

This report was produced by OCHA Haiti with contributions from United Nations Agencies, Funds and Programmes, nongovernmental organizations (NGOs) and humanitarian partners.

HIGHLIGHTS

- On 25 August, UN agencies and partners launched a US\$187.3 million **Flash Appeal** to reach 500,000 of the most vulnerable people affected by the 14 August earthquake.
- Around 650,000 people are in need of emergency humanitarian assistance in the three most affected departments – Grand’Anse, Nippes and Sud – where 634,000 were already in need of multi-sectoral assistance before the quake.
- Based on lessons learned from past emergencies, humanitarian actors are aiming to capitalize on local and national level expertise, capacities and knowledge to promote a rapid and effective response tailored to the expressed needs of affected people.
- Humanitarian convoys en route to hard-hit areas continue to be blocked by different groups, including affected people who are growing increasingly frustrated by a lack of assistance, and armed gangs who are looting relief supplies.
- The various impacts of the earthquake will have long-lasting effects on development in the hardest-hit communities, making early recovery and rehabilitation programmes pivotal to restoring livelihoods.



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
 Creation date: 15 Aug 2021 Sources: CNIGS Feedback: ocha.haiti.im@gmail.com | www.unocha.org www.reliefweb.int | www.reliefweb.int

800K

affected people

(Source: UN System in Haiti)

650K

in need of emergency humanitarian assistance

(Source: UN System in Haiti)

\$187.3M

in humanitarian financing required to reach 500,000 affected people targeted for assistance

(Source: Haiti Earthquake Flash Appeal – August 2021)

2.2K+

people dead, with more expected

(Source: DGPC)

320

people still missing

(Source: DGPC)

130K

damaged and destroyed homes

(Source: DGPC)

SITUATION OVERVIEW

Nearly two weeks after a 7.2-magnitude earthquake rocked south-western Haiti, humanitarian assistance has begun reaching some of the hardest-to-reach areas, where the most vulnerable are still unable to meet their urgent need for food, basic sanitation and hygiene and life-saving health services. In some remote rural areas, response personnel and relief supplies have yet to reach those most in need.

The compounded impacts of the earthquake and Tropical Depression Grace have greatly exacerbated pre-existing needs. The UN System in Haiti estimates 650,000 people are in need of emergency humanitarian assistance, a concerning figure considering that 634,000 people across the three most affected departments – Grand’Anse, Nippes and Sud – already needed multi-sectoral humanitarian assistance before the quake.

As of the latest updates issued on 25 August, the Haitian Civil Protection General Directorate (DGPC) reported 2,207 deaths, 12,268 injured and 320 missing. By 22 August, search-and-rescue crews had extracted 24 missing people from the rubble, including 4 children, who were airlifted to Camp-Perrin to receive emergency medical assistance.

In the Sud Department, aftershocks continue almost two weeks after the initial quake on 14 August, creating widespread panic among the affected population. Some people whose homes are still standing in affected areas are choosing to sleep in the streets in fear that the structures may collapse at any moment.

The devastating quake reduced entire areas in the Sud, Nippes and Grand’Anse departments to rubble, destroying and damaging thousands of buildings. According to the DGPC, at least 52,953 homes have been completely destroyed and 77,006 others sustained damages. While response to urgent shelter needs is a key priority, the Government is aiming to avoid the establishment of large-scale camps for internally displaced people (IDP), similar to those which sprung up after the 2010 earthquake and again following Hurricane Matthew in 2016, with a view to mitigate the health risks associated with placing tens of thousands of people in close quarters amid the ongoing COVID-19 pandemic.

While collective efforts remain focused on immediate life-saving activities, it is evident that the quake will have long-lasting effects on all facets of life in affected areas for years to come. For those left displaced and homeless, especially women and children, protection is a key concern as the risk of violence increases, including sexual and gender-based violence (SGBV). In 2020, SGBV increased by a staggering 377 per cent in Haiti amid the pandemic. Immediate protection and shelter solutions will be critical to saving lives and preserving human dignity, as incidents of SGBV are likely to go up in the aftermath of the quake due to increased insecurity, desperation and need.

After the 2010 earthquake, Human Rights Watch reported that adequate safety and health measures were not effectively mainstreamed into response efforts to reduce the particular risks and differentiated needs of women and girls. Consequently, women’s needs in reproductive and maternal health were unmet and a lack of food forced many women to resort to negative coping mechanisms, including trading sex for food.

UNFPA estimates that more than 22,000 women will give birth in the next three months, with approximately 3,700 of them requiring Caesarean sections or experiencing potentially deadly childbirth-related complications, making gender-responsive actions in health and nutrition urgent response priorities. To avoid the shortcomings of previous emergency responses, the Government and humanitarian partners must ensure the collection and analysis of sex- and age-disaggregated data to better align programme design with the specific needs of women, girls, men and boys.



Photo credit: UNFPA

Essential infrastructure including WASH and health facilities have been destroyed, and livelihoods completely devastated. As such, the integration of early recovery and rehabilitation activities into response efforts will be essential for restoring livelihoods.

With an aim to facilitate long-term relief, humanitarian partners are strategically linking their relief activities to Government-led response efforts, working closely with the DGPC and relevant ministries to ensure a well-coordinated and efficient response channelled through the established and streamlined humanitarian architecture at both the national and departmental levels. Based on lessons learned from past emergencies, humanitarian actors are aiming to capitalize on local and national level expertise, capacities and knowledge to promote a rapid and effective response tailored to the expressed needs of the Haitian people. This is particularly important in urban centres, such as Les Cayes, where the increased short-term presence of international NGOs could potentially draw attention away from long-term efforts and partners with a long-standing presence in the region.

However, persistent access and security constraints continue to challenge the efficiency of the response. Impassable roads and damaged bridges, including the Dumarsais Estimé bridge that stretches over the Grand'Anse River, have slowed down the delivery of assistance, with conditions on the ground worsening considerably following the passage of Tropical Depression Grace on 16 and 17 August, triggering considerable flooding in coastal areas and numerous landslides. Without the Dumarsais Estimé bridge or alternative routes leading to Jérémie, logistical access to affected populations is severely hindered. In recent days, humanitarian convoys have been blocked by different groups of affected people, who are growing increasingly anxious and frustrated by a lack of assistance, and an increase in armed gang presence along major arterial roads, including national road 2, which connects Port-au-Prince with affected areas in the southern peninsula. There have also been instances of aid supplies being looted by armed gangs.

To address access constraints, robust efforts have been undertaken to negotiate a humanitarian corridor which has brought some predictability to an extremely volatile and precarious security situation. On 22 August, one of country's most notorious gang leaders took to social media to announce that his allied gangs had reached a truce in the interest of supporting relief efforts. While the humanitarian corridor allowed for the first humanitarian convoys to reach hard-hit communities, it does not offer a permanent solution to the challenges faced by response actors.

In such a complex response environment, the Government and humanitarian partners must ensure that Accountability to Affected Populations (AAP) and effective two-way Communication with Communities (CwC) are mainstreamed into all response and early recovery activities. This requires establishing participatory spaces where affected people, especially the most vulnerable, such as women and children, people with disabilities and the LGBTIQ+ community, can actively participate in decision-making to ensure that their differentiated needs and concerns are meaningfully integrated into programme design. The multi-sectoral response strategy of humanitarian actors must emphasize the importance of community engagement and trust-building developed through transparent and clear communications on how to access aid and the challenges and limitations of humanitarian assistance.

GENERAL COORDINATION

The Government of Haiti continues to coordinate response efforts through the DGPC, which is supported by OCHA Haiti, the UN Disaster Assessment and Coordination (UNDAC) team, deployed in Port-au-Prince, Les Cayes, Jérémie and Miragoâne, as well as the Caribbean Disaster Emergency Management Agency (CDEMA) through the CARICOM Operational Support Team (COST) embedded in the National Centre for Emergency Operations (COUN) in Port-au-Prince.

Humanitarian relief, rescue teams and equipment as well as specialized medical teams and supplies continue to pour in from governments, regional bodies and multi-lateral institutions. Despite access constraints on land, humanitarian actors are using sea and air assets to deliver relief supplies, with regional military actors and humanitarian partners, including WFP, providing coordinated



Photo credit: UNDAC

logistics and transportation support. On land, negotiated access in areas with significant gang influence has allowed for limited use of the main roads linking Port-au-Prince to affected areas.

The Government has requested that all response actors register with national authorities before arriving on the ground, providing DGPC with information on planned response activities and contacting the COUN in advance of any planned distribution of relief supplies in order to ensure coordination, particularly with regards to facilitating security assurances for convoys heading into affected areas.

As the humanitarian presence in Haiti increases, effective coordination is needed to ensure that assistance reaches those most in need. Accordingly, OCHA, in collaboration with DGPC, has rolled out the Who does What, Where (3W) tool to map the operational presence of actors in the departments of [Grand'Anse](#) and [Nippes](#), while mapping efforts continue in the Sud Department, enabling organizations to exchange operational information, identify potential synergies across sectors and highlight potential gaps that must be filled, promoting enhanced response coordination.

The United Nations Volunteer Programme (UNV) is already fast-tracking the deployment of more than 100 Haitian UN Volunteers to support the UN humanitarian response efforts in Haiti. Profiles range from Information Managers, Communication Officers and Vulnerability Assessors to Field Assistants, Midwives and Nutrition Specialists, among others. UNV can deploy skilled national and international UN Volunteers within 7 to 20 days and takes care of all stages of the recruitment process. For more information, contact UNV at: unvolac@unv.org or visit: <https://www.unv.org/publications/un-volunteers-haitian-humanitarian-response>.

As access constraints and security concerns hinder relief efforts, well-coordinated multi-purpose cash and voucher-based assistance will play an important role in the earthquake response. Co-led by WFP and Mercy Corps, the Cash-based Transfers Working Group (CBTWG) is working with national authorities and partners to provide accountable coordination of cash-based response efforts. With support from REACH Initiative, the CBTWG is currently coordinating a Joint Rapid Market Assessment that will provide an analysis on the functioning of local markets in the aftermath of the earthquake.

FUNDING

On 25 August, UN agencies and humanitarian partners launched a \$187.3 million [Flash Appeal](#) to reach 500,000 of the most vulnerable people affected by the earthquake from August 2021 to February 2022. The appeal considers not only the scale of humanitarian needs after the earthquake, but also the significant logistical challenges humanitarian organizations face in providing a large-scale, multi-sectoral humanitarian response in a context of severe humanitarian access and security constraints. The Central Emergency Response Fund (CERF) has already contributed \$8 million to provide life-saving assistance in health, WASH, shelter, protection, logistics and food security.

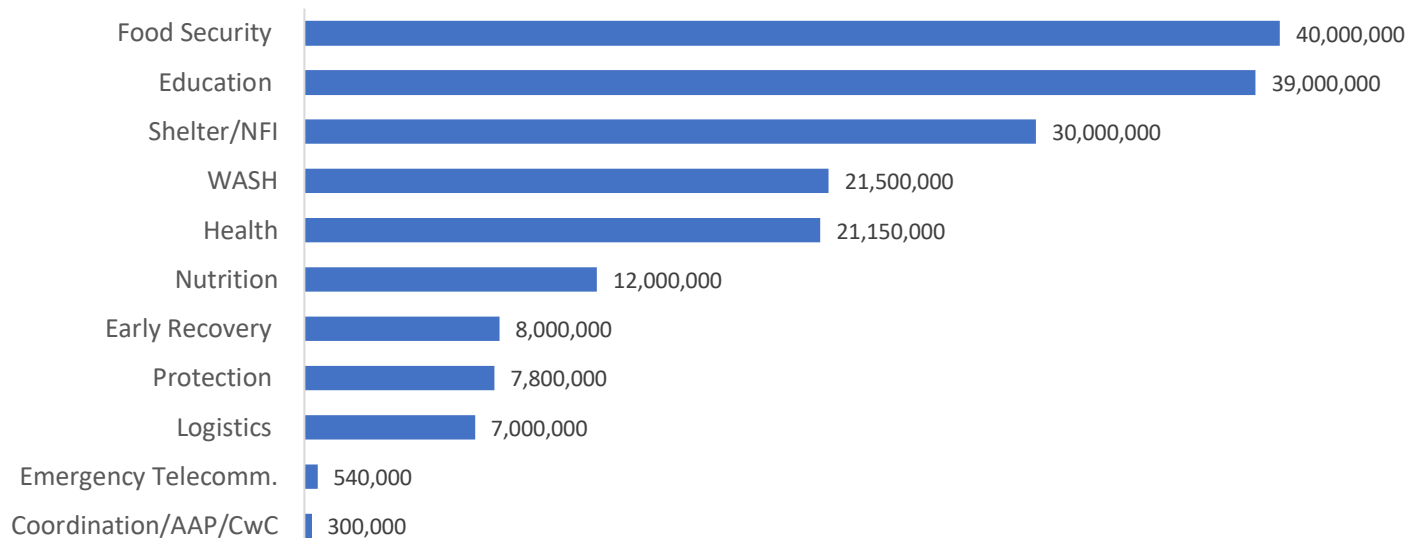
Before the onset of the COVID-19 pandemic, humanitarian financing for the different crises facing Haiti had been decreasing despite progressively growing needs. So far in 2021, the Humanitarian Response Plan (HRP) for Haiti is less than 16 per cent funded. Even though an additional \$33.7 million is in the pipeline, Haiti remains the second least funded HRP in Latin America and the Caribbean, second only to Colombia.

While funding has increased in response to the pandemic, humanitarian partners continue to face resource shortfalls that prevent them from addressing the pressing humanitarian needs of approximately 4.4 million people already in need of humanitarian assistance before the quake. Persistent resource gaps have constrained national authorities and humanitarian partners' capacities to respond to approximately 19,000 people internally displaced by gang-related violence with urgent multi-sectoral needs in the Port-au-Prince metropolitan area. The urgent needs of these extremely vulnerable IDPs are at risk of being overshadowed by the ongoing earthquake response.

Funding requirements exceed the current capacities of UN agencies and humanitarian partners to respond to both existing and new needs emerging from the impact of the earthquake. Pressing humanitarian needs are at risk of remaining unmet if a lack of additional financing is not secured by humanitarian actors, including UN agencies and NGOs, potentially reducing the earthquake response to yet another underfunded emergency in Haiti.

With the private sector playing an increasingly important role in emergency relief and early recovery financing, the DGPC is working closely with the Alliance for Disaster Management and Business Continuity (AGERCA), who is actively participating in the COUN. AGERCA, a Connecting Business initiative Member Network, coordinates and engages with private sector and civil society actors, as well as the Haitian diaspora on relief efforts. For more on how the international private sector can contribute to the Haiti earthquake response, please see the [UN Business Guide](#).

Flash Appeal - Financial requirements by sector (US\$)



HUMANITARIAN RESPONSE



Camp Coordination and Camp Management

Needs:

- Shelter and safe drinking water for displaced people.
- Improved communication with affected populations.

Response:

- IOM has pre-positioned stocks in Port-au-Prince with capacity to cover the needs of approximately 70,000 families.
- IOM has deployed teams to the three most affected departments to support the distribution of relief items. Additionally, the Displacement Tracking Matrix (DTM) is being rolled out by teams in affected areas to gather and analyze data on the needs of displaced populations.
- Coordination among partners and relevant authorities is being ensured to provide basic living conditions for IDPs at assembly points.

Gaps & Constraints:

- Fragmented and insufficient data and information about displaced people on the move, their needs and access to appropriate assistance.



Early Recovery

Needs:

- Support to kickstart economic recovery through access to markets, local entrepreneurship and livelihoods intervention, including financing rapid income-generating activities, for instance cash-for-work programmes, in affected communities.
- Technical and financial assistance to local authorities, including departmental technical agencies (ATLD), to promote a sustainable and environmentally responsible debris management effort.
- Assessments of affected structures and demolition of severely damaged homes.
- Rebuild homes and other community structures affected by the earthquake.
- Removal of debris and waste to clear roads and increase access to affected communities.

Response:

- Under the leadership of the DGPC, and with support from the UN, European Union and World Bank, a damage and needs assessment is being planned with technical assistance provided by UNDP on behalf of the Humanitarian/Resident Coordinator's Office in Haiti. Coordination with the UNDAC team and sector lead agencies will be important to accelerate the process of estimating post-earthquake recovery needs.

Education**Needs:**

- According to initial assessments carried out in the three most affected departments, at least 308 schools have been severely damaged or completely destroyed, affecting an estimated 100,000 children and teachers.
- Rehabilitation of schools, including for WASH, provision of school kits, school desks and furniture, hygiene kits, catch up classes, psychosocial support for children at school and safe temporary learning spaces.
- Provision of COVID-19 prevention and hygiene kits to protect the health of children and their families.

100K
children and teachers
affected by the damage
or destruction of at least
308 school
infrastructures

Response:

- The Ministry of Education and the Departmental Direction for Education are conducting rapid needs assessments in the education sector. Support is being provided by UNICEF through data collection equipment/tools as well as assistance from organizations in the country's Education in Emergencies (EiE) Working Group. Assessments began on 19 August and are still ongoing.
- The Global Education Cluster will deploy a Rapid Response Team to strengthen cluster coordination at the end of October/beginning of November.
- UNESCO convened a coordination meeting of all its teams and experts on the ground to conduct a preliminary assessment and prepare an emergency response plan.

Gaps & Constraints:

- Challenges have been identified in institutional coordination at the local level.
- Significant lack of funding for education partners to support response activities and limited prioritization of the Education Sector in resource mobilization efforts.

Food Security**Needs:**

- WFP estimates that 578,000 people in affected areas were already food-insecure prior to earthquake. According to the Flash Appeal (August 2021), some 300,000 people in the hardest-hit areas are in urgent need of food assistance.
- Emergency food assistance, inputs for rapid reactivation of agricultural production, and rehabilitation of irrigation systems and other agricultural infrastructure as well as livestock protection.

300K
in the hardest-hit areas
need food assistance

Response:

- The Ministry of Agriculture has launched a sectoral damage assessment and needs analysis.
- WFP is using 3,500 tons of pre-positioned food supplies across Haiti for distribution to affected people.
- Since 14 August, WFP has distributed 13,586 hot meals and assisted 42,300 people (346 mt in food and nearly \$300,000 in cash) in the Sud, Grand'Anse and Nippes departments.
- WFP is providing financial and technical support to the National Coordination for Food Security (CNSA) to implement an Emergency Food Security Assessment. The assessment will feed into the national IPC analysis expected to be rolled out in September. Assessment teams have already conducted three missions to the most affected departments. The data collection process runs until 3 September, when preliminary results are expected.
- World Vision Haiti distributed 250 food vouchers for kits containing rice, flour, beans, oil, pasta and canned fish in Les Cayes.

- UNICEF Haiti, together with FAO and WFP, mobilized the Multi-Partner Trust Fund (MPTF) to support the distribution of cash transfers in the Grand'Anse Department. These funds, originally earmarked for the COVID-19 response, will be redirected in order to prioritize the needs of quake-affected families.

Gaps & Constraints:

- Food security assessments have yet to be completed, while food insecurity remains a significant risk factor for affected people.
- Tropical Depression Grace triggered floods and landslides that affected many crop fields, especially in southern Haiti. Additionally, these hazards have rendered numerous roads impassable, destroying bridges on critical supply lines and disrupting private sector food and agricultural inputs supply chains.
- UNICEF, FAO and WFP require additional funding to reach up to 6,000 families with children, pregnant women and/or people with disabilities with cash support through the MPTF.
- A significant number of domestic animals have been lost due to the earthquake and families whose homes have been damaged or destroyed have lost their agricultural tools and inputs, all of which will have negative consequences for agricultural-based livelihoods and food security.
- Initial rapid assessments have shown that markets and agricultural infrastructure (storage and processing facilities, dairies, irrigation canals, rural roads, etc.) have been affected by multiple hazards.
- The proximity of the planting season requires quick action to avoid a further deterioration in food security, with declines in crop production already projected before the quake amid below-average rainfall compounded by the rising prices in basic foodstuffs and the effects of the COVID-19 pandemic.

Health

Needs:

- Initial rapid assessments indicate that 59 health facilities have been affected in the Grand'Anse, Nippes and Sud departments, with 27 severely damaged and 32 moderately damaged.
- Preliminary assessments show that approximately 80 per cent of injuries are associated with orthopedic trauma. The risk of wound infection and tetanus remain high due to challenges related to the provision of immediate health care, access to health services and delays in hospital admission for those with acute injuries.
- Medical personnel, essential medicines and medical supplies, effective stock management, mental health and psychosocial support (MHPSS) activities, implementation of preventive and control measures for communicable diseases, and WASH interventions in health facilities and shelters are needed.
- Ensure proximity and access of emergency care services to victims in remote communities, as access to hospitals in major cities remains cut off for these populations.
- Specialized surgical care, preferably with a capacity for post-surgical hospitalization management (surgical cell, orthopedic surgery cell and/or Type 2 EMT) and comprehensive trauma care to support the surgical capacities of health facilities (EMT T1 Fixed with high capacity for orthopedic trauma care). Partners have also expressed the need to support post-trauma and post-surgery
- Strengthen obstetric capacities of health facilities (basic and comprehensive emergency obstetric care) in affected areas.
- Support primary health centers to provide family planning, sexually transmitted infection (STI) services and obstetric referrals.
- Strengthen capacities in hospitals/health facilities to provide services for the clinical management of rape.
- Establish and equip medical and community mobile teams to provide essential health services.
- Strengthen access for adolescents and youth to life-saving sexual and reproductive health (SRH) and GBV information along with streamlined referrals to child protection services.

80%

of injuries are associated with orthopedic trauma, increasing the risk of infection and tetanus

Response:

- Health sector assessments are being carried out to gather data on injured patients (hospitalizations, types of injuries and demographic breakdown) and the extent of damage suffered by health facilities as well as the needs in affected departments.
- The Ministry of Health has set up a medical tent at Les Cayes airport to attend and triage patients, while those with severe injuries are transferred to the University Hospital of Mirebalais.

- 7 Emergency Medical Teams (EMT) have been mobilized with the support of Canada, the United States, Germany, France and the United Kingdom, with 4 more teams on stand-by for deployment and additional offers for supported received from 15 other teams.
- The National Laboratory of Public Health (LNSP) and the Directorate of Epidemiology, Laboratories and Research (DELRL), together with PAHO, will deploy a team of experts to the affected areas to provide syndromic surveillance in shelters along with rapid testing for COVID-19 and malaria and sample watery diarrheas using a Cary-Blair medium.
- PAHO, in coordination with LNSP, will carry out visits to the laboratories of Hospital Immaculée Conception and St. Boniface Les Cayes (Sud), St. Antoine de Jérémie (Grand'Anse) and St. Therese de Miragoâne (Nippes) to strengthen diagnostic capacities for the detection of infectious diseases.
- UNFPA continues to carry out broad-based assessments in the three most affected departments. SRH needs assessments are being finalized.
- UNFPA is distributing dignity kits to pregnant and lactating women, with a daily distribution schedule established to cover several communes in the Sud Department. Additional hygiene kits and tents to support the provision of SRH services in health facilities are expected this week.
- Through emergency funds mobilized by UNFPA, procurement of Inter-Agency Reproductive Health Kits continues for the management of deliveries, obstetric emergencies, vaginal tearing and clinical management of rape, as well as medical materials and equipment for the continuation of services in affected departments.
- UNFPA will deploy mobile health teams to support the maintenance of health services and provide eight temporary maternity tents to ensure that women can give birth safely.
- UNFPA will strengthen capacities at more than 40 health facilities and hospitals to ensure service providers can manage pregnancy-related complications, deliver family planning services and provide support to survivors of SGBV, including psychosocial counselling and referrals to appropriate services as needed.
- Médicos del Mundo Argentina is carrying out health activities in four communes through two Mobile Clinic Teams providing assistance to some 1,500 families, as well as in preventive-promotional actions with Polyvalent Community Health Workers (ASCP-MSPP) in the Sud Department.
- World Vision Haiti provided 6 tons of medical materials to the General Hospital of Les Cayes. Additionally, World Vision delivered 165 tons of hygiene kits, tarpaulins, kitchen kits and mattresses to Catholic Relief Services to be distributed in the Sud Department.
- Project HOPE's local medical teams are providing surge support to hospitals in Les Cayes and clinics in rural areas. Additionally, Project HOPE's EMT is delivering aid to affected people and conducting assessments of medical facilities in less populated remote areas in the Sud and Grand'Anse departments.

Gaps & Constraints:

- Logistics and security challenges limiting the delivery of supplies, deployment of personnel to affected areas and the transfer of patients to hospitals that are not overwhelmed.
- Some affected hospitals are functioning on generator power and have limited fuel supplies.
- Increased risk of maternal and newborn deaths, as maternity and surgical wards are not functional for safe deliveries and caesarean section, requiring temporary measures to be established in order to reduce the risks faced by pregnant women.
- Interrupted access to essential health services could potentially lead to an increase in maternal and child deaths, vaccine-preventable diseases and chronic disease-related deaths.
- With hospitals in the most affected areas still overwhelmed, the evacuation of severely wounded people to Port-au-Prince will likely place further strain on an already fragile national health system.
- Flooding brought on by the heavy rains associated with Tropical Depression Grace, combined with a lack of adequate shelter and access to safe water and sanitation, is increasing the risk of infectious respiratory diseases (including COVID-19), diarrheal diseases and vector-borne disease, such as malaria and dengue, among other disease outbreaks.

Nutrition

Needs:

- Training of functional community workers (ASCP) in affected departments to provide nutrition support and counseling to mothers/caregivers of infants and young children.
- Training of health workers to provide nutrition support to non-breastfed children, including re-lactation and the use of breast-milk substitute as a last resort.
- Set up spaces to provide skilled breastfeeding counseling and separate spaces to support non-breastfed children, focusing on children 6-11 months.
- Nutrition supplementation to prevent acute malnutrition in children 6-59 months.

1.67K

children under 5 at risk of malnutrition, disease and death

- Purchase of critical supplies including ready-to-use infant formula for non-breastfed infants less than 6 months old, ultra-high temperature milk for non-breastfed infants 6-11 months, lipid-based nutrient supplements (PlumpyDoz) and associated supplies needed (feeding cups, spoons, etc.).

Response:

- UNICEF has 31 cartons of therapeutic milk (18 cartons of F75 and 13 cartons of F100), 1,100 cartons of ready-to-use therapeutic food and medicines positioned in the three affected departments.
- The Nutrition Sector is focusing its initial response efforts on preventing the deterioration of the nutritional status of population groups most at risk of malnutrition, disease and death through the protection, promotion and support of optimal infant and young child feeding (IYCF) practices among children under two, and nutrition supplementation for children under five in the affected areas.
- The sector is preparing the protocols, monitoring tools and evaluation forms to be used in spaces to support non-breastfed infants to ensure adequate management of breast-milk substitutes (ready-to-use infant formula) and avoid any spillover into the community. In that regard, UNICEF is exploring the best possible solutions for purchase, storage and distribution of such products, taking into consideration lessons learned from the 2010 earthquake.
- Action Against Hunger has set up community kitchens and distributes highly-fortified, nutritious biscuits for children under five.

Gaps & Constraints:

- The Nutrition Sector needs funds to conduct rapid needs assessments.
- Funding is urgently needed to allow Nutrition Sector partners to implement an initial nutrition response focused on preventing malnutrition through support and counseling on IYCF and nutrition supplementation.
- Limited prioritization of the Nutrition Sector in resource mobilization efforts.
- Potential donations of breast-milk substitutes and untargeted distribution to infants and young children affected by the earthquake, putting them at risk of malnutrition, disease and death.

Protection

Needs:

- Needs assessments carried out by Foundation Terre Bleue in multiple locations found that: 150 mothers and daughters identified at Petite-Rivière-de-Nippes need food, hygiene kits and psychosocial support; 50 children with disabilities identified in Anse-a-Veau need food, assistive materials for their disabilities and hygiene kits, while 135 children living with their grandparents need food and hygiene kits; and 25 pregnant girls registered at the Kasyèl assembly point (Les Cayes) need medical assistance as well as hygiene and dignity kits.
- Strengthen protection coordination mechanisms both at the national and local level.
- Establish and maintain effective feedback systems (including comments, suggestions and complaints), using a variety of communication channels that are accessible to all affected people and that are appropriate for both sensitive and non-sensitive feedback.
- Promote and strengthen inclusive and accessible accountability mechanisms, with a special focus on protection against sexual exploitation and abuse (PSEA).
- Conduct and compile comprehensive protection analysis that details the main protection threats, risks, vulnerabilities and coping strategies of affected people to inform decision-making and programming.
- Establish safe spaces for children and adolescents, women and other vulnerable groups, including people with disabilities.
- Assistance is needed for women and girls, including pregnant minors, affected by the earthquake and exposed to increasing GBV risks in the affected areas, especially in the face of limited access to emergency shelter.
- MHPSS services for children, adults, service providers and other vulnerable groups are required.
- Psychosocial support for children, assessments of their protection needs and identification of the most vulnerable children, including separated and injured children, orphans and children with disabilities, for referral and service provision.
- Delivery of dignity protection kits for women and adolescent girls is needed to prevent a negative impact on their health, GBV risks and negative coping mechanism.

420

families received \$500 in cash support from Food for the Hungry

Response:

- UNFPA supported the MCFDF to reactivate the GBV Working Group in the Sud Department. A meeting was convened to identify needs and coordinate the ongoing response, while establishing a referral pathway for GBV

survivors. A GBV in emergencies specialist from the International Roving team will be deployed in the Sud Department next week.

- UNFPA is coordinating with the Government to activate and scale up activities for department-level GBV coordination systems and existing case management and psychosocial support services in south-western Haiti.
- UNFPA is providing support to one-stop centers for GBV survivors and will distribute 3,500 dignity kits.
- At both the national and departmental level, UNICEF continues to coordinate with the Institute of Social Welfare and Research (IBESR) to carry out rapid assessments of children's needs, identify vulnerable children and service providers, while designing and planning sensitization activities at the community level to prevent family separation and ensure the protection of children.
- UNICEF is providing psychosocial support activities at the HIC hospital and at the local level together with its implementing partner, Youth Development Initiative.
- UN Women's capacity in Haiti has been strengthened through the deployment of three staff from its Regional Office (2) and Headquarters (1). Through these deployments, UN Women will ensure effective coordination and gender mainstreaming in humanitarian response efforts, co-lead the elaboration of a Rapid Gender Analysis with CARE and, in close coordination with Government counterparts, reprogramme ongoing projects according to current response priorities and needs.
- Fondation Terre Bleue (FTB) conducted assessments in the Nippes and Sud departments and provided psychological assistance to 265 people, including 85 girls.
- Food for the Hungry conducted 42 focus groups in order to gather information on vulnerabilities and risks faced by victims and provided cash support to 420 families (\$500/per family).
- State University of Haiti deployed students to support psychosocial activities carried out on the ground for affected people.
- OHCHR carried out advocacy and worked with DGPC who instructed its departmental technical coordinators to identify and prioritize the differentiated needs of the most vulnerable groups, especially pregnant and lactating women, the elderly and people with disabilities.

Gaps & Constraints:

- Affected people continue to shelter outdoors due to concerns surrounding the structural integrity and possible collapse of their homes, regularly carrying out hygiene and other activities in the absence of privacy or adequate security, which increases their exposure to a wide range of protection risks.
- Initial assessments carried out by UNFPA and the Ministry of Women Affairs (MCFDF) indicate that access to GBV services and case management have been significantly reduced. Additionally, the assessment carried out at ten assembly points revealed several protection issues, including a lack of lighting, security force or police presence, and a lack of separate showers and toilets.
- The effect of the earthquake on the health system will have negative consequences for the clinical management of rape.
- Informal assembly points do not have adequate safety and protection measures that meet established standards (electricity and proper lighting, sex-segregated toilets and showers, etc.). Women and girls do not participate in the management committees at assembly points.
- Growing risks of separation and child trafficking.
- Women's organizations reported that women are exposed with their children and living in the streets without a tent or even a tarp and the lack of communication, including difficulty with telephone and internet communication, hampers women's efforts to locate family members or access services. This limits access to life-saving information for early preparedness as well as emergency and other services.

Shelter

Needs:

- Per DGPC and IOM, at least 8,324 people displaced by the earthquake have been identified, mostly concentrated in 26 shelters (15 in the Sud Department and 11 in Nippes).
- The Community Organized Relief Effort (CORE) carried out rapid shelter assessments in 3 communes and 12 section communales in Les Cayes, Camp Perrin, Maniche and Cavaillon (Sud Department) as well as 2 communes in the Grand'Anse Department. According to CORE, less than 10-15 per cent of homes were destroyed or damaged in most urban areas, while in the more rural section communales between 60-70 per cent of homes were destroyed.

1.3K

families will receive shelter kits and solar power lanterns from the Government of the United Kingdom

- Damage assessments in the housing sector must be carried out to allow for families currently sheltering outside to quickly return to their homes which have been damaged but not destroyed.
- Emergency shelter solutions and essential household items are urgently needed.
- The Government has requested tarpaulin be distributed to the affected population, adding that tents should only be used for hospitals. The Government has preliminarily requested 60,000 tarpaulins to support families with emergency shelter needs.
- Plastic sheeting, blankets, tarpaulin, waste bins, food, water, medicine and hygiene kits needed in temporary shelters.

Response:

- On 24 August, the Government of the United Kingdom sent 20 tons of relief supplies, including shelter kits and solar powered lanterns for 1,300 families.
- Coordination among partners and relevant authorities is being ensured to provide basic living conditions for IDPs at assembly points.
- IOM is co-leading the Haiti Shelter/NFI/CCCM Working Group in support of the Government, specifically DGPC and UCLBP, through the provision of technical and strategic guidance for shelter partners and coordination support.
- IOM is rolling out the DTM to gather and analyze critical data and information on the needs and vulnerabilities of displaced people.
- IOM will provide specialized psychosocial support.
- To mitigate COVID-19 contagion risks, IOM will distribute washable masks and circulate COVID-19 awareness and prevention messaging through various communication channels.

Gaps & Constraints:

- First-hand observations from personnel on the ground and satellite imagery highlight that many shelters in affected areas have suffered varying degrees of damage, forcing displaced people unable to stay with family and friends to set up makeshift tents constructed of wood and tarpaulin, many of which were subsequently brought down by Tropical Storm Grace's strong winds.
- In rural areas, some families are constructing makeshift shelters that are built directly on the ground and lack any kind of foundation or platform, making them vulnerable to collapse due to high winds, while rain would create unsafe and unhealthy conditions for residents.

Water, Sanitation and Hygiene

Needs:

- Initial rapid assessments carried out by the National Directorate for Water and Sanitation (DINEPA), with support from UNICEF, found that 25 piped water supply systems had been severely damaged and more than 1,800 had suffered minor damage. Per UNICEF, the findings of these assessments indicate that 60 per cent of affected people do not have access to safe water.
- UNICEF estimates that more than 119,000 people are in urgent need of safe water in quake-affected areas.
- Provision of safe drinking water and hygiene kits for those whose homes have collapsed.
- Improve water storage capacities and construction or rehabilitation of sanitation facilities in affected health centers receiving injured people.
- Rehabilitation of damaged water supply systems and provision of chlorine (HTH).
- Handwashing facilities, soap and critical hygiene supplies in health centers to prevent the COVID-19 risk as well as water-borne diseases, such as cholera.

698K

liters of safe water distributed by UNICEF, reaching more than 37,500 people

Response:

- On 22 August, a first batch of 40 tons in additional medical and WASH supplies reached Port-au-Prince and are being transported to the most affected departments to support overwhelmed health facilities.
- UNICEF is supporting DINEPA to provide an initial response for the provision of safe drinking water to affected communities. UNICEF is providing water storage (5 bladders with a total volume of 35,000 liters), fuel and technical support for the installation and rehabilitation of water treatment for water trucking activities.
- UNICEF has distributed 698,000 liters of safe water through water trucking, benefiting approximately 37,591 people.

- UNICEF and its partners are distributing 5,040 hygiene kits to benefit about 25,200 people (comprised of household water treatment products, soap, water storage, handwashing devices, hygiene pads and other relief items) and tarpaulins.
- UNICEF, in collaboration with WFP and IOM, distributed 800 hygiene kits, benefiting 4,000 people in Maniche.
- The GivePower Foundation, World Hope International, Amazon, Community Organized Relief Effort (CORE), West Indies Self Help (WISH) and World Central Kitchen are teaming up to deliver 30,000 liters of water per day to affected areas, providing around 15,000 people with access to safe drinking water.
- ADRA is distributing 1,000 hygiene kits in Saint-Louis du Sud, Les Cayes and Camp-Périn.
- Action Against Hunger is supporting local authorities, including DINEPA, to ensure access to safe water, distributing water purification tablets and providing technical assistance on their proper use.
- Concern Worldwide and its partners are working together to deliver essential supplies such as soap, buckets, toothbrushes and toilet paper, to help around 11,000 people whose homes have been destroyed or severely damaged.
- The WASH Sector response monitoring dashboard can be found on the Haiti WASH Sector website: <https://www.washlac.com/fra/cluster-sectoriel/caraibes/haiti>, where partners are required to report their activities.

Logistics

Response:

- WFP is offering several services to support in-country operations for humanitarian partners, including for personnel and supply transportation via UN Humanitarian Air Service (UNHAS) flights as well as land and sea transportation services. Air transportation via UNHAS flights are available free of charge for humanitarian personnel.
- ECHO and Solidarité are providing cargo services from Europe to Haiti.
- The Logistic Cluster and Logistics Working Group are mapping data and information on logistics capacity, physical access constraints as well as situation and weather monitoring to facilitate logistics efforts on the ground. This information can be accessed at: <https://logie.logcluster.org/?op=hti-21-a>.
- The US Southern Command (SOUTHCOM) has deployed eight helicopters, including three UH-60 Black Hawks, three CH-47 Chinooks and two HH-60 Pave Hawks. Additionally, the USS Arlington, with two MH-60 Seahawk helicopters and approximately 600 U.S. Navy and U.S. Marine Corps personnel, continues to support ongoing relief efforts.
- The Puerto Rico Army National Guard has deployed two helicopters to support the Joint Task Force-Haiti mission. As of 24 August, the Joint Task Force-Haiti has carried out 364 missions (Department of Defense and US Coast Guard), transported 163,000 pounds of relief supplies and assisted or rescued at least 436 people.
- USAID/BHA continues to support a WFP barge service facilitating humanitarian transport between Port-au-Prince and affected coastal areas in the departments of Grand'Anse and Nippes, while also supporting the operation of WFP-led convoys departing from Port-au-Prince en route to affected areas.

136K

pounds of relief supplies transported by the Joint Task Force-Haiti

Accountability to Affected Populations and Communication with Communities

Needs:

- Provide localized, relevant, transparent, informed, well-coordinated and accountable humanitarian action, securing safe access to communities and timely access to the most vulnerable.
- Mitigating safety and protection risks, especially during and after relief distributions, demonstrating efforts to build trust and fulfil partners' responsibilities to principled humanitarian action.
- Integrated mechanisms across the response strategy, operations and coordination that enables accountability to affected people, including effective two-way CwC, supporting access, delivery, acceptance and protection.
- Delivery and strengthening of information on relief constraints before and alongside assistance, as well as engagement and open dialogue with those in the most affected areas to explain the challenges and limitations of humanitarian assistance.

Response:

- The Flash Appeal reinforced the importance of mainstreaming AAP and PSEA across all sector plans and the overall humanitarian response, bringing priority activities and minimum financial requirements to support their integration.

- Coordination with designated authorities being carried out by OCHA/UNDAC team on the ground to reactivate the national CwC Working Group (CwC WG) and strategically position it as a key part of the humanitarian architecture and response.
- Communicating with Disaster Affected Communities (CDAC) Global Network activated Haiti's ad hoc meetings at the global level, convening experts and personnel from humanitarian organisations and partners such as IASC, OCHA, IFRC, UNHCR, WFP, UNFPA, UNICEF, Plan International, Action Aid, Translators Without Borders, Ground Truth Solutions and key Media for Development actors with experience in Haiti, including Internews and Fondation Hirondelle, BBC Media Action and IMS, to unite, exchange and collaborate in order to advance AAP and CwC/Community Engagement (CE) in Haiti.
- Sectors, including Shelter/CCCM and WASH, among others, have been integrating AAP and PSEA into their response strategy and priority activities, while the Protection Sector champions AAP and PSEA as key pillars and core commitment of its response strategy.

Potential Gaps & Constraints:

- Potential delay in the reactivation of the CwC WG at the national level due to competing priorities and required coordination with multiple actors.
- Potential delay in the deployment of dedicated capacity required to support the coordination of the CwC WG.
- Lack of attributed value, common vision and understanding of AAP, CwC and CE by sectors, agencies, organizations and humanitarian leadership, potentially limiting the integration of affected communities' voices and views into response planning.
- Sectors, agencies and partners designing projects that do not enable the operationalisation of AAP and PSEA commitments.
- AAP/CwC focal points to support information management not assigned by leading agencies, partners and inter-agency coordination.
- Assessments failing to integrate community recommendations and preferences, information needs, and sexual exploitation and abuse risks, creating important evidence gaps that may lead to a decrease in AAP/CwC as a strategic priority.
- A fast-changing context that creates rumours and misinformation in an information and communication ecosystem that outpaces response efforts.

USEFUL LINKS

- Haiti Flash Appeal – Earthquake (August 2021): <https://bit.ly/3yiSswg>
- UN Business Guide: <https://bit.ly/3yhH0RM>
- ReliefWeb – 2021 Haiti Earthquake (Appeals and Response Plans, Latest Updates, Maps and Infographics): <https://bit.ly/3zlpY6x>
- DGPC webpage: <https://bit.ly/3jpHtxf>
- HumanitarianResponse.info page for Haiti: <https://bit.ly/3gx0M5U>
- IMPACCT (Bulletin on Customs, Immigration and Quarantine Procedures: [EN/FR](#))
- Connection Business initiative (CBI) – 2021 Haiti Earthquake: <https://bit.ly/2UOrKhF>
- WASH Sector: <https://bit.ly/3DIlm2y>
- Shelter/CCCM sectors: <https://bit.ly/2XM9Z3t>
- Logistics Sector: <https://bit.ly/38aY4yc>
- CDAC's Haiti resource portal: <https://bit.ly/2Wqgk3Q>

For further information, please contact:

Delphine Vakunta, OCHA Haiti: vakunta@un.org; Telephone/WhatsApp: +509 37 02 5790 or **Omar Kurdi**: omar.kurdi@un.org; Telephone: +1 347 414 4598

For more information, please visit www.unocha.org / www.reliefweb.int.