



Nurse-midwife Jewel Maeda (left) reviews laboratory tests with local nursing staff.

On August 14, a devastating 7.2 magnitude earthquake struck southwestern Haiti, causing at least 2,248 deaths and injuring some 12,763 people. According to the UN Office for the Coordination of Humanitarian Affairs (OCHA), more than five weeks following the earthquake, 54% of those affected by the event remain in need of humanitarian assistance. Due to security, communication and transportation barriers, access to many areas in need of relief remains restricted. The Haitian Civil Protection General Directorate is working on strategies and response efforts to overcome these obstacles.

Meanwhile, an estimated 15,000 Haitian migrants—many of whom fled from Haiti as early as 2010 following the earthquake that year¹—have congregated at the US/Mexico border. At least 1,400 migrants have been deported to Haiti, and 3,200 more have been moved to the deportation process, creating an even more complex humanitarian crisis in the aftermath of the earthquake. The deportations not only put migrants at risk upon their return, but also pose a significant risk for the transmission of COVID-19 into Haiti, where transmission rates are currently low in earthquake-affected areas. UNICEF estimates that two of every three Haitian migrants deported to Port-au-Prince are women and children, a population most vulnerable to the myriad security threats existing in the country. With humanitarian relief implemented to address the needs of those affected by the quake, efforts will now need to consider the number of returning Haitians and the health conditions and needs they will present.

The United Nations Population Fund (UNFPA) estimates that 22,000 women in Haiti are due to give birth in the next three months. With more than half of health facilities in the earthquake-affected areas damaged or destroyed, demand for maternal healthcare will exceed the capacity of existing facilities, meaning health organizations and humanitarian actors will need to fill healthcare gaps. In addition to loss of service delivery points, many health personnel have lost their jobs and homes, and are experiencing psychological stress themselves. Humanitarian actors and others involved in the earthquake response are emphasizing health-systems strengthening and the need to transition care to local providers as priority components in relief efforts.

FAST FACTS

- On August 14, a devastating earthquake struck Haiti, leaving more than 650,000 people in need of emergency humanitarian assistance.
- Just 46% of people in need have received humanitarian assistance.
- Constraints related to security, transportation and communication have restricted humanitarian access in areas where relief is needed most.
- As of September 26, International Medical Corps had provided more than 2,100 medical consultations and distributed more than 11,000 liters of potable water to residents and healthcare providers.

¹ <https://www.aljazeera.com/news/2021/9/23/us-envoy-to-haiti-rings-over-inhumane-deportations-of-haitians>

International Medical Corps Response

In late August, at the request of the Haitian government, International Medical Corps deployed its [Emergency Medical Team \(EMT\) Type 1 Fixed medical facility](#) to Haiti to address the urgent health needs of affected populations in Aquin, located in the Sud department of the Tiburon Peninsula. The Fixed EMT Type 1 is a self-sufficient outpatient health facility that is fully equipped to serve a minimum of 100 patients per day. In Haiti, the EMT was deployed in partnership with the Haitian Resource Development Foundation (HRDF), a nonprofit organization with the mission of supporting projects and programs that provide measurable results for at-risk populations and ensure greater economic vitality in Haitian villages.

The facility began offering services on September 2, and as of September 26 had provided 2,120 medical consultations to area residents. Of the consultations provided, 93 were directly related to the earthquake and 246 were indirectly related to the event.

The clinic is currently seeing between 100 and 175 patients per day. The patient population is receiving almost entirely primary care treatment, with some patients seeking basic wound care and medication refills for chronic ailments, and some demonstrating acute mental health needs. Hospital Communautaire de Reference (HCR) d'Aquin, a community hospital located in close proximity to the clinic, has now resumed all services it provided before the earthquake. Some hospital beds are in tents outside of the building, but the diversity of clinical offerings and the capabilities are now equivalent to pre-event capabilities, so the transfer of patients to this locally run facility is now a reasonable option.

The water, sanitation and hygiene (WASH) team continues to promote hygiene to patients, caregivers and bystanders during 30-minute sessions each morning at the entrance of the clinic. Hygiene promotion this week focused on handwashing, the use of the mobile chemical toilets installed at the clinic and how to manage waste. The WASH team recently completed the installation of a 275-gallon tank to provide potable water to the surrounding community. This will ensure that water is available to the community outside the EMT. International Medical Corps' team also has distributed more than 11,370 liters of potable water to healthcare facilities and other local non-governmental organizations in the area providing critical support to residents in Aquin.

International Medical Corps' gender-based violence (GBV) team has recruited a team of national staff and initiated a three-day training session on core concepts and guiding principles of our programming. Local organizations have indicated a need for health services for GBV survivors in Aquin, which will be considered in establishing a referral pathway for these services. International Medical Corps also continues to conduct key informant interviews to assess ongoing GBV needs. Because the Ministry of Women in Haiti is prioritizing access to justice for survivors of GBV, International Medical Corps and UNFPA continue to advocate for greater awareness regarding post-rape care and access to these lifesaving services.

The mental health and psychosocial support services (MHPSS) team also has staffed a national team. A rapid needs assessment conducted by the MHPSS team found significant needs related to basic services and security, community and family support, focused non-specialized support and specialized services. As it prepares to implement services, the team will provide training for the local MHPSS staff and Ministry of Health staff next week, covering such topics as psychological first aid, stress management and the Mental Health Gap Action Programme Humanitarian Intervention Guide (mhGAP HIG), enabling International Medical Corps to provide patients visiting the EMT Type I with a full range of MHPSS services.



WASH Officer Julio Romulus conducts handwashing demonstrations for patients and community members.