
This report is produced by OCHA Haiti in collaboration with UN agencies and humanitarian partners. The next report will be issued on or around 6 April 2020.

Key Messages

- **As of 29 March, 15 cases of COVID-19 have been confirmed in the country.**
- **New measures have been adopted to limit the spread of the pandemic.**
- **The Ministry of Health (MSPP) started implementing the COVID-19 Preparedness and Response Plan with support from the UN and partners.**
- **There is an urgent need for Personal Protective Equipment (PPE) and training for MSPP, UN and NGO staff engaged in frontline response.**
- **Donors are asked to be flexible in the use of development funds to meet urgent needs.**

Updates from the Government

- As of 29 March, the MSPP has reported 127 suspected cases, of which 15 have been confirmed. To date, no deaths have been reported in the country. Most of the confirmed cases - some 60 percent - are aged 20-44 years.
- On 27 March, the President clarified that ports, airports and borders are closed for passenger traffic. However, goods and medicines continue to circulate normally. The President has also announced the establishment of a multisectoral committee to support the response to the COVID-19 pandemic, and that vulnerable populations will receive economic and food assistance. This assistance will include cash transfers for 1.5 million families and food rations to more over a million families.
- The Government of Haiti has opened the Port-au-Prince airport to special flights arranged from 26 to 30 March for the Canadian, French and United States embassies to repatriate their citizens and residents.
- On 25 March, the Prime Minister announced additional response and mitigation measures (following the 19 March declaration of Health Emergency) for the public and private sectors, as well as for the population. Public and private institutions will continue to operate on a 50 per cent staff rotation basis implementing all mandated hygiene measures and instructions. Food production enterprises continue to operate with staff turnover. Other industrial sectors are closed for 15 days. The Prime Minister also announced additional extraordinary measures, such as a month's advance salary payment to public officials. Employees in the textile sector will receive half of their monthly salary, while regular food rations will be provided for children who usually benefit from school feeding programmes. He also appealed to health care providers to increase the availability of staff for the management of patients affected by COVID-19 in each department.
- The Minister of Justice and Public Security (MJSP) and the Superior Council of the Judicial Power (CSPJ) foresee measures to postpone procedures and legal deadlines in the judicial system. Eligible detainees are planned to be released (visits for the rest will be prohibited) and prolonged preventive detention will be avoided.

Key Issues

- The capacity of the Haitian [health system](#) is extremely [limited](#) in terms of services, logistics and human resources. Only four health institutions in the country have been designated for the management of COVID-19 cases so far. Discussions are ongoing to increase this number and confirm the health structures that will be dedicated to COVID-19 patients across the country. PPE shortages have led to hospitals refusing to treat patients with flu-like symptoms or respiratory infections. PAHO/WHO has supplied designated health facilities with PPE and placed an additional order, which is expected to arrive by mid-April. Additional PPE kits are urgently needed for an effective response in the following weeks.
- It is essential to reinforce [coordination](#) between the government and partners while supporting existing national structures and avoiding duplication.
- There is a need to intensify context-appropriate [communication with communities](#) on behavioral change to increase awareness on COVID-19 and prevent and address potential discriminatory behaviors.
- The pandemic is having severe consequences for [people with disabilities](#) in Haiti, with partners reporting an increase in poverty rates and food insecurity. Tailored assistance, particularly hygiene kits, PPE, water and food, is required at individual and community level. The National Coordinator of the Haitian Society of Aid to the Blind (SHAA) highlights the high levels of isolation of disabled people as a result of social distancing measures, as well as the reduction in support from institutions which traditionally assist them, such as churches, organizations of people with disabilities and philanthropic institutions.
- There is a need for an [emergency food programme](#) targeting the most vulnerable groups, including the disabled, the elderly, victims of sexual exploitation and abuse and detainees (the suspension of visits impedes families from supplementing food rations). The distribution strategy should be developed in partnership with organizations and institutions for and of people with disabilities.
- IOM reported 24,318 [border crossings between Haiti and the Dominican Republic](#) (where 719 COVID-19 cases had confirmed as of 28 March), between 23 and 28 March, including deportations, voluntary returns and daily commute to purchase/sell goods, among others. An increase of voluntary returns of Haitians has been observed. Some people crossing the border had reportedly been registered with fever upon arrival into Haiti. Screening and hygiene measures among returnees as well as tracking of returnees needs to be increased. At the same time, epidemiological surveillance for research and follow-up of cases needs to be strengthened.

Response

- The [MSPP](#) with the support of partners continues implementing the COVID-19 Preparedness and Response Plan. Additional hotlines have become or are in process becoming operational at the national and departmental levels for information on COVID-19 and reporting of suspected cases. Some health departments have started community sensitization on available health care services for infected people. Medical staff is currently being trained in patient care, the national laboratory is functional and has testing capacities. The MSPP is upgrading health care centres to strengthen their capacity to receive COVID-19 patients.
- PAHO/WHO continues to lead [UN coordination efforts](#) to support the implementation of the MSPP Response Plan. PAHO/WHO works simultaneously at the strategic and political levels on the strengthening of health structures and response operations of the health sector. The strategy is to limit the number of health facilities designated for COVID-19 case management to avoid dispersing vital resources: a smaller number of designated facilities with more beds is preferable. PAHO/WHO has been working closely with the Directorate of Epidemiology, Laboratories and Research and the National Laboratory of Public Health in the investigation of suspected COVID-19 cases; sampling and lab testing; and contact tracing activities. Working at the community level is essential to limit the number of people in need of assistance and to support contact tracing. Additional efforts are required, in collaboration with local stakeholders, on prevention and communication.

- The Government has announced additional [financial resources](#) for COVID-19 response from the Public Treasury and international donors. The reallocation of a US \$50 million envelop has been obtained from the Inter-American Development Bank (IADB). The World Bank will shortly approve a \$ 20 million envelop for COVID-19 response.
- As informed in the previous Flash Update, the [National Emergency Operations Center \(COUN\)](#) of the Permanent Secretariat for Risk and Disaster Management (SPGRD) has been activated. The SPGRD has protocols for responding to health crises. Efforts are underway to ensure a coordinated approach with the MSPP.

Gaps in the Response

- It is important to invest in [coordination](#) and acknowledge the response by Government and national NGOs. It is crucial to strengthen a coordinated response at the departmental level with the participation of international and national NGOs, as most MSPP efforts and support are concentrated at the national level.
- There is a need to review working methods regarding the [non-health related assistance](#) in order to mitigate the socio-economic impact of the crisis.
- UN agencies and NGOs have stressed the need for donors to be flexible with the [allocation of funds](#), as continuous reprogramming will be required to adjust to the quickly evolving situation and response needs. Release of development funds towards urgent response activities should be considered.
- With regards to [humanitarian access](#), NGOs have requested to have an official document allowing them to move within national territory in case travel restrictions are put in place. NGOs have also requested protective equipment.
- Due to the lack of PPE and proper information, [hospitals are not accepting asthma patients](#). There is a need for the MSPP Scientific Committee to increase communication with hospitals and health care centers.
- [Protection from Sexual Exploitation and Abuse \(PSEA\)](#) awareness raising messages must be disseminated as part of the COVID-19 response, at all levels and across all sectors. The Humanitarian Coordinator has issued a series of recommendations on the integration of PSEA in the response and on referral paths to be considered.
- The MSPP COVID-19 Response Plan does not include technical guidance for pregnant women and newborns with a special attention to health providers providing services at primary and secondary level (midwives, nurses and doctors). In addition, there is a need to strengthen the referral system through a structural and functional support to CAN116. The main objective is to avoid increased [maternal and neonatal mortality](#) in the context of a spread epidemic throughout the country. Provision of reproductive health commodities is also critical.
- There is no plan for the [protection of and psychological support for health care workers](#), neither for the provision of incentives for extra working hours.
- There is no monitoring dedicated to specific [vulnerable groups](#) like people living with HIV, the elderly and people with disabilities who seem to be more vulnerable to COVID-19. In this regard, the Office of the State Secretary for the Integration of Disabled People (BSEIPH) highlights that sensitization campaigns must be tailored to ensure that people with disabilities have access to information on COVID-19.
- Monitoring of [domestic violence](#), including GBV, during confinement is required.

Impact of the Crisis on Humanitarian Operations

- Malnutrition screening and referencing activities have been suspended and promotional activities on infant and young child nutrition have been slowed down with a shifted focus towards COVID-19 prevention activities.
- Cholera response and awareness activities have been reoriented and strengthened towards the COVID-19 response, including support for surveillance in priority urban and border areas.

- Activities of the various WASH projects have slowed down or are on standby. The WASH sector works to strengthen awareness activities, such as the need for hand washing, in priority urban and border areas.
- With schools closed indefinitely, activities of the Education sector were postponed, including tutoring, psycho-social support, youth vocational training and cash transfers to support vulnerable families to pay school fees.
- The Child Protection sector has suspended its regular activities. Unaccompanied children, as well as those in institutions, are increasingly vulnerable in the context of the COVID-19 pandemic. Many programmes related to child protection have reportedly been interrupted.
- Assistance provided to Sexual Exploitation and Abuse (SEA) victims and to children born out of SEA are postponed until further notice due to social distancing measures that prevent domestic visits and psycho-social support. In addition, courts in several countries have suspended hearings due to the COVID-19 crisis.
- With regards to logistics, the impact of COVID-19 will be felt especially on the private sector transport capacity, which could affect the implementation of most humanitarian programmes. Movement restrictions implemented as a preventive measure could also affect the transport sector. The capacity of the national market to meet the demand for relief items is limited.
- A large number of activities of the Shelter sector have been slowed down or suspended. Distributions of NFIs and hygiene kits in IDPs camps, prisons, widely populated areas and at the border are planned. There is an ongoing discussion with the Department of Civil Protection (DPC) to possibly support the MSPP with the establishment of evacuation shelters.
- Within the Health sector, most human resources, funds, and programmes have been redirected to focus on the implementation of the COVID-19 response plan. Surveillance activities for other diseases, including those with elevated incidence and high epidemic potential, including malaria and diphtheria, have been slowed down. Training of health care workers on pregnancy and labor management has been postponed and will be reoriented towards sensitization and training in undertaking these activities safely during the pandemic. Activities related to reproductive health and GBV at the community level, including mobile clinics, have been suspended. Home visits are now limited.

Additional Information about COVID-19

For more information on COVID-19 in Haiti, please visit OCHA Haiti's dedicated COVID-19 page:

<https://www.humanitarianresponse.info/en/operations/haiti/covid-19>

Contact for media requests:

Beatrice Nibogora
Chief Strategic Communication and Public Information (SCPI) - Spokesperson
United Nations Integrated Office in Haiti - BINUH
+509 36 53 70 43
nibogorab@un.org