

# FLASH APPEAL HAITI

EARTHQUAKE  
AUGUST 2021





This document is consolidated by OCHA on behalf of the Humanitarian Country Team (HCT) and partners. It covers the period from August 2021 to February 2022.

**On 16 August 2021, a resident clears a home that was damaged during the earthquake in the Capicot area in Camp-Perrin in Haiti's South Department. Photo: UNICEF**

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# Crisis Overview

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On 14 August at 8:30 am local time, a 7.2 magnitude earthquake struck the south-western coast of Haiti causing large-scale damage across the country's southern peninsula. The powerful 10 km deep earthquake occurred 13km southeast of Petit-Trou-de-Nippes, in the department of Nippes, the same region devastated by Hurricane Matthew in 2016. Only two days after the quake, Tropical Depression Grace dumped extremely heavy rains in southern Haiti, causing flooding in the same quake-affected areas.

Despite being much less catastrophic than the 2010 earthquake which left more than 220,000 people dead and 1.5 million injured, the impact of the 14 August earthquake has been devastating. According to the latest reports issued by the Haitian Civil Protection on 21 August, the death toll has now surpassed 2,200 with more than 12,200 people injured. Almost 53,000 homes have been destroyed and more than 77,000 have sustained damage. About 800,000 people have been affected and an estimated 650,000 people – 40

per cent of the 1.6 million people living in the affected departments – are in need of emergency humanitarian assistance.

The back-to-back disasters are exacerbating pre-existing vulnerabilities. At the time of the disaster, Haiti is still reeling from the 7 July assassination of President Jovenel Moïse and still facing an escalation in gang violence since June that has affected 1.5 million people, with at least 19,000 displaced in the metropolitan area of Port-au-Prince. The compounded effects of an ongoing political crisis, socio-economic challenges, food insecurity and gang violence continue to greatly worsen an already precarious humanitarian situation. Some 4.4 million people, or nearly 46 per cent of the population, face acute food insecurity, including 1.2 million who are in emergency levels (IPC 4) and 3.2 million people at crisis levels (IPC Phase 3). An estimated 217,000 children suffer from moderate-to-severe acute malnutrition.

**Most-affected areas**

The most affected departments include Sud, Grand'Anse, and Nippes. The arrondissements of Les Cayes, Aquin, Cavaillon, Petite-Rivière-de-Nippes, and

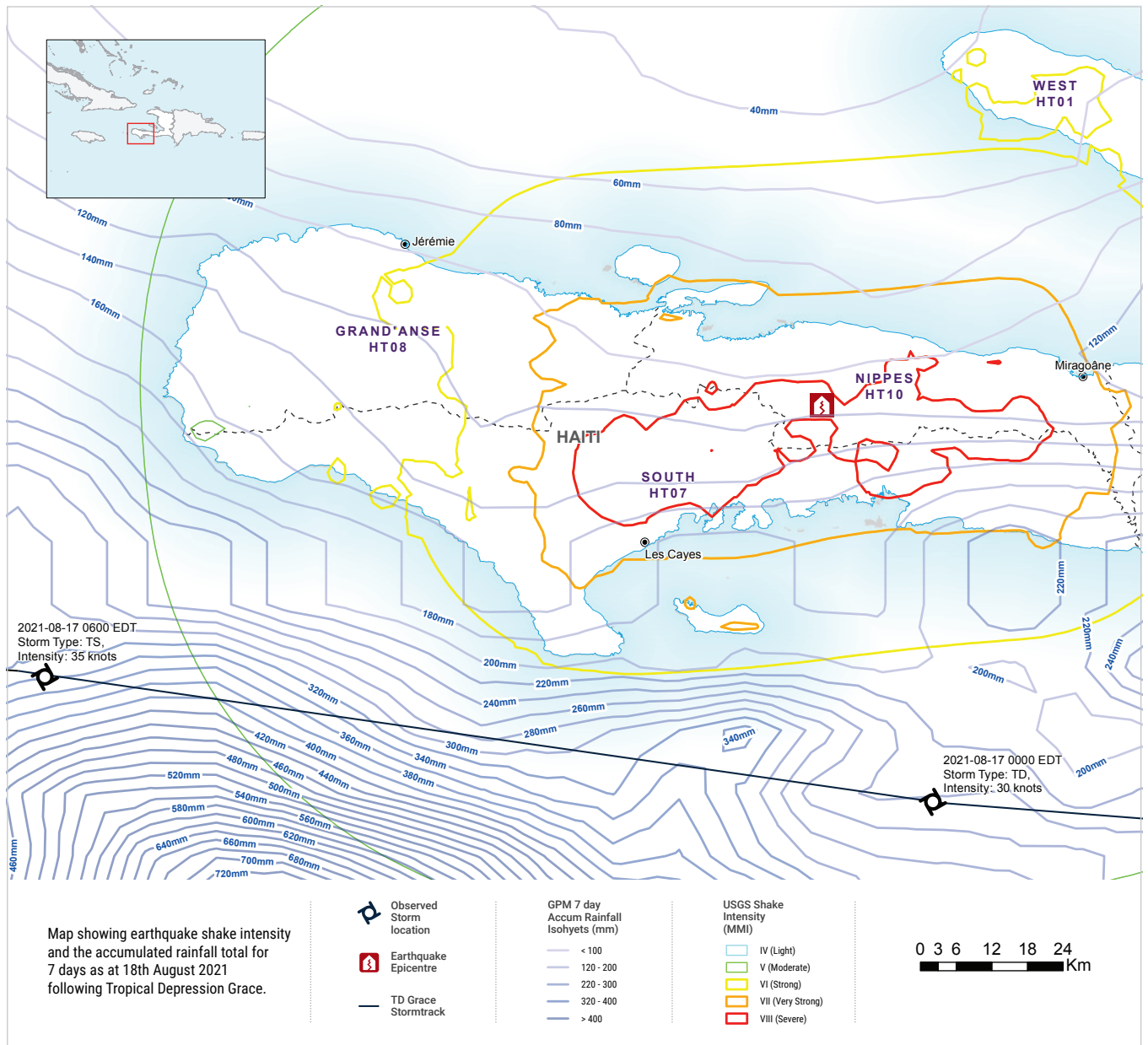
Anse-à-Veau, in particular, were exposed to severe shaking (level VIII on the modified Mercalli intensity scale).

**Map of most-affected areas**



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On 18 August, Tropical Depression Grace triggered flooding in Jacmel, Les Cayes and Marigot, creating further damage to homes, structures and roads already compromised by the quake.



Map produced by MapAction

Data Sources:

USGS - Shake Intensity

NASA GPM - Precipitation Acc.

Admin Boundaries - OCHA COD

The depiction and use of boundaries, names and associated data shown here do not imply endorsement or acceptance by MapAction.

## Affected Population

Of the 800,000 people exposed to the impact of the quake, nearly 300,000 experienced severe shaking, as per the Modified Mercalli Intensity (MMI) scale, which caused significant damage to poorly-built structures. In addition, a surge in gang-related violence since June 2021 has created a choke point on the main road from the Port-au-Prince metropolitan area to the southwestern peninsula, making humanitarian access

particularly challenging. The violence and insecurity have led to the displacement of an estimated 19,000 people since June. The number of IDPs staying at organised shelters is estimated at 5,300, with another 2,500 in makeshift sites. Humanitarian partners are seeking to address the needs of displaced families, as well as ease humanitarian access constraints to ensure a more effective and timely response to humanitarian needs related to the earthquake.

## People exposed to shake intensity

DEPARTMENT	MMI VII	MMI VIII	TOTAL MMI VII+VIII	% OF TOTAL POPULATION
Grand'Anse	44,430	0	44,430	9%
Nippes	227,322	93,158	320,480	90%
South	258,286	205,548	463,834	57%
<b>Total</b>	<b>530,038</b>	<b>298,706</b>	<b>828,744</b>	<b>50%</b>

Source: PDC

The earthquake's various impacts are exacerbating pre-existing needs. An estimated 4.4 million Haitians, or nearly 46 per cent of the population, are suffering food insecurity, with about 3.5 million people also facing multidimensional vulnerabilities<sup>1</sup>. The Humanitarian Needs Overview (HNO) 2021 for Haiti identified

more than 610,000 people in the three most affected departments - Grand'Anse, Nippes and Sud - with acute humanitarian needs prior to the earthquake. Of these, 350,000 suffer from extreme and catastrophic levels of needs.

## PiN by severity phase and location




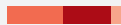


DEPARTMENT	POPULATION TOTAL	PiN	NUMBER OF PEOPLE IN EACH SEVERITY PHASE		
			SEVERE	EXTREME	CATASTROPHIC
Grand'Anse	489,359	199,959	85.3K	70.7K	44.1K
Nippes	357,930	142,919	60.9K	50.5K	31.5K
Sud	809,826	267,965	114.2K	94.7K	59.0K
<b>Total country population</b>	<b>11,402,525</b>				

<sup>1</sup> For details, please refer to the Haiti Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) for 2021/22: <https://www.humanitarianresponse.info/en/operations/haiti>

The HNO further identified pregnant and lactating women, single mothers, women at risk of sexual violence, sex workers, women living with a disability, children of school age and younger, people living with disabilities, elderly adults and displaced people, among others, as highly vulnerable populations<sup>2</sup>.

In addition to groups identified in the HNO, gang-related violence has displaced some 19,000 people, with 5,300 staying in organized sites and 2,500 in spontaneous sites in the Port-au-Prince area.

## Most vulnerable groups

AREA	BY GENDER WOMEN / MEN (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY	PEOPLE LIVING IN REMOTE AREAS
Grande'Anse	59   41 	49   41   10 	28.8K	50.0K
Nippes	60   40 	48   42   10 	20.6K	35.7K
Sud	59   41 	48   42   10 	38.6K	67.0K

## Basic services and access

The earthquake has affected basic services across all three departments. An initial rapid assessment across the three most affected departments revealed that at least 59 health facilities had been affected - including their maternity wards, with 27 of them severely damaged. Access to sexual and reproductive health services has been significantly reduced while local capacities are buckling under the weight of the high demand for treatment of earthquake-related injuries.

Access to safe water for drinking and sanitation is a critical need following the earthquake's damage to already poor water and sanitation infrastructure. For example, the earthquake damaged or destroyed more than 1,800 water cisterns in the Pestel commune of Grand'Anse, a department where 65.2 per cent of households already lacked regular access to clean water, soap and hygiene products.

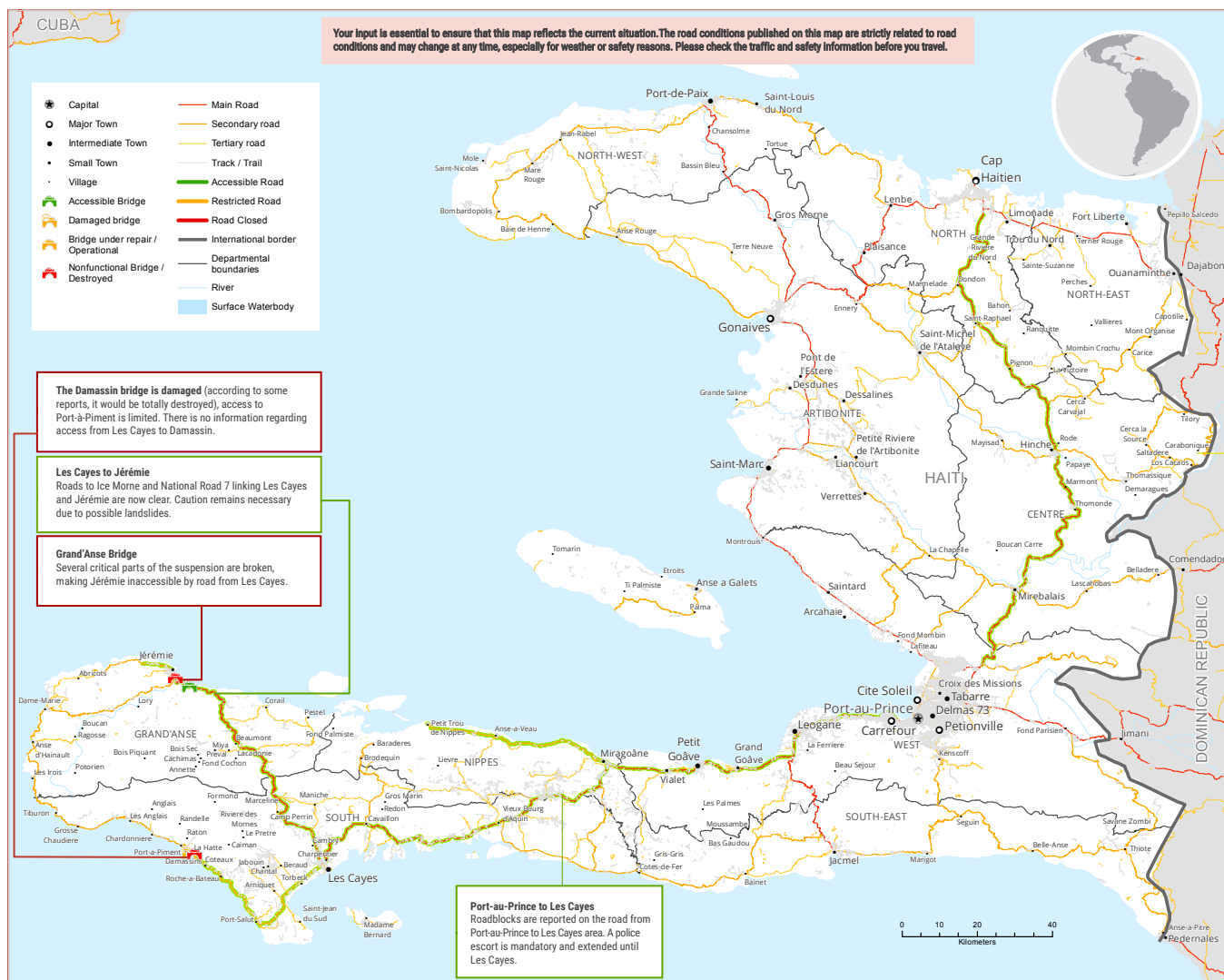
Many schools have been damaged or destroyed. According to UNICEF, the quake completely destroyed 94 schools in the Sud department, while reports from Grand'Anse indicate the destruction of 63 schools and damage to 39. Local disaster management authorities in Nippes report seven damaged schools and one destroyed.

There are serious security concerns as the country was facing unprecedented security issues before the earthquake while the destruction of houses and power cut-off put the affected population under serious protection issues. Women and girls in spontaneous shelters or living on the streets are facing high risks of gender-based violence which could lead to early/unwanted pregnancy as well as transmission of sexual transmittable infections. The displaced persons are living in assembly points which are not adapted to prevent GBV incidents.

Humanitarian access remains a major challenge. Armed groups have blocked the main road between the capital of Port-au-Prince and the quake-affected southwestern peninsula for months prior to the crisis. Following the earthquake, Government representatives negotiated access for relief convoys through the blockaded area, allowing for a temporary passage of humanitarian aid. Access nevertheless remains uncertain, as affected communities—particularly populations around Martissant and National Road #2 who had been cut off since the surge of gang violence in June, owing to access—are also blocking access, demanding their needs be met. Additionally, the bridge entering Jérémie is closed due to significant structural damage.

<sup>2</sup> <https://reliefweb.int/report/haiti/haiti-insecurity-and-humanitarian-access-situation-report-no-6-8-august-2021>





Map produced by Logistics Cluster/WFP

**Data Sources:**

GLC, Boundaries: OCHA - Roads: ©OpenStreetMap Contributors, - Localities: GeoNames

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**Government response efforts**

Haiti’s Directorate General of Civil Protection (DGPC) is coordinating national relief and response efforts together with line ministries and humanitarian partners, through the National Emergency Operations Centre (COUN). Rapid response teams are carrying out search and rescue operations, delivering food assistance and medical supplies and clearing damaged roads and bridges.

The Health Crisis Cell (UNGUS) is coordinating rapid assessment teams and medical teams and providing

essential medicines, medical equipment, supplies and medical treatment or transfers to hospitals. At local level, three ministers have been appointed to coordinate the response in the three most-affected departments. The Prime Minister has designated the Minister of the Status of Women and Women’s Right (Sud department), the Minister of Tourism (Nippes) and the Minister of Environment (Grand’Anse) to oversee relief operations and the distribution of supplies to affected areas. Local partners, churches, local civil society and community-based organizations have also been playing a key role in the response, while

the national private sector and the Haitian diaspora have been mobilizing resources from their side.

### **Support already received and delivered by partners**

Based on lessons learned from the 2010 earthquake, national authorities are calling on all international support to capitalize on national expertise and capacity. Several governments have quickly mobilized personnel, equipment and supplies to support national search and rescue operations and delivery of humanitarian assistance. At the Government's request, a 10-member UN Disaster Assessment and Coordination (UNDAC) team deployed to facilitate international response coordination and information management in support of national response efforts.

Two United Nations-classified Urban Search and Rescue (USAR) teams deployed to Haiti, with USA-1 arriving on 15 August and COL-1 on 16 August. Tropical Storm Grace, ongoing security issues and damage to roads delayed the start of initial assessments of affected areas until 17 August. Teams conducted aerial and ground assessments of the peninsula's northern coast, the Sud department, Les Cayes and surrounding areas.

In addition to ongoing emergency programming, WFP is using its 3,500 tons of pre-positioned food supplies across Haiti for distribution to affected people. IOM has begun delivering Non-Food Items (NFIs), including blankets, tarpaulins and fixing kits, while the Shelter

sector is exploring more durable shelter solutions as per assessed needs amid widespread displacement. WFP is prioritizing all their logistics support to transport search and rescue teams, health workers and medical supplies to affected areas. Logistics partners tested a sea shipping service on 16 August to circumvent land logistics and access issues, with three voyages transporting vehicles loaded with aid and fuel supplies. Americares has delivered almost US\$3 million worth of much-needed medicines and relief supplies, including 9 tons of intravenous fluids.

The MSPP has activated the Medical Information and Coordination Cell (CICOM – Cellule d'Information et de Coordination Médicale), also referred to as EMT Coordination Cell (EMTCC), to coordinate offers of assistance from all international the Emergency Medical Teams (EMT) and the deployment for those teams accepted by the Government of Haiti. As of 24 August, five international EMTs have been deployed – four in Sud and one in Nippes -, two are on their way, and another 18 have offered their help and/or are monitoring the situation. EMTs are providing direct clinical care to affected people on the ground in the impacted areas. They are also supporting local health systems, including needs assessment and medical evacuations. National authorities are prioritizing EMT deployments in the pipeline and will concentrate on EMT Type 2 with surgical capabilities and EMT Type 1 Fixed with high capacity of orthopedic trauma care.

# Main Humanitarian Needs

Existing information and field observations suggest that the most immediate threats to life are:

## Food Security

An estimated 4.4 million people in Haiti, or nearly 40 per cent of the population, are already facing high acute food insecurity, including 1.2 million classified in Emergency (IPC Phase 4) and 3.2 million people in Crisis (IPC Phase 3). An estimated 217,000 children suffer from moderate-to-severe acute malnutrition, a situation the earthquake's impacts are likely to exacerbate. The National Coordination for Food Security (CNSA) is conducting an Emergency Food Security Assessment (EFSA) with the support of WFP and FAO. Partners are adjusting the list of people to assist to include earthquake-affected people and families in affected areas that are already home to 578,000 food-insecure people. Significant number of domestic animals and the households whose houses were destroyed lost their inputs and agricultural tools. In addition, the Storm Grace also caused floods and landslides that affected many fields, especially in the departments of the South and Southeast. An assessment of the damage caused to the agricultural sectors, coordinated by the Ministry of Agriculture, is underway.

## Health

With severely affected health systems in the three hardest-departments facing challenges in keeping pace with the exponential growth in health needs following the earthquake, maintaining access to life-saving assistance and the continuation of other essential health services, including sexual and reproductive health, is a critical response priority. Per initial rapid assessments conducted by health authorities and partners in 88 health facilities, as of 23 August 2021, the quake affected 59 health facilities across Grand'Anse, Nippes and Sud, of which 27 facilities suffered severe damage (16 in Sud, 9 in Grand'Anse and 2 in Nippes).

Wounds and quake-related injuries are numerous and have rapidly overwhelmed the remaining operational local health establishments in the three departments. As of 21 August 2021, the DGPC reported over 12,000 wounded. Preliminary assessments indicate that about 80 per cent of the injuries correspond to orthopedic trauma. The risk of wound infection and tetanus are high due to difficulties related to provision of immediate health care, access to health facilities, and delayed admission to hospitals of acute injuries.

Based on the estimate population the three departments, more than 18,600 women are expected to give birth in the next six months and 28,000 are currently pregnant. Among those women, around 2,800 will likely require caesarean sections or experience complications, with potentially deadly consequences if access to emergency obstetric care is not made available.

Flooding triggered by Tropical Storm Grace, combined with a lack of shelter and access to clean water and sanitation, is increasing the risk of infectious respiratory diseases (including COVID-19), diarrheal diseases, vector borne disease (malaria and dengue) and other disease outbreaks. An interruption in access to essential health services may also result in increasing maternal and child deaths, vaccine preventable diseases as well as deaths from chronic diseases.

As of mid-August 2021, Haiti reports more than 20,500 cumulative COVID-19 cases and more than 570 deaths.

However, limited testing and treatment capacities is likely leading to underreporting. As of 20 August, 24,000 vaccine doses have been administered in Haiti, resulting in only 0.2 per cent of the population being partially immunized.

### **Shelter/NFI**

Initial rapid assessments indicate that the earthquake destroyed nearly 53,000 homes and damaged another 77,000. Ground observations, as well as satellite imagery (COPERNICUS) highlight that many collective shelters in the most affected areas 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. People whose homes are destroyed are taking shelter in assembly points, mainly in public squares and empty land. There are five such assembly points in Sud and 33 in Nippes. The situation is not limited to coastal urban centers, assessments show that rural in land areas were also severely affected.

### **WASH**

With thousands displaced and sleeping in the streets and water and sanitation infrastructure suffering extensive damage, vulnerable populations are becoming increasingly exposed to the risk of infectious diseases, including cholera, acute respiratory infections, diarrheal diseases, malaria and COVID-19. As such, this fast-rising risk is making access to safe water for consumption and for sanitation services and hygiene promotion a major need.

### **Protection**

Rapid assessment carried out with Ministry of Women Affairs showed that women and girls are at risk of gender-based violence and sexual exploitation and abuse. In fact, to avoid negative survival mechanism such as survival sex, it is important to mainstream protection activities across all sectors. Moreover, before the earthquake the prevalence of sexual violence stands at 12% with intimate partners being the main perpetrators 76% of them who are seeking services, It is therefore important to ensure that people living in temporary sites especially women and girls are safe.

After the earthquake, the protection net including health and legal systems providing GBV case management and social support networks weakened. This breakdown of systems can reduce access to GBV services to women and girls who are at higher risk of human rights violation and leading to an environment of impunity in which perpetrators are not held accountable.

### **Education**

Children have been unable to attend school for months at a time due the political and security challenges of the past two years, as well as the ongoing COVID-19 pandemic. Preliminary assessments indicate extensive damage and destruction across schools, just weeks before they are due to re-open. Reports from the three most affected departments cite the total destruction or severe damage to 308 school infrastructure, affecting an estimated 100,000 children and teachers. Thousands of affected families have lost family members, their homes and belongings. These families, many whom include include children, parents and teachers, require specialized response to protect against the various risks posed by violence, sexual abuse and exploitation, child trafficking, unhealthy coping mechanisms, forced recruitment, early pregnancy in adolescents, as well as support for their safe return to schools. The Education sector, with the Ministry of Education (MENFP) as co-lead, is currently conducting a detailed assessment to obtain specific information on the earthquake's impacts on education.

### **Nutrition**

The earthquake emergency has put infants and young children at an increased risk of morbidity and mortality. It is therefore essential to protect, support and promote optimal infant and young child feeding, particularly, early initiation of breastfeeding within one hour of birth, exclusive breastfeeding for up to 6 months and the introduction of complementary feeding at 6 months while continuing breastfeeding for up to 24 months or more. The risk of mortality will increase due to lack of access to safe drinking water, which will increase the prevalence of communicable diseases and diarrhea, associated with undernutrition, as well as risks of poor dilution with breast-milk substitutes when used by caregivers. The rejection and management of any un-targeted distribution of breast-milk substitutes to protect breastfed infants will be essential. Infants under six months of age who are not breastfed must be identified urgently and receive targeted and qualified assistance for their survival. Children under 5 years of age and pregnant and lactating women are at higher risk in this crisis and will be targeted with supplementation to prevent the deterioration of their nutritional status.



# Strategic Objectives

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The Flash Appeal will enable humanitarian response for the most immediate needs and for time-critical early recovery needs arising from the Haiti earthquake, in support of national leadership, national coordination efforts, national and local institutions, systems and capacity. The requirements, aimed at financing activities from international, national and local humanitarian actors, cover August 2021 through February 2022.

## Strategic Objective 1

**Provide life-saving multisectoral assistance to people affected by the earthquake.**

- Save lives by providing essential shelter, health, food, water, NFIs, and protection to people affected by the earthquake.
- Scale up logistics to allow for a timely and effective response.

## Strategic Objective 2

**Support livelihoods and basic services in areas affected by the earthquake.**

- Carry out essential repairs to restore health, water and sanitation, agriculture and education infrastructure and supply chains.
- Support livelihoods by providing short-term employment for debris clearance and small-scale rehabilitations.



Photo: UNFPA/Ralph Tedy Erol

# Response Strategy

Capitalizing on national expertise, capacities and knowledge will be pivotal in ensuring a rapid and effective response. The nationally-led response is emphasizing coordination among all response actors, as well as support for national and local actors, capacities and economies to contribute to Haiti's recovery and development.

Following the lessons learned from the 2010 earthquake, capitalizing on national expertise, capacities and knowledge and contextualizing the response will be pivotal in ensuring a rapid and effective response. It is thus crucial to support national leadership and coordination efforts, to bolster and work through national and local actors, national and local systems, while empowering local economic actors as a way to boost economic recovery. Life-saving response actions began immediately following the earthquake. Addressing the pressing needs in health, food, water, sanitation and protection will require several multisectoral interventions. Urgent recovery response actions will take place alongside life-saving response activities. Essential infrastructure repair remains a high priority to enable the delivery of other response actions and to restore critical health, water and education services.

While the immediate goal is to save lives, the Humanitarian Response Plan also accounts for the parallel scale-up of development actions to reduce longer-term risks and vulnerabilities. The first Strategic Objective of the HRP, through the Humanitarian-Development-Peace Nexus, seeks to reduce by 20 per cent the number of people in need of humanitarian assistance by the end of 2022.

As such, the plan seeks to maintain linkages between local, national and development actors to achieve proper transitioning and scale-up that connects short-term response with long-term approaches, as featured in the shelter sector response.

The response to this earthquake needs to demonstrate the capacity of all actors to work on the nexus and to put Haitians at the center of these efforts, leading and implementing the response, supporting time-critical assistance to spontaneous recovery assistance by affected communities to rebuild lives, livelihoods and rehabilitate essential social infrastructure, through labor intensive activities.

Partners will mainstream Accountability to Affected Populations (AAP) and Protection against Sexual Exploitation and Abuse (PSEA) throughout their response. Haiti's Humanitarian Response Plan (HRP) 2021-2022 already integrates AAP as a strategic objective, emphasizing the importance of community engagement and trust-building with crisis-affected populations. Transparent and clear communications on how to access aid and addressing assistance delivery challenges and limitations through dialogue with affected communities will be pivotal. In collaboration with designated authorities, partners are developing a common strategy and priority communications and community engagement actions.

Experience from previous emergencies in Haiti has shown that messaging through communities' preferred channels of audio and social media can mitigate the proliferation of rumours and potential protection risks that may arise, especially during and after relief distributions. The absence thereof may lead to protection risks and result in lootings, as well as organizations resorting to armed escorts for security to compensate for the lack of community acceptance in an already complex security environment.

Those at risk of being left behind require priority assistance. This population includes children, women, elderly adults, IDPs, returnees and people living with disabilities, among others. The response will use local networks and actors to reach out to individuals and groups of concern, as well as adapt the content and delivery mechanisms of assistance where appropriate.



Partners will take a conflict-sensitive approach to programming, adhering to the principle of Do No Harm. The response strategy also includes mitigating the effects of the COVID-19 pandemic through the provision of hygiene items and disinfection of critical facilities.

Haiti's complex security and humanitarian access scenario poses the most significant challenge for

response partners. Sustained access negotiations are required to allow for delivery convoys from Port-au-Prince to reach affected areas by land. The Humanitarian Country Team (HCT) is also exploring alternative routes and modes of transportation to reach affected people as fast as possible, including transport by sea.



Photo: UNICEF

PEOPLE IN NEED

**650K**

PEOPLE TARGETED

**500K**

REQUIREMENTS (US\$)

**187.3M**

The Flash Appeal requirements are additional to the HRP 2021 and do not overlap with it. They are based on the best available information at the time of publication

and may be revised based on new information and developments.

**Financial requirements per sector (US dollars)**

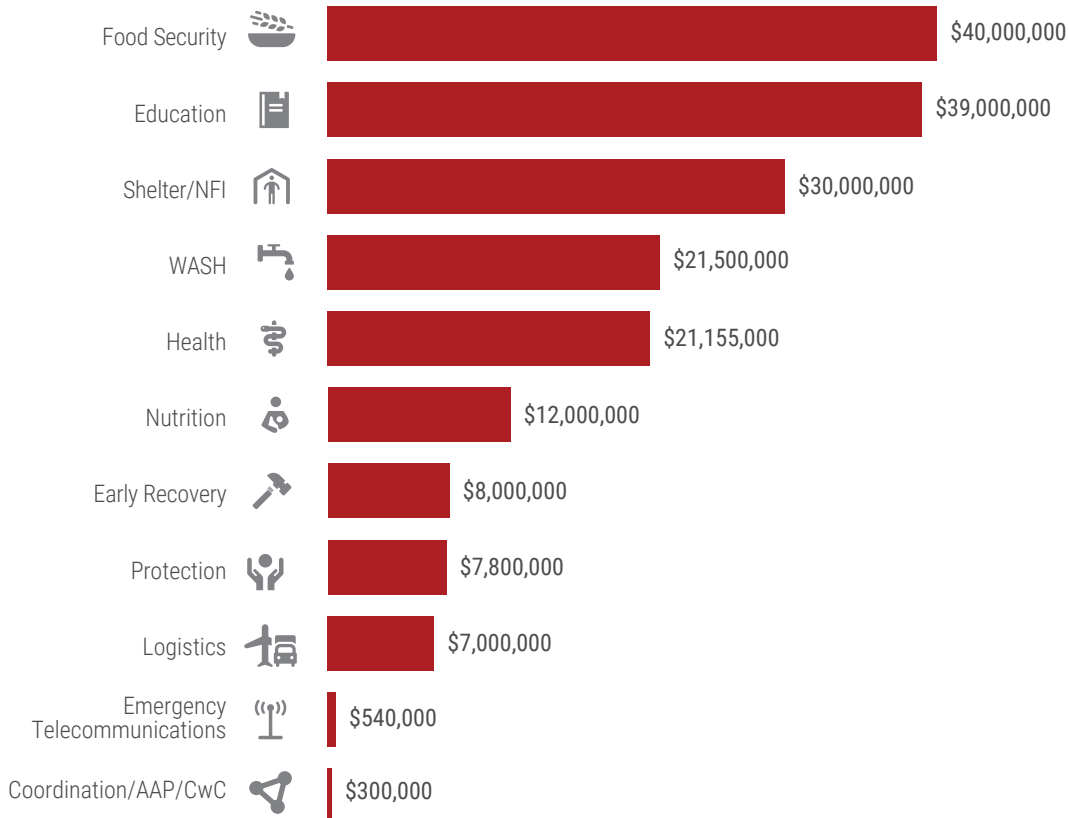






Photo: UNICEF

# Annex: Sector Plans

## SHELTER/NFI/CCCM

SECTOR/CLUSTER NAME	Shelter/NFI/CCCM
PEOPLE TARGETED	392,000 people (100 % destroyed houses; 30% damaged houses)
FINANCIAL REQUIREMENTS	<b>\$30,000,000</b>
CONTACT INFORMATION	Federica Cecchet IOM, <a href="mailto:ccecchet@iom.int">ccecchet@iom.int</a> Joseph Chlelah, <a href="mailto:jchlela@iom.int">jchlela@iom.int</a>
PRIORITY ACTIVITIES	<p>In coordination with the Government, and in particular with the DGPC, the Housing and Public Buildings Construction Unit (UCLBP) and the Ministry of Public Works, Transport and Communications (MTPTC), partners working under Shelter/NFI/Camp Coordination and Camp Management (CCCM) group seek to:</p> <ol style="list-style-type: none"> <li>1. Provide emergency shelter and NFIs for people whose houses have been fully destroyed or partially damaged to address immediate shelter needs: <ul style="list-style-type: none"> <li>• Shelter: distribution of materials such as tarpaulins, basic tools and fixing kits.</li> <li>• NFI: Distribution of hygiene kits, blankets, jerrycans and kitchen sets from pre-positioned supplies.</li> </ul> </li> <li>2. Provide engineering support across affected communes through structural assessments and support for the rehabilitation of key infrastructure such as evacuation shelters and hospitals.</li> <li>3. Provide coordination for technical and strategic guidance based on the expertise of national and international shelter partners. To prepare the transition to the reconstruction phase, partners will rely on lessons learned after the 2010 earthquake and 2016's Hurricane Matthew, as well as immediate assessments already available, such as the Inter-ministerial Territorial Planning Committee (CIAT).</li> </ol>
RESPONSE STRATEGY	Partners began providing direct assistance on the ground as early as 15 August, setting up field offices in Les Cayes, Jeremie and Miragoane to facilitate rapid response. Building assessments will gauge the severity of the earthquake's damage and type of rehabilitation required to meet urgent shelter needs. IOM, as co-lead in support of the DGPC, will set up a common pipeline service for the coordinated delivery of shelter and household items to be made available to humanitarian partners and local organizations on the ground, in line with Government and DGPC emergency preparedness and response strategies. Partners will coordinate with other sectors for multisectoral response such as temporary shelters for health assistance and debris removal, as well as support for WASH partners.

## FOOD SECURITY SECTOR

<b>SECTOR/CLUSTER NAME</b>	<b>Food Security Sector (Food assistance and emergency agriculture)</b>
<b>PEOPLE TARGETED</b>	TOTAL: 310,000 people - Food assistance: 160,000 people - Emergency agriculture: 150,000 people (30,000 households)
<b>FINANCIAL REQUIREMENTS</b>	<b>TOTAL: \$40,000,000</b> - <b>Food assistance : \$20,000,000</b> - <b>Emergency agriculture: \$20,000,000</b>
<b>CONTACT INFORMATION</b>	Marc-Andre PROST, <a href="mailto:marcandre.prost@wfp.org">marcandre.prost@wfp.org</a> Marina ROMITI, <a href="mailto:marina.romiti@wfp.org">marina.romiti@wfp.org</a> Jose Luis Fernandez, <a href="mailto:joseluis.fernandez@fao.org">joseluis.fernandez@fao.org</a> Fabien TALLEC, <a href="mailto:fabien.taltec@fao.org">fabien.taltec@fao.org</a>
<b>SECTOR PARTNERS</b>	CNSA, FAO, WFP, UN Women, local and international NGOs Government counterparts: MARNDR, MSPP, DPC, MCFDF
<b>PRIORITY ACTIVITIES</b>	<p>Assist 160,000 additional food-insecure people who have been affected by the earthquake<sup>1</sup> to meet their immediate food needs, improve food consumption by distributing hot meals at institutions, ready-to-eat meals in shelters and dry rations and cash transfers in urban and rural communities.</p> <p>Emergency restoration of agricultural production and livelihoods of affected households will involve the following activities:</p> <ul style="list-style-type: none"> <li>• Rehabilitation of agricultural infrastructure for at least 5,000 households (25,000 people) and other indirectly affected people through Cash for Work and rehabilitation of irrigation canals, water storage tanks, processing facilities, rural markets and roads.</li> <li>• Revival of agricultural production by distributing short-cycle (3 months) irrigated crop supplies for the winter agriculture season, starting in October, to 15,000 households (75,000 people).</li> <li>• Restocking and protecting livestock by distributing small livestock and mobile veterinary clinics to mitigate disease risks, including African Swine Fever risks, for least 10,000 households.</li> <li>• Strengthening of food security coordination, information and early warning systems.</li> <li>• Capacity building and assistance to women in accessing agricultural supplies and financial services and strengthen revolving loan funds.</li> <li>• Communication and community engagement by providing information to affected people in rural communities to cope with COVID-19 and African Swine Fever pandemic risks.</li> </ul> <p>1. The HRP already accounts for emergency food assistance to approximately 140,000 severely food-insecure people in this area. This assistance will continue, while an additional 160,000 people will receive emergency food assistance due to the earthquake bringing the total number of people assisted to 300,000.</p>
<b>RESPONSE STRATEGY</b>	<p><b>Food assistance</b></p> <p>Some 300,000 people in the hardest-hit areas are in need of food assistance. Partners will assist 140,000 people through pre-existing emergency operations and assist another 160,000 people in Grand'Anse, Nippes and Sud who have been affected by the earthquake through this Flash Appeal. Immediate food needs are being covered through hot and ready-to-meals being distributed in hospitals and shelters. Badly affected communities, rural and urban alike, will receive four cycles of emergency food assistance consisting of one cycle of in-kind assistance<sup>2</sup>, followed by three cycles of cash transfers, whose exact mechanisms are to be confirmed pending assessment results. Affected households will be prioritized based on housing status, the presence of pregnant women, children under five, and/or household members with disabilities. Partners will implement activities in coordination with the DGPC and local organizations and account for AAP, PSEA and</p>



## FOOD SECURITY SECTOR

**RESPONSE  
STRATEGY**

COVID-19 prevention measures. Long-term livelihood recovery needs will be evaluated and accounted for in the Government-led national reconstruction plan.

**Emergency agriculture**

With the next winter agricultural season set to begin in October, affected populations require agricultural supplies to produce vegetables and legumes in rural and peri-urban areas. Given that this period corresponds to a dry season, restoring agricultural irrigation schemes damaged by the earthquake and by landslides is a top priority, as missing this agricultural season will cause food insecurity to grow in a region already in Crisis levels of food insecurity (IPC Phase 3) and create a seed shortfall at the start of the 2022 spring season that will itself create food assistance requirements until the June 2022 spring harvest.

Per the lessons learned from the 2010 earthquake response, supporting emergency agriculture and rehabilitating agricultural infrastructure expedites the restoration of livelihoods, well before the impact of longer term rehabilitation mechanisms. Furthermore, emergency agriculture support provides a clear contribution to rapid economic recovery and to humanitarian-development collaboration. Vulnerable households can easily mobilize small livestock such as poultry and goats as a source of income during the lean season.

The Cash Plus approach and Cash for Work activities will be coordinated with other cash-related activities, including food assistance. Partners will coordinate with other sectors and take all PSEA, AAP and COVID-19 prevention measures into account.

The presence of many new food security actors seeking to provide assistance without full knowledge of the environment will require strengthened coordination. Response will emphasize providing timely information and early warning systems. Partners will involve local communities and farmers' organizations in implementing response activities. Agricultural supplies will be procured locally.

**Vulnerable populations**

Proposed relief actions will apply the Do No Harm principle and field an inclusive approach that prioritizes those at risk of being left behind, including people living with disabilities and girls and women, in particular, widows and female heads of households. Activities will regularly provide disaggregated data.

of emergency food assistance consisting of one cycle of in-kind assistance <sup>2</sup>, followed by three cycles of cash transfers, whose exact mechanisms are to be confirmed pending assessment results. Affected households will be prioritized based on housing status, the presence of pregnant women, children under five, and/or household members with disabilities. Partners will implement activities in coordination with the DGPC and local organizations and account for AAP, PSEA and COVID-19 prevention measures. Long-term livelihood recovery needs will be evaluated and accounted for in the Government-led national reconstruction plan.

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2. One cycle = 30 days rations for a family of 5 members



## EDUCATION

<b>SECTOR/CLUSTER NAME</b>	<b>Education</b>
<b>PEOPLE TARGETED</b>	100,000 boys and girls
<b>FINANCIAL REQUIREMENTS</b>	<b>\$39,000,000</b>
<b>CONTACT INFORMATION</b>	Bruno MAES, UNICEF, <a href="mailto:bmaes@unicef.org">bmaes@unicef.org</a> Naoko HOSAKA, UNICEF, <a href="mailto:nhosaka@unicef.org">nhosaka@unicef.org</a> Bayard LAPOMMERAY, MoE, <a href="mailto:bayard.lapommeray@menfp.gouv.ht">bayard.lapommeray@menfp.gouv.ht</a> Jacksonn JOSEPH, MoE, <a href="mailto:jacksonn.joseph@menfp.gouv.ht">jacksonn.joseph@menfp.gouv.ht</a>
<b>SECTOR PARTNERS</b>	Ministère de l'Éducation Nationale et de la Formation Professionnelle (MENFP), Direction Départementale d'Éducation (DDE) Sud, Grand'Anse, Nippes, International and National Non-Government Organizations (NGOs)
<b>PRIORITY ACTIVITIES</b>	<ul style="list-style-type: none"> <li>• Establish 2,500 classrooms as temporary learning spaces, rehabilitate schools to facilitate access to education and provide a protective environment for 100,000 boys and girls, including children with disabilities.</li> <li>• Mental health and psychosocial support for students and teachers.</li> <li>• Cash transfers to vulnerable families, including those with children with disabilities, and teachers in partnership the Cash Working Group;</li> <li>• Distribute school furniture, school kits and manuals, including Early Childhood Development kits for students and teachers.</li> <li>• Support WASH in schools in partnership with the WASH sector.</li> <li>• Provide non-formal education for adolescent boys and girls ages 12-18.</li> <li>• Training for teachers, children, and communities on protection risks, including violence prevention and COVID-19 prevention.</li> <li>• Support for emergency coordination and governance mechanisms.</li> <li>• Clearing debris from destroyed school sites and small repairs in partnership with early recovery efforts.</li> <li>• School canteen programme in partnership with the Food Security sector.</li> </ul>
<b>RESPONSE STRATEGY</b>	Given the various impacts and needs that the Education sector has identified, education response will take place over two different phases: an Early Recovery phase over the first six months after the earthquake and a recovery phase in the following 12 months. Partners are implementing initial response activities designed to restore education access and retain boys and girls in the target population through an intersectoral and multisectoral approach. The sector will continue working closely with the Ministry of Education to reinforce national- and department-level coordination mechanisms to prevent overlapping actions. Partners will reinforce key synergies with other sectors, especially Protection, WASH, the Cash Working Group, Food Security and Health through intersectoral and multisectoral approaches. Response activities will place a special emphasis on guidelines related to the Gender with Age Marker (GAM) and to Sexual Exploitation and Abuse (SEA) mitigation and prevention, especially for girls and adolescents. Education partners will target 10 per cent of preschool students, 60 per cent of girls, 10 percent of students with disabilities and 20 per cent of secondary school students.

**WASH (WATER, SANITATION AND HYGIENE)**

<b>SECTOR/CLUSTER NAME</b>	<b>WASH (Water, Sanitation and Hygiene)</b>
<b>PEOPLE TARGETED</b>	500,000 people
<b>FINANCIAL REQUIREMENTS</b>	<b>\$21,500,000</b>
<b>CONTACT INFORMATION</b>	Armand Gnahore, UNICEF, <a href="mailto:agnahore@unicef.org">agnahore@unicef.org</a> Joseph Teddy Laroche, DINEPA, <a href="mailto:teddylaroche@yahoo.fr">teddylaroche@yahoo.fr</a>
<b>SECTOR PARTNERS</b>	DINEPA, Solidarité International, ACTED, Netherlands Red Cross, GOAL, WVI, Haitian Red Cross, Spanish Red Cross, ACF, CRS, Water Mission, Private sector, Local authorities.
<b>PRIORITY ACTIVITIES</b>	<ul style="list-style-type: none"> <li>• Improve access to safe water and sanitation and hygiene in emergencies: <ul style="list-style-type: none"> <li>• Distribute household water treatment products, installation of water treatment units, bladders and water trucking.</li> <li>• Distribute hygiene kits, provide handwashing stations and soap, raise awareness on good hygiene practices, including COVID-19 prevention measures.</li> <li>• Construct emergency latrines and acquire mobile latrines and latrine emptying and onsite waste management.</li> </ul> </li> <li>• Improve sustainable access to safe water, sanitation and hygiene: <ul style="list-style-type: none"> <li>• Carry out technical assessments of damaged community-level water supplies, latrines and concrete handwashing stations, schools and health centres.</li> <li>• Rehabilitate water, sanitation and hygiene supply infrastructure.</li> <li>• Solid waste management in communities, schools and health centres.</li> </ul> </li> <li>• Support to national and regional coordination of the WASH response <ul style="list-style-type: none"> <li>• Coordinate national-level WASH sector response with the National Water and Sanitation Directorate's (DRU/DINEPA) Emergency Response department, line ministries, NGOs and UN agencies, funds and programmes (AFPs).</li> <li>• Coordinate regional- and departmental-level sector response with OREPA Sud/DRU.</li> <li>• Coordinate sector response within COUN/COUD-led intersectoral coordination.</li> </ul> </li> </ul>
<b>RESPONSE STRATEGY</b>	<p>The sector is first prioritizing access to safe drinking water through the distribution of household water treatment products, installation of water treatment units, bladders and water trucking, promotion best hygiene practices, distribution of hygiene kits, provision of hand washing stations and soap, awareness-raising campaigns on best hygiene practices and COVID-19 prevention measures, as well as access to sanitation through the rehabilitation of latrines, construction or acquisition of emergency latrines, latrine emptying and solid waste management in communities, schools and health centres.</p> <p>Repairing earthquake-damaged water supply systems and sanitation facilities will come afterwards to link immediate response to long-term approaches.</p> <p>WASH evaluations and response activities are carried out under the leadership of DINEPA. Daily national-level coordination meetings are convening key sector partners, with the same coordination mechanism in place in southern Haiti through OREPA Sud. The DGPC is leading hygiene kit distributions in the three affected departments' worst-hit communes.</p> <p>Existing WASH sector complaint and accountability mechanisms will guide sectoral response, with full consideration for the specific needs of all age and gender groups and people with disabilities. Each WASH organization will adhere to PSEA guidelines.</p>

## HEALTH

<b>SECTOR/CLUSTER NAME</b>	<b>Health</b>
<b>PEOPLE TARGETED</b>	225,000 people, including 28,000 pregnant women and 1,200 people with disabilities.
<b>FINANCIAL REQUIREMENTS</b>	<b>\$21,155,000</b>
<b>CONTACT INFORMATION</b>	Maureen Birmingham, PAHO/WHO, <a href="mailto:birminghamm@paho.org">birminghamm@paho.org</a> +509 (39) 449908 Yves Sassenrath, UNFPA, <a href="mailto:sassenrath@unfpa.org">sassenrath@unfpa.org</a> +509 3701 1692
<b>SECTOR PARTNERS</b>	MSPP (lead), PAHO/WHO, UNFPA, OFATMA, Médecins sans frontières (MSF), Zanmi Lasante/Partners in Health, UNDP, Health Equity International, Fondation Mission de l'Espoir (FOME), Médecins du Monde (MDM), ACTED, Haitian Red Cross, Haïti Air Ambulance, UNICEF, Handicap International, Solidarité Internationale, IOM, CDC
<b>PRIORITY ACTIVITIES</b>	<p>Provide life-saving multisectoral assistance to people affected by the earthquake.</p> <ul style="list-style-type: none"> <li>• Ensure treatment and rehabilitation services for injured people, including referrals and transfer of critical patients to unaffected areas and specialized health facilities.</li> <li>• Ensure availability of badly needed medicines, medical supplies and equipment and health commodities, as well as strengthen health supply chain management.</li> <li>• Ensure continued access to an integrated package of essential health services in the most affected areas, including sexual and reproductive health, obstetric care and HIV and STI management, among others.</li> <li>• Procure and distribute SRH equipment, IARH KITS and SRH supplies including PPEs, Hygiene Kits, and Mama kits.</li> <li>• Ensure mental health assistance and psychosocial first aid to people affected by the earthquake, the service providers, their families and first responders.</li> </ul> <p>Support the coordination of the health assistance for an agile and effective health response.</p> <ul style="list-style-type: none"> <li>• Support livelihoods and basic services in areas affected by the earthquake</li> <li>• Support sectoral damage and needs assessments, including detailed health infrastructure evaluations.</li> <li>• Restore local health care delivery capacities through rapid repairs of damaged health infrastructures.</li> <li>• Scale up disease surveillance and outbreak management and control, including COVID-19 detection and prevention and vector control activities.</li> <li>• Raise awareness on public health risks and protective measures among people in affected areas.</li> </ul>
<b>RESPONSE STRATEGY</b>	<p>The Health sector is targeting 225,000 people living in the hardest-hit areas most at risk of a deterioration in their overall health status and in need of urgent emergency care and primary care services. These include 28,000 pregnant women, 18,600 of whom are due to give birth in the next six months with 2,800 expected c-sections, and 1,200 people with disabilities.</p> <p>Sector response will focus on high-impact life-saving interventions to address the immediate and short-term health needs of people affected by the earthquake, as well as at-risk populations living in the most affected areas and in need of emergency and basic health care services.</p> <p>Health interventions will focus primarily on the most vulnerable, starting with injured patients, displaced populations, pregnant and lactating women, children, elderly adults and people with disabilities. Assistance will be provided through cash transfers, in-kind donation and direct procurement of medical supplies, health commodities and equipment to health facilities and partners, deployment of medical and health personnel, strengthening of supply chain management and operational logistics, provision of urgent primary health care and reproductive health services, rapid assessment and repairs of damaged infrastructure and strengthening of disease surveillance and outbreak management, including vector control.</p>

## HEALTH

### RESPONSE STRATEGY

Active health partners will coordinate actions through the established national-level Health sector and departmental coordination groups under the leadership of the Ministry of Public Health and Population (MSPP) and PAHO/WHO co-leadership. Response efforts will support existing systems, structures and programmes in place to build and strengthen local and national response capacities. Partners will directly work with community-level health workers and seek partnerships with influential community figures and support networks such as mayorships and churches, among others, to foster active community engagement and participation.



## NUTRITION

<b>SECTOR/CLUSTER NAME</b>	<b>Nutrition</b>
<b>PEOPLE TARGETED</b>	167,118 people
<b>FINANCIAL REQUIREMENTS</b>	<b>\$12,000,000</b>
<b>CONTACT INFORMATION</b>	Joseline Marhone Pierre, UCPNANu/ MSPP, <a href="mailto:joselinemarhone@yahoo.fr">joselinemarhone@yahoo.fr</a> Anne Marie Dembele, UNICEF, <a href="mailto:amdembele@unicef.org">amdembele@unicef.org</a>
<b>SECTOR PARTNERS</b>	MSPP (Lead), Commission Nationale Sécurité Alimentaire (CNSA) and other government entities, ACF, Projet Santé, Partners of the Americas – RANFOSE, LCHDH, UCIDEF, MDM Canada, FONKOZE, AVSI, WDA, Impact Youth, Vitamin Angels, Zanmi Lasante, MFK, MDM Espagne, Zanmi Timoun, UNICEF, WFP, WHO, FAO
<b>PRIORITY ACTIVITIES</b>	<p><b>Prevent malnutrition and death, targeting children under 5 and with children under 2 as a priority, and infant and young child feeding (IYCF)</b></p> <p>Issue a joint statement on the protection of infant and young child feeding in emergencies (jointly with MSPP and PAHO) to prevent and limit the damage of untargeted distribution of breast-milk substitutes (BMS) in violation of the International Code of Marketing of Breastmilk Substitutes.</p> <p>Conduct a rapid nutritional assessment to identify prevalent feeding practices in affected areas and estimate immediate nutrition support and supplies needs of pregnant and lactating women (PLW) and children under 5.</p> <p>Train at least 80 per cent of functional community workers (ASCP) in affected departments to provide nutrition support and counselling to mothers and caregivers of infants and young children.</p> <p>Train health workers to provide nutrition support to non-breastfed children, with the use of breast-milk substitutes strictly as a last resort.</p> <p>Set up safe spaces for mothers to receive qualified support to breastfeed, and separate spaces to support non-breastfed children.</p> <p>Distribution of nutrient supplements to children between 6-59 months old and PLW.</p> <p><b>Response interventions to identify and treat acute malnutrition in children under five</b></p> <p>Acute malnutrition screening for children between 6-59 months old in the three affected departments.</p> <p>Treat children under 5 with moderate- or severe- acute malnutrition (MAM and SAM) in health facilities or through mobile teams.</p> <p>Train mothers and caregivers of children under 5 on detection of acute malnutrition using Mid-Upper Arm Circumference (MUAC) tapes.</p>
<b>RESPONSE STRATEGY</b>	<p><b>Nutrition coordination</b></p> <p>Support for emergency coordination and the development of the Nutrition sector response plan.</p> <p>Support information management for the nutrition sector.</p>

## PROTECTION

<b>SECTOR/CLUSTER NAME</b>	<b>Protection</b>
<b>PEOPLE TARGETED</b>	440,050 people
<b>FINANCIAL REQUIREMENTS</b>	<b>\$7,800,000</b> <b>(of which Child Protection 6,000,000 and GBV 1,200,000)</b>
<b>CONTACT INFORMATION</b>	Seynabou Dia, OHCHR, <a href="mailto:seynabou.dia@un.org">seynabou.dia@un.org</a> Jacques Desrosiers, OPC, <a href="mailto:desrojac@yahoo.fr">desrojac@yahoo.fr</a> Taina Camy, UNFPA, GBV sub-sector, <a href="mailto:camy@unfpa.org">camy@unfpa.org</a> , +509 3701 5242 Child Protection: IBESR Lead; Unicef Co-lead GBV: MCFDF lead; UNFPA co-lead
<b>SECTOR PARTNERS</b>	UNHCR, UNFPA, UNICEF, IOM, OPC, Fondation Terre Bleue, Bureau des droits humains en Haïti, Idette, The Ministry of Women's Affairs (MCFDF), Solidarites Fanm Ayisyen (SOFA)
<b>PRIORITY ACTIVITIES</b>	<ol style="list-style-type: none"> <li>1. Ensure that vulnerable people affected by the emergency are properly identified and receive equitable and safe access to humanitarian assistance and services. <ul style="list-style-type: none"> <li>• Monitor, document, report and advocate the protection of the rights of the affected population.</li> <li>• Provide information and legal aid for households affected by loss of civil documentation and housing, land and property documentation and donation refugee Housing Units (RHU) through the DGPC;</li> <li>• Set up protection monitoring systems to identify vulnerable affected people, with a specific focus on IDPs, children and adolescents, elderly adults, women, people with disabilities, LGBTIQ+ people and people deprived of liberty, among others and SEA prevention;</li> </ul> </li> <li>2. Provide child protection services. <ul style="list-style-type: none"> <li>• Assess children's protection needs and identify those most vulnerable and referral.</li> <li>• Raise awareness among communities and families on child protection concerns, including family separation and child trafficking.</li> <li>• Support to vulnerable families and foster families.</li> <li>• Ensure women and girls at risk and survivors of GBV have access to prevention and response services.</li> <li>• Establish multisectoral life-saving services for GBV survivors, including psychosocial support, case management, legal services, cash and voucher assistance and health services, including clinical management of rape;</li> <li>• Ensure effective coordination of GBV interventions and establish sub-national working groups.</li> <li>• Develop a GBV referral pathway and standard operating procedures (SOPs).</li> <li>• Develop participatory GBV prevention strategies and ensure the distribution of dignity kits and life-saving information.</li> <li>• Assess and respond to the psychosocial needs of affected populations.</li> <li>• Provide psychological first aid and psychosocial support for GBV survivors.</li> <li>• Psychosocial support to children affected by the earthquake.</li> <li>• Provide mental health and psychosocial support (MHPSS) to frontline humanitarian responders under mental stress.</li> </ul> </li> </ol>

**PROTECTION**

<b>PRIORITY ACTIVITIES</b>	<p>3. Assess and respond to the psychosocial needs of affected populations.</p> <ul style="list-style-type: none"> <li>• Provide psychological first aid and psychosocial support for GBV survivors.</li> <li>• Psychosocial support to children affected by the earthquake.</li> <li>• Provide mental health and psychosocial support (MHPSS) to frontline humanitarian responders under mental stress.</li> </ul>
<b>RESPONSE STRATEGY</b>	<p>Lead agencies will continue to support Government entities through the DGPC, including their national counterparts, to coordinate a response based on assessment results from affected areas. Partners will strengthen the results of protection response to women, vulnerable children, children in institutions, survivors of GBV, people deprived of liberty, young adults, elderly adults, people with disabilities, vulnerable families, foster families and people without civil documentation. The sector anticipates that displacement, accommodation in open-air and/or collective shelters and informal settlements and pre-existing lack of resources to meet basic needs, since exacerbated by the earthquake, all expose women and girls to GBV risks, including sexual exploitation.</p> <p>As such, response will seek to strengthen coordination, monitoring and follow-up mechanisms, identification and data collection and guidance, as well as establish an effective alert system in coordination with Government authorities, civil society organizations and communities, to mitigate the risks of human and child trafficking, sexual exploitation, family separation, loss of documentation and risks of statelessness.</p> <p>The Protection sector and its subsectors will mainstream protection advocates and collaborate with the Education, Health, WASH, Nutrition and Food Security sectors to strengthen integration of protection and Do No Harm in their respective responses, as well refine prioritization and targeting of vulnerable groups to achieve protection outcomes for those most at risk.</p> <p>Additionally, the Protection sector will provide technical support to inter-agency efforts to strengthen Communication with Communities (CwC) and ensure protection and GBV are mainstreamed. Given the complex operational environment and need for effective, timely and targeted engagement with affected populations, response requires a coordinated approach for proper AAP mainstreaming, addressing cross-cutting issues and establishing fit-for-purpose tools and activities to communicate with affected people on planned responses.</p>

## LOGISTICS

<b>SECTOR/CLUSTER NAME</b>	<b>Logistics</b>
<b>PEOPLE TARGETED</b>	70 humanitarian organisations and government entities
<b>FINANCIAL REQUIREMENTS</b>	<b>\$7,000,000</b>
<b>CONTACT INFORMATION</b>	Jerry Chandler <a href="mailto:jerry.chandler@protectioncivile.gouv.ht">jerry.chandler@protectioncivile.gouv.ht</a> Lila Ricart, WFP, <a href="mailto:lila.ricart@wfp.org">lila.ricart@wfp.org</a> Yendi Gervé, WFP, <a href="mailto:yendi.gerve@wfp.org">yendi.gerve@wfp.org</a>
<b>PRIORITY ACTIVITIES</b>	<p>Implementing the most efficient and coordinated humanitarian response will require key actions to maintain access to common logistics services to responders on the ground. These actions include:</p> <ul style="list-style-type: none"> <li>• Efficient logistics coordination and information sharing.</li> <li>• Secured road transport and coordinated convoys where necessary.</li> <li>• Emergency airlifting for passengers and cargo.</li> <li>• Coastal transport by barge and small boats.</li> <li>• Emergency augmented storage capacity.</li> </ul>
<b>RESPONSE STRATEGY</b>	To mitigate the access, security and logistical challenges hindering humanitarian response, the Logistics sector, led by the DGPC and co-led by WFP, is scaling up its efforts and services through the expansion of humanitarian air services (one helicopter), both in duration and reach to transport urgently required medical and humanitarian supplies and personnel, the deployment of a barge for safe cargo transport to affected areas and circumvent roadblocks and risks of diversion along the route from Port-au-Prince, land transport and storage solutions for partners at the national and departmental levels, as well as information management and Geographic Information System (GIS) mapping.

## EARLY RECOVERY AND LIVELIHOODS

<b>SECTOR/CLUSTER NAME</b>	<b>Early Recovery and Livelihoods</b>
<b>PEOPLE TARGETED</b>	400,000 people of which 100,000 are women Indirectly: about 100,000 people of which 30,000 are women in Sud, Grand'Anse and Nippes
<b>FINANCIAL REQUIREMENTS</b>	<b>\$8,000,000 (of which \$1,500,000 for gender-specific action)</b>
<b>CONTACT INFORMATION</b>	Fernando Hiraldo, UNDP, <a href="mailto:fernando.hiraldo@undp.org">fernando.hiraldo@undp.org</a> Dede Ekoue, UN Women, <a href="mailto:dede.ekoue@unwomen.org">dede.ekoue@unwomen.org</a> Yves Sassenrath, <a href="mailto:sassenrath@unfpa.org">sassenrath@unfpa.org</a> +509 3701 1692
<b>SECTOR PARTNERS</b>	UNDP, UNFPA, UNW, Civil Protection, Ministry of Interior/territorial Collectivities/ Ministry of Environment, OPC, MCFDF, MARNDR, Women's organizations
<b>PRIORITY ACTIVITIES</b>	<p>Provide rapid support such as 5,000 kitchen kits to women, along with tents and communication kits to 50 women's organizations, each averaging 200 members.</p> <p>Support immediate economic recovery through access to markets, local entrepreneurship, and livelihoods, including but not limited to, financing rapid income-generating activities (C4W) in the transit zones and in the affected communities. Specifically, support for 3,000 members of women's organizations who may be able to regain their autonomy through financial support, enabling them to relaunch economic activities in agriculture, trade and services using Cash for Work (C4W) initiatives through CBOs in the three departments. These C4W activities can support efforts for environmentally responsible debris management. Involving and targeting young people with specific actions such as intensive labor, rebuilding of houses and public buildings is critical to reduce their vulnerabilities. The provision of income generating activities and support to existing youth platforms and business is also key to ensure the survival of local economy. A particular focus on people living with disabilities is part of the strategy to ensure that they have access to cash.</p> <p>Provide technical and financial support to local authorities, including departmental technical agencies (ATLD) for sustainable and environmentally responsible debris management in order to:</p> <ul style="list-style-type: none"> <li>• Assess affected structures</li> <li>• Demolish severely damaged houses</li> <li>• Remove debris and waste to clear access roads to communities.</li> <li>• Repair or rebuild residential housing and other community structures affected by the earthquake for the most vulnerable families.</li> </ul> <p>Work jointly with Government and local authorities to strengthen coordination mechanisms in all areas of early recovery and gender equality by conducting a joint rapid gender analysis of the needs and opportunities for women/girls and men/boys in appropriate age groups, as well as raise awareness on the engagement of local communities in the organization of their living space to better rebuild and strengthen their resilience to natural hazards.</p>



**EARLY RECOVERY AND LIVELIHOODS****RESPONSE  
STRATEGY**

Building back differently and reducing vulnerability should guide our response. Partners are committed to working closely to pool and combine data and analysis, support joined-up planning programming and coordinate efforts. The partners supporting recovery will also seek as much as possible to work in support of local authorities using local resources and capabilities.

Through these actions, the local communities and the Government will be able to already lay the groundwork for early recovery and longer-term development actions in line with the Sustainable Development Goals (SDGs). The communities will be able to rebuild their lives and livelihoods and rehabilitate essential social infrastructure through labour-intensive community-based activities.

UN Women will leverage its normative, coordination and operational triple mandate to ensure that gender equality and women's empowerment are incorporated in humanitarian actions and contribute to response effectiveness by integrating gender equality across the HCT's work and the sector system to ensure the inclusion of affected women's voices in the decision-making processes of response planning. This strategy is meant to meet the demands of urgent humanitarian and early recovery needs in the immediate aftermath of the earthquake in the most affected departments.

The proposed relief intervention will apply the Do No Harm principle and will be inclusive in its approach, prioritizing excluded communities, mainly women at greater risk such as widows, women with disabilities, single female heads of households and their families, and girls. The sector will regularly provide disaggregated data and work with partners to identify people to target for assistance. UNDP and UN Women will support the implementation of all interventions in close collaboration with UN AFPs through HCT groups, public actors through work with MCFDF, MoE, COUN and COUD, and civil society actors for efficient coordination.

The intervention approach will build on rapid employment, livelihoods, and C4W experience gained after the 2010 earthquake and after hurricane Matthew in 2016 to ensure proper management and monitoring, using mobile banking as an option. In coordination with Shelter, debris management will take place under a local approach with ATLD leadership and in partnership with municipalities. The sector will work closely with the Government to remove debris and waste to clear access roads to communities and support assessments of affected houses and the demolition of severely damaged houses.

**EMERGENCY TELECOMMUNICATIONS SECTOR (ETS)**

<b>SECTOR/CLUSTER NAME</b>	<b>Emergency Telecommunications Sector (ETS)</b>
<b>FINANCIAL REQUIREMENTS</b>	<b>\$540,000</b>
<b>CONTACT INFORMATION</b>	Patrick Midy, <a href="mailto:patrick.midy@wfp.org">patrick.midy@wfp.org</a>
<b>SECTOR PARTNERS</b>	UN and NGOs
<b>PRIORITY ACTIVITIES</b>	<p>While initial reports indicate that national services are operational in Les Cayes and Jérémie, there are no reports for other locations close to the epicentre. As such, an assessment of the full impact of the earthquake on local telecommunications infrastructure is required. The growing presence of humanitarian actors in affected areas is already leading to reports of congestion. Additional capacity will likely be required to support partners in key common operational locations to maintain operations until national services are fully restored.</p> <p>Additionally, there is currently no radio security communication network in place in southern Haiti, which poses a risk to humanitarian actors on the ground amid the deteriorated security situation and the current disruption of national telecommunications services. An independent communications network is needed to ensure the security of communications and movement of UN and NGO staff.</p> <p>The growth in operational presence and corresponding growth in available resources also requires dedicated coordination with authorities leading the response and all active organizations to prevent duplicating efforts and make the best use of available resources.</p>
<b>RESPONSE STRATEGY</b>	<p>The ETS will mobilize resources to provide dedicated coordination, conduct a detailed technical assessment and implement services for humanitarian actors, national authorities and affected communities where there are gaps to be filled.</p> <p>The ETS, in support of the COUN, the DGPC and other sectors, will provide communication and technology services in identified common operational locations to enable an effective response and a secure operational environment through reliable communications.</p> <p>ETS services will include internet access, 24/7 radio security communications, customer support and support to local broadcasters to provide affected communities with access to critical information, including humanitarian messages. All services are planned to be deployed in operational areas in Les Cayes, Jérémie and Les Nippes.</p> <p>The ETS will rely on partners and in-kind resources, where available, using local resources and working closely with national providers.</p> <p>ETS will also support information management for sharing timely information with partners and support decision-making on the ground.</p>

## Coordination and Support Services

<b>SECTOR/ CLUSTER NAME</b>	<b>Coordination and Sector Services AAP/CwC</b>
<b>FINANCIAL REQUIREMENTS (TO SUPPORT MINIMUM ACTIONS TO SET- UP OF CWC WG)</b>	\$300,000 (AAP/CwC)
<b>CONTACT INFORMATION</b>	Christophe Illemassene, <a href="mailto:illemassene@un.org">illemassene@un.org</a> Delphine Vakunta, <a href="mailto:vakunta@un.org">vakunta@un.org</a> Shedna Italis, <a href="mailto:shedna.italis@un.org">shedna.italis@un.org</a>
<b>SECTOR PARTNERS</b>	Designated authorities, UN, NGOs, International Federation of Red Cross, Media Development organisations, local radio stations and networks.
<b>PRIORITY ACTIVITIES</b>	<ol style="list-style-type: none"> <li>1. Strengthen humanitarian coordination mechanisms and strategies required at national and local level to respond to hurricane-related emergency needs,</li> <li>2. Strengthen support to the Directorate General of Civil Protection (DGPC) and the National Emergency Operations Center (COUN),</li> <li>3. Strengthen communications with Communities/Community Engagement. In particular: <ul style="list-style-type: none"> <li>• Reactivate the national CwC Working Group to develop a common strategy and priority actions for communications and community engagement, positioned as a key part of the humanitarian architecture.</li> <li>• Hold dialogues and consultations with different groups of communities to identify the most urgent needs and priorities, including information needs and preferred two-way communication channels.</li> <li>• Integrate AAP, CwC, PSEA and Gender priorities into multisectoral and sectoral needs assessments with findings guiding project design and humanitarian response planning.</li> <li>• Deliver transparent, clear and timely information on how affected communities can access aid, responding to needs and concerns and addressing the challenges and limitations of providing humanitarian assistance.</li> <li>• Provide information on humanitarian interventions and projects such as why, what, when they start and when they end and how and who can access coordinated and timely assistance.</li> <li>• In consultation with communities, establish and coordinate inclusive and safe inter-agency collective community feedback and complaints mechanisms, avoiding duplication of efforts and the proliferation of project-based hot lines.</li> <li>• Ensure communities are informed about how to utilize these mechanisms.</li> <li>• Follow-up and respond to received feedback and complaints, prioritizing sensitive and risk-related complaints and information received from affected communities and acting on identified need for corrective measures.</li> <li>• Ensure complaints and feedback are recorded, analysed and brought into decision-making and response planning.</li> </ul> </li> </ol>
<b>RESPONSE STRATEGY</b>	<p>Provide localized, relevant, transparent, informed, well-coordinated and accountable humanitarian action, securing safe access to communities and timely access to the most vulnerable.</p> <p>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.</p>

**Coordination and Support Services**

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**RESPONSE  
STRATEGY**

Successfully implementing this strategy requires:

- Anticipatory action, with humanitarian partners, sectors and leadership openly discussing and transparently recognizing that unmet and accumulated needs may surpass operational capacities and resources to address all the needs of all vulnerable and affected people, yet remaining nevertheless committed to doing what is possible.
- Mitigating safety and protection risks, especially during and after relief distributions, demonstrating efforts to build trust and fulfil partners' responsibilities to principled humanitarian action.
- Amplification and delivery of information on relief constraints before and alongside assistance, as well as engagement and open dialogue with those in the most affected areas as a means to explain the challenges and limitations of humanitarian assistance.
- Humanitarian actors listening and responding to communities and adapting programme design and decisions based on expressed needs and concerns.

The reactivation of the CwC Working Group will prioritize, coordinate and implement this information flow.

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# How to Support this Flash Appeal

## By making a financial contribution towards the flash appeal

Financial contributions to reputable aid agencies are one of the most valuable and effective forms of response in humanitarian emergencies. This page indicates several ways to contribute towards the response to the Haiti earthquake. Public and private sector donors are invited to contribute cash directly through the Flash Appeal. To do so, please refer to sector and organizational contact details as given in the sector response plans.

## By donating to the Central Emergency Response Fund

You can contribute to the United Nations Central Emergency Response Fund (CERF), a global fund that is one of the fastest and most effective ways to ensure that urgently needed humanitarian assistance reaches people caught up in crises. Contributions are welcome year-round from donors including the private sector. To kickstart relief efforts, the CERF is allocating US\$8 million to provide life-saving assistance in health care, clean water, emergency shelter and sanitation in Haiti. For more information, please visit: [cerf.un.org/donate](https://cerf.un.org/donate)

## By donating in-kind resources and services

While an official needs assessment with requests for relief supplies has not been yet published, there is a clear and critical need for medical assistance/health; water, sanitation and hygiene; shelter; and protection. For businesses wishing to contribute to relief efforts by providing in-kind goods or services, please reach out to United Nations Office for the Coordination of Humanitarian Affairs (OCHA) with as much detail as possible, including what you wish to donate and how much, your timeframe for delivery, details on shipping and any other conditions. We will then guide you to the most appropriate recipient organization(s). Companies with employees, suppliers, or customers in the country or region, or those with existing agreements with

responding humanitarian organizations should aim to provide support directly to these groups.

Please note that Alliance pour la Gestion des Risques et la Continuité des Activités (AGERCA) is the official Haitian private sector and civil society focal point at the COUN and works directly with the DGCP. AGERCA is also a Member Network of the Connecting Business initiative (CBI), which was established by OCHA and UNDP to strategically engage with the private sector before, during, and after an emergency, as well as the national host of the United Nations Office for Disaster Risk Reduction (UNDRR) ARISE platform. AGERCA and its members are currently conducting an analysis of what supplies are available locally to ensure that any contributions are addressing gaps. To follow updates on AGERCA's work in response to the earthquake, see [twitter.com/AGERCA1](https://twitter.com/AGERCA1) For more information and help, please contact:

- OCHA Regional Office for Latin America and the Caribbean: Juliane Gensler, Associate Humanitarian Affairs Officer/ OCHA Regional Private Sector focal point, [juliane.gensler@un.org](mailto:juliane.gensler@un.org) +50 766733546
- OCHA Emergency Response Section: Karen Smith, Private Sector Engagement Advisor, [smith3@un.org](mailto:smith3@un.org) +41 76 691 1182

## By making a contribution to longer-term recovery

Recovery/development activities should resume at the onset of the crisis, while humanitarian needs are still being addressed. Longer-term contributions of technical expertise, infrastructure (re-)development and economic investment are key and must be coordinated with national priorities so that risk conditions are not built back. The United Nations encourages donors to support activities that allow the

local private sector to “get back in business” as soon as possible.

UNDP and partners are currently working with the Government, private sector, and civil society institutions in Haiti. For more information, please contact Stephanie Ziebell, Deputy Resident Representative, UNDP Haiti at: [stephanie.ziebell@undp.org](mailto:stephanie.ziebell@undp.org)

**By reporting your contributions to fts**

Reporting contributions through FTS enhances transparency and accountability and gives us the opportunity to recognize generous contributions. It helps us to identify crucial funding gaps. Please report contributions to [fts@un.org](mailto:fts@un.org) or by completing the online form at [fts.unocha.org](https://fts.unocha.org). When recording in-kind contributions on FTS, please provide a brief description of the goods or services and the estimated value - US\$ or the original currency if possible.

# Acronyms

<b>AAP</b>	Accountability to Affected Populations	<b>GBV</b>	Gender-Based Violence
<b>AGERCA</b>	Alliance pour la Gestion des Risques et la Continuité des Activités	<b>HCT</b>	Humanitarian Country Team
<b>ATLD</b>	Technical Agencies for Territorial Development (Agences Techniques de Développement Territorial)	<b>HIV</b>	Human Immunodeficiency Virus
<b>C4W</b>	Cash for Work	<b>HNO</b>	Humanitarian Needs Overview
<b>CCCM</b>	Camp Management and Camp Coordination	<b>HRP</b>	Humanitarian Response Plan
<b>CIAT</b>	Inter-Ministerial Committee For Territorial Development (Comité interministériel d'aménagement du Territoire)	<b>IDP</b>	Internally-Displaced People
<b>CNSA</b>	National Coordination for Food Security (Coordination Nationale de la Sécurité Alimentaire)	<b>IOM</b>	International Organisation for Migration
<b>COUD</b>	Departmental Center for Emergency Operations (Centre d'opérations d'urgence départemental)	<b>IPC</b>	Integrated Phase Classification
<b>COUN</b>	National Center for Emergency Operations (Centre d'opérations d'urgence nationale)	<b>LGBTIQ+</b>	Lesbian, gay, bisexual, transgender, intersex, queer, and other
<b>CwC</b>	Communication with Communities	<b>MARNDR</b>	Ministry of Agriculture, Natural Resources and Rural Development (Ministère de l'Agriculture, des Ressources Naturelles et du Développement Rural)
<b>DDE</b>	Departmental Directorate of Education (Direction Départementale d'Éducation)	<b>MCDFD</b>	Ministry on the Status and Rights of Women in Haiti (Ministère à la Condition féminine et aux Droits des femmes)
<b>DGPC</b>	Directorate General for Civil Protection (Direction Générale de la Protection Civile)	<b>MENFP</b>	Ministry of National Education and Vocational Training (Ministère de l'Éducation Nationale et de la Formation Professionnelle)
<b>DINEPA</b>	Directorate of Potable Water and Sanitation (Direction Nationale de l'Eau Potable et de l'Assainissement)	<b>MMI</b>	Modified Mercalli Intensity
<b>DRU</b>	Emergency Response Department (Département de Réponse aux Urgences)	<b>MSPP</b>	Ministry of Public Health and Population (Ministère de la Santé Publique et de la Population)
<b>EFSA</b>	Emergency Food Security Assessment	<b>MTPTC</b>	Ministry of Public Works Transport and Communications (Ministère des Travaux Publics, Transports et Communications)
<b>EMT</b>	Emergency Medical Teams	<b>NFI</b>	Non-Food Items
<b>ETS</b>	Emergency Telecommunications Sector	<b>NGO</b>	Non-Governmental Organization
<b>FAO</b>	Food and Agriculture Organization	<b>OHCHR</b>	Office of the United Nations High Commissioner for Human Rights

<b>OPC</b>	Office of Citizen Protection (Office de la Protection du Citoyen)
<b>OREPA</b>	Regional Water Supply and Sanitation Office (Office régional de l'eau potable et de l'assainissement)
<b>PAHO</b>	Pan American Health Organization
<b>PIN</b>	People in Need
<b>PSEA</b>	Protection against Sexual Exploitation and Abuse
<b>SDG</b>	Sustainable Development Goals
<b>SOP</b>	Standard operating procedure
<b>STI</b>	Sexually Transmitted Infections
<b>UCLBP</b>	Unit for the Construction of Housing and Public Buildings (Unité de Construction de Logements et de Bâtiments Publics)
<b>UNDAC</b>	United Nations Disaster Assessment and Coordination
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Population Fund
<b>UNGUS</b>	National Health Emergency Management Unit (Unité Nationale de Gestion des Urgences Sanitaires)
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNOCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>UNW</b>	UN Women
<b>USAR</b>	Urban Search and Rescue
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organization



**FLASH APPEAL**  
**HAITI**

**ISSUED AUGUST 2021**