

MSF In Haiti: Three Months After the Earthquake of January 12

Introduction:

The earthquake that struck Haiti on January 12 brought even greater uncertainty to a population that was already extremely vulnerable. Doctors Without Borders/Médecins Sans Frontières (MSF) has been working in Haiti since 1991 and was therefore able to react immediately to the earthquake, working out of temporary facilities after its own structures were damaged, performing emergency triage and surgical interventions wherever possible, and bringing in hundreds of tons of supplies on an almost daily basis, including an inflatable hospital, as part of one of the largest responses in the organization's history. All of this was done with the active and tireless participation of Haitian staff members who had themselves suffered great losses in the earthquake.

Now, three months later, MSF is continuing to develop strategies to respond to the evolving realities on the ground and serve both the immediate and the longer-term needs of the Haitian people. As a medical humanitarian organization, MSF has been focused on the health-care situation, which, in this case, has included consideration of current living conditions and their potential health implications. It is important to remember that despite recent improvements in Haiti's health care sector, medical services were limited and inequitably provided even before the January 12 earthquake killed hundreds of thousands of people, injured hundreds of thousands more, and left more than one million homeless. The country had the highest maternal mortality rate in the western hemisphere. Public hospitals lacked staff, drugs, and equipment, and numerous factors impeded access to services. Fees charged in health structures, for instance, rendered even basic care prohibitively expensive for the bulk of the population.

The earthquake worsened the situation, reducing to rubble much of Port-au-Prince's infrastructure, damaging numerous health-care facilities—the Ministry of Health estimated that over 60 percent of the medical structures in the areas most effected by the earthquake were either damaged or destroyed—and forcing large swathes of the population into makeshift camps where food, water, hygiene, and medical care were substandard at best and, at worst, non-existent.

At the start of this year, MSF was operating four health structures in Port-au-Prince, providing, among other things, primary and secondary care, trauma and emergency treatment, and surgical and obstetric services. After the earthquake, as MSF rushed to respond to overwhelming medical needs, that number rose to 26—a number that included hospitals, post-operative care facilities, rehabilitation centers, and general medical centers. Following the consolidation of some facilities and a shift in priorities, MSF now manages 19 health structures along with 3 mobile clinics. MSF also runs 16 operating theaters and has more than 1,200 beds available at its various locations. Overall, since the earthquake, MSF has provided medical care to more than 92,000 patients and performed nearly 5,000 surgeries.

Evolving Needs:

In the days immediately following the earthquake, as people with complex fractures, head injuries, crush injuries, and severe open wounds made their way to MSF facilities, emergency intervention and lifesaving surgeries were the clear priorities. Soon after, the imperative was to widen the scope of services offered and to locate and retrofit new facilities in which to work, be it under tents, inside shipping containers, in school rooms, in a tourism office, in an old bottling factory, even in an inflatable hospital that MSF shipped into Haiti and erected in a field in Port-au-Prince. The needs shifted to post-operative care—meaning MSF dramatically scaled up the provision of medical services it offered before the earthquake—along with psychological care and physiotherapy, the distribution of tents and basic relief items, and water and sanitation activities.

Among the survivors are a great many people who suffered serious and complex injuries that required emergency medical intervention at the time and that necessitate long-term follow-up care. These patients must have access to quality health care. So, too, must several other groups of patients, including, but not limited to, those with chronic conditions that were being treated before the earthquake, women in need of obstetric care, children, and people who have contracted (or will contract) illnesses linked to the dire living conditions in which so many now find themselves.

Access to Care:

As MSF has documented in the past, many Haitians with limited resources were forced to forego medical treatment because of the fee structure associated with basic care. Before the earthquake, some 70 percent of the population lived on less than \$2 per day, and work is even scarcer now than it used to be.

As the Haitian government, the international community, and donor nations and agencies continue to develop plans for relief and reconstruction in Haiti, MSF urges all involved to make a priority of using the resources that have been pledged to build the kind of sufficiently funded, supplied, and staffed medical infrastructure that can address the nation's health care needs and remain widely accessible to the Haitian population. The expressed will to do so must be maintained and transformed into concrete actions.

MSF's Objectives:

MSF's objectives have remained consistent, combining the work it was doing in Haiti before January 12 and the work made necessary by the earthquake and its aftermath. MSF aims to provide primary and secondary health care for victims of the earthquake—including surgery, post-operative care, trauma services, pediatrics, management of chronic conditions, and general healthcare—and to support improvements in the dire living conditions of the displaced through water and sanitation services and the distribution of necessary non-food items. MSF is meeting these objectives in the following ways:

Emergency Response:

- Maintaining the ability to provide comprehensive health care services for those most in need;
- Maintaining capability to carry out surgical procedures, as existed both before and immediately after the earthquake, when surgical services were in great demand (to date, MSF has carried out nearly 5,000 surgeries);
- Providing comprehensive post-operative care, including rehabilitation, physiotherapy, psychological counseling, and other follow-up services;
- Continuing to re-establish services for people with chronic conditions, trauma, and maternal health along with programs that tend to victims of sexual violence;
- Distributing tents and other non-foods items, and providing some water and sanitation services to displaced peoples;
- Continuing to assess the needs outside Port-au-Prince, both those that were caused by the earthquake and those that pre-dated it

Post Emergency Response:

- Insuring as best it can the continued access to health care for the majority of Haitians who do not at present have the capacity to pay for it (and were not able to afford it before the earthquake);
- Remaining prepared to respond to outbreaks of disease or subsequent natural disasters;
- Adapting temporary facilities to transition to more permanent structures that MSF can manage and operate for the time being and possibly turn over to the Haitian Ministry of Health in the future;
- Working with the Haitian government, NGOs, and civil society, along with other actors, to insure the ongoing delivery of services

MSF's Operational Expenditures

In an extraordinary display of public support, MSF offices worldwide received private donations amounting to more than €87 million to support the victims of the earthquake in Haiti. MSF is extremely grateful for this generosity, as these funds have allowed our teams to bring medical, psychological, logistical, and water and sanitation assistance to the most affected people and help them recover from the devastation.

As of April 1, MSF had spent or committed to spend approximately €40 million on its medical humanitarian work in post-earthquake Haiti. It is currently defining the shape and scope its work will take beyond the emergency phase and in the years that follow. Based on available information, MSF currently estimates that it will spend approximately €70 million in 2010. Expenditures are based on current and projected needs. MSF will continue to focus its activities within the organization's competency and capacity in order to provide medical assistance to the Haitian people as long as it is required.

An Overview of MSF's Activities:

MSF Activities in Haiti – Map:

<http://maps.google.co.uk/maps/ms?hl=en&ie=UTF8&t=h&msa=0&msid=116032124984894133383.00047ef9ffafo4953388&ll=18.419685,-72.516632&spn=0.56156,0.883026&z=10>

Figures as of April 4, 2010

	TOTAL
Staff	3,228
Operating theaters	16
Number of beds	1,237
Patients treated	92,486
Surgical interventions	4,961
Patients treated, Post-operative care	10,829
Patients treated, violent trauma	1,024
Patients treated, non-violent trauma	6,225
Patients treated, Mental Health	40,246
NFI Kits distributed	33,281
Tents distributed	21,937
Number of fixed sites	19
Number of mobile clinics	3
Water distributed / day in cubic	870

metres	
Latrines built	450
Showers built	101

HOSPITALS / SURGERY

In Port-au-Prince:

Saint-Louis Hospital: Medical and surgical activities are ongoing in a 220-bed capacity inflatable hospital, which includes three operating theaters, one of them specially designed to treat patients suffering from burns. Like MSF's La Trinité hospital, which was rendered unusable by the earthquake, Saint-Louis is a trauma center, providing surgical care for major trauma cases and burn victims. Saint Louis has also developed the services of a general hospital, complete with pediatric and medical emergency capabilities. The hospital also provides complete post-operative care, which includes medical and surgical follow up, physiotherapy, and psychological and social care. At the moment, roughly 200 patients are hospitalized and 770 surgical operations have been performed since January 25.

Choscal Hospital in Cité Soleil: MSF intervened in this Ministry of Health hospital initially focusing on earthquake-related trauma. There are two operating theaters for major surgery, one for minor surgery. MSF also works in the emergency room and the maternity ward. The hospital has a 100-bed capacity, all under tents (the building has been repaired but patients are still too afraid to stay indoors). The team has rearranged the facility into a general hospital, serving a population living in extremely precarious conditions. Psychological care continues for all patients and caretakers.

Bicentenaire: This post-operative, emergency, and surgical facility features two operating theaters, pediatric and obstetric services, and 90 beds. Mental health services are also provided.

Isaie Jeanty, Emergency Obstetrics Hospital: MSF is working in collaboration with the Ministry of Health in this 85-bed MOH hospital, providing maternity and emergency obstetric care. This is the main referral hospital for Port-au-Prince for complicated births and eclampsia cases.

Nephrology: After assisting at the Port-au-Prince General Hospital in the days after the earthquake, helping to treat crush injuries and chronic cases, the nephrology team handed over to the Ministry of Health, with donations of materials and three dialysis machines to the nephrology unit in the general hospital. Currently, 30 chronic patients are receiving dialysis. Another five dialysis machines were recently installed to increase the unit's capacity. An MSF nephrologist came for one week to conduct specific trainings.

Outside Port-au-Prince:

Carrefour Arts et Métiers Orthopedic Hospital: Around 40 surgical interventions are performed every day in this 135-bed trauma and post-op hospital, which houses two operating theaters, and one of the few x-ray machines in the city. Orthopedic surgery, skin grafts, and muscle flaps are being performed and post-op care and rehabilitation provided. Currently, 80 patients are hospitalized. Rehabilitation care is offered to patients in collaboration with Handicap International. Psychological care is offered to patients and families.

Léogâne: MSF has been working since the earthquake in this 100-bed hospital on the site of Hospital Sainte Croix. The hospital in Léogâne is shifting from tents to a more durable structure made out of containers, where surgical care for major trauma cases is provided along with the services of a general hospital, including pediatric and medical emergency care and medical hospitalization beds. The hospital also provides complete post-operative care: medical and

surgical follow up; physiotherapy; psychological and social care. Most current medical needs are not earthquake related, such as obstetrics, gynaecological care, and accident-related trauma.

Jacmel: Full outpatient and inpatient services are available under tents (81 beds) as the main hospital was badly damaged. Surgery is ongoing in the hospital's operating theater (services offered: internal medicine; surgery; maternity; pediatrics; emergency). Mental health services are also provided.

POST-OPERATIVE CARE

Although a full range of post-operative care is offered in all MSF-supported structures where surgery is performed, some sites in Port-au-Prince are specifically dedicated to welcome patients after surgery.

Promesse: Post-op structure with an initial capacity of 50 beds. Handicap International physiotherapists are working in collaboration with MSF. Mental health care is also provided.

Delmas 30: This new post-op tented center for people needing physiotherapy and mental health support with about 90 beds, accommodates patients and their caretakers who are being transferred from the Saint-Louis Hospital. The structure will soon be transferred to the MSF facility in the Port-au-Prince neighbourhood of Tabarre.

Sarthe: In February, MSF opened a new post-operative center in a converted soft drink factory in the Sarthe area of Port-au-Prince, with a potential capacity of up to 300 beds. Many patients (around 170 as of today) who need further post-operative care—wound care, more specialized orthopedic or reconstructive surgery—were referred to this new structure. Handicap International physiotherapists are working in collaboration with MSF to optimize rehabilitation and patient adaptation to prosthetics. Mental health care is also provided.

Martissant: This emergency OPD and stabilization center (operated by MSF since 2007) with a capacity of 40 beds, sees approximately 100 patients per day and includes pediatric care as well as internal medicine services.

Site "Mickey", Crèche Angle rue Christ Roi et Bourdon: This site opened January 19, and as of last week had an average of more than 60 patients hospitalized for post-operative and medical care, mental health care, and physiotherapy. Medical teams also followed up on minor surgical cases, reinforced mental health rehabilitation, and conducted an average of 150 consultations per day. The site was closed last week; all who required further treatment were referred to other MSF facilities.

Champs de Mars: This site has been functional since February 22. Until last week an average of 40 patients were hospitalized and receiving post-operative and medical care, mental health care, and physiotherapy. This site is closing this week and patients requiring further medical care are being referred to other MSF medical facilities. The outpatient department, however, is still conducting approximately 140 consultations per day and referring cases that need hospitalization to other MSF facilities.

Port au Prince– Site du Lycée des Jeunes Filles: This site was functional as of February 1, but closed last month. Overall more than 80 patients were hospitalized and received post operative and medical care, mental health care, and physiotherapy.

Psychological care is routinely offered to patients who have been through major surgery in MSF supported structures. While a team of psychologists is focusing on the patients and the caretakers inside the hospitals of Sarthe, Choscal, and Martissant—with group counseling is available in some locations—these activities have also shifted towards providing counseling to displaced people living in makeshift camps around the structures, as well as to victims of sexual violence.

PRIMARY CARE

Port-au-Prince:

Petionville Golf Club camp: An MSF clinic offers basic health care and ante-natal care to pregnant women, referral services, and psycho-social counseling in the camp, where an estimated 40,000 people are living. About 150 consultations are provided every day (ante- and post-natal care as well as mental health).

Delmas 24: A new health center opened in February in the Delmas area of Port-au-Prince. About 150 consultations are offered every day.

Saint-Louis: Next to the inflatable hospital in Saint-Louis, an OPD and ambulatory program provides about 130 consultations per day. Services include follow-up of post-op in ambulatory care, including dressings, physiotherapy, mental health, among other services. There is also a 24-hour service providing care for victims of sexual violence.

Carrefour:

Carrefour Feuille: A team is running a tented clinic in a camp for 9,000 homeless people. An average of 130 consultations are carried out daily. The team is performing dressing changes and providing vaccinations. Mental health services are also provided.

Village Grace IDP camp: The basic health care unit includes an outpatient department, antenatal and post natal care, and a mental health component in a site that is home to 15,000 displaced persons. Some 150 patients are seen daily while 250 dressings are done per week. Psychological care is offered to patients and families.

International Grace Hospital: This new hospital, located next to Grace Camp, is under construction. It currently offers out-patient services, including wound dressing. A pediatric ward and emergency services station are being constructed.

Shikina Clinic, Waney 87: An out-patient health center offering basic health care, antenatal and post natal care, as well as mental health services. This is an urban area with many displaced families living in small groups.

Carrefour Stabilization Center for Malnutrition: Stabilization center and ambulatory feeding center for severely malnourished children with an average of 20 children hospitalized.

In addition, an MSF team is working in a number of sites in the Carrefour area, including in displaced persons camps, homes for the elderly, clinics and orphanages.

Léogâne and Dufort region:

Léogâne: Located next to the container hospital, an OPD and ambulatory program provides about 150 consultations per day. Follow-up of post-op patients in ambulatory care, including dressings, physiotherapy, mental health, and other services like dressings, physiotherapy, and mental health are carried out.

Léogâne: Dufort: Located at a fixed site, approximately 250 consultations are carried out each day at the clinic, with referrals to Léogâne when required.

Gressier and Petit Goave: MSF teams are operating mobile clinic activities in locations between Gressier and Petit Goave. More than 250 consultations are carried out three times per week, with referrals to Léogâne Hospital for patients requiring more extensive care.

DISTRIBUTIONS

MSF is distributing non-food items (NFI), including basic necessities and hygiene kits, in a host of locations both inside and outside of the capital. All told, MSF has distributed more than 33,000 NFI kits and nearly 22,000 tents in: Ecole Saint Louis, Delmas 33, Delmas 24, Tabarre, Sarthe, and Cite Soleil in Port-au-Prince; in Carrefour including the Grace Village Camp; on the coast west of Carrefour in Petit Goave and Grand Goave; in Léogâne and in Jacmel.

WATER AND SANITATION

MSF has joined other actors working in the water and sanitation sectors in several locations both inside and outside of Port-au-Prince. All told, MSF has been distributing 870 cubic meters of water per day and has built 450 latrines and 101 showers in areas where tens of thousands of people are living. MSF is also cleaning and emptying latrines in order to guarantee minimal hygiene conditions for people living in makeshift camps. MSF has started handing over some water-and-sanitation activities to other organizations.
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