

# HUMANITARIAN RESPONSE PLAN

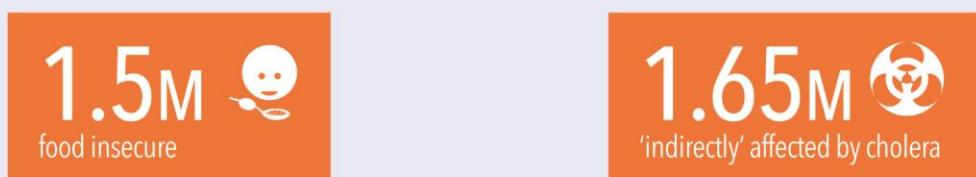
January 2017 - December 2018

Jan 2017



TOTAL POPULATION	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
11 M	2.7M	2.4M	291.5M

ATLANTIC OCEAN



15 km



Caribbean Sea

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## FOREWORD BY

# THE HUMANITARIAN COORDINATOR

As we enter 2017, Haiti remains affected by a convergence of humanitarian crises further aggravated by a devastating category 4 Hurricane Matthew which struck the country on 4 October 2016 and has severely exacerbated the pre-existing humanitarian situation.

With more than 98% of Haitians exposed to two or more types of disasters, and over half of its population living in poverty<sup>1</sup>, Hurricane Matthew has once more demonstrated Haiti's weakened ability to cope, recover and adapt to shocks from natural disasters. When Hurricane Matthew passed through Haiti on 4 October 2016, it caused hundreds of deaths<sup>2</sup>, widespread damage, flooding and displacement. The hurricane resulted in the largest humanitarian crisis in Haiti since the 2010 earthquake and had a devastating impact on infrastructure and people's homes and livelihoods. Overall damage and losses related to the hurricane are estimated at US \$ 2.8 billion. The hurricane's impact added to pre-existing humanitarian needs throughout the country, notably related to the cholera epidemic, the continuing food security impact of El-Niño-induced drought, the bi-national migration crisis, and the displaced following the 2010 earthquake. Hurricane Matthew has been the first large-scale humanitarian crisis after the World Humanitarian Summit (WHS) leading the humanitarian community to innovate the response through the application of Grand Bargain commitments.

Considering the recurrence of humanitarian crisis in Haiti, the Humanitarian Country Team (HCT) has decided to initiate a two year humanitarian response planning process to ensure linkages between the short-term and the more protracted long-term needs. An important lesson we have learned is that the transition from a relief-focused type of operation – like the one that followed the earthquake – to a longer-term development approach, in fragile countries such as Haiti, should be seen as a convergence process rather than sequential since the humanitarian and development needs occur simultaneously.



**Mourad Wahba**  
Humanitarian Coordinator

<sup>1</sup> According to the latest household survey (ECVMAS 2012), more than 6 million out of 10.4 million (59%) Haitians live under the national poverty line of US \$2.42 per day. Over 2.5 million (24%) Haitians live under the national extreme poverty line of \$1.23 per day.

<sup>2</sup> As of 19 November 2016, the Government of Haiti had confirmed 546 deaths and 128 people missing.

Therefore, this Humanitarian Response Plan should be seen as the Humanitarian Country Team's approach to meeting three broad goals: humanitarian response to people in need, strengthening the resilience of the people of Haiti to natural disasters, and supporting early recovery and sustainable livelihoods. As such, it should be seen as a complement to the Post Disaster Needs Assessment, the United Nations Sustainable Development Framework and other multilateral and bilateral planning tools.

In 2017 and 2018, post-Matthew life-saving assistance and basic services, response to cholera epidemics and other water borne diseases, protection of displaced and people with specific needs and most at risk as well as restoration of affected communities' dignity through early recovery and livelihood support will remain a top priority for the Government of Haiti and its humanitarian stakeholders.

In my capacity of Humanitarian and Resident Coordinator, I recommend that the approach proposed in this HRP be included in a round table led by the Government of Haiti to bring coherence to multiple planning processes and to facilitate coordination of humanitarian and development initiatives.

I would like to thank in particular the generosity of the United States, the European Commission, Canada, Switzerland, Sweden, CERF and all others donors for their generous support to humanitarian action in Haiti. Indeed, without the support of the international community, the ability of the Humanitarian Country Team (HCT) to provide an adequate, targeted and timely response to the needs of the most vulnerable Haitians would have been severely limited.

To provide critical life-saving, protection and livelihoods recovery assistance to **2.4 million Haitians** identified countrywide in the highest priority sectors, the humanitarian community operating in Haiti aims to mobilize **US\$ 291.5 million** in support to the Government's efforts. Achieving this is crucial to save lives, build the resilience of the population and national institutions, and continue paving the road towards sustainable development.

# THE HUMANITARIAN RESPONSE PLAN AT A GLANCE

## STRATEGIC OBJECTIVE 1

Strengthen affected people's resilience through timely life-saving assistance, improved access to basic services and immediate livelihood restoration.

## STRATEGIC OBJECTIVE 2

Ensure a rapid and effective response to cholera outbreaks and other waterborne diseases

## STRATEGIC OBJECTIVE 3

Ensure protection and promote the achievement of durable solutions for persons deported/ returned from the Dominican Republic, remaining IDPs still living in camps and people affected by Matthew.

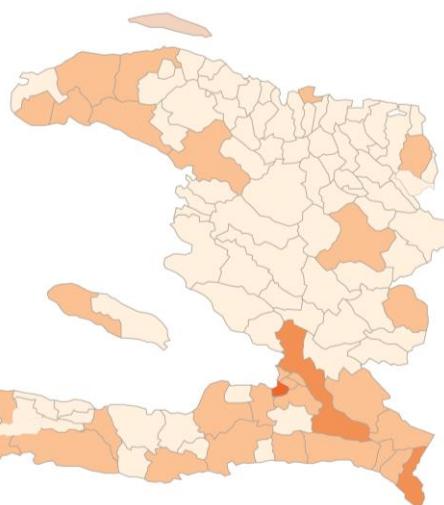
## STRATEGIC OBJECTIVE 4

Strengthen the humanitarian-development nexus and support local emergency preparedness and response capacity

## OPERATIONAL PRESENCE: NUMBER OF PARTNERS

**179**

Number of Projects per Commune



## PEOPLE IN NEED



**2.7M**

## PEOPLE TARGETED



**2.4M**

## REQUIREMENTS (US\$)



**291.5M**

**5**

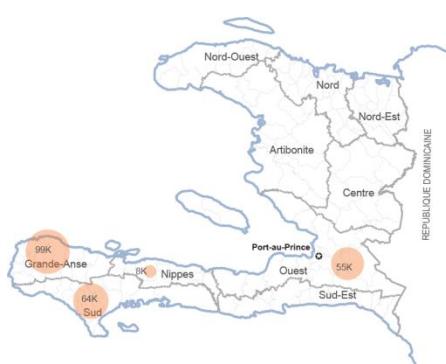
## PEOPLE WHO NEED HUMANITARIAN ASSISTANCE

**2.7M**



## INTERNALY DISPLACED PERS.

**230 K**



## AFFECTED HOST COMMUNITIES (DROUGHT, CHOLERA AND DISASTERS)

**2.5 M**



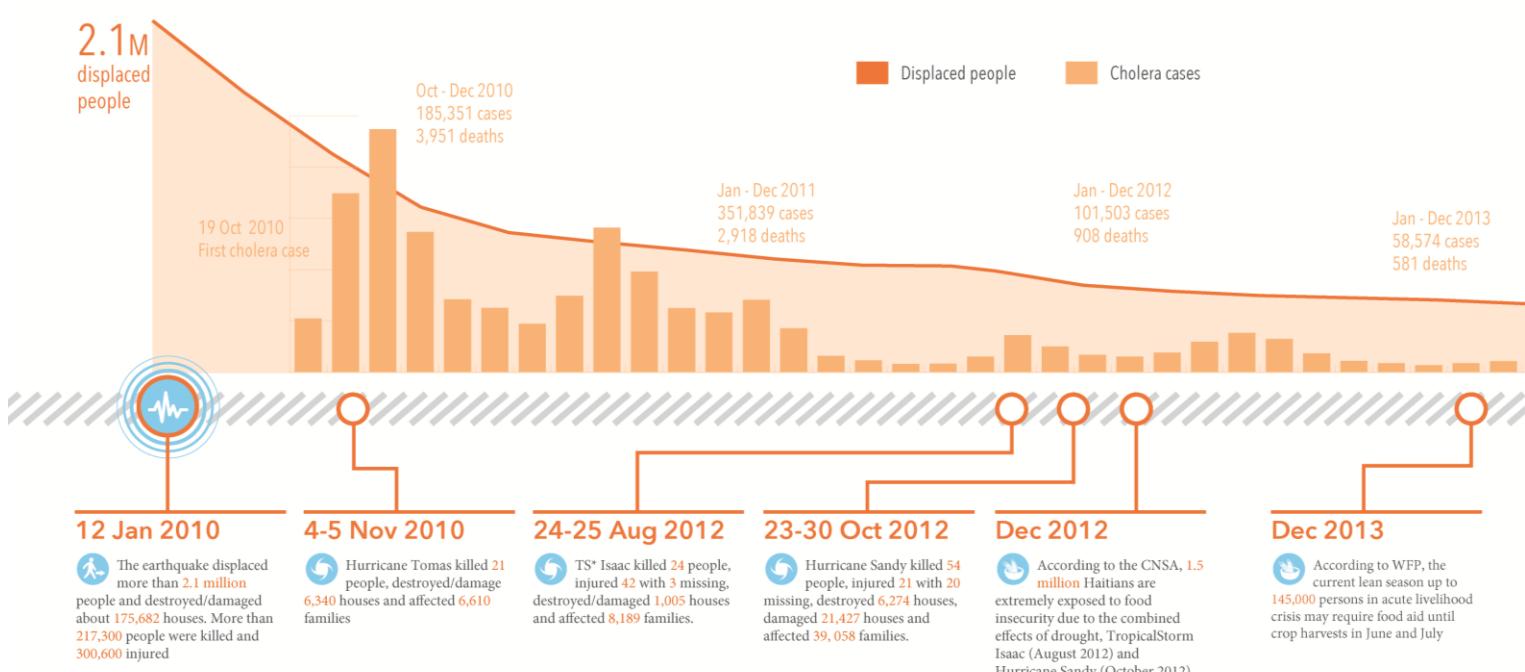
# OVERVIEW OF THE CRISIS

Haiti remains affected by a convergence of humanitarian crises further aggravated by a devastating category 4 Hurricane Matthew which struck the country on 4 October 2016 and has severely exacerbated the pre-existing humanitarian situation. Through the Humanitarian Needs Overview (HNO), the Humanitarian Country Team (HCT) has estimated that 2.7 million people will require humanitarian, protection or early recovery assistance in 2017, of which 2.4 million will be targeted countrywide.

With more than 98% of Haitians exposed to two or more types of disasters, the impact of recurring natural disasters is particularly severe, especially considering the already pre-existing protection, socio-economic and environmental vulnerabilities and disparities. Most Haitians remain vulnerable to natural hazards and disasters, such as floods, landslides, droughts, earthquakes and hurricanes. With more than a half of its total population living in extreme poverty, Hurricane Matthew has once

more demonstrated Haiti's weakened ability to cope, recover and adapt to shocks from natural disasters. Meanwhile, as a result of electoral-related tensions, politically motivated demonstrations and insecurity have affected the humanitarian operating environment since mid-2015 against the backdrop of a decreasing humanitarian presence in the field due to the lack of humanitarian funding.

## TIMELINE OF THE CRISIS



**Despite immediate, coordinated and targeted response so far provided, post Hurricane Mathew's lifesaving, protection and livelihood needs remain a top priority for the Government of Haiti and its partners.**

The Category-4 Hurricane Matthew, which passed through Haiti on 4 October 2016, has resulted in the largest humanitarian crisis in Haiti since the 2010 earthquake. It had a devastating impact on infrastructure and people's homes and livelihoods. Amongst the 2.1 million people who were affected, nearly 1.4 million still need some type of humanitarian assistance in various sectors. According to the preliminary results of the Post Disaster Needs Assessment (PDNA), the overall and multi sectors damage and losses caused by the Hurricane Matthew are estimated at US \$2.8 billion. The hurricane's impact added to pre-existing humanitarian needs throughout the country, notably related to the cholera epidemic, the El-Niño-induced drought, the bi-national migration crisis, and the displaced following the 2010 earthquake.

Despite immediate and targeted lives saving and basic services assistance already provided by humanitarian stakeholders through a flash appeal launched on 10 October 2016; responding to the critical needs of the most affected populations such as safe water, food, shelter, sanitation, health ,protection , early recovery, etc.., will remain a top priority in 2017. Children and women, particularly pregnant women, are among the most affected people and need special attention in the collective response to the crisis.

### Key issues



**Post-Matthew life-saving assistance and basic services**



**Cholera epidemics and other water borne diseases**

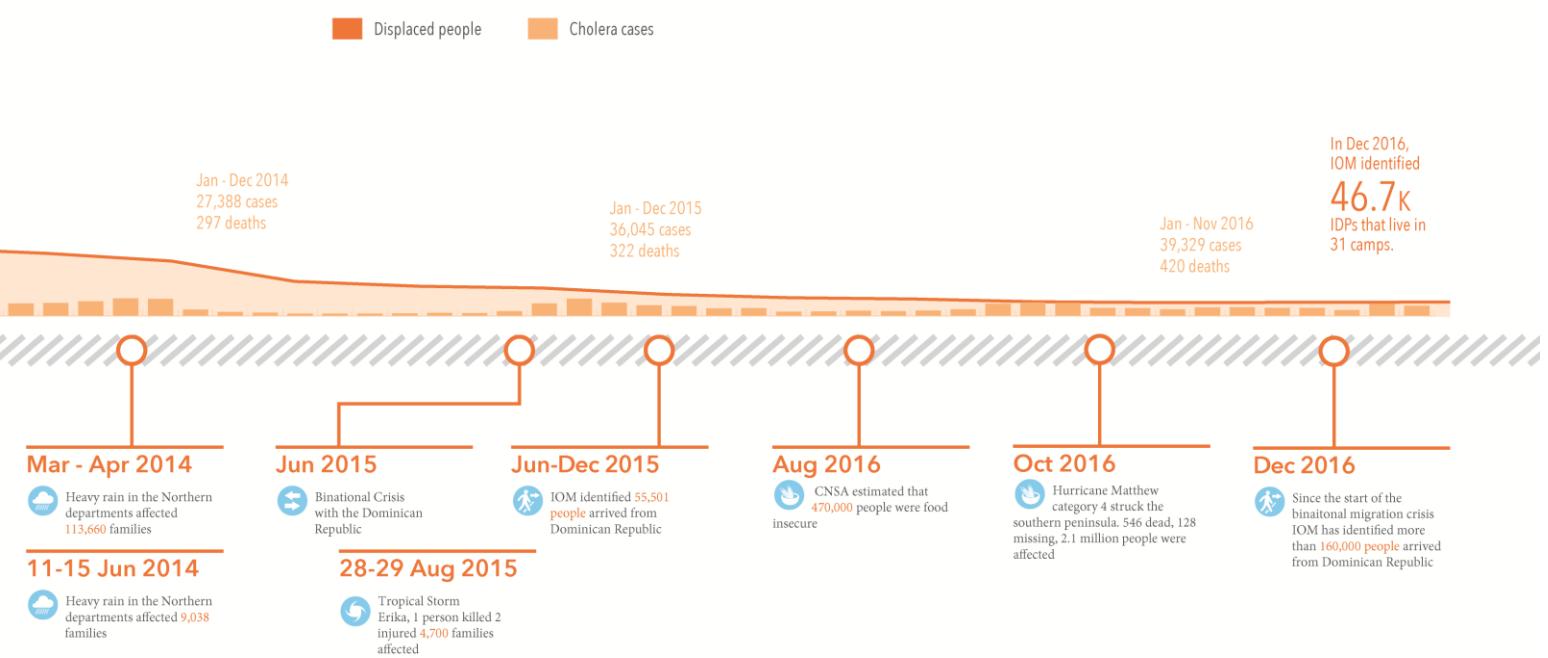


**Protection of displaced and people with specific needs and most at risk**



**Restore affected communities' dignity through emergency livelihood recovery**

### TIMELINE OF THE CRISIS



## Cholera epidemic remains a serious threat for the most vulnerable Haitians

Haiti remains one of the countries with the highest cholera annual incidence rate, accounting for nearly one fifth of worldwide cases<sup>3</sup>. Limited resources for cholera treatment and rapid response resulted in a resurgence of the disease since May 2016. Existing analysis show that cholera remains a serious threat for the most vulnerable Haitians as the country accounts for 13 per cent of registered cholera deaths worldwide. Haiti also still belongs to the group of 12 countries with a case fatality rate between 1 and 5 per cent. While the number of cholera cases and deaths has decreased since the 2010 outbreak, 35,203 cases and 369 deaths were registered from January to October 2016. This represents a 32 and 56 per cent increase, respectively, in comparison to the same period in 2015. People's low access to safe water and sanitation keeps them highly vulnerable to cholera. National capacity also remains weak to deal with the epidemic on its own.

Ouest, Centre, Artibonite and Nord departments remained the most affected in 2016. Due to Hurricane Matthew, the number of suspected cholera cases increased from 2,236 (registered between 4 September and 1 October) to 6,096 cases (registered between 4 October and 9 November). About half of these new cases nationwide were reported in Grand'Anse and Sud departments<sup>4</sup>. Before the hurricane, this proportion was only 8 per cent<sup>5</sup>. With 29 communes in red alert<sup>6</sup>, cholera control requires a reinforced and sustained capacity to respond to each alert throughout the country.

Projection from the cholera working group in Haiti shows that in 2017, cholera is likely to affect 30,000 people developing the disease and requiring immediate medical care. 1.65 million People will be indirectly affected and require immediate community response through the "cordon sanitaire" during reported outbreaks. In addition, an oral cholera vaccination campaign in the Centre department is needed, bringing the total

<sup>3</sup> With a population of 11 million people, Haiti accounted for 21 per cent of worldwide cases in 2015, while 19 African and Asian countries, totaling a population of nearly half a billion people, registered 78 per cent of cholera cases worldwide. World Health Organization, Weekly Epidemiological Record, #38, 2016.

<sup>4</sup> OCHA Situation Report, 19 November 2016.

<sup>5</sup> Cholera Epidemiological Surveillance from the national authorities (DELR) and the Departmental Health Services.

<sup>6</sup> Ministry of Public Health and Population, Cholera Bulletin (Week 41).

number of people in need to 2.2 million

## Protection, human rights and dignity of Internally Displaced Peoples (IDPs) and people deported or voluntarily repatriated from the Dominican Republic remain a concern.

About 55,100 internally displaced persons (IDPs) from 2010 Earthquake continue living in 31 camps, mainly in the metropolitan area of Port-au-Prince since 2010. Nearly seven years after the earthquake, they still lack options to leave camps, and are among the most vulnerable persons in the country, in particular to natural hazards. They are often threatened of eviction and lack access to basic services, including to safe water and sanitation. For instance, 10,000 IDPs located in nine camps do not have access to a toilet. This leads to increased risk of water-borne diseases, such as cholera. Some IDPs—children, elderly, women and single-headed households—are particularly exposed to abuse, exploitation and violence, including sexual and gender-based violence. In addition to life-saving assistance, women and children, who represent approximately 71 per cent of the IDP population, require protection support.

Protection concerns for the people affected by Hurricane Matthew are high, especially for the 175,000 people who took refuge in 307 temporary shelters, mainly in Grand'Anse, Sud and Nippes departments. They need to be relocated based on durable solutions for their safe and voluntary return.

They were already in a difficult socio-economic situation before the hurricane, with high rates of family separation and violence, including sexual and gender-based violence. Sud and Grand'Anse departments, for instance, are among the departments with the highest rates of children in informal foster care and domestic work.

Nationwide, one in four children does not live with his/her parents, and an estimated 207,000 children are engaged in unacceptable forms of child labor<sup>7</sup>. Also, one in four women has experienced physical violence from age 15<sup>8</sup>. In such emergency, risks of violence, exploitation and abuse increase.

**The bi-national migration crisis** continues to affect populations on both sides of the Haiti-Dominican Republic border. Thousands of people of Haitian descent residing in the Dominican Republic have been deprived of their nationality,

<sup>7</sup> Child Fosterage and Child Domestic Work in Haiti, FAFO, 2015.

<sup>8</sup> DHS V, Ministry of Public Health and Population, 2012.

and many remain at risk of statelessness. In June 2015, UNHCR estimated that 133,770 people at risk of statelessness were living in Dominican Republic and were at risk of deportation to Haiti. In addition, it is estimated that at least 300,000 Haitian undocumented migrants currently in the Dominican Republic remain under threat of deportation. About a quarter of the estimated 737,000 people, including 355,640 children, located near the border are at direct risk of trafficking. A Border Monitoring Sitrep released by IOM on 15 December 2016, indicates that a total 158,761 individuals (34% were female while 66% were male) - interviewed on a voluntary basis - have reported to have crossed the border into Haitian territory since June 2015. Many spontaneous returns happen under pressure of various threats, lack of protection and fear of deportation. Since August 2015, a total of 6,667 families having a family member born prior to 26 January 2010 in the Dominican Republic have been referred by IOM to UNHCR. Out of these, 1,577 families have been interviewed and registered. 1,117 families are considered as being of concern to UNHCR. 2,302 persons born in the Dominican Republic are in need of a solution with regards to their nationality. Those arriving in Haiti find themselves in a precarious situation, in part due to insufficient reception capacity on the Haitian side of the border. Municipalities are stretched to respond, and tensions occur with local residents. As a result, hundreds of people are settling in dire conditions in basic makeshift camps near the border. They need humanitarian and protection assistance, in particular to determine their legal status in Haiti, and efforts have to be done to ensure the right to education of the children, as majority of them do not attend school.

**Humanitarian response in Haiti must extend beyond just relief and address underlying vulnerabilities, structural deficiencies and capacity gaps to strengthen the most vulnerable Haitians' resilience to natural hazards and disasters.**

Haiti remains the poorest country in the Americas; it ranks 163 out of 188 on the 2015 Human Development Index. It is also one of the most unequal countries, with a Gini coefficient of 0.619. While tackling these underlying vulnerabilities, structural deficiencies and capacity gaps will remain a major long-term development challenge, response to people's immediate needs from the onset of the crisis should already take into account the underlying causes of dependency and ensure a strong and efficient synergy between humanitarian and development action. This may contribute to avoid prolonged dependency.

In addition to the pre-existing humanitarian risks factors, Hurricane Matthew has severely impacted communities' livelihoods and critical community infrastructures predominantly in Grand'Anse, Sud, Nippes and Nord-Ouest. The affected areas are mostly rural, where communities depend heavily on the ecosystem and environment for their livelihoods. It is essential to strengthen the capacities of local actors as first responders in order to restore community dignity and livelihood opportunities which are time critical and an essential part of crisis response and recovery of the local economy.

**STRATEGIC**

# OBJECTIVES

In 2017 and 2018, Humanitarian Country Team (HCT) has agreed on the need to scale up humanitarian interventions with a focus on improving access to life-saving services to those affected by Hurricane Matthew, cholera and other diseases as well as on protecting the most vulnerable. In parallel, actions to promote resilience and access to durable solutions will be implemented, targeting IDPs from 2010 earthquake , people affected by impact of the devastating Hurricane Matthew as well as those repatriated or voluntarily returned from the Dominican Republic. In 2017 and 2018, the HCT will continue to support Government-led efforts to strengthen disaster preparedness and response at the national and decentralized levels.

The principal objective of the plan is to save lives and reduce the vulnerability of the targeted people. All the four strategic objectives are tightly focused on providing lifesaving actions and emergency protection to people identified in each priority sector. All the objectives seek to ensure that scarce resources are targeted to prevent loss of life and reduce preventable morbidity and human suffering.

While the plan is prioritized to target only the most acute humanitarian needs, the Humanitarian Country Team also recognizes that many people continue to live in chronic poverty and need more sustained and

systematic support to prevent deterioration of their vulnerability status and their falling into crisis. Therefore this plan also foresees the need for strong advocacy to secure firmer commitments from development actors, the Haitian Government and donors to deliver sustainable actions and durable solutions that address the root causes of vulnerability; essential as the cycle of repetitive annual humanitarian interventions is to be reduced. Building community resilience, reducing the risks and impact of disasters, and improving Government led preparedness and response capacity will help reduce the need for humanitarian assistance in the long-term.

**1**

**Strengthen affected people's resilience through timely life-saving assistance, protection, improved access to basic services and immediate livelihood restoration.** In 2017, persons affected by the devastating impact of Hurricane Matthew will be assisted with life-saving , protection, early recovery assistance, mainly in Grand'Anse, Sud and Nippes departments

**2**

**Ensure a rapid and effective response (water, hygiene and sanitation, and health) to cholera outbreaks and other waterborne diseases.** In 2017 and 2018, humanitarian response focus will continue to be the strengthening epidemiological surveillance system, reducing vulnerability to cholera and acute diarrhea diseases in priority areas and the provision of emergency WASH and Health related programs covering the entire country.

**3**

**Ensure protection, and promote the achievement of durable solutions for persons deported or returned from the Dominican Republic, remaining IDPs still living in camps and people affected by Hurricane Matthew.**

In 2017 and 2018, humanitarian assistance will be focused in addressing the immediate needs for protection and basic and life -saving services to persons affected by Hurricane Matthew, people deported or returned from the Dominican Republic as well as the remaining IDPs from 2010 earthquake

**4**

**Strengthen the humanitarian-development nexus and support local emergency preparedness and response capacity.** The Government of Haiti has the primary responsibility for responding to disasters in Haiti. The humanitarian community will support Government preparedness activities in order to respond in a timely and effective manner.

**RESPONSE**

# STRATEGY

In 2017 and 2018, humanitarian response strategy for Haiti will remain focused on the most urgent and unmet humanitarian and early recovery needs arising both from emerging and protracted crisis that are severely impacting the lives of the most vulnerable Haitians.

## Planning assumptions

While throughout the planning period post hurricane Matthew's emergency, early recovery and protection needs will remain a top priority, humanitarian actors will keep coordinating their efforts to provide a timely, coordinated and targeted assistance to the most affected vulnerable people across the country. Cholera is expected to remain steady, and emergency actions will continue to play a pivotal role in containing the epidemic and avoiding any major outbreaks. Food insecurity and lack of livelihoods/income generating activities will remain challenging for a significant number of vulnerable Haitians while deportations from the Dominican Republic (DR) will continue at a scale that is hard to anticipate, though the limited absorption capacity on the Haitian side of the border will require the continuation of humanitarian and protection assistance to those affected. In case of any major disaster, humanitarian stakeholders will remain ready to support the national emergency preparedness systems and mechanisms, while strengthening the government's institutions capacity to coordinate joint assessments and joint planning and response efforts. With newly elected leadership on the top of the country's management, the political context will be marked by the transition of power to a new Government in early 2017 within a deteriorating socio-economic dynamic due to the devaluation of the national currency and high inflation rates. The humanitarian situation may remain complex against such backdrop of fragile governance and economy. There is an urgent need to assist the most affected populations to quickly return to normalcy and to mitigate negative coping mechanisms and protection concerns by creating immediate access to income generating activities

for the most vulnerable communities affected, in order to help the quick and initial recovery of the local economy.

**In order to successfully implement the Humanitarian Response Plan, humanitarian partners will:**

- 1. Maximize synergies among stakeholders towards humanitarian planning and response and greater longer term resilience**

Humanitarian needs in Haiti remain symptoms of deeper and chronic development challenges, which relate to extreme poverty and deprivation, low human development, and gender inequality. In this context it is critical to strengthen the humanitarian and development nexus to ensure an adequate and holistic response to protracted needs of affected populations and reduce the impact of recurring crises. The humanitarian community is aware of the limits that humanitarian action alone can have in terms of tackling such underlying causes of vulnerability and continues to advocate for investments be made to support both the "urgent actions" addressing acute and immediate needs and the "important actions" using an early recovery approach to build longer-term resilience and promote sustainable development from the onset of the crisis as illustrated in the following info graphic.

In line with the IASC transformative Agenda as well as IASC operational guideline for the protection of persons in a situation of natural disaster and the IASC principals' recommendations for Early Recovery, Checklists For Integrating Human Rights and early recovery in Natural Disaster Management<sup>10</sup> will serve as useful frameworks to maximize the synergies among stakeholders towards greater longer term resilience and recovery. It identifies a clear set of

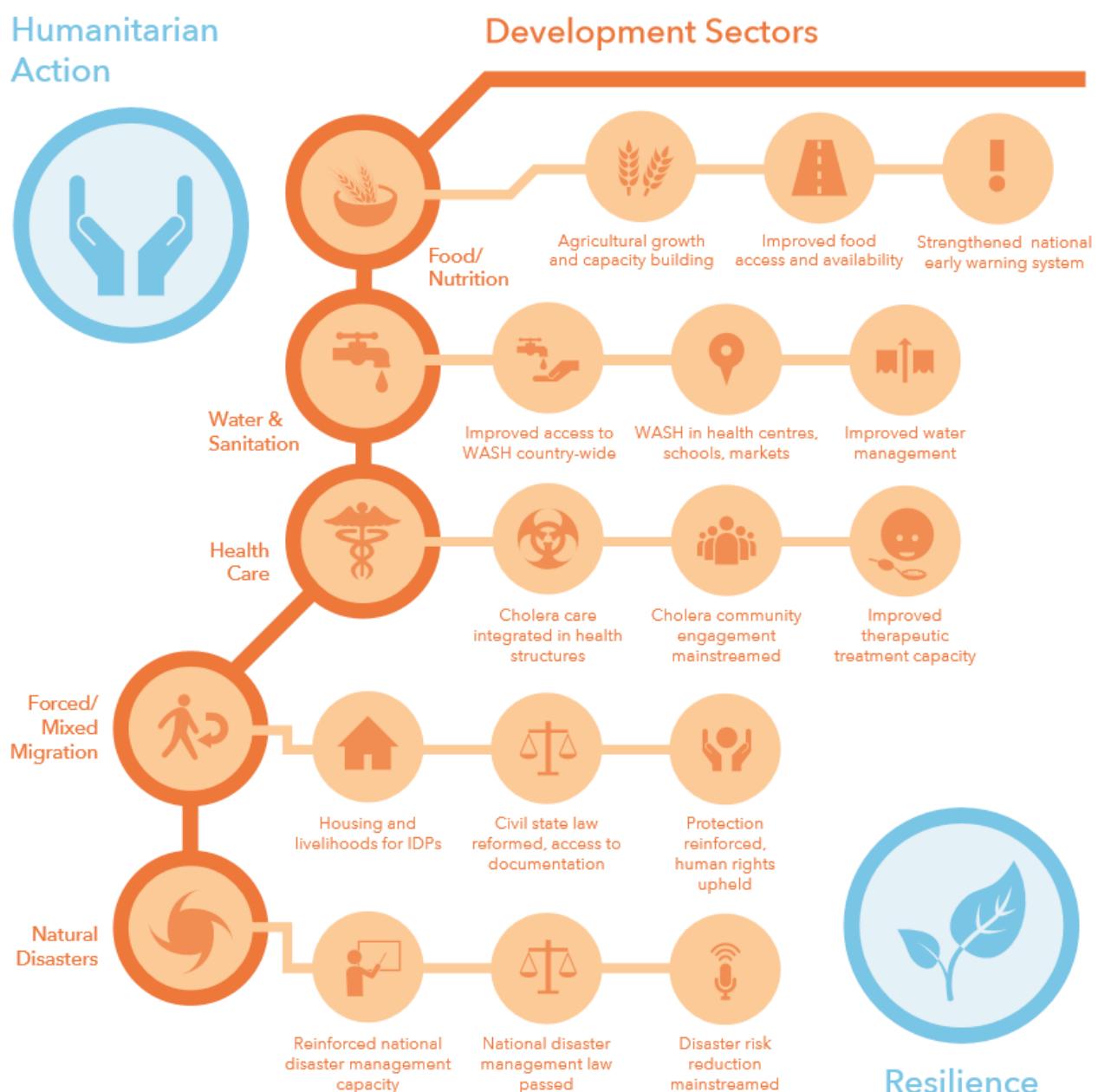
<sup>10</sup> [http://www.globalprotectioncluster.org/\\_assets/files/tools\\_and\\_guidance/natural\\_disasters/Checklist\\_Integrating\\_HumanRights\\_in\\_natural\\_Disaster\\_Management-EN.pdf](http://www.globalprotectioncluster.org/_assets/files/tools_and_guidance/natural_disasters/Checklist_Integrating_HumanRights_in_natural_Disaster_Management-EN.pdf) and [http://earlyrecovery.global/sites/default/files/guidance\\_note -010816\\_0.pdf](http://earlyrecovery.global/sites/default/files/guidance_note -010816_0.pdf)

areas of responsibilities and complementary actions on the following three distinct working areas:

- Emergency Response
- Disaster response and recovery
- Disaster Preparedness and environmental risks management

Extensive efforts have been undertaken to maximize synergies in response to key humanitarian challenges

that require whole-of-system and cross-sector action. Sectors have identified concrete and complementary actions to promote joint programming, strengthen local capacities as well as to address cross-cutting issues ensuring gender and age sensitive response is adapted to the unique and distinct needs of girls, boys, women, men and the elderly, including with respect to gender-based violence.



To strengthen the humanitarian-development nexus, the Humanitarian Response Plan will create synergies with relevant national recovery and development plans such as:

- **Post Disaster Needs Assessment (PDNA)' short-term (6 months) and medium-term (6-18 months) recovery needs and Post-Matthew Recovery Action Plan (PARPM), within the framework of the prescriptions of the Strategic Plan for the Development of Haiti (PSDH)<sup>11</sup>, with an emphasis on Territorial re-foundation.** Based on the results of the Post Disaster Needs Assessment (PDNA) and in close coordination and collaboration with the Ministry of Planning and International Cooperation, Humanitarian Country team (HCT) will ensure that lifesaving, protection and early recovery needs of the vulnerable population identified in the departments most affected by hurricane Matthew or caused by any other natural disaster are timely addressed and duplication avoided. This is articulated as priority number one of the HRP 2017-2018(provision of a coordinated and targeted post-Matthew life-saving assistance and basic services).
  - **Government medium term plan (2016-2018) for cholera elimination and United Nations new approach for cholera in Haiti.** The UN Secretary-General has made eliminating cholera a key UN priority, and the UN system and Humanitarian Country Team (HCT) in Haiti continues to support the National Plan for the Elimination of Cholera (2013-2022) and the rapid response to cholera. Under the priority number 2 of HRP 2017-2018(response to cholera epidemics and other water borne diseases), humanitarian response to cholera epidemic will be channeled through intensifying the support to reduce and ultimately end the transmission of cholera by improving access to care and treatment and addressing the short-term issues of water, sanitation and health systems in Haiti (epidemiological surveillance, access to preventive care, vaccination, ensure water quality, promotion of the health links to immunization and access to curative care).
  - **Government' Strategic Development Plan of Haiti (PSDH) and United Nations Sustainable Development Framework (UNSDF) covering the period from 2017 to 2021.** Haiti HRP 2017-2018 focuses on four priority areas of intervention, which are in line with the social foundation pillar of the National Development Plan (PSDH) as well as with the five UNSDF's outcomes which are also aligned with national priorities and the Strategic Development Goals(SDGs) as follow:
- a) The population, especially the most vulnerable, has equitable access to livelihoods, decent and green jobs, and productive resources, to reduce poverty in all its forms in a supportive and inclusive socio-economic and cultural environment
  - b) The population, especially the most vulnerable, has improved access and uses equitable and quality basic social services, including education and health for all
  - c) Public institutions adopt and implement equity policies, measures to prevent, restore and protect against violence and discrimination based on human rights in the benefit of vulnerable groups
  - d) National, regional and local institutions and civil society strengthen the sustainable management of natural resources and the environment, the resilience of urban and rural areas and the population, especially the most vulnerable, to natural disasters, climate change and humanitarian crises in order to ensure sustainable development.
  - e) Public institutions and civil society improve the rule of law and decentralization for good governance at all levels of decision-making
- In 2017 and 2018, post-Matthew life-saving assistance and basic services, response to cholera epidemics and other water borne diseases, protection of displaced and people with specific needs and most at risk as well as restoration of affected communities' dignity through early recovery and livelihood support will remain a top priority for the Government of Haiti and its humanitarian stakeholders
- 2. Strengthen centrality of protection and human dignity through Right Based Approach advocacy**
- The prevailing worrying protection environment in Haiti suggests strengthening the centrality of protection and the integration of human rights in the response to affected population by natural disaster. The complete loss of livelihoods and the impoverished living conditions in areas affected by Hurricane Matthew will have serious protection consequences and will generate significant protection risks. A strong focus will be put on mitigating future urban displacement, the development of negative

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<http://www.mpce.gouv.ht/sites/default/files/psdhpresentationsud.pdf>

coping mechanism such as family separation, community tension, gender based violence, degradation of the nutritional status, increasing of respiratory diseases due to lack of shelter, etc.

Furthermore, the situation of irregular migrants, both in Haiti and in other countries in the Caribbean, will continue to be of great concern. These persons may become victims of trafficking and will remain at risk of statelessness. In 2017 and 2018, partners will strengthen the protective environment through enhancing the capacities of institutions to enforce protective legislation, undertake a civil documentation exercise, and improve delivery of protective services, such as education for the children out-of-school.

To mitigate those risks, a right-based approach will be applied to help protect persons affected by the natural disaster in Haiti. In line with the World Humanitarian Summit outcomes and recommendations, a strong focus will be put on strengthening capacities of local and national actors to fulfil their government primary responsibility as duty bearer. The monitoring and reporting mechanism will be reinforced and aligned to the IASC operational guideline on the protection of persons in situation of natural disaster<sup>12</sup> that set four groups of rights to be protected by humanitarian actors and defines linkage with development stakeholders as mentioned in the point mentioned above:

- a) Group: Protection of life, security, physical integrity of the persons, and family ties.
- b) Group B: Protection of rights related to the provision of Food, Health, Shelter, and Education
- c) Group C: Protection of rights related to housing, Land and Property, livelihoods and secondary and higher education
- d) Group D: protection of right related to documentation, movement, re-establishment of family ties, expression of opinion and elections

### **3. Coordinate and target response based on severity and specific vulnerabilities**

The 2017 and 2018 HRP is based on the evidence gathered in the 2017 HNO, which indicates that 2.7 million people are in need of humanitarian, protection, and recovery assistance.

This is aligned with the projected main humanitarian challenges and priorities, namely the post Hurricane Matthew's life saving and basic needs and the high

risks of natural hazards coupled with limited national coping capacity, the food insecurity and malnutrition, loss of livelihoods, the prevalence of cholera, the displacement and protection crisis that has resulted from the bi-national crisis with the DR, adding to the IDPs caseloads still remaining in the 31 camps after the 2010 earthquake. In the Haitian context, it is extremely difficult to differentiate between newly acute from chronic needs, which relate to extreme poverty, and structural deficits.

Hence, the HRP 2017/2018 will be framed by an efficient multi-sectoral coordination informed by a geographic severity ranking analysis, vulnerability assessment in line with the need-based approach and protection risk analysis.

The HCT has agreed to target the most vulnerable people and to focus on supporting the population whose status constitutes a factor of vulnerability by itself (people affected by hurricane Matthew and other natural disasters, vulnerable communities affected by the food insecurity, IDPs, deportees/returnees from the DR, economic migrants). Within those groups, women, children, the elder, and people with special needs, will be prioritized in light of their specific vulnerabilities.

The 2017/2018 HRP will thus continue to be bounded by the following HCT-agreed criteria: **life-saving, time-critical/time-bound, high vulnerability, legal status of the affected population, cost-effectiveness, and alignment with the national response**. Therefore, longer-term interventions are not part of this plan but will be taken into considerations in the design of modalities of the humanitarian response.

As illustrated in the HNO, humanitarian needs in Haiti are geographically spread across the entire territory. While the South and Grand-Anse department were severely affected by hurricane Matthew, some other Departments remain most affected by the food insecurity and malnutrition, cholera or the bi-national crisis and none can actually be spared, as important pockets of vulnerability remain and need to be addressed. Therefore, a deeper analysis at the Commune level is indispensable, to effectively reach those most in need.

In 2017 and 2018, the humanitarian response strategy will focus also on supporting coordination between all stakeholders. Under the leadership of the Humanitarian Coordinator, the international aid community is committed to improving the effectiveness of the current strategic and operational coordination mechanisms. Likewise, sector-based coordination around the main humanitarian sectors – led by the respective Government Ministries and

<sup>12</sup> <https://interagencystandingcommittee.org/working-group/documents-public/protecting-persons-affected-natural-disasters-iasc-operational>

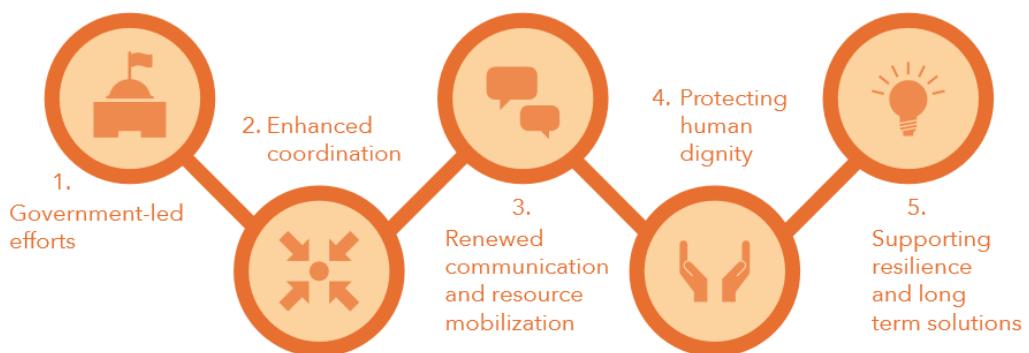
supported by specialized UN Agencies and INGOs - will be strengthened in 2017 and 2018. Humanitarian coordination at the decentralized level will be equally reinforced through increased partnership between the Government, the UN, I/NNGOs, and the Haitian civil society. In support to the Humanitarian Coordinator's role, OCHA will continue to act as a catalyst of this process, and ensure the referral of strategic issues to the HCT. Finally, emphasis will be put into fostering synergies between humanitarian and development processes, through increased linkages between the HCT and the UNCT. Continued effort will be

dedicated to revolve around five key elements as illustrated here under.

In 2017 and 2018, the HCT will strengthen its communication strategy as an integral part of the advocacy strategy. This will allow galvanizing further support from donors and countries in the region, including non-traditional donors, the private sector, the Haitian diaspora, and international celebrities engaged with the country. The strategy will remain aligned to the evolving humanitarian context and will include renewed advocacy messages around the humanitarian priorities addressed in this plan, and be updated at least each year.

#### Rationale and implementation mechanisms

This humanitarian strategy revolves around five key elements:



#### 4. Strengthen partnership with national authorities and ensure localization of the response

The Government of Haiti remains the primary responsible to the Haitian population with regard to the provision of lives saving and basic services and the respect of human rights. In 2017 and 2018, the aid community will continue to play an important role in supporting these efforts, particularly in responding to emergency situations when national capacity is surpassed. The HRP will keep supporting the Government-led effort to respond to the most pressing needs in a complementary way while also advocating for long-term assistance to national mechanisms and systems. As mentioned in the first point of the response strategy, the humanitarian response will be anchored into existing national disaster management and development plans.

As a number of challenges may remain in the Government's capacity to ensure a seamless provision of basic and quality services to the vulnerable population, particularly at decentralized level, the humanitarian actors will continue to place special emphasis on building national capacity to coordinate joint assessment and joint planning as well as to deliver critical essential services and to responding to emergencies. The HRP will thus support the implementation of local response plan as

part of a strategy to reinforce decentralization and localization of the response. Focus will be also put on supporting local actors in being further involved in the response as well as reinforcing their capacity as first responders.

#### 5. Ensure accountability towards affected population, gender-based approach and innovative and risk informed response

In line with Grand Bargain commitments and the Strategy for the Coordination of Communication with People Affected by Hurricane Matthew developed by the *Système National de Gestion des Risques et des Désastres* (SNGRD) all humanitarian partners will need to ensure that affected communities have access to information, and that effective processes for participation and feedback are in place. Feedback received from affected communities will continue to be discussed at the inter-sector and HCT levels, ensuring that it influences strategic decisions throughout the humanitarian program cycle. The Internews "Humanitarian Information Service" project which collects and aggregates feedback, and monitors rumors in areas affected by Hurricane Matthew will enable the humanitarian community to better engage with communities at the collective level, elevating feedback or complaints from communities that are not project-specific. This initiative is offered as a service to the humanitarian

community and does not replace existing feedback and accountability mechanisms at organizational or project levels.

In the Haitian context, it is particularly important for the humanitarian community to collectively provide information to communities, in order to manage expectations, avoid misunderstandings, and minimize tensions and insecurity. OCHA will support the inter-sector and the HCT mechanisms in ensuring that common messaging based on information needs of, and feedback from communities is provided through different channels, including local radios.

Building on progress to date, humanitarians actors will continue to promote accountability to affected people by availing opportunities for at risk populations to feed into the design, planning and monitoring of humanitarian action. Through the HNO and HRP process, Aid agencies have strengthened context analysis, adjusted sectors' strategic plans and activities in light of feedback. In 2017 and 2018, humanitarian partners will strive to meet the information needs of affected people so they can make better decisions, including through two-way communications that provide targeted, verified and coordinated information. Partners will seek to identify opportunities to work with community structures and organizations in order to benefit from their wisdom and experience, build capacity, and promote broader engagement in humanitarian action

Gender and age-sensitive planning will be a key focus as it ensures equitable participation and fair distribution of humanitarian benefits. For instance, the bi-national crisis with the Dominican Republic has disproportionately affected women and children - despite the majority of those officially deported being men - due to their enhanced vulnerability and economic dependence to the livelihoods in the DR and/or the end of economic remittances. In 2017 and 2018, the humanitarian community will redouble its efforts to ensure gender and age equality programming, and to support such effort, a request for GenCap advisor is under discussion.

Humanitarian sectors will be putting a strong emphasis on integrating protection and GBV mainstreaming components into operational processes in order to enhance protection outcomes. The choice of operational modalities will be also a key strategic focus in order to deliver adequate assistance to affected population.

For instance, the use of cash-based responses has been shown to be effective in the Haitian context. The Real Time Evaluation of the 2010 Haiti earthquake recommended that the response "reinforce innovative cash-based approaches and prepare humanitarian actors for their implementation on a

large scale<sup>13</sup>". The ACAPS lessons learned report following the 2010 earthquake found that: "lessons learned report following the 2010 earthquake found that<sup>14</sup>", and beneficiaries have expressed a strong preference for cash-based assistance. Market assessments in the weeks following Hurricane Matthew, including WFP's Food Market Assessment, and Emergency Market Mapping and Analyses on a number of products and services, found that markets had recovered quickly and that, despite increased prices and gaps in some sectors, a market-based response was feasible. Cash-based assistance has formed a significant part of the response strategy to Hurricane Matthew, with CARE and WFP supporting the Ministry of Work and Social Affairs' Kore Lavi programme, delivering cash transfers to more than 110,000 people between December 2016 and February 2017.

In designing any response intervention, the choice of modality (e.g. cash or in-kind) must be based on robust assessments of markets, stakeholder preferences, protection considerations and other factors. Where cash-based assistance is appropriate – including multipurpose cash - it should be considered on an equal footing with in-kind assistance, and efforts should be made to ensure that humanitarian cash programming supports the Government of Haiti to strengthen longer term social protection systems, in line with Grand Bargain commitments<sup>15</sup>.

The Humanitarian Country Team, supported by the inter-sector group, will review, on a quarterly basis, the balance between cash and in-kind assistance and consider whether this is appropriate given the latest information on market functioning. Cash-based assistance across the response will continue to be supported by an intersectoral cash working group, reporting into the inter-sector and HCT.

Finally, systematic Do No Harm analysis will inform decision-making as to targeting and modalities of humanitarian assistance delivery. Avoiding discrimination against the humanitarian assistance, community tensions, market inflation, pull factors, dependency on humanitarian assistance, erosion of solidarity and community resilience mechanism, and other type of negative effects related to humanitarian assistance will be receiving due consideration in the decision making process.

<sup>13</sup>

[http://www.urd.org/IMG/pdf/GroupeURD\\_evaluationECHO-Haiti\\_final\\_SA\\_ANG.pdf](http://www.urd.org/IMG/pdf/GroupeURD_evaluationECHO-Haiti_final_SA_ANG.pdf)

<sup>14</sup> <https://www.acaps.org/special-report/lessons-learned-hurricane-matthew-response-haiti-015>

[http://reliefweb.int/sites/reliefweb.int/files/resources/Grand\\_Bargain\\_final\\_22\\_May\\_FINAL-2.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/Grand_Bargain_final_22_May_FINAL-2.pdf)

City of Jeremie the day after Hurricane Matthew hit Haiti in October/2016.

Photo: MINUSTAH



# OPERATIONAL CAPACITY

While humanitarian needs will increase in 2017 compared to the situation in 2016, the capacity of the humanitarian community in Haiti has reduced considerably from 512 in 2010 to 179 organizations now operating 3,079 emergency projects and programs in 141 communes across the country. This includes 100 international non-governmental organizations (INGOs), 28 national NGOs (NNGOs) and 19 governmental' institutions, 13 Red Cross movement organizations and nine UN offices, agencies, funds and programs. Of these, 63 Partners have suggested 128 projects to cover the priority humanitarian needs targeted in 2017.

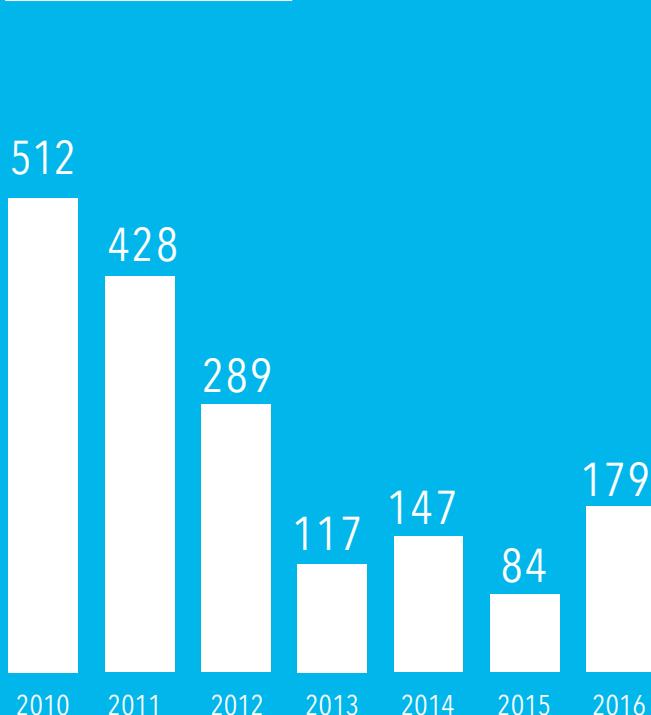
While priority humanitarian sectors will remain coordinated under the umbrella of the government-led coordination mechanisms with support from UN leads Agencies, the sector and inter-sector coordination may be at risk as ministries, state's institutions and municipal authorities will experience transition in 2017.

The expected change of Government officials – at all levels of the Haitian Public Administration – in 2017 In addition to the decrease in operational humanitarian presence with regards to the increase of humanitarian needs, most of humanitarian actors are currently facing financial constraints thus affecting human and material resources and limiting capacity to deliver at scale. While the Humanitarian Coordinator, the HCT and

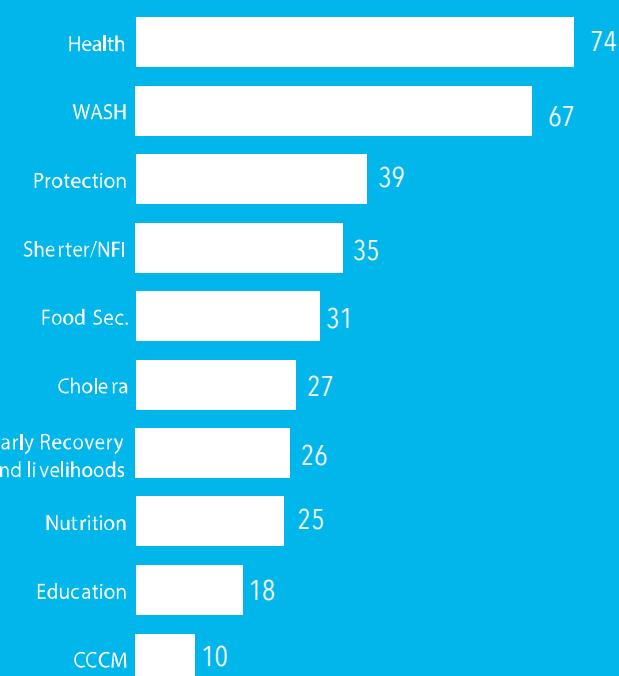
would certainly weaken further national humanitarian coordination capacities at central, departmental, municipal and community levels. In this challenging context, humanitarian partners will continue to provide life-saving, protection and basic services assistance to the vulnerable population in the most affected departments and also focus on supporting continuity of coordination structures at various levels.

OCHA will continue to advocate for a humanitarian footprint commensurate with humanitarian needs, availability of funding, access to the affected communities in remote areas and the insecurity may remain constraints.

# OF HUMANITARIAN PARTNERS 2010-2016



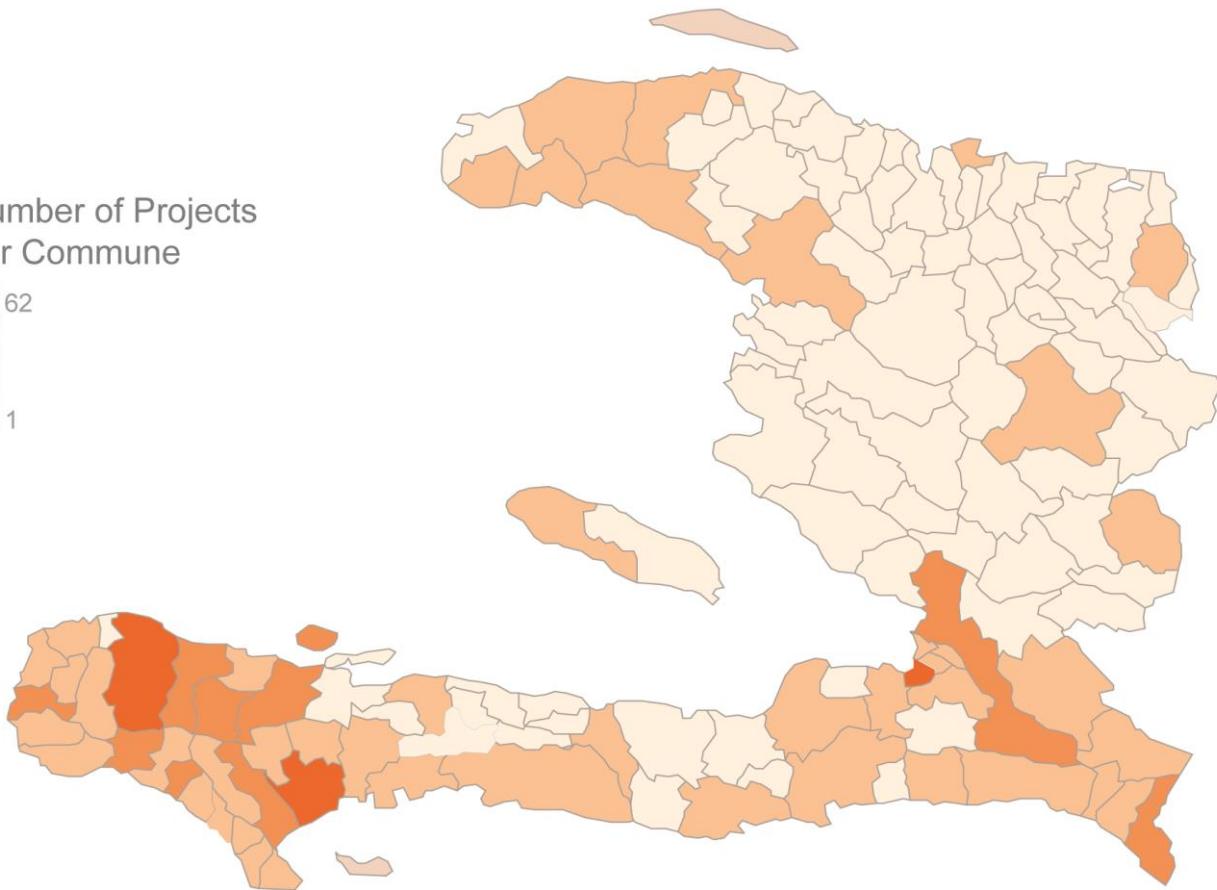
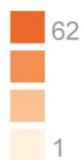
# OF HUMANITARIAN PER SECTOR IN DECEMBER 2016



NUMBER OF HUMANITARIAN PARTNERS IN 2016

**179** humanitarian partners in the country

Number of Projects  
per Commune



# HUMANITARIAN ACCESS

Securing access of people in need to humanitarian assistance and protection in safety and dignity will remain a top priority for humanitarian partners in 2017 and 2018. In 2016, politically motivated violent demonstrations and recurrent road blocks caused temporary restrictions of movement throughout the country. Humanitarian delivery to and inside the departments most affected by hurricane Matthew was hampered by episodes of looting of trucks delivering humanitarian assistance, road block and demonstrations.

Crime, civil unrest and other hazards constitute the main threats affecting the operating environment for the UN and its partners in Haiti. Since mid-2015 to early 2016, Haiti has experienced the highest number of political demonstrations since 2010 (when the last Presidential elections were held), which have negatively affected humanitarian operations. Security constraints, including looting of trucks delivering humanitarian assistance, road block and violent demonstrations hampered humanitarian access of emergency response teams especially to the departments affected by hurricane Matthew (Grand Anse and South) as shown in the following map.

To facilitate a secured humanitarian response to various needs created by the hurricane Matthew, MINUSTAH / HNP security escorts have been used by some actors from Port-au-Prince and in the field, facilitated by OCHA and the JOC. Currently, MINUSTAH and HNP have limited means and a progressive reduction of uniformed personnel of MINUSTAH in 2017 will impact the availability of providing escorts, particularly in the event of major civil unrest and demonstrations taking place in various parts of the country. Therefore, it is crucial

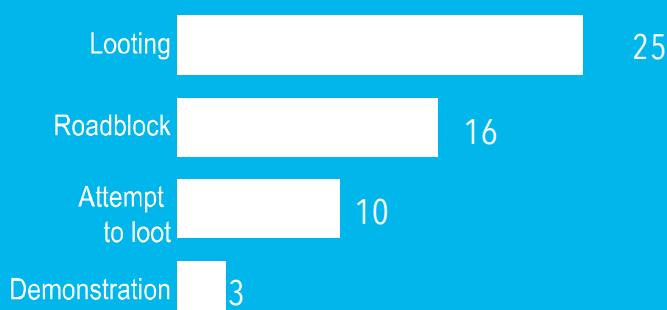
that humanitarian actors actively engage with communities and local authorities to ensure security and safety. Moreover, humanitarian actors need to focus on contingency planning to ensure the humanitarian system readiness to disasters.

## **Accountability and free access to the vulnerable population**

In line with the “saving lives together” approach, the Humanitarian Coordinator and the Humanitarian Country Team will keep ensuring that monitoring and analysis of access constraints in the field are conducted in partnership with the Government of Haiti through the National Police, MINUSTAH’ specialized sections, UNDSS, relevant UN Agencies, NGOs and affected communities. Access constraints will be timely identified and reported and required advocacy, actions or mitigation measures taken to address them will be communicated to implementing partners in view of finding synergies and coordination strategies to sustain countrywide access of humanitarian.

20

### **SECURITY INCIDENTS RELATED TO HUMANITARIAN AID PER TYPE\***



### **SECURITY INCIDENTS RELATED TO HUMANITARIAN AID PER DEPARTMENT\***



\* Period: October to December 2016

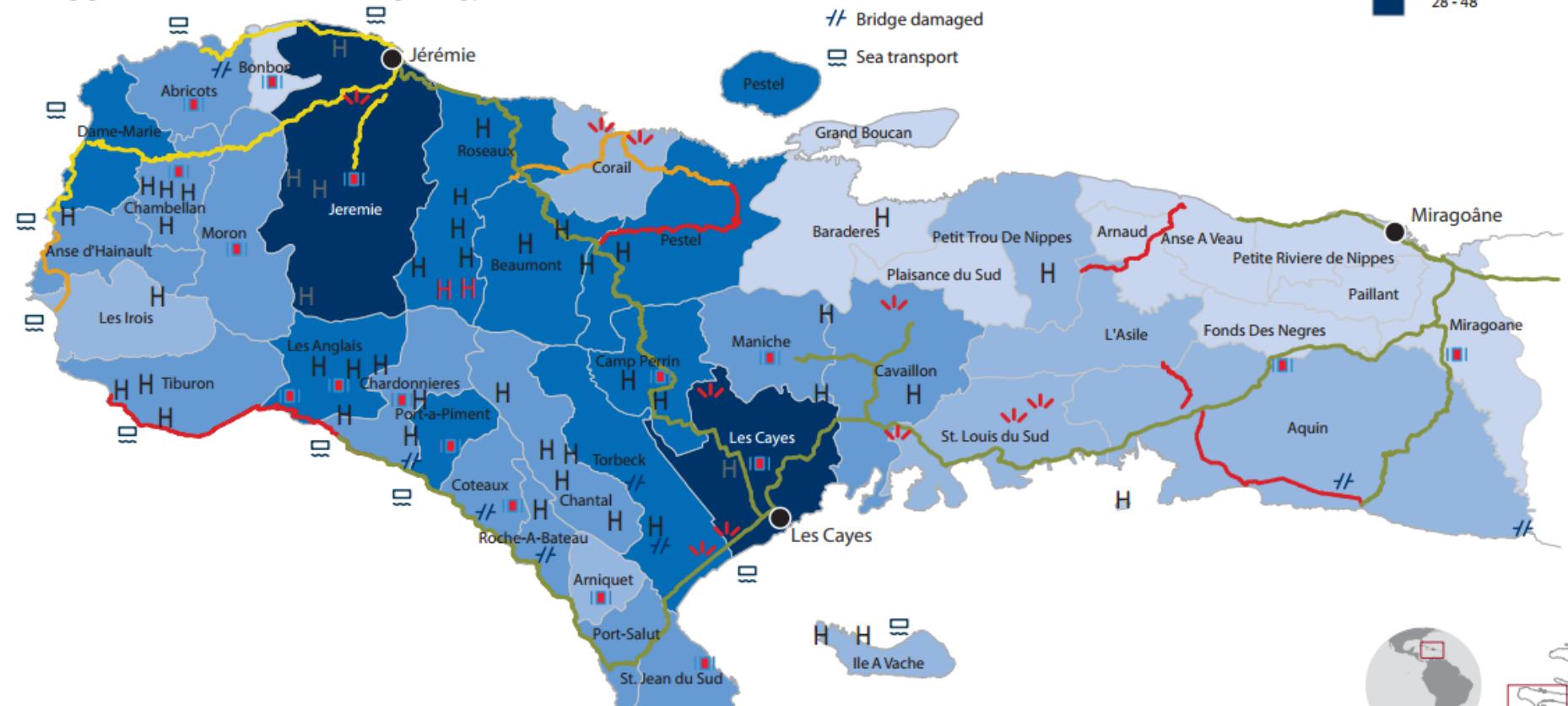
## HAITI: HURRICANE MATTHEW - THREE MONTHS HUMANITARIAN RESPONSE



9 January 2017

## Access, security and humanitarian presence

During the three months of humanitarian response to hurricane Matthew, access and humanitarian presence have continued to improve and to reach increasingly affected populations with life-saving assistance. Road network progressively opened and damaged road infrastructures were cleaned up. The security situation remained a challenge to humanitarian organizations as humanitarian convoys were regularly attacked and looted on the way. This has necessitated military escorts provided by MINUSTAH and PNH personnel to secure humanitarian operations. The use of escorts is subject to a rigorous assessment of needs and advocacy for alternatives, including increase in local patrolling and engagement with communities that is starting to bring positive results.



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.  
Creation date: 5 January 2017 Sources: WFP and other humanitarian partners [www.unocha.org](http://www.unocha.org) [www.re liefweb.int](http://www.re liefweb.int)



## RESPONSE

# MONITORING

In 2017 and 2018, the Humanitarian Country Team (HCT) will closely monitor the existing or new humanitarian challenges and ensure that humanitarian operations, including human resources, material and services are timely deployed where they are most needed, including based on the views of affected communities

Timely monitoring of progress against the planned results will improve decision making for humanitarian actions and support effective mobilization of required resources.

### Monitoring

Strategic and sectors' objectives have been developed through inclusive consultations In order to be able to measure each sector objective, intersectoral working groups have identified a set of priority activities and outputs with targets and baselines (as available). Indicators from the sectors' plans will be used to monitor achievements against the planned objective. Where possible the indicators were selected in order to provide actionable information that can indicate potential need to revise priority activities or beneficiary targeting.

All working groups will establish procedures to regularly allow monitoring of outputs and achievements of each participating partner. In addition to field monitoring initiatives that will be regularly undertaken through internal or inter-agency mechanisms to assess the impact of the implemented projects, a monitoring and evaluation report on progress made towards the objectives and targeted indicators defined in the HRP will be elaborated on a quarterly basis

Mainstreaming of gender, HIV/AIDS, human rights and other cross-cutting issues will continue to be promoted within humanitarian planning and response process, including multi-risks contingency planning, Flash

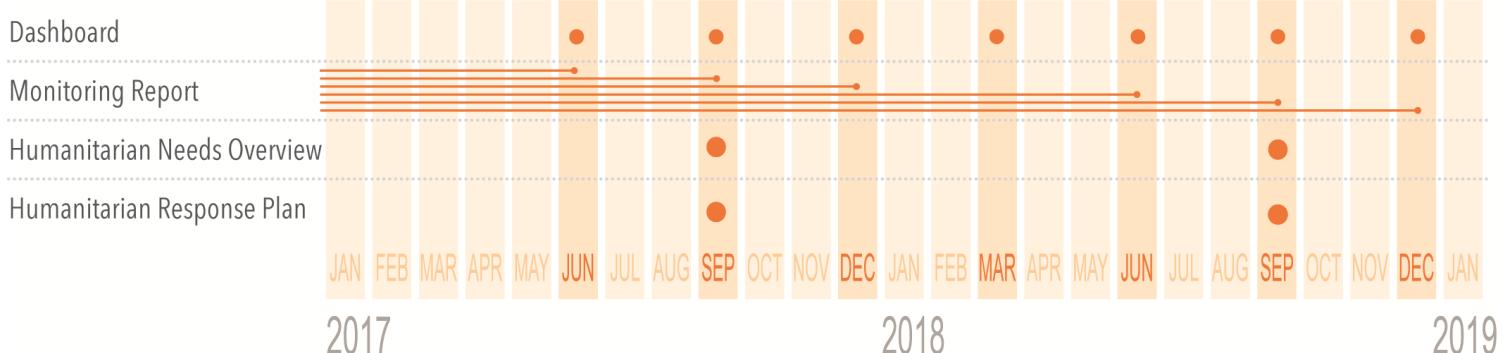
Appeals, HRP, CERF and joint needs assessments and planning. In addition, application of IASC policies within the Humanitarian Program Cycle will continue to be promoted and national institutions' leadership at the national and sub-national levels for stronger sectorial coordination, contingency planning, early assessment, etc. will be encouraged.

### Reporting

Along with updates on funding received versus requirements, monitoring data will be made publicly through a monthly consolidated snapshot available on OCHA Financial Tracking System (FTS) through the Humanitarian Response website and summarized quarterly through the humanitarian dashboard. At the midpoint of 2017, more in-depth data and analysis would be compiled in the Periodic Monitoring Report (PMR) to inform strategic level discussions and decision-making. The timing of the periodic monitoring report will be sequenced to inform the review of HRP strategic objectives if required

In order to measure the HRP's achievements against the planned goals, objectives and activities, data collection, analysis and reporting on required indicators through approved information management mechanisms and tools will also be encouraged as follows.

## HUMANITARIAN PROGRAMME CYCLE TIMELINE



**SUMMARY OF****NEEDS, TARGETS &  
REQUIREMENTS**

The Humanitarian Needs Overview (HNO) has identified an estimated 2.7 million people in need of humanitarian and protection assistance in Haiti for 2016. In total, 2.4 million people will be targeted by the Humanitarian Country Team (HCT) to benefit from lifesaving needs. For 2017, the required funds to implement efficiently the priority humanitarian activities are estimated at US\$ 291.5 Million.

23

Sector	TOTAL	People in need	BY STATUS			BY SEX & AGE		Requirements Total (USD)
	People targeted		IDPs	Returnees	Host communities	% female	% children, adult, elderly	
Food Security	1.5M	1.3M			1.3M			92.9M
Health	2.1M	1.8M			1.8M			25.7M
Shelter & NFI	0.8M	525.0K			525.0K			41.3M
Education	0.3M	150.3K			150.3K			16.8M
Protection	0.5M	426.9K	27.6K	169.7K	229.6K			13.6M
Nutrition	0.2M	149.3K			149.3K			6.7M
WASH	1.4M	1.0M	175.0K		825.0K			14.7M
Cholera	2.2M	2.2M			2.2M			34.7M
CCCM	0.2M	230.0K	212.8K					14.9M
Early Recovery	0.9M	370.0K						25.7M
Other sectors								4.3M
<b>TOTAL</b>	<b>2.7M</b>	<b>2.4M</b>	<b>0.2M</b>	<b>0.2M</b>	<b>2.3M</b>			<b>291.5M</b>

# PART II: OPERATIONAL RESPONSE PLANS



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Shelter and Non Food Items.....37



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Coordination and support services.....42



Logistics.....43



Emergency Telecommunication.....44

## PEOPLE IN NEED



1.5M

## PEOPLE TARGETED



1,3M

## REQUIREMENTS (US\$)



93M

## # OF PARTNERS



35

## FOOD SECURITY OBJECTIVES

1

Assure that the most affected population maintain a decent food consumption level.

2

Improve the nutritional status of the children under five and the pregnant and lactating women malnourished supported in the community-based programs.

3

Population is resilient to acute food insecurity with improved livelihoods and producers receive urgent aid to improve agricultural production for the spring season.

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## FOOD SECURITY



The drought and the hurricane Matthew in 2016 had a devastating impact on Food Security. As an immediate effect, because of displacement, damages to the infrastructures, disrupted markets, food insecurity has dramatically increased as a result of reduced access and availability of food. The impact on food security will continue deep into 2017 because of the losses to the stocks, productive assets and damages to the productive infrastructure.

## Minimum package

Food security partners will prioritize interventions in the most disaster affected areas to ensure that vulnerable households have access to food in the short term as well as access to assets to resume their livelihoods in the most efficient and sustainable way.

## Response Strategy

1. Urgent action to improve access to food: Build and operate successful programs "cash / food-for-work" so as to create job opportunities for households in affected areas; develop specific program to target the most vulnerable families and those who are unable to work to receive aid;
2. Urgent action to support the recovery of agricultural (including livestock fishing and other food production activities) production: Promotion of local agricultural production through distribution of seeds, improve access to agricultural inputs, access to water for agricultural and livestock production, improve small storage infrastructures and rehabilitate basic agricultural infrastructure through cash/food for work programs.
3. Urgent action to improve the nutritional status of children under five and pregnant/lactating women through essential nutrition services, including therapeutic feeding and supplementary feeding, micronutrient supplements and improving access to vegetables seeds.
4. Medium-term action to improve resilience by giving access to improved livelihoods. That will be carried out through the promotion of small rural business (grants for Income Generating Activities) trough vocational training and rehabilitation of the local value chain.
5. Medium and long-term action to improve the resilience: support better use of water, enhance access to markets and inputs, improve rural productivity by introducing community assets and promoting good practices (e.g.: the introduction of climate resilient crops and varieties), strengthening community organization and financial inclusion.

## Exit Strategy

As exit strategy, short-term interventions will be complemented by medium / long term interventions in order to promote efficiency and to eradicate the recurring causes of food insecurity in the country. The desired actions include promoting agricultural growth, community and institutional capacity building, improving household resilience and access to food, and strengthening the national early warning system. As the emergency operation will come to an end, a food safety net through food vouchers, cash transfers and School Feeding Programme (NSCP) will be in place in order to assist those affected by most severe form of chronic food insecurity, as well as restored livelihood and agro-pastoral production systems improving community and household resilience.

## BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS			BY SEX & AGE	
	IDPs	Returnees	Host communities	% female	% children, adult, elderly
People in NEED			1.5M		
People targeted			1.3M		
Financial Requirements	\$92.9M				



## PEOPLE IN NEED



1.4M

## PEOPLE TARGETED



1M

## REQUIREMENTS (US\$)



14.7M

## # OF PARTNERS



51

## WASH OBJECTIVES

**1** Recover access to safe water and sanitation with hygiene promotion in the Hurricane and floodings affected communities.

**2** Recover access to safe water and sanitation with hygiene promotion in schools, health facilities and residential centers (orphanages) affected by the Hurricane.

**3** To be able to respond in an effective and timely manner to future emergencies, with a WaSH minimum package of interventions tailored to identified vulnerabilities (RRM)

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## WATER SANITATION AND HIGYENE

## Targeted populations

According to the results of the HNO, the Sector response will target the following Hurricane affected populations (about 750.000 people in Sud, Grande Anse, Nippes and Nord Ouest departments), flooding affected populations (about 100.000 people in Nord department) and 150,000 people potentially affected by future crisis (whole country):

1. People in communities affected by a decreased access to drinking water and sanitation
2. People who are no longer able to access drinking water and hygienic sanitation in schools, health facilities and residential centers (orphanages)

These departments have been identified as geographic priorities; however, the strategy covers the country.

## Sector Response Strategy including exit strategy

People who were affected by the Hurricane and flooding whose access to drinking water and safe sanitation was reduced or lost will be prioritized by the Sector. In the most affected departments (Sud, Grande Anse, Nippes, Nord Ouest, Nord), 71 SAEPs (water supply networks, gravity fed or pressurized) covering around 70.000 people (World Bank, Nov 2016) will be rehabilitated by DINEPA/WB by February 2017. Resilience of these systems to potential upcoming natural disasters has been studied and considered in these rehabilitations. Chlorination of these systems at reservoir level will remain a priority, already initiated with support from CDC until February 2017. However an average of 8% (10% in South and 6% in GA) of the population only is covered by water supply networks (DINEPA, 2015). As a result, around 820.000 affected families are still using unsafe water drawn from rivers, unprotected wells and springs, leading to waterborne and water-related diseases, especially children. Providing chlorinated water through collective systems (such as bucket chlorination, reservoir chlorination) and household water treatment and safe storage (using purifying watermakers) with local products ensuring local availability (social marketing for longer term perspective) remain a priority. Given that 40% of the South population access water through wells and boreholes and that many have been damaged by Matthew, the rehabilitation of hand pumps and clearing of spring catchments (especially in the hard-to-reach areas 'Morines') will be one of the activities to support the exit strategy of the sector as an alternative of the current 29 mobile water treatment units (12 in GA, 15 in South and 2 in Nippes as Nov 2016) using water trucking to convey chlorinated water to the affected populations in both communities and collective shelters. Provision of clearing/cleaning tools, training of local technicians (water point committees with 50-50% women inclusion, involving TEPACs from Government to ensure continuity and monitoring at local level) and marketing efforts for hand pumps spare parts to be locally available will be used to achieve selected sustainable rehabilitation of wells and springs that have been affected by the hurricane (least complexity with greater impact will be prioritized). Market/Cash based programming will be encouraged.

35.000 families are still living in collective shelters (DPC, Nov 2016) 2 months after the Hurricane with no adequate WaSH services leading to protection issues with women going further and waiting night times to satisfy needs. Yet, collective shelters are being evacuated and should be back to normal utilization before the end of 2016. Hence, emergency WaSH activities in collective shelters such as schools will be focused on eliminating the sanitary risk (including vector control, especially in flooded areas) through the provision of safe drinking water and dignified sanitation, along with promotion of appropriate hygiene practices through hygiene kits and targeted sensitization. As these sites get back to normal use, WaSH services will remain in these public institutions. WaSH efforts will also target Health facilities and 3000 children in Residential centers affected by the Hurricane, with a focus on vector control and Infection Prevention and Control, in a coordinated manner with the Health Sector and Cholera response partners. A greater implication of DINEPA Sanitation Direction in the WaSH response will be developed, particularly strengthened through sanitation focal points at Departmental level.

In order to be able to respond to future similar/new emergencies, the WaSH Sector proposes that a RRM (Rapid Response Mechanism) be established to timely address the identified needs of potential future affected populations (with an objective of responding within 72 hours ideally and during at least one month). This RRM mechanism will provide a tailored WaSH minimum package (safe drinking water and/or sanitation and/or hygiene supplies and/or key messages/behaviors counselling) and will be in full coordination within the DINEPA structure, DRU Emergency Response Department supported by UNICEF as co-lead.

## More integration of cross-cutting issues, particularly related to protection :

Realizing the importance of protection issues in the humanitarian crisis in Haiti and the impact of other cross-cutting components on coverage and quality of the WaSH response, the Sector partners will make all efforts to include in their respective programmes, together with the Protection sector, in line with the 5 minimum commitments of the WaSH sector at Global level.

#### Coordination of the WaSH Sector (as linking with Strategic Objective 4)

WaSH Sector coordination is ensured by the DINEPA DRU (Emergency Response Department Director), supported by UNICEF with 1 co-coordinator at National level. At departmental level, OREPAs DRU focal points lead the WASH coordination groups, supported by UNICEF co-coordinators (1 in South/Nippes based in Les Cayes and 1 in Jeremie for GA). Therefore, a decentralized 'bottom-up' approach of the WaSH coordination is taken to ensure needs arise from the fields and are addressed by the National Coordination which supports in terms of technical guidance, advocacy/donor liaison and exchange of information. 2 IM will be appointed from December through Oxfam with OFDA funds to support departmental and national data collection, analysis and dissemination. Support in co-facilitation from NGOs partners such as Solidarités International in Nippes WaSH Coordination Group is encouraged to ensure continuity after current Global WaSH Cluster support. Capacity-building activities in order to improve quality of humanitarian WaSH response such as trainings and capacity-mapping have been initiated in South and are being replicated in GA and Nippes, will continue in 2017-2018 according to the capacity building plan.

#### BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS			BY SEX & AGE	
	IDPs	Returnees	Host communities	% female	% children, adult, elderly
People in NEED	0.2M		1.2M		
People targeted	0.2M		0.8M		
Financial Requirements					\$14.7M



## PROTECTION OBJECTIVES

**1** Ensure monitoring and reporting mechanisms to reinforce protection risks analysis, enhance comprehensive quality protection prevention and response services and inform advocacy priorities for people affected by emergencies, in particular women and children and other vulnerable categories

**2** Reinforce existing referral mechanisms, case management and access to services and documentation

**3** Mitigate protection risks and restore dignity through livelihood assistance and advocate for durable solution through adequate policy framework at national level.

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## PROTECTION



## Minimum package

Given the widespread vulnerability to protection risks in Haiti, protection partners will prioritize their interventions along the humanitarian imperative principles targeting categories of people that are most at risk and in urgent need of protection. In a context of emergency response post-Matthew and continuing deportation from the Dominican Republic, focus will be given to the strengthening of protection monitoring and referral mechanisms through community-based approaches in order to prevent and respond to immediate protection risks. Interventions will be based on a comprehensive gender analysis and will focus on ensuring that strong and effective referral pathways, as well as capacity to provide immediate response to decrease vulnerability and exposure to risks, are in place with a particular focus on women, children, the elderly and people with disabilities. An additional focus will be put on ensuring that risk factors arising from migratory patterns are addressed: access to services and livelihood is essential to mitigate negative coping mechanisms and ensure extremely vulnerable populations' dignity is maintained and restored when needed.

## Response Strategy

1. The response strategy will be articulated around strengthened monitoring, identification, referral and reporting mechanisms. Implementation strategies will include community-based protection and monitoring approaches coordinated with governmental action in the fields of social protection, education, justice and health in order to enhance protective outcomes.
2. Transversal themes of this response strategy are: the reinforcement of local structures and embedded community mechanisms, community participation and engagement, gender and protection mainstreaming, support to livelihoods and durable solutions and the strengthening of humanitarian accountability processes and mechanisms.
3. Cross-sectoral links with the Education, Health, Nutrition, Food Security and Early Recovery sectors will be strengthened and built upon in order to ensure the needs of the most vulnerable are prioritized. Ensure localized and centralized monitoring and reporting mechanisms to reinforce protection risks analysis, response mechanism and advocacy actions in order to enhance protection outcomes for vulnerable women and children, children in institutional care, in detention, elderly, person with disabilities. Monitoring also encompass the population at the border to better understand the risk of exploitation and trafficking in Haiti to serve as a baseline for all counter-trafficking-related response and prevent, trafficking, smuggling and exploitation.
4. Support to existing structures set up by local, national and international actors, including civil society, local governmental and technical authorities: such support aims at empowering local actors to identify, prevent and respond to protection risks.
5. Reinforce community-based protection mechanisms through enhanced consultation, participation and engagement of the community: Create safe and appropriate spaces to raise awareness of women and girls about GBV cases and their prevention; intensify communication and information campaigns targeting highly affected and "mobile" population at risk of abuse, exploitation and family separations.
6. Reinforce existing referral mechanisms and case management: reinforcement of the clinical management system of rape and GBV cases with equipment, staff and PEP kits; specialized psychological and mental health care for survivors of GBV, people exposed to disasters, violence and severe hardship and victims of human trafficking, including children; documentation for those who have lost birth certificates or national ID cards; referral mechanisms for undocumented migrants, deportees, people of concern to UNHCR and trafficked people; mechanisms for the identification and referral of unaccompanied and separated children; enhanced monitoring of children without appropriate care and mechanism to re-establish family contacts and prevent family separations.
7. Through a coordination mechanism, advocate for and support main humanitarian actions, gender and protection mainstreaming through comprehensive gender and risk analysis; advice to safe access to humanitarian assistance; set up of complaint and feedback mechanism for possible aid-related exploitation and abuses; definition of key protection messages.
8. Access to appropriate durable solutions for population living in collective shelters and IDP camps, ensuring that returns are voluntary and conducted in security and dignity, based on informed decisions by the affected people: ensure that socio-economic drivers of violence, including violence against women and children, are addressed through strategic partnerships with other sectors and the integration of high impact protection interventions including cash-based interventions and socio-economic empowerment of vulnerable groups.

### Exit Strategy

Efforts dedicated to embedded and localized responses and support to existing structures will gradually build sustainability. They will allow a gradual transfer of responsibility to local authorities and actors through support to local development plan anchored to the national strategy for disaster management. Close link will be ensured with the DPC and other governmental technical services as well as with the early recovery cluster to develop the exit plan. The response strategy will place a specific focus in enhancing the protection capacity of governmental and social protection institutions as well as humanitarian organizations.

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#### BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

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	BY STATUS			BY SEX & AGE	
	IDPs	Returnees	Host communities	% female	% children, adult, elderly
People in NEED	55.1K	339.4K	459.2K		
People targeted	27.6K	169.7K	229.6K		
Financial Requirements	\$13.6M				

## PEOPLE IN NEED



2.2M

## PEOPLE TARGETED



2.2M

## REQUIREMENTS (US\$)



34.7M

## # OF PARTNERS



14

## CHOLERA OBJECTIVES

1

Coordination and decision-making support

2

Access to preventive and curative care.

3

Cutting transmission in communities.

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## CHOLERA



## Target Population

The cholera response plan is a national level plan, and covers all departments in the country. The plan focuses however on the strengthening of prevention, treatment, and rapid response capacities in the four key departments that influence national cholera dynamics (West, Centre, Artibonite and North) with particular attention to monitoring the situation in the Grand Sud, and specifically in the departments of South and Grand'Anse where there has been an increase in the number of acute diarrhea cases in the weeks following the hurricane;

In line with current trends and considering the potential long-term impacts of hurricane Matthew on cholera at the national level, it is estimated that 30,000 suspected cases could be reported in 2017. As a result of the 'cordon sanitaire' strategy, 1,650,000 individuals will benefit from the sector response, and 771,000 individuals targeted by the 2017 oral cholera vaccination campaign in the Centre department should be added to this as well. After consideration of possible duplication across these two activities, the estimated target is 2,193,080 people.

## Sector Response and Exit Strategies

The Humanitarian Response Plan of 2017-2018 builds on the mid-term phase of the Cholera Elimination Plan that covers the period from mid-2016 to the end of 2018. Financial resources are requested to cover 12 months of programming implementation.

The plan consists of three complementary components:

Part 1 : Coordination and decision-making support

Part 2 : Access to preventive and curative care

Part 3 : Cutting transmission in communities

**Part 1** consists of strengthening the detection and notification of suspected cholera cases, and coordination at all levels; national coordination (the National Technical Committee) will be supported in its efforts to monitor alerts and responses through the creation of a coordination unit supported by PAHO/WHO and UNICEF; one priority will be to restore coordination and surveillance in areas affected by Matthew through regular departmental inter-sectoral coordination meetings between WASH and Health; laboratory confirmation of suspected cases is another priority in this component as is community-based surveillance which is one of the exit strategies that the cholera team seeks to strengthen over the next two years.

**Part 2** consists of implementation of cholera vaccination combined with household water-quality measures in the Centre (2017) and Artibonite departments (2018); and follow-up on the results of the emergency vaccination that took place in Grand'Anse and South. On the curative care side activities are aimed at strengthening management capacity, in particular human resources (number and capacity) including mobilization of emergency medical teams, ensuring ADTC operating standards (with a focus on the ADTCs affected by Matthew) and reinforcing the integration of medical case management into the essential care package. Improved temporary Oral Rehydration Points (including patient stabilization) will be possible based on agreement with local authorities in remote areas that are currently lacking access to care. Simple Oral Rehydration points will be created in communities to facilitate active case search, counselling and family awareness, immediate oral rehydration and referral for care of more severe dehydration cases.

**Part 3** aims to maintain the level of community rapid-response (at least 60 mobile teams supporting the 12 MSPP teams), making it more efficient, coordinated, and prepared for eventual transfer from international to national teams under the Ministry of Public Health; the objective is to ensure a minimum WASH package response to each alert notification within 48 hours; investigation at the household-level and 'cordon sanitaire' effected at the 10 adjacent households (variable depending population density) consisting of active case search, awareness raising on cholera prevention, administering of oral prophylaxis, distribution of a kit containing water-treatment products, soap, oral rehydration salts, and water storage containers as necessary; based on results of immediate investigations, temporary chlorination points may be installed at principal gathering points in support of DINEPA through the systematic chlorination of water supply systems (water networks, reservoirs, wells) and the repair or rapid protection of the latter; in outbreak situations where transmission is determined to be person-to-person, increased awareness raising in markets, in schools, by radio and other mass media will be used to improve communication to the public about outbreaks and awareness raising about proper hygiene practices; keeping in mind the hazard posed by the management of bodies of those who have died of cholera in the past two years, sensitization and training must take place for those who bathe the bodies and at community morgues; in certain

contexts and where possible, the coordination of response teams with agents of DINEPA and the municipalities can also employ sanitation promotion tools such as ACAT (community approach for total sanitation) when outbreak occurs

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BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

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	BY STATUS			BY SEX & AGE	
	IDPs	Returnees	Host communities	% female	% children, adult, elderly
People in NEED			2.2M		
People targeted			2.2M		
Financial Requirements			\$34.7M		



## PEOPLE IN NEED

**2.1M**

## PEOPLE TARGETED

**1.8M**

## REQUIREMENTS (US\$)

**25.8M**

## # OF PARTNERS

**58**

## HEALTH OBJECTIVES

**1** Rehabilitate strategically-located health facilities, including hospitals and primary level care health structures.

**2** Provide preventive and curative health care services including health promotion at institutional and community level.

**3** Improve health system resilience and preparation to future disasters.

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## HEALTH

## Targeted populations

An estimated 1.8 million persons, representing the catchment population of health structures which were completely destroyed or suffered significant damage and loss, are affected by partial or total loss of access to health services in Matthew-affected areas. This population includes: 175,000 people in shelters; 450,000 women of reproductive age (15% of them need family planning services and 2% need specific health services for sexual and gender-based violence); 46,800 pregnant women (20% of them will suffer from pregnancy complication and miscarriage due to unsafe PRACTICES); 50,400 children <1 year need vaccination); and 216,000 children <5 need dedicated child care. In addition, 55,107 people still living in IDP camps in the Port-au-Prince metropolitan area need health services and should be considered as affected population to be covered by the health sector humanitarian response.

## Sector Response Strategy

The Humanitarian Health Response is to be coordinated by Haiti's Ministry of Health (MSPP) and focus on restoring access to health services and supporting the health care delivery capacity in the affected areas.

In order to restore access to health services, rehabilitation of both structural and non-structural aspects of health facilities is needed. The MSPP, with the support of PAHO/WHO, has identified and prioritized strategically-located health facilities for immediate repairs and rehabilitation. To build back better, rehabilitations need to be implemented in line with the norms of MSPP technical standards for construction of health facilities and national building code, and adhere to recommendations of the global Safe Hospitals Initiative to ensure resilience of the health care system in the face of future natural HAZARDS.

Support must be given to the MSPP to ensure that basic health services can be provided within these rehabilitated health facilities, with a focus on Public Health Priority Programs (ex: Vaccination, Family Planning, Maternal, New Born and Child Care; care and treatment for communicable diseases including HIV, Tuberculosis, Malaria and other vector transmitted diseases). Additionally, MSPP WILL NEED SUPPORT to include services for sexual gender based violence, psychological counselling and post-trauma rehabilitation, lifesaving emergency reproductive health services and emergency care services in both hospital and pre-hospital settings. Specific attention should be given to stringent hygiene standards in health care facilities to ensure that these facilities do not become sources of contamination and transmission. This includes measures such as ensuring disinfectant availability and training dedicated health personnel on water treatment and water quality monitoring.

Priority activities which support basic health services include:

The provision of drugs, vaccines and basic medical equipment; restoration of the cold chain; training and technical support to health personnel, social mobilization and health promotion. Though it is preferable to support existing MSPP health structures, in some isolated zones where there is no existing health structure, mobile clinics may be a good option to reach isolated or displaced populations, with specific time frames, a clear exit strategy, and taking care to ensure that they will not substitute and thus impair the recovery process for the national health system. Where possible, a more durable solution will be adopted through support of community outreach activities BY mobilizing polyvalent community health workers (ASCP in French), who are capable of reaching these isolated zones to ensure access to basic health services.

In addition to health service provision, the Humanitarian Health Response Strategy also focuses on reinforcing epidemiological surveillance to support early detection and timely management of disease outbreaks, in particular for highly infectious and reportable diseases. This includes supporting the data collection, specimen collection and transportation, laboratory confirmation (in both national and sub-regional labs) and reporting and analysis. This will support monitoring and evaluation of the epidemiological situation and allow faster decision-making for rapid preventive and response actions.

## Coordination of the Health Sector (link to Strategic Objective 4)

The overall coordination mechanism needs to be sustained with proper capacity building activities. To date, the Health Sector coordination is ensured by the MSPP, and supported by PAHO/WHO, both nationally and at departmental level. At national level, the MSPP set up a Communication Cell in Port au Prince to follow the flux of information from Matthew-affected areas. A cabinet member of the MSPP is in charge of overseeing the global health response operations. The MSPP and PAHO/WHO jointly lead Health Group coordination meetings with health partners in Port au Prince to share information and guide activities for a more efficient overall response.

At departmental level, in Grande Anse and South, the respective departmental Health Directors lead the Health Coordination Groups, with support from PAHO/WHO field coordinators. PAHO/WHO also supports the departmental Health directorates with technical expertise in epidemiology and surveillance, water and sanitation and hygiene, and health services quality control. The MSPP aims to reinforce the response coordination effort with three officers in charge of community based health care; medical items management and health partner coordination.

## Exit Strategy

The exit strategy takes into account that the Humanitarian Health Response Strategy will incorporate Disaster Risk Reduction (DRR) elements such as measures of resilience against future natural disasters as well as reinforcing the health system by building up MSPP capacity to provide health services. For example, the goal of the rehabilitations will be to increase health structures' capacity of maintaining their functionality after a catastrophe (resilient health structures); a measure of increasing capacity will be training MSPP health personnel on national norms and standards for case management. In addition, coordination by the MSPP will be strengthened to ensure a more efficient humanitarian response and increase health sector preparedness, as well as support emergency preparation initiatives both at central and departmental level, and reduce humanitarian actions which substitute and weaken the MSPP (this set of activities will include contingency planning and simulation exercises). This is an opportunity for the health actors to build the health sector back better than before.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS			BY SEX & AGE	
	IDPs	Returnees	Host communities	% female	% children, adult, elderly
People in NEED			2.1M		
People targeted			1.8M		
Financial Requirements			\$25.7M		

PEOPLE IN NEED

 230 K

PEOPLE TARGETED

 213K

REQUIREMENTS (US\$)

 14.9M

# OF PARTNERS

 5

CCCM OBJECTIVES

**1** Site specific, appropriate solutions are implemented to facilitate return, relocation, enabling the closure of camps from 2010; or to facilitate urban integration and/or formalization of camps.

**2** Displaced people benefit from coordinated access to basic services/ assistance

**3** Displacement is monitored and tracked accordingly

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## CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)



Minimum package

In 2017, humanitarian partners operating in CCCM (Camp Coordination Camp Management) sector will continue providing support to the Government of Haiti, to close or integrate in the neighborhoods the IDP camps from the 2010 not targeted in ongoing projects (38,000 IDPs); while monitoring the humanitarian situation in the camps while the transition to neighborhoods is not complete.

Regarding the people displaced by Matthew, the CCCM will coordinate the multi-sectoral community-based response to the people displaced by Matthew.

Response Strategy

**6. Monitoring and displacement tracking:** In order to support all the sectors to provide support to the displaced population in Haiti, the CCCM will maintain regular monitoring and tracking of the displacement caused by Matthew and the 2010 seism. Urgent needs and gaps will be identified and monitored through regular visits to camps and other displacement sites. Displacement-related information will be shared regularly to concerned partners.

**7. Ensure coordinated access to assistance and basic services to displaced populations:**

Decentralized CCCM coordination will ensure the coordinated access to assistance and basic services available (shelters, protection, WASH...) to the population displaced by hurricane Matthew, avoiding duplications and minimizing the gaps. The CCCM will support the multi-sectoral and community-based approach of the Government of Haiti to restore the previous conditions in the areas affected by hurricane Matthew in order to ensure the safe and dignified return and reintegration of the displaced population into their neighborhoods.

Regarding the IDPs in camps from 2010, coordinated access to the available services will be ensured while the transition from camps to neighborhoods is not completed.

**8. Provision of durable solutions to IDPs remaining in camps since the 2010 earthquake:**

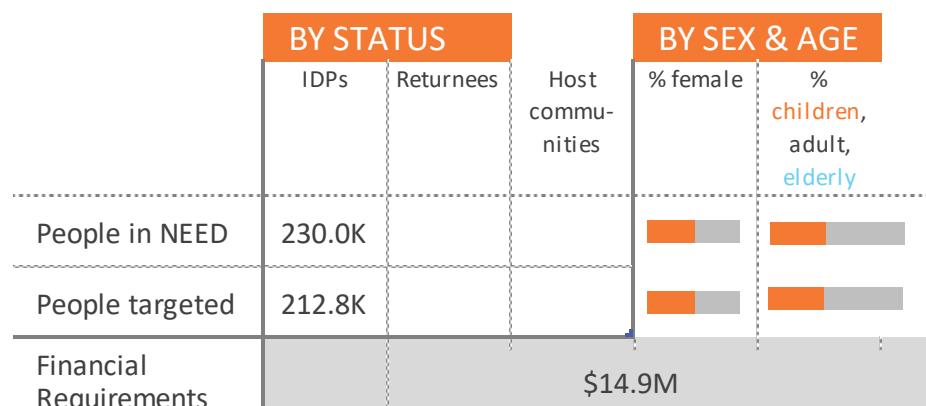
Following the Government's strategy of provide an end to the camp displacement before the next hurricane season, CCCM partners will provide support to UCLBP (*Unité de Construction, Logement et Bâtiments Publics*), the national housing authority, to relocate or integrate the remaining camps, following government's priorities.

Camp management and coordination between partners and sectors will be ensured through the CCCM Working Group, which serves as coordination mechanism for all partners involved in camps and displacement areas.

Exit Strategy

Coordinated multi-sectoral interventions will aim at restoring the living conditions in the areas of origin of the displaced people by Matthew. With regards to the remaining IDPs from 2010, all actions are oriented to the provision of durable solutions, so the displaced population reaches the same living standards that those existing for the people living in neighbor areas.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE



## PEOPLE IN NEED



205K

## PEOPLE TARGETED



149K

## REQUIREMENTS (US\$)



6.7M

## # OF PARTNERS



15

## NUTRITION OBJECTIVES

**1** Morbidity and mortality associated with acute malnutrition is reduced in children under five living in disaster affected communities.

**2** Nutritionally vulnerable groups living in disaster affected communities benefit from micronutrient supplementation to improve the quality of their diet.

**3** National and departmental MSPP capacity is strengthened for timely, coordinated, and effective response to nutrition crisis.

35

## NUTRITION



## Targeted populations

In 2017 the nutrition sector will target 80% of the humanitarian needs for curative nutrition interventions and 70% of the humanitarian needs for preventive nutrition interventions.

The nutrition sector therefore intends to reach 45,700 children suffering from acute malnutrition (14,500 with severe acute malnutrition and 31,200 with moderate acute malnutrition), 60,400 children under two at risk of malnutrition and 43,200 pregnant and lactating women requiring support for positive feeding and care practices as well micronutrient supplements..

The targeted communities are located in seventy five disaster affected communes (54 hurricane affected communes and 21 drought affected communes) within ten departments.

## Intervention package

The nutrition response will be implemented through partners that are expected to deliver a minimum package of high impact nutrition interventions composed of:

1. Management of moderate and severe acute malnutrition in children under five
2. Promotion of recommended Infant and Young Children Feeding (IYCF) and care practices in children under two
3. Provision of essential micro-nutrients i.e. Multi-Micronutrient Powders (MNPs) for children 6-23 months and Iron/Folic acid for pregnant and lactating women
4. Nutrition surveillance through active community screening

## Response Strategies

The humanitarian response will be articulated around the following three main strategies:

- 1) Saving the lives of the most vulnerable (children under five) through regular screening combined with cost-effective community based management of acute malnutrition (CMAM) will ensure that those affected by acute malnutrition receive appropriate treatment. This approach allows for the majority of the cases to be detected and treated at an early stage with ready-to-use therapeutic food at home.
- 2) Protecting and restoring the nutritional status of the most vulnerable groups (children under two, pregnant and lactating women) through counselling provided to care-takers on age-specific infant, young child feeding and care practices as well as the provision of multiple micro-nutrients supplements will improve the quality of the diet and reduce the risk of acute malnutrition.
- 3) Preparing for and responding to nutrition crisis: Nutrition partners will support the Ministry of Public Health (MSPP) at national and regional to coordinate emergency nutrition assessments and interventions, to develop sectoral contingency plans to improve emergency preparedness and response, and to advocate for resources mobilization.

## Implementation modalities

Emergency nutrition interventions will be planned, implemented and monitored in close collaboration with sector stakeholders specifically with the Ministry of Public Health (MSPP) to ensure alignment with national strategies and response plans. The humanitarian response will be coordinated by MSPP with support from UNICEF, the nutrition cluster lead, through re-activation and/or establishment of nutrition coordination platform at national level and in the departments affected by a disaster.

Multi-sectorial integration particularly with the Food Security, WASH and Health sectors will be promoted in order to address the multiple causes of malnutrition, and ensure convergence of sectoral responses in terms of geographical coverage and population groups. The nutrition sector will advocate for mainstreaming of nutrition in other sectors for delivery nutrition-sensitive interventions targeting the most vulnerable groups (children under five and women).

Implementing partners will support local capacities at institutional and community level to deliver the minimum package of emergency nutrition interventions in order to sustain and retain response capacity beyond the crisis. This will be done through capacity building of health managers, health care providers and community agents, provision of nutrition commodities and other supplies, and mobilization and sensitization of community members and leaders.

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BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS			BY SEX & AGE	
	IDPs	Returnees	Host communities	% female	% children, adult, elderly
People in NEED			205.0K		
People targeted			149.3K		
Financial Requirements			\$6.7M		

PEOPLE IN NEED



806K

PEOPLE TARGETED



525K

REQUIREMENTS (US\$)



41.3M

# OF PARTNERS



40

SHELTER &amp; NFI OBJECTIVES

37

**1** To ensure the health, safety, security and dignity of girls, boys, women and men affected by Hurricane Matthews through the provision of rapid and targeted shelter and NFI solutions

**2** To promote durable solutions to avoid prolonged and chronic displacement of affected populations

**3** To promote the early recovery of affected communities at their place of origin through an integrated multi-sectorial response of WASH and protection.

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**SHELTER & NFI****Targeted populations**

The Shelter and NFI sector's humanitarian response plan to target Hurricane Matthew's affected population in the most affected departments including the Grande Anse, Sud, Nippes, North, North West, South East and West. The plan aims to target primarily households that no longer have access to safe shelter in rural, peri-urban and urban areas including at risk areas. This plan also targets households that have lost access to basic non-food items as a means to preserve their dignity.

**Sector Response Strategy**

The Shelter sector aims to provide assistance that will take into consideration a variety of housing environments that were damaged by the hurricane to provide the most adapted shelter solutions to affected communities.

It will also aim to assist the most affected households, based on a combination of criteria prioritizing primarily the severity of the damage sustained at the place/house of origin and residents' socio-economic vulnerabilities. Specific attention should be taken to address the needs according to vulnerability and gender.

Emphasis is focused on rural and remote communities to prevent secondary displacement towards peri urban and urban centers and to enable farming communities to remain close to their livelihoods. Finally, the sector recommends providing durable shelter solutions at a safe place of origin through a multi-sectorial approach including WASH, Early recovery and Protection. Solutions remain to be identified for tenants and communities living in at risk areas, unsafe for rehabilitation or reconstruction and in need of relocation.

Community engagement is paramount to an effective shelter response. Capturing community needs, intentions, concerns, and providing them with humanitarian information on Shelter and NFI assistance involving them in program planning and implementation is strongly recommended.

The shelter sector will aim to contribute to the clearing and removal of debris and fallen vegetation at the place of origin to speed up the recovery of people's homes and neighborhoods through tools, machinery and equipment. The shelter sector will work with municipalities to identify appropriate locations and landfills to dispose of the waste. Where possible, the shelter partners will explore opportunities to salvage fallen timber for potential re-use.

Shelter partners will initially provide emergency shelter assistance through the provision of tarpaulins, tools, and technical guidance to affected communities until durable solutions are put in place. Provision of emergency NFIs such as blankets, jerry cans, hygiene kits and kitchen kits will also be distributed in the initial phase.

The shelter sector partners plan to conduct more specific assessments at the commune level to assess risks, the extent of structural damage, and vulnerabilities of affected communities to ensure prioritization and eligibility of assistance.

The shelter sector in close consultation with Haitian authorities (MTPTC, UCLBP) will consolidate and disseminate required technical guidelines and resources to provide technical guidance to shelter partners to ensure a homogenous and qualitative response. A training plan will be implemented jointly with the authorities to address best practices for emergency shelters, light roofing material, salvaging fallen timber, repair and retro-fitting and traditional vernacular designs/approaches. These trainings should be addressed to partners' technical teams, communities and private sector construction workers.

The shelter sector will support self-recovery and owner driven approaches to provide durable shelter solutions through the provision of repair and retrofitting kits, fixing kits, tool kits, and cash modalities to families that have sustained moderate to severe damage. Shelter partners will also address the needs of vulnerable households whose homes were entirely demolished through the provision of a variety of shelter assistance tailored towards urban and disaster risk planning. These include a range of shelter solutions such as the promotion of traditional and vernacular designs. Trainings, education and information on safer construction principles will be implemented along with community based hazard and risk awareness activities.

**Coordination of the Shelter/NFI Sector**

Shelter Sector coordination is currently ensured by the Ministry of Interior through the Civil Protection Department delegate for shelter and NFIs and co-chaired by the Shelter Working Group coordinator at the national level assisted by two sub-hubs coordinators in Jeremie and Les Cayes, and an Information Management officer. An IOM staff acts as Technical Advisor while IFRC seconded a Recovery Advisor both on part time basis. To ensure continuity and stability of the coordination of the response beyond the emergency phase, the Shelter sector will progressively transition under its technical line ministry at the UCLBP at central level, while keeping the inter-ministerial presence of the Ministry of Public Works and

Ministry of Interior and will aim to hire two focal points from UCLBP to sit in the departmental TPTC office to ensure a decentralized implementation of the national strategy. The coordination structure will explore the possibility to open a coordination hub in the Nippes Department. Capacity-building aspects are already streamlined to ensure the sustainability of the humanitarian Shelter and NFI response.

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#### BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

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	BY STATUS			BY SEX & AGE	
	IDPs	Returnees	Host communities	% female	% children, adult, elderly
People in NEED			0.8M		
People targeted			0.5M		
Financial Requirements	\$41.3M				

## PEOPLE IN NEED



300k

## PEOPLE TARGETED



150k

## REQUIREMENTS (US\$)



16.8M

## # OF PARTNERS



20

## EDUCATION OBJECTIVES

- 1** Restore quick access to education for affected children
- 2** Create a favourable environment for the quick resumption of teaching and learning activities
- 3** Increase the capacity of the sector to improve information management, emergency preparedness and response

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## EDUCATION



## Targeted populations

Based on the HNO, the sector will mostly focus on 300,000 children affected by Hurricane Matthew, as well as those who are being repatriated from the Dominican Republic and the ones at-risk of contracting water-borne diseases such as Cholera due to emergency situations and crises.

The response plan will target 150,000 school-aged children that correspond to 67% of total affected children, from 6-18 years old, and 4,000 teachers, that correspond to 50% of the departments of Grand'Anse, South, Nippes and North-West and also in the three departments along the Haitian-Dominican border, Centre, North-East and South-east. The children affected by the hurricane have had their education interrupted either because their schools were damaged, or occupied by displaced people, or because the school furniture was destroyed, or they lost their learning materials or also because their families could not pay their education due to the losses they have experienced because of Matthew. Their risk of losing their current school year and of staying out-of-school is very high considering the fact that the main cause of educational exclusion in Haiti is closely linked to economic factors and geographical inaccessibility

## Sector Response Strategy including exit strategy

The main objective of the sector is to ensure access in a protective environment to an inclusive and relevant education to 150,000 children from 6 to 18 years old corresponding to 100% of school age children affected by crisis. Specifically, interventions aim at i) ensure the access to quality education; ii) protect and enhance children's resilience through psychosocial activities; iii) improve quality of education through distribution of school material, equipment of schools, promotion of accountability system, etc.

The sector response is thus focusing mainly on the rehabilitation of damaged schools and sanitation infrastructures after the passage of Matthew to enable affected children to return to their classrooms and not lose their current school year. It will also make sure that schools are adequately equipped and that the targeted children and teachers have access to learning and teaching materials, , the response will also make sure that children and the school personnel have access to psychosocial support activities to be able to return to a sense of normalcy, thus reinforcing their resilience. There is also the need to develop a flexible school calendar and contextualized pedagogical package for the emergency needs to support catch-up and remedial classes and equip children with life skills to help protect them against cholera and other waterborne diseases. The response plan will support the Ministry of Education and the sector's capacity to improve information management systems and also preparedness and response mechanisms at national, departmental and local levels.

## More integration of cross-cutting issues, particularly related to DRR, gender and WASH :

Realizing the importance of preparedness and building resilience in the humanitarian crisis in Haiti as well as the importance of WaSH in schools, the Education sector will develop the synergies among the sectors making sure that all these components are included in the accompaniment of teachers and students through proper training and raising awareness as well as the establishment of adequate gender sensitive WaSH facilities in schools.

## Coordination of the Education Sector

At National level, the Education Sector coordination will be ensured by the Ministry of Education with the technical and financial support of UNICEF. At the departmental level, the Ministry's directorates also have the lead in coordinating the partners' interventions with UNICEF technical support to facilitate the partner's coordination and information sharing.

## Exit Strategy

During the emergency caused by Matthew and base on the difficulties faced with damage assessments and disaggregated data of affected children, the exit strategy will look at reinforcing the Ministry of Education's capacity in preparedness and response, to set-up a rapid response mechanism as well as reinforcing the EMIS at the local and central levels.

In order to ensure sustainability and as an exit strategy all interventions will be linked to the Education Sector National and departmental plans. Advocacy will be carried out to ensure that the new Sectoral Plan currently under development will include education in emergency and DRR as specific areas of intervention. Short-term interventions will be complemented by medium term actions in order to promote efficiency and tackling some of the underlying and structural causes of education sector vulnerabilities. Moreover, Ministry of Education lead in the sectoral response ensures buy-in and alignment of the interventions to government's priorities.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS			BY SEX & AGE	
	IDPs	Returnees	Host communities	% female	% children, adult, elderly
People in NEED			0.3M		
People targeted			0.15M		
Financial Requirements			\$16.8M		

## PEOPLE IN NEED



1M

## PEOPLE TARGETED



370k

## REQUIREMENTS (US\$)



25.7M

## # OF PARTNERS



26

## EARLY RECOVERY AND LIVELIHOODS OBJECTIVES

**1** Increase the resilience of vulnerable populations by strengthening and building capacity for disaster preparedness, response, and environmental protection at national and local levels

**2** Create emergency employment to rapidly inject cash into the local economy, restore immediate livelihoods of the most vulnerable households and rehabilitate critical infrastructures in affected communities.

**3** In partnership with other sectors, ensure early recovery approaches are integrated in the response and facilitate the transition to recovery and development.

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## EARLY RECOVERY &amp; LIVELIHOODS



Haiti is one of the most vulnerable countries in the world. With more than 98% of Haitians exposed to two or more types of disasters, the impact of natural disasters is particularly severe, especially considering the already pre-existing socio-economic and environmental vulnerabilities and disparities. With more than a quarter of its total population living in extreme poverty, Haiti's ability to resist and recover from crisis remains very weak.

**Minimum package**

Strengthening local actor's capacities to rapidly respond to immediate livelihood needs, including small business recapitalization is a time critical part of crisis response and initial recovery. To achieve this, sector partners will prioritize their interventions in 41 communes using cash-for-work emergency employment modalities to support debris removal and disposal, rehabilitation of critical community infrastructures and rapid creation of income-generating opportunities, thus mitigating negative coping mechanisms and ensuring vulnerable populations' dignity is maintained while laying the essential foundations for the longer-term recovery. Sector partners' activities will have multiplier effects on the local economy and interventions will be closely linked to other sector's objectives to ensure an effective and timely response in the most affected areas.

**Sector response and exit strategy**

Recognizing that the drivers of humanitarian needs in Haiti are multiple and complex, the sector developed three (3) interlinked objectives, which will contribute to two of the strategic objectives of the humanitarian response plan.

The first objective focuses on supporting local authorities in guiding and coordinating the humanitarian response by strengthening disaster risk reduction and governance to ensure the success and sustainability of the response. This is particularly important at the communal level where early recovery partners will strive to boost the capacities of local authorities throughout the design and execution of immediate – yet inclusive – recovery initiatives that facilitate the restoration of local economies and livelihoods as well as the resumption of basic services while integrating the protection of local ecosystems and the anticipation of future risks.

The second objective aims to stabilize immediate livelihoods and revitalize the affected communities through cash-for-work emergency employment interventions that enable both the rapid injection of cash into the local economy and the implementation of activities that benefit the entire communities. Safe removal of debris and waste management will be the priority. The rapid rehabilitation of small community infrastructures – using when possible recycled debris and waste – and the provision of training towards the repair and maintenance of these infrastructure will follow. In parallel, efforts will be made to improve immediate access to cash, credit or other short-term financial solutions for micro and small enterprises in view of rapidly restoring the local economy.

The third objective aims to ensure and maximize synergies among key actors to integrate an early recovery approach into the humanitarian response through efficient advocacy and coordination with all relevant stakeholders. This will be done through sharing information and promoting the integration of interventions to avoid duplication and gaps. This will ensure a well spread assistance and the optimization of available financial resources for sustainable recovery.

A gender and age-sensitive approach will be promoted, seeking to highlight the gender dimensions of impacts on different vulnerable groups to illustrate distinct needs, risks, coping mechanisms and capacities. Women and people with specific needs will be actively involved through a participatory approach in the recovery process to ensure equitable participation and fair distribution of early recovery and livelihood assistance.

In 2018 the sector aims to continue building on the gains of the initial year and facilitate the transition to recovery and longer-term development using a multi-sectoral approach.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS		Host communities	BY SEX & AGE	
	IDPs	Returnees		% female	% children, adult, elderly
People in NEED			0.9M		
People targeted			0.4M		
Financial Requirements				\$25.7M	

REQUIREMENTS (US\$)



2.2M

# OF PARTNERS



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## COORDINATION AND SUPPORT SERVICES OBJECTIVES

- 1** Humanitarian action is led by empowered, competent and experienced professionals
- 2** Humanitarian decision-making is based on a common situational awareness
- 3** Humanitarian action is guided by joint strategic response planning based on prioritized needs.

## COORDINATION AND SUPPORT SERVICES



Ensuring the alignment of the humanitarian coordination and funding mechanisms and strategies with the national and other non-humanitarian coordination structures, joint needs assessments, information management, advocacy and resources mobilization will remain a priority for the Humanitarian Country Team in 2017.

**Minimum package**

The deteriorating humanitarian context in Haiti exacerbated by the passage of Hurricane Matthew, combined with structural gaps in national coordination structures at central and decentralized levels, render humanitarian coordination mechanisms and strategies essential to guide humanitarian planning and response initiatives with domestic and international stakeholders.

**Response strategy****1. Strengthening of humanitarian coordination mechanisms and strategies**

Sector-based coordination around the main humanitarian sectors – led by the respective Government Ministries and supported by specialized UN Agencies and INGOs - will be strengthened. Humanitarian coordination mechanisms and strategies at the decentralized level will be equally reinforced through increased partnership between the Government, the UN, I/NNNGOs, and the Haitian civil society. In support to the Humanitarian Coordinator's role, OCHA will continue to act as a catalyst of this process, and ensure the referral of strategic issues to the HCT. Finally, OCHA will foster synergies between humanitarian and development processes through increased linkages between the HCT and the UNCT.

**2. Resources Mobilization reinforced**

In 2017, resource mobilization will remain a major focus for the HCT in Haiti; particularly among non-traditional and emerging donors to ensure that the necessary resources are timely available to support the implementation of priority humanitarian actions. Under the HC leadership and with OCHA support, humanitarian coordination structures will ensure that projects identified and included in the HRP will constitute a priority and that duplication is avoided. Strategic ties with development plans and funding mechanisms will be reinforced. Briefing meetings will be organized for the donors' community based in Haiti and liaison will be maintained with development donors whose funding is critical to avoid the perpetuation of humanitarian needs as a result of chronic underdevelopment issues

**3. Advocacy and Information Management strengthened**

In 2017, timely, quality and analytical information on the humanitarian context, needs, responses, opportunities and gaps will be regularly shared to relevant stakeholders through OCHA's information management products (operational update, sitreps, monthly humanitarian bulletin, snapshot, fact-sheets, dashboard, 3W data base, web site, etc.)

**Exit strategy**

Sector-based coordination around the main humanitarian priority sectors are already led by the respective Government Ministries and supported by specialized UN Agencies and INGOs. Humanitarian coordination at the decentralized level is equally reinforced through increased partnership between the Government, the UN, I/NNNGOs, and the Haitian civil society. Once the national capacities in ensuring a coordinated and effective humanitarian response throughout the country are significantly strengthened, humanitarian partners, whose number is progressively reducing, may be totally phasing out their support to national institutions, local actors and development partners.

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ORGANISATIONS USING  
LWG FACILITATED  
SERVICES



38

ORGANISATIONS  
ATTENDING LWG  
MEETINGS



150

REQUIREMENTS (US\$)



2.0M

#### LOGISTICS OBJECTIVES

**1** Enable the humanitarian community to reach the populations affected by the consequences of the Hurricane Matthews and Cholera spikes in the most hard to reach areas.

**2** Sustain the resilience and recovery efforts of the affected populations by supporting capacity strengthening and preparedness.

## LOGISTICS

### Minimum package

The zones affected by Hurricane Matthew were already within the most inaccessible of the country; the already inadequate infrastructure, including road network, ports, airports and storage facilities, have been further deteriorated by the effects of the hurricane. The purpose of the Logistics Working Group in Haiti is to support the humanitarian community in their efforts to deliver life-saving relief items across the most affected areas.



### Response Strategy

In 2017, the Logistics Working Group (LWG) will maintain its strong coordination role and will continue to facilitate access to common logistics services, to support the humanitarian community. In addition, sharing of logistics information related to on-going activities will be made available through coordination meetings and the dedicated webpage on the Logistics Cluster website.

The LWG will continue to support organizations to receive, store and distribute humanitarian items making access available to existing common storage facilities in Port-au-Prince, Les Cayes and Jérémie and facilitating road, air and sea transportation to allow access towards those areas mostly inaccessible. Storage and transport capacity are costly but paramount for 2017; single organizations would not be able to mobilize similar assets, and it can be effective only if maximized by shared use. A lack of the necessary resources to support the proposed strategy will hamper the ability of organizations to reach the most affected populations.

The LWG will continue sustaining National Authorities in their response capacity, contributing to the development of preparedness and contingency planning for the 2017 cyclonic season in collaboration with the Directorate of Civil Protection (DPC) and establishing prepositioning bases for logistics support.

### Exit Strategy

The LWG plans to scale down his free-to-user logistics support through the first quarter of 2017. Progressively, cost recovery systems will be put in place to avoid competition with commercial providers at national and local level. Basic storage and transport capacity will be kept throughout the 2017 cyclonic season to allow the humanitarian community to take the necessary contingency measures. The LWG will continue to work for capacity strengthening of the (DPC), his counterpart, in terms of coordination and information management. Support to emergency preparedness planning will be also provided to facilitate the capacity strengthening process.

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REQUIREMENTS (US\$)	400k
# OF PARTNERS	8

#### EMERGENCY TELECOMMUNICATION OBJECTIVES

- 1 Assist Communities to access vital information in the way they want to receive it.
- 2 Ensure a smooth transition of services provided by the sector, to private sector Internet.
- 3 Preposition Emergency comms equipment and ensure responders are trained.

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## EMERGENCY TELECOMMUNICATIONS



### Targeted populations

The Emergency Telecommunications sector traditionally provides support to the humanitarian responders (Government, UN and NGO) with Internet and security Telecommunications services so that they can go about their work safely and efficiently. Internet services have and continue to be provided in La Grande Anse and Sud, with some support in Port-au-Prince. Security Telecommunications continue to be provided throughout all departments in Haiti, supported by MINUSTAH.

In line with the Emergency Telecommunications Cluster (ETC) 2020 strategy, the Telecommunications sector is committed to helping communities to communicate and access vital humanitarian information in the way that they want to receive it, and so will be targeting 6 locations in the most affected areas of Grand Anse and Sud with Telecommunications support

### Sector Response and exit Strategy

The Sector and partners started with the prepositioning and preparation of emergency communications equipment (being satellite phones and small satellite internet terminals) in Haiti and then larger high bandwidth rapid deployment satellite dishes in Dubai, Sweden and Luxembourg. When it became clear that the hurricane was going to pass through Haiti, the sector and sector partners mobilized these national and internal prepositioned material towards Grand Anse and Sud.

The most critical time for this sector to activate is within the first hours, and then weeks, of the emergency. The sector partners provided a limited number of sat-phones and portal internet devices to support the government, UN, NGOs and affected populations, followed by high-bandwidth satellite connections and WIFI to the staging areas in Les Cayes and Jeremie, supporting the Government at the COUDs and other UN and NGO responders at the logistics hubs and at their offices.

As important as it is to provide these services quickly and efficiently to serve humanitarian responders, it is just as important to scale back services when national networks have returned to steady state and responders are given enough time to migrate. This ensures that national economic structures are supported. Support to all internet connections provided to individual offices in Les Cayes and Jeremie will be de-activated after the 1st of January 2017, and all satellite internet will be removed on or before the 19th of January 2017. Internet connectivity to the COUDs and Logistics bases in Les Cayes and Jeremie will remain to support emergency and early recovery activities.

The Telecommunications sector is committed to helping communities to access vital humanitarian information in the way that they want to receive it. The sector will improve community radio stations' abilities to transmit important, localized messages and invite increased community dialogue on humanitarian issues. In collaboration with partners, four radio stations in the worst affected areas of Grand'Anse and Sud will be rehabilitated and provided with basic power and ICT support by the end of January 2017. This will equip them to receive, create and transmit humanitarian broadcast content with the involvement of local communities, media, humanitarian actors and local authorities, in support of interagency and government efforts to improve community communication and feedback on the response.

Security Telecommunications Communications, which is made up of the Communication Centers (COMCEN) and the HF/VHF/UHF radio networks continue to be a vital security service in Haiti, and will continue to be supported in 2017.

### Early Recovery and Preparedness

Government agencies are in need of assistance to address the gaps in communications in affected areas in the immediate aftermath (first few hours/days of the first response) of the disaster. Under the Early Recovery Sector, partners are proposing to provide up-to-date emergency satellite kits to emergency operation centers (EOC), ensuring that all the departments can be covered with emergency means of communications in the event of a disaster. This is in line with current cooperation among existing partners, established in 2010.

Under this proposal, Government response personnel should be trained not only on the use of the equipment but also on the financial management of satellite communications. Special care will be taken on the establishment of regular testing protocols, since it has been proven to be the only way to ensure that people and equipment are constantly ready to respond.

After the initial emergency communications needs are met with pre-positioned satellite kits, it is important to transition to higher bandwidth and cheaper services provided by national providers or larger VSAT terminals, with an appropriate Wi-Fi network. This has been achieved in this response with the assistance of International partners: The telecommunications sector are proposing pre-positioned emergency deployment kits similar to those used in this response, coupled with Emergency deployment skills training to enable the humanitarian community in Haiti to provide a similar response without International assistance.

# GUIDE TO GIVING

## CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN



To see the country's humanitarian needs overview, humanitarian response plan and monitoring reports, and donate directly to organizations participating to the plan, please visit :

[www.haiti.humanitarianresponse.info](http://www.haiti.humanitarianresponse.info)

## DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)



CERF provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. This is used for crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website:

[www.unocha.org/cerf/our-donors/how-donate](http://www.unocha.org/cerf/our-donors/how-donate)

## DONATING THROUGH THE COUNTRY HUMANITARIAN FUND



The Haiti Humanitarian Fund is a country-based pooled fund (CBPF). CBPFs are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator (ERC) and managed by OCHA at the country level under the leadership of the Humanitarian Coordinator (HC). Find out more about the CBPF by visiting the CBPF website:

[www.unocha.org/what-we-do/humanitarian-financing/country-based-pooled-funds](http://www.unocha.org/what-we-do/humanitarian-financing/country-based-pooled-funds)

For information on how to make a contribution, please contact

[ditaranto@un.org](mailto:ditaranto@un.org)

## IN-KIND RELIEF AID



The United Nations urges donors to make cash rather than in-kind donations, for maximum speed and flexibility, and to ensure the aid materials that are most needed are the ones delivered. If you can make only in-kind contributions in response to disasters and emergencies, please contact:

[logik@un.org](mailto:logik@un.org)



## REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS

OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity and to show the total amount of funding and expose gaps in humanitarian plans. Please report yours to FTS, either by email to [fts@un.org](mailto:fts@un.org) or through the online contribution report form at <http://fts.unocha.org>

# PART III: ANNEXES

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## ANNEX 1: OBJECTIVES, INDICATORS & TARGETS PER SECTOR

### STRATEGIC OBJECTIVES, INDICATORS AND TARGETS



#### Food Security

**Sector Priority 1:** Assist in the most efficient way people affected by the Hurricane Matthew at reaching adequate food consumption.

INDICATOR	IN NEED	BASELINE	TARGET
Number of beneficiaries receiving food (in-kind and/or cash, conditional and or not) assistance	1.500.000	0	1.300.000
# of people reached by nutrition rations.	806,000	0	500,000
# of households receiving seeds and planting materials.	210,000	0	180,000
# of fisher households receiving fishing equipment.	11,000	0	4,800
# of households benefitting from livestock protection intervention.	30,000	0	6,400
# of ha irrigated areas rehabilitated.	16,000	0	800
# of km of rural road rehabilitated.	4,000	0	270

**Sector Priority 2:** Support vulnerable population to recover their most necessary livelihoods from the impact of the 2016 shocks (e.g.: drought and hurricane).

INDICATOR	IN NEED	BASELINE	TARGET
# of farmers supported in the production of quality seeds.	To be determined	0	5,500
# of households that have better access to agricultural inputs.	210,000	0	80,000
# of km <sup>2</sup> of watershed rehabilitated.	To be determined	0	10,000

**Sector Priority 3:** Assist the most affected community members to recover and improve their shock absorption capacities.

INDICATOR	IN NEED	BASELINE	TARGET
# of hectare of agroforestry systems restored, planted and in production.	111,010	0	15,000
# of vulnerable community members participating in the wood land and agroforestry restoration activities.	N/A	0	25,000
# of food processing and food conservation facilities rehabilitated.	To be determined	0	150
# of vulnerable people involved in the income generating activities related to food conservation and processing.	To be determined	0	3,000
# of people with improved access to financial services.	To be determined	0	20,000
# of community members involved in the development and implementation of the DRM plans.	N/A	To be determined	1,000



## WASH

**WASH Objective 1:** Recover access to safe water and sanitation with hygiene promotion in the Hurricane and flooding affected communities

INDICATOR	IN NEED	BASELINE	TARGET
# of affected people provided with sustainable safe water for drinking, cooking and personal hygiene use by December 2018	1.000.000	500.000	500.000
# of affected households provided with hygiene kits by December 2018	100.000	20.000	80.000
# of affected people sensitized to hand-washing at critical moments and safe sanitation by December 2018	1.000.000	200.000	800.000

**WASH Objective 2:** Recover access to safe water and sanitation with hygiene promotion in schools, health facilities and residential centers (orphanages)

INDICATOR	IN NEED	BASELINE	TARGET
# of affected schools, health facilities and residential centers provided with safe water and sanitation by December 2018	307abris + 65 CS + 30 RC = 402structures	50	357
# of children provided with safe water and sanitation in schools and residential centers by December 2018	Schools: 138 x300children =42.000children  RC: 1500 children/caregivers in GA, 1.500 in South	15.000	45.000

**WASH Objective 3:** Respond in an effective and timely manner to future emergencies with a WASH minimum package of interventions tailored to identified vulnerabilities

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INDICATOR	IN NEED	BASELINE	TARGET
# of affected people provided within 72hours after crisis occurs with a minimum WASH package adapted to their vulnerabilities (safe drinking water and/or sanitation and/or hygiene supplies and/or key messages/behaviors counselling)	150.000	0	150.000



## Protection

**Strategic Objective 1:** Ensure monitoring and reporting mechanisms to reinforce protection risks analysis, enhance comprehensive quality protection prevention and response services and inform advocacy priorities for people affected by emergencies, in particular women and children and other vulnerable categories

INDICATOR	IN NEED	BASELINE	TARGET
# de VSLAs/AVECs, CLPCs (Local Civil Protection Committees), women's organizations that are sensitized on protection issues, particularly related to power relations used in emergency response programs.	1200	100%	100%
# de VSLAs/AVECs, CLPCs (Local Civil Protection Committees) , women's organizations that have put in place a system for reporting cases of abuse by victims	1200	100%	100%
# of community based mechanisms/groups working on GBV prevention and response	10600	10	20
% of general protection incidents reported that have been documented	100%	100%	70%
# of consolidated monitoring reports related to integration of Human Right in humanitarian response to natural disaster	4	100%	100%

**Strategic Objective 2:** Vulnerable people affected by emergencies, in particular women, children and other vulnerable people receive comprehensive quality response services

INDICATOR	IN NEED	BASELINE	TARGET
# of functional GBV coordination mechanisms in place comprising all service providers (health, psychosocial, legal, security) by location	5300	2	4
A functional referral system is in place and includes multi sectorial services (health, psychosocial, legal, security) for GBV survivors by location	5300	No	Yes
# of specialized services (health, psychosocial, legal and security) following GBV guiding principles (confidentiality, security) available for survivors of GBV	5300	5	10
# of municipalities where an inter-sectorial referral system exists	95	15	70
# of departments where harmonized case management and protection reporting processes are implemented	8	1	4
# of girls, boys, men and women accessing psycho-social support services	In need child protection: 122,932	(baseline children) 7,840 for	Child protection (30,000)
# of unaccompanied and separated children identified, provided with interim care and reunited	13000	3944	7000
# of border resource centers aiming at receiving, informing and referring vulnerable migrants	4	No	4
# of vulnerable migrants receiving assistance support at the border	169,675	No	2000
# of protection mechanisms created or reinforced for vulnerable migrants returning from Dominican Republic	4	No	4
# of vulnerable IDP in camps are referred to protection services	16500	No	2000
Registration and identification of cases of possible stateless persons and their families	1,177 families (4,903 persons of which 2,302 are born in the DR before 26 January 2010)	100%	100%
# de VSLAs/AVECs, CLPCs (Local Civil Protection Committees) and / or other CBOs, women's organizations that have developed first response capacities and moral comfort for victims of abuse	1200	100%	100%
# de VSLAs/AVECs, CLPCs (Local Civil Protection Committees) and / or other CBOs, women's organizations that have developed referral relationships to multisectoral structures for protection and response to abuses	1200	100%	100%

**Strategic Objective 3:** Mitigate protection risks in particular for women, children and other vulnerable people and restore dignity through livelihood assistance and advocate for durable solution through adequate policy framework at national level.

INDICATOR	IN NEED	BASELINE	TARGET
# of families accessing social intervention aiming at preventing family separations	11500	1500	6500
# of people reached through service promotion/ awareness raising interventions	Child protection 409,776	Child protection: 23,250	Child protection: 155,000
# of functional community-based protection structures / networks supported	Child protection: 540	Child protection: 37	Child protection target: 110

# of humanitarian actors trained on GBV (including CMR, MISP, SOPs, GBV, IASC...)	1000	300	200
# of people sensitized on trafficking in persons and the risks related to irregular migration	423,500	No	100000
# of authorities and protection actors trained on human trafficking and smuggling.	1000	300	300
# of authorities and protection actors sensitized on protection/human rights and response preparedness.	200	100%	100%
UNHCR persons of concern benefiting from access to documentation and other basic services	1,177 families (4,903 persons of which 2,302 are born in the DR before 26 January 2010)	100%	100%
# de VSLAs/AVECs, CLPCs (Local Civil Protection Committees) and / or other CBOs that have developed a risk mapping for abuse and a mitigation plan	1200	100%	100%
# de VSLAs/AVECs, CLPCs (Local Civil Protection Committees) and / or other CBOs, women's organizations that have led an advocacy program for protection at the community level or communal section	1200	100%	100%



## Cholera

### Cholera Objective 1: Coordination and decision-making support.

INDICATOR	IN NEED	BASELINE	TARGET
# inter-sectoral meetings WASH-Health nationally with sharing of minutes	1 per month	8 (66% as per 2016 results)	24
# of weekly meetings of the National Technical Committee coordinated under the leadership of MSPP and DINEPA	1 per week	NA	104
% of monthly inter-sectoral meetings WASH-Health at the department level with sharing of minutes	1 per month at least, more in the event of localized outbreaks	60%	90%
# of cases of suspected cholera laboratory confirmed	NA	1,800	6,000
# weekly epidemiological bulletins shared by MSPP within the 15 days after the end of the epidemiological week	100%	80%	100%

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### Cholera Objective 2: Access to preventive and curative care.

INDICATOR	IN NEED	BASELINE	TARGET
% institutional mortality less than 1%	<1%	0,9%	<1%
% active CTC meeting MSPP reporting standards	212	150	80%
# of people trained in management of acute diarrhea	ND	ND	500
# of Oral Rehydration Centers improved (PRO+) in place to reinforce management in outbreak sites	ND	ND	Depending on field needs
# of people vaccinated in Centre and Artibonite departments	2,474,000	NA	2,474,000

### Cholera Objective 3: Cutting transmission in communities

INDICATOR	IN NEED	BASELINE	TARGET
# of individuals benefitting from the 'cordon sanitaire' within 48 hours*	1,650,000	Est. 1,100,000	1,650,000
# of active rapid response teams NGO + MSPP	72	52 <sup>16</sup>	72
# of individuals benefiting from awareness raising in markets and schools	ND	NA	2,214,080
# of traditional body-washers and workers in community morgues trained on appropriate handling of corpses.	ND	ND	ND
# of individuals benefitting from promotion of household	1, 080,000 <sup>17</sup>	ND	860,000 (80%)

<sup>16</sup> Annual average calculated with the number of teams in place before Matthew.

water treatment products during the OCV campaign			
# of individuals benefiting from repair or protection of water systems in priority areas (as defined in the medium-term plan of MSPP/DINEPA) and outbreak locations	400,000	Est. 30,000	400,000
# of markets in priority zones where sanitary conditions (access to water and sanitation) have improved	30	NA	30

\* Indicator covers the period of one year only.



## Health

**HEALTH Objective 1:** Repair and rehabilitate strategically-located health facilities, including hospitals and primary level health structures

INDICATOR	IN NEED	BASELINE	TARGET
# of affected health structures whose structural and non-structural rehabilitation needs are responded	120 in 5 departments		

**Health Objective 2:** Recover preventive and curative health care provision capacity including health promotion at institutional and community level

INDICATOR	IN NEED	BASELINE	TARGET
# of person receiving at least one preventive/curative care consultation	1,800,000		1,800,000
# women in reproductive age receiving specific health care assistance	512,500		



## Camp coordination and camp management

**CCCM Objective 1:** Site specific, appropriate solutions are implemented to facilitate return, relocation, enabling the closure of camps from 2010; or to facilitate urban integration and/or formalization of camps.

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INDICATOR	IN NEED	BASELINE	TARGET
Number of camp residents benefiting from a cash grant to subsidize rent for relocation or benefiting from assistance to improve their living conditions in formalized camps.	55,107 IDPs remaining in camps	37,885 IDPs not targeted by current relocation/integration projects	37,885 IDPs
Number of camps closed following relocation efforts or formalized	31 open camps	28 camps non targeted	28 camps

**CCCM Objective 2:** Displaced people benefit from coordinated access to basic services/ assistance.

INDICATOR	IN NEED	BASELINE	TARGET
Camp management and inter-sectoral coordination mechanisms are maintained through the CCCM Working Group		1 active working group in 2016	1 active working group in 2017
Coordination mechanisms are in place in the South and Grande Anse Departments		-	2 departmental coordination in 2017
Displaced population benefits from community-based coordinated interventions in the areas of origin	175,000 people estimated initially displaced (DPC)	100% of displaced population <sup>18</sup>	

**CCCM Objective 3:** Displacement is monitored and tracked accordingly.

<sup>17</sup> Centre et Artibonite are targeted for 2017-2018, with a plan to supplement with household water treatment for those without access to safe water, approximately 42% of the population in the 2 departments (JMP,2015) or approximately 1,080,000 individuals.

<sup>18</sup> As of December 15<sup>th</sup>, the shelters assessed and profiled by DTM and partners host over 37,000 displaced people (over 9,100 households) in 181 open collective centers/sites. A similar number of collective shelters remain to be confirmed.

INDICATOR	IN NEED	BASELINE	TARGET
Displacement tracking products are regularly produced in coordination with government and other partners		1	2
The humanitarian situation of 100% of IDP camps is monitored through regular visits	31 open camps	31 open camps	100% of open camps



## Nutrition

**Nutrition Objective 1:** Morbidity and mortality associated with acute malnutrition is reduced in children under 5 living in disaster affected communities

INDICATOR	IN NEED	BASELINE	TARGET
# of children under five treated for SAM by December 2017	18,100	1,000	14,500
# of children under five treated for MAM by December 2017	39,000	1,500	31,200

**Nutrition Objective 2:** Nutritionally vulnerable groups living in disaster affected communities benefit from micronutrient supplementation to improve the quality of their diet

INDICATOR	IN NEED	BASELINE	TARGET
# of children 6-23 months receiving micronutrients powders by December 2017	86,295	10,000	60,407
# of pregnant and lactating women receiving iron and folic acid by December 2017	61,640	8,000	43,148

**Nutrition Objective 3:** National and departmental MSPP capacity is strengthened for timely, coordinated, and effective response to nutrition crisis

INDICATOR	IN NEED	BASELINE	TARGET
# of functioning emergency nutrition coordination platforms	11	0	11
# of MSPP departmental offices with contingency nutrition supplies	10	0	10

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## Shelter and Non Food Items

**Shelter Objective 1:** To ensure the health, safety, security and dignity of girls, boys, women and men affected by Hurricane Matthew, through the provision of rapid and targeted shelter and NFI solutions

INDICATOR	IN NEED	BASELINE	TARGET
# of affected people provided with basic emergency shelter materials	525,000		400,000
# of affected people who received basic shelter items such as blankets	525,000		400,000
# of affected people assisted with kitchen kits	525,000		400,000

**Shelter Objective 2:** To promote durable solutions to avoid prolonged and chronic displacement of affected populations

INDICATOR	IN NEED	BASELINE	TARGET
# of people who received technical guidance including information and sensitization on safer repair and reconstruction techniques	525,000	50,00	150,000
# of households who received tools	525,000	30,000	15,000
# of formal technical trainings conducted	1000	500	250

**Shelter Objective 3:** To promote the early recovery of affected communities at their place of origin through an integrated multi-sectorial response of WASH and protection.

INDICATOR	IN NEED	BASELINE	TARGET
# of people who accessed roofing material such as corrugated iron sheeting (CGI)	525,000		400,000
# of people who accessed building material for walls, frames, and roof structure	150,000	0	50,000
# of housing units repaired and rehabilitated	60,000	0	30,000
# of households who received a core housing unit	30,000	0	10,000
# of households who receive both integrated shelter and WASH assistance	100,000	0	50,000



## Education

### Education Objective 1: Restore quick access to education for affected children

INDICATOR	IN NEED	BASELINE	TARGET
# of affected 5-18 y.o. children accessing education through rehabilitation of schools	300,000	0	150,000
# children in targeted schools accessing adequate gender-sensitive WaSH facilities	300,000	0	150,000
# of children returning to school through equipment with appropriate furniture and materials	300,000	0	150,000

### Education Objective 2: Create a favorable environment for the quick resumption of teaching and learning activities

INDICATOR	IN NEED	BASELINE	TARGET
# of affected 5-18 y.o. children receiving learning materials to access education	300,000	0	150,000
# of affected children receiving psychosocial support	300,000	0	100,000
# of teachers trained on psychosocial support	11,000	0	4,000

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### Education Objective 3: Increase the capacity of the sector to improve information management, emergency preparedness and response

INDICATOR	IN NEED	BASELINE	TARGET
# of departmental directorates having a contingency plan	10	0	5
Flexible adapted calendar available	N/A	No	Yes
Accelerated program available	N/A	No	Yes
Standardized Information management tools available at the Ministry of Education	N/A	No	Yes



## Early Recovery and Livelihoods

### Early Recovery Objective 1: Increase the resilience of vulnerable populations by strengthening and building capacity for disaster preparedness, response, and environmental protection at national and local levels.

INDICATOR	IN NEED	BASELINE	TARGET
Number of local organizations reinforced and operational	150	0	41
Number of rapid risk analysis conducted	51 municipalities	6	41
Number of rapid local response plans elaborated	51 municipalities	3	41
Number of contingency plans updated	11	0	11
Number of communal information systems strengthened	51	10	30
Number of local staff trained and sensitized	1000	0	200
Number of local organizations reinforced and operational	150	0	41

**Early Recovery Objective 2:** Create emergency employment to rapidly inject cash into the local economy, restore immediate livelihoods of the most vulnerable households and rehabilitate critical infrastructures in affected communities.

INDICATOR	IN NEED	BASELINE	TARGET
Number of cash-for-work emergency employment days created (50% women)	1,000,000	90,000	750,000
Number of micro, and small businesses supported and trained (including Madames Sarah)	2000	100	1000
Number of entrepreneurs (% women) supported	1000	60 (70%)	600 (70%)
Number of debris and waste cleared in most affected areas (1000m3)	5000	100	4000
Number of immediate green jobs created to ensure critical natural environment protection	1000	50	500
Number of critical and small infrastructure repaired and rehabilitated	3000	0	2000
Number of km of drainage infrastructure cleaned	300	20	200
Number of km of access roads rehabilitated.	200	20	150

**Early Recovery Objective 3:** In partnership with other sectors, ensure early recovery approaches are integrated in the response and facilitate the transition to recovery and development.

INDICATOR	IN NEED	BASELINE	TARGET
Number of sectors aligning their ER strategies to IASC principals' recommendations for Early Recovery	13	1	13
Number of sectors that develop and implement an ER strategy	13	2	13
Number of sectors participating in local government led municipality early/recovery plans	13	2	13
Number of sectors that link their sector plans and interventions with the recovery process	13	3	13

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## Logistics

**Logistics Sector Objective 1:** Enable the humanitarian community to reach the populations affected by the consequences of the Hurricane Matthews and Cholera spikes in the most hard to reach areas

INDICATOR	IN NEED	BASELINE	TARGET
Number of logistics hubs made available	The humanitarian community		3
Percentage of service requests to handle, store and/or transport cargo fulfilled	The humanitarian community		85%
Number of agencies and organizations utilizing transport and storage services	The humanitarian community		30
Number of bulletins, maps, and other logistics information products produced and shared	The humanitarian community		40
Meet with the partners on a weekly basis and accordingly meet with the governmental counterparts	The humanitarian community		90%
Organizations receiving common services and responding to a user survey rate service satisfaction	The humanitarian community		80% or above
Number of Infrastructure assessments completed in support humanitarian operations	The humanitarian community		15

**Logistics Sector Objective 2:** Sustain the resilience and recovery efforts of the affected populations by supporting capacity strengthening and preparedness

INDICATOR	IN NEED	BASELINE	TARGET
Providing advanced prepositioning facilities in the most vulnerable areas	The humanitarian community		5
Cyclonic season Logistics Response and coordination plan elaborated in coordination with the national authorities	The humanitarian community		1



### Emergency Telecommunications

**Emergency Telecommunications Objective 1:** Assist Communities to access vital information in the way they want to receive it.

INDICATOR	IN NEED	BASELINE	TARGET
# of affected people able to access humanitarian messaging through community radio	600,000		300,000 (6 local radio stations)

**Emergency Telecommunications Objective 2:** Ensure a smooth transition of services provided by the sector, to private sector Internet.

INDICATOR	IN NEED	BASELINE	TARGET
# All individual office internet connections provided by the sector migrated to commercial services by 1 February 2017.	11 sites to migrate with 70 responders		11 sites to migrate with 70 responders

**Emergency Telecommunications Objective 3:** Preposition Emergency communications equipment and ensure responders are trained.

INDICATOR	IN NEED	BASELINE	TARGET
# Rapid deployment data and telecommunications kits, used to expand and extend WIFI and VHF coverage.	2		2
# Emergency Satellite kits (phones and internet) prepositioned in Emergency Operations Centers (EOC) with users trained and material kept in working order.	10 COUDs		10 COUDs

## ANNEX II: COORDINATION MECHANISMS

### HAITI- HUMANITARIAN SECTORS AND WORKING GROUPS

Sectors	SECTORS LEADS	UN AGENCY / GOVERNMENT INSTITUTION	Function	EMAIL	PHONE
DTM (Displacement Tracking Matrix)	Jacques Bien-Aiméres Amalia Torres	UCLBP (Lead) OM (co-Lead)	Government Project Officer CCCM	j.bienaimé.uclbp@gmail.com amtortes@iom.int	31707254 48932724
SHELTER AND NFI	Serge Semerzier Suranga Mallawa Fabien Sambussy	DPC (Lead) (Government) IOM (co-Lead) IOM	CTGAP, Gestion abris prov Shelter/NFI coordinator Head of Operations/IOM	semerziervivi@yahoo.fr shelterwghaiti.coord@gmail.com FSAMBUSSY@iom.int	38309342 37025061 37927169
HEALTH	Dr. FRANCOIS Joseph J. Donald Jean Luc Poncelet Dr. Francine Kimanuka	Ministry of Public Health (Lead) (Government) WHO/PAHO (co-Lead) UNICEF	Dir. de l'UADS /Coord. NI. Lutte co/CHOLERA Representative in Haiti Health Coordinator	jjdfrancois@yahoo.fr, / dfrancois@mspp.gouv.ht poncelej@paho.org fkimanuka@unicef.org	34489860 48902072 28143002
WASH	Raoul Toussaint Jaïnil DIDARALY Hamidou Maiga	DINEPA (Lead) UNICEF (co-Lead) UNICEF	Chef du DRU (Government) Co-coordonnateur   WASH Manager   WASH	raoul.toussaint@dinepa.gouv.ht jah_974@yahoo.fr hmaiga@unicef.org	48915953 48912004
CHOLERA	Jean Luc Poncelet Gregory Bulit	WHO/PAHO (Lead) UNICEF (CO-Lead)	Representative in Haiti Emergency Coordinator	poncelej@paho.org gbilit@unicef.org	28143002 48937064
EDUCATION	Paul ELICCEL Mirko Forni Paul Gomis Galia Volel	MENFP (Lead) UNICEF (co-Lead) UNESCO UNICEF	DirCab. (Government) Chief of Education Représentant Spécialiste Education	elliccel@gmail.com mgforni@unicef.org p.gomis@unesco.org gvolel@unicef.org	37261073 37261073 48907116 34456224
PROTECTION	Giuseppe Calandruccio Marie Lita Descolines Ouvens Jean Louis Nicolas COUTIN Inah Fatumata Marielle Sander-Lindstrom	OHCHR(Lead) DPC (Lead) OHCHR (co-Lead) HCR UNICEF UNFPA	OHCHR Government Human Rights Officer PROCAP Protection specialist Representative	calandruccio@un.org marielita.descolines@gmail.com jeanlouiso@un.org coutinnhcr@.org ikaloga@unicef.org sander@unfpa.org	36100788 37010538 37031833 48917579
FOOD SECURITY	Harmel CAZEAU Riccardo Suppo (Lead) Aloys Nizigiyimana Cedric Charpentier Patrick Jacqueson	CNSA (Lead) (Government) WFP (co-Lead) FAO (co-Lead) WFP	Resp. Conc et Res d'Info. Food Security Coordinator Seeds Production Specialists FAO Food Security Analyst	hcazeau06@gmail.com Riccardo.suppo@wfp.org Aloys.Nizigiyimana@fao.org cedric.charpentier@wfp.org Patrick.jacqueson@fao.org	34144347 48866849 44200605 38820407 44200618

	Gianluca Gondolini	FAO FAO	Resp. Unité de Semences Projects Coordinator	Gianluca.Gondolini@fao.org	44200607
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	EI Hassane Tou Francine Kimanuka	UNICEF	Nutrition Specialist Nutrition Manager	elassane@yahoo.fr fkimanuka@unicef.org	34959967
LOGISTIC	Gérald Joseph Edmondo Perrone	DPC (Lead) WFP (co-Lead)	Administrateur du COUN Coordinateur Logistique	Jgerald2007@yahoo.fr edmondo.perrone@wfp.org	48405110 37198403
EMERGENCY TELECOMMUNICATION	Christopher Alagna	WFP (Lead)	Regional IT Officer WFP/ECT	christopher.alagna@wfp.org	36927047
EARLY RECOVERY	Ir. Wilfrid Trenard Eva Lescrauwaet Jonky Tekeno	MPCE (Lead) (Gvt) PNUD (co-Lead) UNDP	Directeur General adjoint Coordinateur Head of Disaster Risks Management Unit	trenardwilfrid@yahoo.fr eva.lescrauwaet@undp.org jonky.tenou@undp.org,	? 31700637 48895861
<b>WORKING GROUP</b>					
CASH COORDINATION	Olivier - Charlie Rapoport Sophie Tholstrup	WFP OCHA (Lead)	Prg transf. Monétaires HAO	charlie.rapoport@wfp.org tholstrup@un.org	48961132 37025598
CHILD PROTECTION	Areielle Villedrouin Inah Fatoumata Kaloga	IBESR (Lead) (Gvt) UNICEF (co-Lead)	Directrice Générale Resp. Prot. de l'Enfant	dgibesr@yahoo.f lkaloga@unicef.org	37221212 48917579
CIMCOORD	Sarah Vuilleumier Thierry Quiquempoix Remy MAUVAINS Jorge SILVEIRA	OCHA (Lead) MINUSTAH/JOC OCHA MINUSTAH/JOC	CimCoord Sr Joint Operations Officer HAO JOC Officer	vuilleumier@un.org, quiempoix@un.org, mauvaisr@un.org, silveiraj@un.org,	37021756 37029077 37021794 ?
<b>COORDINATION</b>					
COORDINATION	Philippe Verstraeten Vedaste Kalima Nadege MBAIRAROUA	OCHA (Inter sectors Lead) OCHA OCHA	Team Leader/ERT Deputy HoO HAO- Liaison Officer to DSRSG/RC/HC Office	verstraeten@un.org vedaste@un.org mbairaroua@un.org	3702 5768 37021759 3702 5576

## ANNEX III: PARTICIPATING ORGANIZATIONS

3. ACT Alliance / Norwegian Church Aid
4. ACT Alliance / World Renew
5. Action Secours Ambulance
6. ActionAid
7. Agency for Technical Cooperation and Development
8. Americares
9. Associazione Volontari per il Servizio Internazionale
10. CARE Haiti
11. Catholic Relief Services
12. Concern Worldwide
13. Deep Springs International
14. Fondation Haïtienne de l'Enseignement Privé
15. Food & Agriculture Organization of the United Nations
16. Foundation to Change the Image of Haiti
17. GHESKIO Centers
18. Groupe adolescents encadrés du nord-ouest
19. Handicap International
20. Health Community Support
21. Heart to Heart International
22. Heifer International
23. Hilfswerk Austria International
24. Initiative Départementale contre la Traite et le Trafic des Enfants
25. Initiative Développement
26. Initiative nationale d'encadrement par des actions sociales
27. Institut de Technologie et d'Animation
28. Intermon Oxfam
29. International Labour Organization
30. International Medical Corps UK
31. International Organization for Migration
32. Médecins du Monde Canada
33. Medical Teams International
34. Medishare
35. Mercy Corps
36. Mouvman Fanm Aktif Kafou
37. Office for the Coordination of Humanitarian Affairs
38. Office of the High Commissioner for Human Rights
39. Pan-American Health Organization (World Health Organization)
40. Partners of the Americas
41. Perspectives pour la Santé et le Développement
42. Première Urgence Internationale
43. Programme d'Appui aux Initiatives du Développement Humain
44. Roots of Development
45. SHASSMEPPE
46. Solidarites-France
47. St. Boniface Haiti Foundation
48. Union des Amis Socio Culturels d'Action en Développement
49. United Nations Children's Fund
50. United Nations Department of Safety and Security
51. United Nations Development Programme
52. United Nations Educational, Scientific and Cultural Organization
53. United Nations Entity for Gender Equality and the Empowerment of Women
54. United Nations Environment Programme
55. United Nations High Commissioner for Refugees
56. United Nations Human Settlements Programme (UN-HABITAT)
57. United Nations Joint Programme on HIV/AIDS
58. United Nations Population Fund
59. Viva Rio
60. World Concern Development Organisation
61. World Food Programme
62. World Vision International
63. Zanmi Lasante

## ANNEX IV: PLANNING FIGURES: PEOPLE TARGETED

### PLANNING FIGURES: PEOPLE IN NEED AND TARGETED

PEOPLE TARGETED (IN MILLIONS)	BY STATUS			BY SEX & AGE		TOTAL People targeted	People in need
	Migrants	IDPs	Host communities	% female	% children, adult, elderly		
ARTIBONITE			207.7K			0.2M	0.2M
CENTRE	42.0K		185.9K			0.2M	0.2M
GRAND ANSE		99.4K	300.0K			0.4M	0.5M
NIPPES		7.9K	95.2K			0.1M	0.2M
NORD			197.6K			0.2M	0.2M
NORD EST	42.0K					0.0M	0.0M
NORD OUEST			124.2K			0.1M	0.1M
UEST	42.0K	38.0K	579.4K			0.7M	0.7M
SUD		64.4K	306.1K			0.4M	0.5M
SUD EST	42.0K		19.4K			0.1M	0.2M
Total	0.2M	0.2M	2.0M			2.4M	2.73M

# WHAT IF ...WE FAIL TO RESPOND



## FOOD INSECURITY INCREASES, PEOPLE REMAIN IN NEED OF ASSISTANCE

Considering the damages to productive agricultural and livelihood assets, a spike in food insecurity is expected in 2017, especially during the upcoming lean season. Failing to appropriately respond in a timely manner, populations affected by the crisis are further exposed to risks in the near future such as:

- Agricultural productivity remains low as a result of lack of productive assets provided in a timely manner to vulnerable people
- Affected population is unable to resume its livelihood
- Food insecurity increases, people remain longer in need of humanitarian assistance (food assistance, cash based programmes, etc.)
- The risk of cholera and poor water and sanitation status reducing the local population coping capacity.

Failure in delivering adequate assistance to the affected population in a timely manner, additionally to further deterioration in the food security and nutritious status of affected population, could trigger further consequent shocks, such as the acceleration of the internal rural-urban migrations, which could lead to an increase in the pressure on already insufficient urban livelihoods.



## LACK OF ADEQUATE WASH SERVICES WILL LEAD TO OUTBREAKS

Infectious diseases might burst out, water-washed linked to lack of hygiene, as well as waterborne and water-related linked to lack of safe water and sanitation such as cholera. Lack of vector control will lead to increase of already high rates of malaria, dengue and Zika. Health services as basic as deliveries/maternal health might suffer disruption because of lack of water. The vicious circle linking diarrhea and malnutrition will not be broken, leading to potential numerous deaths of children as babies are given contaminated water and hygiene not ensured. School attendance might drop drastically with lack of water for hygiene (particularly menstrual for girls) and water for drinking and handwashing after use of latrines. Affected people will lose dignity when using unhygienic sanitation facilities at home, at schools and health structures level



## MORE CHILDREN WILL BE DENIED THEIR RIGHT TO EDUCATION

and this will increase the high number of children already excluded from the education system. If nothing is done the hurricane Matthew as well as the other crises will have a longer term impact on more than the 300,000 children that have already suffered a disruption in their school year. There is a crucial need to rebuild and rehabilitate the damaged and destroyed schools and equip them to ensure a rapid return of children to school, to provide the necessary learning and teaching materials to children whose families have lost all their belongings, to offer teachers and students adequate psychosocial support to help them recover from the distress they have endured so that they can recuperate their sense of normality and be motivated to learn and stay at school. Furthermore, if we fail to respond, and do not technically support the Ministry of Education to reinforce its capacity to be better prepare and respond to emergencies considering Haiti's level of vulnerability and predisposition to disasters, recovery will not be possible and the education system will continue to be highly vulnerable to crisis and emergencies.



## DISPLACED FAMILIES WILL REMAIN IN VULNERABLE CONDITIONS

remaining idps from 2010 will continue lacking access to durable housing solutions which will perpetuate the situation of protracted displacement and their exposure to exploitation, violence and natural disaster impact. families displaced by hurricane matthew will not return to their places of origin and will remain displaced living in precarious conditions. displaced population will be left extremely vulnerable to other crisis. secondary displacement will occur, as displaced families will be unable to meet their needs in the affected areas of origin. new informal urban settlements will be created in the outskirts of cities and towns, in areas where access to basic services is limited, creating new humanitarian and protection needs. secondary displacement to the capital will exacerbate its density of population.



## KEY ACTIONS MAY NOT BE IMPLEMENTED, SERIOUSLY AFFECTING THE RESPONSE CAPACITY

Actions such as the deployment of specialized off road transport capacity, boat operations and air lift of cargo can only be implemented through the deployment of a common system. Similar set ups are costly, and can be effective only if maximized by shared use. It's difficult for single organization to mobilize similar assets still paramount for this response and for 2017 preparedness activities. Failing to implement Logistics sector plan will hamper the ability of humanitarian community to reach some of the most affected populations.



## PEOPLE WILL BE AT RISK OF SECONDARY DISPLACEMENTS FROM RURAL COMMUNITIES OF HAITI TOWARD PERI-URBAN AND URBAN AREAS

This would have a negative impact on the agricultural and fishery sectors, essential to maintain access to food and food security for all affected communities in Haiti. Enabling affected families to stay in their place of origin through rapid recovery of homes will ensure that health, safety, privacy and dignity are restored while also keeping livelihoods intact.



## THE NUMBER OF CHOLERA CASES WILL INCREASE

Cholera is an infectious disease with high epidemic potential, capable of infecting thousands of people and killing hundreds of them within only a few days when resources to ensure the control of the transmission at community level and treatment in health facilities are not ensured. The country does not have the ability to control an epidemic when already faced with many other challenges. As long as the population remains without access to sanitary conditions to protect them, permanently, against disease, the reduction of the international community effort is to gamble with the health and lives of the Haitian people.



## NUTRITION

Nutrition services are essential to the management and especially to the prevention of malnutrition. Malnutrition is directly or indirectly responsible for 52% of the risks of mortality of children under 5. Moderate malnourished children would be more than 3-4 times more likely to die than normal; The child suffering from severe malnutrition would be 9 times more likely to die. So putting in place quality nutrition services and used by the population would be a guarantee to reduce the risks of mortality for children under 5. Emergency nutrition interventions would have the advantage of saving children's lives.



## REGISTRATION AND IDENTIFICATION OF CASES OF POSSIBLE STATELESS PERSONS AND THEIR FAMILIES.

There are currently 6,667 families (+- 33,000 persons) that have been referred to UNHCR by IOM for having at least one family member having been born in the Dominican Republic prior to the 26 January 2010. Out of these 6,667 families, UNHCR registered and interviewed 1,577 families and identified that 1,177 families are of concern to UNHCR. Without funding for this operation, persons at risk of statelessness would not be identified and would not be able to access appropriate solutions to their protection needs.



## UNHCR PERSONS OF CONCERN WON'T HAVE ACCESS TO DOCUMENTATION AND OTHER BASIC SERVICES.

Of the 1,777 families ( 4,903 persons) that have been currently identified as being persons of concern, 2,302 persons are born in the Dominican Republic prior to 26 January 2010 and are in need of a solution to their nationality. The family members that are of Haitian nationality will also need help in obtaining their own documentation.

If the response fails, the stateless persons would not be able to find a nationality solution. Their Haitian relatives would not be able to obtain the support necessary to receive from the authorities their nationality documents either. All persons of concern would not be able to access their basic rights.



## VULNERABLE CHILDREN WILL INCREASINGLY BE EXPOSED TO VIOLENCE, ABUSE, NEGLECT AND EXPLOITATION.

Mobility and displacement are factors which contribute to further exposing families and children to violence, neglect, abuse and exploitation as they resort to negative coping mechanisms, including child abandonment, child labor and cross-border movements of persons including children. Failure to support families and to protect children will let them exposed to family separation, unregulated informal care, child labor and risk of human trafficking.



## REGISTRATION AND IDENTIFICATION OF CASES OF POSSIBLE STATELESS PERSONS AND THEIR FAMILIES.

There are currently 6,667 families (+- 33,000 persons) that have been referred to UNHCR by IOM for having at least one family member having been born in the Dominican Republic prior to the 26 January 2010. Out of these 6,667 families, UNHCR registered and interviewed 1,577 families and identified that 1,177 families are of concern to UNHCR. Without funding for this operation, persons at risk of statelessness would not be identified and would not be able to access appropriate solutions to their protection needs, capacities and opportunities to mobilize stakeholders in responding appropriately and uphold rights and responsibilities.



## GENDER BASED VIOLENCE WILL INCREASE AND SURVIVORS OF SEXUAL VIOLENCE WILL NOT HAVE ACCESS TO QUALITY SERVICES.

Gender-based violence will continue to be unreported and may increase, affecting a larger part of the population, women and girls and also boys and men.

Survivors of sexual violence will not access appropriate services and will be exposed to sexually transmitted diseases, including HIV, which can cause a greater risk to the overall population.

Resilience, health and well-being of survivors will not be supported.

The cycle of violence will be perpetuated as some survivors of GBV or other forms of violence may later become perpetrators if their medical, psychological and protection needs are not met. In the worst case, it will indirectly or inadvertently result in loss of lives.



## AFFECTED FAMILIES WILL REMAIN IN VULNERABLE CONDITIONS.

Undocumented forced returnees from Dominican Republic will remain at risk of human right violations, violence, exploitation and trafficking.

Remaining IDPs from 2010 will continue lacking access to durable housing solutions which will perpetuate the situation of protracted displacement and their exposure to exploitation, violence and natural disaster impact.

Families displaced by hurricane Matthew will not return to their places of origin and will remain displaced living in precarious conditions. Secondary displacement will occur, as displaced families will be unable to meet their needs in the affected areas of origin. New informal urban settlements will be created in the outskirts of cities and towns, in areas where access to basic services is limited, creating new humanitarian and protection needs.

Lack of monitoring and reporting mechanism will impede advocacy



## ACCESS TO HEALTH CARE WILL REMAIN LOWER THAN THE PERIOD PRECEEDING THE HURRICANE

Delayed or no humanitarian action will have serious public health consequences in the short, medium and long run. Without access to basic health services and emergency care, vulnerable populations are at risk of epidemics or other avoidable adverse conditions, at a time when the country's capacity to prevent, detect and control infectious diseases needs to be strengthened. This could result in an increase of child and maternal mortality rates, and potentially reverse the improvements registered over the past five years for these two indicators in Haiti. Continuous care of chronic disease, which was already a challenge for the functioning health system, will be further affected with highly negative consequences in terms of mortality rates.



## EMERGENCY TELECOMMUNICATIONS

There is a risk that without sustained financial and technical support, positive mechanisms for emergency preparedness and response can lose cohesion.

If the stakeholders involved in DRR are unable to generate sufficient buy-in for the topic of risk management and/or to mobilize sufficient resources to sustain and enhance the capacity of the DPC and the SNGRD, lack of recognition and commitment of the topic of risk management can exacerbate policy and resource gaps in general.

