

**HAITI EARTHQUAKE:**  
Progress Report, 2010-2015





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## About CARE VISION AND MISSION

Our vision is to seek a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security. CARE will be a global force and partner of choice within a worldwide movement dedicated to ending poverty. We will be known everywhere for our unshakeable commitment to the dignity of people.

We strive to serve individuals and families in the poorest communities in the world. Drawing strength from our global diversity, resources and experience, we promote innovative solutions and are advocates for global responsibility.

We promote lasting change by:

- Strengthening capacity for self-help
- Providing economic opportunity
- Delivering relief in emergencies
- Influencing policy decisions at all levels
- Addressing discrimination in all its forms

Guided by the aspirations of local communities, we pursue our mission with both excellence and compassion because the people whom we serve deserve nothing less.

**At the core of all we do, CARE values:**

**Respect:** We affirm the dignity, potential and contribution of participants, donors, partners and staff.

**Integrity:** Our actions are consistent with our mission. We are honest and transparent in what we do and say, and accept responsibility for our collective and individual actions.

**Commitment:** We work together effectively to serve the larger community.

**Excellence:** We constantly challenge ourselves to the highest levels of learning and performance to achieve greater impact.

## CARE'S PROGRAMMING PRINCIPLES

**Promote Empowerment:** We stand in solidarity with poor and marginalized people, and support their efforts to take control of their own lives and fulfill their rights, responsibilities and aspirations. We ensure that key participants and organizations representing affected people are partners in the design, implementation, monitoring and evaluation of our programs.

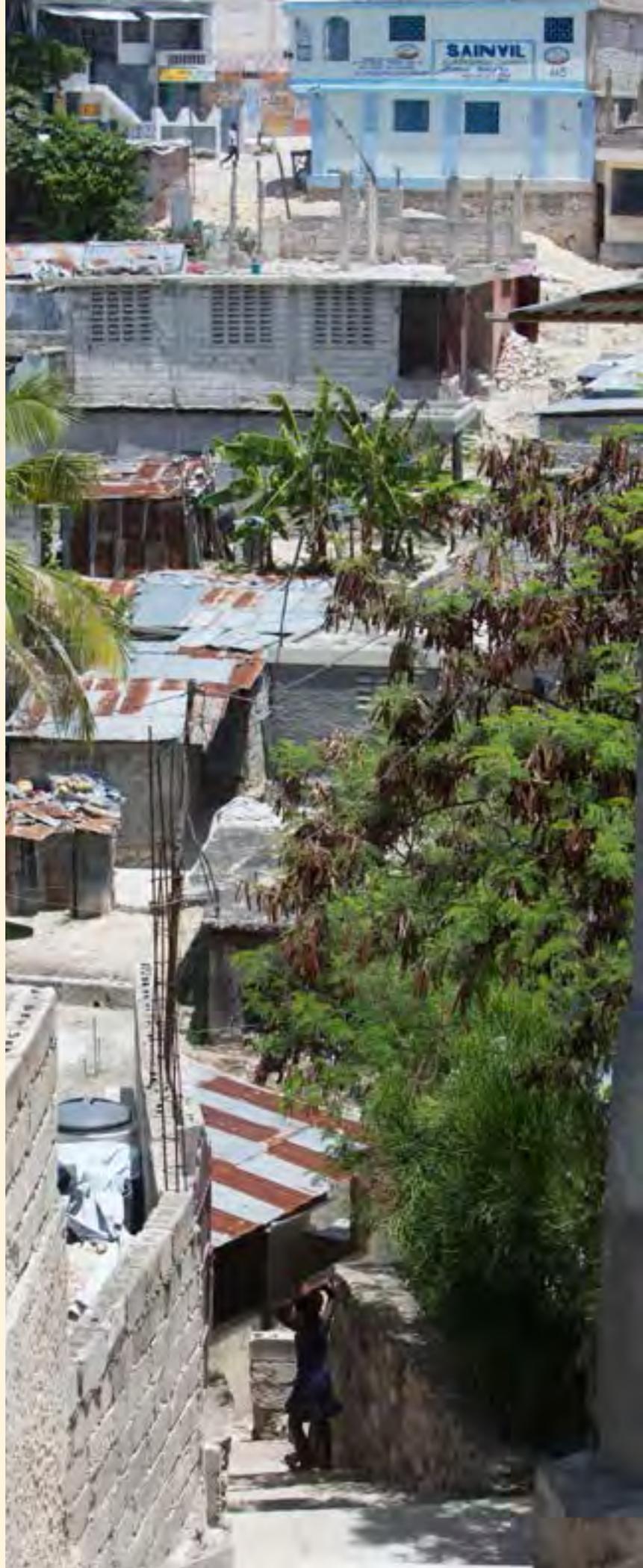
**Work with partners:** We work with others to maximize the impact of our programs, building alliances and partnerships with those who offer complementary approaches, are able to adopt effective programming approaches on a larger scale, and/or who have responsibility to fulfill rights and reduce poverty through policy change and enforcement.

**Ensure Accountability and Promote Responsibility:** We seek ways to be held accountable to poor and marginalized people whose rights are denied. We identify individuals and institutions with an obligation toward poor and marginalized people, and support and encourage their efforts to fulfill their responsibilities.

**Address Discrimination:** In our programs and offices we address discrimination and the denial of rights based on sex, race, nationality, ethnicity, class, religion, age, physical ability, caste, opinion or sexual orientation.

**Promote the non-violent resolution of conflicts:** We promote just and non-violent means for preventing and resolving conflicts at all levels, noting that such conflicts contribute to poverty and the denial of rights.

**Seek Sustainable Results:** As we address underlying causes of poverty and rights denial, we develop and use approaches that ensure our programs result in lasting and fundamental improvements in the lives of the poor and marginalized with whom we work.



# Foreword

January 12, 2010 is a day that CARE will long remember. Like millions of Haitians, many of CARE Haiti staff saw their worlds turned upside down following the loss of their homes, family members, and friends. The resulting psycho-social impacts were profound. Despite such personal tragedies, CARE staff immediately launched an emergency response operation; the largest single country operation in CARE's history. The immediate mobilization of CARE Haiti staff is a testimony to their resilience and commitment. A commitment that continues today as CARE works to eradicate poverty and social injustice in Haiti.

A large international movement of solidarity took place quickly after the earthquake, and CARE rapidly set up an emergency response fund for Haiti. CARE activated emergency response plans for water sanitation and hygiene, food and relief items, shelter provision, sexual and reproductive health, and support for schools. Since then, CARE's programming has evolved into long-term strategies to help rebuild Haiti's social and physical infrastructure while continuing to support families immediately after disasters.

CARE's 60 years of presence in Haiti has shown us that it is not sufficient to fix the symptoms of poverty. In all we do, we strive to address the underlying causes, in particular the unequal power relations between men and women, and the inability for women to fully participate in the development of their household, community, and country.

Haiti continues to be one of the most vulnerable countries to climate change in the world<sup>1</sup>. We strongly believe that it is essential to integrate emergency preparedness and long term development plans. We need to constantly assume that disasters are not exceptional events, but are rather part of the context in which all Haitians live. In times of emergencies, we plan and implement immediate response keeping in mind the long term impact we want to reach, and the importance of the participation of the affected communities. In better times, we implement long term development programs that build the resilience of the most vulnerable families. We help them build their capacities to overcome shocks. We contribute to put in place and strengthen Haitian institutional capacity to support vulnerable families facing major stresses.

Five years after the mega-emergency that affected all Haitians, we are confident that poverty can be eradicated from Haiti if an enabling environment for gender equity, resilience building, and good governance continues to be strengthened.



Jean-Michel Vigreux  
Country Director, CARE Haiti

**We strongly believe that it is essential to integrate emergency preparedness and long term development plans. We need to constantly assume that disasters are not exceptional events, but are rather part of the context in which all Haitians live.**

## A note on Reading this report

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This progress report marks the fifth anniversary of the devastating earthquake in Haiti. The report consists of programmatic and financial data collected in country and provides information on cumulative progress achieved by CARE over the last five years, as well as its financial expenditures, current activities, and future plans.

The selected activities in each section under the heading Response Highlights illustrate some of the principal achievements by CARE and its partners since the start of the earthquake response operation through to October 31, 2014. As well data gathered for programming in response to the Cholera epidemic and other smaller scale emergencies which triggered a response from CARE.

This report provides information on CARE's main areas of programming in the transition from emergency response to development; in other words, linking relief, rehabilitation, and development. It accentuates CARE's integrated approach, and it looks to a more resilient future.

The financial overview provides details of the funds received and spent for the operation in response to the earthquake through to September 30, 2014, and reflects the contributions of all CARE International members.

In this report CARE refers to CARE International; a global confederation of 14 member organizations working together to end poverty.





# WHERE WE WORK

## CARE Activities as of October 2014

### Areas of intervention

- Neighborhood Improvement
- Economic Development and Resilience
- ▲ Education
- Food security and Nutrition
- ◆ Economic Development and VSLA
- ◆ CARE office



Préparé par : PDI / Jean Robert DE GAY

# CARE's approach to disaster response

CARE recognizes that emergencies are a cause and effect of poverty and vulnerability and emergencies undermine development progress. The vulnerable with whom CARE works face daily development challenges as well as severe shocks caused by disaster and humanitarian crises. CARE International's Humanitarian Mandate is to meet immediate needs of disaster-affected populations in the poorest communities in the world in a way that also addresses the underlying causes of people's vulnerability.

CARE is a major force in humanitarian response, and has a responsibility as a leader in the sector to demonstrate the highest standards of effectiveness and quality. In its response, CARE adheres to the principle of impartiality so that we provide assistance on the basis of need regardless of race, creed, or nationality. CARE upholds the principle of working independently of political, commercial, military, or religious objectives and promotes the protection of humanitarian space. CARE is committed to addressing the rights of vulnerable groups, particularly women and children, in times of crisis.

We focus on four humanitarian core sectors: we ensure that people have enough to eat, a roof over their head, clean water and adequate hygiene supplies, and receive assistance for their sexual and reproductive health. However, each emergency response is tailored to the particular needs of the population and it may include response in other sectors of expertise, as was the case of the 2010 Haiti Earthquake Response.

CARE brings a longer-term view to its humanitarian work, including supporting people to be less vulnerable to disasters in the first place. Where appropriate, our programs link emergency relief, rehabilitation, and long-term development, and include measures for disaster preparedness and risk reduction.

Given Haiti's severe vulnerabilities and the poor coping mechanisms of its population, CARE has ensured that our post-earthquake programming aims to build resilience so that families and communities can bounce back from shocks and stresses, and recover faster and more effectively.



# Operational Overview

On January 12, 2010, Haiti was struck by a magnitude 7.0<sup>2</sup> earthquake devastating its capital Port-au-Prince and surrounding areas. The earthquake affected over two million Haitians, claimed over 200,000 lives, and left 300,000 injured. At the height of the post-earthquake crisis, more than 1.5 million people were internally displaced in some 1,500 spontaneous settlements in and around the capital and affected areas.<sup>3</sup>

The earthquake also indirectly affected many areas far from the epicenter. By January 31, 570,000 people, 22% of the Port-au-Prince population, left the capital for the provinces.<sup>4</sup> Spontaneous camps appeared in small towns with the new arrivals. Host families resources were used to support displaced families. Housing conditions became ever more crowded. At the same time, with crippling devastation in the capital the economy of the provinces suffered.

The scale and impact of the disaster was unprecedented and devastating for the already impoverished Caribbean nation, which before the disaster ranked 145 out of 169 countries on the UN's Human Development Index - the lowest ranking in the western hemisphere. Port-au-Prince lay in ruins as did the very government ministries that would normally work with the international community in coordinating disaster response. The international community responded with a massive influx of life-saving support despite the logistical challenges including the destruction of the capital's seaport and a heavily damaged airport.

The magnitude of the destruction caused by the earthquake resulted in a strong outpouring of generosity from the public worldwide. Immediately after the earthquake, CARE launched a global appeal process and our emergency response team made sure vital life-saving supplies got into the hands of those needing them the most in the hard-hit areas. CARE focused on five key relief sectors: Emergency Shelter, Sexual and Reproductive Health, Water Sanitation and Hygiene, Education, and Food Security. We deployed the majority of our efforts in the heavily affected areas of Carrefour and Léogâne in the West Department, complemented by key interventions in other indirectly affected areas. CARE immediately distributed emergency relief supplies, including 26,056 tarps, 17,411 mattresses, 22,638 Hygiene Kits, and 29,819 blankets, and reached more than 300,000 people with food, clean water, temporary shelter, and other services within the first four months after the earthquake.<sup>5</sup>

In terms of scale and impact, the 2010 earthquake was the largest and most devastating emergency CARE had responded to since the 2004 Indian Ocean Tsunami. In many ways, the relief and rebuilding phases were even harder in Haiti. Few disasters in history have crippled an urban center, specifically a nation's capital which in Haiti serves as the political, social, educational, and economic center.

Over the last five years, CARE transitioned from post-earthquake emergency relief operations into development programming aimed at addressing the underlying causes of poverty and social injustice. Efforts have been focused on sustainable economic development, rebuilding of the urban fabric, improved education, and food security. CARE's operational areas have expanded to reach those most vulnerable and affected by subsequent disasters.

**CARE has provided over 35,900 families with emergency shelter assistance meeting the immediate needs of 179,750 people in the last five years and has supported 4,583 families with more long term shelter solutions reaching over 22,900 people in severely affected neighborhoods.**



The collaborative efforts of the national and international community and the Haitian government have resulted in the return of more than 1.45 million people from displacement<sup>6</sup>, and everyday more are moving to safer housing. The challenge for those that remain displaced cannot be underestimated. CARE has supported over 22,900 people with transitional and permanent shelter solutions since January 2010, and continues to work with government and other partners to find alternative solutions for those still living in desperate conditions in camps.

Despite the growing stability and the progress made by recovery and development programming, Haiti continues to be extremely vulnerable to shocks. Since the outbreak of cholera in October 2010, an estimated 706,089 people have been affected and 8,592 lives have been lost as of August 2014.<sup>7</sup> Haiti has seen the arrival of Hurricanes Tomas and Sandy and Tropical Storm Isaac, and has suffered two years of failing crops due to drought in poverty stricken areas of the northwest.

The combined effects of these disasters with the structural challenges of Haiti's entrenched poverty have been devastating in its economy, food security, and the health and wellbeing of Haiti's population. CARE has responded to these crises by supplying water, building sanitation infrastructure, distributing emergency shelters and hygiene supplies, and providing food vouchers to thousands of affected families.

Depleted household and community resources and stretched local response mechanisms have highlighted the fragility of Haiti's recovery. Recognizing that the most vulnerable communities will still require the support of their government and the international community as rising food prices, climate change, and disasters forces affected families further into poverty, local resilience building will continue to be at the heart of CARE's interventions in the years to come.

CARE continues to work closely with the Government of Haiti, international and national partners, and communities to develop lasting solutions to Haiti's protracted vulnerabilities and emerging humanitarian concerns. CARE has developed innovative approaches and has seen great success in interventions aimed at improving the quality of education, promoting participatory urban development, developing social protection mechanisms, and financial inclusion for the poorest. The recent initiative to support the development of a social safety net mechanism for example stems from CARE's emergency response to Hurricanes Tomas and Sandy. CARE's commitment to build back better in informal settlements has resulted in greater involvement of local and national authorities in the unstoppable process of urbanization and greater community awareness and action to reduce risk. CARE's work with the Ministry of Education from the onset of the earthquake response has resulted in a multiyear partnership to support equitable quality education for out of school girls and boys previously underserved by public or private schools. Across the country, CARE's Village Savings and Loans Associations are providing access to community financial services creating opportunities for economic development, asset building, and increased community cohesion in times of stress.



## CARE's earthquake response

Emergency relief assistance addressed immediate needs. However, rebuilding communities requires complex interventions that link relief, rehabilitation, and development. Over the last five years, CARE's interventions have adapted to the evolving needs and capacities of the affected population and the government institutions with whom we work. The sections that follow highlight the immediate response interventions as well as the transitions of CARE's programming in Haiti as the country recovers, and as the capacity of its government institutions increases to provide essential services and protect the rights of the population, as well as CARE's response to new vulnerabilities when they arise.

### Rebuilding Thriving Neighborhoods

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Supporting people with sheltering solutions is one of CARE's core activities during emergency response. Immediately after the earthquake, CARE distributed emergency shelters and non food relief items to displaced families in Carrefour and Léogâne, two of the most severely affected areas. CARE also distributed and supported families in the assembly of 2,550 hurricane resistant transitional shelters, and provided 500 families in rural areas with house repair kits comprised of wood, cement, tools, and training on safer building techniques to build back better.

Within the first four months, emergency shelter needs for the 1.5 million people displaced had been met by the international community. Most families in camps received a tent or a standard emergency shelter kit of two tarpaulins, which provided much needed relief. However, with the hurricane and rainy seasons approaching it became evident that the emergency shelters people had been able to construct with these supplies would provide inadequate protection from wind and heavy rains. CARE distributed 20,000 reinforcement kits, which included wood, tarpaulins, tools, fasteners, and metal straps.

The kits strengthened emergency shelters for approximately 100,000 displaced people across 86 camps. CARE worked with partners to develop suitable safe shelter awareness materials and trained carpenters and community members.

In its shelter response CARE has provided a variety of options including transitional shelters – an upgradable and reusable structure that families could reassemble or adapt to their needs as they move forward in their recovery process, house repairs in rural and urban areas, rental subsidies, and newly built permanent housing. 4,583 families have been supported with these types of solutions, and over 35,000 people will be reached over the next two years through our work in participatory urban planning, neighborhood improvements, disaster risk reduction initiatives, and additional housing solutions.

### **AN URBAN DISASTER REQUIRES A COMPREHENSIVE RESPONSE**

52% of Haitians live in urban centers and 85% of those live in informal neighborhoods<sup>8</sup>. Homes in these neighborhoods are inadequate, overcrowded, lack basic services, and are exposed to risks. This situation is worse and more evident in the capital, where lack of affordable and formal housing development forced up to 90% of its inhabitants to live in informal settlements and slums on the hillsides and alongside ravines<sup>9</sup>. These informal settlements and hillside neighborhoods were the hardest hit by the earthquake. Their residents, the most affected families, over 85,432 of which remain in camps five years after the disaster<sup>10</sup>.

Providing sheltering solutions in dense urban areas is a complex undertaking in cities such as Port-au-Prince, where 70%<sup>11</sup> of the people were renters and like most in Haiti have fragile land tenure security. Few have official deeds of property and formal rental agreements are rarely in place. Steep unprotected hillsides, small and hard to access building plots, lack of infrastructure, and a lack of engagement with the local authorities due to informality of the developments, all adds to the challenge.

This complex environment prompted CARE to develop a comprehensive program of neighborhood improvement, which has been in place since July 2012. CARE's program promotes sanitation, disaster risk reduction, safer construction methods, adequate infrastructure, improved income options, and improved governance in a community

of 6,000 households in Carrefour, an earthquake affected commune in the Metropolitan area of Port-au-Prince.

With extensive damage to the neighborhoods came a shortage of rental stock. In response, CARE initiated an innovative house repair program that provides safe housing for homeowners and simultaneously helps families move out of camps into newly repaired rental units (See insert: Families working together to end displacement). CARE's strategy is closely aligned with the Haitian Government's priority to return people still living in tent camps to their original neighborhoods.

Creating safer housing entails a change in construction practices. CARE provides on the job training to teams of construction workers, referred to locally as "bosses", on how to repair damaged buildings to meet safety standards. Homeowners and neighborhood residents have received basic training on identifying good construction practices. For those families able to rebuild with their own resources, CARE's engineers hosted mobile construction clinics providing training and advice on safe materials and techniques. These clinics reached 150 families and 10 "built back better" model homes were built for very vulnerable families. CARE has worked closely with the Haitian Ministry of Public Works to ensure that adequate standards are applied to housing and infrastructure works.

### **SAFER HOUSING IS ONLY PART OF THE SOLUTION**

Access to water and sanitation and better storm water management leads to improvements in health; income generating activities boost household revenues, protect assets and for many families it allows children to attend school; access to community savings and loans services build economic resilience and increase social cohesion; community based disaster risk reduction helps communities reduce the impact of future disasters and safeguards the progress of reconstruction; inclusive and accountable governance ensures the rights of citizens are upheld – these are all elements of CARE's neighborhood improvement program.

Poor governance is an underlying cause of poverty in Haiti and it deeply affects the residents of these informal neighborhoods. We work with local authorities and residents to engage in the effective, participatory, transparent, equitable and accountable management of public affairs.



**“I’m here to continue our cooperation with all my heart; because it’s for my people, my community and my country.”**

DIERRY LÉGER, DEPUTY MAYOR OF CARREFOUR<sup>12</sup>

**CARE works with the municipality throughout the process and acts as a link; a convener of dialogue between residents and authorities.**

CARE’s improved governance programming was already in place in Haiti before the earthquake, working with urban and rural communities across several departments through a participatory process linking community committees to local governments to identify infrastructure needs and execute public work projects, with the underlying objective of increasing the meaningful participation of men and women in development processes.

In the vibrant neighborhoods of Carrefour, CARE has placed the community at the forefront of their recovery, and has acted as a link between the residents and the local authorities, brokering spaces for dialogue to foster safer reconstruction and better urban planning. The program, which is planned to continue until 2016, has already yielded great improvements in the relationship between residents

and their government, and has resulted in the upgrading of public infrastructure and an increase in community spaces. As people in camps are able to return, we expect more public spaces will be reclaimed and rehabilitated by the neighborhoods. As a result of the partnership between neighborhood committees, municipal authorities, the Ministry of Public Works, and CARE, a rehabilitated road will provide much needed, safe and reliable access to more than 35,000 people in four neighborhoods.

CARE will continue to work with local and national authorities to support families to leave camps for safer homes and rebuild healthy and resilient neighborhoods. Efforts to empower earthquake affected communities to take the lead in rebuilding their lives will continue, as will the initiatives to reduce risk and prepare for disasters.



## Families working together to end displacement<sup>13</sup>

On the porch of her new residence, Angélène Jean, 30, watches her four children and tends a small shop selling groceries, soap and toiletries, while her husband is fishing. Until recently her family and thirty others were crowded into tents and makeshift shelters near a rocky beach where men repair their nets and unload the day's catch. "We lived under a tarp for four years. People were sick, and the heat was terrible," says Angélène.



CARE's retrofit program has been empowering camp residents to find housing alternatives since 2012. A family living in a camp finds a homeowner whose house is damaged. In exchange for financial and technical assistance to repair their houses, homeowners agree to host the family rent free for a minimum of 12 and up to 24 months. The length beyond 12 months depends on the extent and value of the works and the agreement reached by the two families. Homeowners manage the resources for the works themselves, purchasing materials locally and hiring local workers, contributing to the neighborhood economy. The works carried out provide structural repairs to the damaged homes, a technique known as retrofit. CARE's engineers ensure that the repairs meet standards by training the workers, inspecting materials, and supervising the works.

CARE engages the Municipality of Carrefour and the Ministry of Public Works' engineers to visit and inspect that the works are completed according to earthquake resistant standards, reinforcing the importance and

benefits of following government regulations even in informal settlements. "The skills that remain behind will help make the community more resistant to future disasters", says Dierry Léger, who has worked with CARE since taking office as deputy mayor of Carrefour in 2012. "There has long been a problem with construction quality, with people building houses without respecting building standards," he says. "It's still a challenge getting the bosses to build according to norms, but things have changed".

Families who participate in the program often seek old friends or neighbors, ensuring the most compatible pairings. The approach seeks not only to provide support, but also engage communities in the solution of the problem. When CARE presented the approach in her camp, Angélène called on her friend Fleurime Gracia, 30, whose modest house had suffered cracked beams and collapsed walls. In exchange for repair help, Fleurime, her husband and two children happily made room for their neighbors. After a couple of months living together, everyone is getting along well, says Fleurime. This has always been a tight-knit community.

All of the residents of Angéline's old camp have found a match and will enjoy rent-free housing for at least 18 and up to 24 months. To boost incomes, participants choose productive enterprises – like Angélène's small retail shop – and receive seed capital and training to get them up and running. "We earn more than we ever did before" she says. "We're paying school fees for all of our kids, and hoping to save up enough so he [her husband] can buy his own fishing equipment."

Her two older kids scamper out from the porch, thread their way between the closely placed houses and reach the open field that was crowded with tents and tarps until a few months ago. Today it's empty, except for an impromptu soccer game.



## RESPONSE HIGHLIGHTS



**35,950**

families received emergency shelter assistance (including Sandy and Isaac emergency response)



**2,550**

transitional shelter kits distributed reaching



**13,400**  
people



**175**

construction workers trained,



including **88** women



**500**

rural house repair kits distributed

**925**

families supported to leave camps for safe homes



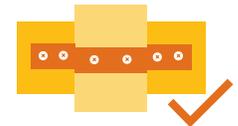
**598**



families completed house retrofits

**150**

families reached through construction clinics to improve construction quality



**10**

build back better model houses constructed for vulnerable families

**35,000**

people will benefit over the next 2 years from neighborhood improvements



## Building Healthier Communities

Water-borne diseases are a major cause of illness and death. This situation is particularly acute following a disaster, when clean water becomes less available and crowded conditions and lack of awareness increase disease transmission. Haiti did not possess a functioning water and sanitation infrastructure before the earthquake. Amongst its population of more than 10 million, more than four million lack access to safe water, and seven million have no access to a toilet. In destroyed neighborhoods and spontaneous camps the lack of sanitation systems, essential to the wellbeing of any society, became a major factor in the spread of disease. In the months following the earthquake the cholera epidemic further threatened the already fragile health of women, men, girls and boys living in camps.

Increasing access to safe water, sanitation and hygiene has been a central objective of both CARE's emergency response and our long-term recovery strategy in Haiti. CARE's Water, Sanitation, and Hygiene (WASH) interventions immediately after the earthquake supported displaced populations living in camps in Léogâne - the epicenter of the earthquake, and the commune of Carrefour in metropolitan Port au Prince. CARE worked in 51 camps building latrines, showers, and hand washing stations, distributing hygiene kits and water purification tablets, and providing water supply. Across all camps, we conducted community sensitization activities to disseminate information on proper hand washing practices,

safe water management, the importance of hygienic disposal of household solid waste, risks of open defecation, safe latrine use, and disease prevention.

With increasing numbers of people returning to their neighborhoods, CARE's water and sanitation support transitioned to address more permanent needs for services in established communities. Since 2011 CARE has worked with local residents and authorities to rehabilitate or build durable community-managed water points, such as, water networks, protected wells, and boreholes fitted with hand pumps. Sanitation facilities, such as toilets and showers have been built in neighborhoods where we supported transitional shelter and housing repairs, in schools, and in health centers. CARE works with the local authorities and DINEPA - Haiti's Water and Sanitation Department, to ensure that any infrastructure follows government standards and can be maintained in the future.

The chronic lack of water and sanitation infrastructure is a stumbling block for the health and wellbeing of Haitians. Vast improvements have been made but increased investment is needed in urban and rural areas to ensure all families have access to improved water and sanitation services. CARE will continue to support Haitian authorities and communities to rehabilitate and build infrastructure, and to empower communities to take an active role in the protection of water sources and maintenance of facilities.

## Tropical Storm Isaac



In August 2012, Tropical Storm Isaac prompted flooding and landslides posing risks to a large portion of the population, particularly to over 300,000 families who were still living in camps at the time. Carrefour, a highly earthquake affected commune in the metropolitan area where CARE has been providing support since January 2010, was affected by torrential rains rushing down unprotected hillsides.

CARE immediately assessed over 1,500 families and provided 1,456 shelter kits consisting of tarps and nails to reinforce and protect the homes and shelters of an estimated 5,824 people. In addition 50 hygiene promoters were deployed in the area to reinforce cholera prevention messages. This enabled CARE to reach 129,832 people through hygiene promotion activities.



### CHOLERA EPIDEMIC

On October 19, 2010 an outbreak of severe diarrhea and vomiting was reported in six villages in the lower portion of the Artibonite Department and in the neighboring Central Plateau Department. On October 22, health authorities confirmed that it was an outbreak of cholera.<sup>14</sup> Due to already fragile water and sanitation infrastructure further weakened by the 2010 earthquake, the disease quickly spread to all 10 administrative departments of Haiti. Outbreaks were exacerbated by the floods and damaged infrastructure resulting from the subsequent hurricanes and tropical storms.

CARE immediately responded by increasing its water and sanitation interventions in affected urban and rural areas. In displacement camps CARE continued providing water supply, building latrines and hand washing stations, as well as reinforcing hygiene promotion to prevent the spread of the disease. In heavily affected rural areas of Grand Anse, Nippes, Artibonite and North West, CARE focused on cholera prevention, increased safe water and sanitation services, and distribution of soap and water purification tablets. We worked to strengthen the ability of local organizations to plan and provide front-line response and trained health center staff to properly manage, diagnose, and refer cholera cases.

**Beyond our work in camps, CARE provided an additional 1.09 million cubic meters of chlorinated water to neighborhoods of Port-au-Prince serving more than 500,000 people in the metropolitan area**



At the height of the outbreak, CARE worked to support water and sanitation needs in Cholera Treatments Centers/Units and Oral Rehydration Posts, building infrastructure and providing needed supplies. We supported coordination among regional actors through unified surveillance, trainings, preparedness, and simulation activities. In the Grand Anse Department, CARE trained and worked side by side in 12 communes with DINEPA's technicians. In Carrefour and Grand Anse, we have mapped 751 water sources. Since the epidemic we have supported the rehabilitation or protected of 228 water points in the West, Artibonite, North West and Grand Anse Departments. CARE worked to propose a pay-for water service to communities to ensure sustainability and community ownership, with 90% of all communities indicating a desire to implement such services. To ensure that communities take ownership of these projects, CARE strengthened or created water management committees.

Hygiene promotion activities are of extreme importance especially in dense urban areas, where families dispose of human waste in ravines. Through house to house

promotion or in community activities, CARE promotes healthy behavior and trains people on treating and storing drinking water. CARE has conducted over 70,000 sessions of cholera prevention and hygiene promotion.

Concerted national and international efforts have resulted in a steady reduction in the number of people affected and killed by cholera in the last three years, but fighting the spread of cholera will continue to be a priority for Haiti, as infrastructure remains inadequate, and climatic events continue to trigger outbreaks.

In November 2012, the Haitian Government launched a plan for the elimination of cholera, which set priorities in four areas of action: water and sanitation, epidemiological surveillance, health promotion for behavior change, and care of infected persons in health institutions. Organizations such as CARE are seen as key contributors in supporting the implementation of the plan by continuing to support government institutions and the communities to improve the water and sanitation infrastructure, respond as necessary to outbreaks, and by promoting behavioral change.

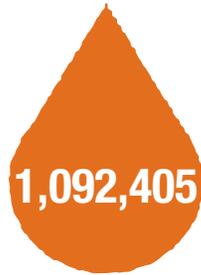
**Through house to house promotion or in community activities, CARE promotes healthy behavior and trains people on treating and storing drinking water. CARE has conducted over 70,000 sessions of cholera prevention and hygiene promotion.**

## RESPONSE HIGHLIGHTS



**3,168,810**

people reached with hygiene promotion messages



**1,092,405**

cubic meters of chlorinated water provided

**19,802,800**

aquatabs distributed



**70,556**

hygiene promotion sessions held (home visits, community sessions, community leader's sessions, mass community sessions, youth club and hygiene clubs, public health promotion in schools)



**5,925**

latrines constructed or rehabilitated

**ORS**

**208,010**

oral rehydration salts (ORS) distributed



**228**

water points constructed or rehabilitated





## Reducing risk for vulnerable communities

Haiti's topography, location, deforestation, lack of infrastructure, and poverty make it one of the world's most vulnerable countries to climate change.<sup>15</sup> Even small scale events can have a huge impact in urban and rural populations living in largely eroded landscapes. Rain runoff washes away fertile soil, razing embankments and depositing sediments on river beds, intensifying flooding, and leading to the destruction of land, infrastructure, and loss of livestock and lives. From 2001 to 2012 more than 18 tropical cyclones claimed the lives of over 6,000 people.<sup>16</sup>

Since the 2010 earthquake, millions of Haitians have been affected by droughts, epidemics, storm surges, hurricanes and tropical storms which have further weakened desperate communities. CARE's emergency response team in Haiti responded to each of these crises with shelter, wash and food security support. But more than the need for emergency relief, disasters highlight the need for increased resilience, enhanced preparedness, and reduced exposure.

While the capacity to respond to these emergencies by the combined efforts of the humanitarian community and the government institutions seem adequate, the reality in remote areas is that help generally arrives

late. This was the case after Hurricane Sandy in Grand Anse where some areas were blocked for over 20 days, out of reach of response teams from the Department of Civil Protection - Haiti's responsible agency for disaster preparedness and response. In easily cutoff areas it is imperative to build local capacity to respond. Local residents can be empowered with early-warning systems, evacuation plans, and training to identify and mitigate hazards before the emergency strikes.

Over the last five years, CARE has integrated disaster risk reduction and emergency preparedness measures into its programming, finding ways to promote awareness of threats and organizing communities to reduce risk.

Interventions that reduce risk and enhance preparedness are a very important component of CARE's program in the heavily earthquake affected neighborhoods of Carrefour. The hillside residents are very vulnerable to the effects of heavy rains and winds. Carrefour was one of the most affected municipalities in the metropolitan area by the cholera epidemic, and Tropical Storm Isaac left a trail of damaged homes, and provoked mudslides. CARE has supported the residents of Carrefour immediately after the earthquake, throughout the cholera and Isaac aftermath, and currently works to build the knowledge of those living at risk, and to empower them to take measures to prevent and respond to disasters. Improved drainage, retaining walls, ravine protection, and improved pathways for evacuation are a few examples of the initiatives already undertaken. Further training is ongoing. Disaster Management Committees are being put in place closely coordinating with the local authorities and the Department of Civil Protection. Communities are preparing risk maps of their neighborhoods. In the years to come, these combined measures will protect residents, their homes and assets, and the environment, and will facilitate access to emergency relief and essential services.

In rural areas, CARE has worked with local government structures to map and improve water sources, reducing exposure to contaminated water that leads to

water born diseases, has implemented conservation agriculture measures, and infrastructure development projects, such as improved irrigation, road access, and community managed electricity and water supply schemes. Via Village Savings and Loans Associations CARE is increasing community cohesion in the face of shocks. In the next two years CARE will focus even more on developing household and community disaster resilience in the Grand Anse Department, identified by the Government of Haiti and the Political Champions for Disaster Resilience - an informal grouping of senior representatives and political leaders that advocates for greater emphasis on and investment in disaster risk reduction, as the most vulnerable to disasters. The intervention will combine building and protecting assets at the household level, ensuring communal access to financial services, protection services and gender based violence prevention, and enhanced localized emergency response capacity.

CARE is also working with the National Agency for Food Security Coordination (CNSA) providing support to reinforce the national food security early warning observatory system. This support will strengthen data collection and analysis, and will serve to evaluate and monitor food security interventions such as CARE's food voucher mechanism.

### **Before** improved pathway initiative



### **After** improved pathway initiative





## Promoting Equal Access to Quality Education for Boys and Girls

In the immediate wake of the earthquake, CARE Haiti launched the “Assisting Earthquake Affected Children in Haiti” program with the objective of providing psychosocial and educational support to earthquake-affected children and their families in 78 schools in key directly and indirectly affected communities.

As an initial emergency response, CARE provided school kits to primary school students and teaching materials to schools and immediate emotional support to parents, students, and teachers to enable a return to the classroom. Following the early distribution phase, the program began to address obstacles to long term recovery and improved quality education in these schools. As part of this new phase, CARE coached teachers and school administrators, it advocated for and promoted child rights in and outside the classroom, and to ensure parental and student participation in the governance and overall development of the school, it created and supported community structures to become school management committees.

School management committees have been very active in improving the physical infrastructure of the schools, but more importantly their presence has resulted in greater involvement of parents and students in decision making - previously reserved for the school administrator, in engaging parents in the education of their children, and in holding all stakeholders accountable to their roles in the education of the children of Haiti. Building the capacity of government representatives also became an important part of the program, with the goal of ensuring a long-term commitment to education from the state.

The Haitian Institute for Statistics and Information (IHSI) estimates that nearly 23% of all school-aged primary children are out of school<sup>17</sup>. Building upon CARE’s previous success with community engagement in our earthquake emergency response program, CARE began to work in 2013 with the Ministry of Education and a number of national and international partners to develop long-term programming that would support the

**“The psychosocial sessions have helped us realize that we didn’t only need to rebuild our houses, but also our minds,” explains Ginette Louis Jean, Director of the ASPAM pre-school in Léogâne. After some understandably difficult months, the school’s 250 students, 138 girls and 112 boys, are much happier now, she says.<sup>19</sup>**

Ministry's strategy to increase access, ensure equity, and improve the quality of education for girls and boys in Haiti. This complex initiative specifically seeks to address the root causes that permit children in Haiti to be out of school today, and will enroll and retain 50,000 out-of-school-children for a complete primary cycle of education over the course of the next five years in four departments.

CARE has joined forces with Haitian social movements, and will work collaboratively with partners and allies to be a voice and advocate for the elimination of domestic servitude in Haiti, a practice that today deprives thousands of children of their rights. Children in domestic servitude, living in the streets, or living with parents unable to pay the cost of education will be targeted by the program. Through its partnerships with the Haitian Government, the program will ensure that children find a place in

functioning schools, and through partnerships with non-governmental organizations, the program will identify and support the children through their continued enrolment.

The lack of economic means of parents to pay school fees and supplies is a key factor in the out of school problem. Moreover, the frequent shocks to families' finances caused by disasters leads to children being taken out of school. Following Hurricane Tomas, CARE found that after six months of continued support to food insecure families in the Grand Anse, approximately 20% of beneficiaries declared that their children would not be able to go to school were it not for the support they received.<sup>18</sup> CARE will introduce the Village Savings & Loan Associations model - a community lead, savings-based program providing basic financial services, to parents of out of school girls and boys as means to build income generation and economic resilience.



## RESPONSE HIGHLIGHTS



**39,873**

children school kits and recreation kits distributed



**75**

school improvement grants provided to complete mini school improvement projects such as school beautification, creation of computer labs, and construction of classrooms

**14,979**

out of school children identified for the 2014-2015 school year



**12,707**

out of school children enrolled for the 2014-2015 school year



**2,835**

psychosocial training provided to parents, teachers and caregivers



**128**

school management committees created comprised of students, teachers, administrators, and community members and trained in organizational development and project management and /or social enterprise development



**12**

Municipal Education Commissions created



**100**

schools provided with furniture, equipment and/or didactic materials





## Boosting Sexual & Reproductive Health

In the aftermath of the earthquake many of those living in camps faced extremely precarious conditions. Women and girls faced a number of challenges living in the camps, and certain health needs including maternal and neonatal health went unmet. Crowded and insecure, insufficiently light, with communal bathing facilities and latrines, and an overall lack of basic necessities, displacement camps exposed women and girls to gender based violence, exploitation and abuse.

CARE worked with the populations in spontaneous camps to prevent gender based violence- already a serious concern prior to the earthquake, and boost sexual and reproductive health. CARE distributed clean delivery kits, newborn kits, hygiene kits, mattresses, blankets, shelter supplies, and condoms to prevent the spread of HIV and other sexually transmitted infections, and made information on reproductive health available to camp residents, as well as referral networks for health facilities and especially health and protection facilities for victims of sexual violence.

Conditions in destroyed neighborhoods outside of camps were also challenging for women and girls who suffered from shortages of services and increase risk of abuse. Early in the response, CARE began to work with communities

around the camps creating solidarity links between camp residents and the rest of the population. Over a period of three years CARE created 178 community clubs and solidarity groups comprised of women and men, which became a network for referral, awareness, and support. Trained peer educators in the community provided valuable information on basic reproductive health, antenatal care and nutrition during pregnancy, danger signs during pregnancy and delivery, post-partum care, family planning, prevention of gender based violence, and where to report and seek treatment for sexual violence. CARE constructed five community centers to support health services and create safe spaces for information sharing, discussion, and dialogue, and provided training and in kind support to local health service providers.

In line with its programmatic principles, CARE sought to empower women, engage men, and address the lack of economic opportunities which made women and adolescent girls more vulnerable to exploitation and abuse, via a combination of business skills development including basic financial literacy and small grants for establishing income-generating activities. In September 2011, CARE launched the Village Savings and Loans Association (VSLA) program targeting thirty of these solidarity groups.



VSLAs are volunteer, self-managed groups of 20-30 members - many of them women, who pool their savings and then use them to provide loans to each other at an interest rate agreed by the group. VSLAs allow members - poor, often illiterate, and living in remote communities, to accumulate savings and access loans to fund independent businesses and income generating initiatives. Most groups also maintain “social funds” and “emergency funds”, which are used to provide zero-interest loans or grants to cover unexpected shocks suffered by its members or the community as a whole.

CARE works closely with the Ministry of Women Affairs (MCFDF) to promote and protect women’s rights. Over the last five years CARE has worked with the MCFDF in several sectors including gender based violence prevention, women’s empowerment, equity in education, food and nutrition, and protection services for women and girls. The MCFDF has contributed to the strategic planning of CARE’s programming, providing valuable expertise and helping to prioritize interventions that advance common objectives.

CARE has supported the MCFDF through capacity building and advocacy, and has joined the MCFDF in the celebration of the 16 Days of Activism against gender based violence and International Women’s Day.

**“My husband participated in numerous session organized by CARE’s staff, he is now aware of the risk I run by multiplying pregnancies and has decided to protect me by using condoms.”**

**Says Maude Joseph from Léogâne. At 36, she is the mother of eight children.<sup>20</sup>**

## RESPONSE HIGHLIGHTS



**270**  
women trained on income  
generation activities and  
handcrafts training



**172**  
peer educators  
trained and active



**61**  
village savings and loan  
associations in health  
programming zone



## Rebuilding livelihoods

More than half the population of Haiti lived in extreme poverty before the 2010 earthquake. Income distribution was amongst the most unequal in the world. More than half of the country's food came from imports making Haiti highly exposed to rising prices. To cope with limited income households restrict food intake, sell assets, and renounce costly expenditures such as children's education and basic health care.

The earthquake's impact on people's ability to make a living was severe. Prolonged displacement into camps strongly lowered the odds of employment, income, and food access. The chain of weather events that followed the earthquake provoked further loss of assets, and disruptions to income generating activities.

Rebuilding livelihoods in Haiti requires a long term vision and innovative approaches to income generation, job creation, asset protection, and access to capital. Connecting Haiti's poor to the national economy is a key component of CARE's strategy. Financial inclusion can transform the vicious cycle of poverty into a cycle of rising income, improved health, better access to education, and greater participation in civic life.

Improving access to economic opportunities for women is a crucial step towards lasting change. CARE's interventions promote empowerment and seek sustainable results. We focus on women's empowerment and increased social cohesion. Community driven approaches are at the heart of CARE's programs and our highly successful Village Savings and Loans Associations (VSLA) program exemplifies this approach.

### Marie Dophine Derosier



Marie Dophine Derosier, 65, a mother of eight and grandmother of 14, lost her home in the earthquake. She credits CARE's VSLA program with helping her start a small business selling sheet metal. She says if the program had come earlier, "We would have been rich already."<sup>22</sup>



A Village Savings and Loans Association is a savings focused self-created and self-governed group of 20-30 men and women, who contribute savings from which members can borrow at an interest rate determined by the group. All interest payments are added to the communal savings fund which is divided at the end of a 9-12 month cycle among its members in proportion to the amount each saved. Unlike traditional microcredit which increases liabilities, VSLAs increase capital and the groups retain all profits from interest charged. Members use the loans to build their small scale businesses, buy assets and to improve their homes.

Capital is kept in a lockable box with three keys, each held by a member of the group to prevent unauthorized cash movement or record tampering. Alternatively, some groups will use mobile phones to make transfers eliminating the cash box, thus providing added security especially in urban areas. CARE is currently working with private sector mobile technology providers to make this technology available to the groups.

CARE has rolled out the VSLA methodology in areas affected directly and indirectly by the earthquake, in dense urban areas, in peri-urban and rural enclaves. The appeal and success has been remarkable. It is helping displaced families start a business when they return to

their neighborhoods, building capital for food insecure families, providing parents with enough to pay school fees, engaging men and women in shared household financial planning, and strengthening livelihoods and communities.

Economic development and livelihoods initiatives are integrated across CARE's range of programming in Haiti. They include early emergency cash for work interventions, livelihood grants available to returnees, business startup grants for women solidarity groups, agro-savings schemes, employment creation for trained construction workers, Village Savings and Loans Associations, and recently, the development of social enterprises. In Carrefour, families interested in developing urban gardens have been supported with training and materials to start growing edible species. Home gardening can reduce the amount of resources spent on food, increase dietary diversity, and for some families provide supplementary income.

**By the end of September 2014,  
33,466 VSLA members in Haiti have  
mobilized savings of approximately  
\$1,274,860, one dollar at a time.**



### BUSINESSES THAT PROFIT SOCIETY

By working directly and through partnerships, CARE's goal is to reach 300,000 men and women in Haiti by 2017 with VSLA membership. Through this network of potential entrepreneurs CARE will support social enterprise development. Social enterprises are ventures that use business strategies to advance a primary social mission. CARE is currently incubating several social enterprises in Haiti:

- Affordable solar energy: Small traders have access to low cost high quality solar powered lamps as an alternative to Kerosene.
- Promoting early reading: Traders have access to children's books in French, which had not been readily available in the street markets before. School management committees in CARE's education program have access to children's book libraries, which can be used as an income generating activity and to encourage early reading.
- In cacao producing areas, CARE works with 941 VSLA members to facilitate production, aggregation and cocoa

transformation. A large part of this work is valuing fairly the work done in Haiti as part of a larger value chain. The cacao enterprise will empower 801 women and 140 men to receive a fair value for their labor.

- In Carrefour, four entrepreneurs have been supported with training and basic inputs to start waste management and recycling businesses, which provides a source of revenue while improving environmental health.

Community based financial services provide a viable alternative to the poorest of the poor. However, there are limitations: Village Savings and Loans Associations are not formal institutions; the amount of capital a group can accumulate and make available to its members can be limited by their income generating capacity. CARE is currently working with government, the banking sector, and other partners to make formal financial services accessible to excelling groups. These groups will have formal bank accounts and will have access to services such as savings, credit, and insurance bringing them one step further into the formal economy.

**“I participated with CARE training in small business management. It’s very important. Now I know how to manage my money, how to evaluate my business and how to avoid making losses. I know now if I buy a bucket for a price how much I have to sell it. I did not know all this before,”** Says Mischnick Mont Louis, who has lived in a tent since the earthquake. Her family of four will soon move to a newly repaired home.<sup>21</sup>

### **BUILDING RESILIENCE**

CARE’s Village Savings and Loans Associations are not only about accumulating financial assets and better financial planning. They have also proven to increase resiliency to disasters by strengthening livelihoods and making funds immediately available to members after an event. This was the case in Haiti following Hurricane Sandy. VSLA members in Grand Anse had immediate access to over \$43,000 by cashing out their savings. This immediate access to capital allowed members to replace assets and quickly restart livelihood activities.

CARE and others have found that the presence of active groups increase social cohesion and solidarity. In Haiti, the concept of togetherness or “tête ensemble” is often

mentioned as a value added to the community, sometimes ahead of savings and loans. In addition to the regular lending fund groups also have “social funds” and “emergency funds,” which are used to support members in times of need. These funds have been used to provide zero-interest loans to members, to support funeral costs, hospitalization, or other pressing needs. In other words, VSLAs can act in many instances as a community based social protection mechanism.

Equally, VSLAs can be platforms for social change. CARE has utilized these platforms to explore gender inequities, gender based violence, and to promote behavioral change in cholera affected areas.



## RESPONSE HIGHLIGHTS



**1,213**

village savings and loan associations established

**33,466**

village savings and loan associations members

**\$1,274,860**

in savings mobilized



**529**

livelihood grants for returnees in Carrefour accompanied by training in income generating activities



**\$12,118**

in revenue generated by Village Agents through solar lamps (June 13 – July 14)



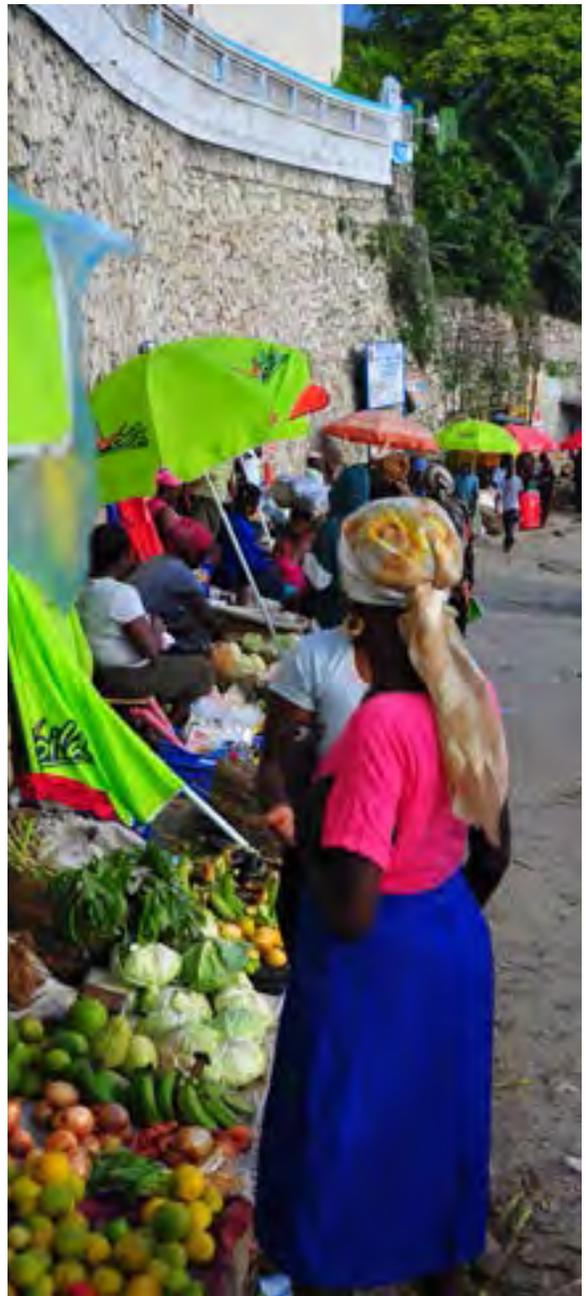
**113**

village agents trained on social enterprise



**90**

families have received training and initial materials to start Urban Garden in Carrefour



## Hurricane Sandy

Only two months after Tropical Storm Isaac landed in Haiti, Hurricane Sandy brought four days of continuous rain and winds causing massive destruction to the homes, livestock, and crops of an already battered population.



The Haitian Government reported a total of 1.8 million people affected and a death toll of over 50 people. Up to 27,000 houses were damaged or destroyed. In rural areas, certain remote communities were cut off from relief for up to twenty days by swollen rivers and collapsed roads. Learning from lessons of the past years, preventive evacuations were conducted in highly vulnerable areas, especially in at risk displacement camps.

The initial emergency response by CARE included shelter, hygiene, and water kits for 494 families in Grand Anse. Subsequently, CARE worked with communities and the local authorities to repair damaged water sources. In coordination with DINEPA, Haiti's water and sanitation authority, and the Ministry of Health, CARE supported emergency water and sanitation interventions following cholera outbreaks, which spiked shortly after the rains subsided. In this critical intervention, multidisciplinary teams of hygiene promoters, engineers, and health professionals were deployed to communities where outbreaks were reported. While the medical teams provided treatment, the water, sanitation, and hygiene teams trained by CARE assessed water sources and facilities and worked to improve and protect them from further contamination.

In Léogâne, through mother clubs, CARE distributed 392 boxes of aquatabs (19,600 units), 400 hygienic napkins, 1,600 Oral Rehydration Salts (ORS), 430 leaflets on diarrhea prevention and how to combat mosquitoes, and 41 posters on prevention of diarrhea related illnesses<sup>23</sup>

The agriculture sector suffered great losses. More than 90,000 Hectares of crops were damaged. Over 75% of these in the southern departments, where inadequate rainfall that year and the losses sustained during Isaac further threatened food security. CARE expanded its emergency food voucher intervention in Grand Anse to reach a total of 17,700 families across the entire department. CARE's food voucher intervention supported families with monthly vouchers redeemable in local shops, thus providing access to food while stimulating the local economy.



**CARE expanded its emergency food voucher intervention in Grand Anse to reach a total of 17,700 families across the entire department.**

## Haiti's fragile food security

The January 2010 earthquake had repercussions on all regions in Haiti, even those not directly in its wake. The arrival of displaced populations stretched resources and the economy of the provinces, highly dependent on markets in the capital came to a halt. Access to goods were limited, supply chains were disrupted. Departments like the Grand Anse were already limited by poor market linkages and frequent storm surges or droughts made food access and availability unpredictable. It is estimated that 50,000 people arrived in Grand Anse by January 31, 2010.<sup>24</sup>

The situation was further compromised by Hurricane Tomas, which struck the region in November 2010, causing severe damage to the agriculture and fishing industries. In the immediate aftermath of the storm, food availability slumped resulting in significant price increases. The National Agency for Food Security Coordination (CNSA) reported that by December 2010, prices for staple foods had increased by up to 21% from pre-hurricane prices. The cost of rice had increased by 21%, cooking oil by 9%, and local cornmeal by 20%. These increases had an immediate, detrimental effect on poor households who were already spending 60-75% of their income on food.<sup>25</sup> Adding to this, cholera cases were first confirmed in November and mortality rates reached 8.4%, one of the highest in the country by December 2010.<sup>26</sup>

In 2011, CARE developed an electronic food voucher program to support 12,000 households affected by the failed crops over a period of six months. The vouchers were redeemed for staple foods at local shops, increasing purchasing power for families and market share for small merchants. Grand Anse was again hit by Hurricane Sandy in October 2012, destroying lives and livelihoods. CARE's electronic voucher system, which had proved efficient in the response to Tomas was extended and expanded to provide six months of voucher to 5,700 additional families.<sup>27</sup>

Since then, CARE expanded the food voucher program to respond to food insecurity in the Artibonite and Northwest Departments. Artibonite and the Northwest received approximately 115,000 people after the earthquake<sup>28</sup> and were heavily affected by the cholera epidemic as well as Tropical Storm Isaac, Hurricane Sandy and two years of intermittent drought and unseasonal rains. CARE supported 8,000 extremely poor households in these regions. A pilot supplemental paper voucher for local fruits and vegetables was introduced to increase overall nutrition and to support local agricultural production. The pilot was a success, providing a market for local produce and opportunities for small producers, the majority of which were women. Vouchers for locally produced fresh food are now part of CARE's programming in other departments.

### Belmise Petit

Belmise Petit, 50 year old mother of six does not have steady work, and yet, she alone is the sole provider for her household. Due to severe arthritis pain she can no longer make some money by doing laundry work. She struggles to find food for herself and her children.

Belmise's case is representative of those affected by food insecurity, who are being supported by CARE's food security programming. Belmise can now go to a participating grocery store once a month. She uses her electronic voucher to buy products like rice, beans and cornmeal, among others, to feed her family, including her two grandchildren from her eldest daughter. Belmise helps her neighbor, who's also struggling. "We do what we can to help each other; she lives so close to me, I could never eat while knowing she's hungry".<sup>30</sup>





CARE's findings in the response to food insecurity highlighted the fragility of families' resilience in the face of disasters. The lack of economic opportunities leads to diminished assets, which are either lost or sold after a shock. Food intake is severely reduced and children are unable to attend school, because families lack means to pay for supplies and fees. CARE is working to build disaster resilience in food insecure areas starting with Village Savings and Loans Association with an emphasis on asset building, income diversification and building savings.

Furthermore CARE's lessons triggered the development of a Government of Haiti program to create a National Safety Net mechanism lead by the Ministry of Social Affairs and Labor (MAST). Although social protection in Haiti is in its infancy, the Haitian Government, CARE and our partners have been working together since August 2013, to develop and implement this important social protection mechanism in the coming years. In the next four years, vulnerable households in 23 communes will be identified and for the first time, the government will possess a national data base detailing the conditions, needs, and later progress of these families' road out of poverty. This initiative will scale up CARE's electronic food voucher program, enrolling 18,150 families in the food safety net, placing emphasis on locally produced and nutritious foods. The program also works in collaboration with the Ministry of Health to improve the health and nutritional status of approximately 87,190 pregnant and lactating women and 109,674 children under two.

But meanwhile, as CARE supports the government to develop long-term sustainable mechanisms, the food security crisis offers no respite to impoverish populations. In early 2014, a grave drought was declared in the North West Department. More impoverished families were being affected by the failure of the last two consecutive harvest seasons. As part of a coordinated response effort CARE has once again expanded the food voucher program to support 10,000 chronically food insecure families with monthly vouchers, and mobilizing 1,200 families to form Village Savings and Loans Associations.

This latest emergency intervention complements and begins to build the National Safety Net program's ability to reach the most vulnerable at critical times of need. Through large scale initiatives such as these, that learn from and bridge emergency and development interventions, CARE stays true to its principles working in partnership to make lasting and fundamental improvements in the lives of the poor and marginalized.

**“There are times I would give my remaining 10 Gourdes to my children, then go to church all day and tell myself I was fasting; it helped me cope with the hunger.” Belmise Petit, a food voucher recipient in Grand Anse.<sup>29</sup>**

## RESPONSE HIGHLIGHTS



local merchants that have benefited from increased trade thanks to food vouchers

FOOD VOUCHER

\$7,804,528



transferred in food vouchers to food insecure families, directly benefiting local economies



**200,266**

food vouchers distributed in food insecure zones



**183,540**

people reached with food vouchers in food insecure zones



**185,523**

food vouchers redeemed in food insecure zones





# LEARNING FROM THE RESPONSE

Haiti's earthquake response operation was the largest single country response for CARE and our current programming in Haiti is one of the largest in the world. Throughout the response, CARE has learned lessons through internal and external evaluations and reviews, which have allowed programming to adjust to make them more effective and their results more sustainable. Lessons from Haiti are abundant and in many instances provide evidence to reinforce best practices already documented and applied in Haiti and elsewhere. Some of those learnings are outlined below.

**Coordination in strategic and operational levels is key at all stages of the response.** CARE contributed to coordination efforts by participating actively and consistently over the last five years, and by sharing information with relevant stakeholders in a timely manner. Early in the response, CARE provided expertise to coordinating bodies such as the Shelter Cluster and took an active role in the coordination of the Education Commission. CARE is a steering committee member of the Non-Governmental Organization Coordination Committee and a member of the Humanitarian Country Team, two national coordination mechanisms that allow us to contribute to policy development and advocacy, to learn from others, and to avoid duplication of efforts.

**Urban disaster response requires an integrated approach.** The urban context of the Haiti disaster reinforced the need to adapt interventions to dense population centers, where spaces for temporary settlements are limited and where reconstruction cannot truly begin until rubble, estimated at close to 19 million cubic meters had been processed. Integrated approaches which include infrastructure, livelihoods, water supply, sanitation, housing, health and education services, and improved governance are needed when disasters strike informal settlements. Creative strategies must be utilized for challenges relating to land ownership in countries with poor land policies and property records, such as shelters that can be dismantled and repositioned if needed.

**Linking Relief Rehabilitation and Development is not a linear process and must begin even before the disaster strikes by investing in Disaster Risk Reduction and Emergency Preparedness.** Development programming in countries exposed to frequent threats must include investment on reducing risk and must support communities to be prepared before the disaster, including developing plans for recovery after the event. CARE includes disaster risk reduction and preparedness activities into its participatory urban development program to ensure that residents are less exposed to hazards, effectively respond to shocks, and can start recovering from day one.

**Flexibility is key to meeting needs.** CARE is constantly analyzing results and making changes to improve the response. An analysis of the plan for response in Léogâne in 2010 showed that the number of transitional shelters planned exceeded the number of houses destroyed. As a result, CARE reallocated its resources to Carrefour where shelter needs weren't being met by others. In 2011, as the population begun to return from the camps where CARE had set up emergency water and sanitation facilities, CARE shifted resources to begin supporting water and sanitation in neighborhoods.

**Technology can be used to increase efficiency and scale.** In the appropriate settings, aid can be delivered most effectively by using innovative approaches such as electronic registering systems, electronic vouchers, and mobile banking. Using transferable technology can make it easier for governments to scale up or replicate aid programming.

Technology was used effectively in CARE's electronic food vouchers which can be activated with a click of a button saving time, increasing accuracy, and reducing costs. The use of mobile banking provides a great opportunity for CARE's savings and loans associations to reduce exposure in urban areas where security is a concern.

**Long term recovery programming should begin as early as possible and build on outcomes of relief operations.** Beneficiaries of CARE's emergency food voucher program reported remarkable improvements in asset retention and school enrollment of their children after only six months, but were equally concerned about how to maintain those if another disaster arrived. Supporting families recover faster requires investment in long term complementary programming to relief operations, but this is a challenge for many organizations given the division of emergency and development funding mechanisms. CARE has advocated successfully to donors for flexibility in the range of activities that can be implemented in parallel to emergency relief. CARE can now promote the Village Saving and Loans Association (VSLA) model from day one in communities where food vouchers are being distributed, empowering families to save and have access to credit, enabling faster and more sustainable recovery. Displaced families who participate in CARE's housing repair initiative are also given the opportunity to join VSLAs and receive financial skills trainings; this increases their odds of being able to pay their rental fees once the grace period agreed with home owners end.





**Empowered communities become more resilient and can respond to their own needs after a shock.** After Hurricane Sandy hit Grand Anse, members of VSLA groups cashed out their savings and had access to over \$43,000 to start recovering right away. Members restarted saving again shortly after the disaster. This quick access to financial resources at the community level can make families more resilient and able to bounce back from shocks. To maximize the benefits of the increased resilience and social cohesion created by the presence of VSLAs, CARE's upcoming programming in food insecure and disaster prone areas will combine savings and loans groups, women empowerment, disaster risk reduction and community based disaster risk management initiatives, and localized emergency response.

**Gender and age can determine the way people are affected and experience natural disasters.** Social constructs can influence who has access to life-savings interventions. Studies following the earthquake showed that elderly people shared food rations with family members often at the detriment of their own health. CARE found that the elderly were most affected following the failure of crops and elderly men and women were often caring for their grandchildren while their children migrated in search for economic opportunities. CARE then made sure that elderly headed households were prioritized.



**Communities must be at the center of programming and must be included in the design, implementation and monitoring of programs.** Thanks to feedback from homeowners beneficiaries of CARE's housing repair program, we were able to increase the length of time a displaced family could be hosted free of rental charges. Homeowners expressed that the investment to repair their homes had a greater value than 12 months of rent – a program minimum requirement, and that in exchange for support to repairs their homes they could host the families for 18 or up to 24 months. This exchange was only possible through community meetings CARE organized to review progress and provide ideas for how to improve the program.

**Working in partnerships can maximize reach and the effective use of resources.** CARE has worked with numerous national and international partners over five years. CARE's partners across its programs bring a wealth of expertise including urban planning, structural engineering, logistics, protection services, medical expertise, electronic technology, etc. Each partner brings knowledge and experience, and combined with CARE's own expertise, these partnerships have resulted in successful interventions that maximize collective impact.

## Accountability

### ACCEPTING RESPONSIBILITY FOR THE CONSEQUENCES OF OUR WORK

CARE is committed to meeting international standards of quality and accountability. We want to make sure that the communities we work with have a say in planning, implementing and evaluating our response, and that we can measure our impact through monitoring activities and internal and external evaluations.

CARE is a signatory to and holds itself accountable to internationally accepted humanitarian standards and codes of conduct, including the Red Cross/ Red Crescent & Non-Governmental Organizations (NGO) code of conduct, the Sphere standards, and the Humanitarian Accountability Partnership (HAP) principles and standards. We work with other aid organizations and United Nations agencies to improve humanitarian action and to influence policy.

CARE defines accountability as the means by which we fulfill our responsibilities to our stakeholders and the ways in which they may hold us to account for our decisions, actions, and impacts. We commit to hold ourselves accountable to all of our stakeholders, but first and foremost we hold ourselves accountable to disaster affected women, men, boys and girls. CARE's Humanitarian Accountability Framework (HAF) is a statement of CARE's commitment to accountability at all stages of emergency preparedness and response.



In Haiti, CARE has used multiple tools to ensure transparency and accountability in an effort to clarify expectations, to adapt to meet them and be able to communicate barriers and propose solutions. CARE's monitoring and evaluation teams have conducted beneficiary satisfaction surveys, assessments, focus groups, house to house visits to discuss the quality of the response, and during the emergency response established a hotline. The feedback received is analyzed by CARE's monitoring and evaluation team who ensures the concerns expressed are addressed by the program team. Tools to target the most vulnerable have been developed to share information with communities and other stakeholders. After Action Reviews, internal and external evaluations have been used during the past five years to identify best practices and lessons learned which have resulted in programs adapting to better meet needs, standards and feedback. All of CARE's external evaluations of humanitarian action are placed in the public domain.

When testing new approaches, CARE Haiti has conducted real time evaluations, a tool that allows practitioners to adapt immediately to feedback. A real time evaluation for example was used when CARE piloted its approach to house repairs, now a praised model for facilitating returns to earthquake displaced families.

In recent years, CARE began implementing a social accountability tool known as Community Scorecard in Haiti. The approach provides a space to jointly define and evaluate the quality of the services and an opportunity to ensure citizen's participation, engagement, and contribution to the development of his/her own community. By jointly agreeing on measures of quality and expectations, roles and responsibilities are clear and dissatisfaction is reduced. This community based monitoring process is an instrument to exact social and public accountability and responsiveness and a strong instrument for empowerment. CARE has been using the process in its participatory urban development program in Carrefour and through the immediate, direct, and documented feedback received has been able to adapt the program's selection criteria, participant's expected contribution, ways to engage displaced families, and our information and communication strategies.

## Gender in emergencies

**Emergencies** have different impacts on women, men, boys, and girls and often change household and community dynamics. Women are disproportionately affected by natural disasters and face specific challenges in armed conflict. CARE is committed to working with women and girls, boys and men to free women's potential to the benefit of society as a whole.

### How we include gender into our emergency response:

- Having a gender balanced team with the ability to assess and respond to the different needs of men, women, boys and girls, and who know and respect CARE's codes of conduct.
- Applying a solid gender analysis including sex and age disaggregated data. This means we analyze the different power, roles, and needs of women, men, boys and girls within the community, and how these have been affected by the crisis.
- Grounding our emergency response strategy, program design, and implementation directly on the gender analysis.

- Incorporating a gender lens in all of our humanitarian and development programs.
- Ensuring that we monitor the different impacts of our response on women, men, boys and girls, including by using gendered indicators and monitoring tools that allow us to see and track the different impacts according to sex and age.

Five years after the country suffered unprecedented losses, Haiti is gradually recovering. Full recovery will require continuous commitment from donors and the international community and most essentially, continuous commitment from the Haitian Government to invest in and support the most vulnerable populations. Weather related disasters are a real and frequent threat, and while many families have been able to recover many others are still extremely vulnerable to future emergencies as evidenced by the ongoing food crisis.





# LOOKING FORWARD

CARE's commitment to the empowerment of women and the eradication of the poverty and social injustice in Haiti remains unwavering. We will work alongside communities, their government, our partners, and allies to address the underlying causes of poverty and vulnerability: social exclusion, inequality and poor governance.

The future looks bright. The commitment of our partners in recent years has been exceptional and initiatives that CARE started during the emergency response are becoming models to be scaled up at national level. At this critical stage of the recovery, in our partnerships with the Haitian Government across all our programming we will focus on building the capacity of Haitian institutions to provide services, and be accountable to its population, and will advocate for policies and practices to address structural and relationship issues that contribute to gender inequities.

Going forward, CARE's work in Haiti will focus long-term programming on improved food security and nutrition for chronically food insecure families, quality education for marginalized girls and boys, participatory urban development in informal settlements, sustainable economic development through financial inclusion and social enterprise, and helping families and communities become more disaster resilient. CARE will continue to help Haitian communities respond, prepare and recover from disasters when they arise.



**Food Security**



**Education**



**Development**



**Stability**

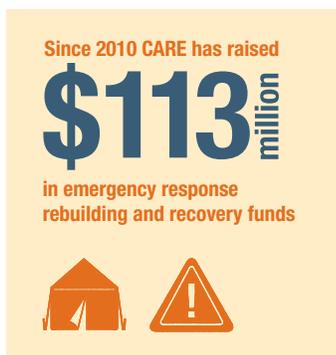


**Resilience**

# Financial Overview

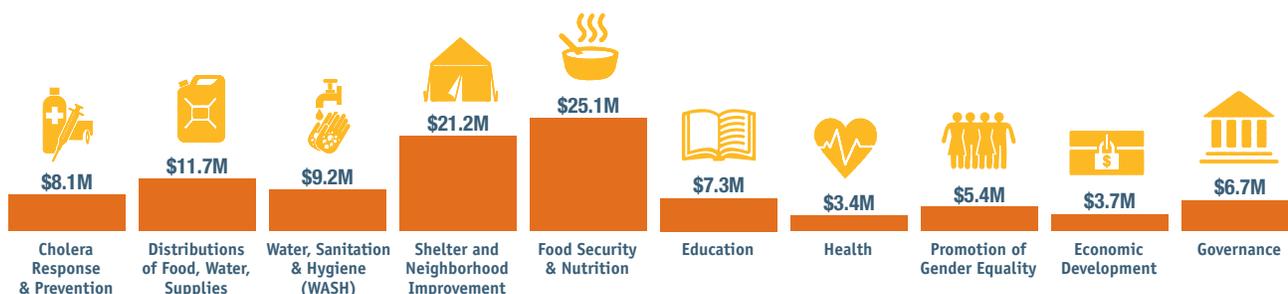
## FUNDRAISING BREAKDOWN

In the nearly five years since an earthquake devastated Haiti, CARE has raised \$113 million in emergency response and recovery funds. Concerned individuals from the around the world donated \$39 million, fueling CARE’s life-saving emergency relief work. Governments, foundations and other institutional donors have contributed \$74 million, much of it in support of CARE’s longer-term work with Haitians who are rebuilding their communities with more reliable sources of food and greater opportunities to earn income.



## SPENDING BREAKDOWN

CARE remains on track with the 5-year, \$100 million plan the organization announced in the wake of the earthquake. As of September 2014, CARE had spent \$101.7 million on relief, recovery and long-term rebuilding of communities. CARE’s largest investments have come in the areas of food security, shelter and neighborhood improvement and emergency distributions. A complete breakdown is below.



CARE also received and distributed \$5.4M in donated items such as mattresses, tarps and water purifications tablets.





## Thank you, to donors & partners

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In January 2010, millions of people watched in disbelief the destruction brought by the earthquake on the people of Haiti. It was difficult for everyone to see beyond the needs for shelter, food, water, medical care; the challenges seemed insurmountable.

Today, despite the difficulties Haiti is on a path of recovery thanks to the support of thousands of individuals and their governments, who have invested in programs that provide relief, facilitate rehabilitation and promote development.

The work and achievements described in this report were funded by a great number of generous individuals who have supported and continue to support CARE's mission to eliminate poverty and social injustice in Haiti. Donations to CARE have helped thousands of survivors, women, girls, men, and boys, make great strides to rebuild their lives, homes, and livelihoods.

On behalf of the vulnerable people you have helped us reach, we thank you for your support and confidence in CARE.

# Endnotes

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[www.care.org](http://www.care.org)

## Contact

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Founded in 1945 with the creation of the CARE Package, CARE is a leading humanitarian organization fighting global poverty. CARE places special focus on working alongside poor girls and women because, equipped with the proper resources, they have the power to lift whole families and entire communities out of poverty. To learn more about CARE, visit [www.care.org](http://www.care.org).

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