PRIORITY NEEDS

1 Basic services, protection and durable solutions for IDPs
An estimated 104,000 people remain internally displaced in Haiti in 172 camps almost five years after the 2010 earthquake. Basic services in camps, including WASH and health, have declined faster than the pace of return or relocation of the displaced. As of June, 8,542 displaced families living in 46 camps are considered at risk of forced evictions (low and high risks). 56,506 people are living in 53 camps considered to be at particularly high risk of flooding. An estimated 17,099 households or 69,399 IDP individuals are not currently targeted by any return or relocation programs. Return, relocation or local integration solutions need to be intensified to prevent continued displacement in deteriorating living conditions and with acute protection needs.

2 Health and WASH related to the cholera epidemic
Despite a significant reduction in the incidence of cholera, Haiti continues to host the largest cholera epidemic in the western hemisphere. 6,406 suspected cases and 45 fatalities have been registered between January and June 2014. Estimates suggest that up to 15,000 cases may be registered by the end of 2014, against the originally envisaged number of cases (45,000). 20 communes in four departments have been identified as the worst affected areas.

3 Severe food and nutrition insecurity
2.6 million Haitians continue to be affected by food insecurity including 200,000 people facing severe food insecurity. Whilst the spring agricultural season may improve the situation in some areas, the early end of the rainy season and El Niño could further deteriorate food security conditions, particularly in the North. The prevalence of Global Acute Malnutrition (GAM) amongst children under five stands at 6.5% whilst 10 communes in country have a GAM above the 10% emergency threshold with an estimated 100,000 children under five affected by Moderate Acute Malnutrition (MAG).

4 High vulnerability and low resilience to natural hazards
Haiti ranks as one of the countries with the highest exposure and vulnerability to multiple hazards including hurricanes, floods, earthquakes, landslides and droughts. According to national authorities, 500,000 people could be affected this year not only by floods during the cyclone season but also by the effect of El Niño. 60 communes are the most vulnerable according to the national contingency plan.
PEOPLE IN NEED

As a result of previous shocks and a context of extreme fragility, 2.6 million Haitians continue to be affected by the results of both chronic and acute needs. They face displacement, food insecurity and malnutrition. Of these, an estimated 404,000 people in the country remain in need of immediate humanitarian assistance. This compares to an estimated one million people in need identified in 2013. They include:

**103,565 internally displaced people** remaining in 172 camps in the metropolitan area of Port au Prince, as a result of the 2010 earthquake. 53% of these IDPs are women. As of June 2014, 8,542 displaced families living in 46 camps are considered at risk of forced evictions (low and high risks). 56,506 people are in 53 camps considered to be at environmental risk. Most IDPs remaining in camps have very limited access to basic services. As of June 2014, between 47%¹ and 49%² of 172 camps are equipped with adequate sanitation facilities; only one third has a water point. Due to inadequate funding, an estimated 17,099 households or 69,399 IDP individuals are not currently targeted by any return or relocation programs and could remain in camps at the end of 2014. Out of this 5,680 households (25,356 individuals) live in 22 sites with more than 50% in T-shelters. IDPs are considered amongst the most vulnerable categories of the population given their lack of options and coping mechanisms to end their displacement.

**15,000 people who could be affected by cholera during 2014:** These estimates are based on the weekly incidence rate registered in the first six months of 2014 which are below 300 cases per week. Four departments (the West, Artibonite, Centre, and North departments) are considered to be the most at risk of cholera transmission. Women, men and children across the country are equally at risk.

**200,000 people living in severe food insecurity**, as a result of structural problems and the remaining effects of last year’s shocks. Six agro-ecological areas in five departments have been identified in phase 3 (crisis) as per the Integrated Phase Classification (IPC) affecting an estimated 200,000 people, which require immediate assistance to protect their livelihoods and reduce acute malnutrition. A further 29 agro-ecological areas in 10 departments are in phase II (stress) of the IPC affecting an estimated 2.4 million people.

**100,000 children under 5 suffer from Global Acute Malnutrition** (GAM) of which 20,000 suffer from severe acute malnutrition (SAM). These children are at high risk of mortality without lifesaving and therapeutic interventions.

**500,000 people who could potentially be affected by disasters:** the Government of Haiti’s national contingency plan uses the estimate of 500,000 people that could – in a worst case scenario - be affected by any hydro-meteorological hazard. International partners have planned to cover the immediate basic needs in shelter, protection, health, food, education and wash, of approximately 250,000 of these potentially affected people for two weeks. Sixty communes are the most vulnerable according to the national contingency plan.

---

¹ Institut Haitien de Statistique et d’Informatique, IHSI 2012
² 100,000 under 5 children are part of the 200,000 severely food insecure
³ 70,000 targeted children are part of the 200,000 severely food insecure targeted

---

1. Source DRU-DINEPA, May 2014
2. Source IOM, DTM, June 2014
KEY AFFECTED AREAS/AREAS AT RISK
KEY HUMANITARIAN CONCERNS

Basic services, protection and durable solutions for IDPs

Overview

103,565 IDPs (or 28,134 households) remain internally displaced in 172 camps almost five years after the earthquake. This represents a decrease of 92% from the peak of 1.5 million IDPs in July 2010. The metropolitan area of Port-au-Prince hosts the majority of camps and of the displaced population (96%)\(^3\). 53% of IDPs are women. According to the 2012 registration/profiling exercise, the average age in camps is of 23.5 years (compared to the national average of 38 years); 57% of IDPs are unemployed and more than 57% of families in camps are single-headed, underscoring the disruption of the social fabric of people living in camps.

An estimated 69,399 IDPs could remain in camps by the end of 2014. Based on the current rate of return, programmes underway and available funding to support alternative solutions to internally displaced persons, an estimated 69,399 people could potentially remain displaced in camps at the end of 2014. Resources to provide minimum services in camps and to facilitate return, relocation and promote durable solutions will be needed to assist this population.

Forced evictions of IDPs from camps have been reduced but risks remain. As a result of the increasing closure of camps through rental subsidies (relieving the pressure from landlords) and the humanitarian community’s advocacy with the Haitian authorities or private land owners, only one forced eviction took place during the first six months of 2014, linked to gang violence. The risk of threats and forced evictions of IDPs, however, remains high as no options have yet been identified to facilitate durable solutions for an estimated 69,399 IDPs not targeted by current return and relocation programs for lack of funding. Former IDPs reestablished in informal settlements in the metropolitan area are also at high risk of evictions (Canaan, Jerusalem, Corail, etc).

Living conditions in camps and access to services are deteriorating. There has been a steady reduction in the provision of basic services to people remaining in camps. Most camps have limited or no access to even the most basic services, and live in conditions that are far below international standards. It should also be noted, however, that limited access to basic services is not a problem affecting only IDP camps but represents a broader concern impacting a larger number of Haitians living outside camps with limited economic opportunities.

\(^3\) Source DTM – IOM & Cluster CCCM&Shelter – June 2014. DTM information and maps are available at http://iomhaitidataportal.info/dtm/
Degraded sanitation conditions in camps increase the risk of cholera and other water-borne illnesses. Open-air defecation was reported in 88 camps in May 2014 (51% of all camps surveyed). The average number of people per functioning latrine stands at 82 (compared to 20 as per Sphere standards, and 100 per functioning latrine according to DINEPA’s post-earthquake strategic document defining the infrastructures and minimal services required per site). Only 49% of IDP camps have functioning latrines, representing about 67% of the total population in the camps, but leaving about 34,650 IDPs without access to latrines. The use of collective WASH facilities increases the risk of gender-based violence against women and girls. It is estimated that in 2013-2014, the reduction in the number of WASH partners in camps ensuring the regular maintenance of latrines and WASH facilities impacted on the security of women and girls when accessing these amenities while the solar light lamp posts that had been displayed around them were progressively stolen or vandalized. Protection and security measures such as adequate lighting and possibly community-based security patrols should, therefore, be integrated into programming. As hygiene promotion activities continued to diminish, 59% of people living in camps were able to identify three good practices to prevent cholera but the vast majority of people had no access to basic hand washing facilities.

Malnutrition rates in camps are beyond emergency thresholds. According to a study carried out by ACF in March-April 2014, malnutrition rates in IDP camps are of great concern. In the sample 20 camps surveyed; acute global (both moderate and severe) rates stood at 12.5%. The survey also showed that only 3% of women interviewed were aware of good practices for breastfeeding. Only 3% of good hygiene practices were being observed by the households visited.

Of these 53 camps at risk of flooding 17 are not targeted by any return, relocalisation or resettlement projects. Taking into consideration the closure of these camps only 36 have monitoring and preparedness committees to be prepared for emergencies and mitigation services to reduce flood impact. The reduction of preparedness committees is due to the prioritization of these vulnerable camps for return and relocation, ahead of the hurricane season. The lack of WASH and health services, nonexistent waste management, limited desludging combined with exposure to flooding, contribute to a potentially dangerous situation in terms of the spread of water-borne illnesses.

The trend of cholera incidence in camps has increased since January 2014. 1,332 suspected cases of cholera were registered in 102 camps since the beginning of 2014 compared to 1,054 cases reported in 73 camps during the whole of 2013. IOM is ensuring the monitoring of 102 camps but there are gaps in health monitoring for the remaining camps given a lack of partners working in these sites.

56,506 people in 53 camps are considered to be at particularly environmental risk and 39 of these camps are part of the camps prioritised by the Government for return programs. High risks of flooding during Haiti’s two annual rainy seasons present significant challenges in terms of sanitation conditions (and thus increase the risk of cholera). In several cases, floods have caused the overflow of toilets in camps, spreading faecal matter across a wide section of the site, and provoking multiple cholera cases. Mitigation measures are necessary in camps situated in floodplains.

Waste management in camps continues to be a key challenge. The high amount of garbage found in the toilets complicates the task of desludging and demotivates the population from improving their environment, leading to more waste and less hygienic practices. It has also led to the temporary closure of the only two human waste treatment facilities in country for maintenance, as these facilities weren’t designed to treat solid waste in such proportions. As mentioned in the initial 2014 HNO, this represents a serious gap in addressing the sanitation conditions of displaced persons in camps, a gap which is still not covered as there is an unresolved discrepancy regarding the roles of institutional actors on this matter, not being within the scope of DINEPA’s mandate.

4 Source DINEPA, May 2014
5 Ibid.
6 Source IOM, DTM June 2014
7 Source DRU-DINEPA, May 2014
8 Source Cluster CCCM & Shelter
CRITICAL NEEDS

Critical needs related to IDPs for 2014 include the provision of minimum basic services, protection monitoring and response and the search for and promotion of durable solutions. Given the 69,399 people who could potentially remain in camps by the end of 2014, a minimum of services, particularly with regards to health and water and sanitation, remain essential pending the search for alternative and sustainable solutions. Further monitoring of protection incidents, including gender-based violence, and forced evictions will also remain critical. An urgent need remains to develop mid- and longer-term solutions for the remaining displaced population depending on a variety of factors, including the degree to which IDPs have integrated into the surrounding communities, access to basic services, ownership of the land on which the camps sit, security, environmental risks and other vulnerabilities.

There is an urgent need to develop a strategy to transition some camps from temporary settlements to permanent neighborhoods. In spite of the Prime Minister’s resolve to close all the IDP camps by the end of 2014, it is likely that some camps will remain beyond the end of 2014 and that their population will require sustainable and self-reliant solutions, particularly in terms of access to water and sanitation services. It is important that humanitarian actors develop appropriate ways of shifting from assistance to community-managed WASH services. The fear is that such activities are at the border between humanitarian and development and might be beyond the scope of the HAP but not included in donor development agendas. In addition, it is increasingly important to see the problematic of the IDPs in the context of urban poverty as there are very significant groups of urban poor with similar needs for access to basic services and protection.

The United Nations Special Rapporteur on the human rights of internally displaced issued the following recommendations:

- It is time to intensify the search for durable solutions for internally displaced people –in and outside camps – as well as for the most vulnerable in Haiti, through development-based activities beyond humanitarian aid.
- Closing IDP camps is not sufficient to reach long-term durable solutions for those displaced. It is an interim housing solution which should be accompanied by activities to help them access jobs and income generating activities as well as basic social services in order to ensure the durability of the solution.
- Humanitarian assistance needs to be maintained in the remaining camps in view of improving the precarious living conditions of IDPs in sites. However, the government of Haiti is responsible for seeking durable solutions for these displaced persons to facilitate their integration in neighborhoods and integrate normal life. Adequate policies are necessary to facilitate this process including tackling issues such as access to property, housing and justice, particularly for women.
- A needs assessment ought to be carried out for all displaced populations, including those in and outside camps, and a study to identify appropriate durable solutions for these people.

Note: Numbers related to families and sites at risk of eviction are from June 2014.
Cholera

Overview

Significant gains are being made in the combat against cholera. Concerted Haitian and international efforts have succeeded in significantly reducing the toll of the epidemic. There has been an 82% reduction in the number of cases in the first six months of 2014 compared with the same period last year. Global lethality rates stand at 0.69%, well below the 1% target rate set by the World Health Organization. 6,406 suspected cases and 45 fatalities have been registered in 2014, reflecting a significant reduction in the number of cases since the beginning of the dry season in November 2013. In June 2014, 923 suspected cases and 9 deaths were registered. Limited rains and the response strategy put in place by the GoH with the support of the UN and international partners have had a decisive role in the positive evolution of the situation.

Four Departments continue to be the persistent foci of cholera. They have systematically reported high numbers of suspected cholera cases since the beginning of the epidemic. These are the West, Artibonite, Centre, and North Departments. In 2013, a similar pattern was observed. Most alerts reported during 2014 came from these four areas which are now believed to be the areas of persistence of cholera transmission. Special attention is being paid to these areas were concerted health and WASH efforts are being deployed.

The verification of cases is now more important than ever. Since the beginning of the year, the incidence of suspected cholera cases is below the incidence levels of acute diarrhea registered by the Ministry of Health before the cholera outbreak was declared in Haiti (including in children under five). This means that the confirmation of cholera cases is now indispensable in order to distinguish cholera cases from acute diarrhea and be able to focus elimination efforts in areas were the vibrio is still present.

The second phase of the vaccination campaign will be implemented in August-September 2014: The UN is supporting the Ministry of Health (MoH) to proceed with the vaccination of an additional 200,000 people targeted by the Government’s strategy, in areas of cholera persistence. As vaccines are costly and availability is limited, this constitutes a complementary measure to other ongoing cholera elimination efforts in Government-identified priority areas.

Access to water and sanitation continue to be the main challenge to eliminating cholera. The main cause for the persistence of cholera in Haiti is the lack of access to clean water and sanitation facilities and poor hygienic practices. Significant needs remain to reduce cholera and improve access to water and sanitation across the country. According to latest the figures, 64% of the total population (77% in urban areas, 48% in rural areas), have access to safe drinking water; only 26% have access to improved sanitation (34% in urban areas, and 17% in rural areas) and 40% of Haitians practice open-air defecation.

---

9 From 1 January to 28 June 2014
10 source Joint Monitoring Plan Update 2013
If current trends are confirmed, an estimated 15,000 suspected cholera cases could be expected in 2014, compared to 101,151 in 2012 (according to PAHO/WHO estimates). The average number of cases per week has dropped from 1,000 last year to 300 this year. Following this trend, estimates for the year have been revised downwards from 45,000 to 15,000. The highest number of cases could be expected during the hurricane seasons (from June to November).

Affected areas

Critical needs

1. The epidemiological surveillance and alert systems need to be improved: The timely collection, analysis, and reporting of data from all areas of the country remains a challenge, particularly from the community level. There is a need to pursue the systematic use of rapid tests to differentiate the cases of cholera from those of acute diarrhea and to reinforce the involvement of the national laboratory to confirm the tests.

2. Funding for the functioning of the EMIRA teams: The Ministry of Health has deployed a number of rapid response teams (similar to those deployed by international NGOs) to gradually take over the rapid response to cholera alerts. These teams are intended to work alongside international partners and gradually take over their responsibilities. The necessary funds to establish and maintain these teams, however, are lacking.

3. Health providers need training and salaries to ensure adequate medical care: Due to the withdrawal of many partners most cholera treatment facilities are
now run by the MoH which has limited capacity to maintain adequate quality conditions for the treatment of suspected cholera patients, and lacks the finances to pay the necessary number of staff to ensure 24-hour shifts. As a result, treatment capacities have been significantly stretched. In addition, due to the closure of many cholera treatment centers, patients have to travel longer distances to treatment centers and therefore arrive with more severe dehydration which may also contribute to the increased institutional fatality rate. Payment of medical staff on site is a key priority as well as the identification of rosters to mobilize additional trained personnel to respond to alerts. Medical staff also need further training to ensure assistance protocols are observed.

4. **Health infrastructure needs to be improved:** Health centers across the country are in bad condition and in need of adequate water and sanitation facilities as well as in terms of assistance for waste management.

5. **Sensitization efforts need to be pursued:** In a country where cholera was not known by the population before 2010, sensitization activities are essential to stop the transmission of the disease. The MoH introduced a new strategy for community health workers in 2013 whereby there would be 1 multipurpose community health agent per 500 to 1,000 people. This strategy would require approximately 10,500 community health workers nationally, of which ~50% would be rural. So far, only 2,000 community health workers have been trained with an average of 400 community health workers being trained each year. The training and recruitment of additional community health workers are therefore essential in particular in the most-affected areas.

6. **Water and sanitation activities need to be stepped up:** Basic interventions are needed – as envisioned in the National Plan for the Elimination of Cholera – to improve both health and WASH facilities across the country, and in particular, in localities at risk. A Total Sanitation Campaign was launched by the GoH and the UN in July 2014 to address some of these gaps.

7. **Vaccination efforts need to be pursued:** By September 2014, 300,000 people out of the 600,000 targeted by the Ministry of Health will have received an Oral Cholera Vaccination. Efforts to mobilize resources to purchase the remaining doses to cover the target population of the Ministry are needed.

8. **Funding requirements need to be met:** Less than 50% of the funding necessary to implement the national two-year operational plan has been mobilized. Additional, predictable, sustainable and medium term funding is needed to scale up UN and GoH efforts to sustainably tackle the epidemic.
Food and nutrition insecurity

Overview

Food insecurity continues to be of great concern in Haiti. The results of the national food security survey conducted in August 2013 reveal that the population has largely recovered from the acute effects of various shocks suffered in 2012 which affected over 50% of the Haitian population. Fortunately, Haiti was spared from major shocks in 2013, which has facilitated a significant recovery. Nevertheless, according to the Technical Consultative Group (TCG)\(^\text{14}\) of the Coordination Nationale de la Securite Alimentaire (CNSA) an estimated 2.6 million people continue to face food insecurity as a result of structural problems and the remaining effects of the 2012 shocks. Of these 200,000 people face severe food insecurity and require immediate assistance to restore livelihoods and reduce acute malnutrition.

The April 2014 Integrated Phase Classification analysis (IPC) identifies specific agro-ecological areas at risk. Whereas the IPC exercise in late 2013 identified 13 communes in the country in Phase 3 - crisis; the April 2014 update, which focused on agro-ecological areas, identified six of these zones in five departments (North, North West, Artibonite, South West and Nippes) in Phase 3 (crisis), affecting an estimated 200,000 people. A further 29 agro-ecological areas in all 10 departments in country are in Phase 2- stress, encompassing around 2.4 million people (see updated IPC map below).

The spring agricultural season may bring some temporary relief in some areas: The spring agricultural season – the most important in the country – which started with the rainy season in March, will bring a temporary relief in some areas such as the South, certain communes in the West and the Central Plateaux and humid mountainous areas. Harvests are already being collected in areas that benefited from early rains and forecasts suggest a good harvest for this season if no storms affect crops and assets.

Rain deficits in other areas, however, could further deteriorate food security conditions in Northern Departments: The CNSA Observatory has reported an earlier than anticipated cessation of rains in several areas of the country which is affecting the long rainy season in the dry agro-pastoral areas of the North East and North West. This situation has led the CNSA to issue strong warnings for these areas in its latest bulletin\(^\text{15}\). Moreover, forecasts from the Caribbean Climate Outlook Forum (CARICOF), warn about irregular rain patterns in the Western part of the South East, Haut Artibonite and in the Bas Nord Ouest which could considerably affect crops sowed in April and May and further impact food security.

The impact of El Niño may lead to abnormal rain patterns and further impact food insecurity levels in country in the coming months: The IPC analysis shows that the improvements in food security foreseen for early July may only constitute a short relief for the most vulnerable households of affected areas. It is estimated that the lack of rains and possible drought resulting from El Niño could lead to a further 215,000 people suffering from severe food insecurity in the north east and North West departments. Estimates for other areas yet need to be determined.

New food security analysis will become available in September 2014: The CNSA is presently carrying out a number of studies and surveys. The following analyses should become available in the coming months:

- Provisional evaluation for the performance of the spring agricultural season (September 2014)

\[^{14}\] ENSA May 2011
\[^{15}\] ESSAN august 2012, EFSA post-Isaac and EFSA post Sandy
\[^{13}\] ENSA August 2013
\[^{11}\] The Technical Consultative Group of the CNSA is composed of Government representatives (MARDNR, MSPP and CNSA at central and departmental levels), donors (USAID, EU, ECHO), UN agencies (FAO, WFP, UNICEF and OCHA) and representatives of the NGO community.
\[^{12}\] Haiti Perspectives sur la securite alimentaire Avril a Septembre 2014. CNSA. Avril a Septembre 2014
Despite improvements in the food security situation, the prevalence of global acute malnutrition among children below five years has increased from 5.1% (EMMUS) in 2012 to 6.5% in 2013. 100,000 children under five are affected by Global Acute Malnutrition (GAM) of which 20,000 are affected by Severe Acute Malnutrition (SAM). Regarding chronic malnutrition, the prevalence has remained stable at 21.9%. However, the nutritional situation in country remains fragile. The progress achieved so far resulted from large investments and technical support provided to the government by international partners. Given reduced funding available, a number of key partners had to phase out their operations whilst national counterparts still demonstrate a lack of ownership of the nutrition program. Currently, the Ministry of Health, with UNICEF’s accompaniment, is supporting around 50% of the existing SAM care facilities. In addition, breastfeeding practices are clearly insufficient. Only 40% of children aged from 0 to 6 months are exclusively breastfed. 65% of children aged from 6 to 59 months and 49.3% women are anemic. And only 44% of children aged from 6 to 59 months receive vitamin A (EMMUS 2012). The prevalence of disorders to iodine deficiency remains high, with geographical disparities. The iodine coverage is 18% for the entire country. The key challenges of the nutrition sector are therefore: lack of availability of funding for the procurement of essential medicine and supplies; the need to sustain – at a minimum - the current nutritional intervention coverage and the lack of ownership and funding from the Government to ensure the transition from recovery to development.

According to a recent study, 10 communes in the country have global acute malnutrition rates above emergency thresholds. According to a study carried out by the CNSA and the MSPP within the framework of the Haiti Millennium Development Goals’ report, 10 communes have been identified as facing a nutritional emergency situation. These include the communes of Grande Saline (23.6%); Mont organise (17.2%); Maniche (10.1%); Lachapelle (12.7%); Terrier Rouge (12.3%); Saint Jean du Sud (11.8%); Gonaives (10.4%); Mirebalais (11.1%) and la Tortue (14.2%).
Priority areas

The internationally recognized Integrated Food Security Phase Classification (IPC) protocol was adopted in 2013 to classify departments and communes based on the severity of food insecurity. Through this methodology, the technical group identified 13 communes - across six departments - which were in food crisis (class 3 of the IPC) in 2013 and where immediate action was required to protect livelihoods and reduce acute malnutrition. In April 2014, an analysis was made focusing on specific agro-ecological areas (rather than communes) at risk (see map and figures below). An update of the situation will become available in September 2014.
Priority areas for malnutrition, on the other hand, are established through a combined analysis of prevalence and response capacities. Malnutrition can have devastating consequences, particularly for children at risk who can develop deficiencies in their physical and cognitive growth, if they do not get the nutrients they need. In Haiti, malnutrition can often be attributed to poor sanitation and child care practices, as well as insufficiently nutritious or diverse food types. Focusing on the prevalence of severe acute malnutrition is a key indicator for actors working in the nutrition sector. A child with severe acute malnutrition is nine times more likely to die than a well-nourished one. Therefore, the priority for the nutrition sector is to make capacity available to carry out early nutrition interventions to prevent death among 6 - 59 months old children with Severe Acute Malnutrition (SAM) and to respond to possible emergency situations throughout the country. But prevalence of severe acute malnutrition is not the only indicator. Response capacity is the second key element to take into consideration when mapping priority nutrition interventions. A commune without any nutrition intervention or capacity to recover a SAM case is a high priority area because whatever the prevalence of the SAM, all children need to have access to nutrition interventions to avoid an increase of child mortality because of malnutrition (see map below).
Critical needs

2.4 million people experiencing food insecurity and 200,000 people facing severe food insecurity and whom require integrated short and mid-term solutions. This includes people living in severe food insecurity with an almost total depletion of their livelihood, people among the most vulnerable from the fishing communities severely affected by the previous shocks and people living in moderate food insecurity whose borderline conditions would rapidly deteriorate into severe food insecurity if no external assistance is provided to restore and protect their livelihood. They are people who cannot meet their basic food needs without external support and most often depend on small production, casual labor and - for the poorest - gifts from neighbors and begging. They also include chronically food insecure people facing serious difficulty in accessing food due to structural problems that are ubiquitous to Haiti.

With regards to nutrition, the availability of therapeutic supplies for the management of severe acute malnutrition remains a critical concern. Further, matching the urgent demands created by an increase in the number of treatment structures will become more and more difficult given the retreat of a number of key partners from various areas at a time when authorities are not sufficiently ready to meet all the needs. In addition, nutrition partners estimate that a total 24,000 children under five years old, across 27 communes (in food crisis and traditional pockets of malnutrition) are in urgent need of moderate acute malnutrition care.

Resilience interventions would be most appropriate to tackle the recurrent food insecurity in country. Considering the positive food security trends and knowing that Haiti is a highly disaster-prone area, assistance should be planned and provided under a comprehensive resilience approach, including both short and long interventions aimed at protecting, restoring and improving food and agricultural systems in the face of threats that impact agriculture, nutrition, food security and food safety. Considering the prevalence of poverty, the high deterioration of the environment and limited capacity from the authorities to respond to crises, Haiti remains highly vulnerable even to modest climatic events. Thus, short-term emergency response interventions have to be strongly linked to and blended with medium and long-term development programmes in order to instigate early recovery, enhance socio-economic growth and contribute to the reduction of chronic poverty. It is essential that the early warning systems are also supported more strongly at the commune level to provide guarantees on the processing of information from the field.
Emergency Preparedness and Response

Overview

Haiti is vulnerable to a number of climatic hazards that affect the country almost every year and often surpass national coping mechanisms. Hazards include tropical cyclones and flooding (which are aggravated by massive deforestation) and earthquakes, among other potential disasters. The risks presented by these hazards are compounded by large-scale urbanization, poverty and internal migration. In case of an emergency, national and local capacities can be easily overstretched, requiring international assistance. 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.

The Haiti scenarios for the 2014 Hurricane season suggest a below average hurricane season because of the effect of El Niño. The latest predictions for the hurricane season were published by the Colorado University in July, and are slightly more ominous than the April provisions. The number of potential Tropical Storms increased from 9 to 10 (average 12); the number of hurricanes from 3 to 4 (average 6.5). The number of expected major hurricanes however remained at 1 (average 2). The El Niño effect is expected to develop from July 2014 onwards peaking in the final quarter of 2014. Haiti is well within the areas predicted to experience a decreased hurricane frequency and below average rainfall, which are likely to bring dryer than average conditions, thus affecting harvests and increasing food insecurity.

Preparedness planning estimates stand at 500,000 people who could be affected during this year’s hurricane season. Given the high level of vulnerability of the country, the Government of Haiti and the humanitarian community have agreed on a planning figure of 500,000 people possibly affected not only by floods due to the cyclone season but by the effect of El Niño (likelihood this year is increasing as per the US National Oceanic and Atmospheric Administration). These people are estimated to potentially require emergency assistance during the first 72 hours following the disaster. Out of these, an estimated 175,000 people could potentially require assistance beyond the 72 hour window following the disasters in transitional shelters (if houses were destroyed and no host accommodation options are available). Based on these figures, the Directorate of Civil Protection (DPC), along with partner organizations, have updated the annual contingency plan at national and departmental level.

The breakdown per department is as follows.

<table>
<thead>
<tr>
<th>Departments</th>
<th>Dead</th>
<th>Not found</th>
<th>Evacuees</th>
<th>Individuals in emergency shelters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artibonite</td>
<td>20</td>
<td>15</td>
<td>50,000</td>
<td>10.00%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20,000</td>
</tr>
<tr>
<td>Centre</td>
<td>15</td>
<td>5</td>
<td>30,000</td>
<td>6.00%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17,500</td>
</tr>
<tr>
<td>Grand Anse</td>
<td>17</td>
<td>17</td>
<td>30,000</td>
<td>6.00%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19,000</td>
</tr>
<tr>
<td>Nippes</td>
<td>18</td>
<td>13</td>
<td>30,000</td>
<td>6.00%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12,000</td>
</tr>
</tbody>
</table>

### Critical needs:

1. Local capacities in defining departmental and municipal contingency plans still require external support while coordination among all levels of the emergency response system needs to be further strengthened.

2. Despite consistent improvements, preparedness activities such as information and sensitization campaigns and mitigation works carried out throughout the country are still inadequate to cover all vulnerable communities.

3. With regards to prevention, solid simulation exercises need to be implemented at departmental and communal levels, both to assess gaps (knowledge, training, available resources) and to train local partners on operational procedures. These exercises would also greatly contribute to the identification of vulnerable groups / individuals prior to hazards and therefore contribute to prevent them from being impacted in time of crisis.

4. Operational capacities to carry out emergency assessments and an organized and targeted response in affected areas across the country are underdeveloped and are even expected to diminish further due to the continued reductions in humanitarian funding and the departure of humanitarian actors.

5. The majority of contingency stocks – or more than 55% - remain located in the West Department, which represents a challenge for rapid distribution in remote areas due in part to the lack of funding to maintain existing storage facilities functional.

6. In the CCCM, Shelter & Non-food-Items field: Potential gaps exist in terms of availability of mosquito nets, mattresses and other related non-food-items. Even though efforts were made to implement evacuation procedures aligned with international standards, the lack of shelter infrastructure could be life-threatening in case of an evacuation. With the reduction of operational in-country partners, national capacities to respond to a large scale emergency could be easily overstretched, while the burden of providing shelter would fall on critical public buildings such as schools, hospitals or churches.

7. Despite recent improvements, rapid joint multi-sectoral assessment mechanisms still need to be enhanced and supported. Information gathering and analysis require improvement such as trainings for field partners to ensure proper data collection and use of assessment tools that are mandatory for post shock analysis requirements.

8. Key gaps in the food security sector are the limited intervention capacities in some remote areas of the country. In term of stocks, plans are to be ready to cover the food needs of 250,000 people over a month in case of disaster against the established Government planning figures of 500,000. Current stocks are mainly composed of commodities provided by international organizations; national capacities remain extremely low and still need to be supplemented with external support.

---

Source: Cluster CCCM&Shelter