

# HAITI: Hurricane Matthew

## Situation Report No.35 (04 March 2017)



This report is produced by OCHA in collaboration with humanitarian partners. It covers the five-month period from 04 October 2016 to the end of February 2017 and is the last situation report on the Hurricane Matthew Emergency Response.

## Main Points

- In the five months after Hurricane Matthew struck southwestern Haiti on 4 October 2016, humanitarian partners reached over 1,000,000 people with humanitarian assistance in the most affected regions of Grand'Anse, Sud and Nippes.
- The emergency response is coming to an ending and the focus is shifting to early recovery in all of the sectors. It is essential to support on-going self-recovery efforts, including building back safer and strengthening the capacity of affected communities to face the coming hurricane season.
- Critical humanitarian needs remain, particularly in the Food Security and the Shelter/NFI sectors. The emergency rehabilitation of health facilities and restoration of permanent access to basic health services are life-saving priorities for the populations of Grand'Anse and Sud regions.



Map Sources: ESRI, UNCS, The Times Atlas of the World.  
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Map created in Sep 2013.

**1,011,124**

People received food assistance

Source: Food Sector

**788,815**

People received tarpaulins and emergency shelter kits

Source: Shelter/NFI working group

**396,000**

People benefited from hygiene services and hygiene items

Source: WASH Sector

**833,583**

People provided with health care assistance

Source: PAHO/WHO

## Situation Overview

Category-4 Hurricane Matthew violently struck southwestern Haiti on 4 October 2016 bringing heavy rainfall in the south, southeast and the north-west, and creating the largest humanitarian emergency in the country since the 2010 earthquake. It caused considerable damage to housing and agricultural sectors. The Directorate of Civil Protection of Haiti (DPC) reported that over five hundred people lost their lives and hundreds were injured. As of 10 October 2016 an estimated 175,500 people were displaced and scattered in 224 temporary shelters and other buildings. Of the 2.1 million people affected by the hurricane, nearly 1.4 million were considered to be in need of humanitarian assistance, including 800,000 children (UNICEF) and 364,000 women and girls (UNFPA). In close coordination with the Government of Haiti and other partners, the Haiti Humanitarian Country Team launched a Flash Appeal on 10 October 2016 seeking US\$139 million in emergency funding to meet the urgent humanitarian needs of 750,000 people, including 315,000 children, for three months.

[www.unocha.org/hurricane-matthew](http://www.unocha.org/hurricane-matthew)

The mission of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) is to mobilize and coordinate effective and principled humanitarian action in partnership with national and international actors.

**Coordination Saves Lives**

Almost five months after the hurricane, the emergency response is phasing down. Despite the challenging context, in the first five months after it struck humanitarian partners reached over 1,000,000 people through food and Non-Food Items (NFI) distributions, water and sanitation services, health care, the rehabilitation of schools, and economic revitalization and cash for work activities, among other response efforts.

The response to outstanding needs and early recovery activities has been incorporated into the Haiti 2017-2018 Humanitarian Response Plan (HRP) framework launched on 6 February 2017. The HRP seeks US\$297.5 million to assist 2.4 million people with critical needs, including 1.4 million people affected by Hurricane Matthew (55% of the HRP budget).

## Funding

Launched on 10 October 2016, the Haiti Flash Appeal has received US\$88.6 million (64%) of the US\$139 million requested. The Flash Appeal aimed to support the Government of Haiti in meeting the most urgent humanitarian needs of 806,000 people within the first three months following the hurricane.

### TOTAL HUMANITARIAN FUNDING FOR HURRICANE MATTHEW RESPONSE

M = Million



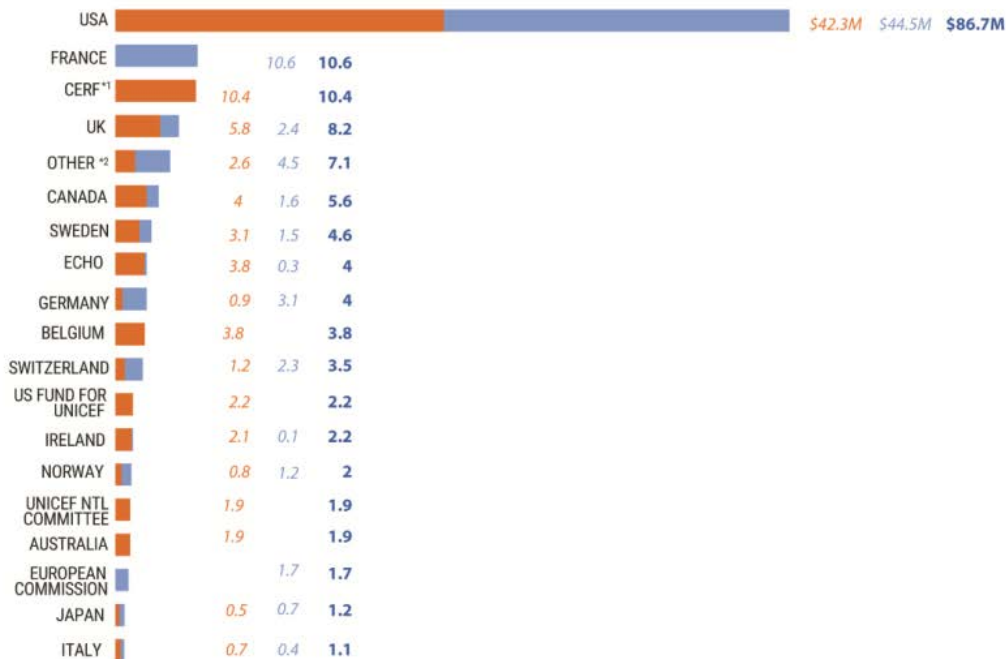
### FLASH APPEAL



### TOTAL CONTRIBUTIONS BY DONOR

M = Million

FLASH APPEAL OUT OF FLASH APPEAL TOTAL



<sup>\*2</sup> Netherlands, Luxembourg, Private, Qatar, Walmart Foundation, UNDP2, Spain, New Zealand, Brazil, Denmark, Ecuador, Mastercard Foundation, Microsoft, Estonia, Liechtenstein, UPS Foundation, Thailand, Dominican Republic, Argentina, Monaco, Romania, Slovenia, Chile, Botswana, Singapore, National Bank of Canada, World Jewish Relief, Malta, Mexico, Starbucks, Foundation, Western Union Foundation, Lithuania, Colombia

# Humanitarian Needs / Response



## Camp Coordination and Camp Management (CCCM)

### Needs:

- As of 10 February 2017, 47 collective centres were still open, hosting an estimated 1,564 displaced households (7,015 persons) in the three most affected regions: Grand'Anse, Sud, and Nippes<sup>1</sup>.
- Of the 47 collective centres, 27 are schools (57%). Since mid-January, most of the schools have resumed classes as the displaced families only use the schools during the night as a place to sleep.
- 66.1% of registered households report that their home was destroyed while 26.1% report that their home severely damaged by the hurricane.
- The percentage of individuals with vulnerabilities in collective centres has doubled since November and is now close to 28%. This highlights the difficulties encountered by displaced populations with pre-existing vulnerabilities to return to their homes without tailored assistance.

### Response:

- The CCCM sector worked with the Haitian Ministry of Interior on a strategy to allow people to return. Assistance for families in evacuation centres was provided to ensure their safe and dignified return, including relocation support, food distributions by WFP and protection assistance by UNICEF and its partners. By 16 February, CCCM partners (JP/HRO, ACTED and IOM) had supported the safe and dignified return of more than 2,100 families in Jeremie and Pestel.
- Since early October 2016, 308 collective centres have closed: 161 in Grand'Anse, 98 in Sud and 49 in Nippes regions. In 86.3% of the cases, families spontaneously left the sites, while in 5% of the cases families received assistance from partners to return. Another 4.6% of collective centres were forcibly closed and the reason for closure of the remaining 4% is unknown.
- In early December, the NGO Premiere Urgence Internationale (PUI) assessed WASH conditions in 41 collective shelters in the Grand'Anse Region.
- Since January 2017, IOM protection teams have been identifying and assessing protection cases in collective centres and ensuring their referral to appropriate protection services and partners when available.
- By 10 February 2017, Displacement Tracking Matrix (DTM) teams composed of IOM and DPC staff had registered 711 evacuation centres and conducted a profiling exercise (through field visits, observation, physical counts and interviews with key informants) in 423 of the centres. The 423 centres profiled housed 10,531 households (43,584 individuals).
- DTM teams continue to monitor operational collective centres. Since February, registration of new centres is being provided at the request of the government or partners willing to intervene to assist the displaced populations.
- JP/HRO, IOM and ACTED conducted a rental survey in Les Cayes and Jeremie to assess the average cost of rent in the neighbourhoods of origin of displaced populations. The results of the survey were presented to the UCLBP (*Unité de Construction de Logements et de Bâtiments Publics*), the National Housing Authority for validation. The UCLBP validated the survey, which has become the base for partners to plan rental subsidy grant activities.
- IOM has initiated relocation support for families remaining in collective centres.

### Gaps and Constraints:

- Tailored support for families remaining in the 47 collective centres to ensure their safe and dignified return, particularly for those whose houses were destroyed.
- Protection activities, which are essential to support the return of displaced persons with specific vulnerabilities.

<sup>1</sup> Of the total open sites, DTM teams have registered 22 collective centres hosting 949 families (4,224 persons). The information regarding the other collective centres has been provided by key informants and is an estimate.



### Needs:

- 40% increase in cholera cases following Hurricane Matthew, particularly in the Grand'Anse and Sud regions in the final trimester of 2016.
- All of the 47 cholera treatment facilities in the two regions were destroyed or impacted. Only 28 health facilities were functional.
- The impact on cholera treatment facilities impeded appropriate care of cholera patients, which likely increased transmission and mortality from the disease.

### Response:

- Restoration and reinforcement of the epidemiological surveillance system thanks to PAHO/WHO, CDC, MDM and other partners through :
  - (1) Direct epidemiological support to the Ministry of Public Health and Population (MSPP) in data collection, analysis and reporting;
  - (2) Purchase of cholera rapid tests, laboratory supplies and training on laboratory techniques;
  - (3) Rapid alert and response to alerts.
- 769,990 people were vaccinated against cholera in the areas affected by the hurricane during the November-December 2016 campaign.
- All cholera treatment facilities were assessed for damage. A total of 21 cholera treatment facilities (12 in Grand Anse, 9 in Sud) were rehabilitated by 15 partners (9 in Grand Anse, 6 in Sud) to ensure that the available space was adequate for patient care.
- Cholera medical supplies, beds and water and sanitation items were distributed to 29 cholera treatment facilities.
- 29 active facilities (14 in Grand'Anse, 15 in Sud) were given recommendations to improve the quality of cholera case management (ex: rehabilitation, training, etc.)
- On-site training was given to cholera treatment staff related to hygiene and appropriate cholera treatment for patients with co-morbidities such as hypertension, pregnancy, breastfeeding or malnutrition.
- Rapid and sustained cholera response activities by PAHO/WHO and partners have led to a sustained decline in the number of cholera cases, which has continued through February 2017.

### Gaps and Constraints:

- Only one cholera health partner (MDM) is positioned for 2017, covering only 7 of the 10 regions in the country. There are areas in priority zones that will not be covered by health partners.
- The reduction in health partners will delay the notification of alerts and response.
- Free cholera supplies can only be ensured for cholera facilities and partners for the first four months of 2017.
- Lack of human resources to treat cholera will result in an increase of institutional deaths
- 66 cholera treatment facilities in regions less impacted by Hurricane Matthew (Nippes, North West, South East) must be systematically assessed and their quality improved to ensure that cholera transmission is interrupted.



### Early Recovery

- Nearly 550,000 affected people, especially women, need to recover their livelihood resources, access to credit, and help for a rapid recovery of the local economy.

### Response:

- About 70,300 people were directly assisted through early recovery (non-agricultural related cash for work activities) activities from October 2016 to 8 February 2017.
- Approximately 150,300 daily jobs (emergency jobs) were created in the most affected regions (12 communes in Grand'Anse, 5 in Sud) and the municipality of Grand Goâve.
- In Roseaux, US\$ 144,400 worth of cash vouchers were distributed to support 1,000 women entrepreneurs who received 10,000 gourdes each to restart their business and revitalize the local economy.

- A total of US\$171,800 was donated to eight local suppliers in five communes (Arniquet, Maniche, Roche-à-Bateau, Torbeck, and Bergeau) in Sud Region to restart their economic activities.
- The rehabilitation of a cassava plant facilitated the restoration of livelihoods for 300 small business owners, mostly women.
- Unconditional cash grants (Cash-for-Work activities not related to agriculture) were distributed to more than 30,000 people in the Grand'Anse, Nippes, Sud and Nord-Ouest regions.
- The operational rehabilitation of nine communes was supported through the replacement of damaged equipment.

#### **Gaps and Constraints:**

- The Early Recovery sector is among the least funded with only 18% funding received out of US\$ 6.6 million requested in the October 2016 Flash Appeal.
- Lack of funding is delaying the implementation of critical interventions to restore essential capacities in the economic, governance, human security and social sectors and to lay the foundations for longer-term reconstruction.
- Geographical coverage of early recovery activities remains limited, as few partners are present in some of the affected regions.
- Lack of Government leadership in coordinating early recovery activities, especially at the regional and local levels. At the national level, the Inter-ministerial commission created to oversee the recovery process is not yet functional.
- Greater advocacy and understanding of the concept of early recovery is needed.
- Waste management issues impact debris removal interventions as landfill sites respecting minimum environmental and social norms are lacking.

## Education

#### **Needs:**

- The education of nearly 600,000 children was directly jeopardized by the hurricane, including 317,000 children whose education was interrupted.
- Over 80% of assessed schools suffered damages (1,633 out of 1,992 schools) and 30% were partially or totally destroyed. One school out of three suffered equipment loss and 26% of WASH facilities were destroyed.
- Priority needs included the rehabilitation of school and sanitation infrastructure; replacing equipment and distribution of learning and teaching materials; psychosocial support activities for affected students and education personnel; and a flexible school calendar and contextualized pedagogical package to support catch-up classes and teach children to protect themselves against cholera and other waterborne diseases.
- Many children are still at risk of missing the next school year as many schools in the most affected areas have not yet been rehabilitated or rebuilt and there are no clear indications that the sector recovery plan will be sufficiently funded.

#### **Response:**

- Approximately 55,000 children (estimate) have accessed education thanks to the rehabilitation of schools, out of an initial target of 150,000.
- Approximately 8,500 children and 80 teachers benefited from the provision of school furniture such as benches, desks and blackboards (out of a total of 27,000 children and 550 teachers scheduled to receive furniture in 100 schools).
- Approximately 15,000 school kits were distributed out of a total 28,000 school kits, the distribution of which will be completed in the coming weeks.
- Around 30,800 affected children are receiving psychosocial support through the education system.

#### **Gaps and Constraints:**

- The Ministry of Education has not yet compiled the number of affected children who remain out-of-school.
- The number of schools that have not yet reopened is still unknown, which makes it difficult for sector partners to plan effectively.
- Lack of funding (public and donor) to address the sector recovery needs adequately.

- The Ministry of Education has not yet provided guidance on how affected children can catch up on lost school days or where national end of cycle exams will take place.



### Emergency Telecommunications (ETC)

- In line with the ETC2020 strategy, the Emergency Telecommunications working group has improved the ability of community radio stations to transmit important, localised messages and invite increased community dialogue on humanitarian issues.
- As of mid-February, in cooperation with Internews, one out of the four radio stations in Grand'Anse, Sud and Nippes had been rehabilitated and provided with basic power and ICT support, equipping them to receive, create and transmit humanitarian broadcast content. Other stations are being rehabilitated.



### Food Security

- While the 2016 Flash Appeal targeted 750,000 people for food and agriculture assistance, a joint rapid assessment of the food situation in the country, carried out in early October 2016 by the *Coordination Nationale de la Sécurité Alimentaire* (CNSA), FAO and WFP, identified 806,000 people in need of urgent food assistance. According to the Ministry of Agriculture (*Ministère de l'Agriculture des Ressources Naturelles et du Développement Rural*), 54,000 Metric Tons (MT) of crops, agricultural land and fruit trees were destroyed, leaving more than 70% of the population depending exclusively on agriculture in a disastrous situation.
- In December 2016, CNSA, WFP, FAO and partners conducted an Emergency Food Security Assessment (EFSA) in areas highly affected by the Hurricane. The EFSA revealed that 33% of the population was food insecure (around 1.5 million people) and 5% severely food insecure (around 280,000 people).
- Due to widespread crop loss (up to 100 percent in some areas of Grand'Anse), seeds and livestock, the winter harvest season in February-March 2017 is expected to be low, with a serious effect on food and nutrition security as well as livelihoods during this year.

#### Response:

- In October, more than 360,000 people received food assistance and more than 1,000 children under age 5 received blanket feeding.
- In November and December, more than 930,000 people received food assistance and around 63,000 people cash assistance. Around 25,000 children under age 5 and more than 5,000 mothers were supported with blanket feeding.
- By the end of February 2017, more than 1 million people had received food assistance and 78,000 children under 5 and mothers were supported with blanket feeding. Seeds and seedlings were provided to around 120,000 households, as well as agricultural assets and inputs (cash for work, agricultural tools) to 19,000 households. An additional 1,500 fishing based households and 2,000 animal breeding households were provided with immediate assistance.

#### Gaps and Constraints:

- Security concerns.
- Logistical challenges to access remote areas due to destroyed or lack of infrastructure and communication.
- Challenges in data collection due to missing accurate, demographic population data.
- Limited awareness of principals for mainstreaming protection and other cross-cutting dimensions.
- The upcoming agricultural spring season starts in April 2017. The spring season traditionally makes up 60 percent of Haiti's annual production and is the main source of food for rural households for the year. Without humanitarian assistance during the lean season and agricultural assistance for the next spring season, 1.3 to 2.1 million people in the most affected areas in Grand'Anse, Sud and Nippes are at risk.



## Needs:

- The health system in Grand'Anse and Sud regions was heavily impacted and, in some places, completely destroyed after the hurricane, affecting the ability to provide basic health services to vulnerable populations. Health systems in other regions were also affected but on a lesser scale. The impact includes:
  - (1) Physical and structural damage to health facilities: out of 103 existing health facilities in Grand'Anse and Sud, 34 were severely damaged (20 in Grand'Anse, 14 in Sud) and 61 others were damaged to a lesser degree (27 in Grand'Anse, 34 in Sud). Physical access was an immediate problem after the hurricane as flooding, downed trees and signposts blocked access to health facilities.
  - (2) Medical supplies and equipment were lost or affected by water damage.
  - (3) Human resources not available immediately after the hurricane to provide basic medical care;
- Reduced basic health services and case management due to damaged health system. In particular services for pregnant women and emergency evacuations of the wounded during Matthew and its aftermath were strongly impacted.
- Interruption of the health information system. Once the epidemiological surveillance system was re-operational in Grand'Anse and Sud, outbreaks (ex: cholera, malaria, bloody diarrhoea) were once again monitored and detected. Between 4 October 2016 and 25 February 2017, 5,141 cases of cholera; 4,874 cases of malaria; 696 cases of bloody diarrhea; and 699 cases of malnutrition were registered.
- In Grand'Anse, Nippes and Sud regions more than 10,300 women were expected to give birth in the three months following the hurricane.
- Around 10,920 women and girls were at risk of being exposed to sexual violence due to the vulnerable conditions in which they found themselves after the hurricane.

## Response:

- The Ministry of Public Health and Population (MSPP), in collaboration with 52 health partners including PAHO/WHO, rapidly responded to assess needs and support health services (distribution of supplies, mobile clinics, and rehabilitation of existing structures) and the epidemiological surveillance system.
- To date, 833,583 people have benefitted from health care assistance as reported by nine partners<sup>2</sup> in the health sector.
- Ten health facilities (9 in Grand'Anse, 1 in Sud) were rehabilitated by health partners to pre-Matthew conditions within the first two months of the response, including the emergency operating wing of the Hospital St Antoine (HSA) of Jérémie.
- Medical supplies and equipment have been distributed to 82 health facilities (in Grand'Anse and Sud) and 2 centres for malnutrition stabilization in Grand'Anse to restore their ability to treat patients, including surgical material for the Immaculate Conception Hospital (HIC) in Les Cayes, Sud Region.
- Two foreign medical teams were deployed to Grand'Anse and Sud to support additional needs in surgery and primary health care.
- At least 10 health partners operated mobile clinics to supplement access to basic health services, especially in isolated and rural zones.
- Two teams of experts were deployed to directly support the Health Directorates of Grand'Anse and Sud in coordination, logistics, and epidemiology (case detection and investigation, analysis, reporting).
- UNFPA supported health regional directorates in Grand'Anse, Sud, Nord-Ouest and Nippes with 261 reproductive health kits (including maternal health emergency kits, clinical management of rape kits and sexual transmitted infections kits) designed to cover the needs of 390,000 people.
- From November 2016 to January 2017, UNFPA supported the deployment of two teams of five midwives in Grand'Anse and Nippes. They received 1,192 women mainly through mobile clinics and reinforced maternal health capacity with 1,719 consultations (including 589 births, of which 18% had obstetrical complications).

<sup>2</sup> \*Americares, COSESAF, Mdm Consortium, Mdm France, Fondation St. Boniface, Humedica, JPHIEGO, Save the Children, OPS/OMS.

- 40 health providers in Sud, Nippes and Grand'Anse regions received specific training to develop coordination and response capacity (MISP) and clinical management of rape (CMR) in a humanitarian setting.

#### Gaps and Constraints:

- The health system in GA and Sud regions still needs to be restored to ensure minimal access to basic health services for the population. The following gaps remain:
  - (1) Rehabilitation of at least 20 priority health structures in Grand'Anse and Sud following MSPP and Safe Hospitals Initiative standards to restore minimal coverage of health services for the population. The prioritization will be based on a number of criteria such as level of services provided, availability of human resources, catchment population, road access and geographic location.
  - (2) Provision of essential medical material and equipment to health clinics to ensure patient care
  - (3) Provision of epidemiological support to MSPP regional health directorates to continue the monitoring and detection of disease outbreaks.
  - (4) Reinforce the emergency referral system within the region, by taking advantage of the presence of the national ambulance centre sub-regional network based in Les Cayes, Sud Region.
- Due to lack of funding, there are no immediate plans to rehabilitate any of the health facilities damaged by Hurricane Matthew other than the Hospital Saint Antoine (HSA) of Jeremie. The only rehabilitation works planned are partial and aimed at improving reproductive health services as part of pre-Matthew projects by existing partners.
- 14 health partners (8 in Grand'Anse, 6 in Sud) continue to provide basic health services through mobile clinics. This number will diminish to eight (5 in Grand'Anse, 3 in Sud) by June.



#### Logistics

##### Response:

- The Logistics Working Group established coordination and information management units based in Port-au-Prince, Les Cayes and Jeremie from October 2016 until February 2017. In Jeremie, an international humanitarian partnership (IHP) with a capacity of 35 beds was also set up for the humanitarian community.
- The Logistics Working Group facilitated shared storage services with the objective of increasing logistical capacity to support the response to humanitarian needs. Warehouses were available for inter-agency storage in Port-au-Prince (2,000 m<sup>2</sup>), Les Cayes (1,680 m<sup>2</sup>) and Jeremie (2,080 m<sup>2</sup>), storing 2,765 MT of relief aid materials on behalf of twenty-three organizations.
- Sixteen all-terrain trucks positioned in Les Cayes and Jeremie provided transportation services to organizations to reach remote destinations. More than 4,500 MT were transported on behalf of thirty-six organizations.
- The Logistics Working Group coordinated maritime transport operations on behalf of the Royal Netherlands Navy and commercial vessels. A regular service was also established, using coastal maritime transport with two barges with a total capacity of 110 MT, made available by WFP from Port-au-Prince for deliveries in Grand'Anse and Sud. Four full-capacity trips were carried out on behalf of WFP and the NGOs Concern, IFRC, Oxfam and Fondefh.
- In order to meet transport needs and reach coastal areas that are not accessible by road, WFP chartered a vessel with a 500 MT capacity. The vessel carried out five rotations and the Logistics Working Group facilitated the transport and unloading of 1,760 MT of humanitarian aid on behalf of WFP, ACTED and IFRC in Anse d'Hainault, Grand'Anse Region.
- A total of 2,765 MT of food and non-food items were distributed in the coastal areas of Grand'Anse and Sud regions.
- The Logistics Working Group facilitated the use of two helicopters (11 persons / 1.5 MT cargo capacity each) based at Les Cayes and made available by WFP to cargo transport organizations by serving adjacent border areas of Grand'Anse and Sud.
- The Logistics Working Group also facilitated the use of an aircraft deployed for passenger and light cargo transport between Port au Prince, Les Cayes and Jeremie.
- More than 3,400 passengers and 619 MT of humanitarian aid were transported to 47 different destinations on behalf of fifty-five organizations.





## Nutrition

### Needs:

- In the period from November 2016 to February 2017, 41,500 (80%) children between the ages of 6 to 59 months in Grand'Anse and Sud were estimated to be in need of nutrition surveillance and early detection (monthly active or passive screening) of acute malnutrition cases:
  - 1) 7,400 children under age 5 were estimated to be acutely malnourished in Grand'Anse and Sud, 2,000 of whom with the severe form and 5,400 the moderate form.
  - 2) 28,800 children between the ages of 6 to 23 months needed preventive action through micronutrient supplementation and 4,100 pregnant and lactating women needed preventive action through iron/folic acid supplementation.

### Response:

- From November 2016 to February 2017 the following response activities were carried out:
  - 1) Nutrition surveillance and early detection of malnourished children through active and passive screening found: out of 34,538 children screened in Grand'Anse, 2,096 children under age five (i.e. 6.1%) were identified with acute malnutrition. Of these 2,096 children, there were 640 cases of Severe Acute Malnutrition (1.9%) and 1,456 cases of Moderate Acute Malnutrition (4.2%). In Sud, out of 11,225 children screened, 1,131 children under age five (10.0%) were identified with acute malnutrition. Of these 1,131 cases, 253 cases were SAM (2.3%) and 868 MAM (7.7%) cases.
  - 2) 2,506 acutely malnourished children were admitted in the UNICEF-supported Community Management of Acute Malnutrition programme (CMAM) in Sud and Grand'Anse. Of these, 810 children suffered from severe acute malnutrition and 1,696 children from moderate acute malnutrition.
- From December 2016 to February 2017, Micronutrients Powders (MNPs) were provided to 3,947 children aged 6 to 23 months (1,617 in Grand'Anse and 2,330 in the Sud), for malnutrition prevention. As well, 1,189 pregnant and lactating women received iron/folic acid (1,023 in Grand'Anse and 166 in the Sud).

### Gaps and Constraints:

- Problems of access to remote and isolated rural areas.



## Protection

### Needs:

- The Protection sector focused on the risk of forced evictions from collective centres, most of them schools.

### Response:

- 61 Child Friendly Spaces (CFS) are operating in the Sud and Grand'Anse providing psycho-social support and recreational activities to 39,297 children.
- 968 families (including families at risk of eviction) received assistance aimed at preventing family separation and harmful coping mechanisms as well as mitigating their impact on safety and dignity.
- Two Gender-Based Violence (GBV) coordination and reference systems are functional with the Ministry of Women Affairs and UNFPA in the Grand'Anse and Sud regions with DFID and OFDA support.
- Partners supported the Institute of Social Welfare and Research (*Institut pour le Bien-Être Social et de Recherche / IBESR*) to assess 16 residential centres in Grand'Anse and 48 in Sud. Based on the findings, 3,162 children without parental care in these centres were supported with emergency assistance.
- UNICEF, Oxfam and UNFPA implemented several activities to prevent and respond to GBV. UNICEF and UNFPA reported that 15,619 people participated in awareness-raising activities on GBV and sexual abuse and at least 7,000 people benefited from dignity kits distributions.
- Oxfam's GBV intervention, supported by UNICEF, takes place at distinct levels: (i) strengthening prevention capacities and institutional response to GBV in communities as well as standardization of

the referral system (in the municipalities of Camp Perrin, Maniche and Cavaillon (Sud)); (ii) evaluation and training of key players in the referral and standardization of a generic document for all GBV players; (iii) vulnerability assessment in Catiche (Sud) and Plaine Matin (Grand'Anse) shelters and the distribution of 300 solar lamps / radios to the most vulnerable households.

- In addition, Oxfam confirmed that the responsibility for an emergency hotline for the reporting of GBV cases (\*400), which was managed by a local organization in Port-au-Prince (West), was transferred to the *Ministère de la Condition Féminine et du Droit des Femmes* in the Sud.
- UNFPA has equipped 12 health facilities with emergency post-rape kits (kit 3A), capable of supporting 360 adults and 96 children victims of rape.
- Additionally, UNFPA has trained 44 health providers for the medical management of rape in the Sud and Grand'Anse to put in place a referencing system.
- In the Sud, 214 people were trained on the referral system for GBV cases. Community mechanisms have been strengthened and a free case reporting line has been set up.

#### Gaps and Constraints:

- The lack of operational partners at the local level to monitor protection issues has been and continues to be a major concern.
- The limited involvement of national authorities was also a major challenge for GBV activities and interventions as well as the lack of funding for key activities.



#### Shelter and Non-Food Items (NFI)

##### Needs:

- According to the *Ministère de la Planification et de la Coopération Externe (MPCE)*, more than 30,180 homes were reported to be fully destroyed while 60,000 are estimated to be damaged. 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. Approximately 525,000 people were in need of shelter and non-food-item (NFI) assistance.

##### Response:

- 69 partners have contributed to the emergency shelter response to date, including government entities, Haitian and international NGOs, the Red Cross Red Crescent Movement, United Nations agencies and bilateral cooperation.
- While the Shelter/NFI sector initially targeted 70,000 households in the Flash Appeal, more than 157,763 households received tarpaulins and emergency shelter kits, more than 86,670 households received blankets, and more than 48,082 households received kitchen sets,
- 24 Haitian and 30 international partners got access to shelter material and NFIs through the inter agency pipeline managed by IOM. 60% of tarpaulins reported as distributed came through this pipeline.
- In support of ongoing self-recovery efforts, partners have also distributed tools to more than 22,761 households, and corrugated iron sheet kits to more than 1,717 households.
- On 15 and 16 February, the Shelter/NFIs sector organised a 2-day training in Creole on local construction practices with 10 trainers and 41 participants from humanitarian agencies, the *Ministère des Travaux Publics Transports et Communications (TPTC)* and representatives from the *Mairie* of Jeremie. The event was held at *Centre de Formation Professionnelle* of Jeremie and facilitated by the organisation CRAterre and its Haitian partners. Ten trainers of trainers expressed their willingness to partner with the Shelter sector to train local builders in remote areas through satellite training centres.

#### Gaps and Constraints:

- In mid-February, 37 humanitarian partners contributed to a survey on shelter-planned interventions. The outcomes of this exercise show that currently, there is almost no capacity to respond to a potential new emergency.
- The low level of resources available is the main constraint hampering at scale support for the recovery of affected populations. It particularly affects Haitian NGOs, which have played a key role to deliver emergency shelter/NFIs assistance so far.

- The main challenges affecting the response include the complexity of the Housing Land and Property framework, logistics, access to remote communities, and disaster risk reduction for the most exposed settlements.



## Water, Sanitation and Hygiene (WASH)

### Needs:

- An estimated 750,000 people require safe water for drinking, cooking, and personal hygiene.
- Emergency supply of treated water, in particular in difficult-to-reach areas.
- Rehabilitation of family latrines destroyed by Hurricane Matthew.
- Rehabilitation (emptying latrines and disinfection, hand washing stations) of institutional latrines in collective shelter schools occupied by the displaced and health centres.
- Clearing of water sources, inter alia, in the Mornes.
- Rehabilitation of existing water supply systems (reconstruction of catchments of springs, reservoirs, reconnections of pipes and rehabilitation of standpipes), in view of a transition from emergency service provision to recovery.

### Response:

- Over the four months, 589,000 people were assisted with WASH services (potable water distribution, water access, hygiene services and hygiene items).
- While basic emergency WASH services continue to be provided, including water trucking in Sovo, la Plaine Martin, Camp Perrin, Jeremie, to cater to the most pressing needs of people affected by Hurricane Matthew, the WASH sector has initiated the implementation of a strategy for the transition from emergency to recovery services. This strategy foresees:
  - 1) The deactivation of 15 water trucking sites (13 in the Sud + 2 in Grand'Anse),
  - 2) The rehabilitation of the water supply system (World Bank, AECID),
  - 3) The rehabilitation of hand pumps (wells, boreholes),
  - 4) GPS mapping of water points (updating of the 2006 DINEPA database),
  - 5) The integrated shelter / WASH approach "yon kay, yon toilet" for the reconstruction of housing-latrines damaged by Hurricane Matthew,
  - 6) Other activities to allow the DINEPA Emergency Response Unit (DRU) to capitalize on this experience for future emergencies.

### Gaps and Constraints:

- Access difficulties in the Mornes and other remote areas.
- Challenge in transporting WASH equipment, in particular to hard-to-reach areas now that UNHAS services have been discontinued.
- Stretched capacities of humanitarian partners.

## General Coordination

The humanitarian coordination architecture was reviewed and strengthened in Port-au-Prince and coordination mechanisms established in the south-western departments of Grand'Anse (Jérémie) and the Sud (Les Cayes). Ten humanitarian coordination sectors were activated in support of the Haitian authorities.

Cash coordination mechanisms were put in place early in the response with two main components: a Cash Steering Committee and a Cash Working Group. The Cash Steering Committee focuses on policy and legal tools and frameworks while the Cash Working Group focuses on implementation. The two groups have addressed challenging issues such as the definition of a minimum basket for a multipurpose cash grant, the adoption of Standing Operating Procedures for cash transfers, coordination in order to avoid duplication and tracking the beneficiaries.

### **Contact Details and Resources**

<b>Marie Spaak</b>	Emergency Response Team Leader <a href="mailto:spaak@un.org">spaak@un.org</a>	T: +509 3702 5582
<b>Enzo Di Taranto</b>	Head of Office, OCHA Haiti <a href="mailto:ditaranto@un.org">ditaranto@un.org</a>	T: +509 3702 8746
<b>Alix Nijimbere</b>	Humanitarian Reporting Officer <a href="mailto:nijimbere@un.org">nijimbere@un.org</a>	T: +509 3702 5790

For more information, please visit:

[www.unocha.org/hurricane-matthew](http://www.unocha.org/hurricane-matthew) / [www.reliefweb.int](http://www.reliefweb.int) / [haiti.humanitarianresponse.info](http://haiti.humanitarianresponse.info).

UNDP has established an online donation platform where private contributions to Haiti can be made: [bit.ly/supportundphaiti](http://bit.ly/supportundphaiti). Donations will be directed to quick-start recovery efforts to support poor families in disaster-affected communities.