

2017

HUMANITARIAN NEEDS OVERVIEW

PEOPLE IN NEED

2.7 M

NOV 2016



HAITI

Photo credit: MINUSTAH

This document is produced on behalf of the Humanitarian Country Team and partners.

This document provides the Humanitarian Country Team's shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.



<http://www.unocha.org/haiti>



<http://www.humanitarianresponse.info/en/operations/haiti>



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PART I:

SUMMARY



Humanitarian needs & key figures



Impact of the crisis



Breakdown of people in need



Severity of the needs

PEOPLE IN NEED

2.7M

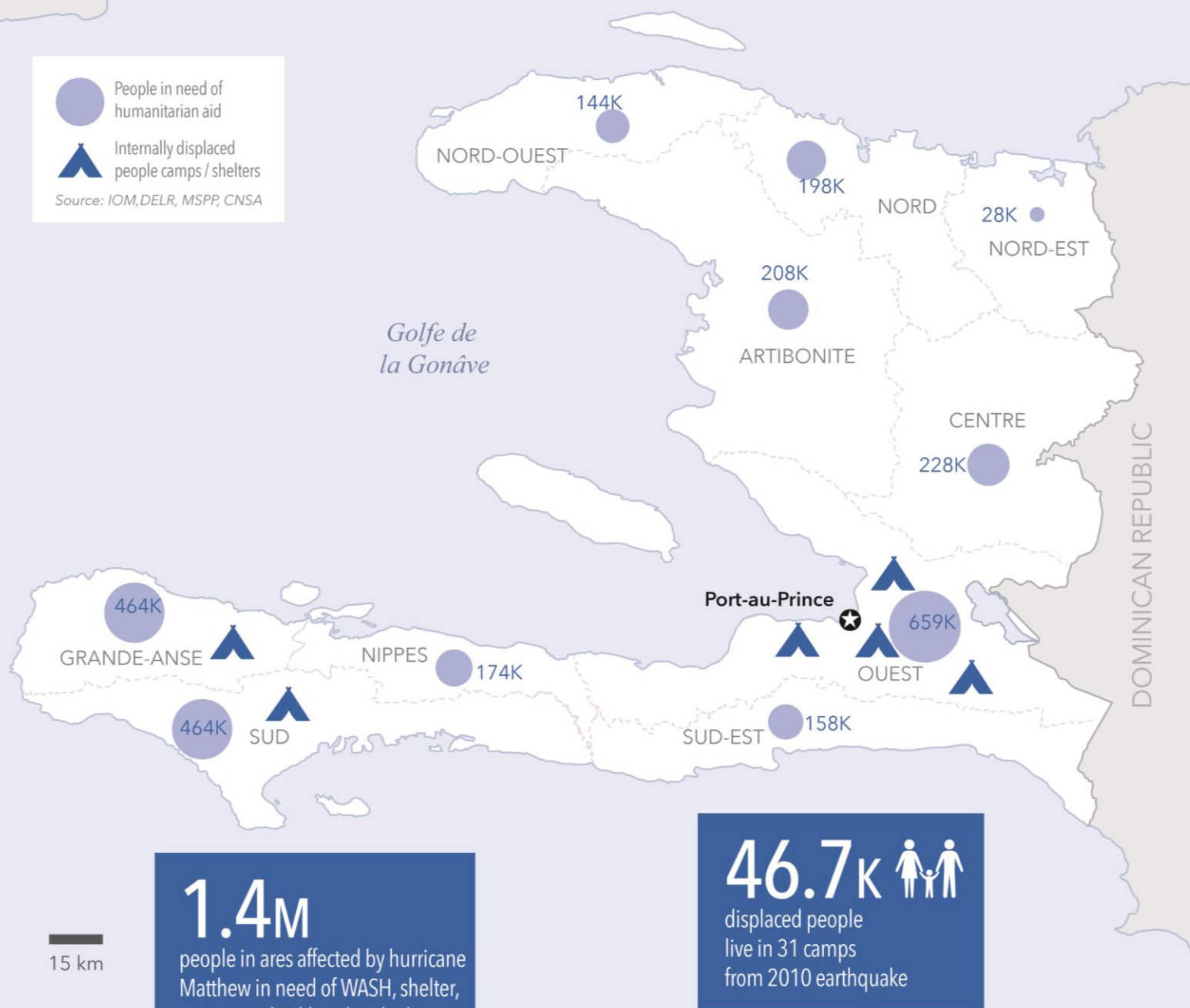
ATLANTIC OCEAN

1.5M 
food insecure

1.65M 
'indirectly' affected by cholera

-  People in need of humanitarian aid
-  Internally displaced people camps / shelters

Source: IOM, DELR, MSPP, CNSA



Caribbean Sea

HUMANITARIAN

NEEDS & KEY FIGURES

Hurricane Matthew, which passed through Haiti on 4 October 2016, significantly impacted the country's humanitarian situation, mainly in its southern peninsula. The hurricane affected 175,000 people gathered in collective centres, and 806,000 people were in dire need of life-saving multi-sectoral assistance. It damaged and destroyed infrastructures and people's homes and livelihoods, and disrupted basic social services, mainly in rural areas. With only 46 per cent of the \$139 million Flash Appeal funded for the urgent response until the end of December 2016, hurricane-related needs will remain acute in 2017. Before the hurricane, humanitarian needs throughout the country were already quite significant, notably due to the cholera epidemic, the El-Niño-induced drought, the bi-national migration crisis, and the internally displaced persons (IDPs) following the 2010 earthquake. The hurricane added, and exacerbated existing needs. As a result, it is estimated that 750,000 people will require food assistance and 200,000 farmer households will need agricultural assistance, countrywide in 2017. Partners prepare for approximately 30,000 cholera cases, 1.65 million people requiring immediate community response during cholera outbreaks, and an cholera oral vaccination campaign, bringing the total number of people in need to 2.2 million. The bi-national migration crisis continues to affect populations on both sides of the Haiti–Dominican Republic border, with over 154,000 people reported to have crossed the border into Haitian territory from June 2015 to November 2016, and many remaining at risk of statelessness, smuggling and trafficking in persons. Returnees need assistance, in particular protection support. Nearly seven years after the earthquake, about 55,100 IDPs continue living in 31 camps, mainly in the metropolitan area of Port-au-Prince. They still lack options to leave camps, have poor access to basic services, and are among the most vulnerable persons in the country. Overall, humanitarian partners estimate that nearly 2.7 million Haitians will need humanitarian assistance in 2017.

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HUMANITARIAN NEEDS



Post-Matthew life-saving assistance and basic services

Despite response efforts related to Hurricane Matthew in 2016, life-saving, multi-sectoral assistance will be required in 2017 given the hurricane's devastating impact, mainly in Grand'Anse, Sud and Nippes departments. Affected people, including 175,000 people who took refuge in 307 collective shelters, have seen their homes and livelihoods destroyed. Approximately 525,000 people need shelter assistance at their place of origin. They also urgently need the resumption of basic services while integrating the conservation of local ecosystems and the anticipation of future risks.



Cholera will remain a serious threat for the most vulnerable Haitians in 2017. 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, countrywide. This represents a 32 and 56 per cent increase, respectively, in comparison to the same period in 2015. Due to Hurricane Matthew, the number of suspected cholera cases increased, in particular in the most affected departments. People's low access to safe water and sanitation keeps them highly vulnerable to cholera.



Restore community dignity through emergency livelihood recovery

Relief and early recovery together make up the humanitarian response. With close to 1 million people in need of immediate stabilization of their livelihoods, an early recovery approach is essential to ensure an integrated and coordinated response to addresses underlying causes of dependency, increase community resilience and coping capacities, to help avoid prolonged dependency and strengthen the humanitarian-development nexus. Hence strengthening national and local actor's capacities and supporting immediate livelihoods stabilization is a time critical component of crisis response and initial recovery.



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

Protection needs are high, in particular for the returnees and deported people from the Dominican Republic, the people affected by Hurricane Matthew - including the 175,000 people who took refuge in collective centres - and the 55,100 IDPs since the 2010 earthquake. These populations lack access to basic services, including to safe water and sanitation. Children, elderly, women and single-headed households are particularly exposed to abuse, exploitation and violence, including sexual and gender-based violence.

HUMANITARIAN KEY FIGURES

TOTAL POPULATION

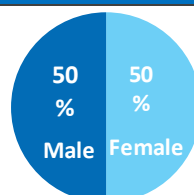
11M 


NUMBER OF PEOPLE AFFECTED


3.2M 

NUMBER OF PEOPLE IN NEED OF HUMANITARIAN ASSISTANCE

2.7M 



 **1.1M**
Children (0-17)

 **1.6M**
Adults (18-59)

NUMBER OF INTERNALLY DISPLACED PERSONS

230K 

55K
People displaced by the
Earthquake from 2010

175K
People displaced by
Hurricane Matthew

NUMBER OF PEOPLE IN NEED OF PROTECTION

853 K 

12K
Children in situation of
vulnerability

170K
Undocumented migrants in
need of protection

OTHER KEY FIGURES

PEOPLE IN NEED OF
HEALTH ASSISTANCE

 **1.8M**

PEOPLE WHO ARE
FOOD INSECURE

 **1.5M**

PEOPLE IN NEED OF
WASH ASSISTANCE

 **1.4M**

PEOPLE THAT MAY BE
INFECTED BY CHOLERA

 **30K**


PEOPLE AFFECTED
BY MALNUTRITION

 **205 K**


CHILDREN AFFECTED
BY SAM

 **18 K**

CHILDREN AFFECTED
BY MAM

 **39 K**

IN NEED OF URGENT
LIVELIHOOD RECOVERY

 **911K**

IMPACT OF THE CRISIS

With over half of its population living in poverty¹, Haiti's capacity to resist and recover from crises remains weak. Most Haitians are vulnerable to natural hazards and disasters, such as floods, landslides, droughts, earthquakes and hurricanes. When Hurricane Matthew passed through Haiti on 4 October 2016, it caused hundreds of deaths², widespread damage, flooding and displacement. The hurricane resulted in the largest humanitarian crisis in Haiti since the 2010 earthquake. It had a devastating impact on people's homes and livelihoods, and destroyed roads, public infrastructure, hospitals and schools. Overall damage and losses related to the hurricane are estimated at US \$2.6 billion, or 22 per cent of the Gross National Product³. The hurricane's impact added to pre-existing vulnerabilities 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. As a result, humanitarian partners estimate that nearly 2.7 million Haitians will need humanitarian assistance in 2017.

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Hurricane Matthew took a dramatic toll on communities' homes and housing conditions. The first Category 4 hurricane to landfall on Haiti in 52 years severely damaged people's houses, with its sustained wind speeds, storm surges and heavy rains that caused major floods. Most of the housing infrastructure located on its trajectory and near its eye did not withstand the strength of the impact and had their roofs, structures and walls blown away. In the worst hit areas, 90 per cent of homes are estimated to be destroyed. While housing structures in urban and peri-urban areas seemed to have experienced moderate to serious damages due to their concrete/block structures, preliminary findings seem to indicate that homes in rural and mountainous areas were totally destroyed due to their structures built more traditionally in timber, thatch and mud. More than 30,180 homes were reported to be fully destroyed while 60,000 are estimated to be damaged.⁴ Of the total number of 370,000 housing units impacted by the hurricane, 84,000 are in urban areas whereas 286,000 are in rural areas. They demand immediate shelter assistance. Approximately 525,000 need shelter and non-food-item (NFI) assistance⁵.

The hurricane displaced people, mainly within their community or in close proximity. Half of a million people are estimated to have sought refuge with friends, family and neighbors, or resorted to makeshift temporary shelters⁶. The vast majority of the communities affected stayed in their place of origin or were hosted by family and friends. The majority of these displaced families returned to their homes within weeks after the hurricane⁷ while the most vulnerable remain sheltered in collective buildings such as schools, churches, health facilities and government buildings⁸. Preliminary estimates indicate that 175,000 people took refuge in 307 collective centres, mainly in Grand'Anse, Sud and Nippes departments⁹. These centres are often overcrowded and with insufficient sanitation facilities. Assessed communities have reported shelter support as a top priority need as they intend to return to their homes as quickly as possible, but require materials and/or financial support to repair their houses, mainly to cover their roof¹⁰. Should such assistance not reach quickly these people, displacement figures and patterns are likely to evolve as some community members have expressed their will to move temporarily or permanently elsewhere, to

¹ 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.

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

³ Government of Haiti with the World Bank and the Inter-American Development Bank: *Evaluation rapide des dommages et des pertes occasionées par l'ouragan Matthew et éléments de réflexion pour le relèvement et la reconstruction*, p.8, October 2016.

⁴ Ministère de la Planification – *Evaluation des dommages, pertes et besoins causés par Matthew – Secteur Logement*.

⁵ Based on preliminary assessments, the Government of Haiti estimates that 525,000 people need shelter and NFI assistance. This figure is based on the number of housing demolished and damaged, and the average number of people per household.

⁶ OCHA, Hurricane Matthew Situation Report No. 24, 22 November 2016.

⁷ Flowminder, Digicel and WFP: *Haiti – Hurricane Matthew – Estimated population movement as of 8 November 2016*.

⁸ Idem, p.19.

⁹ According to the 9 November IOM DTM, approximately 58% of all temporary shelters are schools, 16% churches, 18% private buildings, and 7% public buildings, among the 172 collective shelters it assessed.

¹⁰ REACH, "Haiti: Rapid assessment of schools used as temporary collective centres by IDPs in Jérémie", 10 November 2016.

better meet their basic needs¹¹.

People's livelihoods, including farming, fishing and small scale commercial activities—both formal and informal— were severely impacted, in particular in Grand'Anse and Sud departments. In fact, between 70 and 100 per cent of crops were destroyed in the affected areas, the November harvest being compromised. In addition to substantial losses of stocks and crops, livestock was decimated and essential livelihood equipment destroyed. The loss of food stocks and of farming land has forced people to turn to markets, which in turn were heavily affected by the hurricane¹². Affected communities, which in many cases are still resorting to negative coping mechanisms, need immediate support to access to food, in the short term, and restore their livelihoods as soon as possible. Small businesses and micro-enterprises that lost productive assets need to quickly recover.

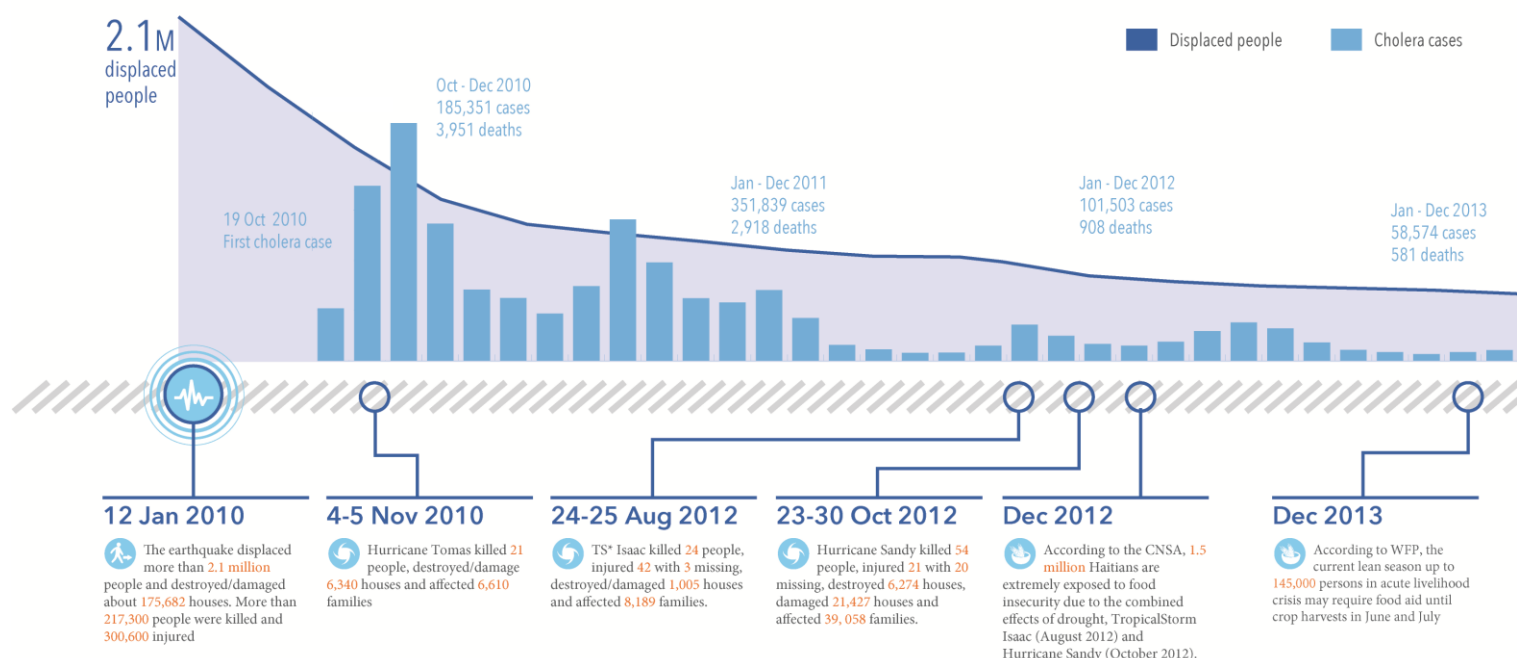
These losses could result in an increase in acute malnutrition in the coming months as food insecurity and high incidence of infectious diseases, especially diarrhea, represent the main contributors of malnutrition. Prior to Hurricane Matthew, Grand'Anse, Nippes and Sud departments had some of the country's highest prevalence of acute and chronic malnutrition. Services for the treatment of acute malnutrition are no longer available in some of the affected areas. In 2017, countrywide, 15,145 children under 5 will face severe acute malnutrition (SAM), while 73,140 will face moderate acute malnutrition (MAM). Furthermore, an estimated 61,640 pregnant and lactating women and 86,295 children under 2 will require preventive actions, particularly in the departments affected by the hurricane.¹³

Despite efforts to assist with food 806,000 people affected by the hurricane, some of them will remain in need in 2017, adding to the number of people already food insecure in departments not affected by the hurricane. Indeed, the devaluation of the national currency (Gourde) and the increase of key commodity prices in 2016, as well as the recent El-Niño-induced drought, among other factors, took a toll on families throughout the country whose livelihood derives mainly from agriculture. By January 2017, it is therefore estimated that 750,000 people will require food assistance and 200,000 farmer households will need agricultural assistance, countrywide.

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People's lives and public health have also been threatened by collapsed houses and roofs, fallen trees, dead cattle, flooded latrines and cemeteries, and damaged health facilities. 70 per cent of health facilities assessed in Grand'Anse, Sud and Nippes departments sustained damage from the hurricane¹⁴. They lost equipment for emergency maternal and newborn care, stocks of vaccines and medication, including supplies against HIV.

TIMELINE OF THE CRISIS



¹¹ REACH, "Hurricane Matthew Emergency Response" Multisector Needs Assessment", November 2016.

¹² Idem, p. 23.

¹³ Figures from the Nutrition Sector.

¹⁴ Health Sector. 73 of the 122 health facilities (59%) in the departments of Grand'Anse, Sud and Nippes have been evaluated, of which 51 (70%) have sustained damaged from the hurricane.

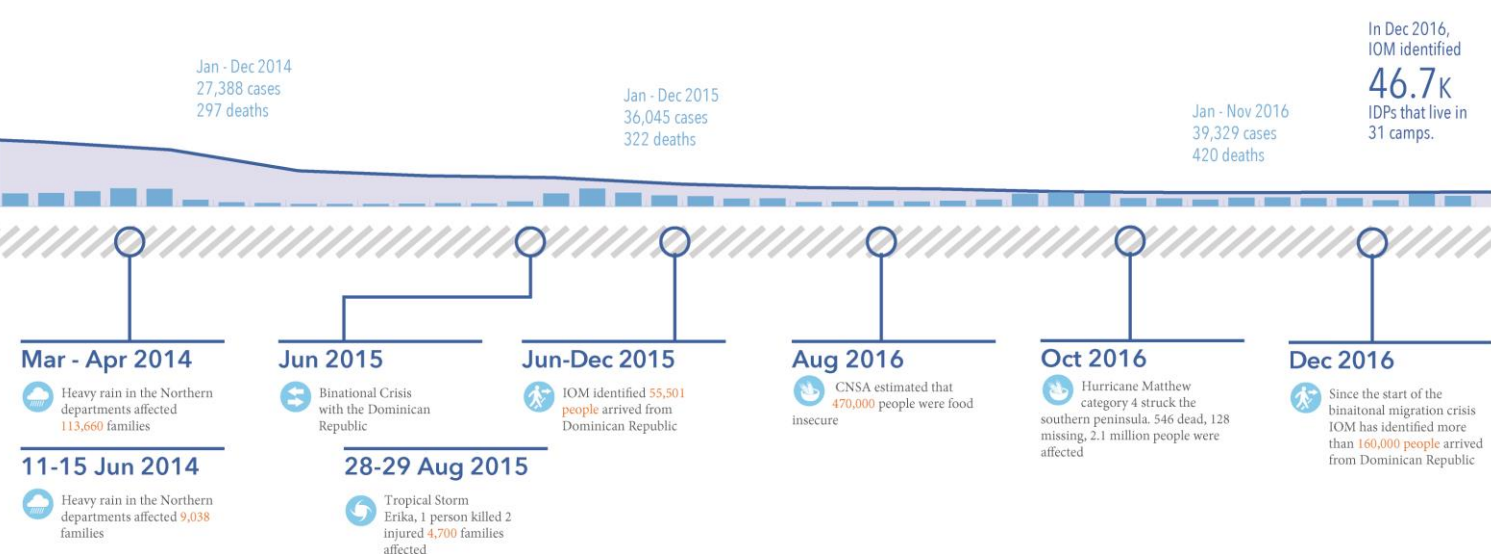
In addition, more than 60 acute diarrhea treatment centers were damaged or completely destroyed in the affected areas. Assessed communities reported that access to healthcare significantly decreased since the hurricane due to the destruction or damage of health facilities, inaccessibility due to damaged roads, and the lack of qualified staff, medicines and financial means to pay health costs¹⁵. In hurricane-affected communities, 609,000 people need access to safe water, through rehabilitation of systems, cleaning and protection of sources and wells. They also need access to chlorinated water, at water point in priority, otherwise at household level. At least 26 water supply systems need to be rehabilitated. Together with their shelter, people need to re-access proper sanitation facilities.

Suspected cases of cholera and other types of diarrheal diseases could increase in 2017, in the absence of hygiene and sanitation conditions, deteriorated access to safe water, and open defecation practices in the three most affected departments (Grand'Anse, Sud and Nippes). 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 departments¹⁶. Before the hurricane this proportion was only 8 per cent¹⁷. However, a cholera vaccination campaign held in November reduced transmission in Grand'Anse and Sud departments, and, as of November, the nationwide severe cholera upsurge feared after Matthew, had not occurred.

Still, cholera will remain a serious threat for the most vulnerable Haitians in 2017 as Haiti 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. Ouest, Centre, Artibonite and Nord departments remained the most affected in 2016. 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. With 20 communes in red alert¹⁸, cholera control requires a reinforced and sustained capacity to respond to each alert throughout the country. In 2017, cholera is likely to affect 30,000 people developing the disease, and 1.65 million people¹⁹ indirectly affected requiring immediate community response through the "cordon sanitaire" during reported outbreaks. With a cholera oral vaccination campaign to be carried out in the Centre department, the total number of people in need of cholera assistance will reach 2.2 million.

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TIMELINE OF THE CRISIS



¹⁵ REACH, "Hurricane Matthew Emergency Response" Multisector Needs Assessment", p. 29, November 2016.

¹⁶ OCHA Situation Report, 19 November 2016.

¹⁷ Cholera Epidemiological Surveillance from the national authorities (DELR) and the Departmental Health Services.

¹⁸ Ministry of Public Health and Population, Cholera Bulletin (Week 41).

¹⁹ For each person infected by cholera, 55 people require immediate community response through the "cordon sanitaire" to avoid further contamination.

Hurricane Matthew severely impacted education, with nearly 600,000 children whose education has been affected, including 300,000 children whose education has been interrupted. In the most hard-hit areas of Grand'Anse, Sud and Nippes departments, up to 80 per cent of schools could be damaged; as of 19 November, 1,633 out of the 1,991 schools assessed were damaged²⁰. Preliminary assessments indicated that 232 of these schools were completely destroyed, of which 66 per cent were concentrated in the Grand'Anse department. Many schools not significantly damaged are still being used as collective shelters for people whose house was either damaged or destroyed.

As a result, preliminary figures indicate that school attendance rates have dropped nearly by half in major urban centres and over 75 per cent in smaller towns, while in some of the most vulnerable and affected areas children are unable to attend school²¹. Given the relatively high cost of education in Haiti, families who lost their homes and livelihoods will struggle to send their children to school. In 2017, more than 300,000 school-age children will require urgent interventions to facilitate their access to education²².

Protection concerns for the people affected by Hurricane Matthew are high, especially for the 175,000 people who took refuge in 307 collective centres, mainly in Grand'Anse, Sud and Nippes departments. Partners are still registering the displaced; as of 9 November, 33,578 displaced people, amongst whom 52 per cent are female and 48 per cent are male, had been registered²³. 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 labor²⁴. Also, one in four women has experienced physical violence from age 15²⁵. In such emergency, risks of violence, exploitation and abuse increase²⁶.

Access to people affected by Hurricane Matthew remains challenging. Severe flooding, significant mudslides, flash floods, as well as landslides have cut access to several areas. Roads and infrastructure have been severely damaged, especially in the Grand'Anse and Sud departments. The extensive damage to an already weak transport infrastructure has hampered relief efforts. Some towns have been completely isolated and remain unreachable via land for large vehicles. Areas lying on high altitudes are the most challenging to assess due to inaccessibility of roads leading to them. Due to their location, these areas were more severely exposed to violent winds and more prone to landslides and mudslides²⁷.

About 55,100 internally displaced persons (IDPs) 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.

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, 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. Border monitoring activities have indicated that 153,758 individuals (66 per cent male, 34 per cent female, and 2,439 presumed unaccompanied minors), interviewed on a random and voluntary basis, reported to have crossed the border into Haitian territory since June 2015²⁸. Of the total returnees, 93,535 individuals spontaneously returned, 26,354 claimed deportation and 33,354 were officially deported²⁹. This constitutes only a portion of the total of returnees from the Dominican Republic³⁰. Many spontaneous returns happen under pressure of various

²⁰ OCHA Situation Report, 19 November 2016.

²¹ REACH, "Hurricane Matthew Emergency Response" Multisector Needs Assessment", p. 31, November 2016.

²² Figures from the Education Sector.

²³ OIM, Displacement Tracking Matrix (DTM), 9 November 2016.

²⁴ Child Fosterage and Child Domestic Work in Haiti, FAFO, 2015.

²⁵ DHS V, Ministry of Public Health and Population, 2012.

²⁶ During REACH's "Hurricane Matthew Emergency Response" Multisector Needs Assessment", it was reported that in Jérémie prostitution was on rise since the hurricane, with reported instances of women taking up work as prostitutes in order to obtain income and meet basic expenses, pp.13 and 25, November 2016.

²⁷ REACH, "Hurricane Matthew Emergency Response" Multisector Needs Assessment", p.17, November 2016.

²⁸ IOM Haiti, Border Monitoring Sitrep, 17 November 2016.

²⁹ Idem.

³⁰ Figures reflect information gathered on a voluntary basis from returnees, and therefore may not be representative of the totality

threats, lack of protection and fear of deportation. 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, including determining their legal status in Haiti. About a quarter of the estimated 737,000 people, including 355,640 children, located near the border are at direct risk of trafficking.

Efforts must be deployed to increase capacity in preparedness and response. There is a crucial need for Government and communities' capacities to be further strengthened for an improved management and decentralization of response to Hurricane Matthew and future shocks. The relevant authorities must be reinforced at national and departmental levels to develop communal and rapid risk analysis and response plans.

The humanitarian response in Haiti must extend beyond just relief and should be aligned with the IASC operational guideline for protection of persons affected by natural disaster. Integrating early recovery from the onset of the crisis is essential to ensure an effective response. With more than a quarter of its total population living in extreme poverty and half in poverty, Haiti's capacity to resist and recover from crises remains very low. The slightest shock can cause damage. With a gross domestic product per capita of US \$846 in 2014, 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 0.61³¹. Tackling underlying vulnerabilities, structural deficiencies and capacity gaps will remain a major long-term development challenge. The response to people's needs should take into account the underlying causes of dependency and ensure a strong and efficient synergy between humanitarian and development action. This would contribute to avoid prolonged dependency and increase communities' coping capacities and resilience.

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



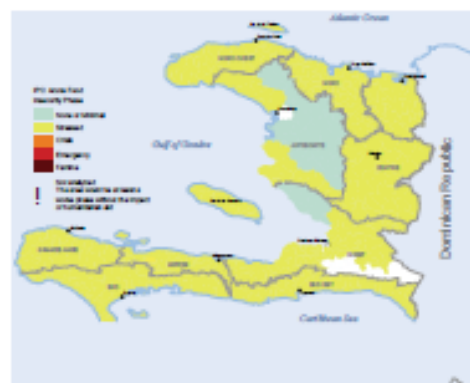
of returns. Due to budget constraints, IOM and partners are covering only 50 per cent of the border (50 border crossing points) as of 1 September 2016.

³¹ World Bank, Country Overview, accessed at: <http://www.worldbank.org/en/country/haiti/overview>

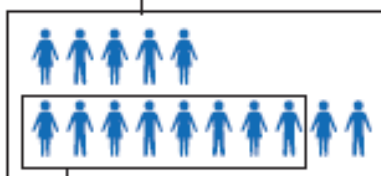


The humanitarian context in Haiti has been worsened by the hurricane Matthew, which violently struck Haiti on 4 October causing widespread damage, flooding and displacement. Nearly 2.1 million people were affected throughout the country (mainly in Grand'Anse, Sud and Nippes departments). It was estimated that 1.4 million people need humanitarian assistance. Cholera epidemic is still high with 39,329 cases registered between January and 30 November 2016. The binational mixed-migration crisis has surpassed the Humanitarian Response Plan planning figures (more than 153 thousand individuals voluntarily interviewed since June 2015). The food security situation, which improved slightly during the second half of 2016 due to strong improvement in rainfall (during spring growing season March-July), was aggravated again by Matthew with an estimated 1.5 million in food insecurity among them 806 K are highly food insecure.

FOOD SECURITY & MALNUTRITION



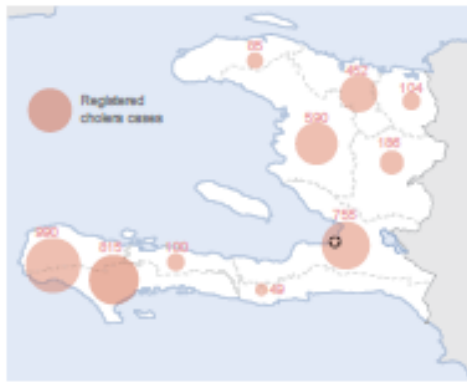
1.5 MILLION
PEOPLE ARE FOOD INSECURE



280k
PEOPLE ARE HIGHLY
FOOD INSECURE

18k children in need of immediate therapeutic feeding
39k children in need of supplemental feeding
57k children with Global Acute Malnutrition

CHOLERA EPIDEMIC



41,421 CUMULATIVE CASES (JAN-31 Dec 2016)

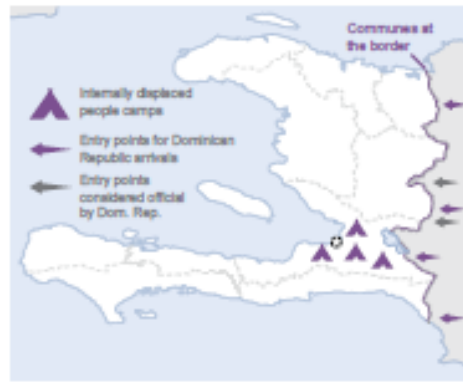
40,000 PEOPLE WHO COULD CONTRACT CHOLERA IN 2016



447 DEATHS

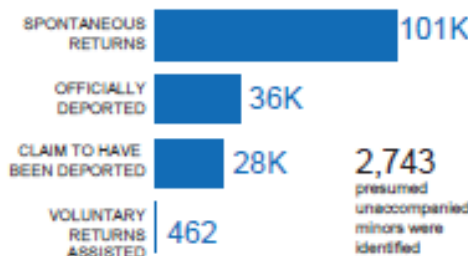
.91% LETHALITY RATE

BINATIONAL SITUATION and IDPs



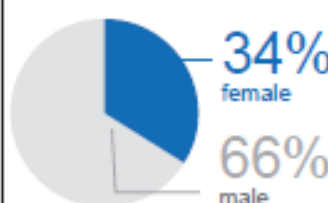
46,691 DISPLACED PEOPLE CONTINUE TO LIVE IN 31 CAMPS

168,810 RETURNEES INTERVIEWED FROM DOMINICAN REPUBLIC (as of 19 Jan. 2017)



2,743 presumed unaccompanied minors were identified

11,543 people declared having been registered in the PNRE



NATURAL DISASTERS



2.1 MILLION PEOPLE AFFECTED BY HURRICANE MATTHEW

1.4 MILLION PEOPLE IN NEED OF HUMANITARIAN ASSISTANCE

175,000 PEOPLE DISPLACED BY HURRICANE MATTHEW

People in need by sector due to Hurricane Matthew
























































BREAKDOWN OF PEOPLE IN NEED

Humanitarian partners estimate that nearly 2.7 million Haitians will need humanitarian assistance in 2017. This includes 230,000 displaced people by Hurricane Matthew and the 2010 earthquake, and 2.35 million of the most vulnerable communities identified by humanitarian partners, countrywide.

Approximately 1.5 million people, located in almost every department, will be food insecure in 2017. 1.4 million people, especially those located in the departments affected by Hurricane Matthew, will need WASH and health assistance. This includes 175,000 living in collective centres, 3,000 children in residential centers, 413,250 women, 405,070 men, and 299,250 female and 293,330 male under 18 years of age. An estimated 911,354 people are in need of immediate livelihood stabilization and rehabilitation of critical community infrastructure. An estimated 525,000 people will need shelter and non-food items. More than 300,000 school-age children require urgent interventions to facilitate their access to education. Cholera is likely to affect 30,000 people developing the disease and 1.65 million people indirectly affected requiring a community response through the “cordon sanitaire” protocol. With a cholera oral vaccination campaign, the total number of people in need of cholera assistance will reach 2.2 million.

To get to the figure of 2.7 million people in need, the methodology adopted was to sum up the highest number of people in need between all sectors, from each department.

	BY STATUS				BY SEX & AGE		TOTALS	
	Local Communities	IDPs	Deportees*	Returnees	% Female	% children, adult, elderly	People in need	Affected people
 Food Security	1.5M				50	42 50	1.5 M	1.5 M
 WASH	1.4M				50	42 58	1.4 M	2.1 M
 Protection	0.5M	0.1M		0.3M	52	42 58	0.9 M	0.9 M
 Health	1.8M				50	42 58	1.8 M	2.1 M
 DTM		0.2M			52	42 58	0.2 M	0.2 M
 Nutrition	0.2M				65	70 30	0.2 M	0.1 M
 Shelter and NFI	0.8M				50	42 58	0.8 M	0.8 M
 Education	0.3M				50	10 0 0	0.3 M	0.6 M
 Early Recovery	0.9M				50	42 58	0.9 M	2.1 M
 Cholera	2.2M				52	58	2.2 M	2.2 M

PEOPLE IN NEED (JUNE 2016, IN MILLIONS)	BY STATUS				BY SEX & AGE		TOTAL	
	IDPs	Migrant	Deportees	Communities	% Female	% children, adult, elderly *	People in need	Affected people
Artibonite				0.2 M	50% 	42 50 	0.2 M 	50 
Centre				0.2 M	50% 	42 58 	0.2 M 	0.2 M 
Grand Anse	0.1 M 			0.4 M	50% 	42 58 	0.5 M 	0.5 M 
Nippes	0.0 M			0.2 M	50% 	42 58 	0.2 M 	0.2 M 
Nord				0.2 M	50% 	42 58 	0.2 M 	0.2 M 
Nord Est				0.0 M	50% 	42 58 	0.0 M 	0.0 M 
Nord Ouest				0.1 M	50% 	42 58 	0.1 M 	0.1 M 
	0.0 M 			0.4 M	50% 	42 58 	0.5 M 	0.8 M 
Sud				0.2 M	50% 	42 58 	0.2 M 	0.3 M 
Sud Est	0.0 M 			0.6 M	50% 	42 58 	0.7 M 	0.7 M 
Ouest								
TOTAL	0.23 M			2.50 M	50%			

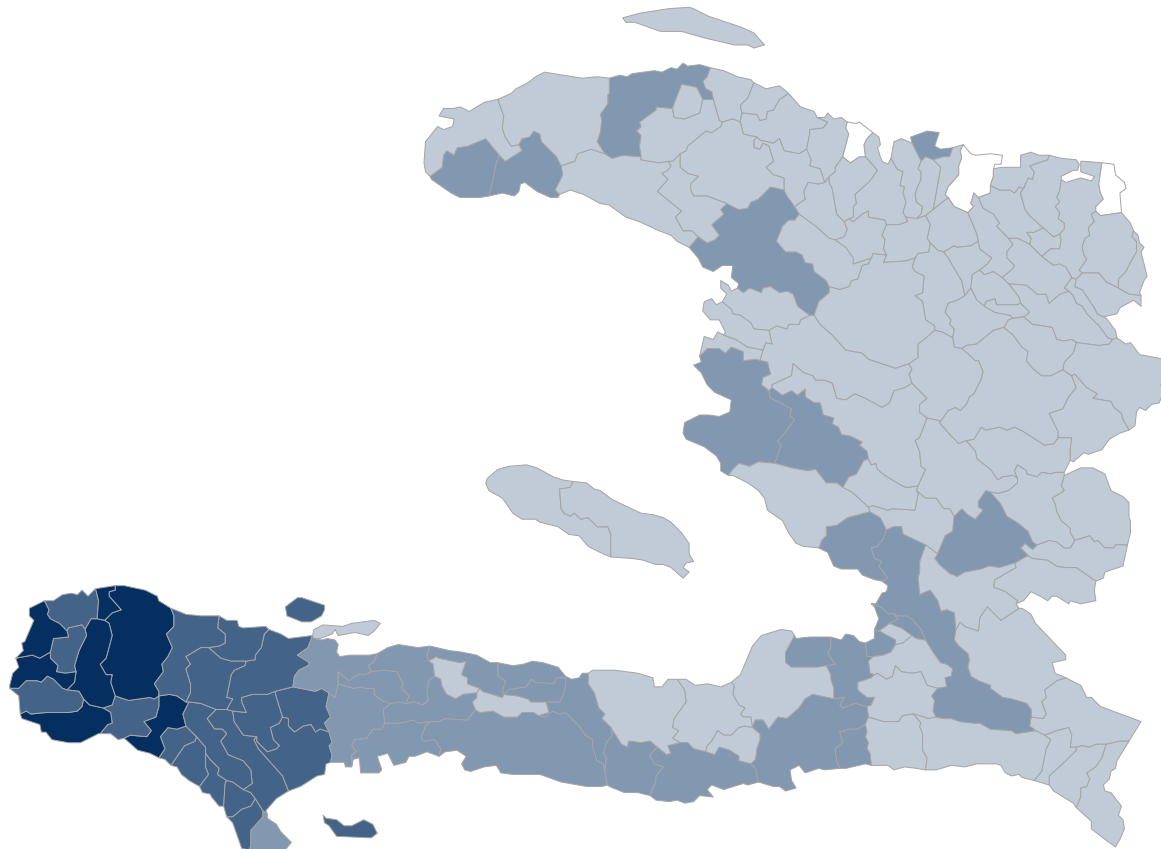
SEVERITY OF

NEED

To calculate the global severity level, five main factors were considered: level of protection risk of most vulnerable people, Food security and need for immediate livelihood stabilization, Cholera cases, Destruction of shelters and critical community infrastructure, Destruction of health facilities and access to potable water.

Due to the severe impact of Hurricane Matthew in the food security and livelihoods, shelters and critical community infrastructure, basic services in the southern peninsula, the communes where severity is the highest (severity 3 and 4) are located in the departments of South and Grand Anse. Meanwhile, in the communities classified at severity level two the main factors that influenced this classification were the high incidence of cholera cases and/or the impacts hurricane on food insecurity, livelihoods and health structures.

As all communities were classified as IPC 2 before the hurricane, most of the communes affected by drought in 2015, are now in severity level 1. However, the food security level on those areas may also be influenced by the impacts of the hurricane on agricultural production and local economy recovery in the next season.



PART II:

NEEDS OVERVIEWS

BY SECTOR



Food Security



Displacement Tracking Matrix



Water, Sanitation & Hygiene



Education



Early Recovery and Livelihoods



Nutrition



Health



Protection



Emergency Shelter and Non-Food Items



Logistics



Emergency Telecommunications



Cholera

INFORMATION GAPS AND
ASSESSMENT PLANNING

FOOD SECURITY

OVERVIEW



Haiti ranks as one of the countries with the highest exposure and vulnerability to multiple hazards, including hurricanes, floods, earthquakes, landslides and droughts. Haiti has and continues to experience prolonged periods of drought, recently exacerbated by the global El Niño phenomenon. After two years of consecutive drought, Haiti was further devastated by Hurricane Matthew. Many Haitians have seen their livelihoods disappear.

Localized floods that normally mark the months of November and December could complicate recovery and/or drag additional people to require humanitarian assistance. The risk of cholera and poor water and sanitation also reduces people's coping capacity. A shortage of humanitarian assistance could trigger further internal rural-urban migrations, which could increase pressure on already insufficient urban livelihoods.

17

AFFECTED POPULATION

Approximately 1.5 million people, located in almost every department, will be food insecure in 2017. Due to the hurricane, 806,000 people are highly food insecure in Sud, Grand'Anse and Nippes departments, and 288,000 people are also food insecure in Sud-Est, Nord-Ouest and Artibonite departments. In addition, 407,000 people are food insecure, including 146,000 people living in urban areas, due to the recent drought.³²

HUMANITARIAN NEEDS

A quick evaluation report³³ on losses and damage caused by Hurricane Matthew on the agricultural sector shows that local production almost completely destroyed in the most affected departments. Approximately 130,000 tons of food of annual crops were destroyed in the fields and in stock, in addition to heavy losses of livestock. Livestock still alive are suffering from the lack of feed and pastures as well as poor health conditions. Irrigation infrastructures of 16,000 hectares of irrigated areas and 4,000 km of rural roads were damaged. Production, stocking and processing facilities (mills, milk processing units and silos) were severely damaged. Fishermen were also impacted by the hurricane, having lost all their equipment, including boats engines and fishing nets.

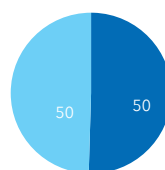
³² Food insecurity data related to the drought is from the CPI analysis, August-September 2016.

³³ Rapid emergency food security assessment following Hurricane Matthew carried out by the Ministry of Agriculture, Natural Resources and Rural Development, the Directorate of Civil Protection, the National Coordination for Food Security, the World Food Programme (WFP), and the Food and Agriculture Organization (FAO), 7-10 October 2016.

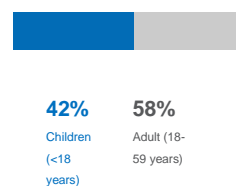
NO. OF PEOPLE IN NEED

1.5M

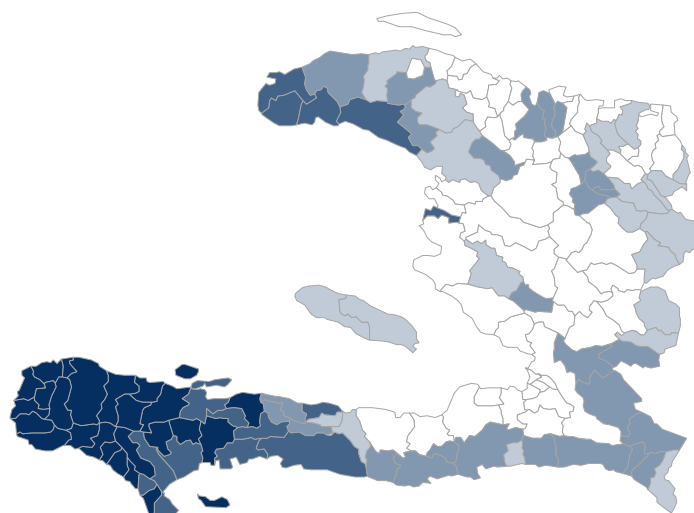
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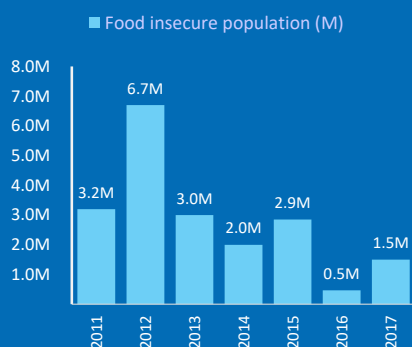
BY AGE



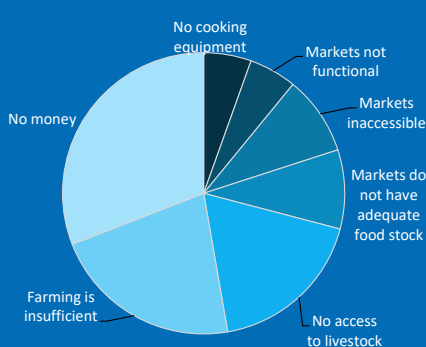
SEVERITY MAP



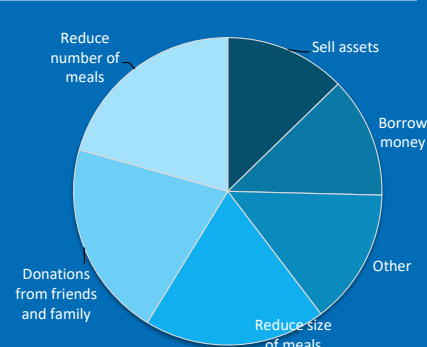
Food insecure population by year



BARRIERS TO ACCESS FOOD



Coping mechanisms adopted

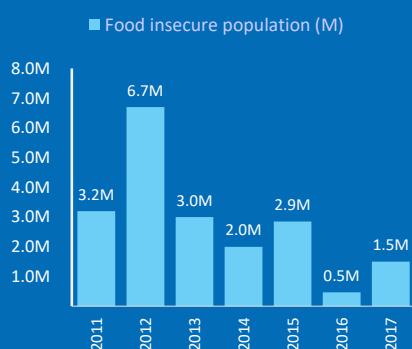


People who have seen their livelihoods destroyed need food and/or cash transfers. The most vulnerable households also need to restore agricultural, livestock and fisheries activities through agricultural inputs, restocking of livestock, veterinary care for sick animals and fishing equipment. With regards to gender livelihood roles, males are likely to be engaged in agriculture, livestock, small scale commerce and fishing, while women are more involved in agriculture, food processing activities and small scale commerce³⁴.

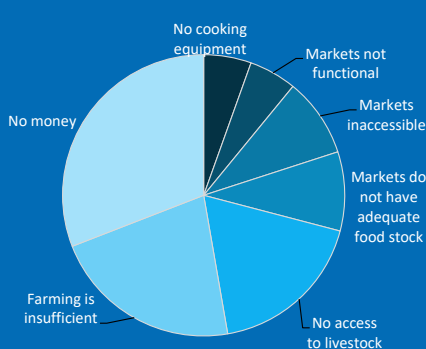
Community-based agricultural production assets and infrastructures damaged by the disaster need to be rehabilitated, such as agricultural plots and irrigation canals, infrastructure for fishing and selling, agricultural markets and roads, stock infrastructures or silos, community infrastructures for milk collection and transformation units. Farmers' associations require support for the production and supply of seeds and planting material for food crops, fruit/agroforestry and forestry trees. In addition, vulnerable households and institutions need to enhance their resilience through capacity building in disaster-risk reduction, improved agricultural practices, community contingency funds (e.g. *caisse de résilience*), and the promotion of community-based disaster-risk management and climate-change adaptation plans.

³⁴ REACH, "Hurricane Matthew Emergency Response" Multisector Needs Assessment", p. 24, November 2016.

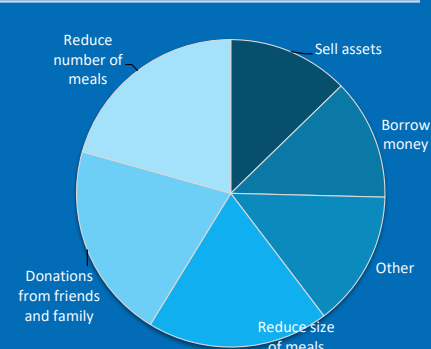
Food insecure population by year



BARRIERS TO ACCESS FOOD



Coping mechanisms adopted



CCCM and Displacement Tracking Matrix

OVERVIEW



Hurricane Matthew displaced 175,000 people in 307 collective centres located in southwestern Haiti³⁵. In the metropolitan area of Port-au-Prince, although the impact of Matthew was moderate, some shelters and WASH infrastructures in the post-2010 earthquake IDP camps were damaged. This has worsened the already precarious living conditions of the internally displaced persons (IDPs).

Most of the 2010 earthquake IDPs have left the camps. In fact, the number of displaced household has decreased by 96 per cent, compared to the July 2010 figures – since then, 1,487,700 people, representing 350,380 households, have left the camps. However, 55,100 IDPs are in situation of protracted displacement, still residing in 31 camps, mainly located in the metropolitan area of Port-au-Prince.

19

AFFECTED POPULATION

Of the 55,100 IDPs (14,590 IDP households) living in 31 camps following the 2010 earthquake, approximately 52 per cent are female. Most of the camps are located in the metropolitan area of Port-au-Prince; however, 3,275 IDPs remain in Léogâne and 600 IDPs in Gressier. Furthermore, 20,000 IDPs located in three camps are particularly vulnerable to eviction and to natural hazards, such as floods and landslides.

The Directorate of Civil Protection's (DPC) initial assessment made following Hurricane Matthew indicated that around 175,000 people were displaced in 307 collective centres. Partners are still registering the displaced; however, as of 9 November, 33,580 displaced people, amongst whom 52 per cent are female and 48 per cent are male, had been registered³⁶. Eight per cent of the total registered people are children under age 5, and 6 per cent of the displaced are above age 59.

HUMANITARIAN NEEDS

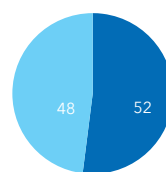
IDPs related to Hurricane Matthew

While needs of the 175,000 displaced are still being assessed, they range from access to basic services,

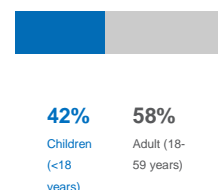
NO. OF PEOPLE IN NEED

230k

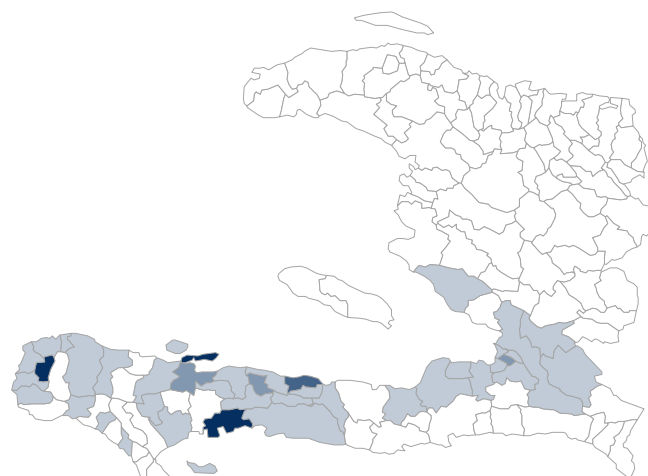
BY SEX



BY AGE



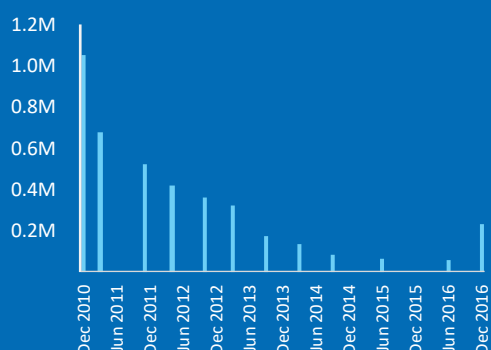
SEVERITY MAP



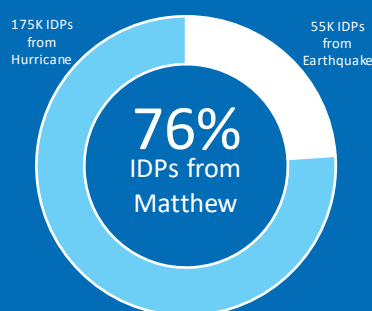
³⁵ Rapid assessment following Hurricane Matthew, Directorate of Civil Protection, October 2016.

³⁶ OIM, Displacement Tracking Matrix (DTM), 9 November 2016.

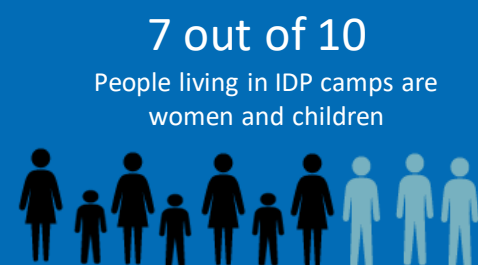
Displacement history



Reason for displacement



IDPs from Earthquake



Source: DTM 27

including water, food and protection (from abuse and exploitation) for the most vulnerable, such as victims of gender-based violence, unaccompanied children, and elderly people. The displaced families who lost their houses need to be able to access to durable solutions as fast as possible in order to limit the time of their displacement. Given the wide range of needs of the displaced population, a coordinated multi-sectorial approach is essential to restore the conditions in the places of origin in order to allow displaced people to return to their homes in a safe and dignified way.

Profiling and registration of evacuation centers and affected neighborhoods are being conducted and will provide further data on the needs of the displaced and the services available to them.

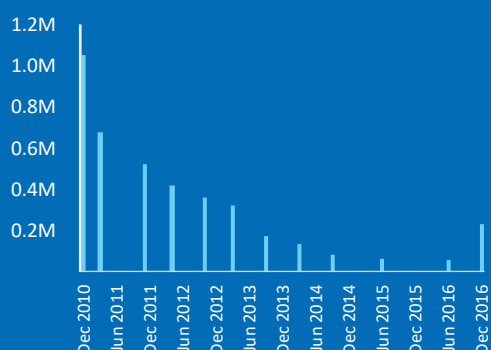
IDPs related to the 2010 earthquake

IDP camp residents from the 2010 earthquake still lack options to leave camps. They are among the most vulnerable persons in the country, particularly vulnerable to natural hazards and often threatened of eviction. The most vulnerable IDPs (elderly people, women, children, and single-headed households) are particularly exposed to abuse, exploitation and violence, including sexual and gender-based violence. Women and children represent approximately 71 per cent of the IDP population; they still require protection support and life-saving assistance.

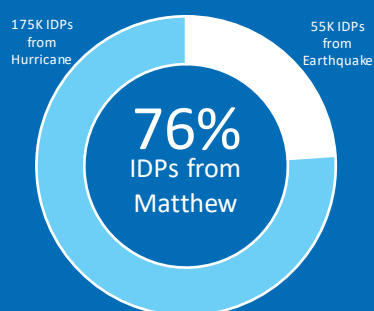
IDPs also lack access to basic services, including limited access to safe water and sanitation. For instance, nine camps hosting 10,000 IDPs do not have toilets which leads to increased risk of water-borne diseases, such as cholera.

Despite the Government's efforts, through its Housing Unit (UCLBP), to provide durable solutions to the remaining IDPs with relocation or integration projects, 34,350 IDPs are still not targeted for relocation. Additional resources are needed to provide durable solutions to these IDPs as well as to maintain a minimum level of services in the camps. Monitoring the IDPs' conditions and the services they receive in the camps will continue to be essential in 2017. Regular communication with the displaced and effective coordination remain critical to avoid any assistance gaps.

Displacement history



Reason for displacement



IDPs from Earthquake



Source: DTM 27

WATER, SANITATION & HYGIENE

OVERVIEW



Hurricane Matthew severely affected water and sanitation infrastructures (both water supply networks and wells/springs). Deteriorated access to safe water and high rate of open defecation practices in the three most affected departments (Sud, Grand'Anse and Nippes) has exacerbated the risk of waterborne and water-related diseases caseloads.

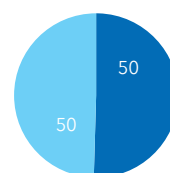
Health and hygiene promotion activities are crucial in a situation where people's environment has been deeply changed with increased risks due to water and food contamination, lack of resources for individual hygiene, and unhealthy and overcrowded living conditions for those relocated in collective shelters.

Health centers and acute diarrhea treatment centers have also been severely impacted, with already fragile water and sanitation services disrupted.

NO. OF PEOPLE IN NEED

1.4 M

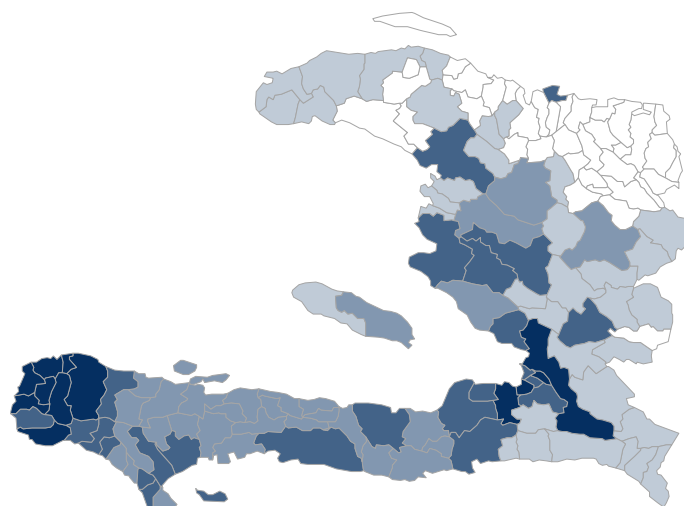
BY SEX



BY AGE



SEVERITY MAP



21

The above-mentioned factors have contributed to diarrhea and cholera suspected cases upsurge in the most affected departments, while three others departments (Artibonite, Ouest and Centre) continue to report the highest caseloads each week, requiring to maintain the alert and rapid response mechanism³⁷.

Access to hurricane affected people in remote areas remains a challenge and requires strategies involving intervention by air and sometimes with donkeys.

AFFECTED POPULATION

1.4 million people, located in the departments affected by Hurricane Matthew (Grand'Anse, Sud, Nippes, Sud-Est, Ouest, Artibonite and Nord-Ouest), will need WASH assistance in 2017. This includes 175,000 living in collective shelters³⁸, 3,000 children in residential centers³⁹, 413,250 women, 405,070 men, and 299,250 female and 293,330 male under 18 years old.

HUMANITARIAN NEEDS

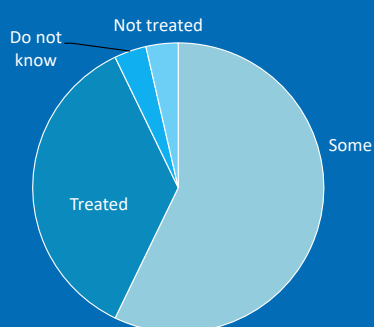
In collective shelters, 175,000 people need urgent sanitation facilities with handwashing, especially women who tend to use more the sanitation facilities at night time. Access to safe water is not yet

³⁷ See cholera section for more details.

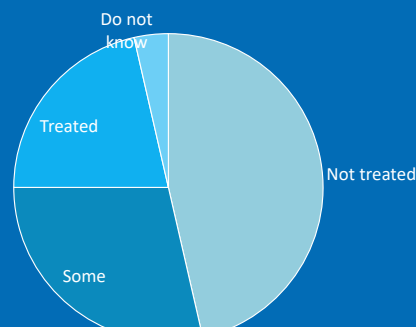
³⁸ Directorate of Civil Protection.

³⁹ Protection Sector evaluation, 27 October 2016.

Water treatment at households



Water treatment at sources

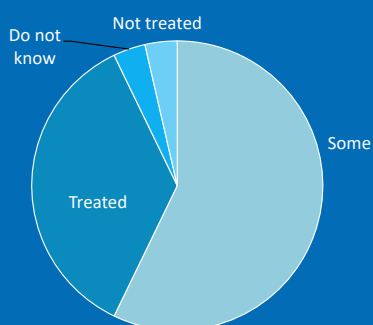


provided in all collective shelters and needs to be ensured while shelters are open. 88 schools used as collective shelters need to be disinfected and put back to their previous state, i.e. prior to occupying the schools.

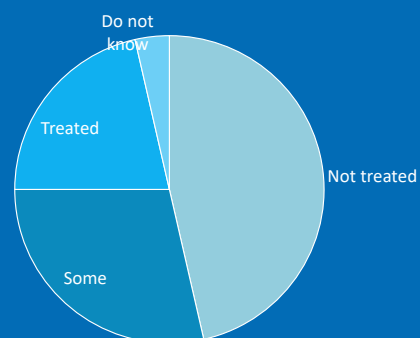
In the affected communities, 609,000 people need access to safe water, through rehabilitation of systems, cleaning and protection of sources and wells, and should get access to chlorinated water at water supply network reservoir level or at water distribution point in priority, otherwise at household level. DINEPA needs to be supported for the rehabilitation of at least 26 water supply systems and repairing of hand pumps and clearing spring catchments, especially in the hard-to-reach areas (“mornes”). People also need to re-access proper sanitation facilities together with their shelter as cross sector strategy with Shelter sector. Vector control needs to be ensured to avoid further health burden on affected people, especially children as resuming schools.

In residential centers, the protection sector alerted the WASH sector that 3,000 children with caretakers need access to safe and child-friendly WASH facilities.

Water treatment at households



Water treatment at sources



EDUCATION

OVERVIEW



The education system in Haiti faces structural challenges in terms of access and quality. It is also exposed to risks related to natural disasters, cholera outbreaks and insufficient institutional capacity to respond to crises, which consequences are characterized by disruption of educational activities, destruction of schools and equipment, and pressure on existing school infrastructure.

According to latest figures from the sector's assessments, 1,633 out of 1,992 schools (over 80 per cent of evaluated schools)⁴⁰ have been either damaged or destroyed in areas affected by Hurricane Matthew and mostly in Sud, Nippes and Grand'Anse departments. Several thousands of children are at risk of losing the 2016-17 school year in a context where the affected households have lost their livelihoods. This situation exacerbates exclusion from school due to high costs of schooling in Haiti.

Cholera outbreaks remain a major risk and have consequences on the education system. Indeed, a large number of cases registered since 2010 concerns school-age children. Also, about half of surveyed schools⁴¹ have inadequate sanitation infrastructure and do not allocate sufficient learning time for hygiene promotion.

The education system is not well-prepared to respond to emergencies, unable to implement alternative learning programmes to meet specific educational needs of children affected by emergencies.

AFFECTED POPULATION

According to the assessments conducted by the Ministry of Education and its partners, the education of nearly 600,000 children⁴² has been affected, including 317,000 children whose education has been interrupted, after the passage of Hurricane Matthew. Institutional capacity to respond immediately to crises is needed to ensure that hurricane-affected children do not lose their school year, as well as for the

⁴⁰ Education Sector's assessments conducted by the Ministry of National Education and Professional Training and partners.

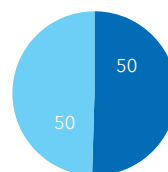
⁴¹ Idem.

⁴² Estimates from the Education Sector. Average number of children prior to Matthew (290) for the total evaluated schools (1,992) in affected areas.

NO. OF PEOPLE IN NEED

317k

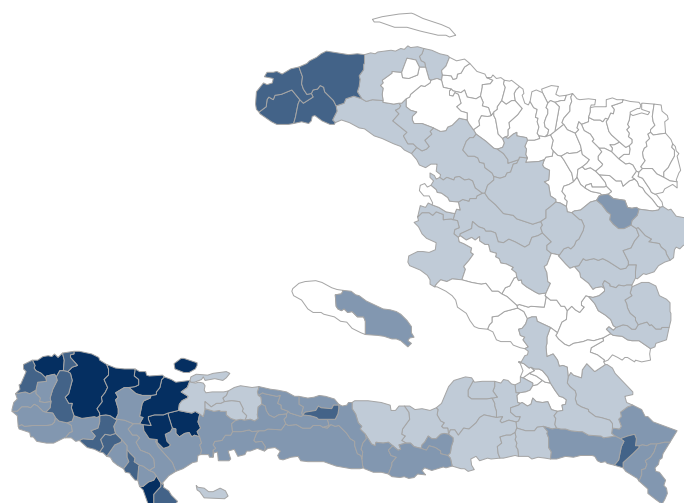
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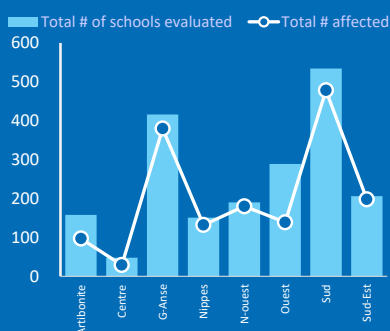
BY AGE



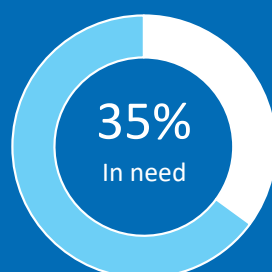
SEVERITY MAP



Level of damage following evaluation



Children in need out of total affected



CHILDREN IN AFFECTED AREA¹

5 out of 10
at risk of temporarily interrupting
their education

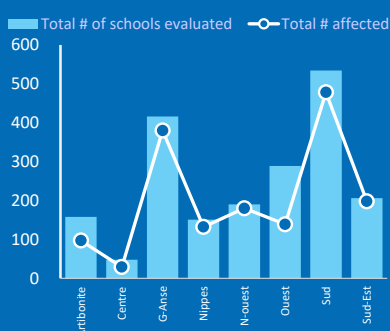


migrant children coming from the Dominican Republic to be rapidly enrolled in their communities. The vast majority of school-age children affected by the different crises are located in the Grand'Anse, Sud, Nippes, Sud-Est, Ouest, Nord-Ouest, Nord-Est and Centre departments.

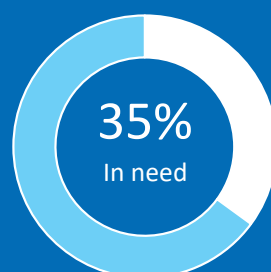
HUMANITARIAN NEEDS

In 2017, emergency education needs include the rehabilitation of schools and sanitation infrastructure; the provision of equipment and distribution of learning and teaching materials; the organization of psychosocial support activities for affected students and education personnel; and flexible school calendar and contextualized pedagogical package to support catch-up classes and teach children to protect themselves against cholera and other waterborne diseases.

Level of damage following evaluation



Children in need out of total affected



CHILDREN IN AFFECTED AREA¹

5 out of **10**
at risk of temporarily interrupting
their education



EARLY RECOVERY & LIVELIHOODS

OVERVIEW



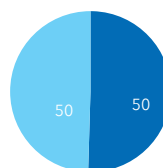
Haiti is one of the most vulnerable countries in the world. With more than 98% of Haitians exposed to two or more types of disasters, the impact of recurring natural disasters is particularly severe, especially considering the already pre-existing protection, socio-economic and environmental vulnerabilities and disparities. With more than a quarter 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. Strengthening local actors as first responders to restore community dignity and livelihood opportunities is time critical and an essential part of crisis response and initial recovery. Hurricane Matthew has severely impacted communities' livelihoods, and critical community infrastructures predominantly in Grand'Anse, Sud, Nippes et Nord-Ouest. The affected areas are mostly rural, where communities depend heavily on the ecosystem and environment for their livelihoods.

There is an urgent need to assist 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, and to help the quick and initial recovery of the local economy. These critical needs should be addressed through immediate short-term employment (i.e. cash for work) for debris clearing, recycling and critical waste management towards the rehabilitation of the productive capacity, shelters, community infrastructure and improved access to life-saving services. A special emphasis will be placed on needs and active participation of youth, women and people with disabilities.

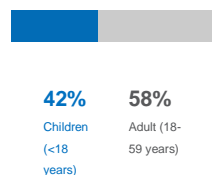
NO. OF PEOPLE IN NEED

911k

BY SEX



BY AGE



SEVERITY MAP



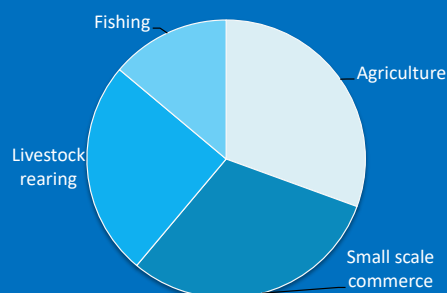
AFFECTED POPULATION

Based on rapid assessments, the sector estimates 911,354 people to be in need of immediate livelihood stabilization and for critical infrastructure in the most affected areas to be rehabilitated.

HUMANITARIAN NEEDS

Vulnerable communities need support for immediate livelihoods stabilization through emergency employment interventions that enable the rapid injection of cash into the local economy and also mobilize activities that benefit entire communities. For 2017 emergency employment activities are

Livelihoods severely affected

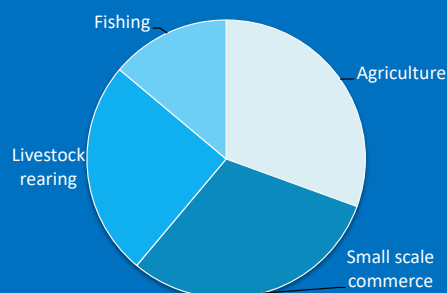


needed in debris removal, and management for productive infrastructure as well as critical community and service infrastructure rehabilitation.

Small businesses and micro-enterprises that lost productive assets need to quickly recover. This could be achieved by providing 'start-up grants' or 'start-up packages' to local entrepreneurs who have lost some or all of their livelihoods assets but usually have some work experience or remaining assets that can be used or reactivated in livelihoods activities with short production and sales cycles. A special focus should be put on access to credit and financial solutions for small farmers and enterprise.

Efforts must be deployed to increase capacity in preparedness and response. The relevant authorities must be strengthened at the national and departmental level in data and knowledge management, contingency planning, and coordination of actors. Preservation of the protected areas through Cash for Work/Cash for Production activities (i.e. building of enclosures to prevent removal of fallen trees in certain areas) will be important to prevent future degradation and build resilience against the impact of future disasters.

Livelihoods severely affected



NUTRITION

OVERVIEW



Haiti is prone to natural disasters including drought, hurricane, flooding and earthquakes, which can all lead to nutritional crisis through different causal pathways. In Haiti, food insecurity and high incidence of infectious diseases, especially diarrhea, represent the main contributors of malnutrition during humanitarian emergencies.

The year 2016 has been characterized by an increase in household food insecurity as a result of two phenomenon: 2015 El-Niño-induced drought and Hurricane Matthew. Though the 38 drought-affected districts received good to average rainfalls in the course of the year, pockets of food insecurity are likely to remain as a result of reduction in cultivated surface and prices increase of locally produced crops. In the hurricane-affected districts, there has been widespread loss of crops, livestock and livelihood, which will impact negatively on short to medium-term food security.

Twenty-five communes have been classified as severely affected and another 16 as highly affected with 100 per cent and 80 per cent of livelihood damaged, respectively. Furthermore, increases in reported cases of diarrheal disease, including cholera, and other vector borne diseases such as malaria as a result of damage to the water and sanitation systems, is also a matter of concern considering its negative impact on nutrition. Cholera is anticipated to be mitigated by the vaccination campaign targeted to hurricane-affected people over the age of one year, which took place in early November 2016.

Prior to Hurricane Matthew, Grand'Anse, Sud and Nippes departments had some of the country's highest prevalence of acute and chronic malnutrition, respectively 5.2, 5.6 and 5.9 per cent⁴³. The capacity of care for acute malnutrition remains limited in these departments and often nonexistent in more remote rural areas.

AFFECTED POPULATION

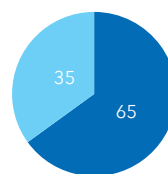
In 2017, an estimated 57,135 children under 5 are expected to be affected by acute malnutrition and will require curative life-saving interventions specifically community-based management of acute malnutrition (CMAM) to reduce nutrition-related morbidity and mortality. Of these, 18,134 and 39,001 children are expected to face severe acute malnutrition (SAM) and moderate acute malnutrition (MAM), respectively. Seventy-four per cent of these children are located in hurricane-affected communes.

⁴³ Department of Health Services, 2012.

NO. OF PEOPLE
IN NEED

205k

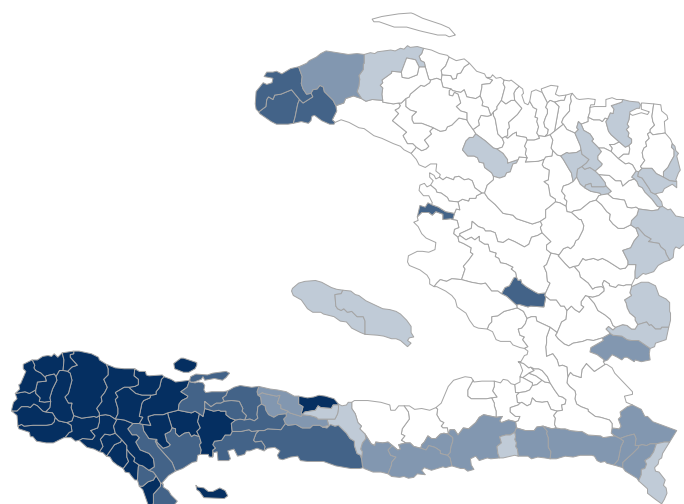
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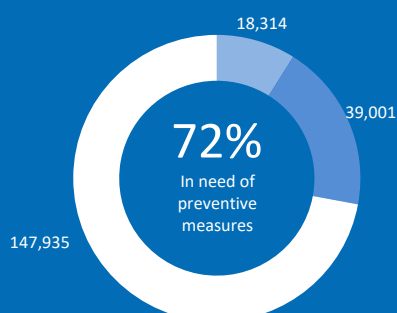
BY AGE



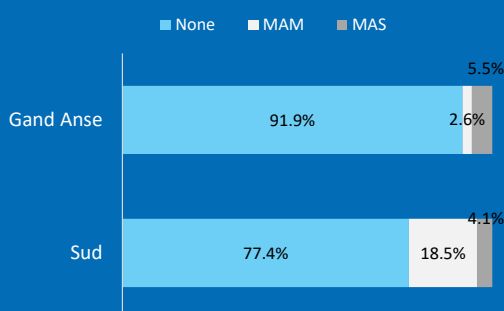
SEVERITY MAP



MALNUTRITION LEVEL



Malnutrition among children



Source: screening made UNICEF's partners in South and Grand Anse departments

Furthermore, an estimated 61,640 pregnant and lactating women and 86,295 children under 2 living in hurricane-affected communes will require preventive actions, particularly promotion of key maternal, infant and young child feeding and care practices, and provision of micronutrient supplementation to improve the quality of their diet and prevent deterioration of their nutritional status.

HUMANITARIAN NEEDS

The nutrition humanitarian response will need to address in 2017:

Strengthening of National Sectoral coordination capacity at the central and departmental level
Supporting key preventive measures to address infant and young child feeding in emergencies and prevention of micronutrient deficiencies
Supporting national capacity at central and departmental level to identify and care for acute malnutrition,

Greater empowerment of national mechanism to coordinate and monitor the humanitarian response is essential to achieve longer lasting impact and strengthen resilience of the affected populations. This will be greatly enhanced by supporting MSPP leadership of Nutrition sectoral tables at both central and departmental level

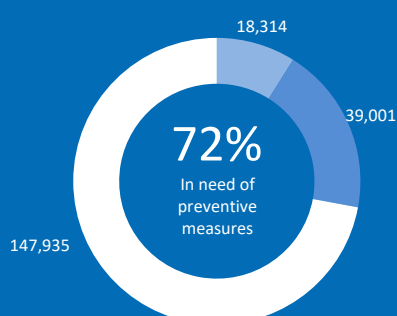
Investment on highly effective and efficient preventive measures is essential to prevent a deterioration into a more complex and expensive to treat status. This will include communication and information of populations to promote, protect and support adequate infant and young child feeding practices, in conjunction to other health and hygiene promotions and improving access by all children 6-23 months in most affected areas to micronutrient supplements.

Both moderate and severe acute malnutrition, are life-threatening condition, requires scaling up of the existing management capacity particularly in areas with high food insecurity (IPC3) and high caseloads of water-borne diseases/cholera. Key activities will include:

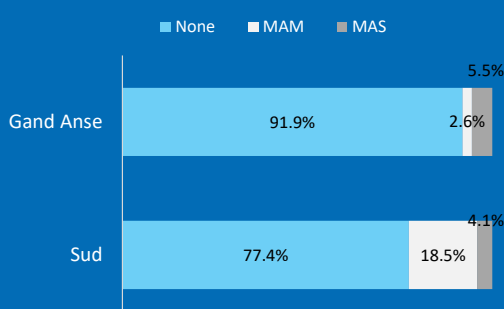
- Active case-findings and referral of moderate and severe acute malnutrition (MAM-SAM).
- Inpatient treatment for SAM cases with medical complications and/or appetite.
- Outpatient treatment for MAM and SAM cases without medical complications and with appetite.
- Nutritional surveillance through active screening, programmatic data (HMIS), and nutrition surveys.

Blanket supplementary feeding of children aged 6-59 months and pregnant and lactating women will be essential to prevent deterioration of nutritional status, in the coming months, as the departments hit hardest by the hurricane will neither be able to reach food security autonomously or rely on the harvest of crops immediately.

MALNUTRITION LEVEL



Malnutrition among children



Source: screening made UNICEF's partners in South and Grand Anse departments

HEALTH

OVERVIEW



Hurricane Matthew affected essential health services and facilities in Sud, Grand'Anse, Nippes, Nord-Ouest and Sud-Est departments due to physical damage to the structures, loss of materials, and reduced quality of health services. Out of 110 affected health institutions 84 were damaged in varying degrees in Grand'Anse and South. As a result, health services provision here has been interrupted. Partners have put mobile clinics in place, but it is important to restore basic health services as soon as possible.

There have already been increases in suspected cases of communicable diseases (ex: cholera, malaria) within the affected zones compared to last year. Increase of severe acute malnutrition (SAM) is also expected and need adequate response measures.

Following the hurricane, many departments and communes were cut off from each other and from the rest of the country as telephone networks were downed and debris blocked road access. To ensure epidemiological surveillance and share information, situation rooms have been established in Grand'Anse and South, and PAHO/WHO and partners are supporting the local health directorates with epidemiological technical support.

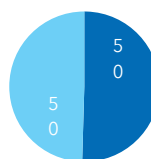
A Communications Cell was established at the MSPP in Port au Prince in the days following the hurricane to support coordination and facilitate information sharing. The MSPP and PAHO/WHO spearhead coordination meetings for health group partners in Port au Prince and in the departments.

Outside hurricane-affected areas, 55,100 persons living in camps in Port-au-Prince need access to health services.

NO. OF PEOPLE
IN NEED

1.8M

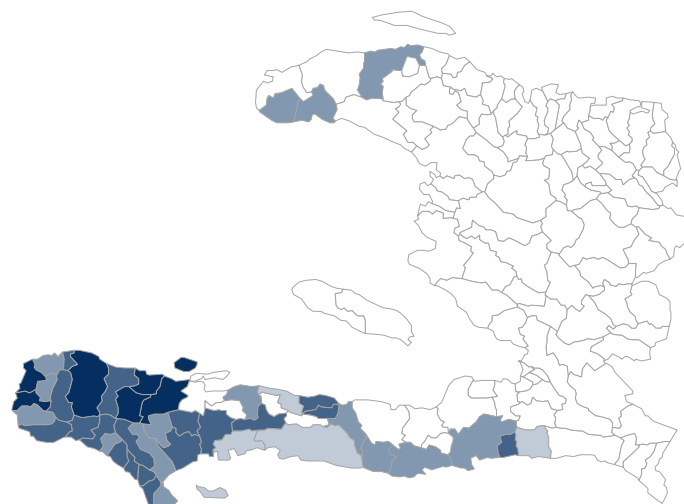
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BY AGE



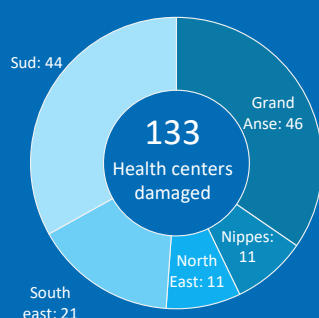
SEVERITY MAP



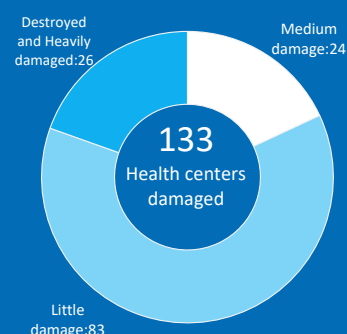
AFFECTED POPULATION

Taking into account the catchment population of the health structures which were completely destroyed or suffered significant damage and loss an estimated 1.8 million persons are affected by partial or total loss of access to health services in Matthew-affected areas. This population includes 175,000 people in collective centres; 450,000 women in reproductive age, 15 per cent of them needing family planning services and 2 per cent needing specific health services for sexual and gender-based violence; 46,800 pregnant women, 20 per cent of them will suffer from pregnancy complication and miscarriage due to unsafe abortion; 50,400 children

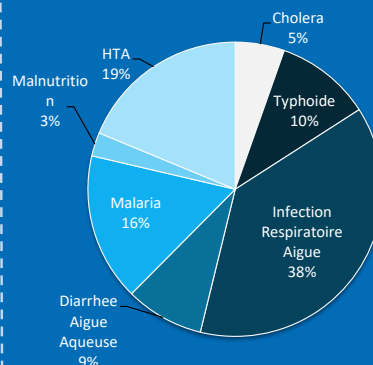
Damaged health centers per department



Damage level of Health centers



Most common illness



under 1 year of age needing vaccination and 216,000 children under 5 needing dedicated child care. In addition, 55,100 people that are still living in IDP camps in the Port-au-Prince metropolitan area need health services.

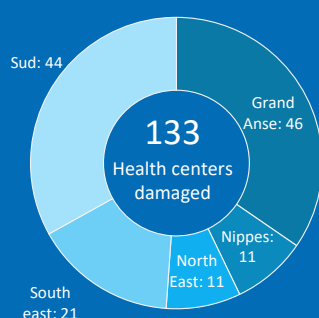
HUMANITARIAN NEEDS

The first priority need for Hurricane Matthews affected areas is to restore basic health services in existing health centers as soon as possible. This must be done in two aspects:

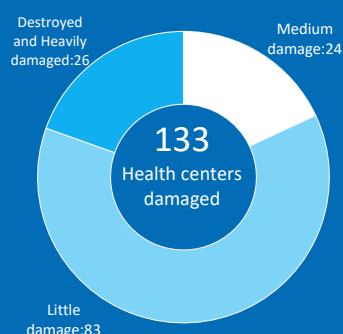
1. Physical rehabilitation of existing health facilities (including associated cholera treatment facilities) using Safe Hospitals Standards to ensure necessary equipment and supplies necessary are available to provide adequate level of health services to the population; including rehabilitation to restore or ensure access to clean water, electricity, and adequate space for patient care, etc...
2. Ensuring an adequate quality of health services provided through training of norms and standards for case management, waste management, and other sanitation and hygiene measures to prevent increased transmission of diseases. Support to improving the quality of care provided by emergency response network and primary responders will also strengthen the health system.

Secondly, there is a need to support epidemiological surveillance of communicable diseases particularly in the departments affected by Hurricane Matthew. This not only includes technical support to the health directorates, but also to national and regional laboratories to support laboratory detection and confirmation. In addition, pre-positioning supplies to detect and treat suspected communicable diseases will support and strengthen the health system.

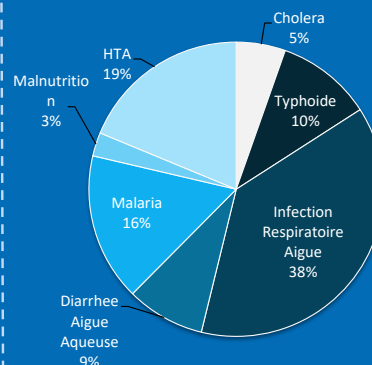
Damaged health centers per department



Damage level of Health centers



Most common illness



PROTECTION

OVERVIEW



Haiti is facing a protection crisis on several fronts. About 55,100 internally displaced persons (IDPs) continue living in 31 camps, mainly in the metropolitan area of Port-au-Prince since the 2010 earthquake. Following Hurricane Matthew, people in Grand'Anse and Sud departments, including in remote areas, need protection in particular to prevent and respond to cases of violence, abuse and exploitation. Protection concerns about people in temporary shelters especially, highlight the urgent need for relocations based on durable solutions for the safe and voluntary returns of the affected populations.

One in four Haitian children does not live with his/her parents, with an estimated 207,000 children engaged in unacceptable forms of child labor⁴⁴. Since January 2016, 636 unaccompanied children were identified in relation to migratory patterns and the deportation process from the Dominican Republic. Children living in IDP camps established after the 2010 earthquake, or affected by Hurricane Matthew or deportation from the Dominican Republic, are vulnerable to violence, abuse, exploitation and neglect. The Sud and Grand'Anse departments affected by the hurricane are among the departments with the higher rates of children in informal foster care and domestic work.

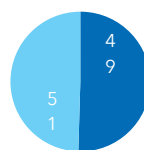
According to a 2012 national study⁴⁵ addressing gender-based violence (GBV) prevalence, 27 per cent of Haitian women reported having experienced physical violence from the age of 15. In emergency situations, such as natural disasters, the risk of violence, exploitation and abuse increases. Before the hurricane, in Grand'Anse and Sud departments, 28.9 per cent of women had already been suffering from physical violence since age 15, while in Nippes department the rate was 27.4 per cent. In addition, 13.8 of women in Grand'Anse and Sud, and 10.8 per cent of women in Nippes reported having been subject to sexual violence⁴⁶.

According to the latest estimates presented by UNHCR in June 2015, 133,770 people at risk of statelessness were living in Dominican Republic and were at risk of deportation to Haiti. Border monitoring activities have indicated that 152,326 individuals (66 per cent male, 34 per cent female) interviewed on a random and voluntary basis, reported to have crossed the border into Haitian territory since June 2015⁴⁷. Of the total returnees, 92,645 individuals spontaneously returned, 25,982 claimed

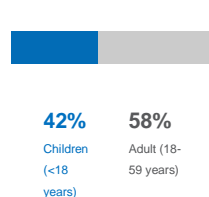
NO. OF PEOPLE
IN NEED

854k

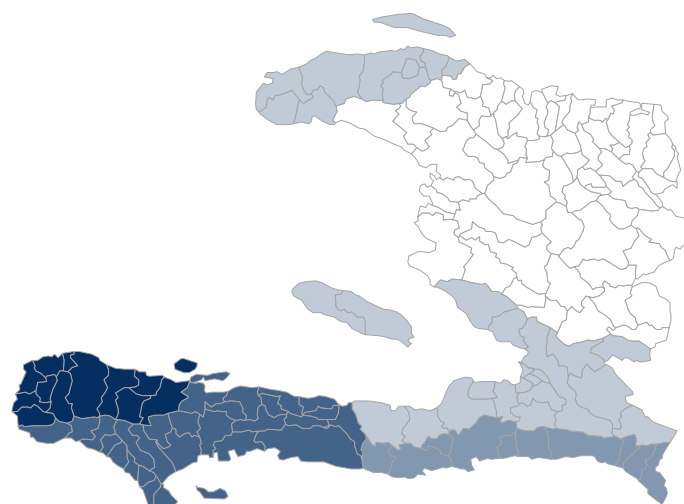
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BY AGE

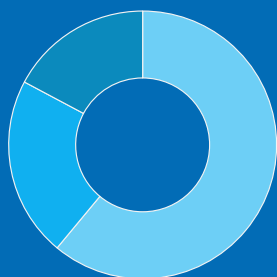


SEVERITY MAP

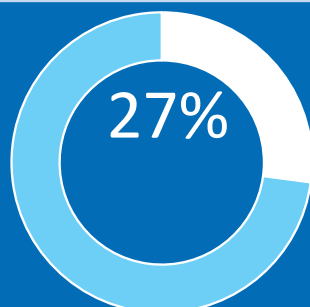


31

RETURNEES FROM DR



GENDER BASED VIOLENCE



CHILD DOMESTICITY

1 out of **4**
Children do not live
with parents



⁴⁴ Child Fosterage and Child Domestic Work in Haiti, FAFO, 2015.

⁴⁵ Ministry of Public Health and Population, EMMUS V, Enquête Mortalité, Morbidité et Utilisation des Services, 2012.

⁴⁶ Idem, p. 305-306.

⁴⁷ IOM Haiti, Border Monitoring Sitrep, 17 November 2016.

deportation and 32,466 were officially deported⁴⁸. This constitutes only a portion of the total of returnees from the Dominican Republic⁴⁹. Many spontaneous returns happen under pressure of various threats, lack of protection and fear of deportation. UNHCR has interviewed and screened 1,577 families. In the already verified caseload, 4,903 individuals of concern to UNHCR were recorded. Of those, 2,302 are individuals born in the Dominican Republic before 26 January 2010⁵⁰ and need a solution to their nationality problem. To date, there is no baseline or official national data regarding trafficking. However, children and women are vulnerable to **human trafficking**.

AFFECTED POPULATION

An estimated 853,700 people are in need of protection, including 55,100 people who continue to live in 31 IDP camps in the metropolitan area of Port-au-Prince, about 423,500 people affected by Hurricane Matthew and assessed to be in need of protection, 11,500 children in situation of vulnerability, 24,250 women vulnerable to gender-based violence (GBV) and maternal health risks, and a mixed caseload of 339,350 people among undocumented migrants, people at risk of statelessness and those at risk of human trafficking. Forty-four per cent of Haitian families are female-headed households, and women represent a majority of people living in acute poverty.

Child protection: An estimated 7,000 children still live in IDP camps in the greater Port-au-Prince area. In addition, as centers' infrastructures have been damaged by the hurricane, around 4,500 children in residential care institutions need assistance. The majority of these children not being orphans, urgent assistance is needed to ensure documentation and the re-establishment of family links. Violence against children remains pervasive in Haiti and affected children and their families are in critical need of psychological and socio-economic assistance. While the Dominican Republic committed not to deport children and persons born on its soil, deportations in 2016 have included children.

Protection from GBV: Among the 1.4 million people in need of humanitarian assistance following Hurricane Matthew, it is estimated that at least 10,600 women and girls will be at risk of sexual violence.⁵¹ A rapid assessment⁵² in hurricane-affected areas highlighted the situation of violence against women and girls and the existing mechanisms of care. Local committees against GBV reported cases of sexual violence after the passage of the hurricane and fear resurgence. Medical care is insufficient in terms of equipment, medicines and human resources. Psychosocial care remains rather limited and weak in the localities affected. In addition, there are at least 546,000 women of reproductive age (15-49 years) among the population affected by Hurricane Matthew, with 13,650 pregnant women expected to give birth in the three months after the passage of the hurricane. Most are vulnerable to rape and exploitation, adding to already high rates of domestic violence and early pregnancies. In some temporary shelters visited during the assessment, no space was dedicated to women and girls, including washing and changing clothes in privacy.

Trafficking in persons is often overlooked in crisis situations, despite that its prevention is a life-saving protection activity. There are about 736,730 people considered as "transborder population" in the border area between Haiti and the Dominican Republic, including 355,640 children. It is estimated that about 20 to 25 per cent of them may be at direct risk of trafficking. After Hurricane Matthew, vulnerable people particularly women and children, in the southern departments are increasingly at risk of being exploited by individuals and criminal groups leading to abuse and exploitation.

⁴⁸ Idem.

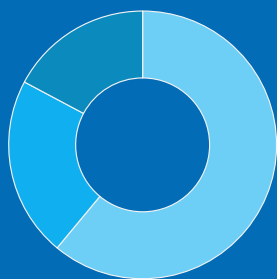
⁴⁹ Figures reflect information gathered on a voluntary basis from returnees, and therefore may not be representative of the totality of returns. Due to budget constraints, IOM and partners are covering only 50 per cent of the border (50 border crossing points) as of 1 September 2016.

⁵⁰ Date of change to the Dominican Republic's constitutional nationality provision.

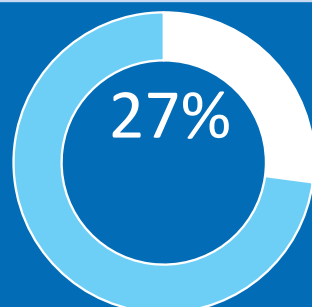
⁵¹ Minimum Initial Services Package indicator for reproductive health in crisis setting. Two per cent of women of reproductive age will be subject to sexual violence.

⁵² Rapid assessment conducted by Ministry of Women Affairs and Women Rights and UNFPA, October 2016.

RETURNEES FROM DR



GENDER BASED VIOLENCE



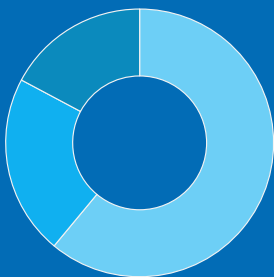
CHILD DOMESTICITY



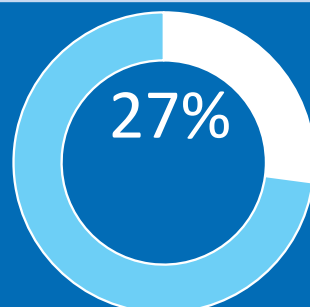
HUMANITARIAN NEEDS

- Reliable protection monitoring and reporting to ensure efficient advocacy, including for vulnerable children, children in institutional care, in detention, and with disabilities.
- Safe access to humanitarian assistance, in particular WASH, shelter and food.
- Population in emergency shelters and remaining IDP camps are provided with a framework for durable solutions ensuring that returns are voluntary and conducted in security and dignity, based on informed decisions by the affected people.
- Advocacy mechanisms for possible aid-related exploitation and abuses.
- 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 for unaccompanied and separated children.
- Enhanced monitoring for children without appropriate care and mechanism to re-establish family contacts.
- Creation of safe spaces to allow women and girls to raise awareness, including about GBV cases and their prevention, with communities.
- Reinforcement of the clinical management system for rapes and GBV cases with equipment, staff and post-exposure prophylaxis kits;
- Monitoring of the population at the border to better understand the scale of trafficking in Haiti to serve as a baseline for all counter-trafficking-related response and prevent, trafficking, smuggling and exploitation.
- Information campaigns targeting highly affected and “mobile” population on at-risk situations of abuse, exploitation and family separations.

RETURNEES FROM DR



GENDER BASED VIOLENCE



CHILD DOMESTICITY

1 out of **4**
Children do not live
with parents



EMERGENCY SHELTER AND NFIs

OVERVIEW



Haiti has long been prone to natural disasters, political instability and severe socio-economic vulnerabilities. This has had a negative impact on urban planning, shelter and housing conditions, primarily of the most vulnerable communities across the country.

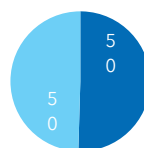
Category 4 Hurricane Matthews landfall on Haiti led to large-scale destruction and damages to communities housing infrastructure and assets, further exacerbating vulnerabilities of populations already prone to poor living conditions, especially in rural and at-risk areas.

Based on preliminary damage assessments, the Government of Haiti estimated that 525,000 people need shelter and NFI assistance.

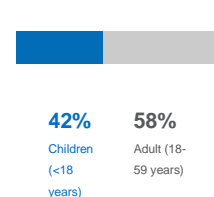
NO. OF PEOPLE IN NEED

525k

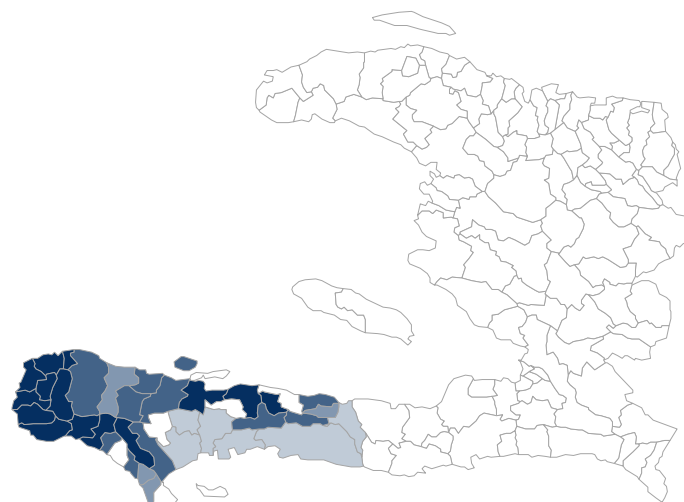
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BY AGE



SEVERITY MAP



AFFECTED POPULATION

Grand Anse, Sud, Nippes, Nord-Ouest, Sud-Est, and Ouest (La Gonave Island) are amongst the most seriously affected departments.

The Haitian government estimated that 370,000 housing units are affected by the hurricane, of which 286,000 are located in rural areas and 84,000 in urban areas. Approximately 30,000 housing units are totally demolished while 60,000 homes have sustained damages including of private assets and belongings.

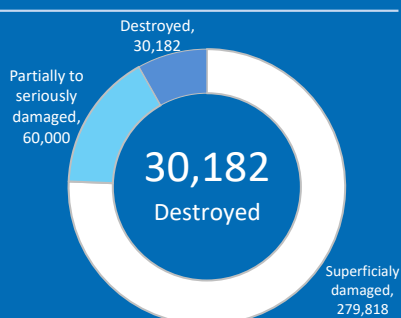
Many coastal cities located on the trajectory or close to the eye of the hurricane had their housing infrastructure pulverized, including concrete structures. Rural communities located in remote and hard-to-reach areas sustained a heavy toll too, as their homes built traditionally with timber, mud and light roofing material were often totally demolished.

Most of these rural and coastal communities belong to vulnerable farming and fishing communities, often the most at-risk population in terms of access to food security, sanitation and livelihoods opportunities. The total demolition of their homes often means the total loss of their belongings including their tools or assets to make a living was affected or destroyed too: seeds, fishing tools, crops and livestock. In remote areas, their roofs were often used for rain water catchment and their damage further constraint their immediate access to water for drinking and farming purpose.

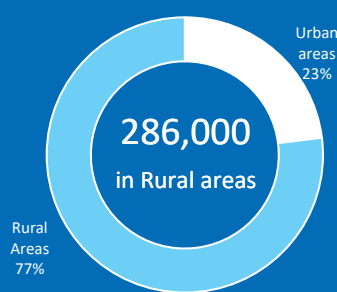
HUMANITARIAN NEEDS

Immediate community engagement is required to capture communities' needs, intentions and concerns: their access to basic humanitarian information on shelter and NFI assistance as well as their involvement in shelter

ESTIMATED DAMAGES



LOCATION OF HOUSING UNITS



HUMAN ASPECT

1,579,900
affected persons

175,000
Persons without housing

44,200
affected female headed households

and NFI programming is critical. This is particularly important in areas identified for planned returns of displaced communities from host communities or collective centres back to their areas of origin, as well as for populations living in at-risk areas, in need of alternate places to be identified to relocate to.

Clearing debris, rubble and waste from the damage is an essential step to early recovery of affected communities homes and neighborhoods. Provision of critical tools, equipment and machinery will be needed to support the access to remote vulnerable communities.

Immediate access to emergency shelter assistance is needed for most vulnerable households requiring a temporary solution at their place of origin, until the full recovery of their homes.

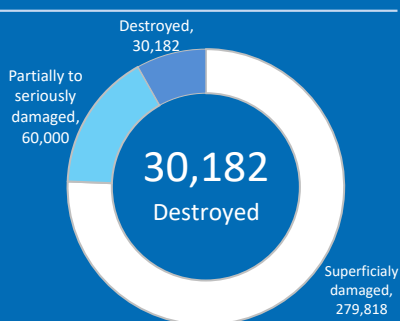
Provision of emergency basic NFI assistance is needed to support hurricane affected households cope with the loss and damage of their belongings including container to access water, maintain basic hygiene practices, enable cooking and stay warm.

The provision of basic technical support, trainings and tools to communities, private sector actors and shelter agencies is essential to ensure the shelter response educates communities on safer repair and constructions techniques, while educating and sensitizing them to hazard and disaster-risk reduction across the affected areas.

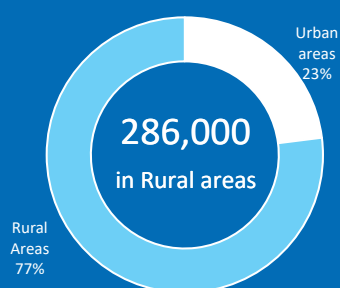
Taking into consideration the natural environment of the homes, whether rural, peri-urban or urban, is required to enable the provision of a variety of shelter assistance respectful of urban and disaster-risk planning as well as of a range of shelter solution, including the promotion of more traditional or vernacular designs.

Access to quality roofing and construction material is required to ensure the repair and recovery of damaged homes is durable.

ESTIMATED DAMAGES



LOCATION OF HOUSING UNITS



HUMAN ASPECT

1,579,900
affected persons

175,000
Persons without housing

44,200
affected female headed households

LOGISTICS

OVERVIEW

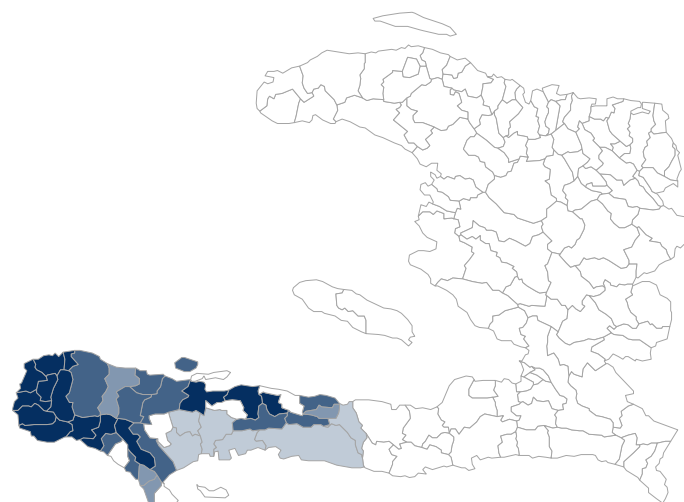


As a result of Hurricane Matthew, severe flooding, significant mudslides, flash floods, as well as landslides have cut access to several areas and roads and infrastructure have been severely damaged, especially in the Grand'Anse and Sud departments. Damage also included the collapse of a bridge linking the southern departments with Port-au-Prince, impacting access to the affected areas during the first phases of the response. The extensive damage to an already weak transport infrastructure has hampered relief efforts.

Lack of access to the affected areas due to blocked roads and damaged infrastructure is a significant constraint that hinders the ability of responding organizations to meet the needs of the affected population, particularly in the Grand'Anse and Sud departments. Some towns have been completely isolated and remain unreachable via land for large vehicles.

In 2017, the Logistics Sector Working Group will continue supporting the Directorate of Civil Protection (DPC) to coordinate logistics relief operations, facilitating access to common logistics services, providing information management, cargo tracking, and GIS/mapping services to support the humanitarian community in their efforts to deliver life-saving relief items across affected areas. It will also coordinate with national and local authorities, with international and national NGOs, donor countries, the UN system and the private sector, to optimize the use of logistics assets for the delivery of humanitarian assistance.

SEVERITY MAP



HUMANITARIAN NEEDS

Haitian infrastructure, already inadequate, has been strained and overwhelmed by the humanitarian community following the response to Hurricane Matthew.

Given this current infrastructure situation and the lack of specialized capacity within the local transport market, two main shortcomings still remain for the humanitarian logistics sector: 1) the transportation to access remote areas, and 2) the storage capacity at the departmental and sub-departmental level.

These requirements are even more essential in the Sud and Grand'Anse departments where the delivery of life-saving relief items can be severely hampered due to the lack of storage facilities and adequate transport capacity.

In terms of air and sea transportation, no real commercial alternatives are available.

During 2017, the humanitarian community will need to continue the transportation to ensure delivery of goods across the country, especially to the southern regions most affected by the hurricane, and where some roads remain impassable or inaccessible, except by all-terrain trucks, unavailable from the commercial sector.

In addition, a reliable storage network capacity, available to the entire humanitarian community, is required to guarantee the delivery of relief items together with the common air and sea transport services.

Strong coordination, information management and planning are still needed to ensure uninterrupted supply of relief commodities to people located in the affected areas.

EMERGENCY TELECOMMUNICATIONS

OVERVIEW



Hurricane Matthew significantly disrupted telecommunications' infrastructure and services in Grand'Anse and Sud departments. In remote rural areas, in particular, poor communications increase security risks and decrease operational capability for a coordinated humanitarian response. Despite the restoration of most telecommunications services, community communications capacity remains hampered (due to damage to media information infrastructure or reduced telecommunications access) and humanitarian and the Department of Civil Protection (DPC) continue to require some basic support to carry out operations; many of which are in very remote locations.

HUMANITARIAN NEEDS

- Emergency telecommunications required for the humanitarian community to respond to the crisis.
- Reliable and independent data and voice communications services are a priority for the humanitarian response.
- Equipment, ICT infrastructure and related services to meet the individual requirements of the various agencies responding to the emergency.
- Build capacity within the technical humanitarian community to ensure sustainability of deployed services and solutions.
- Equipment and services have been made available to cater the two staging areas set up in Jérémie and Les Cayes to support the operations by the various partners as the local service providers restore their services following the impact.
- Technical and consultative support needs to be provided to the COUD (Departmental Center of Emergency Operations) as well as connectivity in their premises in Jérémie and Les Cayes in order to ensure continuity of their response in the area.
- Engagement with government entities and organizations for the communication with the affected population will continue to be needed.
- In coordination with MINUSTAH, ensure availability of security telecommunication services and infrastructure to humanitarian and NGO communities, as well as last-mile connectivity, when and if required.
- As aid shifts from the provision of goods to the transfer of, it is necessary to provide basic ICT support to responders using technology/mobile-based registration and cash transfer systems (e.g. LMMS, SCOPE, mobile money).
- A lack of community information and communication has impaired the humanitarian response to Hurricane Matthew. To better support the plan for the communication with the affected population it is essential that a complementing technology and contingency plan is proposed and implemented (in support of existing COUN plans and on interagency level), to improve the resilience of all mediums of communication during future emergencies in Haiti. This should include preparedness with mobile network operators on community safeguards and response.
- Broadcast radio infrastructure, for both private and community radio was damaged during the Hurricane. This is a trusted and much-used medium of communication for the affected population, with direct links to the humanitarian response, and will be repaired where possible, with plans made for resilience to future disasters. Associated NFIs to ensure access (e.g. radios, chargers) should be coordinated with the Shelter/NFI WG.
- Should an interagency (response-wide) humanitarian telephone-based feedback system (or hotline) be established, the ETC should support its set-up and advocate for overall coordination on communicating with communities.

CHOLERA

OVERVIEW



Haiti remains one of the countries with the highest cholera annual incidence rate, accounting for nearly one fifth of worldwide cases⁵³.

Limited resources for cholera treatment and rapid response resulted in a resurgence of the disease since May 2016.

Based on the potential remnant impact of Hurricane Matthew, it is estimated that 30,000 people are likely to be infected by cholera in 2017. From January to October 2016, 35,203 cases and 369 deaths were registered. This represents a 32 and 56 per cent increase, respectively, in comparison to the same period in 2015. 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 departments⁵⁴. Before

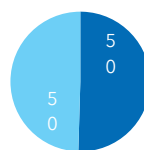
the hurricane this proportion was only 8 per cent⁵⁵. Despite the existence of persistence priority area where efforts must be reinforced (see map), all over 2016, outbreaks have been reported in departments having showed very low incidence for a long period preceding the outbreaks (i.e.: Grand Anse, North-East, North-West; South-East) including on remote area like Ile de la Tortue and Ile de la Gonave. This shows that the disease can re-appear everywhere in the country and that appropriate response capacity has to be maintained country wide. Flooding continue to affect other part of the country, particularly in the North where the rainy season starts later during the year and usually result in an upsurge of cholera suspected cases from December.

As per the National Cholera Elimination Plan's medium-term phase, the new approach for cholera control requires at least 60 NGO teams fully active together with 12 mobile teams of the Ministry of Public Health and Population, and sustained support to health facilities to ensure adequate, safe and timely treatment of patients.

NO. OF PEOPLE
IN NEED

2.2M

BY SEX



BY AGE



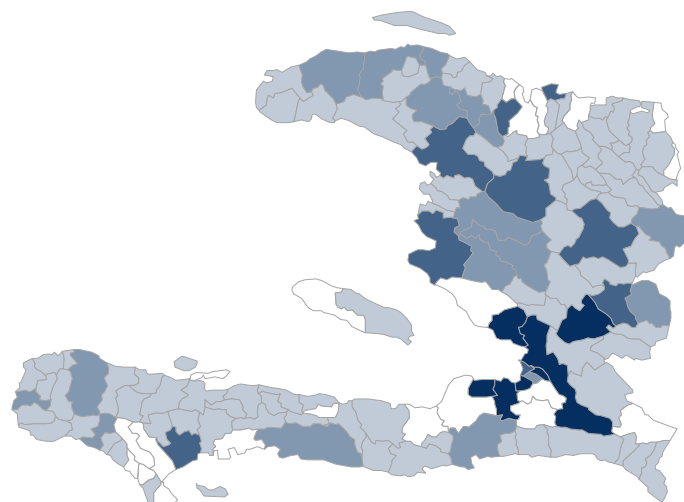
42%

Children
(<18
years)

58%

Adult (18-
59 years)

SEVERITY MAP



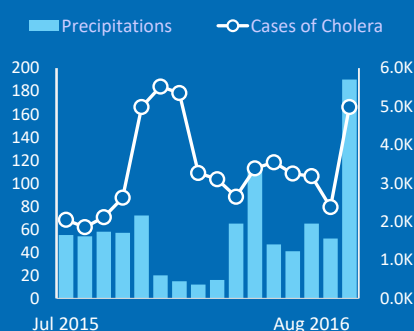
38

⁵³ 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.

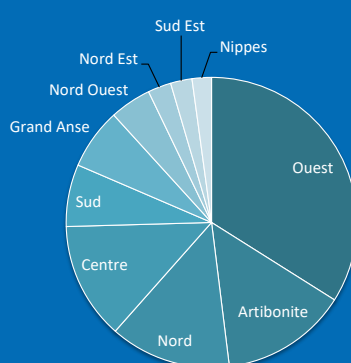
⁵⁴ OCHA Situation Report, 19 November 2016.

⁵⁵ Cholera Epidemiological Surveillance from the national authorities (DELR) and the Departmental Health Services.

CASES PER MONTH



Cases per department (2016)



Cholera cases in children

1 out of 5

are children under 5 Years old



AFFECTED POPULATION

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 number of people in need to 2.2 million.

HUMANITARIAN NEEDS

With 29 communes in red alert⁵⁶, cholera control requires a reinforced and sustained capacity to respond to each alert throughout the country.

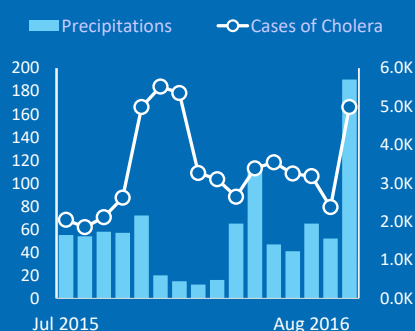
People affected by the disease still need assistance to be treated and avoid large contamination to their family and neighbors. They also need rapid assistance to protect their water sources against further contamination, and need systematic chlorination of the main water systems as those are not yet secured in the majority of the most exposed areas.

Targeted actions to interrupt the transmission of the disease through the “cordon sanitaire” strategy and oral vaccination need to be implemented jointly with interventions ensuring access to safe water at home (household water treatment) and sensitization on hygiene practices. Continuous sensitization on cholera transmission and protective measures in schools, markets and churches is also required.

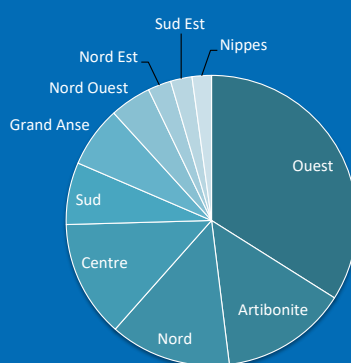
Cholera treatment needs to be further integrated into the national health system, including through increased trained human resources, continuous availability of equipment and cholera supplies, and improved functioning standards in CDTA, with a specific attention to CDTA in Matthew affected areas. In order to better focus the response, laboratory cases confirmation system must be reinforced with 3 MoH labs to be active nationwide in 2017.

⁵⁶ Ministry of Public Health and Population, Cholera Bulletin (Week 41).

CASES PER MONTH



Cases per department (2016)



Cholera cases in children



INFORMATION GAPS AND ASSESSMENT PLANNING

During the year of 2016, the main sources of information for humanitarian situation analysis were the IPC reports, the Urban food security assessment, the bulletins from CNSA, the Displacement tracking matrix from IOM, the border monitoring sitrep from IOM, the reports from UNHCR, the results of the study on child domesticity and cholera statistical reports, [the DALA, EMMA, REACH, ERT report and](#) the preliminary report of the Post Disaster Needs assessment (PDNA) related to hurricane Matthew and OCHA sitreps linked to the situation and humanitarian response to the multisectorial needs created by hurricane Matthew.

Moreover, the absence of regular gender-sensitive sector specific needs assessments for most sectors is a significant information gap that needs to be addressed. The lack of reliable gender-and-age disaggregated data for most departments and sectors negatively impacts on the targeting responses to the differentiated needs and specific vulnerabilities of women, girls, boys and men.

3w reporting constituted a major issue prior to the hurricane Matthew due to non-reporting or delayed reporting by partners undermining the purpose of coordination.

Due to the negative impact of hurricane Matthew to all sectors, numerous assessments were conducted since October 2016 in the South and Grand Anse departments. For this reason the maps show the highest coverage on those departments, while other areas have very low coverage by the multiple sectors. These assessments supported the needs evaluation for the sectors that will focus their response on hurricane-affected areas.

FOOD SECURITY



WASH



CCCM



HEALTH



SHELTER & NFIs



MULTI-SECTOR



NUTRITION



EDUCATION



PROTECTION



EARLY RECOVERY



CHOLERA



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	Multi-Sector	Early Recovery	Emergency Shelter	Food Security	Health	Nutrition	Protection	WASH	Cholera	CCCM	Education	Logistics	Emergency Telecom.	Coordination	TOTAL
ARTIBONITE				5		1	2		1		1				8
CENTRE				4		1	4		1		1				9
GRAND ANSE	3	1	1	5	2	1	3	1	1	3	2		1		14
NIPPES				5	1	1	2		1		1				9
NORTH				4		1	2		1						7
NORTH EAST				4		1	4		1						9
NORTH WEST				5	1	1	2		1		1				9
SOUTH	4	1	1	5	2	1	3	2	1	3	2		1		15
SOUTH EAST				5	1	1	4		1		1				11
WEST				4		1	4		1	4	1				9
TOTAL	7	2	2	46	7	10	30	3	10	10	10	0	2	0	100

PLANNED NEEDS ASSESSMENTS

SECTOR	LOCATION	TARGETED PEOPLE	LEAD AGENCY	PLANNED DATE	SUBJECT
Multisector	South		OCHA	Dec/2016	Multisector needs
Multisector	South, Grand Anse		ACTED	Dec/2016	Multisector needs
Multisector/ Shelter	South, Grand Anse		IOM	Dec/2016	Multisector needs
CCCM/ Multisector	South, Grand Anse	175K	IOM	Dec/2016 Weekly	Displacement tracking matrix
CCCM	West	55K	IOM	Every 3 months	Displacement tracking matrix
Protection	All border departments		IOM	Every week	Border monitoring sitrep
Logistics	South, Grand Anse		WFP	Every week	Road Access Assessment
Logistics	South, Grand Anse		WFP	Nov-Dec/2016	Port Assessment
Logistics	South, Grand Anse		WFP	Nov-Dec/2016	Warehouse Capacity assessment
Logistics	South, Grand Anse		WFP	Nov-Dec/2016	Landing Zone Assessment
Logistics	South, Grand Anse		WFP	Nov-Dec/2016	Transport Market Assessment
Food Security	All departments	6,400 households	CNSA/FAO/ WFP/FewsNet	Dec/16 – Feb/17	Emergency Food Security Assessment
WASH	South, Grand Anse, North West, Artibonite, Nippes			Dec/16 – Jun/17	WASH needs evaluation mission
Food Security	All departments		CNSA/FAO/ WFP/FewsNet	Jan/17-Feb/17	Integrated Food Security Phase Classification (IPC)
ER and Livelihoods	All departments	52 communes	MPCE/MICT/ UNDP	2017	Local communal risk analysis

NCT METHODOLOGY / INDICATORS

Each sector was asked to estimate the severity of needs in their sector for all 141 communes of Haiti, using a mutually agreed five-point severity scale (0 to 4).

Inter-sector needs severity overlays all sectors' severity analysis to identify communes with the greatest concentration of severe needs across multiple sectors. Sectors calculated their composite needs severity scores for every commune. Sectors scores for every district were then added together to generate a "needs severity sum" for all communes and then the mean of this value is calculated.

To calculate the global severity level, five main factors were considered: Food security and impact to means of existence, Cholera cases, Destruction of shelters, Destruction of health facilities and access to potable water. The mean of severity level between those 5 factors is the resulting severity for each commune.

PEOPLE IN NEED (PiN) METHODOLOGY

OCHA estimated total PIN in Haiti across sectors in two steps: 1) Identifying the single-highest sector total PIN estimate in every department; 2) Adding all department-level totals together. This approach provides department-level total PIN estimates without double counting.

Artibonite: 207,735 (Cholera), Centre: 227,920 (Cholera), Grand Anse 464,425 (Food security), Nippes: 174,688 (WASH), North: 197,615 (Cholera), North East: 28,270 (Cholera), North West: 144,475 (Food Security), South: 464,986 (WASH), South East: 158,150 (WASH), West: 659,395 (Cholera)