Médecins Sans Frontières (MSF) is immensely grateful to the millions of people around the world who have helped finance the organization’s massive relief effort in Haiti and for the thousands of dedicated national and international staff who mobilized in the aftermath of the January 12th earthquake.

At the time of the earthquake, MSF had been providing continuous health care in Haiti for almost 20 years. After the earthquake hit, MSF’s existing deployment of 800 field staff working in three facilities in Port-au-Prince was quickly expanded to 3,400 people working in 26 hospitals and clinics in the capital city and beyond.

During the three-month emergency phase of the earthquake response, these teams treated 165,000 people, distributed 28,000 shelters and 85,000 non-food item kits, rehabilitated 10 hospitals, and constructed four new facilities. MSF devoted a large share of its operational resources to the establishment of emergency trauma and obstetrical surgical care. MSF was the major actor in emergency surgical care among the 30 foreign field hospitals deployed during these first three months. MSF surgeons performed 5,707 major surgical procedures. The Cuban government, which sent five field hospitals, reported 3,562 major operations in the same period, and the staff on USS Comfort performed 800 operations during its seven-week mission.

By mid-December, in the midst of the ongoing cholera outbreak in Haiti, MSF had more than 4,000 Haitian workers are working alongside 315 international staff to maintain existing programs and mount the cholera emergency response. They run seven private, free-of-charge, secondary-level care hospitals and support two Ministry of Health structures in Port-au-Prince, accounting for nearly 1,000 hospital beds in the capital. These facilities provide emergency, trauma, obstetrical, pediatric, maternal, and orthopedic care services. Mental health care and treatment and counseling for victims of sexual violence are also provided by MSF. Outside the capital, MSF supports Ministry of Health hospitals in Jacmel with nearly 100 beds of patient capacity and runs a private, 120-bed container hospital in Léogâne that opened in October.

From January 12 to October 31, MSF treated more than 358,000 people, performed more than 16,570 surgeries, and delivered more than 15,100 babies. MSF also uses mobile and fixed-point clinics to provide primary medical care and relief supplies to displaced persons living in various camps in Port-au-Prince and is carrying out water-and-sanitation services to displaced persons in the Cite de Soleil slum. As of January 2, 2011, MSF teams had treated 91,000 cholera cases in 47 treatment centers located around the country.
Earthquake Response Operational Expenditures

MSF was overwhelmed by the generosity of people from around the world who provided financial support for the organization’s response in Haiti. By the end of 2010, MSF estimates it will spend all of the €104 million¹ ($138 million) donated by private supporters for the earthquake emergency relief effort and the cholera outbreak response in Haiti. As of October 31, MSF had spent 76 percent – some €79 million ($104 million) – of these restricted funds in the first 10 months following the disaster. With MSF’s current operational budgets, MSF estimates it will spend a total of €94 million ($124 million) in 2010. The remaining private, restricted funds raised for Haiti will be used to mobilize MSF’s cholera response.

Major Operational Spending Categories
January 12 to October 31, 2010

<table>
<thead>
<tr>
<th>Category</th>
<th>Euros (millions)</th>
<th>US Dollars (millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical/post-operative care</td>
<td>17.2</td>
<td>22.7</td>
</tr>
<tr>
<td>Maternal health</td>
<td>10.1</td>
<td>13.3</td>
</tr>
<tr>
<td>Shelter</td>
<td>11.7</td>
<td>15.4</td>
</tr>
</tbody>
</table>

Operational Expenditures
January 12 – October 31, 2010

<table>
<thead>
<tr>
<th>Category</th>
<th>Euros</th>
<th>US Dollars</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Staff</td>
<td>12,622,519</td>
<td>16,661,725</td>
<td>16%</td>
</tr>
<tr>
<td>National staff</td>
<td>18,571,604</td>
<td>24,514,517</td>
<td>23%</td>
</tr>
<tr>
<td>Running costs</td>
<td>2,114,144</td>
<td>2,790,670</td>
<td>3%</td>
</tr>
<tr>
<td>Medical</td>
<td>12,271,641</td>
<td>16,198,567</td>
<td>15%</td>
</tr>
<tr>
<td>Logistics</td>
<td>18,395,034</td>
<td>24,281,445</td>
<td>23%</td>
</tr>
<tr>
<td>Training</td>
<td>102,269</td>
<td>134,995</td>
<td>0.13%</td>
</tr>
<tr>
<td>Transport &amp; Freight</td>
<td>14,964,735</td>
<td>19,753,450</td>
<td>19%</td>
</tr>
<tr>
<td>Consultants</td>
<td>305,999</td>
<td>403,919</td>
<td>0.38%</td>
</tr>
<tr>
<td>Other</td>
<td>180,674</td>
<td>238,490</td>
<td>0.23%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>79,528,620</strong></td>
<td><strong>104,977,779</strong></td>
<td></td>
</tr>
</tbody>
</table>

¹ The amounts donated have been converted into Euro using the average monthly rate for currencies in which the funds were originally donated. All US dollar figures in this report have been calculated based on an Euro to US Dollar average exchange from January 1, 2010 to October 31, 2010 (1.32 USD to 1 Euro)
Use of expenses through October 31st 2010
Total: 79.5 million €

Categories of spending

Operating such emergency health programs requires a range of investments. Given the devastation in Port-au-Prince and beyond, including the near-total destruction of many health centers and hospitals, more than 25 percent of MSF’s expenditures as of October 31 were devoted to logistics such as the rehabilitation or construction of medical facilities and the ongoing maintenance of health structures, which includes the provision of water and electricity. Without this investment, medical staff would not be able to operate and patients would not receive the scope and quality of treatment MSF offers.

A further 15 percent of MSF’s expenditures have been directed solely to medical materials and supplies.

Because large numbers of essential emergency workers and vast amounts of relief goods had to be brought into Haiti, transportation accounted for 19 percent of the total spending through October 31. The percentage was reduced from 25 percent of total expenditures for the emergency phase period of January 12 – April 30 because our coordinators made both the supply chain and human resources management more efficient.

Given the medical nature of the intervention and the unprecedented level of deployment of national and international staff, these two categories represent a significant expenditure (about 40 percent, almost €32 million, or $41 million). They include all expenditures for 8,000 people (mostly medical personnel and logistics) who participated in the intervention.
Because so much of the medical and logistical supplies had to be shipped into the country, transport and freight accounted for another 19 percent of the total expenditures through the end of October. Additional operating costs included relate to all MSF offices in Haiti.

**FIGURES AT A GLANCE**  
**from Jan 12 to October 31**

<table>
<thead>
<tr>
<th><strong>Human resources</strong></th>
<th>Year to date January 12 - October 31</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haitian staff</td>
<td>2,844</td>
</tr>
<tr>
<td>International staff</td>
<td>260</td>
</tr>
</tbody>
</table>

**Medical facilities**
- Operating theaters: 15
- Number of beds: 1,121
- Hospitals rehabilitated: 10
- New Construction: 6
- Number of fixed sites (maximum for period): 12
- Number of mobile clinics: 3
- Cholera Treatment Centers built (Oct. 22 – Dec. 12): 47

**Medical activities**
- Patients treated: 358,758
- Surgical operations: 16,578
- Patients treated: post-operative care: 10,939
- Patients treated: violence-related trauma: 7,110
- Patients treated: other trauma: 38,534
- Patients treated: cholera (as of January 2, 2011): 91,000
- Patients treated: psychosocial and mental health: 177,212
- Patients treated: deliveries: 15,105
- Patients treated: sexual violence: 696

**Logistical equipment**
- Relief kits distributed *: 85,000
- Tents distributed: 45,940
- Liters of water distributed per day as of October 31: 516,000
- Latrines built: 823
- Showers built: 302

* as of May 12
Cholera Emergency Response

MSF has mobilized a cholera emergency response across every administrative department of Haiti. Through January 2, 2011, MSF medical teams had treated more than 91,000 cholera cases in 47 cholera treatment centers throughout the country. (This accounts for approximately 60 percent of all cases treated in the entire country.) MSF has established more than 3,200 beds of hospitalization capacity for the cholera outbreak and has been able to maintain the case fatality rate of less than 2 percent in these facilities. More than 1,000 tons of medical and logistical supplies have been brought into the country, and MSF has more than 4,000 Haitian staff and 315 international staff dedicated to cholera treatment. MSF has also issued repeated public statements pointing out that critical shortfalls in the deployment of well-established measures to contain cholera epidemics are undermining efforts to stem the ongoing outbreak in Haiti.

MSF estimates it will spend approximately €10.8 million ($14.2 million) on cholera emergency programs in 2010. Another €7.5 million ($9.9 million) is projected to be required to continue cholera-related activities in Haiti in 2011.

MSF Operational Priorities for 2011

Before the catastrophe, 70 to 80 percent of Haitians could not afford health care. More than 70 percent of them were reported to be living on less than US$2 per day.

Haiti’s health-care system before the earthquake was insufficient to address the basic medical needs of the population in Port-au-Prince. Health-care services are structured in three levels: a first level with over 600 health centers with and without beds and 45 community hospitals; a second level consisting of 10 departmental hospitals; and a third level made up of six university hospitals, five of them in Port-au-Prince. These health-care structures are provided or supported by a multitude of actors from the public sector, the private for-profit sector, and the mixed and private non-profit sector.

Although annual governmental expenditures on health per capita is more than US$60, and although a multitude of international organizations, bilateral and nongovernmental organizations are directly involved in supporting health-care provision and prevention, close to three quarters of the population still has insufficient or almost no access to health care services because they cannot afford the user fees applied in private for-profit, as well as public and private not-for profit, health care services.

The effects of the earthquake on this already deficient health-care system were devastating. In the affected regions more than 60 percent of the hospitals were either severely damaged or totally destroyed. The main offices of the Ministry of Health and much of its material resources were also completely wiped out.

In the nearly 12 months that have passed since the disaster, major gaps in health-care provision remain throughout the capital. MSF’s operational budget projections for Haiti are €46 million ($60.7 million) to maintain a slightly consolidated network of 6 private hospitals with a total capacity of up to 1,000 beds in Port-au-Prince and to continue its support of two Ministry of Health hospitals. Outside the capital, MSF will continue to run its 120-bed private container hospital in Léogâne. These facilities will focus on secondary level care with trauma, pediatric, obstetric, maternal, orthopedic, and burns
service available. Additionally, MSF is working to establish a foundation that would, in the years ahead, create a public-private hospital in the capital. Another €7.5 million ($9.9 million) is projected to be required to continue cholera-related activities in Haiti in 2011. Beyond these projected activities, MSF will remain flexible to respond to new emergencies in the country as it does in all of the nearly 70 countries it operates in today.

Summary of MSF project locations and activities

In Port-au-Prince

Bicentenaire: The general and emergency hospital, established in a former dental clinic, is in an area surrounded by five camps for the displaced. Destruction from the earthquake reduced emergency response capacity and hospital beds in the area. The 80-bed hospital focuses on emergency medical care, mental health, ambulance referral and orientation, pediatric care, an inpatient department for adults, radiology, and emergency surgery for those directly and indirectly affected by the earthquake. Fully 47 percent of trauma surgery has been related to violence, which is prevalent in the area. MSF closed the maternity center in September but continued providing emergency obstetrical care. At the outset of the cholera outbreak in the city MSF set up a CTC of 250 beds in Bicentennaire area, with the capability to expand to 400 beds if needed.

Carrefour Orthopedic and Trauma Hospital: At the end of January, MSF built an orthopedic hospital in a school building unaffected by the earthquake in Carrefour, a suburb of Port-au-Prince. From early February until October, MSF was seeing an average of 390 cases per week, for both major and minor surgeries. Orthopedic surgery, including external and internal fixation, skin grafts and muscle flaps were being performed. Post-operative care and rehabilitation (in collaboration with Handicap International) was provided. Rehabilitation care was offered to patients, while psychological care was provided to patients and their families. By the end of October, all orthopedic patients were transferred to other MSF hospitals to allow the MSF team to transform this building into a cholera treatment center with a bed capacity of 130.

Carrefour Feuille, Tapis Rouge: Epidemiological surveillance for cholera continues along with the regular activities of two mobile clinics in Tapis Rouge, which has a camp population of 14,000, and Campêche, which has a population of 5,000. The clinics focus on out-patient consultations, antenatal and postnatal care, family planning, psychological care, and ambulance referrals.

Centre Hospitalier Sainte-Catherine de Labouré (CHOSCAL) in Cité Soleil: MSF is working in this 100-bed Ministry of Health hospital and was initially focused on earthquake-related trauma. It is once again a general hospital for a slum community living in extremely precarious conditions. There is one operating theater for major surgeries, and one for minor surgeries. MSF also staffs the emergency department, the maternity, the internal medicine, pediatric wards, and all the logistical services needed to run the hospital. Medical and psychological care is provided to victims of sexual violence, while psychological care continues for all patients and their care-givers. The CTC has 80 beds but has been overwhelmed by 250 admissions per day, most of which are transferred to Sarthe CTC for treatment. The high risk of cholera remains aggravated by the lack of chlorinated water in Cité Soleil apart from MSF projects and some private tap points, and the gravely insufficient waste management.
**Delmas 33**: MSF’s original emergency obstetrics hospital “Maternité Solidarité,” located in central Port-au-Prince, was destroyed in the earthquake. Construction of a container emergency obstetric hospital started in March in the Delmas 33 neighborhood. This hospital was temporarily fitted with 130 cholera treatment beds in November (with the possibility to expand to 200 beds if necessary) in response to the cholera epidemic.

**Port-au-Prince General Hospital**: MSF is supporting the hospital with a 40-bed CTU that treats around 100 new cases per day.

**Grace Camp Pediatric Hospital**: The hospital opened at the end of May inside Grace Camp, home to approximately 10,000 families in Carrefour. It has a pediatric emergency room, a ward with 50 beds, and a treatment program for severely malnourished children. Training sessions have been conducted for auxiliary staffers to communicate with the mothers in order to prevent their children from defaulting from the nutritional program. An isolation ward with 10-15 beds opened in October to treat suspected cholera cases for children under age two.

**Grace Camp Outpatient Clinic**: MSF has been supporting this out-patient clinic since the end of January. It sees an average of 230 patients daily, plus 120 women a week in the antenatal service (averaging 200-250 consultations weekly) and infants. The nearby Shekina health center, which opened in March in Carrefour, has ten beds as well as two consultation rooms – one reserved for antenatal care and the other for sexual violence cases.

**Hôpital de la Paix**: MSF established a CTC of 30-40 beds at this teaching hospital in Delmas.

**Isaïe Jeanty/Chancerelle, Emergency Obstetrics Hospital**: MSF has been supporting the Ministry of Health since March at this 85-bed referral hospital, which is equipped for complicated births and eclampsia cases. MSF provides maternity, neo-natal and emergency obstetric care, and training for doctors. In September there were 1,340 deliveries at the hospital, 14 per cent of which were performed by cesarean section. MSF manages the obstetrics wing of 61 beds, including five observation beds inside the delivery room, and six delivery tables. Ante and postnatal care are also provided. MSF runs the blood bank, psychosocial unit and neonatal ward. When cholera hit Port au Prince, MSF teams set up an isolation area on the hospital grounds with a 10-bed capacity for maternity cases. Cholera greatly increases the risk of spontaneous abortion (miscarriage) for pregnant women. Teams also provide special counseling to mothers who have lost their babies as a result of cholera.

**Martissant 25**: This emergency, outreach, and stabilization center, operated by MSF since 2006, has a capacity of 40 beds. It sees approximately 70 outpatients per day. MSF treats victims of sexual violence, offering comprehensive psychological and medical treatment. Pediatric care, internal medicine and maternal services are provided. The cholera treatment unit has 100 beds.

**Saint-Louis Hospital / Delmas 31**: Medical and surgical activities are ongoing in a 237-bed-capacity inflatable hospital which includes three operating rooms – one specially dedicated to the 29-bed burn unit. There are 36 pediatric beds. This facility replaced MSF’s “La Trinité” hospital which collapsed in the earthquake. Services include medical and surgical follow up, physiotherapy, and psychological care. This busy hospital
provided almost 10,000 emergency/surgical consultations from January through October, and 25,000 outpatient consultations. There is now a small cholera treatment unit of seven beds. Looking ahead, MSF is building a modular hospital for surgery and emergency medicine to replace the Saint-Louis tented hospital.

**Sarthe:** This hospital opened in February as a post-operative center in a converted soft drink factory in the Sarthe area. It has a capacity of up to 300 beds. Patients have received wound care and more specialized orthopedic or reconstructive surgery. Handicap International physiotherapists are working in collaboration with MSF to advance rehabilitation and patient adaptation to prosthetics. Mental health care is also provided. Since April, the center has diversified its services with an outpatient department. The cholera treatment unit has 150 beds while the cholera treatment center has 430 beds.

**Tabarre:** In second half of 2011, MSF will open a 114-bed container hospital with the aim of becoming an emergency surgical center for Port-au-Prince. It will provide traumatology, orthopedic and visceral surgery together with pediatric emergency surgery. Rehabilitation of patients will also be provided.

**Outside Port-au-Prince**

Outside the capital, MSF supports Ministry of Health hospitals in the cities of Léogâne and Jacmel with nearly 200 beds. MSF opened a private 120-bed container hospital in Léogâne in October.

**Bassin Bleu/Gros Morne:** MSF works alongside Cuban physicians to treat almost 100 cholera patients in a CTC.

**Cap Haïtien:** MSF set up a CTC in a gymnasium with a bed capacity reaching 600. Another CTC in Quartier Morand on the other side of the river has 120-200 beds. A CTU in Fort St-Michel has 50 beds (expandable to 150 beds). MSF also has an oral rehydration point in Vertière with stabilization capacity of 20 beds and an ambulance service to CTCs for severe cases. MSF also supports an oral rehydration point and a 20-bed CTU in Bahon.

**Dessalines:** In Artibonite, MSF has a CTC of 150 beds with the potential to expand. The outreach strategy includes the Dessalines and Saint-Marc areas, where MSF is setting up oral rehydration points and CTUs as required.

**Gonaïves:** 120 bed CTC capacity, 150 patients.

**Grand Rivière du Nord:** MSF supports a CTU with 20 beds.

**Jacmel:** MSF has been supporting the 80-bed Saint-Michel hospital, providing quality second level emergency, surgery and post surgical care to the population affected directly and indirectly by the earthquake. Inpatient services include: pediatric, maternity, surgery, laboratory services and radiology. The Ministry of Health hospital will have MSF’s support through the end of January 2011. More than 50 per cent of internal medicine cases are linked to chronic health issues such as HIV, diabetes, tumors and cardiovascular disease. In pediatrics, more than 50 per cent of cases are premature infants. MSF has set up a CTU of 40-50 beds inside of the Hospital.
Jérémie: MSF is treating the most severe cases of cholera in a CTC run by Médecins du Monde

Les Cayes: MSF is supporting a CTC with 25 beds in this southern city.

Léogâne: Until early October, MSF worked out of a tent hospital with a 130-bed capacity, initially on the existing site of St-Croix Hospital, then moving to Châtelet. In the meantime, it was able to build a container hospital on the same Châtelet site, which now has a 120-bed capacity and provides the same range of services: emergency, maternity, obstetrics and gynecology, general surgery, pediatrics and neonatology, physiotherapy, mental health care, plus radiology and laboratory facilities. Child births and related complications make up 80 percent of emergency admissions. A 150-bed CTC has been set up.

Limbé: In Saint-Jean, MSF supports the 50-bed hospital with a CTU that will have 200 beds. The CTU in Bon Samaritain has 50 beds while the one in Eben-Ezer has 100. In Bas-Limbé, the MSF-supported CTU can treat 50 patients. In Borgne there is an oral rehydration point and CTU of 20 beds.

Saint-Marc: MSF responded to the cholera outbreak in Artibonite with a 350-bed CTC here which had already treated more than 8,591 by December. A robust outreach strategy covers the wider region that includes Dessalines.

Petite Rivière: Also in Artibonite, MSF built a 150-bed CTC. MSF teams continue to work with the Haitian Ministry of Health and the non-governmental organization Partners in Health at Petite Rivière Hospital. A more permanent cholera treatment center of 20-beds is being set up in order to isolate the cholera patients from the rest of the patients.

Plaisance: The CTU can accommodate 40-50 patients. MSF supports the hospital in Pilate with training, supplies and staff. The cholera treatment unit in Gobert has 10 beds.

Port de Paix: MSF built a 100-bed CTC.

Closed or Handed-Over to other health partners

Aviation Camp: Starting in May, a mobile clinic in this camp in central Port au Prince that grew to 45,000 displaced people was providing basic health care, antenatal consultations and community mental health services averaging around 40 consultations a day from a peak of 110. By mid-November the mobile clinic ended in the camp, while the teams set up a cholera treatment unit in a neighboring slum called Port Jeremy/La Saline in response to the cholera outbreak.

Petionville Golf Club: MSF handed over its outpatient tent clinic and reproductive health care clinic to another organization in the camp at the end of September. The clinic also provided mental health care and referred those patients to other MSF facilities when the project was handed over. Acute upper respiratory tract infection, skin infections and suspected worm infestations contributed to the most common morbidities. This was likely a result of overcrowded living conditions, poor hygiene and water quality. Outreach workers gave training sessions on topics including hygiene, family planning, leptospirosis and hepatitis E.
**Champs de Mars, Ministère du Tourisme:** An outpatient department, which conducted approximately 18,000 consultations, closed in September. Lycée des Jeunes Filles, also in Champs de Mars, was functional throughout February and March, and held an average of an 80 patients for post-operative and medical care, mental health care, and physiotherapy. All patients requiring further treatment were referred to other health care centers.

**Mickey child care center:** MSF converted this child care center into a post-operative care facility and reproductive health center. It operated until mid-April.

**Promesse:** MSF operated this 50-bed facility until the end of May.

**Saint-Louis/Delmas 31:** Next to the inflatable hospital, MSF offered services for victims of sexual violence from May until mid-September. Now these cases are referred to other MSF hospitals.

**Maps**

Map of MSF’s emergency response following the earthquake of January 12, 2010.

The blue logos represent sites that have been closed or transferred to other partners.

Map of MSF’s cholera response in Haiti, October 2010 through the present.