



Safety & Dignity for Women,
Adolescent Girls & Young People



HAITI

HUMANITARIAN ACTION FACT SHEET May 2018

Nurses from UNFPAs partner CDS provide a mobile medical clinic in Malfeti (North East) following flooding caused by Hurricane Irma in September ©UNFPA

Haiti's population of nearly 11 Million people continue to be affected by a convergence of humanitarian crises that were further aggravated by the devastating category 4 Hurricane Matthew that struck the country on 4 October 2016. Hurricane Matthew severely exacerbated the pre-existing humanitarian situation particularly in the Grand Anse, South, and Nippes Departments. Further, while Haiti was largely spared by the hyperactive 2017 Atlantic Hurricane season, the passage of category 5 hurricanes Irma (7 September) and Maria (21 September) caused widespread flooding with 10,876 flooded households in North, North East, North West, Artibonite, West and Centre departments. Haiti remains vulnerable to natural hazards and disasters, such as floods, landslides, droughts, earthquakes and hurricanes and is ranked 14th globally for risk of humanitarian crises and disasters (Inform risk 6.3). This ranking takes into account a high risk of both natural and human hazards, social-economic and environmental vulnerability and a lack of coping capacity. More than 98% of Haitians are exposed to two or more types of disasters and with more than half of Haitian's considered to be living in extreme poverty. The priority for humanitarian actors in 2018 is to continue to address acute and chronic humanitarian needs and to strengthen the humanitarian-development nexus and support local emergency preparedness and response capacity (Humanitarian response Plan 2017-2018).

The 2018 Haiti humanitarian response plan estimates 2.8 million people will be in need of humanitarian assistance in 2018, with US\$252.2 million required to target 2.2 million people including i) providing immediate assistance to 1.3 million people living in severe food insecurity, ii) reduce mortality and morbidity from epidemic, particularly cholera and other water-borne diseases iii) Reinforce protection for returnees from Dominican Republic and people still displaced and iv) respond to unmet needs for 1 million people still in need from recent hurricanes (Matthew, Irma and Maria) and support the reinforcement of national disaster preparedness and response for 2018..

In 2018, UNFPA's goal is to ensure that Haitian's have increased access to sexual reproductive health (SRH), including gender-based violence (GBV), services in humanitarian settings through;

1. Strengthening national preparedness and response capacity. to effectively address SRH and GBV in humanitarian settings
2. Respond to the Haiti Humanitarian Response Plan strategic objectives and targets for 2018.

2.2 MILLION
People targeted in 2018

1 million
**Haitian's have unmet needs
post Hurricane Matthew**

30K
**vulnerable Haitian women of
reproductive age (15-49
years) directly targeted**

US\$ 2.7 Million
Required in 2018

People targeted in 2018	Total
People in acute need in 2018	157,379
Women of reproductive age (15-49 years) that will directly benefit from proposed UNFPA interventions	30,000
Young women 15-24 years (21%) that will directly benefit from proposed UNFPA interventions	6,300
Estimated number of Haitian women of reproductive age (15-49 years) living in targeted Departments that will benefit from improved access to SRH and GBV services	Over 2.1M
Estimated boys and men who are displaced or returned from Dominican Republic that may also benefit from interventions and gender equality programming	Over 80K

The new UNFPA strategic plan 2018-2021 brings UNFPAs agenda in line with the 2030 Agenda for Sustainable Development and aims to achieve universal access to sexual and reproductive health, realized reproductive rights and reduced maternal mortality, to accelerate progress on the agenda of the International Conference on Population and Development and to improve the lives of women, adolescents and youth. It requires that Humanitarian intervention strategies shift from reacting to disasters and conflicts to applying a resilience approach by linking prevention, preparedness and response with national capacity-building and aligning with the Sendai Framework for Disaster Risk Reduction 2015-2030 and the outcomes of the 2016 World Humanitarian Summit, including the Grand Bargain to improve humanitarian financing and preparing for, managing and delivering humanitarian response throughout the Humanitarian Programme Cycle.

In ensuring that systems, communities and societies are better equipped to respond to and recover from emergencies we must also ensure that the UNFPA CO has the capacity and expertise to provide technical support to national partners through the implementation of minimum preparedness actions in line with the IASC Emergency Response Preparedness (ERP) Approach that include Risk Analysis and Risk Monitoring and Contingency Planning for Risks.

UNFPA has two projects validated in the OCHA online project system under the 2018 Haiti Response Plan; Sexual and reproductive health (SRH) under health sector and a gender based violence (GBV) under the Protection <https://ops.unocha.org>.

1. US\$1.42 million to meet the sexual and reproductive health needs of women and girls in emergencies through the minimum initial services package (HTI-18/H/124193)

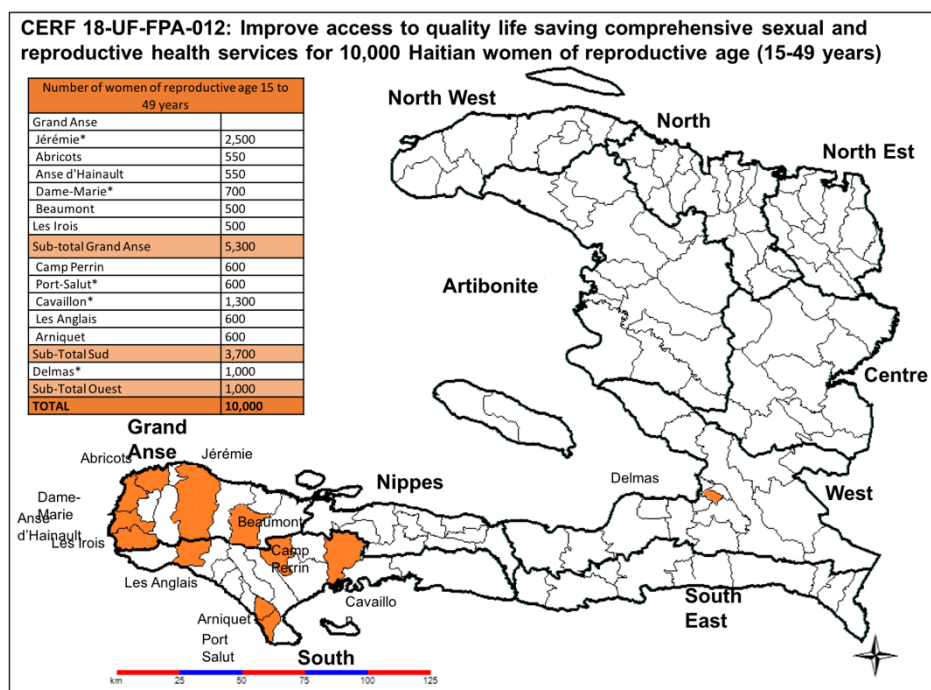
UNFPA's 2015 survey of health facilities found that nearly two thirds of primary healthcare service delivery points lacked the seven essential lifesaving maternal health drugs. With only 36 per cent of Haitian women giving birth in a health facility there is a high national maternal mortality rate of 359 deaths per 100,000 live births. During the acute phase of an emergency maternal mortality risks becoming much higher. Humanitarian actors must therefore aim to not only provide life saving reproductive health emergency interventions in currently affected areas but to also continue to strengthen emergency preparedness and response capacity for comprehensive sexual and reproductive health through the implementation of the Minimum Initial Service Package (MISP) for reproductive health.

In 2018, UNFPA requests US\$1,422,050 towards strengthening emergency preparedness and response capacity to effectively address SRH in humanitarian settings in line with MISP in preparation for the next emergency is vital to reducing maternal and neonatal deaths. This includes; reinforcing capacity for SRH coordination at the national level, identifying the needs and gaps through a MISP process evaluation, reinforcing capacity for comprehensive SRH services such as reinforcing existing

End preventable maternal deaths
End the unmet need for family planning

SONU, strengthening SRH referral systems and capacity for the clinical management of rape, ensuring the availability of the seven essential lifesaving maternal health drugs and increasing service demand through community based SRH communication and social mobilisation plans.

UNFPA has received US\$497,717 from CERF underfunded emergencies to improve access to quality life saving comprehensive sexual and reproductive health services for 10,000 Haitian women of reproductive age (15-49 years) affected by Hurricane Matthew and/or displaced in Grand Anse, South and West Departments.



2. US\$997K to prevent and address gender-based violence in emergencies and ensuring life-saving services to prevent and respond to gender-based violence (HTI-18/P-HR-RL/125003).

The UN secretary General has pledged to leave no one behind as part of the 2030 Agenda for Sustainable Development, this include eradicating sexual and gender based violence (GBV). Violence can negatively affect women's physical, mental, sexual and reproductive health, and may increase vulnerability to HIV. The 2015 IASC GBV guidelines defines GBV as an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private and include Sexual Exploitation and Abuse (SEA). GBV is pervasive and often exacerbated in humanitarian emergencies and is considered a life threatening, global health and human rights issue. Integrated strategies that promote gender equality and include essential actions for reducing risk, promoting resilience and aiding recovery for women, girls and other at risk groups in order to minimize their vulnerability to GBV throughout the humanitarian programme cycle are essential. This includes prevention based programming to stop GBV from first occurring, mitigation activities to reduce the risk of exposure to GBV for vulnerable populations and response to GBV to ensure survivor care and assistance.

End gender-based violence and all harmful practices, including child marriage

Existing patterns of GBV are important when designing specialized prevention and response services throughout each phase of an emergency, from preparedness and crisis onset through transition to development . In Haiti, the EMMUS V found that one third (33 per cent) of women 15-49 years surveyed had experienced some form of violence in their lifetime; 28 per cent had experienced physical violence from the age of 15 (20 per cent physical only, 8 per cent physical and sexual, 5 per cent sexual violence only), 6 per cent experienced violence when they were pregnant and 10.4 per cent reported experiencing physical violence in the previous 12 months. Sexual violence is also high with 13 per cent of the women reporting experiencing it at some time in their life (16 per cent for woman aged 25-29 years). Intimate partner violence was reported by 30 per cent of women (15 per cent physical, 11 per cent sexual and/or 22 per cent emotional) with 22 per cent reported intimate partner violence in the previous 12 months; 17 per cent emotional violence, 10 physical violence and 9 per cent sexual violence (15 per cent physical and/or sexual violence).

In 2018, UNFPA is requesting US\$997,240 to Strengthen national coordination, monitoring and reporting mechanisms to effectively prevent, mitigate and respond to gender-based violence in emergencies throughout the humanitarian programme cycle in Haiti and ensure that specialized GBV prevention, mitigation and response services are available for 30,000 Haitian women of reproductive age (15-49 years) that are internally displaced or returned from Dominican Republic

Ermita, a 16-year-old survivor of Hurricane Matthew

"During that moment we lost a lot of animals like cows, goats, chickens and sheep.... The money we got from selling the animals was for our tuition, school uniform, books, shoes, notebooks and food...We lost our house and Matthew took everything we had. We stayed for three months in shelter where we were sleeping on the floor and stayed starving. All of that experience I went through left me with a stomach pain. I went to a doctor but my family doesn't have money to buy the medicine. I thank God for protecting all my family from Matthew.

Reporting: Nadia Todres - UNFPA/HAITI

SUPPORT REQUESTED FOR 2018

Goal: Haitians' have increased access to sexual reproductive health, including gender-based violence, services in humanitarian settings	US\$
Outcome 1 [PREPAREDNESS] Haiti has enhanced national capacity and preparedness to effectively address SRH and GBV in humanitarian settings	\$300,000
Activity 1.1 Contingency planning workshop for 2018 Atlantic Hurricane Season for SRH/GBV	\$15,000
Activity 1.2. Preparedness capacity assessments and rapid assessments of the affected populations, including pregnant women post emergency	\$10,000
Activity 1.3. Humanitarian coordination mechanisms in place for SRH/GBV	\$20,000
Activity 1.4. Procurement of critical relief supplies for rapid deployment to affected population	\$45,000
Activity 1.5. Capacity building workshop for UNFPA staff and partners on humanitarian standards and emergency preparedness including sexual reproductive health and gender-based violence in emergencies	\$25,000
Activity 1.6. Training for midwives and gynaecologists on humanitarian emergencies and management of pregnant women in crisis situations, including the conduct of mobile clinics – ready team	\$20,000
Activity 1.7. Media and communication activities during preparedness and emergency response (including communicating with communities)	\$15,000
Activity 1.8. Human resources able to perform critical functions in emergency [Humanitarian Coordinator, GBV coordinator, SRH consultant]	\$150,000
Outcome 2 [RESPONSE] The SRH and GBV targets in the Haiti Humanitarian Response Plan for 2018 are met and the strategic objectives achieved	\$2,418,468
HTI-18/P-HR-RL/125003 Scale up access to quality lifesaving comprehensive sexual and reproductive health services for 30,000 vulnerable Haitian women of reproductive age (15-49 years) that are internally displaced or returned from Dominican Republic in Centre, Grand Anse, North East, West and South and South East Departments and strengthen emergency preparedness and response capacity to effectively address sexual and reproductive health in humanitarian settings	\$1,421,228
Activity 2.1 Scale up access to quality lifesaving comprehensive sexual and reproductive health services for 30,000 Haitian women of reproductive age (15-49 years) that are internally displaced or returned from Dominican Republic including access to family planning, clinical management of GBV/sexual violence, maternal and newborn care (including EmONC), prevention and treatment of STIs including HIV.	\$595,000
Activity 2.2 Haiti's emergency preparedness and response capacity to effectively address sexual and reproductive health in humanitarian settings is strengthened through the implementation of the Minimum Initial Service Package (MISP) for reproductive health (RH) in the priority high-risk areas in North, North-East, North-West, Grand-Anse, South and South-East [National coordination mechanism, MISP process evaluation, reinforce SONU and community based SRH communication and social mobilisation plans]	\$585,000
Activity 2.3 Provide technical assistance to support the implementation of the Minimum Initial Service Package (MISP) for reproductive health	\$241,228
HTI 18/H/124193 Strengthen national coordination, monitoring and reporting mechanisms to effectively prevent, mitigate and respond to gender-based violence in emergencies throughout the humanitarian programme cycle in Haiti and ensure that specialized GBV prevention, mitigation and response services are available for 30,000 Haitian women of reproductive age (15-49 years) that are internally displaced or returned from Dominican Republic	\$997,240
Activity 2.4. Strengthen national coordination, monitoring and reporting mechanisms to effectively prevent, mitigate and respond to gender-based violence in emergencies [National GBV coordination mechanism, departmental SGBV/GBV prevention and response, community organizations actively participate]	\$220,000
Activity 2.5. 30,000 Haitian women of reproductive age (15-49 years) that are internally displaced or returned from Dominican Republic have access to prevention, mitigation and response interventions for GBV (including multi-sectoral services for health, psychosocial, legal, security, economic/livelihood support)	\$255,000
Activity 2.6. Emergency preparedness and response capacity to prevent, mitigate and respond to gender-based violence for the most vulnerable groups affected by, or at high-risk of, humanitarian emergencies in Centre, Grand Anse, North East, West and South and South East Departments [GBV coordinators, training of local actors, GBV information management system and referral mechanisms for GBV case management, emergency relief supplies]	\$422,000
Activity 2.7. Technical assistance to support the implementation IASC GBV guidelines and UNFPA minimum standards for the prevention of and response to gender-based violence in emergencies	\$100,240
Total estimated budget for 2018	\$2,718,468