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EXECUTIVE SUMMARY

The Mission, composed of 12 experts from the Interamerican System, including the Pan American Health Organization and the Pan American Development Foundation, bilateral cooperation agencies from the U.S. and Canada and the European Community, visited the following regions: Hinche, Gonaives, Deschapelles, Cap-Haïtien, Fort-Liberte, Jeremie and the surrounding areas of Port-au-Prince.

The Technical Mission met with the Constitutional Government, representatives from OAS Member States, the Interagency Coordination Committees on Health and Nutrition respectively, Haitian experts from a broad range of disciplines, representatives from Haitian and international Non-Governmental Organizations and community groups.

The members of the Mission were impressed by the considerable number of initiatives, studies and proposals developed by the Haitian and international agencies active in the fields of development and humanitarian assistance in Haiti. Most of the information collected and the conclusions reached by the Mission were made possible by the dynamism and humanitarian concern of these agencies, who should be encouraged by the OAS to pursue their efforts under the effective coordination of their two interagency coordinating committees on Health and Nutrition respectively.

The Mission was not restricted in its access and travel and did not experience security problems.

NUTRITION

1) At the present time, few extraordinary hunger problems exist (i.e. more than the pre-coup level).

2) The major cause of post-coup hunger will be a) reduced purchase power, and b) reduced availability of local food production due to inability to transport products to their usual markets.

3) Hunger problems are estimated to begin during January; the initial impact affecting the urban area most severely. The need for emergency food aid will increase gradually through mid-January, when the requirements will become much more acute. Peak needs will probably occur in March. Donors should be prepared to mobilize the necessary resources to meet the needs when it occurs. This will require advanced planning and placement of resources.

4) Beyond January, hunger problems will extend eventually to the rural areas. Timing of this is not specific due to urban-rural migration variables and differentials in production capacity and patterns in various areas of the country.

5) At this time, it is difficult to estimate the eventual number of beneficiaries of emergency feeding. The pre-crisis capacity for food distribution by international food donors was 750,000 persons. Feeding a significant number of beneficiaries above this level would be institutionally difficult. Donor food agencies should consider taking advantage of Haiti's large indigenous NGO network to expand their beneficiary outreach.

6) For reasons of security and targeting, direct feeding (soup kitchens) will be the program method of choice, although, as the crisis worsens, it may become necessary to distribute an amount of food for home preparation.

7) The target beneficiaries of the emergency feeding program will be children under 10 years of age, pregnant and lactating women, orphans, the elderly and the institutionalized.

8) Prior to a resolution of the political causes of the crisis and a relaxation of the embargo, major constraints for a feeding program may be fuel availability and security.

9) A major objective of the program will be to avoid disincentives to local agricultural production.

10) It is important to establish immediately an effective health/nutrition monitoring system involving NGOs, multilateral and bilateral agencies, and international organizations.

11) In the scenario of an early resumption of normal life and trade, recommendations address immediate needs (four months) until normal bilateral or multilateral programs are reactivated and reoriented.

It is assumed that the onset of crisis-induced hunger will occur first in the major urban areas of Port-au-Prince, Cap Haitien, Gonaives, and Les Cayes by the beginning of 1992. Food should be available to the vulnerable populations at that time. If not, a number of effects are possible: 1) people remaining in the cities will move to the countryside, creating more pressure on the rural food supply and on Haiti's already vastly deteriorated ecology, and 2) those still resident in the major cities by late January, with no access to humanitarian food assistance, will be at extreme risk. Donors and food aid agencies should begin planning and preparation immediately to feed an increasingly large number of beneficiaries beginning in early January.

MEDICAL/PUBLIC HEALTH

1) At the time of the assessment, there are no major public health problems resulting from the crisis. However, access to health services has decreased significantly, especially in public facilities.

2) Ongoing health programs supported by the international community have considerably reduced their humanitarian activities. Should these programs be discontinued, it will result in further paralysis of the health system and high cost/delays of restart-up.

   To assure minimal delivery of humanitarian health assistance activities, donors should be encouraged to restore or maintain health programs by considering the repatriation of their technical staff for immunization, control and surveillance of communicable diseases including cholera, primary health care, emergency care including surgery, and preparedness for possible injuries resulting from civil unrest, etc.

3) Access to essential drugs and basic medical supplies by the underprivileged population has decreased (increased cost, insecurity, etc.). This cannot be corrected by donations of supplies only.

   a) Due to the decline in purchasing power of patients, donor agencies are encouraged to provide a four month, one-time only supply of essential drugs and basic medical supplies through their humanitarian assistance programs.

   b) In addition, commercial suppliers should also be permitted to import essential drugs and basic medical, surgical, and laboratory supplies.

4) Provision and treatment of water in Port-au-Prince and other urban centers where drinking water was available, has currently not been significantly affected. However, it is entirely dependent on the availability of electricity and consequently of fuel.

   The provision of water at the pre-crisis level in Port-au-Prince and other urban centers should be achieved at all costs. This recommendation is made particularly in view of the threat of a cholera outbreak in Haïti. Furthermore, sodium hypochlorite, calcium hypochlorite and other WHO-endorsed water treatment chemicals should be considered necessary and eligible for a humanitarian assistance program.

5) At the present time, collection of solid waste in Port-au-Prince and other urban areas is not considered a priority international humanitarian assistance activity.

6) Preparedness programs to ensure adequate provision of emergency supplies in case of civil unrest should be considered by the international community.

7) At the present time, fuel is available and does not pose a major constraint to the implementation of humanitarian health assistance activities. However, if fuel supplies are not replenished, it will result in the closing down of key facilities such as hospitals and water treatment plants and the interruption of all humanitarian activities carried out by NGOs and International Organizations (4-6 weeks). This matter is extremely serious.

   Given the present availability of fuel in the country, the *de facto* government should be responsible for the provision of fuel to agencies implementing humanitarian assistance activities. The *de facto* government should make a strategic reserve of 20,000 barrels of fuel available immediately to health services and institutions carrying out humanitarian functions.

   Simultaneously, the OAS should develop an emergency fuel distribution program in concert with donor agencies to ensure that implementing international agencies or NGOs are not forced to terminate delivery of essential humanitarian activities. Distributing fuel to humanitarian organizations only in times of acute shortages is likely to cause major security problems. Considerable losses and diversions are to be expected.

8) A standardized basic information system should be in place to permit nationwide monitoring of the effects of the political crisis on the health and nutritional status of the Haitian population.

9) If the present political crisis is resolved, donors should be encouraged to resume their health programs at the same or even at an increased level of support as existed before the crisis. Given the threat cholera poses to the Haitian people, donors should be encouraged to increase their support of water and sanitation programs in urban centers if the present crisis is resolved.

> *The availability of fuel was identified as a key factor in determining the extent of the health consequences of the crisis. In the event that fuel becomes available, contingency plans must be in place to ensure that basic medical services, water supply and ongoing donor-supported humanitarian activities such as immunization programs, disease control, child spacing are not allowed to collapse.*

COORDINATION AND ROLES OF INTERNATIONAL AGENCIES

It will be essential for donors to meticulously coordinate humanitarian assistance programs at the field level. The effective in-country donor coordination mechanism, already operating in Port-au-Prince, should be used and strengthened. This mechanism includes a food coordination group (under the leadership of the World Food Program) and a health coordination group (under the coordination of the Pan American Health Organization).

1. INTRODUCTION

In an emergency session convoked by the OAS after the military coup d'etat of September 29th and 30th, 1991 which ousted President Jean Bertrand Aristide, the foreign ministers of the 34 OAS Member States unanimously denounced the coup, refused to recognize any government resulting from that coup and, through Resolution 2/91 applied a complete embargo on trade with Haiti with the exception of some foodstuffs and certain humanitarian aid items. Some countries of the European Community, most notably France, have done the same. Similarly, virtually all bilateral assistance programs were suspended and most international and non-governmental organizations have greatly reduced their activities.

As a result of the crisis which followed the coup and of the embargo, Haiti has been undergoing a period of anxious economic hardship. Thousands of people fled the violence in the capital to seek refuge in the rural areas. The implementation of the embargo has caused among other things a severe shortage of fuel which has strongly curtailed normal commerce. Factories and other enterprises have closed or reduced operations. Unemployment has risen considerably and per capita income has dropped accordingly.

It is against the above background and in keeping with paragraph 7 of the joint statement issued on November 18, 1991 at the end of the first visit to Haiti of the OAS/DEMOC negotiating mission that the OAS Technical Assessment Mission on Humanitarian Assistance, has prepared this report which contains the conclusions and recommendations resulting from its assessment of the situation during its visit to Haiti during the first week of December 1991.

The violent interruption of the democratic process has produced a chain reaction of events which the OAS Member States and other members of the international community have condemned. As a result, the OAS Member States decided to implement an embargo as the only measure to restore the constitutional president.

Resolution 7 of the agreement between the Haitian Parliament and the OAS/DEMOC civil mission recognizes the urgent need to send a humanitarian mission to Haiti with the following objectives:

1.1 OBJECTIVES OF THE MISSION

(i) To assess the present humanitarian impact, particularly regarding food supply and public health, resulting from the crisis in Haïti.

- The responsibility of the mission is to evaluate whether the food/nutrition and health situation has been affected by the crisis in Haiti and to what extent. It was not the objective of this technical mission to determine the effects of the existing insecurity in Haïti, the embargo or other factors.

- As in any assessment of needs for emergency relief (humanitarian assistance), the mission attempted to differentiate between the pre-crisis nutritional and public health problems and the crisis-induced levels.

(ii) To develop realistic projections for the type and level of impact according to several possible crisis scenarios. The mission focused on the following scenarios:

a) the worst-case scenario compatible with implementing international humanitarian assistance (continuing political crisis) and attempted to project the impact over a short-term period of four months;

b) a political solution to the crisis and resumption of normal aid programs and trade.

The extreme scenario, widespread violence or civil war, is incompatible with a large-scale OAS humanitarian program.

(iii) To provide recommendations on reducing suffering due to the crisis, given the possible scenarios. Again, the recommendations for emergency humanitarian assistance address the crisis-induced consequences and not the underlying chronic issues of poverty and the existing underdevelopment prior to the coup.

In the scenario of an early resumption of normal life and trade, recommendations address immediate (four months) needs until normal bilateral or multilateral programs are reactivated and reoriented.

1.2 METHODOLOGY

In line with the objectives, the team members, with the support of their respective agencies, attempted to:

- summarize the food/nutrition/health situation as known before the crisis;
- seek and present evidence of any crisis-induced changes;
- determine the likely short-term impacts under the two scenarios;
- estimate the corresponding needs for emergency humanitarian assistance;
- outline the security and managerial conditions required to make a successful humanitarian assistance possible;

1.3 LOCAL CONDITIONS OF THE MISSION

The Mission, composed of 12 experts from the Interamerican System, including the Pan American Health Organization and the Pan American Development Foundation, bilateral cooperation agencies from US and Canada and the European Community, visited the following regions: Hinche, Gonaives, Deschapelles, Cap-Haïtien, Fort-Liberte, Jeremie and the surrounding areas of Port-au-Prince.

The Technical Mission met with the Constitutional Government, representatives from OAS Member States, the Interagency Coordination Committees on Health and Nutrition respectively, Haitian experts from a broad range of disciplines, representatives from Haitian and international Non-Governmental Organizations and community groups.

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The Mission was not restricted in its access and travel and did not experience security problems.

2. ANALYSIS OF THE MEDICAL/PUBLIC HEALTH SITUATION

2.1 HEALTH SITUATION

Haïti has approximately 6.5 million inhabitants. With 71% living in rural areas, the density per square kilometer is about 500. Life expectancy at birth is estimated to be between 48-54 years of age. The infant mortality rate is very high, at about 116 per 1,000 live births, although individual studies range from 35 to over 200, depending on the socio-economic group and access to medical care.

2.1.1 *Provision of Medical Care*

About 480 facilities, run by the government and/or the private sector provided the institutional base for the national medical services. Of these establishments, 60% are public, 40% are private (non-profit and for-profit).

The State University Hospital (HUEH) in Port-au-Prince was often filled to overflowing, while many rural hospitals, even with a relatively low number of beds vis-a-vis their catchment areas, did not reach 50% occupancy rates.

Health personnel were as unevenly distributed as the health facilities. Most of the staff was concentrated in the western region, which includes the country's capital. Port-au-Prince, with 20% of Haiti's population routinely received more than 60% of the health budget and was served by 50% of the health personnel. More than 90% of the total health budget was required to cover salaries, leaving no room for operating expenses.

District hospitals suffered from a serious shortage of specialists and consequently they were unable to provide basic medical, pediatric, surgical and obstetric care. A number of surgical operations can be postponed or temporary emergency solutions found. However at a medium term, 1-2 month measures will to be taken in order to avoid dramatic surgical

In recent years, NGOs have been assigned full responsibility for the delivery of health services to defined populations or geographical territories, and the Albert Schweitzer Hospital, Bonnefin Hospital and others can be pointed out as successful examples.

Before the crisis, no more than 60% of the population had adequate geographical access to modern medical care (located within an hour's distance of a health establishment). Virtually everyone in rural as well as marginal urban areas uses traditional healers.

2.1.2 *Medical care after the crisis*

During the recent violence, the number of casualties overwhelmed the capacity of the hospital to treat them, especially in Port-au-Prince, due to the lack of personnel and drugs.

Should the crisis not be resolved, it is to be expected that similar violence will occur and that hospitals will not be able to attend to the large number of injuries resulting from such event.

The hospitals had, at the moment of the visit, an occupancy rate similar to previous months.

With few exceptions that cannot be considered as representative, almost no data are available for the last two months. However, the interviewed health staff (private and governmental) mentioned constantly the absence of variation in the proportion of pathology seen at the consultation or in the hospital. This includes hospitalized severe dehydration and malnutrition. Data collection at the rural level has also been interrupted in the places where it existed before the crisis.

Hospitalized patients are reported to come even from rural remote areas as they were doing before the crisis in spite of fuel scarcity. Should the crisis continue,

the access to health facilities will diminish significantly and affect the already precarious emergency health care.

If the situation remains the same, it should be expected that water-borne diseases, and chronic diseases such as tuberculosis and malnutrition will increase in the next few weeks if no preventive measures are taken to supplement food (see chapter on food), provide drugs (see chapter on security logistics and fuel), and maintain or restore health staff (See section 2...).

2.1.3 *Other Public Health Issues*

Diarrheal diseases, acute respiratory infections and malnutrition remain the major causes of childhood mortality.

The Expanded Program on Immunization (EPI) greatly improved immunization coverage of children. Complete coverage at age one is estimated to be at 60% nationwide, with wide regional variations. A Commission to certify the eradication of paralytic poliomyelitis has been formed and no cases have been confirmed in recent years. The present crisis should not contribute to relaxing the present surveillance system and jeopardizing a successful, to date, eradication effort.

Immunization is a legitimate concern everywhere in the country. Several stocks have been lost, however there are no immediate needs countrywide. The constant reduction of access to energy poses an ever growing threat to the vaccine supply. There is not enough solar refrigeration to ensure that stocks be conserved.

The interruption of EPI already diminished the immunization coverage. This program should restart as soon as possible to avoid the reintroduction of polio virus and the immunization program restart up cost.

The prevalence of active tuberculosis is about 2% of the population. Antituberculosis drugs are available in Haïti (EEC and World Bank projects).

Since the discovery of Acquired Immune Deficiency Syndrome (AIDS), this disease has become a public health concern, along with other sexually-transmitted diseases. At the end of 1990, approximately 3,000 cases had been officially reported, an estimated 6-8% of the sexually-active population tests positive for the Human Immune Virus (HIV). The crisis has interrupted the educational and preventive activities (in particular, the distribution of condoms).

The access to condoms and drugs for chronic diseases should be a priority of the humanitarian assistance program in order to avoid high restart-up costs.

The existing confusion—changes in health personnel, population migration, security, etc.—did have an impact on the supply of medication of patients with chronic diseases such as tuberculosis. These should be restored to previous levels in the next few weeks to avoid heavy restart-up costs.

Malaria is a principal disease of concern, with more than 60% of the population living in malarious areas. But the situation remains unclear and malaria statistics are notoriously incomplete. The absence of governmental mosquito control activities in the past years made it unlikely that the present crisis would have a detrimental effect on the malaria situation. The overwhelming concern should be to ensure easy availability of anti-malarial drugs for treatment and prepare contingency plans for localized containment measures in case of massive outbreaks, a risk increased by the migration of poor urban populations to endemic areas. Population had migrated to rural areas and will most likely return to the urban area. In this condition malaria should be included in the monitoring system.

In general, infectious and parasitic diseases are the most important causes of morbidity. Among them, water-borne diseases (diarrheal diseases, typhoid) take first place. Until now, no cases of cholera have been reported in Haïti. The regional epidemic will most likely spread to the island of Hispaniola. Although the present reduction in international travel and trade will decrease the risk of introducing cholera, this possibility cannot be discarded in the immediate future. Should cholera be introduced under the present crisis situation, there is still less likelihood of a coordinated response for prevention and treatment. The fatality rate (mortality among cases) will be closer to that observed in Africa (up to 20%) than in Peru and other Latin American countries (1 to 2 %). Under this eventuality, the Inter-American system, and in particular PAHO, should be in a position to play a major operational role. The problem will not lie in the unavailability of oral rehydration salts and drugs (already on site), but in the ineffectiveness of the health system.

There are no measures that can be taken to avoid the introduction of cholera in the country. However a large number of fatalities can be avoided by early case management if an appropriate surveillance is set up.

2.2 Resources Available for Medical/Public Health Care

2.2.1 *Human Resources* (NGOs, International Organizations, etc.)

Governmental and the NGO health facilities were not fully staffed during the last few months. The health personnel in the governmental-run health facilities visited are slowly returning to normal while the expatriate staff remains out of the country. Together with the remaining personnel and medical supplies, most NGOs are providing emergency support on a case-by-case basis.

There is sufficient specialized and non-specialized health personnel in the country to assure health care to the Haitian population. However the return of repatriate should help to re-establish health services at the level reached before the crisis. The arrival of new medical teams or health assistance agencies on the country will have a negative impact in the already confused situation.

The existing health coordination committee should be encouraged to continue and strengthen its activities not only in compiling international health assistance but also in assisting the monitoring of health assistance provided.

The political crisis should take an end, this coordination health committee should work on restoring and reorienting the normal bilateral and multilateral programs

2.2.2. *Medical Supplies and Vaccines*

Drug procurement seems to be almost as difficult as prior the crisis.

Should the crisis continue, the stock of drugs might diminish significantly if no gasoline or diesel is available and security is not ensured for reliable agencies

Vaccines are available nationwide, however the cold chain must be re-established.

2.2.3 *Fuel for Hospitals and Clinics*

Surgical care depends heavily on electricity and will be totally interrupted in the next few weeks if the present situation continues. The minimal level of surgical activities must be restored in order to prevent avoidable fatalities.

2.2.4 *Water and sanitation*

Water. Three main government institutions (CAMEP, POCHEP and SNEP) were supposed to provide "safe water" in the country:

Metropolitan Area:

- Approximately 53% of the population in the metropolitan area of Port-au-Prince: In fact, the water sources are chronically polluted. At best, chlorination and water quality control are irregular.

Secondary cities:

- Approximately 60% of the population in secondary cities: water treatment (chlorination) is available only in the cities of Cap Haitien, Cayes and Jacmel. Basic laboratory facilities exist in Cap Haitien.

- Only 33.5% of the rural population had access to the water distribution system (no treatment nor water quality control).

As a result of lack of coordination and integration, the large majority of the population drinks very polluted water directly from the rivers or from any unprotected source.

Water distribution and treatment in Port-au-Prince and other urban areas did suffer a significant reduction after the event if compared with the previous situation.

Should the political crisis continue, water distribution will diminish significantly if not fuel is provided. Water treatment will be seriously affected in the next few weeks if no water treatment chemical can enter the country and will open the door to water borne diseases, which is critical in that country threatened by cholera outbreak. Provision should be done to the expected increased need of water treatment and monitoring required in cholera outbreak.

Sanitation: Only 14% of rural populations have latrines as compared with 42% in urban zones. In urban neighborhoods with running water, excreta disposal is usually by means of cesspools without septic tanks. In the poor neighborhoods, latrines with only dry pits are used. No effect of the crisis is expected in this field.

The capital produces some 847 tons of solid waste per day, and the current disposal system can absorb only one-fourth of that amount. The non-collected waste obstructs the storm drain system and attracts rodents and insects.

The solid waste situation is almost similar to pre-crisis situation. The immigration of low economic income populations diminished the quantity of solid waste production.

Sanitation is not a priority for humanitarian assistance at the present time, however should cholera enter the country, the sanitation policy should be reviewed.

2.3 MEDICAL/PUBLIC HEALTH CONCLUSIONS:

1. Minimal delivery of essential health services must be restored or maintained. In particular, ongoing health programs supported by the international community should continue to receive necessary support to avoid disruption of health services and resultant serious health consequences, and to avoid high program restart-up costs.

2. Given the impressive number of highly trained and experienced Haitian medical personnel, there is not a need for any new expatriate clinical staff to implement donor

supported humanitarian health assistance programs. However, implementation of even minimal levels of humanitarian assistance activities requires the return of repatriated technical experts.

3. Ensuring low cost access by the underprivileged population to basic drugs and essential medical supplies is a critical health humanitarian assistance activity.

4. Provision and treatment of water in Port-au-Prince and other urban centers where water is purified, is critical to the health of the Haitian people.

5. At the present time, collection of solid waste in Port-au-Prince and other urban areas is not considered a priority international humanitarian assistance activity. Should an outbreak of cholera occur, this conclusion will be reassessed.

6. Programs to assure adequate emergency treatment and care for victims of civil unrest should be considered by the international community.

7. At the present time, fuel is available, and does not pose a constraint to the implementation of humanitarian health assistance activities. However, if fuel supplies are not replenished, emergency distribution of gasoline, diesel, and propane will be required to maintain donor-supported humanitarian health activities implemented by non-governmental agencies.

2.4 MEDICAL/PUBLIC HEALTH RECOMMENDATIONS:

1. To assure minimal delivery of humanitarian health assistance activities, donors should be encouraged to restore or maintain health programs by considering the repatriation of their technical staff for humanitarian assistance. Humanitarian assistance activities are defined as follows:

- Immunization
- Control and surveillance of: water borne diseases including cholera, tuberculosis, Malaria.
- AIDS prevention and control including condom distribution.
- Primary health care
- Emergency care including surgery, and preparedness for possible injuries resulting from civil unrest.

The above list will be periodically reviewed by the PAHO based on the evolving health situation.

2. Given the need for access to essential drugs and basic medical supplies;

a) commercial suppliers should be permitted to import essential drugs and basic medical, surgical, and laboratory supplies:

- disposables
- bandages
- condoms
- X-ray films and other x-ray supplies
- Laboratory supplies, reagents and chemicals
- Surgical and medical instruments
- Sutures and surgical supplies

b) any public or private agency should have access to essential drugs and basic medical supplies.

c) Due to the decline in purchasing power of patients, donor agencies are encouraged to provide a four month, one-time only supply of essential drugs and basic medical supplies through their humanitarian assistance programs.

3. Fuel should be provided to insure provision of water in Port-au-Prince and other urban centers at the pre-crisis level. This recommendation is made particularly in view of the threat of a cholera outbreak in Haiti. Therefore, sodium hypochlorite, calcium hypochlorite and other WHO endorsed water treatment chemicals should be considered necessary and eligible for a humanitarian assistance program.

4. A standardized basic information system should be in place to permit nationwide monitoring of the effects of the political crisis on the health and nutritional status of the Haitian population.

5. In the event that emergency distribution of fuel is necessary to avoid the total collapse of the humanitarian health assistance program, the OAS should develop an emergency fuel distribution program in concert with donor agencies to ensure that implementing agencies are not forced to terminate delivery of essential health services.

6. If the present political crisis is resolved, donors should be encouraged to resume their health programs at the same or even at an increased level of support as existed before the crisis. Given the threat cholera poses to the Haitian people, donors should be encouraged to increase their support of water and sanitation programs in urban centers if the present crisis is resolved.

3. NUTRITIONAL STATUS AND FOOD REQUIREMENTS

3.1 NUTRITIONAL STATUS

Extended shortage of food in any population group ultimately will lead to clinical signs of malnutrition. In normally well-fed populations, this process may take many months In a previously undernourished population, acute signs of malnutrition may occur in a

matter of weeks. When statistical changes in the rate of malnutrition are detected, relief measures are long overdue.

The nutritional status of children under 5 years of age in Haïti is well known. Seventeen percent of newborns weigh less than 2.5 kgs. at birth. In September 1990, the U.S. Centers for Diseases Control, PAHO, USAID, IHE (Institut Haitien de l'Enfance) and the Ministry of Health conducted a rapid nutrition survey in drought-affected areas in Haïti and another in non-drought affected areas. In October 1990, USAID and the Ministry of Health carried out a rapid nutritional surveillance in drought-affected areas. The data collected indicated a large malnourished population, but not famine conditions. However, the data showed that chronic undernutrition was prevalent and generalized among one-third of the children under 5. These results indicated that the population in the drought affected zone had little reserve capacity to withstand extraordinary food shortages and that any significant decrease in food access of these groups could rapidly lead to further deterioration of nutritional status, resulting in increased morbidity and mortality.

3.2 In-Country Food Stocks

Recent harvests in Haïti appear to have been normal, with in-country distribution being the major current problem. The December/January harvest should also be relatively normal. However, the unavailability of fuel has significantly disrupted normal market channels. Nevertheless, field visits indicate that, in early December, there were no major extraordinary food shortages in the country. Nevertheless, there is a need for field level monitoring of the agricultural production and distribution system to maintain knowledge of the food supply situation.

There is a high probability of increased hunger in Port-au-Prince -- and, to a lesser extent in other urban areas -- in early 1992, among the destitute. This will occur as the result of the drawdown of food stocks from the last harvest. Another major factor in increased hunger will be the sharply reduced economic ability of people to buy the food they need as the result of inflation and unemployment.

The adequacy of the harvest in late December/January will greatly effect whether the rural areas can sustain their normal population plus the urban migrants, or whether people will be forced to return to the cities in search of food. Monitoring of internal migration in Haïti will be particularly important to the effective targeting of emergency food assistance.

3.3 Agricultural Production

If the political situation is prolonged, the environment of insecurity, population migration, poor transport and a lack of essential agricultural inputs could have a negative

impact on future planting. Plantings next spring will depend on farmer perception of the market, seed availability, imported agri-chemicals and assorted other imported items.

Haïti has two main agricultural production cycles, dictated by a bimodal rainfall pattern. The first and most important period is the April/June growing season, harvested in July. The second is a September/November growing season, harvested in December/January. These two harvests account for more than 80 percent of the total harvest. The remainder of the production is harvested between February and June. Rice production in the Artibonite Valley follows this production and harvest pattern. Although there is some production through out the year, the primary harvesting periods are July and December.

Several areas of the country normally market significant quantities of grain (particularly rice) and other food for urban markets. These agricultural zones include the central plateau, the plains area around Cap Haïtien, the southwest and Grand Anse and the Artibonite Valley and other irrigated areas. Other areas of the country are prone to drought; these areas correspond with those noted as nutritionally deficient and include the northwest, the northeast, the Island of La Gonave, and the area around Gonaives.

Because of the political situation, transportation of food from rural areas to urban markets is a serious problem. Food supply in the urban areas may be slightly less than normal, and prices somewhat higher. Conversely, prices for agricultural products in some rural areas have dropped as a result of an oversupply caused by an inability to transport available production to market. The potential effect that this market trend might have on next season's acreage requires monitoring.

3.4 FOOD REQUIREMENTS

Pre-crisis: Malnutrition in Haïti is the highest in the Western Hemisphere, with fifty percent of the population consuming less than 85 percent of daily caloric requirements. Although malnutrition in Haiti is higher than in the rest of the Caribbean and Latin America, it is necessary to differentiate between the normal low nutrition level and the crisis-induced low nutrition level.

The difference between total food needs and available local production is generally estimated at 40 percent of needs, with average per capita consumption less than what is considered a temporary maintenance level of 1800 KCal/day. This average is calculated based on available domestic agricultural production data (where estimates frequently vary by 30 or more percent) and available data on concessional and commercial imports. These calculations do not take into account contraband imports, are not correlated with reliable demographic data, and thus should be considered indicative at best.

Post-crisis: The civil unrest and economic dislocation resulting from Haiti's September 30 *coup d'etat* has narrowed further the slim margin of food security The civil unrest and security problems that resulted caused an estimated 100,000 - 200,000 persons to flee

Port-au-Prince in the first three weeks of October, with a steady flow resulting in as many as 44 percent of the homes in Cite Soleil being empty by the end of November. This population movement is primarily toward the south, which produced a normal harvest in July-August and traditionally has more food than the north and northwest. Because the December/January harvest appears adequate, much of this population will probably remain in the rural areas until the security situation normalizes in the urban areas. Even if the harvest is below normal, donors should not flood the market with an overabundance of donated food at the risk of its potential disincentive effect on the March planting.

In addition to loss of income, the current devaluation of the gourde and inflation have reduced the purchasing power of the poor. This trend will more notable in the urban than in the rural areas in the initial stages. As the market stagnates and goods cannot be moved to the urban centers, and prices remain depressed in the rural zones, the effects of this lack of purchasing power will become evident. Currently, all edible oil is imported and must be purchased, and will be one of the first commodities missing from diets. A similar situation will exist for wheat products. It is important that donors recognize that income, devaluation, and inflation rates must be monitored to avoid providing too much food to the urban areas and thus further depressing rural incomes.

Given the extremely volatile political situation, the uncertain environment for agricultural production and distribution, the erosion of the purchasing power of the poor, it is difficult to predict the nature, locations, and levels of vulnerability to hunger over the coming months. Nevertheless, it is the judgement of the humanitarian assessment team that a hunger crisis does not currently exist in Haiti. However, the risk of hunger will increase greatly shortly after the beginning of the New Year.

3.4.1 *Nutrition and Food Monitoring System*

Because so many Haitians already live on a slim nutritional margin, they have been particularly vulnerable to the economic and humanitarian consequences of the coup. It is certain that some portion of the Haitian population will be increasingly vulnerable to extreme hunger as the crisis progresses. A simple monitoring system is essential to allow donors to monitor nutritional status and provide information on the population at risk. The Institut Haitien de l'Enfance (IHE), with USAID assistance, is mounting such a system at this time.

3.4.2 *Impact of Internal Migration*

The urban poor are currently most at risk. This situation could change rapidly if major amounts of the population continue migrating into the rural areas, particularly as post-harvest food stocks are consumed. Once food is no longer available and if the security situation is perceived to have improved, rural populations may move back into urban areas if food is available A much better assessment of numbers, location, and segments of the population at risk of famine is therefore necessary to guide planning for humanitarian assistance

programs. The monitoring system described in the previous section should be able to provide reliable data in a timely fashion.

3.4.3 *Logistical Feasibility*

To mount an effective food distribution system, fuel, transport, a modicum of security, and institutional capacity must be available. Donors should analyze alternative means of supplying and providing emergency food aid to the most nutritionally at-risk elements of Haitian society.

3.4.4 *Institutional Capacity for Food Distribution*

Total donor pre-crisis beneficiary levels for concessional food programs was 750,000 persons (U.S. NGOs, WFP, and the EEC.) It is unclear at this time what the eventual total beneficiary need will be. This will depend on a number of variables, such as the length of the duration of the political crisis and the amount of future domestic food production. In this uncertain context, the institutional capacity to provide food aid could become a limiting factor. Donors should begin to assess immediately means to expand their beneficiary outreach. Particular attention should be given to taking advantage of Haïti's large, in place indigenous NGO system.

3.4.5 *Rapid Re-establishment of Normal Food Production, Import and Distribution Systems*

Even if a resolution of the political crisis does occur before 1992, it would take 3-6 months to achieve pre-crisis levels of food availability. Priority must be given to the restoration of domestic agricultural production. Donors should exercise caution to avoid causing disincentives to local agriculture by the provision of excess amounts of humanitarian food assistance. It is estimated that 97,500 MT of food aid could be imported without depressing either the production or the normal level of commercial food imports.

3.5 Recommendations for Food Distribution

3.5.1 *Prior to a Political Solution*

Those members of the population most at risk should be carefully identified and provided access to targeted feeding programs. Because of the urgency of the situation, food assistance during this phase should not emphasize developmental aspects which would be demanding of institutional time and resources. The major share of the beneficiaries during this phase should be small children, pregnant and lactating mothers, and individuals residing in institutions (such as orphanages and hospitals). Such direct feeding programs are management intensive, and will stretch existing institutional capacity.

3.5.2 *Subsequent to a Political Solution*

Humanitarian assistance plans should detail both relief and rehabilitation activities targeted to the needy segments of the population. These plans could include alternative methods of food distribution and activities designed to revive the economy. With the passage of the peak crisis period, a greater development orientation should be adopted. Ideas to be considered include, employment generation activities, assistance to enhance agricultural production, and land management activities to ameliorate the rapid deforestation due to increased tree cutting to produce charcoal. (Note: While charcoal is an important fuel to many Haitians, accelerated charcoal production is a sign of the increased economic desperation of Haïti's poorest population.) Restoration of agricultural production may require the provision of seeds and other inputs.

Meticulous field level donor coordination of humanitarian feeding programs will be essential. Under the leadership of the UNDP, an effective donor coordination mechanism already exists in Port au Prince. This is supplemented by a food coordination group led by the World Food Program.

4. LOGISTICAL SUPPORT AND SECURITY FOR HUMANITARIAN ASSISTANCE ACTIVITIES

4.1 TRANSPORT OF HUMANITARIAN ASSISTANCE

Roads are nonexistent in many parts of the country. Because of this and security concerns, it may be necessary to use a combination of delivery systems using both the roads and the sea approaches in order to get to the targeted recipients. Using the following main ports food platforms could be set up where smaller boats could access supplies and deliver them rapidly through prearranged inlets around the island. These ports are Fort Liberte, Port de Paix, Jeremie and Les Cayes. Under these circumstances, civilian security firms may offer an alternative to handle this sort of operation. They would need information pertaining to locations, and specification of boats

This approach may assure a secure dispersement with minimum danger associated with use of vehicles breaking down in insecure remote areas.

4.2 FUEL AND ITS IMPLICATIONS FOR HUMANITARIAN ASSISTANCE

Haïti imported 2.6 million barrels in 1990. Most of it, or 38%, came in under the form of diesel fuel, used primarily by the industrial and transportation sectors. Gasoline imports ranked second in importance, accounting for approximately 20% of total petroleum derivative imports, followed by fuel oil to run thermoelectric power plants

(16%); kerosene (7%) which is used in cooking and lighting; LPG or liquid petroleum gas widely used for cooking, for cold chain purposes and as an ecologically efficient substitute for charcoal (3.5%). The remaining 15% is accounted for by lubricants, jet gasoline imports and fuel oil cargo.

Petroleum derivative imports are used to satisfy only approximately 25% of the energy requirements of the country. Wood is the main source of energy accounting for close to 75% of the country's needs. As a result of the current crisis this figure has probably increased to the 90% range.

Since the embargo, the country has received one large shipment of fuel, 110 000 barrels, (80 000 barrels of diesel fuel and 30 000 barrels of gasoline). It arrived at the end of november and is equal to approximately a three-week supply at normal consumption rates.

Fuel, and the lack of it, has been a recurring topic in almost all of the interviews that the technical mission has had during its stay in Haïti. Its drastically reduced availability has not only adversely affected economic activity and employment but through its effects on the provision of or access to basic public services it has touched upon the lives and welfare of the vast majority of the population.[1]

This impact, however, has not been evenly spread within the different segments of the Haitian society, its effects ranging from mild inconvenience for some to severe hardship and increased vulnerability to those already under strain, such as the unemployed, the urban wage earners and the rural population.

The difficulties faced by many health institutions in obtaining fuel has, in many cases, forced them to considerably reduce and almost virtually shut down X Ray and laboratory analysis, emergency care facilities, maternity services, particularly those requiring surgery. Likewise, disruption in the mass transportation system, and the reduction in school attendance to which it has given rise, has jeopardized important nutritional and immunizations programs which are centered round educational establishments.

As a result of this, the consequences of a lack of fuel have undoubtedly been more severe on the most vulnerable groups of the Haitian society. Due to the current fuel shortage, international relief agencies have been hampered in their efforts to shield, through ongoing health, nutrition and educational programs, this high risk segment of the population from the effects of increased social and economic hardship.

[1] Before and after the arrival of the tanker on November 28, some fuel continues to enter the country through different routes. Stimulated by higher prices, its importation became an extremely lucrative business which taxed more heavily those least prepared to endure additional economic hardship. In addition, a prolonged lack of cooking fuel (kerosene and liquid gas) has the potential for a devastating impact on the already fragile ecology of the country, which has seen the price of charcoal go up by more than 50% in the past three months.

Simultaneously, the OAS, in concert with donor Agencies, must develop an emergency fuel distribution program to support implementation of humanitarian assistance programs by no later than December 31,1991. This plan should describe means of procurement and distribution of fuel to agencies, and measures for monitoring fuel utilization.

It must be understood that we could face a public relations problem associated with the perception that we have fuel for our own activities while the general public is suffering from drastic shortages due to the embargo. Public opinion would have to be properly monitored in order to keep in touch with the added risk. Similarly, use of distinguishing marks for the personnel and equipment should be decided upon in consultation of local experts familiar with the current public perception of the organization and the embargo.

4.3 SECURITY

There is general agreement among most NGOs and the population at large that from a security point of view the Army as a whole cannot be trusted to assure the security of depots and distribution system. On the other hand few agencies are volunteering to have depots in or near their facilities, may it be NGOs, religion organizations or health institutions. The common fear is that these facilities can become targets of violence. It must be noted that break in occurred in periods associated with political unrest. It was found in such cases that the people involved were either from the organization itself or from Army personnel.

Employing a peace keeping force coming from military personnel of OAS member countries is not a feasible alternative and will not be discussed further.

4.3.1 *Possible Scenarios*

The security plan should be able to deal with the following scenarios:

- Scenes of vengeance, pillage, and destruction of private and public facilities by uncontrolled elements of the population in response to repression by the authorities, especially in a scenario where the death of children is involved.
- Action by dissatisfied military troops at the solder level that for some reason are not under direct control of their officers.
- Action by the army at the officer level in certain departments where corruption is the norm rather than the exception.
- Action due to a complete power breakdown due to a popular movement against the *de-facto* government.

- Action by bands of thieves operating in remote areas. These bands are known as Zinglendos and are mostly composed of people from the auxiliary army.

- Security elements: Experience of similar relief operations outside the Americas suggest that this humanitarian assistance is not possible without the tacit agreement of the *de facto* government and Haitian army commanders.

This tacit agreement of the Haitian Armed Forces, however indispensable it might be, should be weighed in light of the prevalent state of the army. The army still has internal divisions. Many differences superimpose themselves to the present crisis such as the differences between the troops and superior officers that have little inclination to take initiatives and to assume their responsibility, the competition between the official army and the parallel army that is almost equivalent in numbers (this force is constituted by auxiliary personnel under rural section leaders of corporal rank), between units of the Dessalines Casern who cultivate a certain independence from the rest of the Army.

4.3.2 *Possible Alternatives*

With the present situation we are faced with two complementary alternatives.

Civilian Security organizations: In the opinion of the security expert, there exists two firms in Port-au-Prince that could assure part of the security measures at present. One firm is better equipped to handle our needs and can deal effectively with most of the recommendation of this paper. They have dealt in food distribution before and have excellent contacts in both sides of the present political situation. They also have the necessary boats needed for a distribution system.

Outside supervision: Whatever security organization is set up, there exists a need for outside supervision from disaster mangers that are separated both from a political and bi-lateral point of view. These would be responsible to ensure a proper mix of security elements, assume overall technical or operational coordination, and through a system of spot checks at all levels of the distribution systems, including signatures, inventories, and any other needed control measures, would keep the program credibility and efficiency. This personnel should come from countries that belong to the OAS, be fluent in French, and have a background in disaster relief operations, security and logistics.

4.3.3 *Communications*

In order to control this operation, a coordination cell will have to be set up in Port-au-Prince with communication with all parts of the country. Telecommunications experts will need to cooperate and provide support to all agencies involved in humanitarian assistance.

4.4 RECOMMENDATIONS FOR LOGISTICS AND SECURITY

Because of the present situation, we must have tacit agreement from the leadership of the armed forces assure the security of the distribution networks starting from the customs through the distribution system down to the recipient. Agreement must be given that normal bureaucratic red tape will be cut to a minimum and that food supplies can enter the country at different locations simultaneously.

A mixture of different security elements is the only way to assure that incidents of the type of incidents noted in this country will not occur. This means taking members of the most disciplined units of the armed forces and trained personnel from a civilian security agency.

4. CONCLUSIONS

The technical assessment mission has concluded that no extraordinary humanitarian disaster existed as of the first week of December. However, it is likely that the situation will deteriorate and a need for emergency health and nutrition assistance will be required for some time in January. The requirement for assistance will continue to grow through March or April

In this regard, international donor and assistance agencies should begin now to plan for emergency feeding and health programs. Food and medicines should be positioned so that their delivery can meet the need as soon as it occurs. Such agencies, security conditions and fuel availability permitting, should plan to place the required technical and administrative staff in Haiti so that program delivery can be accomplished as efficiently and effectively as possible. Simultaneously, the OAS, in concert with donor Agencies, must develop an emergency fuel distribution program to support implementation of humanitarian assistance programs by no later than December 31,1991. This plan should describe means of procurement and distribution of fuel to agencies, and measures for monitoring fuel utilization, as well as ensuring security for humanitarian assistance.

While it is impossible at this time to predict accurately the need for assistance, annexes to this paper present informed projections and cost estimates for what the requirements might be. These estimates may change as better information becomes available.

December 17, 1991