

2018

REVISED HUMANITARIAN RESPONSE PLAN

— JANUARY-DECEMBER 2018 —

JAN 2018



HAITI

Photo: Marco Dormino UN/MINUSTAH

TOTAL POPULATION OF HAITI

10.9M

PEOPLE IN NEED

2.8M

PEOPLE TARGETED

2.2M

REQUIREMENTS (US\$)

252.2M

HUMANITARIAN PARTNERS

121

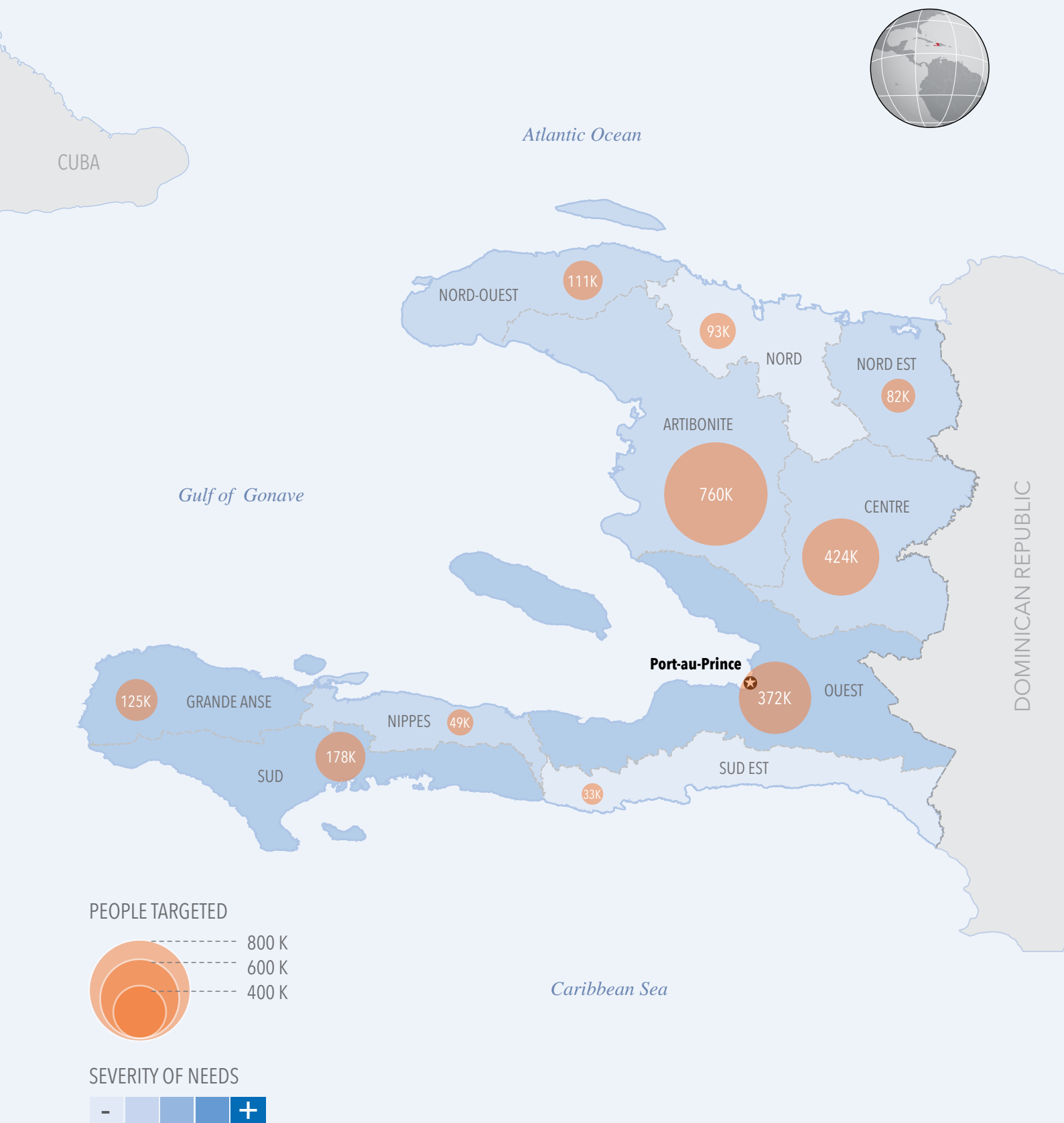


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FOREWORD BY

THE HUMANITARIAN
COORDINATOR

Since the launch of the 2017-2018 Humanitarian Response Plan (HRP), the humanitarian situation in Haiti has notably evolved. This evolution led to the decision of the Humanitarian Country Team (HCT), the Haitian Government and Partners to revise and update the document for the year 2018. The revised plan has emerged from a shared conviction that the HCT and the humanitarian community in Haiti need a more holistic planning mechanism, to support the national authorities in their efforts to address humanitarian challenges in the country. It addresses both acute issues such as displacement, epidemics, food insecurity, malnutrition, risks of natural disasters and protection of the most vulnerable; and chronic ones such as deprivation, structural deficiencies and capacity gaps. The combined effects of these recurrent needs prevent the country's full recovery and continue to weaken its resilience against future shocks and stresses.

In 2018, the humanitarian interventions will focus on responding to urgent humanitarian needs while identifying and promoting actions needed to reduce the immediate, medium and long-term vulnerabilities of the population, through strengthening of community and institutional resilience. It is highly important to integrate actions that respond to urgent needs with those addressing the root causes of the crises, in order to improve human development in Haiti. In this way, the HRP will act as a bridge between different planning cycles and program implementation modalities; it will provide a framework to foster better coordination between the humanitarian and development

communities with a common objective of building resilience and reducing vulnerabilities. In the same vein, the HRP will empower the humanitarian community to work closely with the Government and development partners in planning and implementing integrated interventions to build the country's resilience and its capacity to respond to humanitarian challenges.

In order to provide critical life-saving, protection and livelihoods assistance to 2.2 million Haitians out of an estimated 2.8 million people in need for 2018, the humanitarian community aims to mobilize US\$252.2 million to support Government's efforts. Reaching that target will be crucial for saving lives, building resilience, safeguarding livelihoods and paving the road towards sustainable development.

I would like to convey my sincere thanks and appreciation to our donors for their continued support and generosity. Haiti still needs their support to respond effectively to the many humanitarian issues facing the country. I kindly call on the donor community to continue supporting the efforts of state institutions and strengthening the resilience of people rendered chronically vulnerable by recurring natural disasters and other risk factors. I extend my deep gratitude and appreciation to the Haitian government, the Haitian families and communities, the NGOs and the international partners, for their unwavering commitment to assist and protect the most vulnerable.



Dr Mamadou Diallo
Humanitarian Coordinator

THE HUMANITARIAN RESPONSE PLAN

AT A GLANCE

STRATEGIC OBJECTIVE 1



Immediate assistance to people living in severe food insecurity

STRATEGIC OBJECTIVE 2



Saving lives from epidemics

STRATEGIC OBJECTIVE 3



Protection and integration of returnees, and IDPs of 2010 earthquake

STRATEGIC OBJECTIVE 4



Respond to unmet urgent needs from recent hurricanes, and disaster preparedness

PEOPLE IN NEED



2.8M

PEOPLE TARGETED



2.2M

REQUIREMENTS (US\$)



252.2M

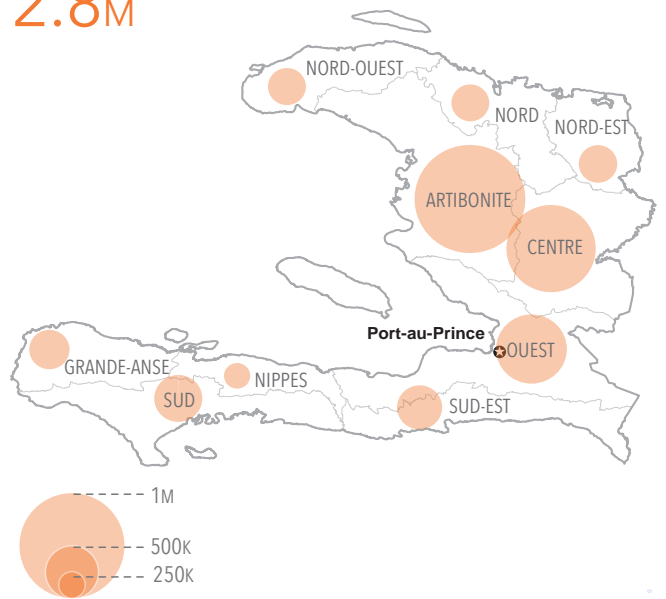
PARTNERS



121

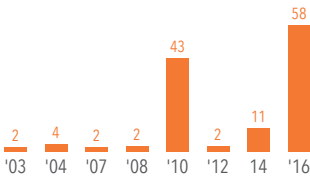
PEOPLE WHO NEED HUMANITARIAN ASSISTANCE

2.8M



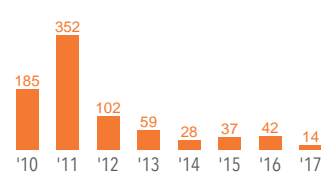
YEARS WITH OVER 100,000 AFFECTED BY NATURAL DISASTERS

(in hundreds of thousands)



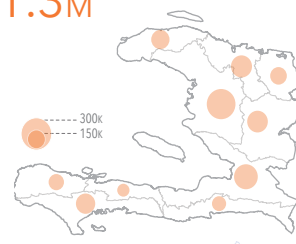
CHOLERA CASES SINCE THE BEGINNING OF THE EPIDEMIC*

(in thousands)



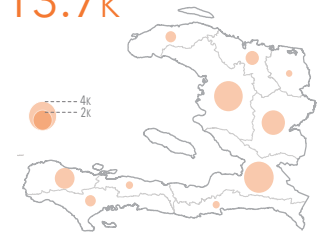
SEVERE FOOD INSECURITY

1.3M



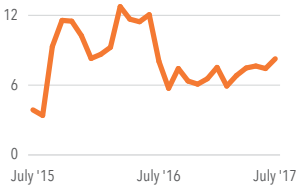
CHOLERA CASES (JAN - DEC '17)

13.7k



EVOLUTION OF RETURNS FROM THE DOMINICAN REPUBLIC

(in thousands)

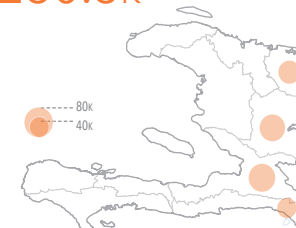


2 out of 5 underaged deportees are female



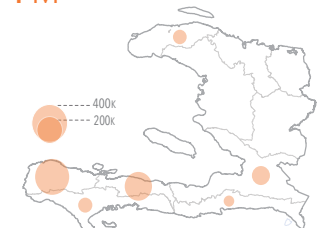
RETURNEES FROM DOMINICAN REPUBLIC (JUL '15 - OCT '17)

230.3k



UNMET NEEDS (HURRICAN MATTHEW)

1M



EVOLUTION OF

THE CRISIS

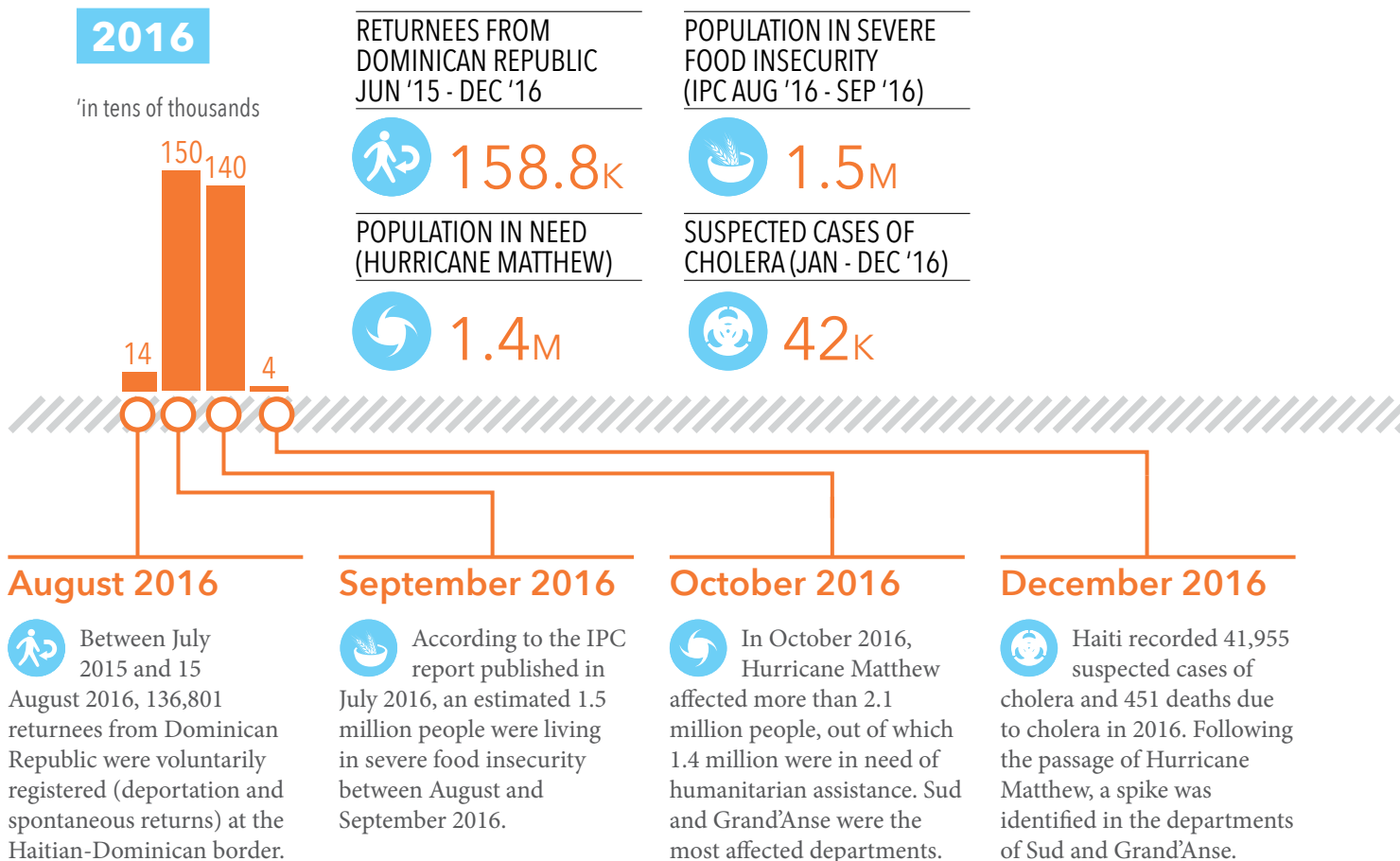
One year after the passage of Hurricane Matthew, nearly 1 million people are still in need of some form of humanitarian assistance. The humanitarian situation in Haiti, however, notably evolved in 2017: 1.32 million people were estimated to be living in severe food insecurity compared to the 1.5 million in the previous year, there was a 67% decrease in the total number of suspected cases of cholera in comparison with 2016 and the cumulative number of migrants deported or who spontaneously returned from Dominican Republic since July 2015 increased from 158,800 in December 2016 to 230,300 in October 2017.

Natural Disasters

Haiti is highly exposed to natural disasters due to its geographical position, with 96% of the Haitian population living constantly under the threat of at least two hazards. The

risk is further aggravated by the environmental, economic and social vulnerability of the country. According to the Survey of Living Conditions of Households after 2010 Earthquake (ECVMAS), 59% of Haitians live under the national poverty line of US\$2.4 per day¹.

CRISIS TIMELINE



The magnitude 7.3 earthquake that devastated Haiti in 2010 left over 222,570 people dead and 1,536,447 people displaced²⁻³. Till date, over 37,000 persons displaced due to this disaster are still living in camps. In 2016, Haiti was hit by Hurricane Matthew, a category 4 storm that affected 2.1 million people. According to the 2017 Humanitarian Needs Overview (HNO), 1.4 million out of the people affected by the hurricane were estimated to be in need of humanitarian assistance⁴.

One year after the hurricane, 1 million people are still in need of some form of humanitarian assistance, including 900,000 people whose houses were affected, part of whom are the 1,600 IDPs still living in evacuation centers and camp-like settlements in Sud and Grand'Anse departments. Recovery needs remain a priority; people still need further support including economic, infrastructural rehabilitation and livelihood stabilization to recover from the impact of hurricane Matthew.

In September 2017, Haiti was threatened by two hurricanes - Irma (category 5) and Maria (category 3) - which deflected the northern coast of Haiti. The hurricanes were accompanied by torrential rains, strong winds and rising tides which caused considerable damages, although less than anticipated, but nevertheless with negative effects in the departments of Nord-Est, Nord-Ouest, Nord, Artibonite and Centre. Homes

were destroyed and the agricultural sector, the main source of income in rural communities, was affected⁵.

These recent disasters in Haiti demonstrate the country's limited ability to cope, recover and adapt to shocks from natural disasters. The increased frequency and magnitude of disasters in recent years prompt the need for more focus on disaster risk reduction and for more durable preparedness measures to be put in place.

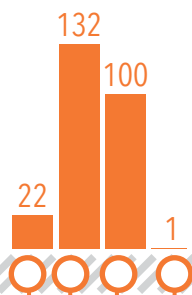
Food Security

The 2017 Humanitarian Needs Overview (HNO) estimated that 1.5 million people were in need of food security and livelihoods. This analysis was based on July 2016 Integrated Food Security Phase Classification (IPC) report which, even though was the most recent IPC report as of that time, did not

KEY POINTS

-  Natural Disasters
-  Food Security
-  Cholera Epidemics
-  Bi-national Migration

2017



RETURNEES FROM
DOMINICAN REPUBLIC
JUN '15 - OCT '17

 230.3k

POPULATION IN NEED
(HURRICANE MATTHEW)

 1M

POPULATION IN SEVERE
FOOD INSECURITY
(IPC OCT '17 - FEB '18)

 1.3M


SUSPECTED CASES OF
CHOLERA (JAN-DEC '17)

 13.7k

August 2017

 As of 17 August 2017, 223,603 people, including 3,933 unaccompanied children, had been registered voluntarily since July 2015 as they returned from the Dominican Republic.


October 2017

 1.32 million people are in living in severe food insecurity according to the IPC report for October 2017 - February 2018. Grand'Anse and Nord-Est departments are in crisis situation (IPC Phases 3 & 4).

November 2017

 This marked the end of the 2017 hurricane season. Haiti was not directly hit by any hurricane but Nord-Est was affected by Hurricane Irma. 1 million people affected by Hurricane Matthew still need aid.

December 2017

 A downtrend in cholera was maintained in 2017. Between January and December 2017, Haiti registered 13,682 suspected cases of cholera and 150 deaths, a decrease of 67% in both cases.

consider the effects of Hurricane Matthew⁶. The subsequent IPC report published in February 2017 estimated that 2.35 million people were severely food insecure. The effects of Hurricane Matthew was apparent in the result of the IPC analysis: the departments most affected by hurricane Matthew - Nippes, Grand'Anse and Sud - were classified in Phase 3 (crisis) and the departments of Sud-Est and Upper Artibonite, which had faced two consecutive years of drought, were also classified in the same phase.

The IPC report for the period of October 2017 to February 2018 revealed an improvement in the food security situation in comparison to the previous IPC period. Humanitarian actions in response to Hurricane Matthew had contributed to this improvement in the departments of Sud, Nippes, Nord-Ouest, Sud-Est and Artibonite. The IPC report, however, estimated that 1.32 million people in 'Crisis' and 'Emergency' (IPC Phases 3 and 4) cannot meet their daily food needs and need urgent humanitarian assistance. This entire population is rural and the most affected departments in terms of severity are Nord-Est (due to residual impact of droughts in 2015/2016 and Hurricane Irma) and Grand'Anse (as a result of the residual effects of hurricane Matthew). Without appropriate and timely assistance, the food security situation is projected to deteriorate between March and June 2018 in certain areas due to the upcoming lean season.

Cholera

Cholera remains a serious threat for the many Haitians living in poor sanitary conditions both in urban neighborhoods and isolated rural areas. However, since 2016, concerted efforts of national authorities and humanitarian partners have succeeded in drastically reducing the number of reported cholera cases throughout the country. As of 31 December 2017, 13,682 suspected cholera cases and 150 deaths had been registered in the country in 2017 compared to 41,955 cases and 451 deaths for the same period in 2016, a decrease of 67% in both cases⁷. Despite heavy rains in April, May and September, the downward trend was maintained for 2017. In fact, the monthly number of suspected cases from January to December 2017 (1,840 to 692) drastically reduced thanks to a massive community response, improved surveillance, and timely clinical care, especially in the Ouest department. In general, the total number of suspected cholera cases recorded in 2017 was relatively low in comparison to the 30,000 cases projected in the 2017 HNO based on the trend in 2016.

However, localized outbreaks with dozens of deaths in communities are still reported in the two of the most affected departments, Artibonite and Centre. A higher risk in cholera transmission is also expected during the coming raining seasons. It is a common consensus that dismantling the response mechanism represents a huge risk which might lead to the disease being invigorated again, thereby losing the gains of years of effort. However, maintaining the level of response would allow to further decrease the incidence of cholera in the country below the medium-term elimination plan goal of 0.1 % by end of 2018. It is highly important to reinforce the preventive response in order to avoid an upsurge of the

disease especially in the Ouest department which now has lower cholera cases compared to earlier in the year.

Bi-national Migration Crisis

The year 2013 witnessed the adoption of ruling 168-13 of Dominican Republic Constitutional Court that stipulates that only individuals born in the country to Dominican nationals or legal residents are considered to have Dominican nationality⁸. This removed Dominican nationality from tens of thousands of Dominican citizens of Haitian descent. In May 2014, Dominican Republic adopted Law 169-14 to help address the consequences of ruling 168-13, which included the National Plan for the Regularization of Foreigners (PNRE)⁹. Under the PNRE, individuals who were born in the Dominican Republic but whose birth were not registered in the civil registry were given 180 days to register as foreigners and regularize their status. The cases of deportation of Haitians and spontaneous returns from Dominican Republic have been increasing since the initial expiration of the deadline declared under the PNRE in June 2015.

Between June 2015 and October 2017, 230,299 returnees were voluntarily registered by IOM at the Haitian-Dominican border with 42% officially deported or claimed to be deported¹⁰. As of 18 October 2017, IOM had registered 66,109 Haitian returnees comprising of 68% male from Dominican Republic in 2017. Of these returnees, 33,680 people were officially deported or claimed to be deported. The Centre (45%) and Nord-Est (33%) had the highest number of deportees out of the 4 departments with official entry points. Most of the deportees arrive in Haiti under very precarious conditions, without resources, and separated from their families. This creates a huge protection issue, particularly considering the age and gender of the people deported – 16% of deportees are under 18 with 42% of them being female while 0.6% are over 59 and this group is made up of 41% female¹¹. In 2018, it is estimated that over 96,000 Haitians might return voluntarily or forcefully from Dominican Republic¹².

"The earthquake occurred three weeks after my wedding ceremony. Having spent all our savings on the ceremony, my husband and I had to settle in a camp because the apartment we had rented had suffered severe damages. Few months after, we had to move with our two-month-old daughter to this camp because we were evicted. Since then, we have been living with less and less basic services but with increasing responsibilities. Today, my eldest daughter is a Grade 1 student but she has never had the chance to sleep under a roof. Even though she's still a child, she already faces the mockery of her schoolmates every day, imbued with her situation in this camp, which we do not have any means to leave."

**Maryse Simon,
34 yrs old and a mother of two girls**

REVISED STRATEGIC

OBJECTIVES

The four core strategic objectives of the Humanitarian Response Plan for 2017-2018 in Haiti remains for a greater part unchanged but has been, however, revised to reflect the changes in the humanitarian situation in 2017. In addition, the response in 2018 will now focus on the unmet needs of all the hurricanes that affected Haiti in 2016 and 2017 and not just those of Hurricane Matthew.



1

Immediate assistance to people living in severe food insecurity

Improve the living conditions, coping capacities and resilience of affected people through timely lifesaving assistance particularly food and nutrition, and restoration of livelihoods.



2

Save lives from epidemics

Reduce mortality and morbidity due to cholera outbreaks and other waterborne diseases through the reduction of vulnerability, strengthening of epidemiological surveillance and ensuring of rapid and effective response.



3

Protection and integration of returnees, and IDPs of 2010 earthquake

Reinforce the protection of returnees from the Dominican Republic and internally displaced persons still living in camps since 2010 earthquake while ensuring the implementation of sustainable solutions to end their displacement and facilitating their integration or re-integration into communities.



4

Respond to unmet urgent needs from recent hurricanes, and disaster preparedness

Provide integrated multi-sectoral assistance to respond to the unmet urgent needs of those affected by hurricanes in 2016-2017, and support the government in reinforcing disaster preparedness in order to mitigate the effects of possible disasters in 2018.

REVISED RESPONSE

STRATEGY

In 2018, the humanitarian community in Haiti will primarily focus on food insecurity, cholera epidemic, binational migration situation, IDPs still living in camps, unmet needs of people affected by recent disasters and preparedness for possible natural disasters in 2018. The response strategy for 2018 will be anchored on the initial strategy for 2017- 2018 which was developed based on the results of the analysis of humanitarian needs in the country. The strategy considered the diverse humanitarian needs in different parts of the country, the possible evolution of the needs and potential emergence of new needs.

Planning Assumptions

The needs that arose because of Hurricane Matthew are still unmet for a lot of affected vulnerable people and most of these people are unlikely to be able to bounce back on their own. As of December 2017, houses destroyed or damaged in Sud and Grand'Anse departments are still in need of construction or repairs. This is also likely to be the situation in Gonave Island (Ouest department), Nippes and Nord-Ouest departments (the latter department was the most affected by Hurricane Irma) since there was no report of any house reconstructed with humanitarian assistance in these locations. The current living conditions of these people is not expected to improve except there is further and more durable humanitarian assistance.

Conversely, in 2017 the political situation in Haiti was marked by the transition of power to a new Government within a deteriorating socio-economic dynamic arising from the devaluation of the national currency and high inflation rates in early 2017. This situation has considerably affected the government's capacity to respond to the above-mentioned unmet needs or carry out recovery activities in this regard. However, the Government is currently making efforts towards recovery in the affected regions through various initiatives such as the "Caravane du changement". On the other hand, the high inflation rates has led to increase in food prices which is one of the factors that might prevent the improvement of the food security situation in 2018.

Given the frequent occurrence of natural disasters in Haiti and the prediction of the United States' National Oceanic and Atmospheric Administration (NOAA) regarding the 55-60% probability of La Niña phenomenon occurring in 2018, it is probable that another hurricane might occur in Haiti in 2018. In order to address this situation, disaster preparedness has been made a major part of the 2018 strategy. In the event a disaster occurs that has a higher magnitude than what has

been financially planned for in the HRP, a flash appeal will be launched to take care of its response.

Based on the trend in cholera situation in 2017, the number of cholera cases are expected to keep on reducing in 2018, with surveillance and alert-response actions continuing to play a pivotal role in containing the epidemic and in avoiding any major outbreaks. Actions to control cholera will focus on Ouest, Centre and Artibonite with the assumptions that they are the three key departments influencing the national cholera dynamics in 2018.

Deportations and spontaneous returns from the Dominican Republic is expected to continue at a scale that overwhelms the capacity of the governmental structure. However, if in 2018 the Dominican Republic decides not to prolong the deadline given to Haitian migrants to register as foreigners and regularize their status according to the National Plan for the Regularization of Foreigners (PNRE), there might be a larger influx of returnees than the 2018 projection.

KEY POINTS

- Planning assumptions
- Prioritization
- Integrated Response
- Exit Strategy

Prioritization

The response plan was informed by geographic severity ranking analysis, vulnerability assessments in line with need-based approach, and protection risk analysis. The HRP will thus continue to be bounded by the following

HCT-agreed criteria: life- saving, time-critical/time-bound, high vulnerability, legal status of the affected population, cost-effectiveness, and alignment with the national response. Within these criteria, women, children, the elderly, and people with special needs, will be prioritized in light of their specific vulnerabilities. Longer-term interventions are not part of this plan but will be taken into considerations in the design of modalities of the humanitarian response.

The diverse humanitarian needs in Haiti are geographically spread across the entire territory with different levels of severity: Sud, Grand’Anse, Nippes, Sud-Est, Ouest, Nord-Ouest and Artibonite departments were the most affected by Hurricane Matthew; Nord-Est and Grand’Anse are the most affected by severe food insecurity; Artibonite, Centre and Ouest are the departments that currently make up the cholera belt; and the bi-national migration issue pertains mainly to the departments on Haitian-Dominican border (Nord-Est, Centre, Sud-Est and Ouest).

The inter-sector severity of needs determined the prioritization of departments in 2018 : Grand’Anse, Sud and Ouest with the highest priority; Artibonite, Centre, Nord-Est, Nord-Ouest and Nippes the second highest; Nord and Sud-Est the least priority¹³. Further prioritization is been done at sectoral response strategy level based on sector-specific severity of

needs that takes into account the geographical dynamics of individual sectors.

Integrated Response

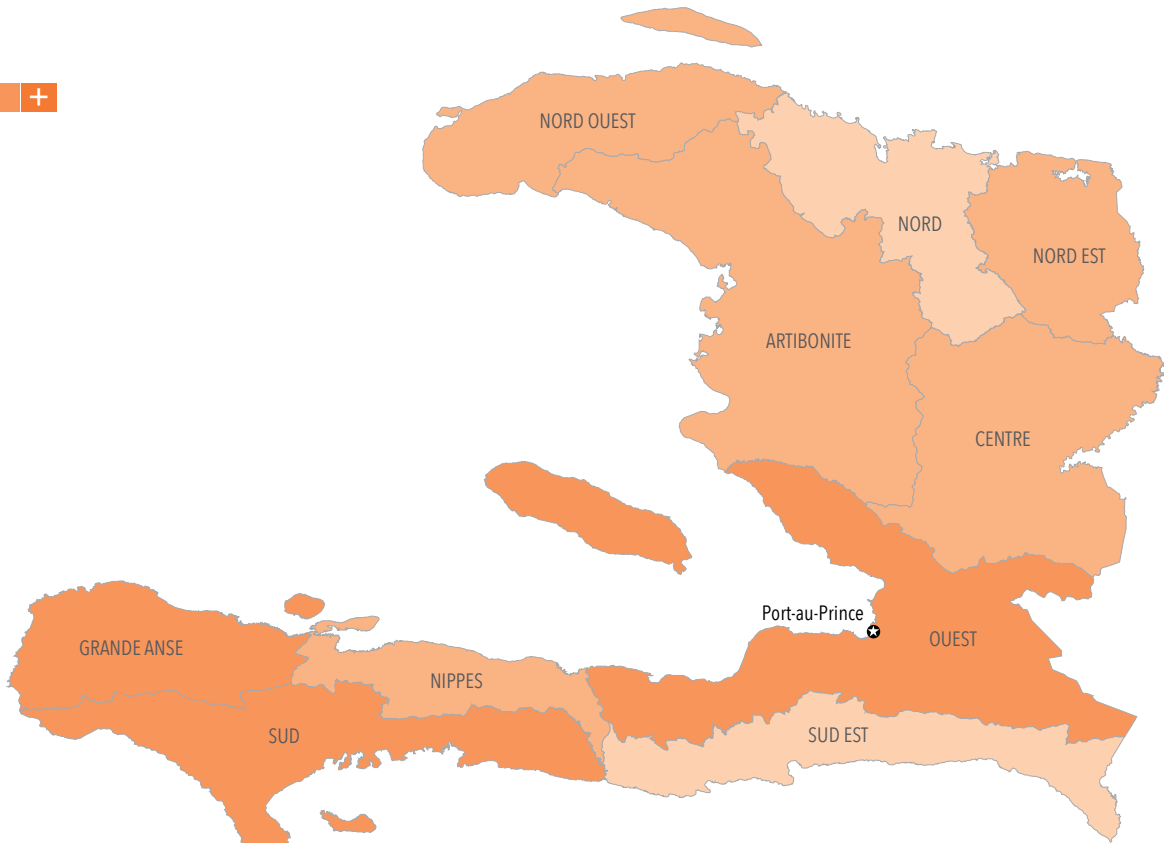
The Humanitarian Response Plan (HRP) will be addressing humanitarian needs in Haiti through an integrated approach. This includes reinforcing the multi-sectoral response that considers the various divergent needs of Haitians and strengthening of the humanitarian-development nexus (since structural development issues influence humanitarian dynamics) while addressing cross-cutting issues such as centrality of protection, gender and age-based programming, cash-based programming and accountability to affected populations.

1. Multi-Sectorial Approach

The 2018 Humanitarian Response Plan (HRP) will be framed by efficient multi-sectoral coordination to enhance holistic provision of assistance to the vulnerable while improving outcomes in a cost-effective manner. Each of the four strategic objectives guiding the 2018 HRP have their own individual multi-sectorial approaches.

PRIORITISATION BASED ON INTER-SECTOR SEVERITY OF NEEDS

Priority



STRATEGIC OBJECTIVE 1: Immediate assistance to people living in severe food insecurity - Improve the living conditions, coping capacities and resilience of affected people through timely lifesaving assistance particularly food and nutrition, and restoration of livelihoods.

The IPC analysis for October 2017 to February 2018 took into account the food consumption, livelihoods changes and nutritional status in the areas analyzed. Hence, a multi-sectoral response comprising of the four operational sectors – Food Security, Nutrition, Water, Sanitation and Hygiene (WASH) and Recovery - directly involved in the aforementioned dimensions of food security will be implemented to address the current food security situation in the country.

STRATEGIC OBJECTIVE 2: Save lives from epidemics - Reduce mortality and morbidity due to cholera outbreaks and other waterborne diseases through the reduction of vulnerability, strengthening of epidemiological surveillance and ensuring of rapid and effective response.

This strategic objective aims at further decreasing the incidence of cholera in the country below the medium-term elimination plan goal of 0.1 % by end of 2018¹⁴. Cholera control in Haiti is anchored on three pillars: coordination and decision support, access to health care and cutting transmission in communities. Cholera, WASH and Health sectors will be involved in the coordinated response and prevention of cholera and other waterborne diseases.

STRATEGIC OBJECTIVE 3: Protection and integration of returnees, and IDPs of 2010 earthquake - Reinforce the protection of returnees from the Dominican Republic and internally displaced persons still living in camps since 2010 earthquake while ensuring the implementation of sustainable solutions to end their displacement and facilitating their integration or re-integration into communities.

Protection; Camp, Coordination and Camp Management (CCCM) and Education sectors will be working together to provide a comprehensive package of services to the returnees from the Dominican Republic and internally displaced persons still living in camps since 2010 earthquake. This will enable integration or re-integration into their communities while ensuring a protective environment in the time between that.

STRATEGIC OBJECTIVE 4: Respond to unmet urgent needs from recent hurricanes, and disaster preparedness - Provide integrated multi-sectoral assistance to respond to the unmet urgent needs of those affected by hurricanes in 2016-2017, and support the government in reinforcing disaster preparedness in order to mitigate the effects of possible disasters in 2018.

Vulnerable people with unmet needs from 2016 Hurricane Matthew and 2017 Hurricane Irma will be supported

accordingly with a multi-sectoral response involving Shelter/NFI, Recovery, Food Security, Protection, Education and CCCM sectors¹⁵. In addition, given Haiti's vulnerability and frequent exposure to disasters, all sectors will contribute to disaster preparedness in 2018, particularly 2018 hurricane season. All sectors will work together to ensure that emergency response preparedness (ERP) standards are met in Haiti. This will include participation in contingency planning, simulation exercises, development of coordinated assessment tools, and prepositioning of stock in high-risk departments.

2. Strengthening the Humanitarian - Development Nexus

Humanitarian needs in Haiti remain the symptoms of deeper and chronic development challenges, which relate to extreme poverty and deprivation, low human development, and gender inequality: Haiti ranks 163 out of 188 countries and territories in Human Development Index (HDI)¹⁶. Therefore, it is necessary to strengthen the humanitarian and development nexus to ensure an adequate and holistic response to protracted needs of affected populations and reduce the impact of recurring crises.

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

- **Post Disaster Needs Assessment (PDNA) Medium-Term (6-18 months) Recovery Needs**

In coordination with the Ministry of Planning and External Cooperation (MPCE), the humanitarian community will ensure that the recovery needs of the vulnerable population identified in the Post Disaster Needs Assessment (PDNA) report of Hurricane Matthew are met and that duplication is avoided¹⁷. This approach, as articulated under the fourth strategic objective of the 2018 HRP will also contribute to the Haitian government's vision of transitioning from humanitarian response to recovery and development planning.

- **Government' Strategic Development Plan of Haiti (PSDH) and 2017 – 2021 United Nations Sustainable Development Framework (UNSDF)**

The Strategic Development Plan of Haiti (PSDH), is the main document defining the priorities of the Haitian development agenda¹⁸. The United Nations Development Assistance Framework 2017-2021 (UNDAF) supports Haiti's objective of becoming an emergent country by 2030 and to advance the Sustainable Development Goals (SDGs)¹⁹. This led to the conception of UNSDF under the umbrella of PSDH.

In 2018, the humanitarian community will continue to reinforce the links between the humanitarian and development plans (PSDH and UNSDF) to improve efficiency of actions pertaining to the plans, reduce gaps and prevent duplication of efforts while aligning the outcomes of

the activities in these plans. In addition, humanitarian and development partners have agreed upon a mechanism for joint- review of the HRP and the UNSDF.

- **Government Medium-Term Plan (2016-2018) for Cholera Elimination and United Nations New Approach for Cholera in Haiti.**

The objective of the medium-term phase (2016-2018) of the National Plan for the Elimination of Cholera is to achieve a national annual incidence rate of less than 0.1% by 2018. The first track of the United Nations' new approach to fighting the cholera epidemic in Haiti aims at intensifying the support for cholera control and response. The latter and the medium-term objective of the PNEC are the core of the response strategy for cholera control in HRP 2018.

3. Centrality of Protection

The prevailing humanitarian situation in Haiti demands the strengthening of the centrality of protection and the integration of human rights in the response to the affected population. The complete loss of livelihoods and the impoverished living conditions of people still in need of assistance as a result of the impact of Hurricane Matthew significantly increase their protection risks. IDPs remaining in camps since the 2010 earthquake are also faced with this same predicament. Furthermore, the situation of returnees from Dominican Republic will continue to be of great concern especially because these persons may become victims of trafficking and may also remain at risk of statelessness. These protection risks are addressed by the third strategic objective of the HRP.

Strategic objectives one and four address the underlying issues – the living conditions that are below humanitarian standards of the people affected by Hurricane Matthew with unmet needs as well as severe food insecurity - that instigate directly or indirectly protection issues such as the aggravation of communal tension, gender-based violence and negative coping mechanism like family separation. In 2018, partners will strengthen the protective environment by enhancing the capacities of institutions to enforce protective legislation, undertake civil documentation exercise, and improve delivery of protective services.

In line with the World Humanitarian Summit outcomes and recommendations, a stronger focus will be placed on strengthening capacities of local and national actors to fulfil their government primary responsibility as duty bearers. The monitoring and reporting mechanism will be reinforced and aligned to the IASC operational guideline on the protection of persons in situation of natural disaster.

Finally, the “Do No Harm” principle will inform decisions on targeting and modalities of humanitarian assistance delivery. Due consideration will be given to avoid discrimination against humanitarian assistance, community tensions, market inflation, pull factors, dependency on humanitarian assistance, erosion of solidarity and

community resilience mechanism, gender-based violence and other type of negative effects that might arise from humanitarian assistance.

4. Gender and Age Mainstreaming

The level of inequality, particularly gender inequality, remains high in Haiti. The country ranks 138th out of 155 countries in the Gender Inequality Index (GII) with a Gini coefficient of 0.61, reflecting serious disparities between women and men. In this context, the HCT has made considerable efforts to ensure gender equality in the 2018 Humanitarian Response Plan. Gender and age were considered consistently throughout the plan: gender and age-sensitive humanitarian needs analysis ultimately informed the strategies of sectoral response plans. An example is the analysis of the bi-national migration issue: between January and October 2017 which revealed that 85% of the deportees were male but an in-depth gender-age analysis showed that 11% are under 18, out which 35% are female, representing multiple-vulnerabilities. These issues were factored in designing of the response plans of Protection and Education sectors. Gender and age were also considered in the development of objectives, targets and priorities and will be a key focus during implementation and monitoring for all sectors. Sex and age disaggregated data (SADD) will be collected throughout the monitoring period of the response. The SADD collected will be regularly analyzed and reviewed to ensure that the response adapts to the changing needs and gaps.

5. Cash-based programming

The use of cash-based programming has shown to be effective in the Haitian context: according to the report of Assessment Capacities Project (ACAPS) on lessons learnt following the 2010 earthquake, beneficiaries expressed a strong preference for cash-based assistance²⁰. In 2018, the choice of modality (cash or in-kind) while designing any response intervention, will be based on robust assessments of markets, stakeholder preferences, protection considerations and other factors. Where cash-based assistance is appropriate, it will be considered on an equal footing with in-kind assistance, and efforts will be made to ensure that humanitarian cash programming supports the Government of Haiti to strengthen longer term social protection systems, in line with Grand Bargain commitments.

Modality of response will be mainstreamed in response monitoring thereby aspects on cash-based programming will be integrated in all sectors' monitoring mechanism such as 4Ws. On a quarterly basis, the balance between cash and in-kind assistance will be reviewed and analyzed along with latest information on market functioning to determine their suitability. Cash-based assistance across the response will continue to be supported by an inter-sectoral cash working group, reporting to the Inter- Sector Coordination Group (ISCG) and HCT.

6. Accountability to Communities

In line with the Grand Bargain commitments, best practices and lessons learnt from the response to Hurricane Matthew; all humanitarian partners will be strongly encouraged to ensure that affected communities have access to information and that effective processes for participation and feedback are in place. In the Haitian context, it is particularly important for the humanitarian community to collectively provide information to communities, in order to manage expectations, avoid misunderstandings, and minimize tensions and insecurity.

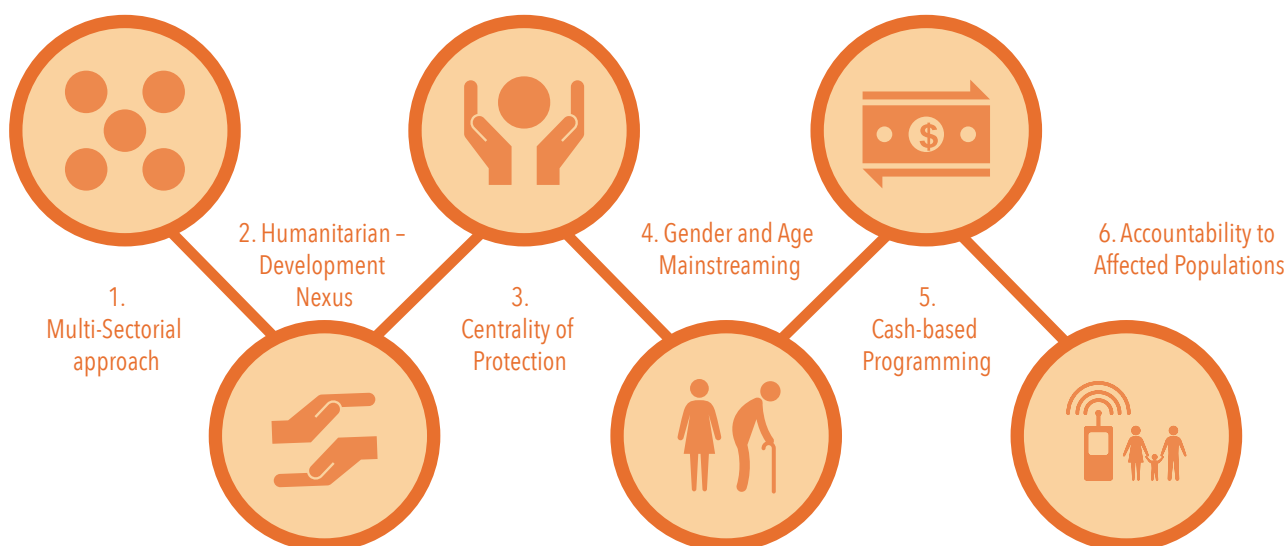
The ISCG and the HCT in collaboration with the National System for Disaster and Risk Management (SNGRD) will ensure the development of common messages on information needs and the collection of feedback from communities through different channels. Feedback received from affected communities will continue to be discussed at the ISCG and HCT levels and will influence strategic decisions throughout the humanitarian program cycle.

Exit Strategy

The Government of Haiti remains the primary institution responsible to the Haitian population as regards the provision of life saving and basic services and the respect of human rights. As an exit strategy, the humanitarian community will continue to reinforce the capacity of the government to prepare and respond to disasters while supporting their efforts, particularly in responding to emergency situations that surpasses the national capacity. The humanitarian response plan will complement Government-led efforts to respond to the most pressing needs while also advocating for long-term assistance to support the national mechanisms and systems in line with the humanitarian-development nexus.

As the Government might continue to face challenges in ensuring seamless provision of basic and quality services, particularly at decentralized level, humanitarian actors will continue to emphasis building of national capacity to coordinate joint assessment and joint planning. The implementation of local response plans will also be supported to reinforce decentralization and localization of the response as part of the 2018 humanitarian response strategy. The involvement of local partners will be encouraged and their capacities as first responders will be reinforced.

RATIONALE AND IMPLEMENTATION MECHANISMS



OPERATIONAL

CAPACITY

Although the number of humanitarian partners has decreased in 2017, this doesn't pose hindrance to responding to the existing humanitarian situation in the country. However, underfunding remains a major obstacle in harnessing the full operational capacity of these organizations.

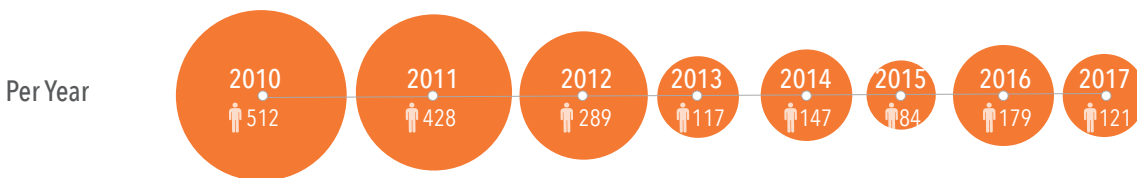
The number of humanitarian partners in Haiti decreased from 179 in 2016 to 121 in 2017. Among the humanitarian organizations operational in support of the Haitian government, there are 66 international non-governmental organizations (INGOs), 24 national non-governmental organizations (NGOs), 10 United Nations agencies; 6 Civil Society Organizations (CSOs), 5 members of the Red Cross and Red Crescent Movement and 3 governmental institutions.

Partners are mostly concentrated in Ouest, Sud and Grand'Anse, the departments with the most severe humanitarian needs. Over the course of 2017, with the increase in the number of deportation cases from Dominican Republic in the Nord-Est and the passage of Hurricanes Irma and Maria, a coordination hub was created in the Nord department to cover the departments of Nord-Est, Nord and Artibonite. This complements the already existing

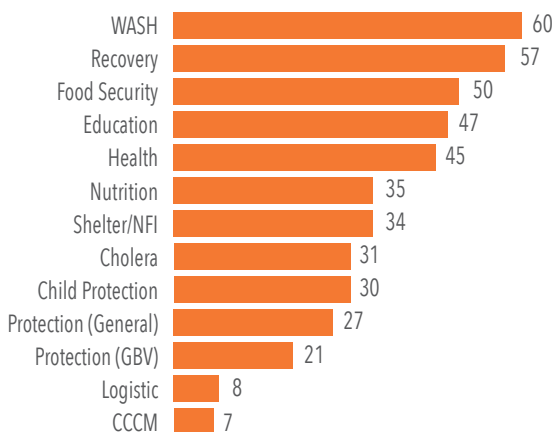
coordination hub in the Sud that coordinates humanitarian operations in Sud and Grand'Anse (the region most affected by Hurricane Matthew) and the third hub at the national level that coordinates sectors in Port-au-Prince, the capital city.

Although clusters were deactivated in Haiti in 2014, the Humanitarian Coordinator/Humanitarian Country Team in Haiti conducted a reform process after the passage of Hurricane Mathew in October 2016 which identified sectors essential to the operation. Almost all these sectors are still existing and operational except Emergency Telecommunication sector. The leadership of the sectors are provided by the Government with the co-leadership of UN agencies. The Inter-sector Coordination Group (ISCG) promotes coordinated assessments, and provide situation analysis, mapping and information to the HCT in order to facilitate decision-making.

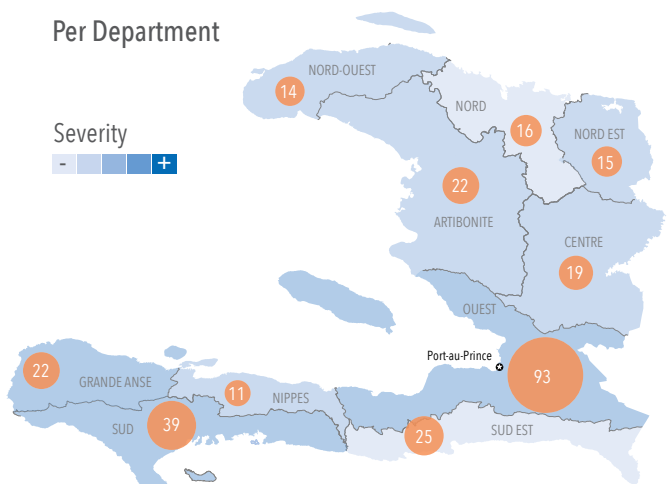
NUMBER OF HUMANITARIAN PARTNERS



Per Sector



Per Department



HUMANITARIAN

ACCESS

The closure of the United Nations Stabilization Mission in Haiti (MINUSTAH) on 15 October 2017, has left the country with a limited UN Police presence with 7 Formed Police Units (FPUs) distributed across the country compared to the initial 12 FPUs. This has not necessarily created a security void, however the Haitian National Police (HNP) may be overstretched in the event of an emergency in view of the size and capacity of the force.

Crime, civil unrest and natural hazards constitute the main threats affecting the operating environment for the humanitarian partners in Haiti. With less than one year after the inauguration of the new Government, the political situation remains fragile but it is marked by the willingness of the Government to assume more responsibilities and leadership. However, Haiti experienced a high number of political demonstrations in 2017 which were detrimental to humanitarian operations. The demonstrations manifested because of various issues: the widely-contested 2017-2018 budget, Government’s flagship development programme, the “Caravan for Change”, stalled indirect elections, disagreements over the reestablishment of the Armed Forces of Haiti, standoff between the Government and labour unions on the issue of the minimum wage in the textile industry and the absence of significant improvement in the difficult living conditions of the populace.

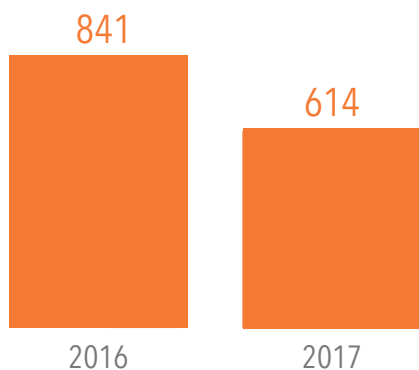
Currently, United Nations Mission for Justice Support in Haiti (MINUJUSTH) – the replacement of MINUSTAH - and HNP have limited means and capacity which may impact the availability of security escorts, particularly in accessing hard-to-reach and high security-risk areas. Therefore, it is crucial

that humanitarian actors actively engage with communities and local authorities to ensure their security and safety.

Ensuring access to the vulnerable population

In line with the “Saving Lives Together” framework, the Humanitarian Coordinator and the Humanitarian Country Team will keep ensuring that monitoring and analysis of access constraints in the field are conducted through the specialized sections of MINUJUSTH, United Nations Department for Safety and Security (UNDSS), relevant UN Agencies and NGOs in partnership with the National Police and the affected communities. Access constraints will be timely identified and reported; advocacy, actions or mitigation measures required to address them will be communicated to implementing partners in view of finding synergies and coordination strategies to sustain countrywide humanitarian access. In addition, special dialogues sessions with affected communities in 2017 to discuss the Hurricane Matthew response revealed that improved communication with communities and their involvement at every stage of humanitarian response will increase the ease of access to these communities. This informed the accountability to the affected populations approach in the 2018 HRP.

DEMONSTRATIONS IN 2016 VS 2017



CRIME STATISTICS IN 2017



*Others include Lynching, Kidnapping, Drugs, Child Abuse, Attempted Rape

SUMMARY OF

NEEDS, TARGETS & REQUIREMENTS

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)













The humanitarian community, in support of the efforts of the Haitian government, aims to reach 2.2 million out of the estimated 2.8 million people in need in 2018. The Humanitarian Response Plan aims at ensuring equitable

access to assistance through gender and age-sensitive activities that promote sustainable recovery for the targeted population. The response plan requires US\$252.2 million to achieve this goal.

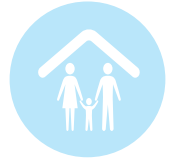
	TOTAL		BREAKDOWN OF PEOPLE TARGETED				REQUIREMENTS	
	People in need	People targeted	BY STATUS			BY SEX & AGE		Total
			IDPs	Returnees	Others affected	% female	% children, adult, elderly*	
1. Non-food items 2. Camp Coordination & Camp Mgmt. 3. Water, Sanitation & Hygiene								
Shelter/NFI ¹	1.0M	320K	-	-	320K	52%	44 49 7%	103.8M
Food Security	1.3M	1.1M	-	-	1.1M	51%	50 46 4%	76.6M
Cholera	1.9M	1.5M	-	-	1.5M	50%	41 53 6%	21.7M
CCCM ²	39K	32K	32K	-	-	52%	37 61 2%	13.7M
Recovery	810K	546K	-	-	546K	55%	0 90 10%	10.8M
Protection	596K	135K	39K	96K	-	40%	27 72 1%	7.8M
WASH ³	1.2M	896K	-	-	896K	52%	42 52 6%	6.3M
Health	435K	188K	10K	21K	157K	58%	36 59 5%	4.9M
Education	142K	100K	-	15K	119K	49%	98 2 0%	2.5M
Nutrition	229K	57K	-	-	57K	52%	100 0 0%	2.0M
Coordination	-	-	-	-	-	-	-	2.0M
TOTAL	2.8M**	2.2M**	39K**	96K**	2.1M**	51%	43 51 6%	\$252.2M

*Children (<18 years old), adult (18-59 years), elderly (>59 years) **Total figure is not the total of the column, as the same people may appear several times

PART II: OPERATIONAL RESPONSE PLANS

-  Camp Coordination & Camp Management
-  Cholera
-  Education
-  Food Security
-  Nutrition
-  Health
-  Protection
-  Recovery
-  Shelter/NFI
-  Water, Sanitation & Hygiene (WASH)

-  Logistics
-  Coordination and Support Services



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



CCCM OBJECTIVE 1:

1 Ensure the implementation of site specific and appropriate solutions to facilitate return or relocation of IDPs to enable the closure of camps from 2010; or to facilitate urban integration and/or formalization of camps.

RELATES TO SO3

CCCM OBJECTIVE 2

2 Provide tailored, appropriate solutions to facilitate the safe and dignified return of the households displaced by hurricane Matthew

RELATES TO SO4

CCCM OBJECTIVE 3

3 Improve coordinated access to basic services and assistance to displaced populations in a protective environment

RELATES TO SO3 , SO4

CAMP COORDINATION AND CAMP MANAGEMENT

Changes in humanitarian needs

In 2018, the Camp Coordination Camp Management (CCCM) sector estimates that 39,267 people will be in need of assistance; this includes 37,600 IDPs remaining in camps in the Ouest department since the 2010 earthquake and approximately 600 households still displaced from Hurricane Matthew in evacuation centers and camp-like settlements in Grand'Anse and Sud.

IDPs related to the 2010 earthquake

The number of persons displaced as a result of the 2010 earthquake has decreased by 97 percent, compared to July 2010 figures – since then, 1,542,787 people have left the camps. However, 37,600 IDPs still residing in 26 camps, mainly located in the metropolitan area of Port-au-Prince, remain in a situation of protracted displacement with no options to leave. These men, women and children that have been living in camps and camp-like settlements since the earthquake experience a deterioration in the already precarious living conditions.

This situation is partly caused by the steady reduction in the provision of basic services to people in camps since the peak of the humanitarian assistance. The main concerns affecting the IDPs are poor sanitation conditions, limited solid waste management and inconstant access to basic services. Almost eight years after, six of the camps hosting over 8,700 IDPs are not equipped with toilet facilities while an additional nine camps have their latrines partially or

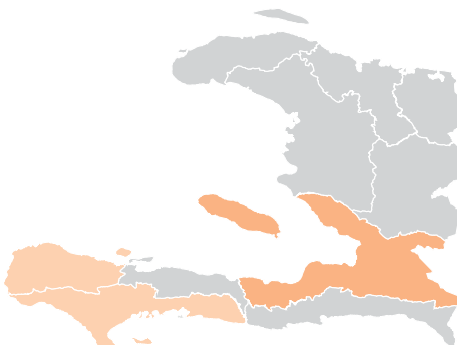
completely full, both situations leading to increased risk of water-borne diseases, such as cholera and acute watery diarrhea.

The displaced population in camps are among the most vulnerable people in the country, particularly vulnerable to natural hazards while also facing eviction threats in some cases. 12 of the remaining camps hosting almost 17,000 IDPs are located in areas with high risk of floods and/or landslides. The risk of eviction remains a protection concern for the 6 camps hosting 10,100 IDPs in the commune of Delmas in Ouest department. Generally, inhabitants of the camps face other protection risks such as exposure to abuse, exploitation and violence, including sexual and gender-based violence. Women and children represent approximately 71% of the IDP population and are, among others, two of the most vulnerable groups. Camp closure, through relocation or formalization is the most critical and influential intervention required to support the displaced persons in order to end their displacement; hence, resulting in the reduction of their dependence on humanitarian assistance.

IDPs related to Hurricane Matthew

Thousands of people were displaced in October 2016 following the passage of Hurricane Matthew. One year after, majority of initially displaced households have returned to their areas of origin spontaneously or thanks to the support provided by the Government and its partners²¹. Currently, 1,600 persons remain

SEVERITY MAP



PRIORITY MAP



displaced in 36 evacuation centers and camp-like settlements²². The displaced in school buildings and those living in make-shift shelters in camp-like settlements are the most vulnerable due to the high risk of eviction and poor shelter infrastructure respectively.

These households need support to return to their areas of origin. A multi-sectorial approach is also essential to restore the conditions in the places of origin in order to allow them to return in a safe and dignified way and restart their economic activities.

Revised Response Strategy

About half of the camps and camp-like settlements that are still open since 2010 are not eligible for relocation due to land tenure situations, type of shelter or the intentions of the displaced. In this respect, 3 of these camps hosting 5,000 IDPs will be targeted for formalization by securing the land tenure of its inhabitants, improvement of public infrastructure and mitigation works to reduce the impact of potential hydro-meteorological hazards. An additional 15 camps hosting 19,700 IDPs will be targeted for relocation. Monitoring of the humanitarian situation as well as protection follow-up will continue in 2018 while durable solutions for each site are implemented. Regarding those displaced by Hurricane Matthew, 390 households currently not targeted by partners will be targeted for tailored return assistance in their areas of origin in close coordination with partners of the Shelter sector.

In total, 32,000 IDPs will be targeted for CCCM response in 2018. The CCCM response strategy for 2018 will be focused on the following aspects:

1. Provision of durable solutions to IDPs remaining in camps since the 2010

earthquake: Due to the lack of funding for CCCM activities in 2017, it was not possible to meet the Government's request to provide an end to the displacement from the earthquake before the 2017 hurricane season. If sufficient funding is provided in 2018, CCCM partners will continue their support to UCLBP (Unité de Construction, Logement et Bâtiments Publics), the National Housing Authority, to formalize 3 IDP camps hosting 5,000 IDPs and relocate 15 camps hosting 19,700 IDPs.

2. Provision of return assistance for the remaining persons displaced by hurricane Matthew:

CCCM partners will ensure the safe and dignified return, and reintegration of 390 households (around 1,000 persons) that remain displaced from Hurricane Matthew in Grand'Anse and the Sud Department. This will be done through targeted interventions including rental subsidy grant and tailored shelter assistance, in close coordination with Shelter partners.

3. Monitoring of humanitarian situation and protection follow-up in open IDP camps and displacement sites:

The sector will maintain regular monitoring and tracking of displaced people from 2010 as well as the remaining displaced from Hurricane Matthew. Urgent needs and gaps will be identified and monitored through regular visits to camps and displacement sites and the reports will be shared regularly to concerned partners and sectors (primarily protection, WASH and health) for information and follow up when needed. Close coordination with the Protection sector will continue and will include protection awareness raising-activities in IDP camps and immediate referral of protection cases for tailored assistance, among others.

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

	BY STATUS			BY SEX & AGE	
	IDPs	Returnees	Others affected	% female	% children, adult, elderly*
PEOPLE IN NEED	39K	-	-	52%	37 60 3%
PEOPLE TARGETED	32K	-	-	52%	37 61 2%
FINANCIAL REQUIREMENTS	\$ 13.7M			*Children (<18 years old), adult (18-59 years), elderly (>59 years)	



CHOLERA

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



Changes in humanitarian needs

Despite the enhanced response mechanism and the progress made in 2017, the risk of widespread cholera outbreaks remains in Haiti. As of December 2017, 5 out of 10 departments have reported very few cases during the year, some of them even reported 0 cases for several months (Nord-Ouest, Nord-Est, Grand'Anse, Nippes, and Sud-Est). The other 5 departments reported 90% of all suspected cases, with Sud accounting for 4%, Nord for 6%, Ouest for 31%, Centre for 19% and Artibonite for 29%. Between January and December 2017, 13,682 suspected cases and 150 deaths were registered. This represents 67% in both cases in comparison to the same period in 2016. In the same vein, through strengthened coordination, surveillance and response capacity, the country reported the fewest number of cases ever in epidemiologic week 42 (23-29 October 2017).

Despite this favorable development, there have been series of outbreaks in Centre department in July and in Artibonite department (with a peak of 248 suspected cases in week 36) since August which put at risk the stability of the whole country, especially the closest and most populated department, Ouest. So far, these localized outbreaks with unreported community deaths were flash outbreaks in remote areas. Rapid response teams and medical personnel were quickly deployed to treat patients and cut transmission before it reached more populated areas. If these localized outbreaks had reached heavily populated areas, it could

have quickly resulted in thousands of cases in just a few days (like the outbreak at the end of 2014 - early 2015).

With about 250-350 suspected cases per week, cholera control still requires reinforced and sustained capacity to respond to each alert throughout the country, with a specific focus on Ouest, Centre and Artibonite, the three key departments that influence national cholera dynamics. There is also a need to strengthen prevention and treatment, particularly in those three departments. Coordination and surveillance need to be further reinforced, especially in Centre and Artibonite departments. In general, the cholera sector estimates that 1.9 million people will be in need of assistance in 2018.

Revised Response Strategy

In line with current trends, the sector aims at meeting the objective of the medium-term phase of the national Cholera Elimination Plan (PNEC) of reaching 0.1% incidence by the end of 2018. To achieve this goal, 1.5 million people will be targeted for the control of cholera in 2018. The response strategy for 2018 builds on the strategy of the medium-term phase of PNEC which covers the period of mid-2016 to the end of 2018. The strategy consists of three complementary components as follows:

Part 1: Coordination and decision-making support

This aspect consists of strengthening of the epidemiological surveillance system of suspected cholera cases and coordination at

CHOLERA OBJECTIVE 1:

1 Ensure coordination and decision-making support for cholera control

RELATES TO SO2

CHOLERA OBJECTIVE 2

2 Ensure access of the most vulnerable to preventive and curative care of cholera

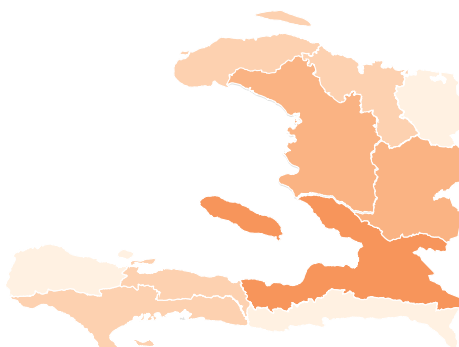
RELATES TO SO2

CHOLERA OBJECTIVE 3

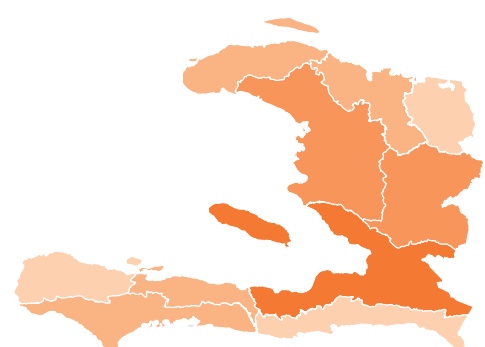
3 Ensure the prevention of the transmission of cholera in communities

RELATES TO SO3

SEVERITY MAP



PRIORITY MAP



all levels (local, departmental, and national). The sector will continue to support the reinforcement of national coordination in order to monitor alerts and responses. Given the positive results of the high impact operation in the Ouest department in 2017, a similar coordinating effort will be implemented in the departments of Centre and Artibonite with at least bi-weekly coordination meetings with Ministry of Public Health and Population (MSPP) and NGOs.

As regards the issue of surveillance, training will continue to be provided to improve the capacity to collect and analyse data in order to make timely and informed decisions and to ensure consistency between all three levels of surveillance. To sustain cholera surveillance, as case incidence and available resources might decrease in the future, it will be integrated within the surveillance system of all infectious diseases. Laboratory confirmation of suspected cases will be prioritized to better distinguish between “simple” acute diarrhea and true cholera cases and, improve prioritization of response

interventions. The exit strategy which includes involving Polyvalent Community Health Agent (ASCP) or local volunteers’ networks in community-based surveillance will be strengthened over the next 12 months.

At the strategic level, the Government of Haiti and United Nations High-level Committee for the Elimination of Cholera (HLCC) in Haiti will continue to jointly provide oversight and strategic direction for the overall cholera response and elimination efforts in the country.

Part 2: Access to preventive and curative care

It will focus on maintaining regular support to MSPP for the supervision of all active Centers for the Treatment of Acute Diarrhoea (CTDA) to maintain an optimum level of patient care. The objective is to reduce the institutional mortality rate, limit the transmission of the vibrio in the treatment centers through good hygiene, ensure availability of drinkable water and safe disposal of waste and excretion, as well as the availability of medical supplies. Continued

Photo: UN/MINUSTAH



support for care structures will be maintained when a CTDA needs to manage an outbreak. This will require the provision of additional complementary human resources and direct support to the structure (medical supplies, small renovations, increase of the capacity in beds) or setting up of temporary structures in remote areas - Cholera Treatment Center (CTC), Oral Rehydration Point (ORP). In 2018, Oral Cholera Vaccine (OCV) will be carried out in agreement with the Cholera Vaccination committee in areas with higher circulation of the vibrio, including the southern parts of Artibonite and Centre departments.

Part 3: Cutting transmission in communities

This component aims at maintaining the alert-response mechanism in place - at least 60 mobile teams of humanitarian actors supporting the 13 rapid response teams (EMIRA) of MSPP -, making it more efficient, coordinated, and prepared for eventual transfer from international to national teams under the MSPP. The objective is to ensure a minimum WASH package response to each alert notification within 48 hours which will include investigation at the household-level and ‘cordon sanitaire’, awareness raising on cholera prevention, administering of oral prophylaxis and distribution of standard WASH kits.

In outbreak situations, temporary chlorination points will be installed at principal gathering points in support of the water chlorination systems of the National Directorate for Potable Water and Sanitation

(DINEPA). Awareness on cholera and proper hygiene practices will also be increased. Considering the geographic distribution of suspected cases in 2017, majority of the teams will cover the three most affected departments Ouest (23 teams), Artibonite (17 teams) and Centre (11 teams); 3 teams will remain active in the Nord department and 1 team in each of the six other departments in support of the EMIRAs. In the event of a sudden outbreak that the two local EMIRA and mobile team cannot control, the 51 teams in the priority departments will be deployed to the affected departments.

Community engagement and awareness will be strengthened through the Community Engagement & Hygiene Awareness (CEHA) teams. The CEHA teams will be made up of persons who have been treated of cholera by the response teams. The team will in turn go back to their communities to help intensify sensitization as well as assist DINEPA agents in assessment of water sources and residual chlorine tests in systems, kiosks and, private reservoirs. Building on the results of the massive community response and communication campaign in the Ouest department in 2017, similar reinforced local authorities and community engagement action will be implemented in persistent communes.

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

	BY STATUS			BY SEX & AGE	
	IDPs	Returnees	Others affected	% female	% children, adult, elderly*
PEOPLE IN NEED	-	-	1.9 M	0%	0 0 100%
PEOPLE TARGETED	-	-	1.5 M	50%	41 53 6%
FINANCIAL REQUIREMENTS	\$ 21.7M			*Children (<18 years old), adult (18-59 years), elderly (>59 years)	



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



EDUCATION

Changes in humanitarian needs

After Hurricane Matthew struck the Southern part of Haiti in October 2016, 82% of schools assessed were reported either damaged or destroyed, putting the right to education of hundreds of thousands of children at stake for the 2016/2017 school year and even beyond. Based on the Out-of-School Children study report carried out by Ministry of Education with the support of UNICEF in 2017, the 'Grand Sud' was already the region with the highest percentage of excluded children before Hurricane Matthew²³. Further assessments conducted by the Ministry of Education and its partners showed that 317,000 out of the 600,000 school-age children who were affected in 2016-2017 had their education interrupted due to the passage of Hurricane Matthew²⁴. This situation was further aggravated by households' loss of livelihoods. In 2018, the risk of children losing the school year and of staying out-of-school is still very high because the main cause of educational exclusion in Haiti is closely linked to economic factors and geographical inaccessibility.

One year later, more than 300 schools out of the 1,100 affected have been rehabilitated enabling almost 85,000 children to pursue their education. Despite the sector's achievements, too many children may still be denied their right to education. Equipment, learning and teaching materials are still grossly lacking in some affected departments. The education system faces many challenges

and does not have the necessary resources to respond to emergencies and meet children's needs in such complex situations. The recent Hurricane Irma that affected 25 schools in the Nord-Est and hampered education of more than 10,000 children highlighted the vulnerabilities of the education system²⁵. In addition, migrant children returning from the Dominican Republic are also facing huge challenges and need to be rapidly enrolled in the education system and integrated in their communities. Due to lack of resources in 2017, the education sector couldn't respond to their needs.

It is highly important to support the strengthening of institutional capacity to reduce system vulnerabilities and to respond immediately to crises (including protection against cholera and other waterborne diseases) to ensure that children in the affected areas can be reintegrated into schools and do not lose their school year. For the 2017-2018 school year, it is estimated that 139,224 children could still be facing difficulties in going back to school, while more than 2,842 teachers will still in need of educational and didactic materials. Majority of school-age children affected by these crises are in the Grand'Anse, Sud, Nippes for post-Matthew and Sud-Est, Ouest, Nord-Est and Centre departments for the bi-national crisis.

Revised Response Strategy

In 2018, 98,000 children and 2,000 teachers will be targeted for education assistance. Analysis of the sector's response in 2017

EDUCATION OBJECTIVE 1:

1 Create a favorable environment for the quick resumption of teaching and learning activities for repatriated children and in areas affected by Hurricane Matthew.

RELATES TO SO3 , SO4

EDUCATION OBJECTIVE 2

2 Restore quick access to education for repatriated children.

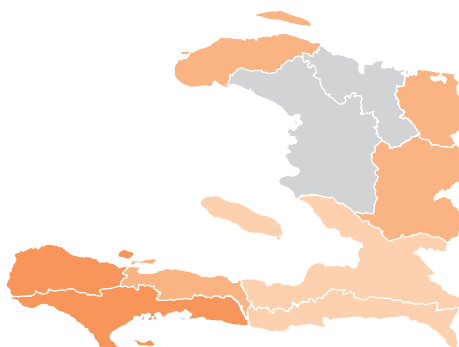
RELATES TO SO3

EDUCATION OBJECTIVE 3

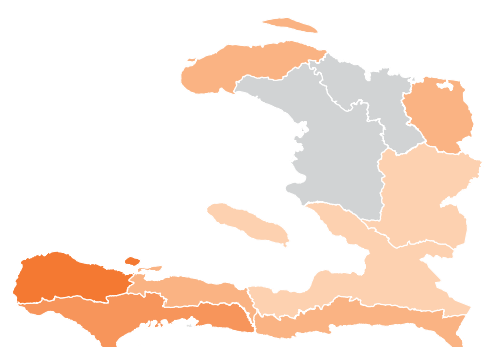
3 Increase the capacity of the sector to improve information management, emergency preparedness and response.

RELATES TO SO4

SEVERITY MAP



PRIORITY MAP



shows that out of the 150,000 children targeted in the aftermath of Hurricane Matthew, approximately 100,000 children received support through emergency interventions in the ‘Grand Sud’. However, the children affected by the bi-national crisis have been largely unassisted. Consequently, in 2018, the sector’s interventions will concentrate on the needs of children repatriated from Dominican Republic without excluding those who have not yet received any support to resume their schooling in the areas affected by Hurricane Matthew in Grand’Anse and Sud departments.

The response strategy will not focus on rehabilitations in 2018, as this is included in the PDNA, but will continue to make sure that schools are adequately equipped with classroom furniture and that targeted children have access to learning materials and teachers are also provided with necessary teaching materials. Regarding the children

affected by the bi-national crisis, the sector will support the development of flexible and contextualized pedagogical packages to support catch-up classes and/ or alternative learning programs; while helping with their reintegration into the Haitian Education system. Synergies with the Protection sector will also be fostered to ensure that the children can receive a comprehensive package of services. The sector will continue to support the Ministry of Education to improve information management systems as well as preparedness and response mechanisms.

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

	BY STATUS			BY SEX & AGE	
	IDPs	Returnees	Others affected	% female	% children, adult, elderly*
PEOPLE IN NEED	-	23K	119K	47%	98 2 0%
PEOPLE TARGETED	-	15K	119K	49%	98 2 0%
FINANCIAL REQUIREMENTS	\$ 2.5M			*Children (<18 years old), adult (18-59 years), elderly (>59 years)	



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



FOOD SECURITY OBJECTIVE 1:

1 Improve the availability of and access to food for most vulnerable men and women, especially malnourished boys and girls under five and, pregnant and lactating women.

RELATES TO SO1

FOOD SECURITY OBJECTIVE 2

2 Strengthen the resilience-building of vulnerable populations to natural disasters, food and nutrition crises and support the restoration of livelihoods and emergency agricultural production.

RELATES TO SO1 , SO4

FOOD SECURITY OBJECTIVE 3

3 Support the populations in developing community approaches that facilitate the sustainable recovery of the agricultural sector (agriculture, fisheries, and livestock) and effective management of natural resources.

RELATES TO SO1

FOOD SECURITY

Changes in humanitarian needs

The current food security situation remains precarious due on one hand to the decrease in spring 2017's production compared to the spring of 2016 in some departments (Grand'Anse and Sud) and on the other hand to the residual effects of Hurricane Matthew, which led to increased household debt impeding the ability of the population to face the spring season. Domestic food availability in 2017 is anticipated to increase moderately as production shortfalls during the spring 2017 season of maize and beans are anticipated to be compensated by an increase in starchy root output. However, agricultural production will still remain well below the levels from the 5-year period before the El Niño phenomena.

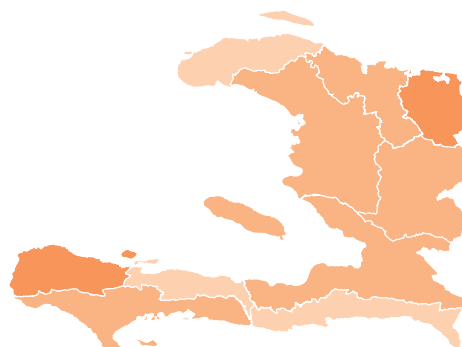
The residual effects of the latest natural disasters - the 2015/2016 drought, 2016 Hurricane Matthew that mainly affected the departments of Grand'Anse, Sud and Nippes and 2017 Hurricanes Irma and Maria that principally affected the departments of Nord-Est and Nord-Ouest - remain the main factors affecting the food security situation in the country. Most of the irrigation infrastructures, crop production, stocking and processing facilities are still damaged. Although the fishery sector was not well prioritized in the 2017 response, this particular sector was also severely impacted by the hurricanes: fishermen lost all their equipment, including boats engines and fishing nets.

Compared to the IPC analysis published in February 2017, the results of October 2017's IPC analysis shows an improvement of the food security situation. Humanitarian actions in response to hurricane Matthew have contributed to improving the food security situation in the areas of Sud, Nippes, Nord-Ouest, Sud-Est and Artibonite. However, as indicated in the current IPC results, 1.32 million people are classified as highly food insecure (populations in IPC phases 3 and 4) for the period between October 2017 and February 2018²⁶. The entire territory presents a situation of stress (IPC phase 2) except the departments of Grand'Anse and Nord-Est which are classified in crisis (IPC phase 3). The projected analysis shows that between March and June 2018 there will not be any major improvement in the food security situation mainly due to the upcoming lean season and the increase of food price; however, the situation might worsen in the Grand'Anse department.

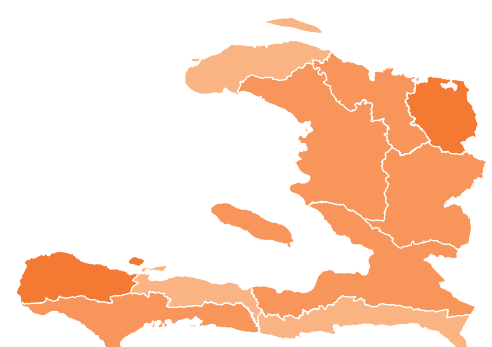
Revised Response Strategy

In 2018, the food security sector will target 1.13 million people which represents 85% of the total population in IPC phase 3 & 4. The response will target vulnerable women and men, especially malnourished girls and boys under five and, pregnant and lactating women (PLW) in most affected areas as well as women and men whose livelihoods have been destroyed and need support to restore them. The sector response will focus on areas that register levels of severe food insecurity with interventions prioritized in areas most

SEVERITY MAP



PRIORITY MAP



affected by disasters to ensure that vulnerable households have access to food in the short term as well as access to assets to resume their livelihoods in the medium term in the most efficient and sustainable way. The sector will focus its response on:

- Delivery of food assistance to meet emergency food needs and enhance access to food for food insecure communities through unconditional resource transfers (in-kind, cash-based transfers/commodity vouchers) in case of emergency and during lean seasons.
- Support agriculture production and livelihoods through improved access to agro-based production inputs, asset creation and livelihood support activities.
- Medium-term actions to strengthen resilience-building, support sustainable/efficient water use, enhance access to markets and agricultural inputs, and improve rural productivity by introducing community assets and promoting good practices resilient to climate change while strengthening community organization.

Partners of the food security sector will support evidence-based assessments, analysis and capacity building of national stakeholders to strengthen food security coordination and availability of food security data to inform the response. Gender and age-sensitive approach will be promoted to illustrate distinct needs, risks, coping mechanisms and capacities. Women and men with special needs will be actively involved through a participatory approach to ensure equitable participation and fair distribution of food and livelihood response.

Where cash programming is feasible depending on market functionality, the food security sector will encourage humanitarian

partners to systematically consider and utilize cash transfer programming approaches. In 2017, many partners implemented restricted and unrestricted cash transfer programmes to address mainly food security and nutrition issues. For 2018, partners will be encouraged to develop strategic partnership with the government and private sector to further expand cash transfer programming in order to improve household conditions and support rapid recovery of the local economy.

As an exit strategy, short-term interventions will be complemented by medium / long-term interventions in order to promote efficiency and to eradicate the recurring causes of food insecurity in the country. The desired actions include promoting agricultural growth, community and institutional capacity-strengthening, improving household resilience and access to food, and strengthening the national early warning system and early action. In areas where emergency operations are reduced, a food safety net through food vouchers, cash transfers and school feeding programmes (NSCP) will be put in place in order to assist those affected by most severe form of chronic food insecurity, as well as facilitate the rehabilitation of livelihood and agro-pastoral production systems while improving/building community and household resilience.

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

	BY STATUS			BY SEX & AGE	
	IDPs	Returnees	Others affected	% female	% children, adult, elderly*
PEOPLE IN NEED	-	-	1.3M	51%	50 46 4%
PEOPLE TARGETED	-	-	1.1M	51%	50 46 4%
FINANCIAL REQUIREMENTS	\$ 76.6M			*Children (<18 years old), adult (18-59 years), elderly (>59 years)	



PEOPLE IN NEED

 435k

PEOPLE TARGETED

 188k

REQUIREMENTS (US\$)

 4.9M

OF PARTNERS

 45

HEALTH OBJECTIVE 1:

1 Improve the capacities of Departmental Health Directorates to respond to emergencies.

RELATES TO SO4 

HEALTH OBJECTIVE 2

2 Improve access to quality lifesaving comprehensive sexual and reproductive health services for Haitian women of reproductive age (15-49 years) that are internally displaced or returned from Dominican Republic and strengthen the capacities of health service providers to implement the Minimum Initial Service Package (MISP) for reproductive health in preparation for the future crises.

RELATES TO SO3 , SO4 

HEALTH

Changes in humanitarian needs

In 2017, humanitarian needs in the health sector were specifically oriented towards response to the needs of populations of the departments affected by Hurricane Matthew. The humanitarian situation in 2018 will be similar to the preexisting condition before the hurricane, however with a few additional concerns such as the weak health system at organizational and structural level; persistent difficulties regarding access to healthcare in some communes (in isolated areas and departments affected by Matthew); health issues of returnees from Dominican Republic; and the high incident rate of some pathologies encountered – Acute Respiratory Infections (9.3%), diarrheal diseases (7.2%). There is also the issue of the possible resurgence of a malaria epidemics in the Grand'Anse, Sud and Nippes departments due to many factors, including changes in the ecological environment, movement of people from neighboring localities, and the limited supply of long lasting insecticide treated nets (LLINS).

Haiti is not well prepared to respond to disaster situations even though this is necessary in view of the country's vulnerability to natural disasters and epidemics. There is organizational weakness in terms of preparedness and response both at national and departmental level. Therefore, there are some relevant initiatives that would need to be strengthened and extended throughout the country. In addition, an estimated 35% of Haitian women don't have

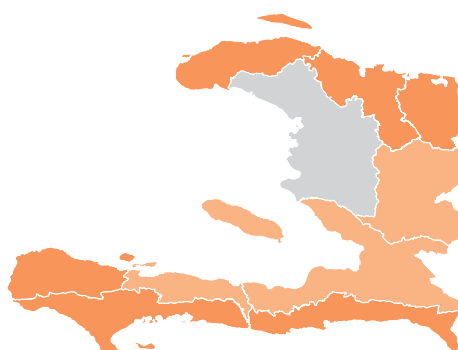
their family planning needs met (50% among girls aged 15-24 years)²⁷. The weak health system is also contributing to nearly 64% of Haitian women who do not give birth in health facilities, which in turn contributes to a high maternal mortality rate of 359 deaths per 100,000 live births. During the acute phase of an emergency these figures risk becoming much higher.

A total of 435,250 vulnerable people will require assistance from the health sector in 2018 comprising of access to primary health, reproductive health and maternal and child health (including vaccinations). This includes 39,311 IDPs still in camps since 2010 earthquake and Hurricane Matthew and 96,000 projected returnees from Dominican Republic who may also require specialist health services (30,000 of whom are women of reproductive age 15 to 49 years). An additional 300,000 persons who are likely to be affected by cyclones or flooding in 2018 – given the vulnerability of the country and frequency of disasters – were also considered in the estimation of the total number of people in need.

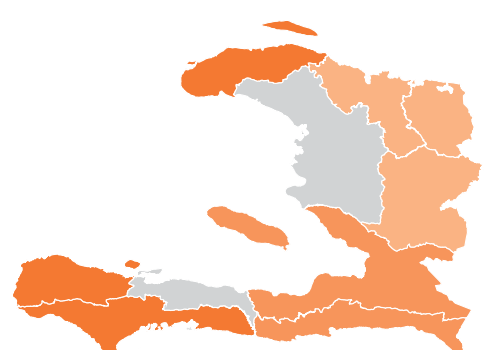
Revised Response Strategy

The health sector will be targeting 188,279 most vulnerable people in 2018: children younger than 5 years of age; women of reproductive age (WRA) needing family planning services and those at risk of sexual violence who might require specialized medical services, psychosocial support and gender-based violence support services;

SEVERITY MAP



PRIORITY MAP



HEALTH OBJECTIVE 3

3 Improve the country's capacities to adequately respond to a probable diphtheria outbreak (sampling of potential cases, active contact tracing, case management and local response).

RELATES TO SO2 

HEALTH OBJECTIVE 4

4 Strengthen support for rapid response to malaria outbreaks, to strengthen monitoring, evaluation, and surveillance at the community level, to intensify behavioral change communication, and to support partnerships at the local level in the fight against malaria..

RELATES TO SO2 

and pregnant women who will require maternal and neonatal health services in 2018. The sector's strategy will be focused on preparedness to face crisis such as hurricanes, epidemics and floods that might most likely occur in 2018. Consequently, the target population was estimated with due consideration of the departments most vulnerable to floods and hurricanes (Nord, Nord-Est, Nord-Ouest, Grand'Anse, Sud, Sud-Est) as well as the departments with IDPs remaining from the 2010 earthquake (Ouest) and Hurricane Matthew (Grand'Anse, Sud) as well as the projected returnees from the Dominican Republic (Nord-Est, Centre).

The response of the health sector will emphasize the development of response plans that are adapted to different scenarios, the improvement of the coordination of partners involved in the response, contingency stockpiling, and capacity building for staff and managers. In addition, the capacities of health institutions will be reinforced to ensure the management of traumatic emergencies and to provide epidemiological surveillance throughout the country. The sector will also aim to not only provide lifesaving reproductive health emergency interventions in currently affected areas but to also continue to strengthen the capacities of health service providers to implement the Minimum Initial Service Package (MISP) for reproductive health in preparation for the future crises. This includes provision of lifesaving medical services and psychosocial support to survivors of sexual violence.

The humanitarian response will focus primarily on the communes in departments most vulnerable to cyclones and floods, knowing that this will also make it possible to

better apprehend all other exceptional health situations.

The response will be broken down in different aspects:

- Strengthening the organizational capacities of Departmental Health Directorates to manage health crisis. This reinforcement will include development of response plans for different crisis situations; training and simulations; and contingency stockpiling.
- Strengthening health services to properly handle secondary and life-threatening emergencies.
- Strengthening the epidemiological surveillance system to detect any unusual phenomena, particularly for communicable diseases.

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

	BY STATUS			BY SEX & AGE	
	IDPs	Returnees	Others affected	% female	% children, adult, elderly*
PEOPLE IN NEED	39K	96K	300K	50%	38 60 2%
PEOPLE TARGETED	10K	21K	157K	58%	36 59 5%
FINANCIAL REQUIREMENTS	\$ 4.9M			*Children (<18 years old), adult (18-59 years), elderly (>59 years)	



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



NUTRITION

Changes in humanitarian needs

Food insecurity is one of the major contributors of malnutrition, particularly during humanitarian emergencies. In 2017, the country benefitted from a normal agricultural season as a result of favorable climatic conditions although inflation on staple food prices remained high. The IPC classification indicated that two departments were in “crisis” (IPC Phase 3) in October 2017 compared to seven departments in January 2017. This shows an improvement in the overall food security situation over time although 1.3million of rural Haitians are still considered as highly food insecure. However, the lack of updated data on the nutrition situation in the country presents a severe limitation in assessing nutrition needs and trends over time.

The most recent national surveys showed that the overall nutrition situation has remained under control: the range of the Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) prevalence improved from 3.8 - 8.3% and 0.7 - 2% respectively for 2016 SMART survey conducted in May - June 2016 to 1.5 - 5.9% and 0 - 1.2% according to the Demographic and Health Surveys (DHS) carried out between November 2016 and April 2017²⁸⁻²⁹. These surveys, however, provide departmental estimates that may overshadow pockets of malnutrition. A SMART survey was carried out in August 2017 in 20 out of the 31 communes of Grand'Anse and Sud – the two departments most affected by hurricane

Matthew in 2016. The result showed that one out of the 20 communes surveyed had a GAM prevalence above the 10% threshold³⁰. However, all these results need to be interpreted in the light of aggravating factors which may prevail in the surveyed areas such as high incidence of infectious diseases, especially Acute Watery Diarrhea (AWD) and cholera which are highly prevalent in Haiti and the fact that the country is prone to natural disasters.

The nutrition humanitarian needs for 2018 will potentially concern 228,800 people in Grand'Anse, Sud, Sud-Est, Artibonite, Nord-Est, Nord-Ouest and Nord. An estimated 75,900 children under-5 years 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, 25,200 and 50,700 children are expected to suffer from severe acute malnutrition (SAM) and moderate acute malnutrition (MAM), respectively. Furthermore, an estimated 152,900 children under-2 years will require preventive actions, particularly promotion of key infant and young child feeding (IYCF) and care practices in emergencies, and provision of micronutrient supplementation to improve the quality of their diet and prevent deterioration of their nutritional status.

NUTRITION OBJECTIVE 1:

1 Reduce morbidity and mortality associated with acute malnutrition in children under 5 living in disaster affected communities.

RELATES TO S01 , S04 

NUTRITION OBJECTIVE 2

2 Provide nutritionally vulnerable groups living in disaster affected communities with micronutrient supplementation assistance to improve the quality of their diet.

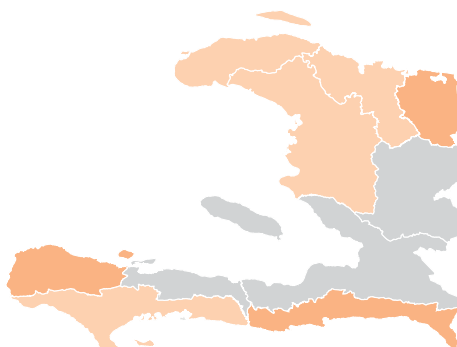
RELATES TO S01 , S04 

NUTRITION OBJECTIVE 3

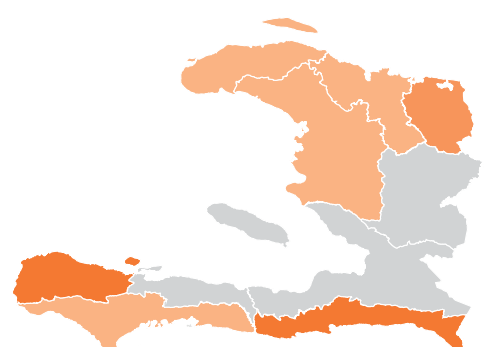
3 Facilitate the strengthening of the capacity of National and departmental MSPP capacity for timely, coordinated, and effective response to nutrition crisis.

RELATES TO S04 

SEVERITY MAP



PRIORITY MAP



Revised Response Strategy

In 2018, the Nutrition sector will target 50% of the humanitarian needs for curative and preventive nutrition interventions. The Nutrition sector intends to reach 37,950 children suffering from acute malnutrition (12,600 with severe acute malnutrition and 25,350 with moderate acute malnutrition), and 76,450 children under two at risk of malnutrition requiring support for positive feeding and care practices as well micronutrient supplements.

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

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

sectoral contingency plans, to improve emergency preparedness and response, and to advocate for resources mobilization. Emergency nutrition interventions will be planned, implemented and monitored in close collaboration with sector stakeholders specifically with MSPP to ensure alignment with national strategies and response plans. The humanitarian response will be coordinated by MSPP with support from UNICEF, the nutrition cluster lead, through re-activation and/or establishment of nutrition coordination platform at national level and in the departments affected by a disaster.

Implementing partners will support local capacities at institutional and community level to deliver the minimum package of emergency nutrition interventions to sustain and retain response capacity beyond the crisis as an exit strategy. This will be done through capacity building of health managers, health care providers and community agents, provision of nutrition commodities and other supplies, and mobilization and sensitization of community members and leaders. In addition, multi-sectorial integration particularly with the Food Security, WASH and Health sectors will be promoted to address the multiple causes of malnutrition, and ensure convergence of sectoral responses in terms of geographical coverage and population groups. The nutrition sector will advocate for mainstreaming of nutrition in other sectors for delivery of nutrition-sensitive interventions targeting the most vulnerable groups (children under-five and pregnant and lactating women [PLW]).

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

	BY STATUS			BY SEX & AGE	
	IDPs	Return-ees	Others affected	% female	% children, adult, elderly*
PEOPLE IN NEED	-	-	229K	52%	100 0 0%
PEOPLE TARGETED	-	-	57K	52%	100 0 0%
FINANCIAL REQUIREMENTS	\$ 2M			*Children (<18 years old), adult (18-59 years), elderly (>59 years)	



PEOPLE IN NEED

 596k

PEOPLE TARGETED

 135k

REQUIREMENTS (US\$)


 7.8M

OF PARTNERS

 31

PROTECTION OBJECTIVE 1:

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

RELATES TO SO3 

PROTECTION OBJECTIVE 2

2 Ensure access of comprehensive quality response services for vulnerable people affected by emergencies, in particular women, children.

RELATES TO SO4 

PROTECTION OBJECTIVE 3

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

RELATES TO SO3 

PROTECTION

Changes in humanitarian needs

An estimated 595,620 people will need protection support in 2018: this includes IDPs remaining in camps since the 2010 earthquake, returnees from Dominican Republic and people affected by natural disasters in 2016 and 2017 with unmet needs and who are vulnerable to protection risks. In the context of post-Hurricane Matthew, amidst frequent occurrences of natural disasters, and the bi-national migration crisis; the main protection concerns in Haiti can be further classified under child protection, gender-based violence (GBV) and IDPs/trans-border population issues.

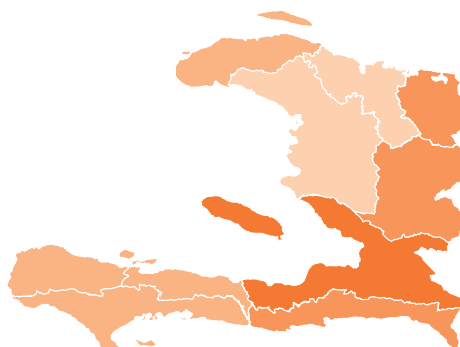
Child protection: Approximately 15,000 children still live in IDP camps in the greater Port-au-Prince area and are subject to many deprivations. In addition, as infrastructures of residential care centers (also known as orphanages) were damaged by the hurricane, around 4,500 children in these institutions need assistance. Most of these children are not orphans hence urgent assistance is needed to ensure documentation and re-establishment of family links. This is also applicable for unaccompanied children deported from Dominican Republic.

Protection from GBV: In Haiti, the existing patterns of GBV incidents place survivors at higher risk of GBV during humanitarian emergencies. The 2012 National Health Survey (EMMUS V) found that 28% of women (15-49 years) had experienced physical violence from the age of 15, with

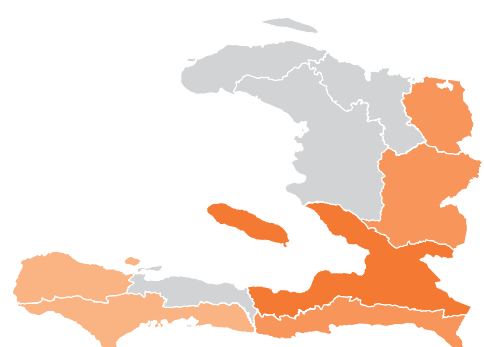
10% having experienced violence in the previous 12 months. Sexual violence is also high with 13% of the women reporting that they had experienced sexual violence at some time in their life. The estimated 596,000 people in need of protection in 2018 includes over 30,000 women of reproductive age (WRA) who are particularly vulnerable as IDPs and returnees from the Dominican Republic. This also includes women and girls in areas still recovering from natural disasters (2016 Hurricane Matthew and 2017 Hurricanes Irma and Maria) who are likely to have increased vulnerability to GBV in 2018.

Protection for IDPs and “trans-border population”: There are about 736,730 people, including 355,640 children, considered as “trans-border population” in the border area between Haiti and Dominican Republic. It is estimated that about 20 to 25% 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. In this same vein, IOM reported that 230,242 individuals (32% female and 68% male) were voluntarily registered when crossing the Haitian-Dominican Republic border into Haitian territory between June 2015 and October 2017 – a combinations of deportation and spontaneous returns. Many spontaneous returns occur under the pressure of various threats, lack of protection and fear of deportation.

SEVERITY MAP



PRIORITY MAP



Revised Response Strategy

In 2018, the Protection sector will prioritize those in acute need of protection assistance and will target 135,250 people - 39,267 IDPs and 95,983 vulnerable returnees. The sector will continue to reinforce the prevention and mitigation of protection risks of the most vulnerable groups affected by, or at high-risk of, humanitarian emergencies. This includes continuing to focus on strengthening protection monitoring and referral mechanisms through community-based approaches in order to prevent and respond to immediate protection risks. Interventions will be based on a comprehensive gender analysis using gender and age markers and will focus on ensuring strong and effective referral pathways as well as adequate capacity to provide immediate response in order to decrease vulnerability and exposure to risks. At-risk groups include internally displaced populations, unaccompanied or separated children, returnees from the Dominican Republic, survivors of GBV and victims of human trafficking as well as vulnerable populations such as adolescent girls (particularly young mothers), elderly women, women and single-parent households, LGBTIQ persons and people living with disabilities.

Transversal themes of this response strategy include the reinforcement of local structures and community mechanisms and accountability to affected populations to ensure community participation and

feedback including engagement support to livelihoods and durable solutions. Cross-sectoral links with Education, Health, Nutrition, Food Security and Early Recovery sectors will ensure that the needs of the most vulnerable are prioritized. Further, gender, age and protection mainstreaming will ensure that women, girls, boys and men in different age groups and groups with specific vulnerabilities are considered throughout the Humanitarian Program Cycle³¹. For 2018 projects, the IASC Gender and Age Marker (GAM) will be used in both the design and monitoring phases of projects to target women, girls, boys and men in different age groups and groups with specific vulnerabilities considering gender analysis, tailored activities, participation in project management and User Satisfaction³²⁻³³. This includes using the Gender Equality Measures (GEMs) Framework in the design process, in the needs analysis, in developing activities, and in measuring outputs/outcomes.

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

	BY STATUS			BY SEX & AGE	
	IDPs	Returnees	Others affected	% female	% children, adult, elderly*
PEOPLE IN NEED	39K	118K	438K	49%	39 57 4%
PEOPLE TARGETED	39K	96K	-	40%	27 72 1%
FINANCIAL REQUIREMENTS	\$ 7.8M			*Children (<18 years old), adult (18-59 years), elderly (>59 years)	



PEOPLE IN NEED


810k

PEOPLE TARGETED


546k

REQUIREMENTS (US\$)


10.8M

OF PARTNERS


57

RECOVERY OBJECTIVE 1:

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

RELATES TO SO4 

RECOVERY OBJECTIVE 2

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

RELATES TO SO1 , SO4 

RECOVERY OBJECTIVE 3

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

RELATES TO SO4 

RECOVERY

Changes in humanitarian needs

Despite the efforts made during the immediate response to Hurricane Matthew in October 2016, the Recovery Group estimates that 810,444 people still need further support including economic, infrastructural rehabilitation and livelihood stabilization to ensure recovery from the impact of the hurricane as well as preparedness for future shocks. Vulnerable communities need support for economic stabilization through employment interventions, support to local enterprises, informal commerce infrastructure that enable cash injection into the local economy and mobilize activities that benefit entire communities. In addition, small businesses and micro-enterprises that lost productive assets have not been able to recover. Access to credit and financial solutions for small farmers and enterprises needs further development in a context where over 1.32 million people are highly food insecure (classified in phases 3 and 4) and with another 3 million in IPC phase 2.

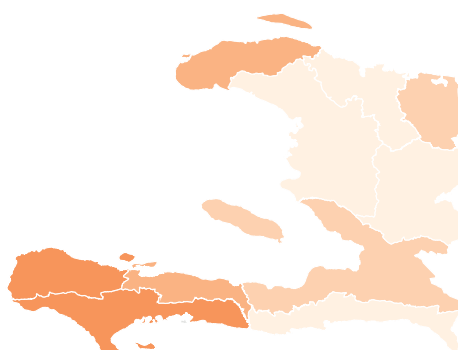
Furthermore, preparedness actions, critical community and service infrastructure rehabilitation remain among the key needs for 2018. Efforts to reinforce capacity in preparedness and response must be increased while coordinating with other sectors to ensure that recovery and durable solutions are mainstreamed into their programmes, actions and activities from the onset. The Haitian authorities require further capacity strengthening at the national and departmental level in data and knowledge

management, contingency planning, and coordination of actors. This is critical to increase resilience and the capacity to anticipate future shocks and crises. The frequency of disasters, their diversity and intensity require adequate prevention and response mechanism fitting with the community and authority's needs. Actions to preserve protected areas are also critical to prevent future degradation and build resilience against the impact of future disasters.

Revised Response Strategy

As part of the response strategy for 2018, the Recovery Group targets 546,192 people living in Grand'Anse, Nippes, Nord, Nord-Est, Nord-Ouest and Sud; the 6 departments that are most prone to natural disasters. This response will promote the engagement and empowerment of the local authorities and targeted communities in order to strengthen their ability to cope with the effects of crisis and ensure ownership. The response will integrate protection efforts to avoid unintentional inequality of services delivery and will focus on women and youth inclusion in the programmes. Vulnerable groups, such as the elderly and persons with disabilities (PwDs), will be specifically targeted by social protection programmes focusing on addressing both their social and economic vulnerabilities. The approach will put emphasis on dignity and the respect of affected communities while ensuring a close communication with them (not just with beneficiaries) to allow a good understanding

SEVERITY MAP



PRIORITY MAP



of their needs and priorities, the reporting of deficits in terms of targeting, and accountability with regard to the assistance provided or the behavior of humanitarian actors.

In terms of geographical reach, the Group intends to cover remote areas where affected communities have not received much assistance so far. The Group will continue to advocate in the inter sectorial coordination group for the mainstreaming of recovery interventions in all sectorial groups, and will strengthen its collaboration with the Protection, Food Security and Shelter sectors in particular, to work on durable solutions. This strategy will not only contribute to the implementation of the post-Matthew Disaster

Needs Assessment (PDNA) recovery strategy, but more broadly, to the Government’s vision of moving from the humanitarian response to a medium/longer term recovery and development approach in line with Haiti’s objective to become an emerging country by 2030. The strategy is also in line with the commitments of the World Humanitarian Summit to work differently to change people’s lives by moving from delivering aid to ending need.

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

	BY STATUS			BY SEX & AGE	
	IDPs	Returnees	Others affected	% female	% children, adult, elderly*
PEOPLE IN NEED	-	-	810K	55%	0 90 10%
PEOPLE TARGETED	-	-	546K	55%	0 90 10%
FINANCIAL REQUIREMENTS	\$ 10.8M			*Children (<18 years old), adult (18-59 years), elderly (>59 years)	



SHELTER/NON-FOOD ITEMS (NFI)

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



Changes in humanitarian needs

One year after the passage of Hurricane Matthew, its negative impact on shelter and housing conditions of the most vulnerable communities is still outstanding. The large scale NFI and shelter distributions could only respond to the immediate needs of an estimated 245,000 households. Sustainable repairs were only provided to about 20,100 households covering 20% of the needs at national level while only 4% of households requiring new constructions benefited from such assistance in 2017. Families that didn't receive any other support besides the immediate NFI assistance or the most vulnerable families with no resources to repair/reconstruct their houses are now living in makeshift, poorly constructed shelters; in extremely precarious conditions; with lack of or low security, personal safety, and dignity; and totally exposed to natural risks. These households need immediate access to safe, adequate and durable shelter solutions.

The Post-Disaster Needs Assessment (PDNA) following Hurricane Matthew revealed that an estimated 237,414 households were affected by the hurricane, of which 99,975 had their houses strongly damaged and 103,967 totally lost their homes. Destroyed houses are mostly concentrated in rural communities, located in remote and hard-to-reach areas and consisted of hovels, poorly constructed timber, and light roofing constructions. Most of these rural communities are the most vulnerable and include the population group most at-risk in

terms of access to food security, sanitation and livelihood opportunities. The total loss of their homes also often means the total loss of their belongings, seeds, fishing tools, crops and livestock.

The Shelter/NFI sector estimates that 944,325 people will be in need of assistance in 2018, particularly in Grand'Anse, Sud, Nippes, Nord-Ouest, Sud-Est, and Ouest (La Gonave Island) – the departments affected by Hurricane Matthew.

Revised Response Strategy

In 2018, the Shelter/NFI sector will be targeting 320,000 people primarily in Grand'Anse, Sud, Nippes, Nord-Ouest, Sud-Est and Ouest and providing them with assistance to meet their Shelter/NFI related humanitarian needs. Priority will be given to areas not yet covered or partially covered by partners in 2017 with a special attention to population living in hard-to-reach areas and the households still displaced in school buildings and in make-shift shelters and camp-like settlements. The interventions will include the provision of core houses to 15,000 households and repairs for 9,000 households whose houses were heavily damaged.

Core - Houses construction and repairs of heavily damaged houses are sustainable solutions that will be provided for those who received only the initial shelter emergency assistance after the Hurricane and who are not capable of providing for themselves in terms of house repairs and construction. For beneficiary selection, partners will consider

SHELTER/NFI OBJECTIVE 1:

1 Ensure the safety, security, and dignity of girls, boys, women and men still affected by Hurricane Matthew, through the provision of durable shelter solutions at their place of origin.

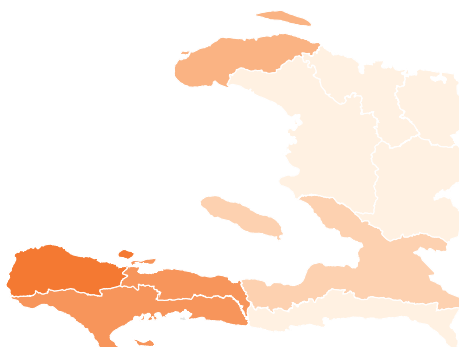
RELATES TO SO4

SHELTER/NFI OBJECTIVE 2

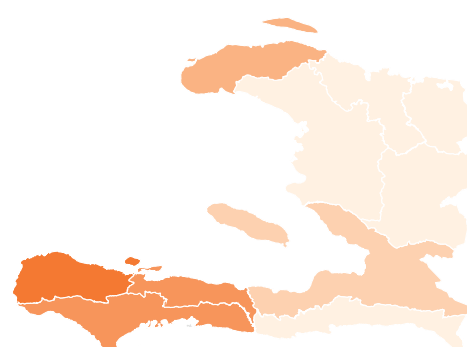
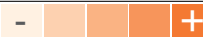
2 Ensure coordinated Shelter/NFI emergency rapid response through the constitution and management of emergency Shelter/NFI contingency stock.

RELATES TO SO4

SEVERITY MAP



PRIORITY MAP



recognized humanitarian standards and will identify the most-at-risk groups such as female heads of households, children, the elderly, disabled people and people living with HIV/AIDS.

The Shelter/NFI sector aims to provide assistance based on recent directives given by the Government in July 2017 for ‘core –house’ construction in the context of the “The Conceptual Framework for Recovery in the Housing sector”. The Building Back Safer (BBS) approach promoted in 2017, as well as all relevant official technical guidelines and norms existing in the country will continue to be the reference-point orientating the adoption of technical solutions. The Shelter/NFI sector will closely coordinate with CCCM and Protection sectors in providing durable solutions for the population targeted.

The involvement of local authorities, community and households (based on equal participation of men and women) will be promoted in the beneficiaries’ identification processes, program planning and implementation while also supporting owner-driven approaches. The sector will adopt methodologies which have proved to

be effective over the years in Haiti including conditional cash / voucher systems for procurement of construction material, tailoring and adapting technical solutions to the Haitian context such as the use of traditional and vernacular designs.

Considering the need for preparedness for natural disasters in Haiti; contingency response capacity will be reinforced in 2018 and existing contingency stocks will be replenished. NFI kits will be replenished and prepositioned in a manner that national coverage can be attained in case there is an occurrence of disaster of great magnitude in 2018. NFI kits covering 200,000 persons will be procured to replenish and increase the existing stock. As an exit strategy, relevant technical trainings and/or technical support activities will be implemented while also investing in local human resources when available.

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

	BY STATUS			BY SEX & AGE	
	IDPs	Returnees	Others	% female	% children, adult, elderly*
PEOPLE IN NEED	-	-	1M	52%	40 53 7%
PEOPLE TARGETED	-	-	320K	52%	44 49 7%
FINANCIAL REQUIREMENTS	\$ 103.8M			*Children (<18 years old), adult (18-59 years), elderly (>59 years)	



PEOPLE IN NEED

 1.2M

PEOPLE TARGETED

 896K

REQUIREMENTS (US\$)

 6.3M

OF PARTNERS

 60

WASH OBJECTIVE 1:

1 Ensure access to safe water and sanitation with hygiene promotion in areas highly affected by cholera or other acute diarrheas.

RELATES TO S02 

WASH OBJECTIVE 2

2 Ensure access to safe water and sanitation with hygiene promotion in highly food insecure areas affected by severe acute malnutrition.

RELATES TO S01 

WASH OBJECTIVE 3

3 Ensure uninterrupted access to safe water, hygiene items and sanitation to populations in disaster prone areas and increase their resilience to withstand water stress and shocks.

RELATES TO S01 , S04 

WATER, SANITATION & HYGIENE

Changes in humanitarian needs

Over the years, Haiti has been hit by several hydro-meteorological hazards such as Hurricane Sandy in 2012, El Niño drought in 2015, Hurricane Matthew in 2016 and to a much lesser extent, Hurricane Irma in 2017, leaving little room for the country to recover and rehabilitate damaged WASH infrastructures and consolidate WASH services. Given the prediction of the United States' National Oceanic and Atmospheric Administration (NOAA) regarding the predicted La Niña phenomenon (55-60% chance) in 2018 that might increase the occurrence of hurricanes in the Caribbean, there is a fair probability that Haiti will be hit by a hurricane in 2018 - most likely in the northern and southern departments³⁴. In a country with already weak WASH infrastructures and services where 45% of the population are without access to improved water source, 31% practice open defecation and 75% are without access to a handwashing facility with soap; recurring natural disasters have exacerbated the vulnerability of Haitians - a population that is currently facing the second largest active cholera epidemic and with high rates of water borne diseases.

Haiti has been facing one of the largest cholera epidemics since the 21st century, cumulating in over 800,000 suspected cases and 6,000 deaths. On account of the strengthened WASH-Cholera response, based on the mid-term (2016-2018) of the National Plan for Cholera Elimination (PNEC), 2017 registered the lowest annual record of cases

to date. Although cholera has almost been eliminated in the southern and northern departments, outbreaks remains active in Ouest, Artibonite and Centre departments. Urban areas have been identified as persistent hubs and need proactive WASH interventions in 2018 in order to maintain the decreasing trend of number of suspected cases in 2017. In addition, the Integrated Food Security Phase Classification shows that 1.3 million people are living in severe acute food insecurity (IPC Phase 3 and 4). This relates to low water availability for drinking, cooking, personal and domestic hygiene; a factor which is also one of the criteria used for estimating food insecurity and malnutrition.

The WASH sector estimates that 1,221,800 people located in vulnerable areas of Haiti are in need of WASH humanitarian assistance in 2018. This includes areas most likely to be hit by a hurricane in 2018, areas with high Cholera or Acute Watery Diarrhea (AWD) outbreaks and areas in IPC phase 4 as of September 2017.

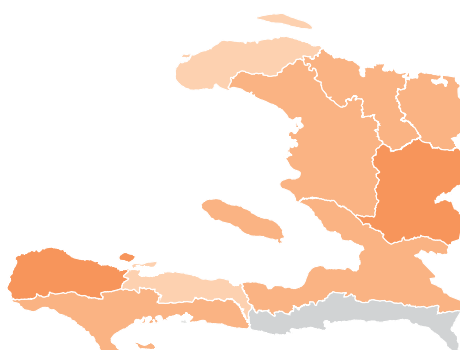
Revised Response Strategy

In total, 896,144 people located in vulnerable areas of Haiti will be targeted for WASH assistance in 2018. The response strategy incorporates 3 axes:

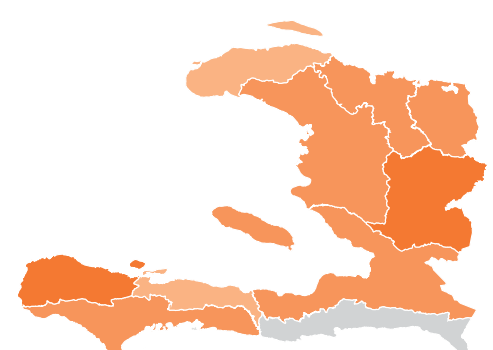
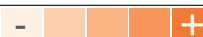
1. Disaster Preparedness and Risk Reduction

The WASH sector will prepare for 2018 hurricane season to mitigate the impact of hurricanes on WASH infrastructures

SEVERITY MAP



PRIORITY MAP



and services. The National Emergency Response Directorate would be strengthened through the harmonization of assessment tools, departmental hazard mapping and the elaboration of response strategies. Contingency plans will be updated and refreshment training of staff provided, along with maintenance of existing emergency equipment. Preparedness will not only consist of the prepositioning of humanitarian contingency stock but also on local market response capacity. Pre-Crisis Market Analyses will be conducted in each department to assess vendors' capacity to provide essential WASH items in case of emergency. WASH infrastructures such as water sources, pipes, boreholes, water points, communal sanitary blocs, frequently hit by hurricanes will be physically protected to withstand disasters.

In addition, pre-identified shelters will be upgraded to be compliant to WASH standards in terms of water storage, supply, latrines and handwashing facilities. The emergency response will consist partly of vouchers distribution, depending on the result of Pre-Crisis Market Analyses.

2. Cholera/ AWD prevention

WASH actors will be highly involved in the Cholera-WASH response as guided by the Cholera sector in areas highly affected by cholera or AWD or identified as persistent areas. These Shield Projects will aim at reducing the immediate risks of cholera or AWD transmission and will consist of targeted urban or rural WASH activities such as rehabilitation and chlorination of water points, support of DINEPA in the systemic chlorination of drinking water supply systems (SAEP), construction of sanitary blocs around markets and public places,

bloc management strengthening, latrine emergency desludging, and promotion of hygiene and use of household water treatment products.

3. Contribution to the improvement of food security situation

The response will ensure that the minimum WASH SPHERE standards are met in communities in IPC emergency phase 4. WASH actors will coordinate with the regional and departmental sections of the National Directorate for Potable Water and Sanitation (DINEPA) to map WASH development projects in progress.

Humanitarian solutions will be provided in the meantime to fill the gap in order to ensure minimum WASH standards by implementing short-term solutions such as quick rehabilitation of water points; emergency chlorination; networks extension; indirect subventions for latrine constructions for extremely vulnerable coupled with the Community Approach to Total sanitation (CATS) where applicable as well as sensitization on proper defecation practices and use of soap and chlorine to treat water in schools, public places and at household level.

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

	BY STATUS			BY SEX & AGE	
	IDPs	Returnees	Others affected	% female	% children, adult, elderly*
PEOPLE IN NEED	-	-	1.2M	51%	42 52 6%
PEOPLE TARGETED	-	-	896K	52%	42 52 6%
FINANCIAL REQUIREMENTS	\$ 6.3M			*Children (<18 years old), adult (18-59 years), elderly (>59 years)	

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OF PARTNERS



LOGISTICS

**Changes in humanitarian needs**

Haiti is ranked 159th out of 160 countries on the Last World Bank Logistics Performance Index report proving the difficulties in setting up efficient and cost effective operations in the country. The adverse impact on humanitarian operations is compounded by the fact that UN agencies and NGOs responding to humanitarian needs have to deliver assistance to beneficiaries in the most remote corners and hard to reach areas of Haiti.

The main challenges include bad conditions of roads infrastructure, difficulty in reaching distribution points from city centers, lack of in-country service providers capable of offering services such as customs and forwarding operations, high volume coastal transport and, helicopter transport for cargo and passengers.

In addition, despite the combined efforts made in the recent years to curb the level of security incidents in Haiti by the UN Mission for the Stabilization of Haiti (MINUSTAH), the Haitian National Police and Local authorities, the security situation along the delivery corridors is still a major concern.

Revised Response Strategy

The Logistics sector strategy in Haiti in 2018 will focus on investing in preparedness initiatives in order to improve the quality and effectiveness of operational response to emergencies. Supply chain market intelligence and Logistics Capacity Assessments will be key to achieving this goal.

In 2018, the Logistics sector will continue the Haiti Preparedness Project initiated following the response to Hurricane Matthew in 2017. The project is aimed at creating a platform uniting all stakeholders - humanitarian organizations, the Haitian Civil Protection (DPC) and the private sector - in order to enhance collaboration and design common supply chain preparedness plans. In 2018, this project will include the creation of a GIS-based supply chain preparedness platform, mapping infrastructure, capacities and bottlenecks allowing supply chain analysis.

The Logistics sector intends to improve the logistics capacity in 2018 while also setting up an emergency logistics response stock in order to enhance overall operational response capacity. In this regard, the sector has initiated a project to be completed in 2018. The project will be aimed at building a stock of generators, mobile storage units, forklifts and prefabs stored in kits ready to be deployed within 24 hours of the occurrence of a disaster in order to set up a logistics base for the humanitarian community.

Given the fact that the sector can be called to provide logistics support in any part of the country, depending on where the humanitarian disaster would occur, its initiatives will cover all the departments of Haiti. However, the prepositioning of logistics emergency equipment will be done in Logistics bases in Port-au-Prince, Gonaives and Cap Haitian, allowing to have the capacity to deploy most of the assets within 48 hours to any location in the country.

LOGISTICS OBJECTIVE 1:

1 Enable the humanitarian community reach the populations affected by disasters and cholera spikes in the most hard to reach areas.

RELATES TO SO2 , SO4 

LOGISTICS OBJECTIVE 2

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

RELATES TO SO4 

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REQUIREMENTS (US\$)



OF PARTNERS



COORDINATION & SUPPORT SERVICES

Changes in humanitarian needs

In 2017, sectoral-based coordination mechanisms and strategies were maintained at national level in Port-au-Prince and departmental level in Sud and Grand'Anse - the most affected by Hurricane Matthew in October 2016. Towards the end of 2017, a coordination mechanism was activated in Nord-Est department to effectively respond to the consequences of Hurricane Irma in the northern departments (the most affected by the hurricane) - and the binational situation in the northern parts of the Haitian-Dominican Republican border. Subsequently, the coordination mechanisms responding to the effects of hurricane Matthew in the 'Grand Sud' were merged into one, presently in the Sud department.

Humanitarian coordination and strategies are essential to plan and coordinate humanitarian response with national and international actors in view of the fragile and deteriorating humanitarian and political context, combined with structural gaps in national coordination structures. Enhanced and strengthened sectoral-based coordination mechanisms will remain necessary to support the Humanitarian Coordinator (HC) and Humanitarian Country Team (HCT) in ensuring the effectiveness of humanitarian planning and response in order to tackle multiple and/or newly emerging needs. The vulnerability of Haiti to natural disasters propels the need for stronger coordination of response and preparedness activities, involving the Government of Haiti, the HCT and the humanitarian community as a whole. This will help to optimize the collective operational readiness to respond to disasters and deliver principled and effective assistance as the situation requires.

Revised Response Strategy

In 2018, the strategy will focus on ensuring and/or strengthening humanitarian coordination mechanisms and strategies at national and sub-national levels through the 121 humanitarian partners operating in the

country. Efforts will be made to ensure the alignment of the humanitarian coordination and funding mechanisms and strategies with national and other non-humanitarian coordination structures. The strategy consists of 3 priorities as follows:

1. Reinforcement of humanitarian coordination mechanisms and strategies

Coordination mechanisms and strategies around humanitarian sectors led by the respective Government Ministries and supported by specialized UN Agencies and INGOs will be strengthened. Humanitarian coordination mechanisms and strategies at the decentralized level will be equally reinforced through increased partnership between the Government, the UN, I/ NNGOs, and Haitian civil societies. In support of the Humanitarian Coordinator's role, OCHA facilitating the inter-sector working group, will continue to act as a catalyst of the intersect. OCHA will ensure the mainstreaming of cross cutting issues in humanitarian planning and response process and the referral of strategic issues to the HCT.

Emphasis will be maintained on fostering synergies between humanitarian and development processes, through increased linkages between the HCT and the UNCT. Protection, cross-cutting issues including cash programming and accountability to affected populations will be mainstreamed and prioritized in humanitarian actions while promoting and adapting the New Way of Working.

2. Reinforcement of Resource Mobilization

Resource mobilization will remain a major focus for the HCT in Haiti; particularly among non-traditional and emerging donors to ensure that necessary resources are available to support the timely implementation of priority humanitarian actions. Liaison will be maintained with development donors whose funding is critical to avoid the perpetuation of humanitarian needs as a result of chronic underdevelopment issues. Under the leadership of the HC and with the support of OCHA, humanitarian coordination

COORDINATION OBJECTIVE 1:

1 Reinforce humanitarian coordination mechanisms and strategies at national and decentralized level through increased partnership between the Government, the UN, I/NNGOs, and Haitian civil societies.

RELATES TO S01, S02, S03, S04



COORDINATION OBJECTIVE 2

2 Strengthen resource mobilization to enable timely, sufficient and coordinated humanitarian response to affected people

RELATES TO S01, S02, S03, S04



COORDINATION OBJECTIVE 3

3 Strengthen advocacy and information management tools and products to enable timely and efficient decision making.

RELATES TO S01, S02, S03, S04



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structures will ensure that projects identified and included in the Humanitarian Response Plan (HRP) respond to priority needs and that duplication is avoided. Strategic ties with development plans and funding mechanisms will also be reinforced. HRP will be revised and aligned with revised evidence-based needs analysis when needed to reflect the evolving context. Regular briefing meetings on humanitarian context, challenges, ongoing responses, gaps and opportunities will be organized for the donor community based in and outside Haiti.

needs of humanitarian partners and remain in line with the evolving context. In 2018, information on the humanitarian context, needs, responses, opportunities and gaps will be regularly developed and shared to relevant stakeholders through timely, quality and analytical OCHA's information management products (operational updates, situation reports, bi-monthly humanitarian bulletins, snapshots, fact-sheets, dashboards, 3Ws and websites among others).

3. Strengthening of Advocacy and Information Management

Linkages between humanitarian response, recovery and development actions will be ensured through the facilitation and/or participation in humanitarian planning and response mechanisms and strategies, sectoral tables, joint need assessments and other joint field missions. Information management tools will be adapted to the

Photo: OCHA/Rébar Jaff



GUIDE TO GIVING

CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN



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

www.humanitarianresponse.info/operations/haiti

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www.unocha.org/cerf/our-donors/how-donate

IN-KIND RELIEF AID



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

logik@un.org

REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS



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

PART III: ANNEXES



PART III: ANNEXES

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METHODOLOGY

The sectoral and inter-sectoral figures on people in need and needs severity as well as people targeted and prioritization of departments were calculated and determined using the following methodologies:

Humanitarian Planning Figures Estimates

Total Population: The total population was based on the 2015 population estimate of the Haitian Institute of Statistics and Informatics (IHSI)³⁵. The population estimate was originally disaggregated by age into two groups - below 18 years and above 18 years. For the HRP, the age groups were further disaggregated to include a group with people over 59 years based on USAID 2013 Haiti Baseline Survey which found that 6.4% of Haitian population are over 59 years old.

IDPs: The figures on the number of internally displaced persons was derived from October 2017 Displacement Tracking Matrix (DTM).

Returnees: The humanitarian planning figures for returnees was the aggregation of the number of people who returned from Dominican Republic in 2017 who will still require assistance in 2018 and the projected number of returnees from Dominican Republic in 2018.

- **The returnees from 2017 that will still be in need in 2018** was estimated based on vulnerability. The affected population per department was calculated based on the percentage of returnees who were either officially deported or claimed to be deported from Dominican Republic in 2017 according to the border monitoring statistics³⁶. The deportation rates in 2017 were approximately 56%, 73%, 32% and 27% in Centre, Nord-Est, Ouest and Sud-Est departments respectively. All deported returnees under 18 and over 59 were classified as in need. In addition, 60% of deported women (18-59) and 40% of deported men (18-59) were also grouped in this same category.
- **The projected number of returnees from the Dominican Republic in 2018** were estimated by calculating monthly averages of returnees per official entry points except for Anse-à-Pitres (Sud-Est) because of the peculiarity of its situation. Returnee figures drastically reduced since August 2016 in Sud-Est department after the closure of the temporary camp located in Anse-à-Pitres following the relocation program, hence using monthly average for this location would skew the data. Instead, returnee figures from August 2016 - July 2017 were replicated for 2018 for Sud-Est.

Sectoral needs severity and priority

Sectors estimated sector-specific severity of needs per department using a mutually agreed six-point severity scale (0

to 5). Each sector defined the set of indicators or indices that would best estimate the severity of needs in their sector. The thresholds for each indicator were subsequently defined along the six-point severity scale with the score of 5 being most severe. Severity scores were then allocated to each indicator or index per department. For sectors using a set of multiple indicators, the weighted average of their severity scores was calculated. Each indicator or index was allocated. The full list of indicators used to estimate sectoral needs severity can be found on the next page.

Inter-sector needs severity and prioritization

The inter-sector needs severity was calculated using the geometric mean of the normalized sectoral needs severity scores. This was done to accommodate the differences in the various indicators used to derive the sector-specific needs severity scores and to rescale the scores in order to have values between 0 and 5. The inter-sector needs severity was used in the prioritization of the response

Sectoral estimates of People in Need and Targeted

Sectors estimated the sectoral number of people in need and subsequently number of people targeted using the humanitarian planning figures agreed upon by all as well as sector-specific indicators. A table with the full list of indicators sectors used to estimate sectoral number of people in need can also be found at the end of this annex.

The number of people to be targeted per sector was estimated as a proportion of the number of people in need with due consideration of the most vulnerable population, feasibility of reaching beneficiaries as a function of time and operational capacity, and government's priorities. Some sectors such as Nutrition also factored in additional indicators in targeting people in need. Nutrition sector target people in areas with SAM prevalence above 1% and/or areas affected by Hurricanes Mathew, Irma or Maria.

Inter-sector estimates of People in Need and Targeted

The inter-sector number of people in need was estimated using the bottom-up approach. The maximum number of people in need per department across all population groups (IDPs, returnees and others affected) and across all sectors were calculated to avoid double counting. The resulting figures represented the inter-sectoral number of people in need per department, these figures were subsequently aggregated to calculate the overall inter-sector total number of people in need in Haiti in 2018. The same methodology was used to estimate the inter-sector number of people targeted.

INDICATORS/INDICES USED TO ESTIMATE SECTORAL NEEDS SEVERITY

SECTOR	INDICATOR
CCCM	Numbers of camps at risk of eviction
CCCM	Numbers of camps in areas at risk
CCCM	Number of people displaced in school buildings
Cholera	Number of suspected cholera cases in 2017
Cholera	Number of red alerts due to cholera in 2017
Cholera	Incidence rate of cholera
Cholera	In-hospital case fatality rate of cholera
Education	Number of affected children/schools in relation to the total school population
Food Security	IPC Classification
Health	Risk of hurricane
Health	Emergency service capacities
Health	Capacities of Health Directorates
Health	Access to emergency services
Health	Risk of flooding
Health	Risk of epidemics
Nutrition	Estimated prevalence of acute malnutrition
Nutrition	IPC classification
Protection	Number of most vulnerable Internally Displaced Persons(IDPs)
Protection	Number of most vulnerable Returnees from the Dominican Republic
Protection	Number of unaccompanied or separated children
Protection	Percentage of women at risk of GBV
Protection	Number of other vulnerable people
Recovery	Areas affected by hurricanes in 2016-2017
Recovery	Number of households who lost their livelihood assets or income support to hurricanes
Recovery	Hurricane-prone areas without plans or strategic measures to reduce the risk of disasters
Recovery	IPC classification
Shelter/NFI	Number of destroyed houses
Shelter/NFI	Number of severely damaged houses
WASH	Percentage of population with no access to an improved water source
WASH	Percentage of population practising open defecation
WASH	Number of suspected cholera cases
WASH	IPC severity
WASH	Hurricane-prone area

INDICATORS/INDICES USED TO ESTIMATE SECTORAL NEEDS SEVERITY

SECTOR	INDICATOR
CCCM	Number of IDPs
Cholera	Projected number of suspected cases of cholera in 2018
Education	Number of returnees from Dominican Republic (school-age children)
Education	Number of Displaced Persons (school-age children)
Food Security	Number of people in highly food insecure in classified zones (IPC phases 3 and 4)
Health	Number of IDPs
Health	Number of returnees from Dominican Republic who may require specialist health services
Nutrition	Prevalence rate of acute malnutrition
Protection	Number of IDPs
Protection	Number of returnees from Dominican Republic
Protection	Number of people that were affected by 2017 Hurricanes Irma and Maria
Recovery	Population affected by Hurricane Matthew and targeted in 2017 but not reached and still with unmet needs in 2018
Recovery	Population affected by Hurricanes Irma and Maria
Recovery	Number of people most affected by food insecurity (IPC analysis)
Shelter/NFI	Population affected by Hurricane Matthew and targeted in 2017 but not reached and still with unmet needs in 2018
WASH	Proportion of most vulnerable people in urban areas with cholera persistence
WASH	Proportion of most vulnerable people in areas with acute diarrheas outbreaks
WASH	Proportion of most vulnerable people in areas in IPC phase 4
WASH	Proportion of most vulnerable people in areas hit by hurricanes in 2017

OBJECTIVES, INDICATORS & TARGETS

Key: Priority

1: Funding at < 25%

2: Funding at 25-50%


3: Funding at 51-75%

4: Funding at > 75%



CCCM OBJECTIVES, INDICATORS AND TARGETS

 **CCCM Objective 1: Ensure the implementation of site specific and appropriate solutions to facilitate return or relocation of IDPs to enable the closure of camps from 2010; or to facilitate urban integration and/or formalization of camps.**

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of IDPs resident in camps benefiting from a cash grant to subsidize rent for relocation or benefiting from assistance to improve their living conditions	37,667	-	24,700	1
Number of camps closed following relocation or formalisation efforts	26	-	18	2

 **CCCM Objective 2 : Provide tailored, appropriate solutions to facilitate the safe and dignified return of the households displaced by hurricane Matthew**

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of households displaced by Matthew receiving tailored shelter assistance to return to their areas of origin	600	210	390	2

  **CCCM Objective 3 : Improve coordinated access to basic services and assistance to displaced populations in a protective environment**

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Percentage of the IDP camps and displacement sites visited to monitor the humanitarian situation	100%	-	100%	2
Number of Camp Committees with strengthened capacities on protection-related issues	26	-	25	3
Number of camps that received awareness raising sessions on hygiene promotion related topics	26	-	25	3
Number of displacement tracking products disaggregated gender and age regularly produced in coordination with government and concerned sectors	NA	-	12	2
Number of regular coordination meetings facilitated	12	12	12	3

CHOLERA OBJECTIVES, INDICATORS AND TARGETS

 **Cholera Objective 1: Ensure coordination and decision-making support for cholera control.**

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of WASH-Health inter-sectoral meetings held at national-level and with minutes shared	12	11	12	1
Number of departments with regular monthly coordination meetings	10	10	10	1
Percentage of suspected cholera cases confirmed at laboratory	100%	30%	75%	4

 **Cholera Objective 2 : Ensure access of the most vulnerable to preventive and curative care of cholera.**

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Percentage of institutional mortality	0%	1.08%	<1%	4
Percentage of active CTCs that meet MSPP reporting standards	100%	20%	100%	4
Number of Oral Rehydration Centers improved (PRO+) in place to reinforce management in outbreak sites	TBD	TBD	TBD	4
Number of people vaccinated in Centre and Artibonite departments	1,247,451	-	1,247,451	4

 **Cholera Objective 3 : Ensure the prevention of the transmission of cholera in communities.**

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of individuals benefitting from the 'cordon sanitaire' within 48 hours	TBD	701,000	720,000	4
Number of active rapid response teams (NGOs and MSPP)	73	73	73	4
Percentage of suspected cases responded within 48 hours	90%	87%	90%	4
Number of emergency water point chlorination activated in locations of outbreaks	N/A	900	800	4

EDUCATION OBJECTIVES, INDICATORS AND TARGETS

 **Education Objective 1: Create a favorable environment for the quick resumption of teaching and learning activities for repatriated children and in areas affected by Hurricane Matthew .**

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of children with access to schools equipped with appropriate furniture	N/A	0	30,000	1
Number of affected children (5-18 years) and teachers receiving learning materials to access education	143,000	0	100,000	1

 **Education Objective 2 : Restore quick access to education for repatriated children.**

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of repatriated children in targeted areas receiving special support to reintegrate into the Haitian school system	22,797	-	15,000	1



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

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of Ministry of Education personnel trained on contingency planning and DRR at central and local levels	N/A	-	50	3
Number of departmental directorates having a contingency plan	8	2	4	2


FOOD SECURITY OBJECTIVES, INDICATORS AND TARGETS

 **Food Security Objective 1: Improve the availability of and access to food for most vulnerable men and women, especially malnourished boys and girls under five and, pregnant and lactating women.**

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of women and men receiving food assistance (in-kind and/or cash, conditional and unconditional)	1,321,776	-	930,000	1
Number of individuals participating in market activities (beneficiaries, traders, mama sara,...)	1,321,776	-	N/A	1
Number of children benefiting from school feeding activities	N/A	425,00	425,000	2

  **Food Security Objective 2 : Strengthen the resilience-building of vulnerable populations to natural disasters, food and nutrition crises and support the restauration of livelihoods and emergency agricultural production.**



INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of households receiving seeds and planting materials	310,000	-	170,000	1
Number of fishery households receiving fishing equipments	11,000	-	4,000	2
Number of households benefitting from livestock protection intervention.	30,000	-	6,400	2
Number of farmers supported in the production of quality seeds	TBD	-	3,000	2
Number of km2 of watershed rehabilitated	TBD	-	9,000	3
Number of ha irrigated areas rehabilitated	15,000	-	900	3
Number of km of rural road rehabilitated	4,000	-	200	3

 **Food Security Objective 3 : Support the populations in developing community approaches that facilitate the sustainable recovery of the agricultural sector (agriculture, fisheries, and livestock) and effective management of natural resources.**

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of hectare of agroforestry systems restored, planted and in production	100,000	-	45,000	4
Number of vulnerable community members participating in the wood land and agroforestry restoration activities	TBD	-	35,000	4
Number of food processing and food conservation facilities rehabilitated	TBD	-	150	3
Number of vulnerable women and men involved in the income generating activities related to food conservation and processing	TBD	-	3,500	3
Number of Village Savings and Loan Associations (VSLA) set up	TBD	-	150	2
Number of community organizations (small farmer group, CBOs) supported and reinforced	TBD	-	TBD	2

NUTRITION OBJECTIVES, INDICATORS AND TARGETS


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  **Nutrition Objective 1: Reduce morbidity and mortality associated with acute malnutrition in children under 5 living in disaster affected communities.**

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of children under five treated for SAM	25,200	0	12,600	2
Number of children under five treated for MAM	50,700	0	23,500	3

  **Nutrition Objective 2: Provide nutritionally vulnerable groups living in disaster affected communities with micronutrient supplementation assistance to improve the quality of their diet.**

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of children 6-23 months receiving micronutrients powders	152,900	0	76,450	3


 **Nutrition Objective 3: Facilitate the strengthening of the capacity of National and departmental MSPP capacity for timely, coordinated, and effective response to nutrition crisis.**

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of MSPP departmental offices with adequate contingency nutrition supplies	10	10	10	2

HEALTH OBJECTIVES, INDICATORS AND TARGETS

 **Health Objective 1: Improve the capacities of Departmental Health Directorates to respond to emergencies.**


INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of Departmental Health Directorates with improved capacities to respond to emergencies	10	-	4	1

 **Health Objective 2 : Improve access to quality lifesaving comprehensive sexual and reproductive health services for Haitian women of reproductive age (15-49 years) that are internally displaced or returned from Dominican Republic and strengthen the capacities of health service providers to implement the Minimum Initial Service Package (MISP) for reproductive health in preparation for the future crises.**

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of internally displaced and returnee women of reproductive age 15-49 years with access to at least one component of the reinforced comprehensive sexual and reproductive health services	30,000	30,000	30,000	2


 **Health Objective 3 : Improve the country's capacities to adequately respond to a probable diphtheria outbreak (sampling of potential cases, active contact tracing, case management and local response).**

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Percentage of diphtheria cases responded to adequately	100%	-	80%	1

 **Health Objective 4 : To strengthen support for rapid response to malaria outbreaks, to strengthen monitoring, evaluation, and surveillance at the community level, to intensify behavioral change communication, and to support partnerships at the local level in the fight against malaria.**

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of malaria cases tested	TBD	165,000	165,000	2

PROTECTION OBJECTIVES, INDICATORS AND TARGETS

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

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of community organizations trained on Minimum Standards for Prevention and Response to GBV in Emergencies	100	-	100	2
Number of departments where SGBV prevention and response mechanisms are operational	10	2	10	1



Protection Objective 2 : Ensure access to comprehensive quality response services for vulnerable people affected by emergencies, in particular women, children.

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of functional departmental GBV coordination mechanisms in place with active referral pathways	10	2	10	2
Number of departmental specialized services (health, psychosocial, legal and security) following GBV guiding principles (confidentiality, security) that are available for survivors of GBV	10	1	10	2
Number of sectors that mainstream protection in their activities	10	4	7	1
Number of girls and boys who received recreational and/or psychosocial support activities	30,000	-	30,000	2
Number of unaccompanied and separated children assisted with interim care and family reunification support	4,000	-	4,000	1
Number of border resource centres aiming at receiving, informing and referring vulnerable migrants	4	3	4	1
Number of vulnerable migrants receiving assistance support at the border	TBD	-	4,000	1
Number of vulnerable IDP in camps are referred to protection services	TBD	-	TBD	1
Percentage of vulnerable persons referred to a Border Resource Center (BRC) for voluntary registration and onward referral	100%	-	60%	1
Number of Haitian women 15-49 years that are internally displaced or returned from Dominican Republic access at least one targeted activity on the prevention, mitigation and response to GBV	30,000	N/A	30,000	1
Number of community organizations throughout the 10 departments actively participating in departmental GBV coordination and referral mechanisms	774	774	500	3



Protection Objective 3 : Mitigate protection risks in particular for women, children and other vulnerable people and restore dignity through livelihood assistance while advocating for durable solutions through adequate policy framework at national level.

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of persons accessing social work interventions to prevent family separation	6,500	-	3,000	2
Number of people in targeted areas who receive community outreach on Prevention and Response to GBV in Emergencies and child abuse	155,000	-	77,400	2
Number of functional community-based protection structures / networks supported	500	145	100	3
Number of sectors Integrating IASC Gender-Based Violence Interventions in Humanitarian Action through GBV sector based action plans	10	NA	7	1
Number of authorities and protection actors trained on human trafficking and smuggling	2,000	418	2,000	2
Number of authorities and protection actors sensitized on protection/human rights and response preparedness	500	400	500	
Number of vulnerable migrants benefiting from access to documentation	4,000	-	4,000	1

Proportion of targeted high-risk communities (communes) that have developed and are implementing an action plan based on the Minimum Standards for Prevention and Response to GBV in Emergencies	100%	N/A	100%	3
Percentage of sector approved projects that include Gender and Age Marker code 2	100%	N/A	100%	1

SHELTER & NFI OBJECTIVES, INDICATORS AND TARGETS

Shelter & NFI Objective 1 : Ensure the safety, security, and dignity of girls, boys, women and men still affected by Hurricane Matthew, through the provision of durable shelter solutions at their place of origin.

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of housing units repaired and rehabilitated	79,464	20,511	9,000	-
Number of housing unit and/or core houses reconstructed	100,412	3,555	15,000	-
Number of still displaced households receiving tailored shelter assistance allowing them to return to their place of origin or finding alternative housing solutions	390	390	390	-

Shelter & NFI Objective 2 : Ensure coordinated Shelter/NFI emergency rapid response through the constitution and management of emergency Shelter/NFI contingency stock.

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of individuals who benefit from shelter/NFI kits assistance	325,000	125,000	40,000	-
Number of regular coordination meetings facilitated	24	12	24	-

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RECOVERY OBJECTIVES, INDICATORS AND TARGETS

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

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of local operational organizations reinforced	N/A	6	15	1
Number of communal rapid disaster risk analysis conducted	N/A	12	30	2
Number of communal rapid disaster plans elaborated	N/A	76	35	2
Number of contingency plans updated	N/A	11	11	2
Number of communal information systems strengthened	N/A	75	35	1
Number of local staff trained and sensitized	N/A	-	TBD	1


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

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of micro, and small businesses supported and trained (including Madames Sarah)	N/A	1,654	2,500	1
Number of jobs created	N/A	100,000	150,000	1
Number of critical and small infrastructure repaired and rehabilitated	N/A	68	30	3
Number of km of drainage infrastructure cleaned	N/A	19	25	1
Number of km of access roads rehabilitated and/or created	N/A	92	100	2


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

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of sectors aligning their ER strategies to IASC principals' recommendations for Early Recovery	N/A	13	9	1
Number of sectors that develop and implement an ER strategy	N/A	13	9	1
Number of sectors participating in local government led municipality early/recovery plans	N/A	13	9	1
Number of sectors that link their sector plans and interventions with the recovery process	N/A	13	9	1
Number of partners who update the 5 W matrix (every 2 months)	N/A	37	12	1
Number of sectoral ministries at national and regional level following the operationalization plan of the PDNA recovery axes	N/A	18	6	2
Number of municipalities and sectoral departmental directions able to take governance and leadership of field coordination in affected areas	N/A	2	7	2
Number of sectors that develop and implement an ER strategy	N/A	76	35	1


WASH OBJECTIVES, INDICATORS AND TARGETS

 **WASH Objective 1: Ensure access to safe water and sanitation with hygiene promotion in areas highly affected by cholera or other acute diarrheas.**

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of people with improved access to sufficient and safe water for drinking, cooking and personal hygiene in areas highly affected by cholera or other acute diarrheas.	788,943	-	597,000	2
Number of people reached with key messages on hygiene behaviour including hand washing, household water treatment and safe storage as well as safe sanitation in areas highly affected by cholera or other acute diarrheas.	394,472	-	298,500	2
Number of affected people accessing safe sanitation	78,894	-	59,700	2

 **WASH Objective 2 : Ensure access to safe water and sanitation with hygiene promotion in highly food insecure areas affected by severe acute malnutrition.**

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of people with improved access to sufficient and safe water for drinking, cooking and personal hygiene in highly food insecure areas affected by severe acute malnutrition	132,858	-	99,644	1
Number of people reached with key messages on hygiene behaviour including hand washing, household water treatment and safe storage as well as safe sanitation in highly food insecure areas affected by severe acute malnutrition	66,429	-	49,822	1



 **WASH Objective 3 : Ensure undisrupted access to safe water, hygiene items and sanitation to populations in disaster prone areas and increase their resilience to withstand water stress and shocks.**

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of people in disaster prone areas having access to hygiene and water treatment products from local markets.	300,000	-	199,500	2
Number of people in disaster prone areas with access to a protected water point	300,000	-	99,750	2
Number of emergency shelters rehabilitated to meet WASH SPHERE standards	50	-	33	2

LOGISTICS OBJECTIVES, INDICATORS AND TARGETS


  **Logistics Objective 1: Enable the humanitarian community reach the populations affected by disasters and cholera spikes in the most hard to reach areas.**

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of logistics hubs made available	N/A		TBD	
Percentage of service requests to handle, store and/or transport cargo fulfilled	N/A		TBD	
Number of agencies and organizations utilizing transport and storage services	N/A		TBD	
Number of bulletins, maps, and other logistics information products produced and shared	N/A		TBD	
Meet with the partners on a weekly basis and accordingly meet with the governmental counterparts	N/A		TBD	
Number of organizations receiving common services and responding to a user survey rate service satisfaction	N/A		TBD	
Number of infrastructure assessments completed in support of humanitarian operations	N/A		TBD	


  **Logistics Objective 2 : Strengthen the resilience-building of vulnerable populations to natural disasters, food and nutrition crises and support the restauration of livelihoods and emergency agricultural production**

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Providing advanced prepositioning facilities in the most vulnerable areas	N/A		TBD	
Cyclonic season logistics response and coordination plan elaborated in coordination with the national authorities	N/A		TBD	


COORDINATION OBJECTIVES, INDICATORS AND TARGETS

 **Coordination Objective 1: Reinforce humanitarian coordination mechanisms and strategies at national and decentralized level through increased partnership between the Government, the UN, I/NGOs, and Haitian civil societies.**

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of HCT meetings coordinated and their subsequent recommendations implemented	12	12	12	1
Number of intersectoral meetings coordinated and their subsequent recommendations implemented	12	12	12	1
Number of times the HCT annual work plan is revised to be aligned to the prevailing humanitarian context	N/A	1	1	2
Number of joint HCT-UNCT Meetings organized and their subsequent recommendations implemented	N/A	1	2	2
Number of joint assessments conducted in affected areas to inform humanitarian planning and response	N/A	1	2	3
Number of times the contingency plan is revised and jointly tested	N/A	1	1	2

 **Coordination Objective 2 : Strengthen resource mobilization to enable timely, sufficient and coordinated humanitarian response to affected people.**

INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of times the HCT communication and fundraising strategy is revised	N/A	1	2	2
Number of the HC's briefing meetings to key humanitarian stakeholders, including to donors, Government officials and other high level missions to Haiti	N/A	2	3	2
Percentage of overall funding of the Humanitarian Response Plan(HRP)	100%	37%	40%	1

 **Coordination Objective 3 : Strengthen advocacy and information management tools and products to enable timely and efficient decision making.**











INDICATOR	IN NEED	BASELINE	TARGET	PRIORITY
Number of quality of information products and tools	N/A	N/A	TBD	3

PARTICIPATING ORGANIZATIONS & FUNDING REQUIREMENTS

ORGANIZATIONS	REQUIREMENTS (US\$)
IOM	54,949,348
WFP	41,415,938
UNDP	25,971,166
FAO	22,000,000
UNICEF	21,157,038
PADF	20,403,029
WHO	10,712,990
CARE Haiti	9,137,546
HFHI	5,734,936
MOFKA	5,146,700
ACTED	4,900,240
Solidarités	3,882,750
BC	3,750,000
UNASCAD	3,299,007
UNFPA	2,419,290
CRS	2,138,100
PUI	2,100,000
OCHA	2,034,828
Roots	1,791,790
ASA	1,633,740
ZL	1,564,000
FEPH	1,040,000
SC	824,000
IFRC	691,524
IDETTE	481,026
APRONHA	451,500
TU	425,860
UJPODH	420,000
Deep Springs International	412,667
Fonacha	295,500
PoA	252,122
HCS	206,506
AVSI	202,273
ACF - USA	182,750
GHEKIO	171,978
	252.2M

PLANNING FIGURES: PEOPLE IN NEED AND TARGETED











PEOPLE IN NEED
M= MILLION
K = THOUSANDS

	BY STATUS			BY SEX & AGE		TOTAL	
	IDPs	Returnees	Others affected	% female	% children, adult, elderly*	People in need	Total population
 ARTIBONITE	-	-	943K	51%	43 51 5%	943K	1.7M7
 CENTRE	-	39K	574K	50%	41 54 5%	613K	46K
 GRANDE ANSE	400	-	124K	52%	38 55 7%	125K	468K
 NIPPES	-	-	53K	52%	38 55 7%	53K	343K
 NORD	-	-	110K	51%	46 49 5%	110K	1.1M
 NORD-EST	-	31K	84K	49%	42 53 5%	114K	394K
 NORD-OUEST	-	-	111K	52%	41 53 6%	111K	729K
 OUEST	38K	39K	309K	51%	41 53 6%	386K	4.0M
 SUD	1K.	-	176K	52%	35 58 7%	178K	775K
 SUD-EST	-	9K	147K	52%	32 61 7%	157K	633K
TOTAL	39K	118K	2.6M	51%	40 54 6%	2.8M	10.9M

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

PEOPLE TARGETED

M = MILLION
K = THOUSANDS

	BY STATUS			BY SEX & AGE		TOTAL	
	IDPs	Returnees	Others affected	% female	% children, adult, elderly*	People targeted	People in need
 ARTIBONITE	-	-	760K	51%	42 52 6%	760K	943K
 CENTRE	-	30K	394K	50%	43 51 6%	424K	613K
 GRANDE ANSE	400	-	124K	53%	38 55 7%	125K	125K
 NIPPES	102	-	49K	52%	41 52 7%	49K	53K
 NORD	-	-	93K	52%	47 47 6%	93K	110K
 NORD-EST	-	23K	58K	50%	43 52 5%	82K	114K
 NORD-OUEST	-	-	111K	52%	41 52 7%	111K	111K
 OUEST	38K	34K	300K	52%	46 48 5%	372K	386K
 SUD	1K	-	176K	52%	36 57 7%	178K	178K
 SUD-EST	-	8K	25K	50%	51 44 5%	33K	157K
TOTAL	39K	96K	2.1M	51%	43 51 6%	2.2M	2.8M

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

ENDNOTES

1. <http://www.worldbank.org/en/country/haiti/overview>
2. EM-DAT: The Emergency Events Database - Université catholique de Louvain (UCL) - CRED, D. Guha-Sapir, www.emdat.be, Brussels, Belgium.
3. Haiti - Camp Coordination and Camp Management - Displacement Tracking Matrix (DTM): Outil de suivi des déplacements des populations affectées à la suite du tremblement de terre Mise à jour V2.0 - 7 Janvier 2011
4. Haiti : 2017 Humanitarian Needs Overview, November 2016 - https://www.humanitarianresponse.info/system/files/documents/files/haiti_hno_2017.pdf
5. Post-Irma Rapid Assessment Report - Report prepared by the Post-Irma Rapid Assessment Commission - September 2017
6. <http://www.cnsa509.org/autres-publications/>
7. There might be a negligible difference in the Cholera figures for the month of December 2017
8. República Dominicana TRIBUNAL CONSTITUCIONAL EN NOMBRE DE LA REPÚBLICA - <https://presidencia.gob.do/themes/custom/presidencia/docs/gobplan/gobplan-15/Sentencia-TC-0168-13-C.pdf>
9. http://www.sipi.siteal.iipe.unesco.org/sites/default/files/sipi_normativa/ley_ndeg169_de_2014_regularizacion_y_naturalizacion_de_extranjeros_en_el_registro_civil_dominicano.pdf
10. <http://haiti.iom.int/border-monitoring>
11. Claimed and official deportations
12. Refer to Methodology for calculation in Annex
13. Refer to Methodology for calculation in Annex
14. Ministère de la Santé Publique et de la Population - Direction Nationale de L'Eau Potable et de L'Assainissement - PLAN D'ELIMINATION DU CHOLERA EN HAITI 2013-2022 - Port-au-Prince, Haïti Novembre 2012 - https://mspp.gouv.ht/site/downloads/Plan_elimination_du_cholera_2012_2022.pdf
15. Refer to Methodology for calculation in Annex
16. Human Development Report 2016 Human Development for Everyone - http://hdr.undp.org/sites/default/files/2016_human_development_report.pdf
17. Évaluation des besoins post catastrophe pour le cyclone Matthew (PDNA) - Janvier 2017 - <https://reliefweb.int/sites/reliefweb.int/files/resources/UNDP-HT-PrevCri-EvaluationBesoinPostCatastropheCycloneMathieu-PDNA-31012017-SM.pdf>
18. PLAN STRATÉGIQUE DE DÉVELOPPEMENT D'HAÏTI - PAYS ÉMERGENT EN 2030 - Mai 2012 - http://www.ht.undp.org/content/dam/haiti/docs/Gouvernance%20d%C3%A9mocratique%20et%20etat%20de%20droit/UNDP_HT_PLAN%20STRAT%20C3%89GIQUE%20de%20developpement%20Haiti_tome1.pdf
19. UNITED NATIONS DEVELOPMENT ASSISTANCE FRAMEWORK 2017-2021 – EXECUTIVE SUMMARY - JUNE 2017 - <http://ht.one.un.org/content/dam/unct/haiti/docs/UNDAF/ENG%20CDDresumev.final%2011%2C9%2C2017.pdf>
20. <https://www.acaps.org/country/haiti/special-reports>
21. As of September 2017, 1,845 displaced households have received support to safely return from CCCM and Shelter partners, which has led to the closure of 28 displacement sites in the Grande Anse and South Departments. Source: CCCM working group.
22. 210 out of this 600 households are already targeted and financed as part of relocation efforts for 2018
23. <http://menfp.gouv.ht/presentation-resultats-etude-UNICEF.html>
24. HAITI: Hurricane Matthew Situation Report No.35 - 04 March 2017 - <https://reliefweb.int/sites/reliefweb.int/files/resources/OCHA%20Situation%20Report%20%2335%20Hurricane%20Matthew%20Haiti%2004%20March%202017.pdf>
25. Ministry of Education, Post-Irma rapid assessment data, North East Department - September 2017
26. In total, 1.32 million people in the rural population are in a crisis phase, a percentage of approximately 18% of the population analyzed. The most affected areas are the Nord-Est Department and the mountain area of Grand'Anse which are in a crisis phase (phase 3).
27. MSPP, EMMUS V, Enquête Mortalité, Morbidité et Utilisation des Services - 2012
28. <https://reliefweb.int/report/haiti/haiti-malnutrition-echo-unicef-ministry-health-echo-daily-flash-21-april-2016>
29. Haïti - Enquête Mortalité, Morbidité et Utilisation des Services (EMMUS-VI) 2016-2017 - Indicateurs Clés - <https://dhsprogram.com/pubs/pdf/PR90/PR90.pdf>
30. Based on the 2006 WHO classification on the severity of the situation, 8 communes with GAM below 5% are considered “within an acceptable nutrition situation”, 11 communes with GAM between 5-10% are considered as “requiring close monitoring”, and 1 commune with GAM between 10% and 15% is “in alert/crisis situation”.
31. IASC Gender & Age Marker in Emergency Health Interventions – Design Phase - http://earlyrecovery.global/sites/default/files/iasc_gam_health_draft_oct_2016.pdf
32. <https://www.humanitarianresponse.info/en/topics/gender/page/iasc-gender-marker>
33. IASC Gender & Age Marker in Emergency Health Interventions – Design Phase - http://earlyrecovery.global/sites/default/files/iasc_gam_health_draft_oct_2016.pdf
34. http://www.cpc.noaa.gov/products/analysis_monitoring/enso_advisory/ensodisc.shtml
35. http://www.ihsi.ht/pdf/projection/Estimat_PopTotal_18ans_Menag2015.pdf
36. <http://haiti.iom.int/border-monitoring>

ACRONYMS

ACAPS : Assessment Capacities Project	IYCF : Infant and Young Child Feeding
ASCP : Agent de Santé communautaire polyvalent (Polyvalent Community Health Agent)	JMP : Joint Monitoring Programme
AWD : Acute Watery Diarrhea	LGBTIQ : Lesbian, Gay, Bisexual, Transgender, Intersex and Queer
BBS : Building Back Safer	MAM : Moderate Acute Malnutrition
CATS : Community Approach to Total Sanitation	MINUSTAH : UN Mission for the Stabilization of Haiti
CCCM : Camp Coordination Camp Management	MISP : Minimum Initial Service Package
CEHA : Community Engagement & Hygiene Awareness	MSPP : Ministry of Public Health and Population
CMAM : Community-based Management of Acute Malnutrition	NFI : Non-Food Items
CSO : Civil Society Organizations	NGO : National Non-Governmental Organizations
CTC : Cholera Treatment Center	NOAA : National Oceanic and Atmospheric Administration
CTDA : Centres de Traitement des Diarrhées Aigües (Centers for the Treatment of Acute Diarrhea)	NSCP : National School Canteens Programme
DHS : Demographic and Health Surveys	OCHA : UN Office for the Coordination of the Humanitarian Affairs
DINEPA : Direction Nationale de l'Eau Potable et de l'Assainissement (National Directorate for Potable Water and Sanitation)	OCV : Oral Cholera Vaccine
DPC : Direction de la Protection Civile (Directorate of Civil Defence)	PAHO/WHO : Pan-American Health Organisation/World Health Organisation
DRR : Disaster Risk Reduction	PDNA : Post-Matthew Disaster Needs Assessment
DTM : Displacement Tracking Matrix	PMR : Periodic Monitoring Report
ECVMAS : Enquête sur les conditions de Vie des Ménages après le Séisme (Survey of living conditions of households after the earthquake)	PNEC : Programme National Pour l'Élimination Du Cholera (National Cholera Elimination Plan)
ERP : Emergency, Response and Preparedness	PNRE : National Plan for Regularization of Foreigners
GAM : Gender and Age Marker	PSDH : Plan Stratégique De Développement d'Haïti (Haiti's Strategic Development Plan)
GAM : Global Acute Malnutrition	PLW : Pregnant and Lactating Women
GBV : Gender Based-Violence	PwDs : Persons with Disabilities
GEM : Gender Equality Measures	RPM : Response Planning Module
GIS : Geographic Information System	SADD : Sex and Age Disaggregated Data
GII : Gender Inequality Index	SAEP : Systeme d'Adduction d'Eau Potable (Drinking Water Supply System)
HC : Humanitarian Coordinator	SAM : Severe Acute Malnutrition
HCT : Humanitarian Country Team	SDG : Sustainable Development Goals
HDI : Human Development Index	SNGRD : Système National de Gestion des Risques et des Desastres (National System for Disaster and Risk Management)
HNO : Humanitarian Needs Overview	UCLBP : Unité de Construction, Logements et Bâtiments Publics (the National Housing Authority)
HRP : Humanitarian Response Plan	UNCT : United Nations Country Team
IASC : Inter-Agency Standing Committee	UNDAF : United Nations Development Assistance Framework
IDP : Internally Displaced Person	UNSDF : United Nations Sustainable Development Framework
IHSI : Institut Haïtien de Statistiques et d'Informatique (Haitian Institute of Statistics and Informatics)	UNICEF : United Nations Children's Fund
INGO : International Non-Governmental Organization	USAID : U.S. Agency for International Development
IOM : International Organization for Migration	WASH : Water, Sanitation and Hygiene
IPC : Integrated Food Security Phase Classification	
ISCG : Inter-sector Coordination Group	

WHAT IF?

...WE FAIL TO RESPOND

MOST VULNERABLE PEOPLE WILL FALL INTO MORE CRITICAL FOOD INSECURITY.



The number of people highly food insecure will increase and many departments will easily fall into a worse phase in case their livelihoods are not protected. This will result in increased malnutrition, rural-urban migrations, morbidity and mortality. In addition, the vicious circle linking diarrhea and malnutrition will not be broken, leading to potential numerous deaths of children as babies are given contaminated water and hygiene not ensured.

THE INCIDENCE OF WATERBORNE DISEASES SUCH AS CHOLERA WILL INCREASE.



The on-going cholera outbreak will not be controlled as the population will not have access to potable water and safe sanitation, and will not apply proper hygiene measures in cholera affected areas, which will also be the case for other waterborne diseases. Moreover, dismantling the response mechanism of cholera represents a huge risk which might lead to the resurgence of the disease, thereby losing the gains of years of efforts.

THE VULNERABLE WILL BE EXPOSED TO VIOLENCE, ABUSE AND EXPLOITATION.



Returnees from Dominican Republic will remain at risk of human right violations, violence, exploitation and trafficking. Persons at risk of statelessness will not be identified and will not be able to access appropriate solutions to their protection needs. Families and children will be exposed to family separation, unregulated informal care, child labor and risk of human trafficking. GBV will increase and survivors of sexual violence will not have access to quality services.

THE DISPLACED WILL REMAIN IN EXTREMELY VULNERABLE CONDITIONS.



Remaining IDPs from the 2010 earthquake and IDPs still displaced after Hurricane Matthew will continue to lack access to durable housing solutions which will perpetuate the situation of protracted displacement and their exposure to exploitation, violence and natural disasters. Secondary displacement will occur and informal urban settlements will be created in the outskirts of cities, creating new humanitarian and protection needs.

LIVING CONDITION OF THE AFFECTED WILL STAY BELOW HUMANITARIAN STANDARDS.



If the needs are still unmet, the effect of recent hurricanes will have a longer term impact on the affected people. They will be unable to resume their livelihood, worsening the food security situation. Those whose shelter were damaged or destroyed will continue living in precarious conditions further increasing their vulnerabilities. More children will be denied their right to education, increasing the high number of children already excluded from the education system.

DISASTER RISK WILL INCREASE AND RESILIENCE WILL DECREASE.



Considering Haiti's high vulnerability to disasters, not supporting the Government in reinforcing its capacity to prepare for hazards will lead to large-scale emergencies from which recovery will be difficult and very expensive. This will affect the resilience capacity of the population and further retard the country's development. Also, if contingency plans are not ready, the Government will be quickly overwhelmed by any semblance of a disaster no matter the size.

