



## Project HOPE Impact since August 2021



**49,090** individuals receiving hygiene kit



**20,747** individuals provided psychosocial support services

**327** health care workers trained

**130,007** individuals receiving direct hygiene promotion

**152,162** health consultations provided

## Project HOPE in Haiti

Project HOPE has longstanding relationships with institutional and health partners in Haiti dating back to the 1980s. Our portfolio has included programs focusing on maternal and child health and emergency responses, including responding to the 2010 Haiti earthquake followed by a multi-year medical rehabilitation program which established the country's first free, comprehensive rehab and prosthetics facility; assisting the MSPP in developing a cholera prevention and treatment strategy following the 2011 cholera outbreak; and responding to Hurricane Matthew in 2016 followed by the establishment of a Cholera Treatment Center in the Nippes department.

More recently, Project HOPE mobilized emergency relief following the 7.2-magnitude earthquake which struck the Southwest of Haiti on August 14, 2021. When an outbreak of cholera was declared in 2022, Project HOPE leveraged existing relationships in the country to provide critical support to cholera treatment centers and communities affected by the ongoing outbreak.

Haiti is defined as a complex humanitarian emergency caused by and resulting in multiple complicating social, economic and political factors including political instability, violence, high inflation, rising food insecurity and lack of access to health care. Today, Project HOPE continues to provide quality health care and humanitarian assistance to communities with limited support and access to services in the southwest of Haiti.

### Providing Health & Humanitarian Assistance in Haiti

When the 7.2-magnitude earthquake struck on August 14, Project HOPE deployed a team of first responders to provide medical relief to hard-hit areas around Les Cayes in the Sud department of Haiti. In coordination with the Ministry of Public Health and Population (MSPP), and with support from USAID's Bureau for Humanitarian Assistance (BHA) and Latter-day Saint Charities, Project HOPE implemented a nine-month multi-sectoral program aiming to restore access to primary health care services with complementary protection and water, sanitation and hygiene (WASH) activities. In partnership with Health Equity International (HEI), the program provided primary health, WASH, and mental health and psychosocial support services (MHPSS) to more than 159,000 people in earthquake-affected communities across the Sud, Grand'Anse and Nippes departments.

In late 2022, Project HOPE was conducting an assessment to investigate the effects of increasing insecurity when cholera was discovered in Port-au-Prince and began to spread and be identified in departments across the country. Project HOPE immediately responded with supporting a local partner with supplies for a cholera treatment center in Jeremie and conducted a rapid needs assessment of health facilities and Cholera Treatment Centers in departments in the South of Haiti. In January of 2023, Project HOPE launched implementation of a multi-sectoral program funded by USAID/BHA in response to the cholera epidemic through support to Cholera Treatment Centers as well as integrated MHPSS services and activities to prevent and support survivors of gender-based violence (GBV) at the health facility and community levels in the Sud, Grand'Anse, and Nippes departments.

## As cholera cases began to decline in early 2023, Project HOPE shifted its response to align with the evolving context and better respond to priority primary health and protection needs. In May 2023, Project HOPE carried out an assessment to identify community needs around Gender-Based Violence (GBV), mental health, primary health care (MHPSS), water, sanitation and hygiene (WASH), and nutrition in the Sud, Nippes and Grand'Anse departments.

### Key findings from the assessment illustrated a continued need for comprehensive multi-sectoral services including:

- Fifty-four percent of participants reported having to travel over an hour to access a health facility. While this is a significant barrier on its own, respondents reported that the biggest obstacle for accessing health care was the lack of financial resources to support both the cost of travel and the cost of health care itself — the latter of which patients are required to pay before being diagnosed or treated by a medical professional.
- Forty percent of participants do not eat on a regular basis or have only one meal per day — which predominately consists of rice — and only 58% eat two to three meals daily. Our assessment also showed that 34% of individuals spend somewhere between 6,000 and 15,000 gourdes (roughly \$40–100 USD) per week on food.
- Forty-six percent of women stated they did not have access to a health facility for childbirth and were instead tended to by family and neighbors in their house during labor.
- Primary health care facilities reported regular shortages of drugs and gaps in training for their staff, including for mental health care and nutrition. Facilities also reported they were unable to provide care for malnourished patients due to lack of technical knowledge and financial support for families who require housing for longer-term nutrition care. Referral mechanisms are also disrupted, including referrals for malnutrition. Health facilities are unable to access areas with high malnutrition rates without mobile medical units.
- Health facilities also reported a lack of capacity to conduct larger-scale nutrition surveys and track trends in their communities.

Project HOPE is continuing to monitor health and humanitarian needs in Haiti while implementing health, WASH and protection in the Sud, Nippes and Grand'Anse departments Haiti. Our sectoral approaches in Haiti include the following which are tailored as necessary to deliver targeted services to the communities where we work.

**Health:** Project HOPE will start a multi-sectoral response program to be implemented over one year in three (3) departments of Haiti: Sud, Nippes and Grand'Anse. The program will focus on the scale-up, continuity, and provision of primary health services which may include

Reproductive Health, Communicable Diseases, Noncommunicable Diseases, Injury and First Aid, Mental Health and Psychosocial Support, Community Health. In support of Haiti's health system, Project HOPE will scale up focus on strengthening primary care protocols at supported facilities to meet Sphere standards for essential healthcare standards. Project HOPE will procure and distribute pharmaceuticals and medical commodities to supported health facilities and mobile medical units (MMUs).

**WASH:** At the health facility level, Project HOPE implements repairs and rehabilitation to ensure functional WASH infrastructure to comply with infection prevention control protocols and Sphere Minimum Standard. This includes repairs to handwashing stations, latrines, water points and ensuring adherence to sanitation protocols including medical waste management and excreta disposal in coordination with MSPP and the National Potable Water and Sanitation Directorate (DINEPA). Additionally, Project HOPE procures and distributes basic WASH and IPC supplies and helps ensure safe water supply. At the community level, accompanied by distribution of hygiene and dignity kits. Project HOPE also supports systematic water testing at community-based water points and household level through engagement of Drinking Water and Sanitation Technicians (TEPACs), a cadre established by the Centers for Disease Prevention and Control and DINEPA.

**Protection:** In response to the heightened risk of sexual exploitation, abuse and violence in Haiti as well as increased needs in protection interventions, Project HOPE is implementing evidence-based MHPSS programs at the health facility and community levels as well as services to support survivors of GBV. To complement the training and provision of clinical mental health care through mhGAP, Project HOPE is also implementing WHO's low-intensity cognitive behavioral therapy program Problem Management Plus (PM+) in both group and individual sessions at the community level. To improve and increase access to survivor-centered approaches and inclusive services in line with IASC GBV Guiding Principles, Project HOPE is working to strengthen GBV case management and referrals in facility catchment areas while also delivering GBV case management and counselling along with MMU services.

**Humanitarian Coordination, Information and Management:** Project HOPE will aim to revitalize coordination and sectoral clusters in the Sud, Grand'Anse and Nippes departments to improve coordination across humanitarian organizations present in these departments. This will begin with a comprehensive mapping of humanitarian actors across the three departments including INGOs, local and national NGOs, civil societies and government agencies followed by the development of criteria and framework for cluster participation. Following the actor mapping and criteria, Project HOPE will aim to reestablish the Health Cluster across the three departments while strengthening additional clusters including WASH and Protection/GBV in coordination with other actors and lead agencies.