programming.

### *Looking ahead*

CARE continues our shift in economic development programming from relief-based aid to sustainable, market-oriented approaches that work to develop participants into productive, contributing members of their families, communities and the nation as a whole. As well, CARE will be launching a six-month food voucher program for 12,000 households in the Department of Grande Anse.

Expanding upon our current livelihood program, a new project team has recently launched a Village Savings and Loan Association (VSLA) program, a self-help initiative that organizes women to form their own village bank, through which members save and loan money to members to support local initiatives. Based on CARE's successful experience with VSLA programming – dating back well before the earthquake – we are pioneering additional groups throughout the Grand Anse region and have started forming groups in communities directly affected by the quake or hosting displaced populations, such as Carrefour, Léogâne, Croix des Bouquets and Pernier. CARE is also partnering with local network providers on a telecommunications platform that provides groups a virtual “mobile wallet” to manage their savings.

### **Education/Psychosocial Support**

CARE has supported schools in resuming and improving educational activities – a quick return to normal daily activities is vital to helping children overcome trauma. Among other support, we provided desks and chairs for 79 schools. As Haiti has gradually moved into a post-emergency stage, CARE continues to help 20 schools directly affected by the earthquake in Léogâne and 58 indirectly affected schools – serving displaced children – in the areas of Gonaïves, Gros Morne and Jérémie. Activities include teacher training and the training of adults to provide psychosocial support to children; the creation and support of community structures, such as parents' committees; and capacity building within the government to help ensure a long-term commitment to education.

Although CARE's post-quake psychosocial support project officially ended in July 2011, our education team continues to provide this needed service through a new self-esteem program, which places a particular emphasis on reaching the most vulnerable girls in target communities.

Since January 2010, CARE has distributed nearly 20,000 school kits – containing learning materials, notebooks, pencils, hygiene supplies and a T-shirt, packed in a nylon backpack – to students at 78 target schools. Each of these schools also received supplies such as chalk, rulers, papers and pens. In October 2011, 691 teachers received materials such as dictionaries and notebooks for lesson planning.

To increase the quality of education, CARE staff and community advisors have trained teachers on the use and creation of instructional materials. Before the reopening of schools in October 2011, we provided school directors with training on school administration skills. In total, 565 teachers and directors participated in this training, which emphasizes a student-centered learning approach.

### *Looking ahead*

In the next quarter, CARE intends to support the creation of community-based committees that bring together parents, teachers and children to promote quality education and improve learning outcomes. The committees will be encouraged to identify specific needs relating to improved learning environments, access to education, child protection and equity. They will have access to grants to develop activities such as social events, infrastructure improvements and repairs. Training of teachers and school directors on teaching methodologies and school management will continue. The self-esteem program concentrating on girls is funded until June 2012. Other ongoing activities include interactive conferences and film presentations for students, teachers, school directors and parents, addressing the importance of girls' education and discussing child rights – in particular Haiti's tradition of child domestic servitude.

In the short term, CARE's education strategy focuses on helping the government and schools adjust to the new landscape resulting from Haitian President Michel Martelly's launch of a free education program. The initiative finances school fees, allowing 142,000 children between the ages of 6 and 12 to begin their formal schooling this year. While the program is a welcome development, it is resulting in a swelling number of students per classroom – each of the CARE partner schools, for example, received an additional 250 students, on average. Additionally, approximately 2,300 new teachers are being hired, most of them lacking basic training. We will work to address these new realities within the context of our existing educational programming and, as funding permits, with new activities.

### **Reproductive Health and Gender-based Violence**

Addressing the health risks associated with pregnancy and childbirth is of the utmost importance in Haiti, where the maternal mortality rate was already the worst in the Western Hemisphere even before the quake. Women and girls living under close conditions with strangers in displaced-persons camps are highly vulnerable to sexual violence, which is extremely prevalent in Haiti even under normal conditions.

CARE takes an integrated approach to improving access to and quality of reproductive health services, with a particular focus on the heavily earthquake-affected areas of Léogâne and Carrefour. The project



*CARE has helped schools recover from the earthquake by providing learning materials and training sessions on teaching, school management and psychosocial support.*



works with communities in addressing issues related to health and gender equality, in particular gender-based violence (GBV), as well as aiming to strengthen Haitian institutions to improve case management of rape and other forms of GBV.

We have supported the formation of 20 community committees in the target areas, which are now working closely with CARE to promote reproductive health and raise awareness on GBV. Key messages on subjects such as gender equality, GBV, HIV/AIDS and the importance of breastfeeding newborns are being disseminated through a variety of channels, including the distribution of T-shirts and flyers, radio broadcasts and group discussions with women and youth clubs. CARE is also distributing newborn and safe delivery kits to pregnant women and health centers, and has supplied health centers with reproductive health kits that include contraceptive pills.

CARE-supported committees are working to prevent violence and protect women and young girls in displaced-persons camps, with activities including night surveillance of camps; recording of incidents of rape in the camps; referral of rape victims to police stations and health facilities for medical follow-up; and support of legal processes to bring perpetrators to justice.

Within the past year, some of CARE's activities in sexual and reproductive health have included: antenatal classes for more than 1,500 pregnant women; reproductive health training for 65 traditional birth attendants and 135 community peer educators; the securing of a commitment from the Carrefour police force to allocate female officers to handle rape reports; training to Ministry of Health staff on improved sexual and reproductive health services; the construction of two women's centers and securing of land title to build two more; partnership agreement with HELP Hospital in Léogâne to build a delivery room and support free sexual and reproductive health services at the hospital; sexual and reproductive health training and supplies for more than 53,000 people; and distribution of nearly 270,000 condoms.

### *Looking ahead*

CARE's sexual and reproductive health and GBV prevention activities will continue until mid-February 2012. CARE is seeking funding to cover a number of areas that require ongoing support, including building capacity of community structures and health facilities to continue to provide services on their own. Other needs for this future project include family planning and post-abortion care. Despite being illegal, abortion is relatively common in Haiti. Women who seek the procedure place themselves at serious risk of debilitating complications or even death, with young girls being particularly affected.

As we continue to transition into neighborhoods and away from camps, CARE is establishing women's community centers near camps rather than inside them, which also allows a larger population to be reached. Project activities were adapted to reflect this objective with 10 permanent centers to be built in these areas in place of the 20 temporary camp centers envisioned in the program's initial plan. The critical services provided at these centers will support the return of displaced populations to their home communities.

An ongoing priority is to increase the proportion of hospital versus home births. Many expectant mothers are resistant to the idea of delivering in a hospital, believing that they will receive better care at home. Traditional birth attendants, fearing a loss of income, are another line of resistance. Traditional religious beliefs focus on prayers for a safe delivery, which mothers fear they will not obtain in hospitals. CARE is educating women directly about the benefits of hospital births and working with traditional birth attendants, encouraging them to accompany women to hospitals and providing financial incentives to make up for lost fees.



## **The Cholera Epidemic**

CARE's response to the cholera outbreak, reaching nearly 2 million people between January and November 2011, has been closely integrated with our ongoing earthquake response work. In recent months we have continued our interventions in Port-au-Prince, including in displaced-persons camps, and remained one of the few actors providing services and support in cholera-affected communities in the North-West, Upper Artibonite and Grand Anse areas. Fortunately, predicted hurricanes and the overall cyclone season (June to November) were less serious than feared and did not impose substantial risks to these cholera-prone areas.

### **Conclusion**

Haitians have faced not only the consequences of a natural catastrophe, but a series of stumbling blocks – including a history of weak government, corruption, unenforced building codes and lack of clarity in land ownership – that have slowed the process of rebuilding. The fact that the disaster hit the heart of a densely populated capital that contained the vast majority of the country's government and commercial infrastructure made the impact much worse. And to top it off, a cholera outbreak swept the country less than a year after the quake.

With the help of CARE and other humanitarian organizations, Haitians are making steady progress toward recovery. Some two-thirds of people left homeless by the quake have left displaced-persons camps and returned to more permanent homes. The inauguration of a long-awaited government brings the hope of more effective cooperation and rapid implementation of development policy. Reproductive health services and awareness raising are chipping away at unacceptably high rates of maternal mortality and gender-based violence. And ambitious plans for schools are a beacon for the future of a country where, even before the earthquake, far too few children had access to a quality education.

Seen in the context of how challenging recovery can be from even less deadly disasters in countries with far more resources – the aftermath of Hurricane Katrina in the United States, for example – the pace of Haiti's recovery from this historic tragedy is understandable.

Haitians have gone about the task of overcoming these challenges with courage and fortitude. Their friends from around the world can be proud that they continue to stand by this brave country as it works against daunting odds to build a better future.

### **Human Interest Stories**

*Stories and photos by Mildrède Béliard, CARE Haiti*

#### **Standing up for education: CARE supports the parents of Mellier**

The parents of Léogâne's Mellier community have a long history of banding together to help one another. In the chaos that enveloped Haiti following the departure of the ruling Duvalier family in 1987, a group of parents in Mellier formed the Association of Parents of Mellier (ASPAM), a PTA-like association to make sure their kids' schooling continued without interruption. Soon after, they opened a pre-school and an elementary school so their youngest children didn't have to walk for hours to facilities outside Mellier if they wanted an education.



*Students at the ASPAM school in Léogâne have access to safe water and sanitation, part of CARE's comprehensive support to the school.*

Léogâne was one of the areas hardest hit by Haiti's devastating January 12, 2010 earthquake. Officials estimate the tremor destroyed 80 to 90 percent of Léogâne's buildings. Among the destroyed buildings there were ASPAM's elementary and pre-schools – along with the homes of most the school's children.

Even in the immediate aftermath of the earthquake, when day-to-day survival was itself in doubt for many, parents began work to get their children back in school. For help, ASPAM turned to CARE, which has supported 78 schools since the earthquake, 20 in Léogâne alone.

“CARE was with us from the start,” says Ginette Louis Jean, director of the ASPAM pre-school. “CARE provided us with school kits for teachers, students and educational materials for the class direction.”

The parents soon re-opened the school in a temporary structure. CARE provided classroom supplies such as benches, blackboards and recreation kits. CARE built latrines, hand-washing stations and water purification systems and held regular hygiene promotion sessions. The community pays an attendant to clean the latrines and ensures that the hand wash system is always filled with chlorinated water.

CARE's work with the school goes beyond standard educational curriculum. A CARE-led program in the school teaches children how to make attractive handbags from discarded items like bottle labels and cigarette packs. The kids earn money selling the items at a local market. Though the program includes boys and girls, it was designed in part to teach income-generating skills to at-risk girls, who might otherwise turn to prostitution.

CARE also provided members of the school's community with psychosocial counseling to help them cope with the intense trauma of the earthquake and its aftermath. “The psychosocial sessions have helped us realize that we didn't only need to rebuild our houses, but also our minds,” explains Ginette. After some understandably difficult months, the school's 250 students, 138 girls and 112 boys, are much happier now, she says.

Despite the extreme challenges created by the earthquake, ASPAM believes it's a stronger organization now than it was before the earthquake. With 80 percent of its students passing Haiti's standardized tests, ASPAM acquired land to build a secondary school so its graduates have a place to continue their education as they grow.

“We hope CARE can help us expand the school,” says Lesly Jean-Baptiste, chairman of ASPAM. “But even if it can't, CARE helped us become much stronger. I'm sure we will find a way.”

## Mothers and daughters: CARE's health center helps bring families closer together

When Maude Joseph talks about her 15 year-old daughter, she gets nervous.

"I see her growing up and developing physically and I worry," she says. "When you become a mother at a young age, without any other asset available, you live the rest of your life in misery. No mother would like to see her child living in a similar situation."

Maude is attending a meeting at CARE's reproductive health center in the community of Santo, Léogâne. Officials estimate Haiti's devastating January 12, 2010 destroyed 80 to 90 percent of the buildings in Léogâne. This included not only homes but also the infrastructure of the normal life people rely on: markets, schools, government offices, and health clinics.

The earthquake turned Santo into a tent city of almost 10,000 people. CARE quickly moved in to help, distributing delivery kits and supplies for pregnant mothers and newborn babies, and offering counseling sessions to lower the risk of gender-based violence in this traumatized community. More recently, CARE built the Santo health center, one of two it has constructed so far and one of 10 planned in all. CARE staff and nurses from a nearby hospital offer education on overall sexual health, contraceptive pills and injections, condoms and group informational sessions for men and women on the prevention of gender-based violence.

Maude often brings her daughter to the center because she's determined her daughter will avoid the hard life she has had. At 36, Maude is the mother of eight children. "I have four children with a man I didn't love," Maude says. "He didn't want to use contraception and I didn't know how to protect myself." Maude eventually got married and had four more children with her husband. She and her husband attend CARE-sponsored sessions at the center because they've agreed they do not want to have more children.

"My husband participated in numerous session organized by CARE's staff," Maude says. "He is now aware of the risk I run by multiplying pregnancies and has decided to protect me by using condoms." Maude's daughter attends sessions on teaching her about birth control, prevention of HIV and other sexually transmitted diseases, as well as classes on preventing gender-based violence. Maude says the classes have relaxed tensions between her and her daughter. Her daughter now understands her worries, she says. And she now has the right words for explaining to her daughter how and why to be cautious. Maude expresses gratitude for the center, and she is not alone.

"Even when CARE staff are not here, women from Santo who were trained by CARE are inside sharing their knowledge with their peers," says Willio Sainvilus Latagnac, president of the Santo community association. "The community made this space their own and women have their own area where they can discuss their problems, find solutions together, and regain strength."

January 2012



*A baby is vaccinated at one of CARE's reproductive health centers in Léogâne. CARE has established a partnership with HELP Hospital, which send nurses twice a week, to vaccinate children and pregnant women, provide*