

Humanitarian **NEEDS** Overview

People in Need

2.1 m

Dec 2015

Credit: OCHA Haiti



HAITI

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

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

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

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Part one: Summary

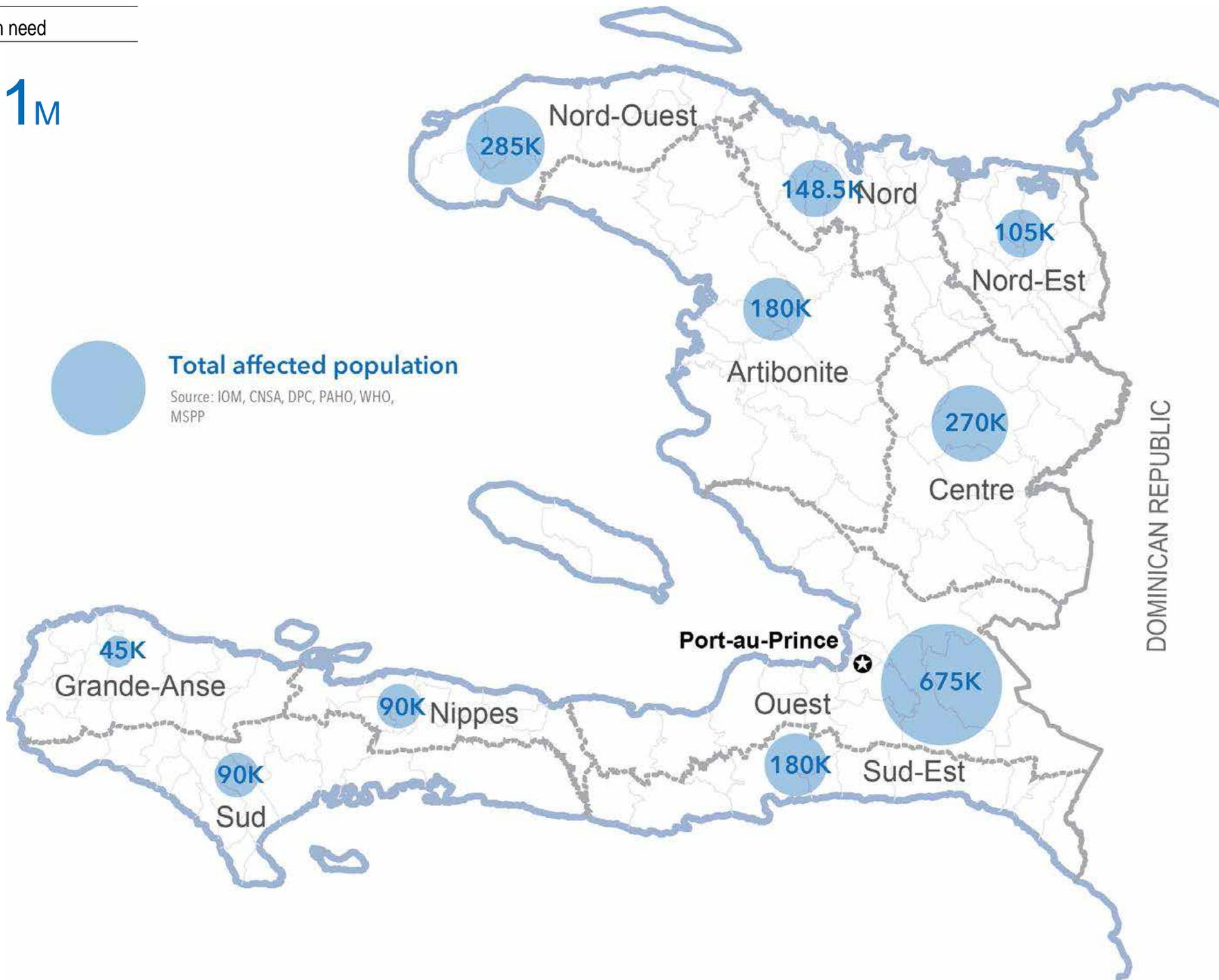
- 
-  Humanitarian needs & key figures
 -  Impact of the crisis
 -  Breakdown of people in need
 -  Severity of need

2.1M



Total affected population

Source: IOM, CNSA, DPC, PAHO, WHO, MSPP



Humanitarian NEEDS & KEY FIGURES

The humanitarian situation in Haiti has deteriorated considerably in 2015 due to the convergence of multiple humanitarian risk factors. These include a sharp increase in food insecurity resulting from drought and the prolonged effects of “El Niño”, the persistence of cholera and a protection crisis triggered by the forced / voluntary return of thousands of Haitians from the Dominican Republic. The immediate needs of the 60,000 people who remain displaced from the 2010 earthquake cannot be overlooked. Finally, the country has a high exposure to climate hazards and natural disasters coupled with limited national response capacity.

Haiti remains a largely fragile environment from a governance and development perspectives with high insecurity, overpopulation, widespread poverty, huge economic inequalities, a dysfunctional health system, extremely poor access to safe water and sanitation, limited agricultural production, and high environmental degradation. Despite vast international support after the 2010 earthquake, the capacity of the national institutions to respond to these risks and to any unforeseen shocks - without external support - remains limited.



Humanitarian Needs



As of December 31st, 36,045 persons had been infected by cholera. The trend in 2015 is similar to 2014 (27,388 cases). Cholera remains an acute emergency with 322 people dead in 2015. It is estimated that 25,000 people will be infected in 2016. Cholera may also affect indirectly 1,350,000 people (infected individuals, families and neighborhood) requiring a coordinated response



Approximately 34% of the population in Haiti continues to have difficulty in meeting their basic food needs. According to the report of the Emergency Food Security Assessment published by CNSA/WFP in February 2016, from 3,6 millions people affected, 1,5 millions are severely food insecure. In 2015, the number of severely food insecure persons has risen considerably compared to 2014 levels due to the poor grain and vegetable harvests coupled with the drought resulting from the El Nino phenomenon. Number of children under 5 with acute malnutrition was estimated, to be 130,000, after a quick evaluation conducted by UNICEF in December 2015. The estimates suggest that approximately 56,545 children will need immediate therapeutic feeding as a life-saving measure and 74,860 will require supplemental feeding.



Based on the number of people crossing the Dominican border weekly into Haiti, the bi-national crisis is likely to affect an estimated 120,000 people in 2016. According to the last Border Monitoring Sitrep released by IOM on February 19th, 38,963 households representing 69,563 individuals interviewed on a random and voluntary basis have reported to have crossed the border into Haitian territory since June 2015. This constitutes only a portion of the total returning population from DR to Haiti. In addition, as of 31 December 2015, when the last displacement monitoring tracking was made, 59,720 remain displaced in 37 camps in Port-au-Prince's metropolitan area from the 2010's earthquake.



Almost half of the Haitian population is considered vulnerable and exposed to hydro-meteorological hazards. Of this population, 2.8 million people living in 58 communes are considered at highest risk of exposure to flooding and landslides. According to Haiti's national contingency plan for the cyclone season, 500,000 people could be affected by hydro-meteorological hazards in 2016.

PEOPLE IN NEED

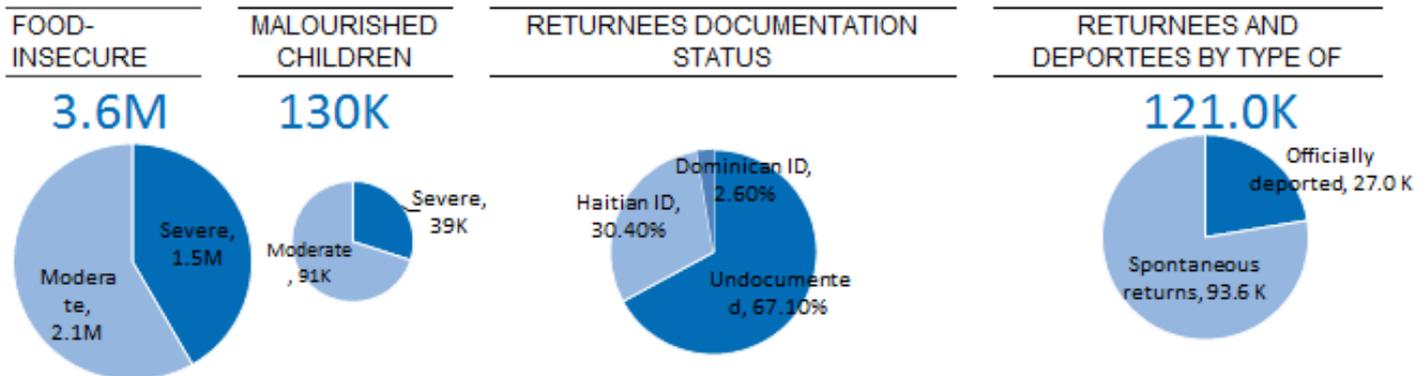
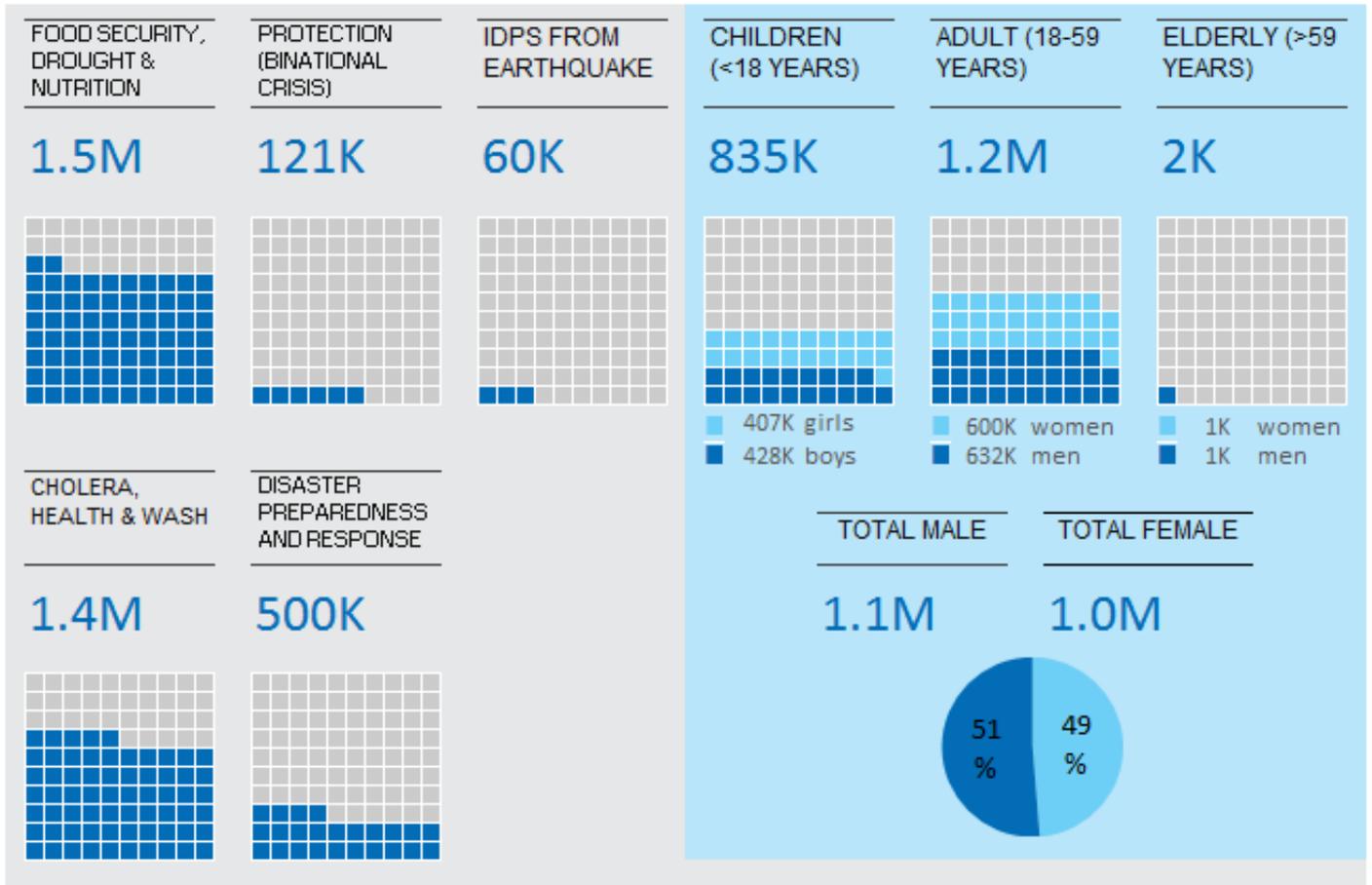
BREAKDOWN BY CASELOAD

TOTAL POPULATION

10M 

NUMBER OF PEOPLE WHO NEED HUMANITARIAN ASSISTANCE

2.1M 



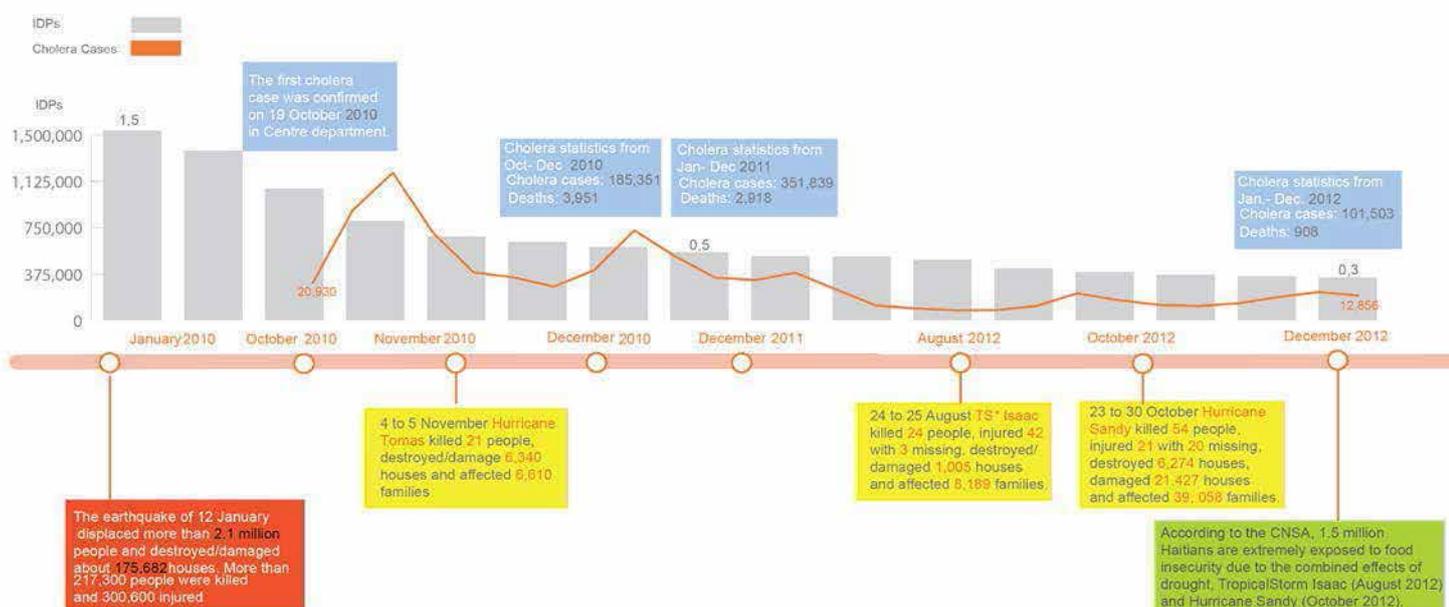
Impact of the Crisis

Humanitarian partners estimate that over 2.1 million Haitians – or 20 per cent of the population - require some kind of humanitarian assistance to meet their basic needs or protect their fundamental rights.

Haiti is nearing the end of an intensive political period. Various elections have taken place in 2015 or are scheduled to early 2016 at all levels of government causing political and social unrest. The turmoil will influence global macro and micro-economic trends, affecting foreign investments and threatening to halt the much-needed international development assistance. The decline in Official Development assistance since 2010, compounded by such economic woes, highlights the need for sustained humanitarian assistance to protect the lives of the most vulnerable in such a fragile environment.

About one-third of Haiti's population of 10 million is estimated to be food insecure. This situation is linked to chronic structural deficits and has been aggravated by drought resulting from the phenomenon of "El Nino. In 2015, an irregular rainy season has exacerbated the already dire conditions in several parts of the country, particularly the North-west, Artibonite, Centre, the South, and South-east Departments. According to an assessment mission report by the Government's *Coordination Nationale de la Sécurité Alimentaire* (CNSA), the spring harvest, which accounts for over 50 percent of the national annual production, fell below average with losses of up to 60 percent. This situation is compounded by the devaluation of the National currency "Gourde", the consequent increase of key commodity prices, is taking a toll on families whose livelihood derives entirely from the agriculture sector, i.e. 60 percent of the Haitian population.

Timeline of the Crisis



Cholera remains a serious threat for the most vulnerable Haitians. The Ministry of Health reports 36,045 suspected cases of cholera and 309 deaths as per 31 December 2015. Thus, Haiti remains one of the most cholera-affected countries in the world. According to WHO WER (World Health Organization's Weekly Epidemiological Record #40), 24 countries reported deaths due to cholera in 2014; 1882 deaths occurred in Africa, 42 in Asia, and 307 in Hispaniola. Haiti alone (10,9 million inhabitants), with 27,388 cases and 296 deaths, accounts for the 13% of the worldwide registered deaths, still belongs to the group of 12 countries having case fatality rate between 1% and 5%, and has one of the highest cholera incidence worldwide.

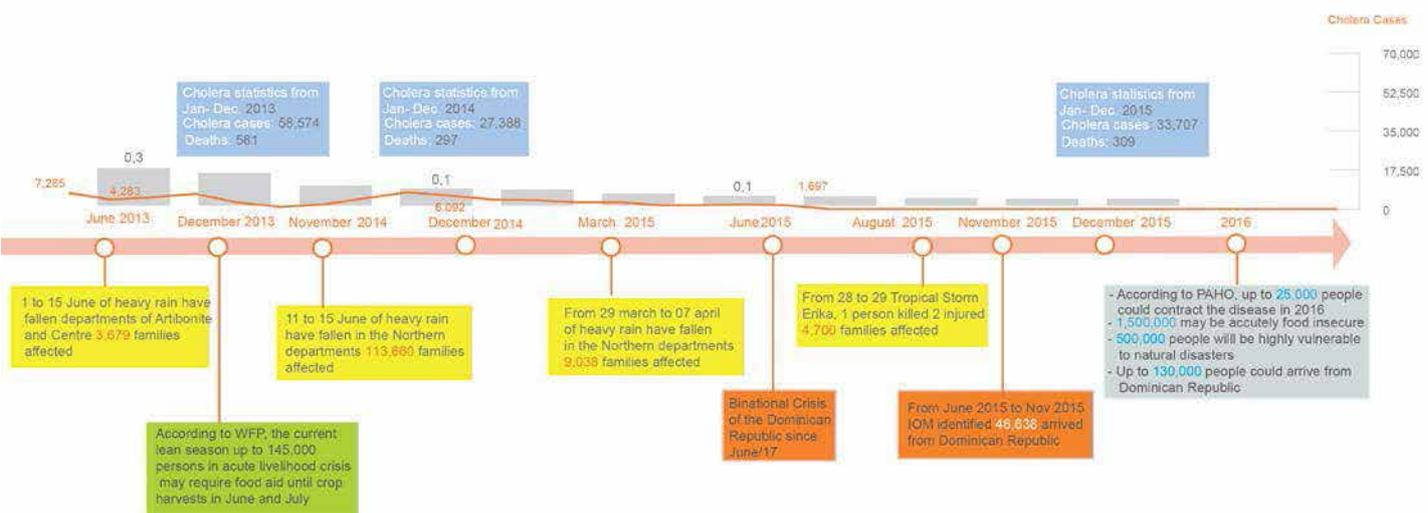
The number of cholera cases increased considerably in 2015 (33,709) in comparison to 2014 (27,388). The West, Centre, Artibonite, North Departments remain the most affected highest-risk areas. However, as showed by some recent cases in the country, outbreaks can spark anywhere, often caused by people moving from the most affected areas to others. Emergency response capacity and flexible support to health treatment structures have to be maintained country-wide. Indeed, extremely low access to safe water and sanitation continue to render the population highly vulnerable to cholera, while national capacities remain weak to deal with the epidemic on its own. Additional factors such as the bi-national crisis and impacts of El Nino on water availability¹ could play a significant role in the resurgence of cholera in 2016.

Hundreds of thousands of people of Haitian descent residing in the Dominican Republic have been deprived of their nationality, and many remain at risk of statelessness. In addition, it is estimated that at least 300,000 Haitian undocumented migrants currently in the Dominican Republic remain under threat of deportation.

Since the end of the regularization period in June 2015, thousands of citizens of Haitian descent have been deported or returned voluntarily to Haiti. According to the last Border Monitoring Sitrep released by IOM on February 19th, 38,963 households representing 69,563 individuals interviewed on a random and voluntary basis have reported to have crossed the border into Haitian territory since June 2015. This constitutes only a portion of the total returning population from DR to Haiti

The situation of those arriving in Haiti is difficult due to insufficient reception capacity on the Haitian side of the border, with local municipalities stretched to respond and a potential for tension with local residents. Hundreds of people are settling in dire conditions in basic makeshift camps near the border, in need of humanitarian and protection assistance, in particular to determine their legal status in Haiti. This situation is particularly difficult near the border town of Anse-a-Pitres (Southeast region), which is hosting nearly 3,000 people in six informal sites in a context of extreme poverty, severe food insecurity, and high vulnerability to cholera.

Some 60,000 people remain displaced by the 2010 earthquake in 45 camps require sustained humanitarian assistance to meet their basic needs and protection, violence and exploitation, and the impact of natural disasters. Above all else, this people need support to access durable solutions to end their displacement in terms of safe housing and livelihoods.



¹ Limited access water affects people hygiene practices resulting in higher risk for cholera transmission, and increase the risk of contamination of the rare functional water points.

Haiti is exposed to a variety of natural hazards — including earthquakes, tsunamis, drought and the annual hurricane season. The Government of Haiti's national contingency plan estimates that **500,000 people could be affected by any hydro meteorological hazard in 2016**. Emergency preparedness and strengthening of national capacities for emergency response remain a priority. Indeed, climate change threatens to increase the frequency and severity of weather events, aggravated by the widespread deforestation (less than 4 % of the original forest cover remains) and land degradation (over 6,000 hectares of soil lost each year and some 85% of watersheds are seriously eroded).

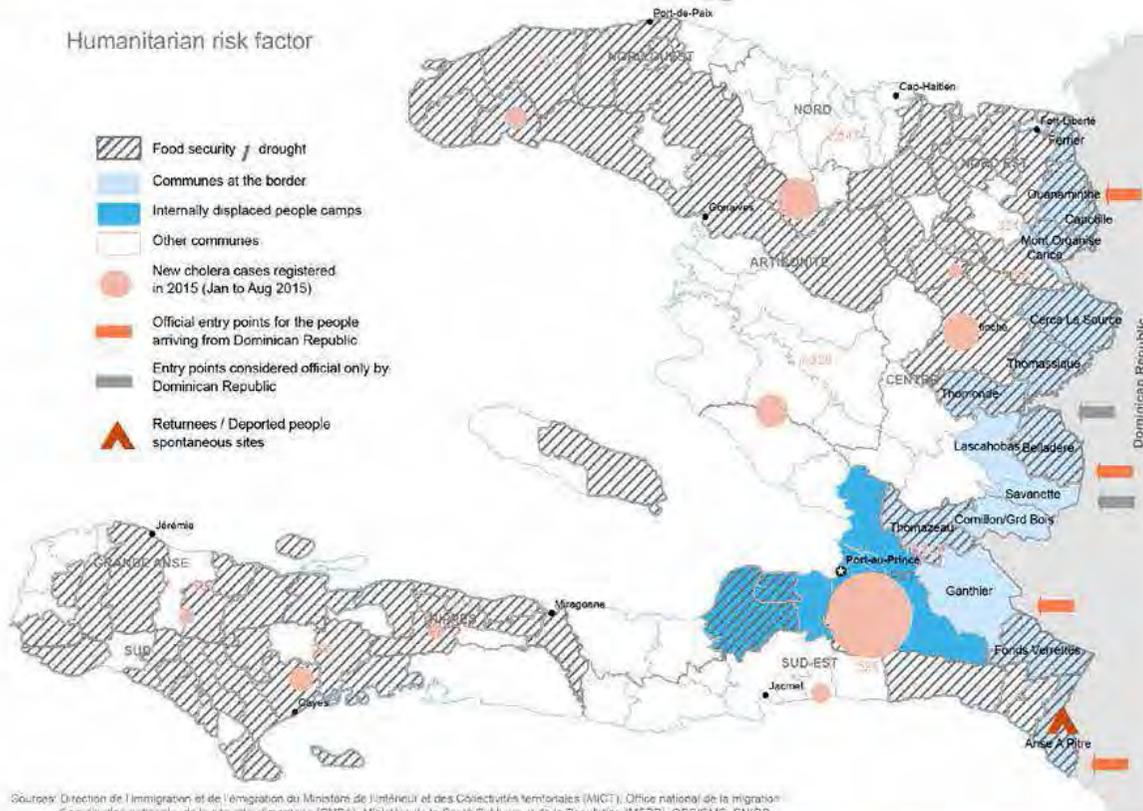
Haiti: Humanitarian Snapshot (Jan-Dec 2015)



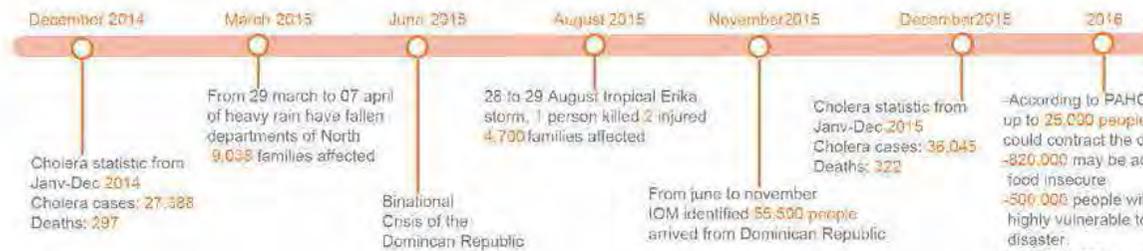
Since mid-2015, the humanitarian context in Haiti has been deteriorating with multiple humanitarian dynamics changing and worsening. It is estimated that severe drought, El-Nino and food insecurity have affected around 600,000 people, while Cholera has expanded in new areas and registered significant increase in number of cases (+35%). Migration flows from the Dominican Republic and the binational crisis that resulted from it have constituted another humanitarian issue. Hence, minor natural shocks (heavy rains, floods, landslides) have triggered small-scale and localized humanitarian emergencies.

Humanitarian risk factor

- Food security / drought
- Communes at the border
- Internally displaced people camps
- Other communes
- New cholera cases registered in 2015 (Jan to Aug 2015)
- Official entry points for the people arriving from Dominican Republic
- Entry points considered official only by Dominican Republic
- Returnees / Deported people spontaneous sites



Sources: Direction de l'Immigration et de l'Émigration du Ministère de l'Intérieur et des Collectivités Territoriales (MICT), Office national de la migration; Coordination nationale de la sécurité alimentaire (CNSEA), Ministère de la Santé Publique et de la Population (MSPP), OPS/OMS, CN/IGS



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Update: 29 January 2016. Sources: IOM, DELR, MSPP. Comments: ocha.haiti.m@gmail.com, http://ochaonline.un.org, www.refugees.int, http://haiti.humanitarianresponse.info

Food security and malnutrition

- 1.5 M** severely food insecure (estimated Jan 2016)
- 3.6 M** people food insecure
- 1%** of the children under five with acute malnutrition (EMMUS V 2012).
- 6.2%** of children under five with acute malnutrition in areas affected by drought in the Nord Est.
- 22%** of the children under five with chronic malnutrition

Cholera Epidemic

- 25,000** Cholera cases estimated in 2016
- 36,045** Cumulative cases of cholera (Jan-Dec 2015)
- 322** Deaths (Jan - Dec 2015)
- 0,94%** Lethality rate (Jan. - Dec. 2015)

Sources: MSPP, DELR, PAHO/WHO

IDP's and binational situation

59,000 displaced people continue to live in 37 camps following the 2010 earthquake. (Sources: DTM Rd 24- DIM)

30,644 households representing **55,551** individuals were interviewed by IOM and declared returning from Dominican Republic. From those:



34.9% were female while **65.1%** were male
879 presumed unaccompanied minors were identified
2,203 people in spontaneous sites in Anse a Pitre Republic

Breakdown of

People in Need

835,000 people in need are minors and 601,000 people in need are women representing 69% of the total population in need. According to the IOM border monitoring, 64.7% of the overall returning population from the Dominican Republic is between the ages of 18-69 years old as of February, 19th, 2015. An estimated 1.1 million people is directly affected by the combination of more than one humanitarian situation (cholera, natural disasters, drought, migration crisis) given that near 60 percent of Haitians are under the poverty threshold (income below US\$2/ day), and 24 percent are “extremely poor” (< \$US1/ day).

To arrive to the figure of 2.1 million people in need, the methodology adopted was to sum up the biggest number of people in need between all sectors from each department. The numbers used are: Artibonite 180,000 (food security), Centre 270,000 (food security), Grand Anse 45,000 (food security), Nippes 90,000 (food security), Nord 148,500 (cholera), Nord Est 105,000 (food security), Nord Ouest 285,000 (food security), Sud 90,000 (food security), Sud Est 180,000 (food security) and Ouest 675,000 (cholera).

Number of People
in Need

2.1M

PEOPLE IN NEED

Breakdown by Sector

| | Local Communities | Deportees* IDPs | Returnees & Migrants* | % Female | % children, adult, elderly | Total People in need |
|---|-------------------|--------------------|-----------------------|----------|----------------------------|----------------------|
|  Food Security, Drought & Nutrition | 1,500.0 K | | | 50% 50% | 42% 58% | 1.50M |
|  Cholera, Health & WASH | 1,350.0 K | | | 47% 53% | 38% 62% | 1.35M |
|  Protection (Binational Crisis) | | 27.0 K | 93.6 K | 38% 62% | 41% 58% 1% | 120.6K |
|  IDPs from Earthquake | | 59.7 K | | 52% 48% | 38% 60% 2% | 59.7K |
|  Disaster Preparedness and Response | 500.0 K | | | 50% 50% | 42% 58% | 500.0K |

* Deportees are the people officially deported by the Dominican authorities, Returnees are the people born in Haiti that returned voluntarily, Migrants are the people born in DR that migrated to haiti voluntarily or not.

PEOPLE IN NEED

Breakdown by Department

| | Food Security | IDPs from Cholera Earthquake | Returnees and deportees | Disasters | % Female % Male | % children, adult, elderly | Total People in need | Total Population | |
|------------|---------------|------------------------------------|-------------------------------|-----------|--|---|---|---------------------|------|
| Artibonite | 180.0 K | 148.5 K | | 79.2 K |  |  | 180.0K | 1.6M | |
| Centre | 270.0 K | 175.5 K | 19.7 K | 34.2 K |  |  | 270.0K | 712.1K | |
| Grand Anse | 45.0 K | 40.5 K | | 21.5 K |  |  | 45.0K | 446.9K | |
| Nippes | 90.0 K | 13.5 K | | 15.7 K |  |  | 90.0K | 326.9K | |
| Nord | 105.0 K | 148.5 K | 8.9 K | 48.9 K |  |  | 148.5K | 1.0M | |
| Nord Est | 105.0 K | 13.5 K | 9.5 K | 18.1 K |  |  | 105.0K | 376.0K | |
| Nord Ouest | 285.0 K | 40.5 K | | 33.4 K |  |  | 285.0K | 695.5K | |
| Sud | 90.0 K | 54.0 K | | 35.5 K |  |  | 90.0K | 739.6K | |
| Sud Est | 180.0 K | 40.5 K | 42.4 K | 29.0 K |  |  | 180.0K | 603.7K | |
| Ouest | 150.0 K | 675.0 K | 59.7 K | 40.0 K | 184.6 K |  |  | 675.0K | 3.8M |
| | | | | | | | TOTAL | 2.1M | |

* Deportees are the people officially deported by the Dominican authorities, Returnees are the people born in Haiti that returned voluntarily, Migrants are the people born in DR that migrated to Haiti voluntarily or not.

Severity of the Needs

Endemic and chronic shocks are the main drivers of severity of need in Haiti. Combined threats (Cholera, food insecurity, drought, floods, migration, and natural disasters) have increased humanitarian needs in some Departments and exacerbated pre-existing vulnerabilities in some others. Each sectorial group was asked to provide an expert consensus estimate of severity of needs per Department, using a five-point scale, based on contextual data provided by OCHA (estimates of food security, cholera, IDPs, returnees/deportees, people and people at risk of natural disasters).

The results of the severity assessment indicate that the most acute humanitarian needs are found in the West, Artibonite, Southeast, Northeast and Center departments followed by the North and Northwest. Whilst variations exist within each Department, these are clearly the most impacted by the food insecurity, cholera, and the bi-national crisis. They are also the most likely to be hit by natural disasters in 2016).

SEVERITY



To arrive to this classification the severity of the need was evaluated by humanitarian priority and after and weighted average formula was applied. Annex A explains the methodology used to arrive to this result.

Part two: Needs overview By sector



Drought (Food security and Nutrition)



Cholera (Health and Water, Sanitation & Hygiene)



Binational Crisis (Protection, Basic Services)



IDPs (Camp Coordination Management)



Disaster

Information gaps and assessment planning

Annex A

Drought (Food Security and Nutrition)

Overview



It is estimated that 3.6 Million people (approximately 34% of the population) in Haiti are food insecure. Within this vulnerable group, approximately 1.5 million people suffer severe food insecurity countrywide. In 2016, UNICEF estimates that approximately 56,545 children will need immediate therapeutic feeding as a life-saving measure and 74,860 will require supplemental feeding (total of 131,405).

Affected Population

Around 1,500,000 people are severely food insecure and in need of humanitarian aid. This figure includes approximately 200,000 people in food emergency and 131,405 with Global Acute Malnutrition (GAM).

Humanitarian Needs

According to the Report of the Emergency Food Security Assessment (EFSA) from December 2015 coordinated by the National Coordination of Food Security and Nutrition (CNSA), some 300,000 rural households countrywide are severely food insecure due to the negative impact of drought on their agricultural production during the 2015 spring season. This has led to a reduction of more than 50% of their production in the spring season, the main agricultural season, which accounts for 60% of the country's annual production on average. As a result, there have been significant reductions in the availability of food stocks of households.

The shortage of local products is being covered by imports, particularly from the Dominican Republic. However, low purchasing power, due lower incomes and the devaluation of the Gourde, has reduced the access to food of the most vulnerable populations.

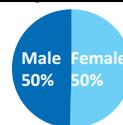
Because of this lack of access to food, families have to recur to numerous negative coping strategies, such as the use of credit in the markets, the reduction of number of meals per day or the reduction of the size of meal portions, production of charcoal, sale of productive assets and migration.

The situation of the most affected families is even worse when evaluating their perspectives for the coming months. Most of these families lost their spring harvests and have accumulated debt. Besides that, more than 60% of the most affect families did not plant for winter

No. of People in Need

1.5M

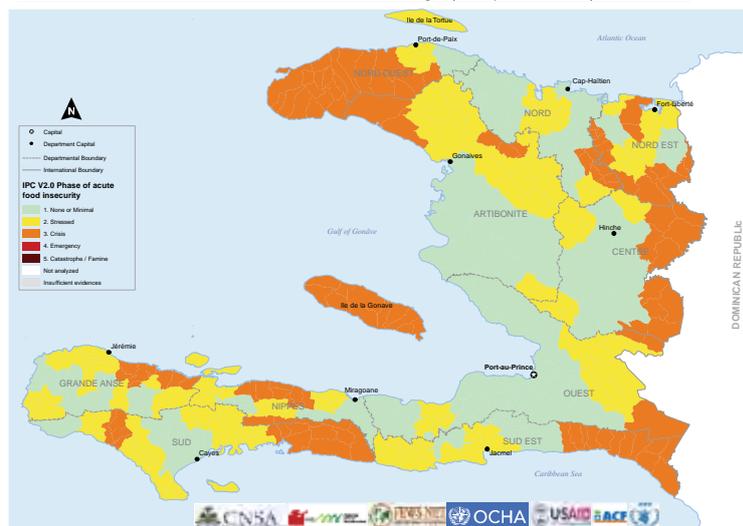
By Sex



By Age



IPC Classification Food Security (Sept/2015)



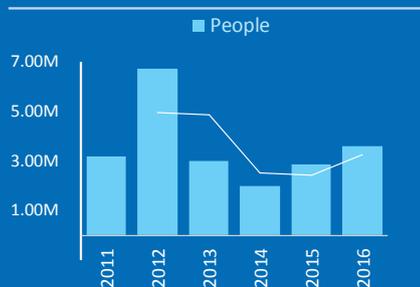
2016 and may not plant for the spring season of 2016. The lack of access of affected populations to revenue sources and the uncertainty about the success of the 2016 spring agricultural season could lead to an increase in the number of people in IAS.

Important water shortages have been reported in the most affected departments with more than 120 water systems being non-functional because of water flow reduction during the year (DINEPA assessment, June 2015). The reduced access to water further deteriorates situation of most vulnerable families, as they may need to buy for water or to recur to unsafe water sources.

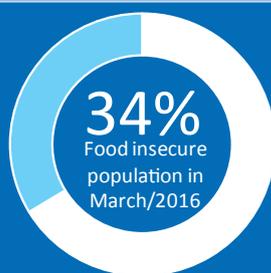
Furthermore, Most of the households with poor or borderline food consumption have a very limited frequency of consumption of protein rich foods, vitamin A and Iron. This can cause the rise on cases of anemia and jeopardize the growth of children.

Furthermore, a recent Quick Nutrition Evaluation, using the Mid Upper Arm Circumference (MUAC), screening was conducted on children 6-59 months, in 20 communes from the 38 most affected by drought, in order to give a snapshot of their nutritional status. The results shows that four communes are currently in emergency (Global Acute Malnutrition, GAM, ranging from 16 to 28 per cent), and two Communes in crisis (GAM from 11 to 13 per cent).

PEOPLE LIVING IN FOOD INSECURITY



Projection of Food Insecure Populations 2016



NUTRITION

1 out of 5 children under five with CHRONIC Malnutrition



Cholera (Health, Water, Sanitation and Hygiene)

Overview



As of 31st December 2015, 36,045 suspected cholera cases have been registered with 322 deaths for the year period. Since the beginning of the epidemic in 2010, Haiti has registered 731,058 cholera cases and 8,984 deaths so far. The very high incidence between 2014 and 2015 and the resurgence of the disease in the last quarter of 2015 following increase of rainfall, shows that the Haitian population is still highly vulnerable to the disease. 2015 trends show that outbreaks can still happen everywhere in the country. Despite this situation, the caseload reported from October to December 2015 (the highest-risk months) is the lowest since the beginning of the cholera epidemic in Haiti, largely due to an improved rapid response mechanism.

Affected Population

Current projection point at 25,000 people who could contract the disease in 2016, represents an incidence of about 0,23% while the National Elimination Plan objective of the Ministry of Health for 2017 is to reach 0,1%. Cholera will indirectly affect 1.35 million people, with the patients' families, neighborhoods and communities being targeted by the response. It is worth noting that this projection can vary greatly during the year depending on external factors such as the electoral process which may hinder quick response to outbreaks, extreme natural events due to El Nino prolonged impacts, and internal factors that may affect the control operation such as the resources mobilized against cholera in 2016.

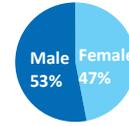
Humanitarian Needs

Affected people will need assistance to be treated and avoid large contamination of their relatives and neighbors. Assistance will be also needed for their direct relatives or people who have been in contact with them in the neighborhood. To further improve the control of the disease and reduce cholera related lethality (0,9% in 2015) and reach the Elimination Plan Objectives of 2017 (incidence \leq 0,1%), there is a need to reinforce again the surveillance system, both at local level (community-based surveillance), and national level with a higher capacity to confirm suspected cases in laboratories.

No. of People in Need

1.35M

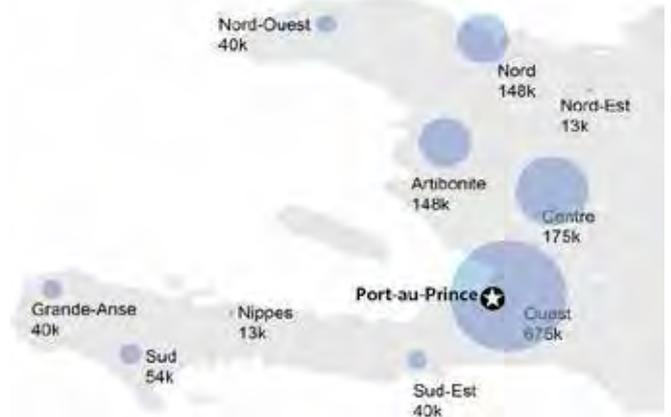
By Sex



By Age

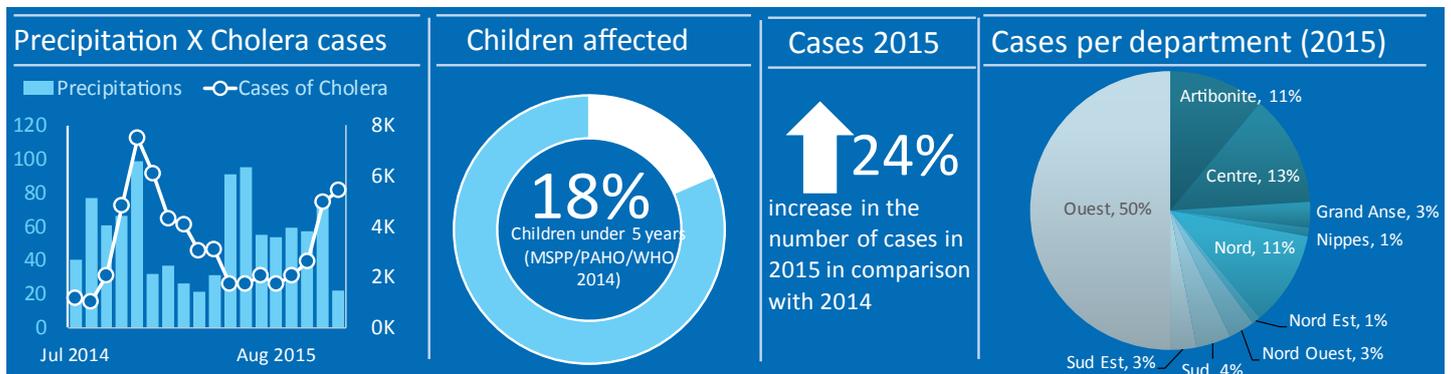


People affected by Cholera per Department



Ensuring that patients are treated in adequate conditions and that cholera treatment is integrated in the health system is also a high priority for 2016. An effective and coordinated countrywide rapid response mechanism is crucial to cut the cholera transmission and to keep the positive trends in the incidence registered in late 2015. This implies consistent financial resources to be mobilized timely.

Access to safe water and sanitation is not yet sufficient to protect people against cholera in most of the poor urban and rural areas of the departments (47% households do not have individual sanitation facilities; 44% do not have access to safe water; 55% do not have handwashing facilities), PAHO/ WHO, UNICEF, and NGO partners continue to support the Ministry of Health in actively monitoring the evolution of the epidemic and providing critical support to national health institutions. 2016 is a critical year in the race to control and eliminate of cholera given the improvements of response mechanism after two years of important investments, adjustments and coordination efforts by all partners. The progress obtained so far could be compromised by the lack of resources to continue the lifesaving activities developed by humanitarian partner in this sector.



Binational Crisis (Protection, Basic Services)

Overview



An estimated 300,000 Haitian migrants without a regular migratory status currently reside in the Dominican Republic. The Haitian Government has reported that over 30,000 people have crossed the border from the Dominican Republic since June 2015, while the Government of the Dominican Republic reported in January 2016 that more than 129,000 people left the country, being 15,745 through deportations while most of them returned by different means. Border monitoring conducted by the IOM and civil society organizations identified 55,551 border crossings from the Dominican Republic (DR) as of end December, taking into account those arriving on official (33%) and unofficial (67%) border crossing points.

Affected Population

The bi-national crisis is projected to affect 120,000 people including the 55,500 already arrived until 31st December 2015. An estimated 65,000 returnees and deportees could be expected to arrive in Haiti within the first six months of 2016, considering the trend of 2500 arrivals per week will continue. UNHCR estimates that around 5,000 people could fall under their mandate and in need of a solution to their nationality problem.

These figures include also 916 unaccompanied minors identified by IOM and 544 household (2,203 Individuals) living in spontaneous camps.

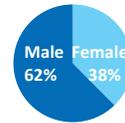
Humanitarian Needs

As the number of people crossing the border to Haiti has increased significantly in 2015, added to a scenario with the persistence of cholera, worsen of food security by El Niño and a volatile political theater, the needs are immense. Reception capacity on the Haitian side of the border and basic services in most of the 16 bordering municipalities are insufficient and the presence of law enforcement agents virtually inexistent. The few organizations present in the border struggle to provide protection to civilians, basic assistance services, relief, health and access to justice. Meanwhile, the populations access to resources and ability to engage in secure livelihoods is severely restricted. A multi-faceted approach is necessary to address the problem of returnees/deportees, especially for the 2,203 people living in informal sites near Anse-a-Pitres (Southeast department), in a context of existing extreme poverty and severe food insecurity. It is necessary to provide protection of rights and

No. of People in Need

120k

By Sex



By Age



Most preferred destinations map



meet the basic needs of that population, while ensuring their social reintegration that will allow them to move out from those sites.

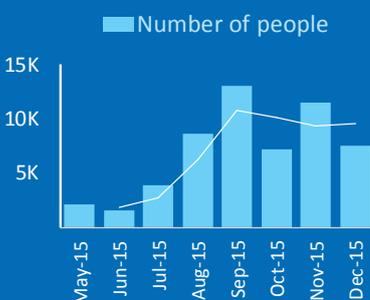
In addition, many of those arriving in Haiti present health issues or disabilities and are unassisted. In this context, pregnant women and newborns are also very vulnerable, both in the sites of Anse a Pitres or in the host communities.

Despite the continuous efforts of organization monitoring the border to identify the most vulnerable people, they are unable to offer them support to reach the communities of origin or supporting facilities. For example, 80% of unaccompanied minors referred to UNICEF/IBESR from unofficial border points can't access services in part due to lack of logistical capacities to reach transitory care structures.

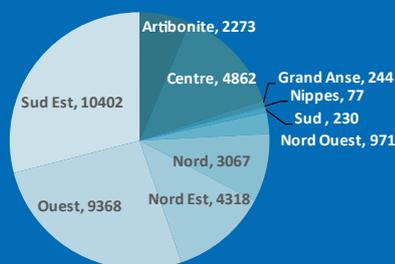
At the medium and long term, the most vulnerable returnees would require social integration support and many will need legal support related to their civil/nationality status. No action has been taken towards a long-term solution, especially to reintegrate those populations.

Finally, a frequent problem for those arriving is the absence of any civil documents (66,9% of the registered returnees). Documentation is an important protection element as it allows access to basic social and health services. Continued lack of documentation increases the chances that migration problems like this will repeat in few years from now.

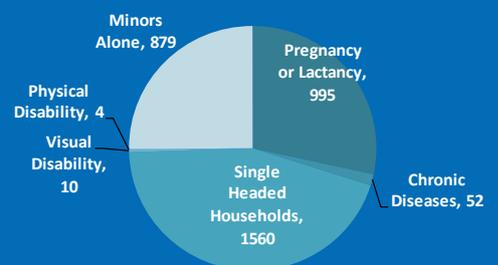
Returns and Deportees



Most common return destinations



Most Common vulnerabilities



IDPs (Camp Coordination Management)

Overview



Following the January 2010 earthquake, 59,720 persons continue to live in 37 IDPs camps mainly in the metropolitan area of Port-au-Prince in December 2015. A significant net decrease has been reached compared to figures in July 2010, i.e 1,476,727 individuals representing 346,838 households and 1,518 IDP sites have left the camps since then. Overall, the IDP household population has decreased by 96% compared to the July 2010 release figures and the number of camps has decreased by 98%.

Affected Population

59,720 persons (14,679 IDP households) continue to live in 37 camps following the 2010 earthquake. 52% are women and 48% are men. Of the total IDP population, 20,000 persons (around 5,000 households) live in 3 camps both at risk of eviction and at environmental risk.

Humanitarian Needs

IDPs camp residents are considered amongst the most vulnerable persons in the country, given their lack of options to end their displacement and the heightened risk of violence, exploitation and disaster impacts that they face on a daily basis. Over 59,000 people (14,600 households) remain displaced in 37 camps as of December 31st 2015, according to the last IOM DTM data.

The access to basic services, the risk of natural hazards and the risk of eviction are the main problems inside the camps. Out of the 37 remaining camps, 5 are at risk of eviction, 16 at environmental risk and 3 at risk of eviction and environmental risk combined.

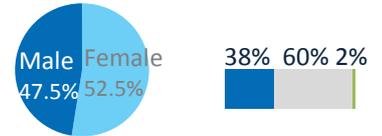
Amongst all the basic services, improved WASH and sanitation remains a challenge in the sites, given the high risk of cholera. According to IOM data, as of 31st December 2015, 9 out of 37 camps (24%), representing 6,892 IDPs (1,547 households), do not have toilets; and most part of camps with sanitation facilities do not have a regular dislodging of the latrines. In consequence, activities such as reinforcing access to toilets and conducting latrine desludging remain critical. In addition, awareness-raising activities on how to properly use toilets are needed as the mechanic toilet dislodging, preferred by the DINEPA (the national authority on water and sanitation) can be only conducted in absence of solid waste inside the latrines.

No. of People in Need

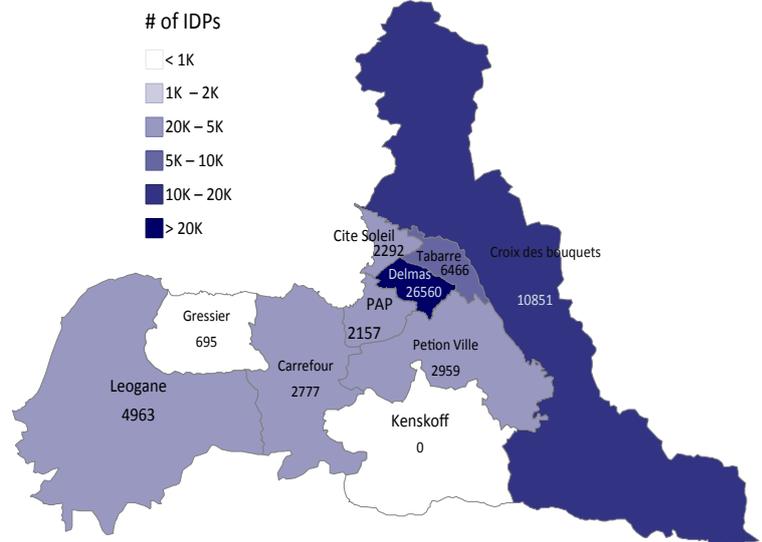
By Sex

By Age

59k



Distribution of IDPs in the area of Port au Prince



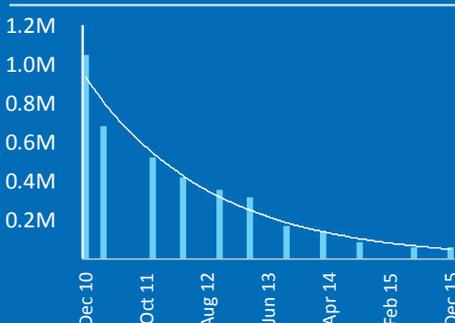
Regarding health, case management of urgent cases (i.e. cholera) needs to be maintained.

Support for the most vulnerable and protection assistance remains necessary as persons living in camps continue to be highly vulnerable and exposed to violence, abuse and exploitation (single-headed households, elder people, women victims or at risk of GBV, etc.). Women and children, who represent approximately the 70% of the IDP population, are particularly vulnerable.

However, despite the persistence of the needs of the remaining IDPs, there has been a steady reduction in the provision of basic services in camps by international organisations and NGOs since 2014, in parallel with the reduction of the number of camps.

Currently, additional resources are needed to offer access to basic services in camps during 2016, while durable solutions are not implemented. Coordination between the CCCM partners remains essential, in order to avoid duplication of activities or uncovered gaps.

Number of IDPs from Earthquake



Most common risks in the camps



Vulnerable populations

7 out of 10

People living in IDP camps are women and children



Disaster Preparedness and Response

Overview

Haiti is vulnerable to a number of recurrent climatic hazards that often surpass national coping mechanisms and require international assistance. Hazards include earthquakes, tropical cyclones and flooding aggravated by massive deforestation. These disaster risks are compounded by large-scale urbanization, poverty and internal displacement. The majority of the Haitian population is unable to recover sustainably from these periodic shocks, increasing the risk of falling back into poverty and of reaching higher levels of food insecurity, displacement and diseases. Preparedness is therefore essential to increase resilience at community and departmental levels.

Affected Population

Disaster situations due to Natural Hazards are likely to affect 500,000 people.

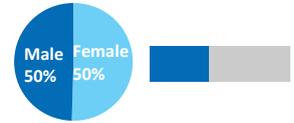
Humanitarian Needs

The vast majority of contingency stocks – or more than 85% - are located in the West Department, which represents a challenge for rapid distribution in remote areas. In the CCCM, Shelter & Non-food-Items and health clusters/sectors, there are insufficient hygiene kits, medical emergency kits in case of a sudden emergency, as well as mosquito nets, mattresses and other related non-food-items.

Efforts have been made to implement evacuation procedures aligned with international standards. Some exercises on emergency response have been conducted with the staff of National Civil Protection Directorate (DPC); however, with the reduction of operational partners' in-country, there is an urgent need to strengthen national capacities to respond to a large scale disaster. It is necessary to reinforce the capacity of the Departmental Emergency Operation Centers (COUDs) on subjects such as information, displacement and shelter management. Nevertheless, the lack of shelter infrastructures could be life-threatening in case of an evacuation.

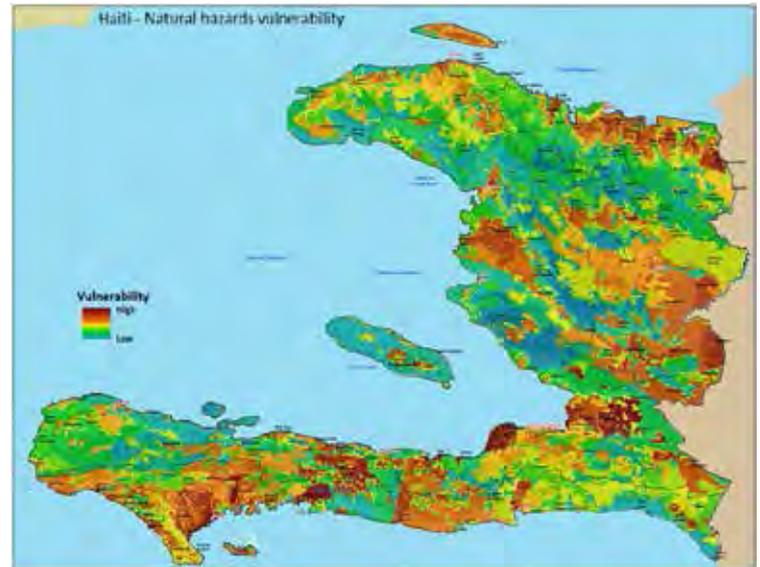
No. of People in Need By Sex By Age

500k



Natural Hazards Vulnerability

Combination of Hurricanes, Earthquakes, Floods, Landslides and Drought hazards



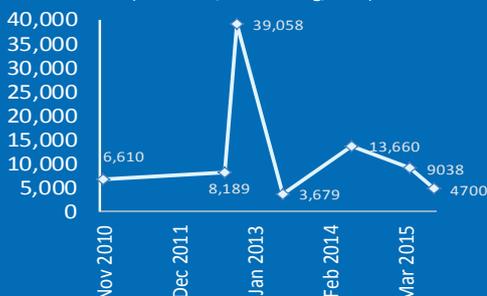
The shelter data base has not been updated since the beginning of 2015 by DPC. The government entities can only respond more effectively in case of disaster with an updated shelter data base. Also an action plan will be needed to construct or rehab more emergency shelters in departments where they are not yet effective.

In the last few years, the most important natural disasters, besides the earthquake of 2010, were related to rains and hurricanes that often result in floods. Reforestation, soil conservation and treatment of riverbeds are activities that could help to reduce the flooding risks of inhabited areas; however the investments from public sector and civil society organizations are insufficient.

Finally, as the drought and food security crisis deepens it, it becomes clear that it is paramount to reinforce the national capacities to respond to disasters related to this hazard, as climate change may cause the phenomenon to repeat more often in the coming years.

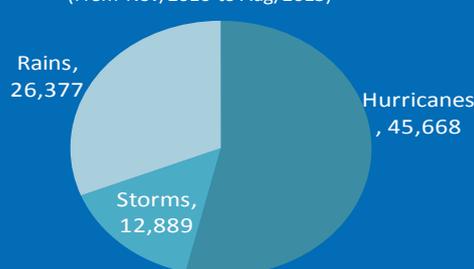
Families affected by Disasters

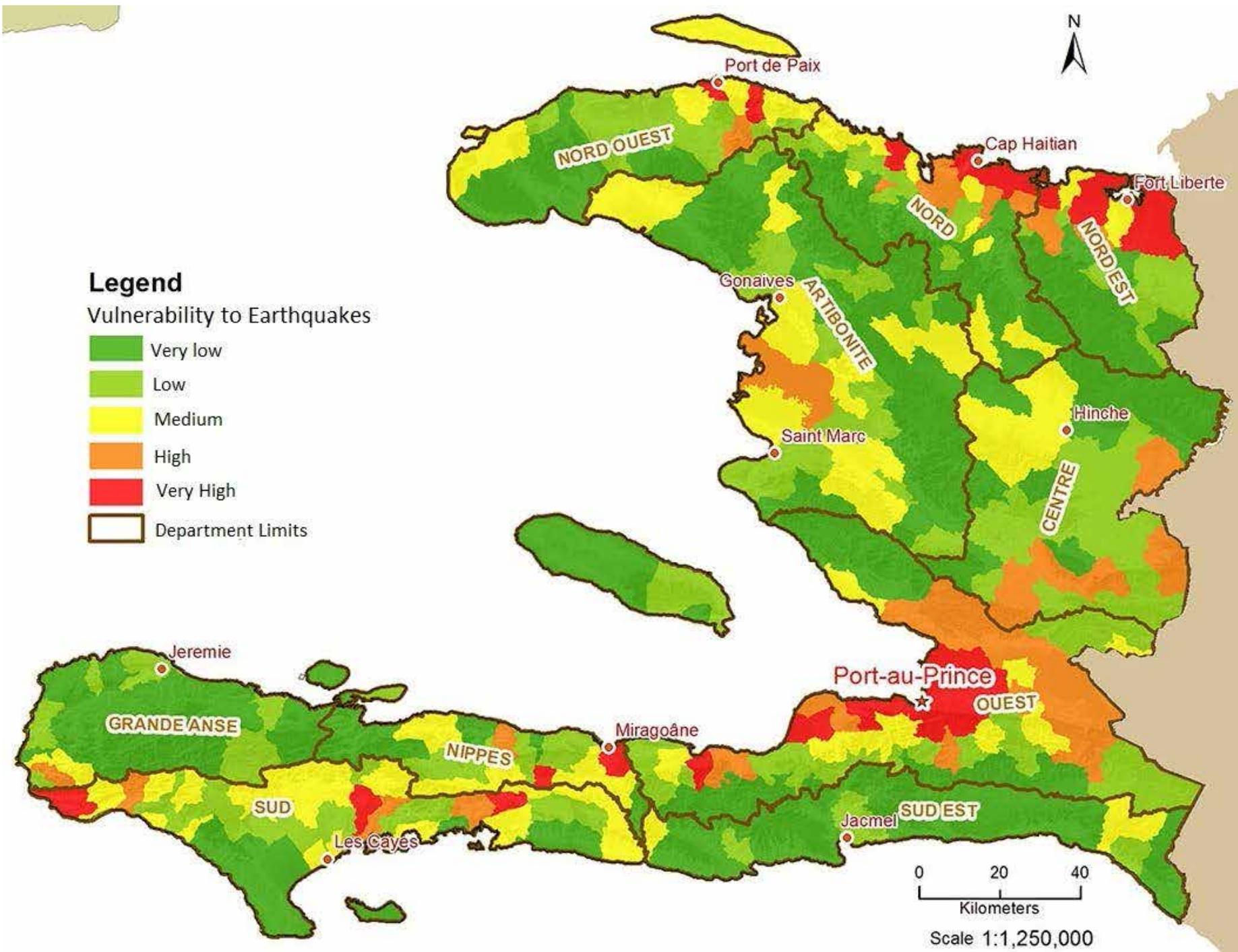
(From Nov/2010 to Aug/2015)



Families affected per type of disaster

(From Nov/2010 to Aug/2015)





Vulnerability to hurricanes

 Very low

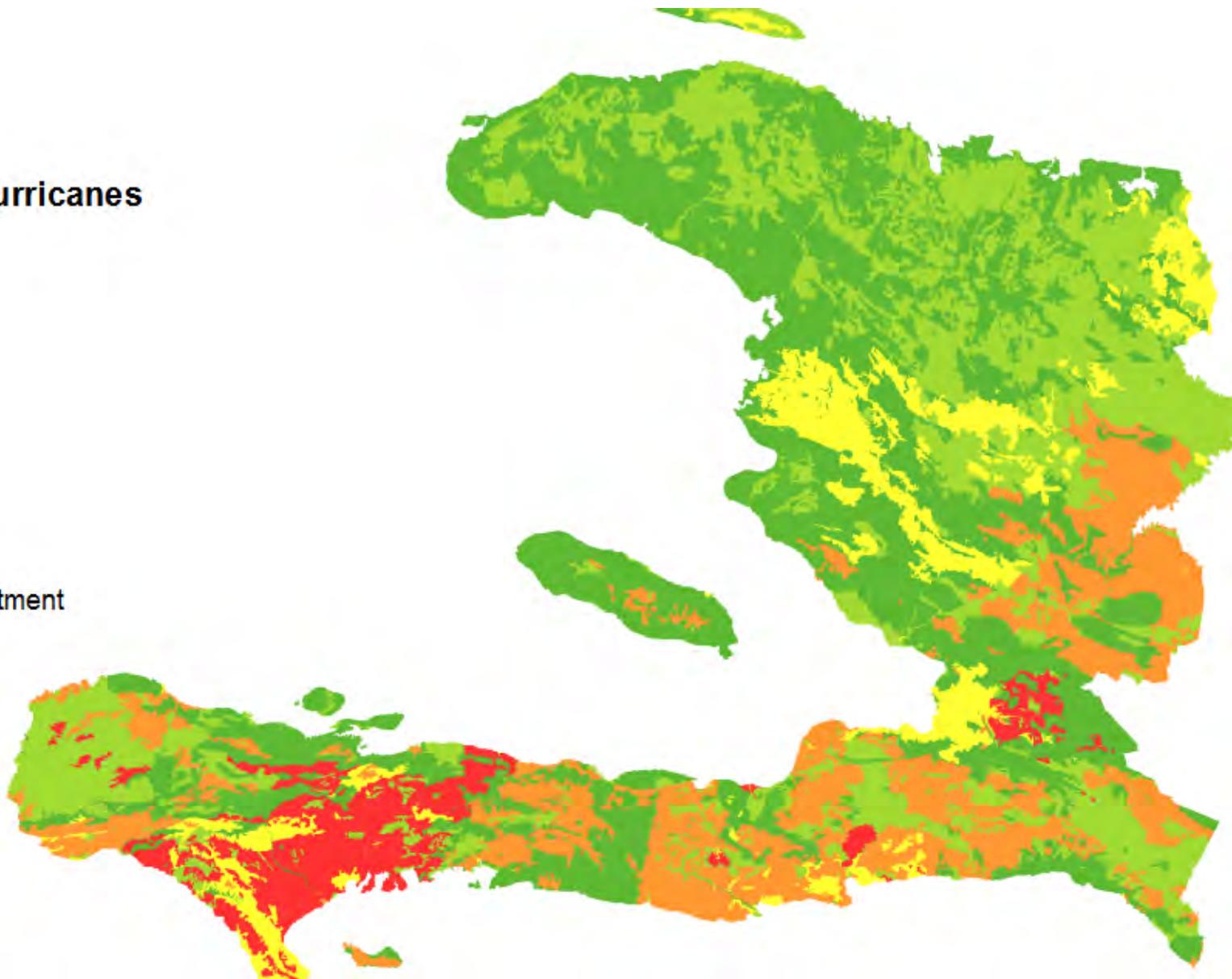
 Low

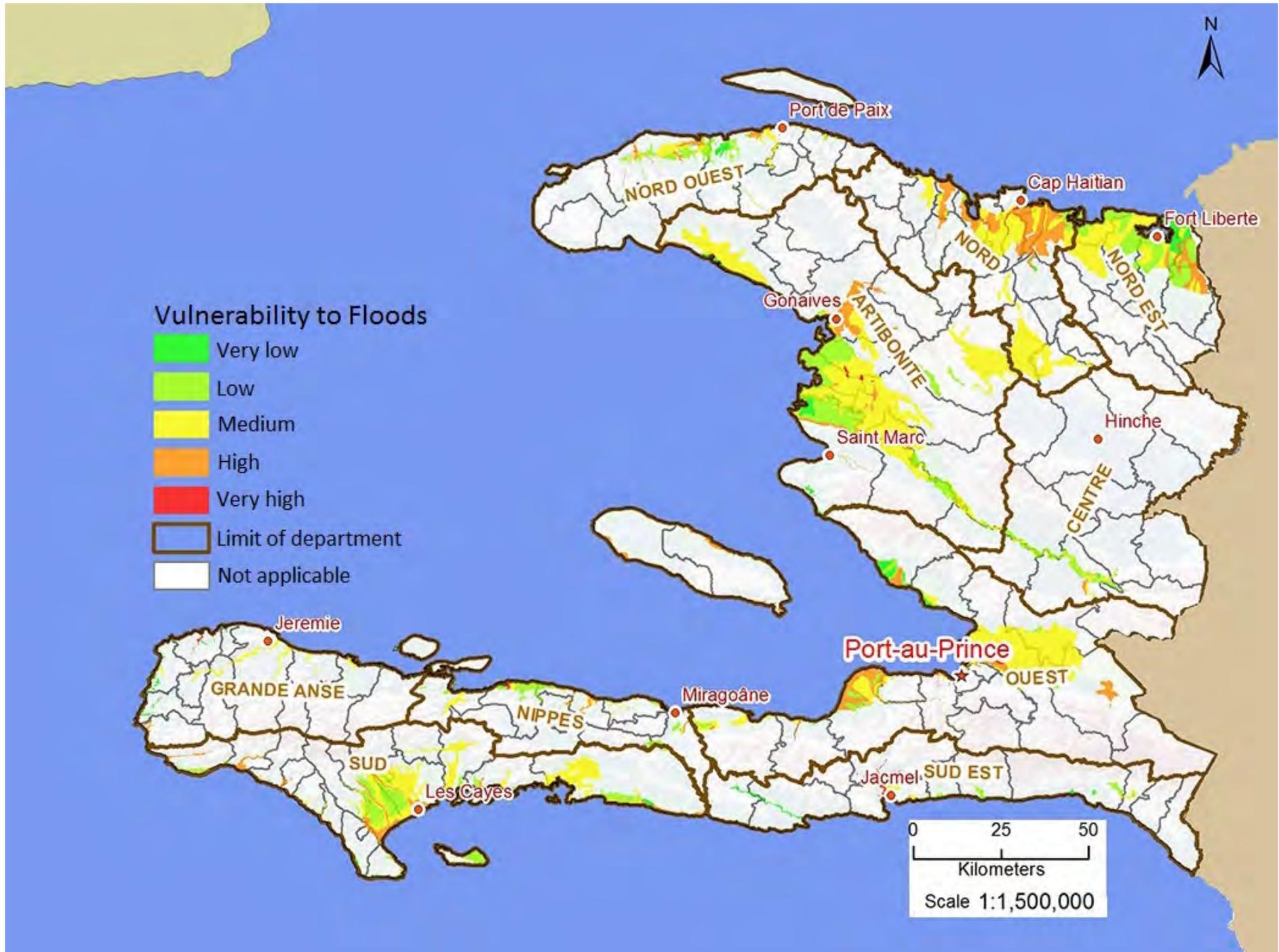
 Medium

 High

 Very high

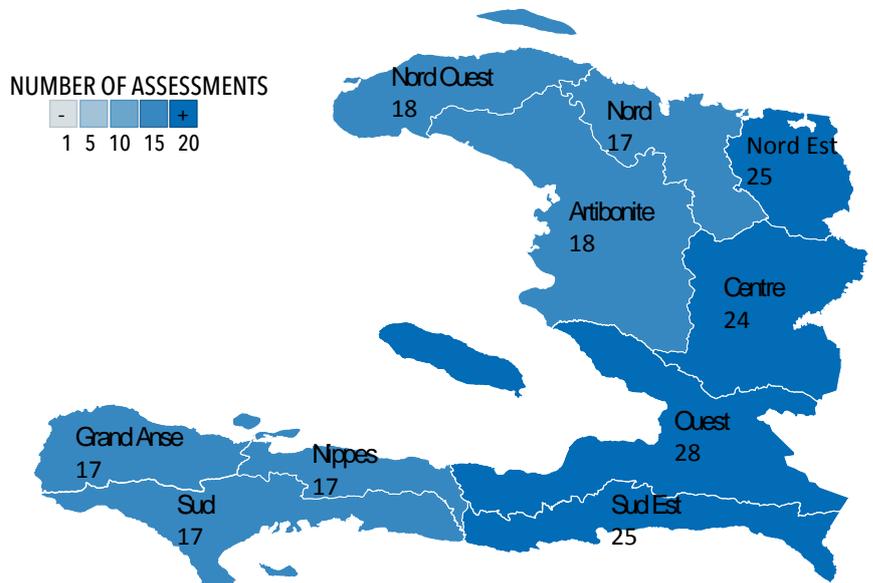
 Limit of department





Information Gaps & Assessment Planning

OCHA has consolidated relevant information and identified information gaps ahead of the 2016 needs analysis exercise in Haiti. The 2016 HNO is based on a number of needs assessments conducted in 2015; OCHA and sectorial groups have done data compilation of regular assessments and information collected from January to December 31st. This includes the Transitional Appeals Process, the Central Emergency Response Funds requests, the Urgent Appeal of August 2015, the monthly Cholera statistical profile by the Ministry of Public Health, the quarterly food security situation update by CNSA, the weekly border monitoring by OIM (since July 2015), the Displacement Tracking Matrix by OIM (last one from June 2015) and other reports and studies related to the humanitarian themes.



Limited national capacity of information collection has led to some gaps in information in terms of scale and scope regarding certain humanitarian needs (malnutrition rates, migration). For example, the last nutrition survey on national level was conducted in 2012, which makes it difficult to assess the current situation. On the other hand, the assessments on food security used for this document are based on estimates, not on extensive researches conducted in the field. Moreover, there are very few sources of information on natural disaster risks, as the only document found was the response plan for the hurricane season.

To mitigate that lack of exact information, sector needs and gap analysis based on information from on-going humanitarian response were considered, and available secondary sources of information were used. The 2016 Haiti Humanitarian Needs Overview will be reviewed later in July 2016. The review will be conducted in part through the planning of several needs assessments of the different sectors

| Number of Assessments | Number of Partners | Planned Needs Assessments |
|-----------------------|--------------------|---------------------------|
| 206 | 13 | 220 |

Assessments per Sector

Food Security



Natural Disasters

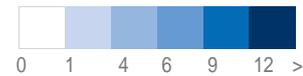


Binational



Cholera, Health, WASH

IDPs



Number of Assessments by Locations and by Sector

| | Food Security, Drought & Nutrition | Protection (Binational Crisis) | CCM (IDPs) | Cholera, Health & WASH | Emergency Preparedness and Response | TOTAL |
|--------------|------------------------------------|--------------------------------|------------|------------------------|-------------------------------------|-------|
| ARTIBONITE | 5 | | | 12 | 1 | 18 |
| CENTRE | 4 | 7 | | 12 | 1 | 24 |
| GRAND ANSE | 4 | | | 12 | 1 | 17 |
| NIPPES | 4 | | | 12 | 1 | 17 |
| NORTH | 4 | | | 12 | 1 | 17 |
| NORTH EAST | 4 | 8 | | 12 | 1 | 25 |
| NORTH WEST | 5 | | | 12 | 1 | 18 |
| SOUTH | 4 | | | 12 | 1 | 17 |
| SOUTH EAST | 4 | 8 | | 12 | 1 | 25 |
| WEST | 4 | 9 | 2 | 12 | 1 | 28 |
| TOTAL | 42 | 32 | 2 | 120 | 10 | |

Planned Needs Assessments for 2016

| Cluster/Sector | Location | Targeted people | Lead Agency | Planned Date | Subject |
|------------------------------------|---|--|------------------|---------------------------------|--|
| Food Security | Each Department | People affected by drought and food insecurity | CNSA | Every 3 months | Situation assessment |
| Cholera | Each Department | Cholera affected people | PAHO/ UNICEF | Every month | Epidemic Situation assessment |
| Binational | North East, Center, West and South East | Returns and deported people | IOM | Every month | Situation assessment |
| IDPs | Ouest | IDPs living in the 37 camps | IOM | Every 3 months | Displacement Tracking Matrix |
| Disaster preparedness and response | Each department | People vulnerable to natural disasters | DPC / OCHA/ UNDP | Once before the cyclonic season | Risk assessment and contingency planning |

ANNEX A

Methodology to assess the severity of the needs per department

To arrive to the severity of the needs map, the severity of each Humanitarian priority was evaluated by department. After the average of this severity was calculated to get the final value. The values for severity are set from 0 to 5 (lower to higher severity).

The evaluation methodology might vary as per the evaluation of the lead agencies.

Drought (Food security and Nutrition)

For drought the severity was determined by calculating the average between nutrition and food security severity. For nutrition the specialists of the lead agencies suggested the level of severity, while for food security the level of the need was determined by the percentage of the population affected in each department (<3%: 1; 4–7%: 2; 8–12%: 3; >13%: 4)

| Department | Severity | Nutrition | Food Security |
|------------|----------|-----------|---------------|
| Artibonite | 1 | 1 | 1 |
| Centre | 2.5 | 1 | 4 |
| Grand Anse | 1.5 | 1 | 2 |
| Nippes | 2 | 1 | 3 |
| Nord | 2 | 3 | 1 |
| Nord Est | 4 | 4 | 4 |
| Nord Ouest | 3 | 2 | 4 |
| Ouest | 1.5 | 2 | 1 |
| Sud | 1.5 | 1 | 2 |
| Sud Est | 3 | 3 | 3 |

Cholera (Health, Water, Sanitation and Hygiene)

For cholera the specialists of the lead agencies defined the level of severity, according to the following table:

| Department | Severity |
|------------|----------|
| Artibonite | 3 |
| Centre | 3 |
| Grand Anse | 2 |
| Nippes | 1 |
| Nord | 3 |
| Nord Est | 1 |
| Nord Ouest | 2 |
| Ouest | 3 |
| Sud | 1 |
| Sud Est | 2 |

Binational Crisis (Protection, Basic services)

For the binational situation the severity of the need was evaluated based on the exposition to each department to the effects of the crisis.

Thus, all the departments on the border with the Dominican Republic, which are receiving returnees, were evaluated with severity 1 or 2. Departments that receive a considerable percentage of the returnees were evaluated as 0.5 and the lesser affected departments as 0.

| Department | Severity |
|-------------------|-----------------|
| Artibonite | 0.5 |
| Centre | 2 |
| Grand Anse | 0 |
| Nippes | 0 |
| Nord | 0.5 |
| Nord Est | 2 |
| Nord Ouest | 0 |
| Ouest | 1 |
| Sud | 0 |
| Sud Est | 2 |

IDPs (Camp coordination and management)

For the IDPs situation, Ouest department has 61K people still living in camps. Thus, it was evaluated at needs level 1.

| Department | Severity |
|-------------------|-----------------|
| Artibonite | 0 |
| Centre | 0 |
| Grand Anse | 0 |
| Nippes | 0 |
| Nord | 0 |
| Nord Est | 0 |
| Nord Ouest | 0 |
| Ouest | 1 |
| Sud | 0 |
| Sud Est | 0 |

Disaster preparedness and response

For disaster preparedness and response, the severity of the need was evaluated by the 2 most frequent types of disasters: Storms and Floods. The severity was evaluated by using the map of vulnerability to hurricanes and to floods presented in the Disaster Preparedness and Response page,

| Department | Severity | Flood | Storm |
|-------------------|-----------------|--------------|--------------|
| Artibonite | 2 | 3 | 1 |
| Centre | 1 | 0 | 2 |
| Grand Anse | 1 | 0 | 2 |
| Nippes | 1 | 0 | 2 |
| Nord | 1.5 | 3 | 0 |
| Nord Est | 1.25 | 2 | 0.5 |
| Nord Ouest | 0.25 | 0.5 | 0 |
| Ouest | 3 | 3 | 3 |
| Sud | 2.5 | 2 | 3 |
| Sud Est | 1 | 0 | 2 |

Final result

To arrive at the final severity of the need per department, a weighted average formula was used:
(Food security*2 +binational*2+cholera*2+disaster risk+IDPs)/8

| Department | Average Severity |
|-------------------|-------------------------|
| Artibonite | 2 |
| Centre | 2 |
| Grand Anse | 1 |
| Nippes | 1 |
| Nord | 2 |
| Nord Est | 2 |
| Nord Ouest | 2 |
| Ouest | 2 |
| Sud | 1 |
| Sud Est | 2 |

Resulting Map

