HUMANITARIAN NEEDS OVERVIEW

SUMMARY

JAN 2019

HAITI

Photo: UNICEF/Remoyie
PEOPLE IN NEED

2.6 Million

PART I:

CUBA

DOMINICAN REPUBLIC

Port-au-Prince

Atlantic Sea

Caribbean Sea

Gonâve Gulf

Île de la Tortue

Île de la Gonâve

NORD-EST

NORD-OUEST

NORD

NORD-OUEST

CENTRE

ARTIBONITE

GRAND’ANSE

NIPPES

SUD

SUD-EST

OUEST
PART I: HUMANITARIAN NEEDS AND KEY FIGURES

HUMANITARIAN NEEDS AND KEY FIGURES

In 2018, Haiti suffered a period of severe drought, floods and an earthquake, at a time the country is still facing epidemics of cholera, diphtheria and malaria, a migration crisis with the voluntary or forced displacement of Haitian populations from the Dominican Republic or other countries in the Latin American and Caribbean region, and recurrent protection problems.

These factors, combined with chronic poverty, the economic and social crisis, and structural deficiencies, have contributed to perpetuating a humanitarian crisis situation. Humanitarian needs assistance in 2019 concern 2.6 million people, including 1,330,000 women, 1,306,000 men, 1,227,000 children, 1,248,000 adults and 161,000 elderly people who are mainly affected by acute food insecurity. Almost half of those affected are children.

Throughout Haiti, 39 municipalities in 8 departments and the border area with the Dominican Republic have been defined as priority intervention areas, in addition to the Grand Nord recently affected by an earthquake. Artibonite, Centre and Ouest regions are particularly affected by cholera and diphtheria epidemics. The HNO analysis conducted by the sectors considered the approach to the humanitarian needs of the Haitian population around the 4 major humanitarian issues provided below.

HUMANITARIAN NEEDS

1. VITAL NEEDS ARISING FROM A HUMANITARIAN CRISIS RESULTING IN LOSS OF ACCESS TO BASIC SERVICES

About 2.6 million people are at risk of acute food insecurity in 2019, including 571,000 people in emergency (IPC 4) and 2 million in crisis (IPC 3). 532,000 people need access to health services. Nearly 912,000 people are still in need of assistance with shelter and non-food items. Nearly 180,000 children are out of school. 13,000 children (under five years of age) suffer from severe acute malnutrition. Households affected by global acute malnutrition need access to safe drinking water. People of Haitian origin returned from the Dominican Republic need safe water, hygiene and sanitation in hosting centres at the border.

2. NEEDS TO STRENGTHEN PREPAREDNESS FOR NATURAL DISASTERS

Nearly 568,000 people live in areas at high risk of being affected by natural disasters of seismic or hydro-meteorological origin. The capacities of the most vulnerable communities to cope with natural disasters in the most at-risk areas need to be strengthened. State institutions, community and civil society organizations involved in risk and disaster prevention and management need support to prepare for and better anticipate or respond to shocks.

3. HEALTH NEEDS CAUSED BY EPIDEMICS

More than 333,000 people will be affected by the cholera epidemic and about 31,000 by diphtheria and malaria epidemics. The need for detection, confirmation and investigation, and for appropriate and community-based medical care for cholera, diphtheria and malaria cases persists.

4. PROTECTION NEEDS RELATED TO THE VIOLATION OF THE FUNDAMENTAL HUMAN RIGHTS OF THE MOST VULNERABLE

Approximately 465,000 people in the most affected communities are at risk of abuse, physical and sexual violence, exploitation and exclusion. The protection of the fundamental human rights of the most vulnerable persons needs to be promoted and strengthened, in particular through access, with minimum standards of care, to psychosocial, legal, medical, security and reintegration services for victims and survivors, and support to public institutions, community and civil society organizations with a protection mandate, in the implementation of measures to strengthen protection.
# PART I: HUMANITARIAN NEEDS AND KEY FIGURES

## TOTAL POPULATION OF HAITI

| Total Population | 10,981,229 |

## People in Need of Assistance

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children (&lt;18 years)</td>
<td>2,600,000</td>
<td>47%</td>
</tr>
<tr>
<td>Adults (18-59 years)</td>
<td>2,600,000</td>
<td>47%</td>
</tr>
<tr>
<td>Elderly (&gt;59 years)</td>
<td>2,600,000</td>
<td>6%</td>
</tr>
</tbody>
</table>

## Literacy Rate

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>15-24 years</td>
<td>70.5%</td>
</tr>
<tr>
<td>Men</td>
<td>15-24 years</td>
<td>74.4%</td>
</tr>
</tbody>
</table>

## Literacy Rate (Adults 18-59 years)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>74.4%</td>
</tr>
<tr>
<td>Women</td>
<td>70.5%</td>
</tr>
</tbody>
</table>

## Single Female Heads of Households

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>50%</td>
</tr>
<tr>
<td>Men</td>
<td>50%</td>
</tr>
</tbody>
</table>

## Child Mortality Rate

<table>
<thead>
<tr>
<th>Rate</th>
<th>Over 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>55</td>
<td></td>
</tr>
</tbody>
</table>

## Human Development Index

<table>
<thead>
<tr>
<th>Index</th>
<th>Value</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>0.498</td>
<td>168th</td>
</tr>
<tr>
<td>Men</td>
<td>0.601</td>
<td>144th</td>
</tr>
</tbody>
</table>

## Gender Inequality Index

<table>
<thead>
<tr>
<th>Index</th>
<th>Value</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>0.601</td>
<td>144th</td>
</tr>
</tbody>
</table>
PART I: DISAGGREGATION OF THE NUMBER OF PEOPLE IN NEED OF ASSISTANCE

DISAGGREGATION OF THE NUMBER OF PEOPLE IN NEED OF ASSISTANCE

Among the 2.6 million people in need of humanitarian assistance, there are 1,330,425 women, 1,305,940 men, 1,226,835 children, 1,248,132 adults and 161,398 elderly people. The number of people in need was calculated using the bottom-up approach. For each sector, the maximum number of people in need per department was calculated by avoiding double counting. The numbers obtained were then aggregated to obtain the cross-sectoral total number of people in need for the country. Assistance needs are multisectoral and/or intersectoral, however, the needs of the Food Security sector are particularly high due to the consequences of drought, followed by the needs of the Water, Sanitation and Hygiene (WASH), Protection, Health and Cholera sectors.

NUMBER OF PEOPLE IN NEED OF ASSISTANCE BY SECTOR

<table>
<thead>
<tr>
<th>Sector</th>
<th>BY GENDER &amp; AGE</th>
<th>TOTAL</th>
<th>% Women</th>
<th>% Men</th>
<th>% Children, Adults and Elderly</th>
<th>People in need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Insecurity</td>
<td></td>
<td></td>
<td>50%</td>
<td>50%</td>
<td>49</td>
<td>45</td>
</tr>
<tr>
<td>WASH</td>
<td></td>
<td></td>
<td>51%</td>
<td>49%</td>
<td>43</td>
<td>51</td>
</tr>
<tr>
<td>Protection / CCCM</td>
<td></td>
<td></td>
<td>66%</td>
<td>34%</td>
<td>62</td>
<td>37</td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
<td>82%</td>
<td>18%</td>
<td>45</td>
<td>55</td>
</tr>
<tr>
<td>Cholera</td>
<td></td>
<td></td>
<td>48%</td>
<td>52%</td>
<td>43</td>
<td>51</td>
</tr>
<tr>
<td>Nutrition</td>
<td></td>
<td></td>
<td>52%</td>
<td>48%</td>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td>Shelter / NFIs</td>
<td></td>
<td></td>
<td>49%</td>
<td>51%</td>
<td>41</td>
<td>52</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td>48%</td>
<td>52%</td>
<td>100</td>
<td>0</td>
</tr>
</tbody>
</table>

*Children (<18 years), adults (18-59 years), elderly (>59 years)
<table>
<thead>
<tr>
<th>Region</th>
<th>% Women</th>
<th>% Men</th>
<th>% Children, Adults and Elderly*</th>
<th>People in need</th>
<th>Total population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artibonite</td>
<td>51%</td>
<td>49%</td>
<td>43</td>
<td>51</td>
<td>6%</td>
</tr>
<tr>
<td>Centre</td>
<td>48%</td>
<td>52%</td>
<td>42</td>
<td>52</td>
<td>6%</td>
</tr>
<tr>
<td>Grand'Anse</td>
<td>60%</td>
<td>50%</td>
<td>49</td>
<td>45</td>
<td>6%</td>
</tr>
<tr>
<td>Nippes</td>
<td>48%</td>
<td>52%</td>
<td>39</td>
<td>55</td>
<td>6%</td>
</tr>
<tr>
<td>Nord</td>
<td>50%</td>
<td>50%</td>
<td>49</td>
<td>45</td>
<td>6%</td>
</tr>
<tr>
<td>Nord-Est</td>
<td>50%</td>
<td>50%</td>
<td>49</td>
<td>45</td>
<td>6%</td>
</tr>
<tr>
<td>Nord-Ouest</td>
<td>51%</td>
<td>49%</td>
<td>44</td>
<td>50</td>
<td>6%</td>
</tr>
<tr>
<td>Ouest</td>
<td>52%</td>
<td>48%</td>
<td>47</td>
<td>47</td>
<td>6%</td>
</tr>
<tr>
<td>Sud</td>
<td>51%</td>
<td>49%</td>
<td>47</td>
<td>47</td>
<td>6%</td>
</tr>
<tr>
<td>Sud-Est</td>
<td>51%</td>
<td>49%</td>
<td>55</td>
<td>40</td>
<td>5%</td>
</tr>
</tbody>
</table>

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


**CRISIS IMPACT**

Successive shocks and the frequency of natural disasters, combined with structural weaknesses that limit access to basic services, have increased the vulnerability of populations in a highly fragile economic, political and social context, and have also contributed to the deterioration of the livelihoods and living conditions of the most vulnerable in Haiti. Despite the efforts and progress made, the Haitian State's capacity to respond adequately to needs remains limited, owing in particular to a lack of resources, governance problems and other cyclical and structural difficulties.

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**CRISIS CONTEXT**

**A FRAGILE ECONOMIC, POLITICAL AND SOCIAL CONTEXT**

The year 2018 in Haiti was marked by a particularly unstable and fragile economic, political and social context. Countless social demonstrations and roadblocks protesting against rising of living costs and poor governance disrupted the country's activities, particularly during June, October and November. In July 2018, the official publication of the increase in the price of gasoline (38% increase) led to riots for several days in the country's capital and in the main provincial cities. These high social tensions also reflect the growing difficulty faced by families in coping with a difficult daily life and are a warning sign of increased vulnerability for many households that are already particularly fragile.

The National Food Security Coordination (CNSA) recorded a 3% increase in the price of the basic food basket between the first and second quarters of 2018, from 1,266 Haitian gourdes (HTG) in March 2018 to 1,293 HTG in June 2018, representing an 8% annual rate increase in the second quarter of 2018 (comparison between the second quarters of 2018 and 2017). Prices of cereals (imported rice and corn, local rice) and pulses (imported beans) have been subject to wide variations. Local rice had the largest variation with an increase of about 36% at an annual rate. Prices varied from 5% to 8% in all regional markets in the country, with an even greater increase in Hinche and Port-de-Paix where the increase was 22% and 16% respectively. In addition, the gradual depreciation of the Haitian gourde against the US dollar (US$), as well as the increase in inflation throughout 2018, impacted the purchasing power of Haitian households. The US$ - HTG exchange rate increased from US$ 1 for 63 HTG in January 2018 to US$ 1 for 66 HTG in June 2018 and then to 73 HTG in November 2018. The year-on-year inflation rate rose from 14.1% to 14.6% between August and September 2018, the highest level since September 2017, and is expected to reach 15.3% by the end of the year, according to forecasts by the Bank of the Republic of Haiti.

Governance and transparency in public financial management are increasingly the subject of public debate and protest, particularly regarding the Petrocaribe funds received by the Haitian government, and these issues dominated the Haitian political landscape in the second half of 2018. Established in 2006 by Venezuela, the Petrocaribe agreement allows several Latin American and Caribbean states to purchase Venezuelan petroleum products on preferential payment terms and to finance development projects. Following the anti-corruption movement “Kot kòb Petwo Karibe a?” (Where is Petrocaribe’s money?) launched on social networks by Haitian citizens in August 2018, the demonstrators asked the Government to shed light on the Petrocaribe case and in particular on the use of social funds. In response, the authorities announced the creation of an independent commission of inquiry, but failed to respond to social discontent.

In addition, security remains a concern in the country’s urban centres, particularly in the Port-au-Prince metropolitan area, where inter-gang armed violence persists and regularly leads...
PART I: CRISIS IMPACT

to clashes. Crime and petty crime are most prevalent in large centres such as downtown Port-au-Prince, where armed gangs continue to operate, and criminal activities are also very prevalent near the border with the Dominican Republic.

PERSISTENT HUMANITARIAN ACCESS CONSTRAINTS

A large number of unpredictable roadblocks throughout the country, the result of spontaneous or planned, albeit mostly short-term, social demonstrations, were able to restrict the movement of humanitarian actors on an ad hoc basis and sometimes slow down the implementation of humanitarian operations in 2018.

In addition to these constraints, there is a lack of road infrastructure and road maintenance, particularly in the most isolated rural areas, limiting access to populations for humanitarian workers, and from populations to aid actors. The precarious state or even absence of a road network in many localities in remote mountainous areas (the "Mornes") or in flood-prone areas is a logistical challenge and a major constraint in case of an emergency situation to enable aid to be delivered.

Restrictions may also arise due to the sometimes-limited operational capacities of humanitarian actors, and insufficient logistical resources of State institutions. There are no humanitarian air assets in Haiti, the air assets used until then were those of MINUSTAH, now MINUJUSTH, a mission with capacities reduced to 7 Formed Police Units (FPUs) in place, or 980 personnel and consequently less logistical capacity. The Haitian National Police (PNH, 14,000 troops or 1.3/1,000 inhabitants) provides escorts to secure convoys and humanitarian distributions if necessary. The only logistical means, in terms of off-road transport and storage capacity outside Port-au-Prince, remain those of the WFP/logistics sector which need support to continue to be operational.

In the response to Hurricane Matthew in 2016, the use of armed escorts was frequent due to the security context and some areas remained poorly or not accessible at all. To bring humanitarian aid to people in the most remote areas, it is essential to develop alternative measures such as donkey, walking or motorcycle transport. In addition, it is important to diversify the mechanisms for distributing cash transfers. Giving people money in envelopes, supporting the opening of bank accounts or using mobile banking services, depends on the contextual analysis of available options. Cash transfer services offered by mobile operators may be a possible solution in a context where access to affected populations would be constrained, but it is important to ensure the feasibility of such a solution (network coverage, number of mobile operators' agents in the area, acceptability by beneficiaries in particular), to have an agreement with financial service providers before the shock, and to combine several distribution mechanisms for an appropriate response. Engagement and communication with communities and the location of humanitarian assistance also need to be strengthened.

CHRONOLOGY OF THE CRISIS

April 2004
Beginning of MINUSTAH’s mandate

October 2010
Cholera outbreak = 2,342 suspected cholera cases and 259 cholera deaths recorded in a few weeks

January 2010
Earthquake = 1.5 million people affected

2014
Recurrence of diphtheria and malaria cases

2015-2016
Drought

February 2016
3.6M people in acute food insecurity

June 2015
End of the PNRE = 3,900 people registered at the Haiti-Dominican border between 16 June and 30 July 2015

October 2016
Hurricane Matthew = 2.1 million people affected

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6 Established by Security Council Resolution 2350 in April 2017, MINUJUSTH’s mandate was extended by Security Council Resolution 2410 until 15 February 2019 and focuses on strengthening rule of law institutions in Haiti, developing the PNH and promoting and protecting human rights

7 MINUSTAH had 11 FPUs in 2017

8 PSDH, Plan Stratégique de Développement d’Haïti, 2017-2021
The Haitian population, especially the most vulnerable, has been affected by multiple shocks in recent years, including natural disasters, epidemics and population displacements. These shocks have had a negative impact on the resilience capacity of affected families, increasing the level of poverty and making it more difficult to access basic services such as education, health, protection, etc.

NATURAL DISASTERS

Earthquakes. The earthquake of January 2010\(^9\) had a profound impact on the country and remains rooted in the memory of Haitian citizens. The consequences are visible, with uncontrolled housing development in Port-au-Prince, an expansion of working-class neighbourhoods without basic infrastructure and social services and offering only very precarious living conditions. To date, nearly 37,500 people are still in camps for displaced persons and seeking durable solutions. In October 2018, a new earthquake struck the departments of Nord, Nord-Ouest and Artibonite. The impact of magnitude 5.9, although limited, caused damage to schools and homes and created a psychological shock to the affected populations. 157,000 people have been affected for whom medium-term assistance remains to be provided.

Droughts. Haiti has also suffered several periods of drought and floods that have greatly reduced agricultural yields. In 2015, drought caused crop losses of more than 50% and a significant reduction in food availability in markets, leaving 3.6 million people food insecure in 2016.\(^{10}\) In 2018, the spring and summer agricultural seasons were affected by drought in several areas of the country. In Grand’Anse and on the Gonâve Island, 15% of the total population analysed will be in the emergency phase (IPC 4) for the period from March to May 2019 according to results of the IPC analysis carried out between October and December 2018.\(^{11}\) For other departments, such as the Nord and Nord-Est, it is estimated that 10% of the total population analysed will be in the emergency phase (IPC 4). In the Nord-Ouest, Artibonite, Sud, and Ouest, Centre, Sud-Est, and Nippes, percentages vary from 5 to 10% of the total population analysed in Phase 4. The country regularly experiences nutritional crises due to climatic hazards in addition to high levels of chronic food insecurity. The prevalence of acute malnutrition at the communal level can thus fluctuate from year to year and depending on seasons to levels above 10%.

Hurricanes. In October 2016, the departments of Sud, Grand’Anse, Nippes, Nord-Ouest and the Gonâve Island (Ouest department) were hit by the category 4 hurricane Matthew. Hurricane damage and losses amounted to nearly $2.8 billion\(^{12}\) and affected nearly 2.1 million people, including 1.4 million people in need of emergency humanitarian assistance, 439 injured and 546 killed.\(^{13}\)

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9 Port-au-Prince and Leogane partially destroyed, 220,000 people killed, 300,000 injured, 1.5 million displaced people in 1,555 sites (14% of the population). OIM, Matrice de suivi du déplacement (DTM) - Réponse au séisme du 12 janvier 2010 – Numéro 32, 31 March 2018 ; Gouvernement de la République d’Haïti, Évaluation sectorielle des dommages, des pertes et des besoins
10 PAM & CNSA, Évaluation de la sécurité alimentaire en situation d’urgence, February 2016
11 CNSA, IPC, Analyse de l’insécurité Alimentaire Aigue, December 2018
12 Gouvernement de la République d’Haïti, Évaluation des besoins post-catastrophe pour le cyclone Matthew (PDNA), January 2017
13 OCHA, Haiti : Ouragan Matthew – Aperçu humanitaire, 14 October 2018
Vulnerable populations have lost their homes, livelihoods and access to basic services such as water, hygiene and sanitation, health and education. Many school, medical and road infrastructures have been damaged. Hurricane Matthew left many after-effects, particularly in remote rural areas where the needs of vulnerable people were not addressed. For example, in the departments of Grand’Anse and Sud affected by the hurricane, the Shelter/NFI sector reached less than 1% of those targeted for sustainable shelter solutions in their area of origin, and no targeted displaced households received housing assistance from the CCCM sector adapted to return to their area of origin.

In September 2017, hurricane Irma (category 4) passed near the coasts of the departments of Nord, Nord-Ouest and Nord-Est. Although Irma's impact was moderate, 18 people were injured, including one person killed, and 8,000 households were affected, mainly in the departments of Nord-Ouest, Nord, Nord-Est and Artibonite.14

**Epidemics**

The cholera epidemic that broke out in October 2010 in the Artibonite department and then spread throughout the country caused the deaths of more than 9,780 people out of 819,000 suspected cases recorded to date.15 Since 2017, there has been a clear downward trend, but the epidemic has not yet been eliminated.

Since 2014, Haiti has experienced an increase in diphtheria cases in the departments of Ouest, Centre and Artibonite, and a malaria epidemic in the departments of Sud and Grand’Anse. Diphtheria mainly affects children and remains a major public health problem. From January to November 2018, 342 probable cases of diphtheria were reported, representing an increase of 132% compared to the same period of the previous year.16 Hispaniola is the only island in the Caribbean where malaria persists. Nearly 19,135 cases of malaria were recorded in Haiti in 2017 and the number of cases has been increasing since 2014.17 Following hurricane Matthew in 2016, the number of malaria cases increased considerably, particularly in the departments of Grand’Anse and Sud, mainly due to the accumulation of standing water and the low use of mosquito nets by Haitian households.

**Population Displacements**

The binational question is a long-standing issue in Haiti that has undergone significant evolution since the January 26, 2010 constitutional reform of the Dominican Republic, which modified the conditions for acquiring nationality. Following this reform, the Constitutional Court ruling 168-13 established that only persons born in the country to Dominican nationals or legal residents are considered to have Dominican nationality as a result of their birth in the territory.

This decision excluded people born of the large population of Haitian migrant workers residing in the Dominican Republic without legal documents. In May 2014, the Dominican State adopted Law No. 169-14 for the implementation of the Constitutional Court’s decision. This law establishes procedures for the validation of birth certificates and the reconquest of the nationality of persons born in the country between 1929 and 2007 and whose birth was already registered. It also introduces a special registration procedure, opened for a period of 180 days, under which persons born in Dominican territory but whose birth has never been registered in the civil registry may apply for the registration and regularization of their status as foreigners. At the end of the deadlines set by the government, persons who did not request regularization were subject to the procedures provided for by law, including deportations.18

A National Plan for the Regularization of Foreigners (PNRE) is then implemented, allowing persons born in the Dominican Republic but whose birth has not been registered in the civil register to register as foreigners and regularize their status until June 2015. The PNRE was then extended for one year in 2015, 2016 and 2017 and expired in August 2018. This new legislation has led to significant population movements from the Dominican Republic to Haiti, including forced displacements, and has caused many Haitian citizens to be in an irregular situation as well as Dominican citizens of Haitian descent at risk of statelessness. According to November 2018 data from the Dominican Ministry of Interior, since the initial expiry of the deadline in June 2015, more than 244,000 people of Haitian origin (160,000 men and 84,000 women) have returned voluntarily or have been repatriated to Haiti by the Dominican authorities, including 4% children (aged 0 to 19), 89% adults, 7% elderly, 66% men and 34% women.19 The majority of these people, adult males, worked mostly in the agricultural and construction sectors where there is a high demand in foreign labour.

**Structural Weaknesses Limiting Access to Basic Services**

Structural deficiencies that limit access to basic services and increase the chronic vulnerability of Haitian populations are exacerbated by structural weaknesses in state institutions, making access to basic services such as water, hygiene and sanitation, housing, health and education more difficult. Gender and economic inequalities are high. With a human development index of 0.493, the country was ranked 163rd out of 188 countries in 2016 and 142nd out of 188 with a gender inequality index of 0.59320 and a Gini inequality coefficient of 0.61 to 1 (0 meaning perfect equality). More than 6 million Haitians, or 59%, live below the poverty threshold of US$2.41 per day, and more than 2.5 million, or 24%, live below the extreme poverty threshold of

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14 DPC, Ouragan Irma, Rapport de situation #4, 11 September 2017
15 OCHA, Haiti - Choléra, chiffres clés, 31 July 2018
16 DELR, 2017-2018
17 PNCM, 2016-2017
18 Source rapport statistique externe du HCR October 2017
19 Ministerio de Interior y Policía Republica Dominicana, https://mipenlinea.gob.do/Planregularizacion/PublicDashboard.aspx, 15 November 2018
20 PNUD, Rapport sur le développement humain, 2016
US$1.23. The unemployment rate was 14% in 2017.21

Road infrastructure is scarce and precarious, restricting people’s access to basic services, as they often have to walk several kilometres to reach hospitals, schools or water sources. Roads can also become impassable in the event of heavy rains. Road insecurity is a daily reality and accidents are often particularly deadly because of the lack of functional emergency services. Besides of major roads, there are no more practicable roads and rural populations are often isolated, without access to basic social services.

The waste management system and environmental protection awareness are more than limited, in the total absence of a sorting or recycling centre, which impacts the direct living environment of Haitians in terms of hygiene and sanitation. Canals and gutters are frequently blocked by waste, causing flash floods, especially in urban areas. Climate change is also affecting Haiti, which is witnessing the worsening of hydro-meteorological events on its territory, including droughts, floods and hurricanes of unprecedented intensity. The country is also experiencing massive deforestation, increasing soil aridity and runoff, and thus increasing the risk of flooding and landslides. Haiti’s poor access to energy contributes to increased deforestation, as many people use wood to produce charcoal and meet their energy needs. Only 39% of the Haitian population has access to electricity.22 In 1940, approximately 30% of Haitian land was forested.23 By 2015, it was estimated that less than 4% of the land was forested. Between 1990 and 2017, forest areas in Haiti decreased from 1,200 km2 to 1,000 km2.24

The public health system lacks the resources to meet the health needs of Haitian citizens. Public spending on health remains among the lowest in the world at 2% of Haitian GDP.25 The provision of drugs, medical supplies, health materials and skilled health personnel in public health institutions as well as people’s access to good quality and community-based health services are extremely limited, with only 31% of the population having access to health care.26 Nearly 10% of children are not vaccinated and 49% are partially vaccinated,27 increasing their vulnerability to vaccine-preventable diseases such as diphtheria. Similarly, only 12% of households spend the night under a mosquito net (insecticide-treated for two people), increasing the risk of contracting malaria.28 The number of vulnerable people who have been affected by recent natural disasters and forced displacement and need access to basic health services are estimated at 532,000.

The various health epidemics affecting the country, including cholera and malaria, are directly linked to the Water, Sanitation and Hygiene (WASH) sector. Almost everywhere, and especially in rural areas, access to safe drinking water is not guaranteed and sanitation facilities are lacking, or defective, their degradation being due to natural hazards or lack of maintenance or investment. The WASH sector estimates that 784,000 people are in need. The very limited access to drinking water and toilets in rural areas increases the vulnerability of households to water-related diseases such as cholera. About 27% of the population does not use an improved water source, and 40% of them are in rural areas. Water is available at the place of residence for only 14% of households. Haitian populations often have to travel long distances to obtain water. The journey time is more than 30 minutes for 30% of households. One third of the population living in rural areas drinks water from unprotected sources, and overall, 56% of households do not use any means to treat water. Only 33% of the population have unshared improved toilets, and more than a third of the population in rural areas and 9% in urban areas do not have any type of toilet.29

Due to high levels of poverty and chronic food insecurity combined with natural hazards, acute malnutrition is also prevalent in Haiti and will affect some 39,000 children in 2019. The prevalence of acute malnutrition at the communal level can thus fluctuate from year to year and depending on seasons to levels above 10%.

With regard to housing, the situation of many Haitians remains precarious. The country’s rapid urbanization, particularly in the main urban areas of Port-au-Prince and Cap Haitien, is creating more slums and buildings of low quality in areas at risk of natural disasters or eviction. About 2.6 million people live in the Port-au-Prince metropolitan area, representing 24% of the population.30 The lack of urban planning and land reform are major issues in the development of safe housing for Haitian populations. One third of the urban population has no legal land tenure status, including 53% in the Port-au-Prince metropolitan area.31 More than 568,000 people live in areas at high risk of natural disasters.32

The Shelter/NFI sector estimates that 912,000 people need support in the reconstruction/repair of houses, and in preparing for new natural disasters, including through the pre-positioning of contingency stocks and the construction/rehabilitation of temporary shelters in the most at-risk areas. In Haiti, there is almost no emergency shelter or ongoing programmes to meet this immense need, and more than 90% of schools are used as temporary shelters. Since the 2010 earthquake, some construction and resettlement programmes for people affected by the earthquake have not achieved their objectives. The destruction following hurricane Matthew or last October’s earthquake added to the pre-existing and unmet needs to date. Despite efforts by the sector and partners, 37,500 people displaced by the 2010 earthquake are still waiting for sustainable housing.

21 Banque Mondiale, www.banquemondiale.org/fr/country/Haiti/overview, 20 September 2018
22 Banque Mondiale, Base de données, 2016
23 Transitional Appel Plan Haïti, 2015-2016
24 Banque Mondiale, Profil pays Haïti, 2017
26 MSPP, Rapport statistique, 2016
27, 28, 29 Haïti, Enquête mortalité, morbidité et utilisation des services (EMMUS VI), 2016-2017
30 IHSI, Population totale de 16 ans et plus, ménages et densités estimées en 2015, 2015
31 Transitional Appeal Plan Haiti, 2015-2016
32 Données NATHAT & CNIGS 2010, OCHA, PAM & WMO/NOAA 2014
In addition, children’s access to education is low. Nearly 320,000 children aged 6 to 14 are outside the school system and about 160,000 adolescents aged 15 to 18 do not attend school, and are deprived of their right to education; more than half of the students will not reach grade 6 and less than 8 out of 100 children will make it to grade 12. The public sector receives only 20% of students, the majority of whom attend private schools. The main bottlenecks are late entry into preschool or primary school, early school failure (class repetition) and early drop-out (for financial reasons).

The child/teacher ratio is 50, delays in the payment of salaries are frequent, and some teachers end up deserting their posts (ex-educators working in prison). The education sector further estimates that 180,000 children will not have access to the public or private education system due to forced displacement in the border area, in addition to the 100,000 children who will attend undeveloped or damaged schools after hurricane Matthew and the recent earthquake (396 schools have not yet been rehabilitated since 2010).

In the field of protection, despite Haiti’s adoption of the Convention on the Rights of the Child (1995), the Convention on the Elimination of All Forms of Discrimination against Women (1981) and the Convention on the Worst Forms of Child Labour (1999), the Convention on the Rights of Persons with Disabilities (2009) and the Conventions on the Reduction of Statelessness and the Status of Stateless Persons (2017), many issues that particularly affect children and victims of violence persist, in the absence of a functional referral system. Domestic violence and gender-based violence, child labour, trafficking in human beings and discrimination against people based on gender or disability are protection issues that remain insufficiently addressed. In addition, 15% of children are not registered at birth, impacting access to their rights as Haitian citizens. Similarly, among persons of Haitian origin who have returned voluntarily or have been repatriated to Haiti by the Dominican authorities, two thirds have no identification documents issued by either the Haitian or Dominican states, which does prevent them from regularizing their situation.

**HUMANITARIAN AND DEVELOPMENT NEXUS**

Humanitarian and development cooperation programmes, while seeking the same objectives of reducing poverty and vulnerability, are based on distinct mandates, expertise, targets, durations and implementation and financing modalities. Relatively few bridges or programmes around joint or multisectoral objectives have so far been initiated, with the notable exception of the cholera eradication programme. Years of humanitarian programmes have demonstrated that humanitarian needs that are consistently recurrent are the result of deeper development problems and that a sustainable response to the vital needs of the Haitian people must take into account the underlying structural causes.

It is essential to continue to seek the articulation of the humanitarian and development nexus, to integrate early recovery efforts and plan them with development actors at the outset of a crisis in order to ensure an effective humanitarian response not only in the short term but also in the medium and long term. The most vulnerable populations supported during the emergency phase inevitably return to a situation of critical insecurity when no programme to restore livelihoods, strengthen access to basic services, protect and support communities as a whole and institutions takes over from humanitarian action.

The HRP for the 2019-2020 cycle, which results from the HNO analysis, will be part of a targeted approach to the needs of the most vulnerable, and will propose a strategy based on inclusive and complementary actions and activities to strengthen the impact and quality of the humanitarian response, while taking into account and aligning with the various UNCT (UNDAF) and country strategic frameworks.

**NEEDS BY THEME**

**VITAL NEEDS ARISING FROM A HUMANITARIAN CRISIS RESULTING IN LOSS OF ACCESS TO BASIC SERVICES**

The multiple shocks caused by natural disasters or forced population displacements have affected the ability of the most vulnerable people to meet their basic needs, such as food, access to safe drinking water, shelter, health care and education.

**ACCESS TO FOOD**

While the autumn 2017 growing season had produced encouraging results for food security, the drought had a major impact on agricultural production in the spring and summer of 2018. According to results of the IPC analysis carried out in October and December 2018 by the Haitian National Food Security Coordination, between March and May 2019, it is estimated that 15% of the total population analysed will be in emergency phase (IPC 4) in Grand’Anse and on the Gonâve Island, and the departments of Nord, Nord-Est, Nord-Ouest, Ouest, Centre, Grand’Anse and Sud-Est will have the highest proportion of people in crisis and emergency phases (IPC 3 and 4). More than 2.6 million people will be acutely food insecure, or 38% of the population of the departments analysed, including 571,000 in emergency situation (IPC phase 4) for the projected period from March to May 2019, and will require emergency food assistance. Nearly 2 million people will be in crisis (IPC Phase 3) and will require support to restore their drought-affected livelihoods. Compared to data from 2018, the number of food-insecure people doubled from 1.3 million to 2.6 million.

**ACCESS TO NUTRITION**

It is estimated that 39,000 children under five years of age will...
require care in 2019 to reduce the risk of morbidity and mortality due to malnutrition, of which 26,000 children are at risk of developing moderate acute malnutrition and 13,000 of suffering from severe acute malnutrition.  

ACCESS TO WATER
Access to safe drinking water for households with acutely malnourished children will also need to be promoted in order to break the chain between water-related diseases and acute malnutrition. Similarly, 12,000 people of Haitian origin who have voluntarily returned or been deported from the Dominican Republic will need access to safe drinking water in temporary shelters in their communities of origin.

ACCESS TO HOUSING
There are still significant needs, particularly in terms of shelter, for the displaced persons of 2010, the populations affected by hurricane Matthew and more recently for those affected by the earthquake of last October. The sector estimates that nearly 494,000 people will need humanitarian assistance in 2019, particularly in rural and hard-to-reach areas of Nippes, Sud, Grand'Anse and Grand Nord departments.

ACCESS TO EDUCATION
Nearly 100,000 students in departments affected by Hurricane Matthew will require support in school kits and teaching materials and 23,000 students affected by the October 2018 earthquake will need to have access to temporary learning spaces. In addition, 17,000 children of Haitian origin who have returned voluntarily or who have been deported by the Dominican Republic authorities will need to be reintegrated into the Haitian school system.

STRENGTHENING PREPAREDNESS FOR NATURAL DISASTERS
Due to its geographical position, Haiti is highly exposed to natural disasters and humanitarian disasters related to hydro-meteorological and seismic shocks. The country is classified as the most vulnerable in the Latin America and Caribbean region and the 14th most vulnerable country in the world.  

The country is at risk, mainly in urban centres, floodplains, coastal areas and areas near the tectonic fault line up right to the High North. In particular, the departments of Artibonite, Centre, Grand’Anse, Nippes, Nord-Est, Ouest, Sud and Sud-Est are the most at risk of being affected by natural disasters (major severity - 3 and critical severity - 4 on a scale from 0 to 5) and 568,000 people live in these areas.

The capacities of the most vulnerable communities to cope with natural disasters in the most at-risk areas also need to be strengthened. Several surveys, the most recent of which was conducted by Ground Trust Solution in September 2018, show that people do not feel sufficiently trained and informed about the risks they face and the measures to be taken. Similarly, in 2018, State institutions, local authorities, decentralized State structures and humanitarian actors struggled to mobilize adequate resources to be able to provide a rapid and coordinated humanitarian response to the affected persons.

Sanitation facilities in 158 shelters need to be put in place as well as access to safe drinking water. Members of civil society, NGOs, departmental teams of DINEPA and the Red Cross movement will need to be trained in emergency response in the WASH sector.

In the Shelter/NFI sector, people living in high-risk areas need to be made aware of the risks and build back safer principles. The capacities of authorities and civil society actors need to be strengthened in the management of collective shelters. The temporary shelters should be functional and operational. Training in stock management and distribution and in temporary shelter management needs to be provided.

At the Education sector level, 3,600 principals and school council members will need to be sensitized and trained on the management of schools serving as temporary shelters, and more than 52,500 students and educational staff will require training on the prevention and management of natural disaster risks. Training on disaster risk prevention and management needs also to be provided for staff members of the Ministry of National Education and Vocational Training.

At the Health sector level, training on the minimum emergency health package, and more particularly for reproductive health and the management of gender-based violence, needs to be provided to 500 humanitarian, state or civil society actors. Training needs for midwives and gynaecologists have been identified. All departments in the country will need to develop contingency plans that integrate emergency health, sexual and reproductive health and gender-based violence needs. In addition, contingency stocks of non-food items (NFIs), food and sexual and reproductive health inputs and equipment will need to be pre-positioned in strategic departments. Departmental contingency stocks of water, hygiene and sanitation need to be maintained and updated.

On the other hand, the humanitarian community and national authorities will continue to require logistical support, including the provision of functional logistics bases, transport and storage support and the conduct of logistics infrastructure assessments.

To better monitor the evolution of the food and nutrition situation in the most at-risk municipalities, the nutrition sector will consider conducting two SMART surveys in sensitive municipalities. The Food Security sector will have to carry out two surveys and four monitoring bulletins of the food security early warning system.

HEALTH NEEDS CAUSED BY EPIDEMICS
Based on the current situations observed, epidemics of cholera,
malaria and diphtheria will also kill people in 2019. The Ministry of Public Health and Population (MSPP) estimates that 333,000 people are at risk of contracting cholera in 2019. In order to reduce cholera mortality and cut transmission, medical management of suspected cases and vaccination of populations in communes where cholera persists will have to be strengthened in 2019. The existing community alert and response system, or “cordons sanitaires”, will need to be maintained by humanitarian partners in the Cholera, WASH and Health sectors.

In addition, malaria is still rampant, particularly in the departments of Sud and Grand’Anse, and diphtheria in the Centre, Artibonite and Ouest. Strengthening the epidemiological and laboratory surveillance system for probable cases of diphtheria and malaria will be essential in 2019, as well as ensuring medical care.

The risk of a nationwide epidemic recovery remains significant if the prevention and control activities currently undertaken are not maintained, due to poor health conditions, lack of basic services and adequate and functional infrastructures.

The cholera epidemic has been on a clear downward trend since the beginning of 2018. Between 1 January and 30 June 2018, 2,688 suspected cases of cholera and 28 deaths were recorded, a reduction of 65% and 53% respectively compared to the same period in 2017. Coordination, epidemiological surveillance, care and community response have been strengthened, and the results are very encouraging. Cholera surveillance data were presented weekly in the situation room of the Directorate of Epidemiology, Laboratories and Research (DELR) of the MSPP; 78% of suspected cases are sampled and transported to laboratories; 47% of all suspected and tested cases were identified as cholera positive due to the improvement of laboratory diagnostic capacity; the institutional mortality rate is 0.56%, below the target rate (1%); 60 cholera alert response teams were able to respond to about 90% of suspected cases within 48 hours, allowing 103,269 people to receive water chlorination products at home as part of the cordon
sanitaire, and 1,161,004 people to be sensitized during response and prevention activities, again a very positive result thanks to the combined efforts of government services and partners. However, the risk of widespread cholera outbreaks in the country remains high if the epidemic response mechanism is jeopardized due to lack of funding. The departments most at risk are Artibonite, Ouest, Centre and Nord.

**STRENGTHENING PROTECTION**

The protection of fundamental human rights of the most vulnerable needs to be promoted and strengthened in 2019. According to estimates by the Protection sector, more than 465,000 people will require humanitarian assistance as they are severely affected by abuse, violence, exploitation and exclusion. Access to services to meet the psychosocial, legal, medical, security and reintegration needs of victims and survivors must be strengthened. Support to public institutions, community and civil society organizations with a protection mandate in the implementation of protection enhancement measures should be at the heart of the programmes provided by partners working in the Protection sector as well as all sectors such as Shelter/NFI, CCCM, Health, Education and Food Security in the cross-cutting aspects of the implementation of protection principles, for people in the following situations who are considered as the most vulnerable: women heads of household, children victims of domestic violence and trafficking, people displaced by the 2010 earthquake, people deported or returned voluntarily/spontaneously from the Dominican Republic; LGBTQ groups.41

Regarding migratory movements on the border between Haiti and the Dominican Republic, they continued in 2018 with a figure of 80,832 Haitians deported or returned to the border by the Dominican authorities between January and July.42 Since October 2017, border monitoring has been interrupted due to lack of funding, which has hampered risk analysis and protection response, and no longer allows statistical monitoring. In 2019, the situation could worsen following the end of the regularization programme expired in August 2018, repeated security incidents at the border, and the Dominican State’s stated desire to accelerate deportations.

In the event of an influx at the border, increasing the availability of accommodation, improving the health conditions of reception centres, reintegrating children into the school system and families, accessibility to health care, documentation and socio-economic reintegration, will be the main challenges related to the binational issue.

According to IOM’s latest displacement monitoring report of April 2018, nearly 37,500 people are still displaced in 27 camps in the Ouest department since the January 2010 earthquake, including 40% of households headed by a single woman.

Although the deteriorated protection situation is often attributed to poverty, “the study on Protection, the case of Haiti” (Calpas, 2018)43 shows that the reality in Haiti is more complex. Indeed, violations are more often caused by the interaction of a range of individual, interpersonal, community and institutional risk factors. In addition, they are emerging from the erosion of social norms44 and the weakness of the rule of law.

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41 Lesbian bisexual gay transsexual queer
42 Chiffres de la Direction Générale de la Migration de la République dominicaine, July 2018
43 Secteur Protection, Étude sur la Protection ; le Cas d’Haïti (Calpas), 2018
44 La détérioration des normes sociales de contrôle entraîne la dégradation de l’environnement de protection
### MOST VULNERABLE GROUPS

<table>
<thead>
<tr>
<th>Category</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single heads of households</td>
<td>Pregnant and breastfeeding women</td>
</tr>
<tr>
<td>Children under 5 years old</td>
<td>Unaccompanied or separated children</td>
</tr>
<tr>
<td>Disabled people</td>
<td></td>
</tr>
<tr>
<td>Internal Displaced Persons (IDPs)</td>
<td>GBV survivors</td>
</tr>
<tr>
<td>People living with HIV</td>
<td>Persons of Haitian origin returned from third countries</td>
</tr>
<tr>
<td>Farmers and breeders</td>
<td></td>
</tr>
</tbody>
</table>

Humanitarian partners have identified the population groups most in need of humanitarian assistance, and for which the following vulnerabilities are added, which can sometimes be cumulative:

- They have been affected by a humanitarian crisis (natural disasters, epidemics, population displacements)
- They are extremely poor (less than US$1.25 per day)
- They live in areas most at risk of being affected by natural disasters (droughts, floods, hurricanes, earthquakes)
- They are severely affected by cases of abuse, violence, exploitation and exclusion.